Early Detection of HIV Infection and Appropriate Care of Subjects with HIV infection/AIDS

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Introduction

The pandemic of infection with the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) is now in its fourth decade, with over 70 million people infected, 35 million carriers of HIV, around 2.3 million newly infected, and 1.6 million deaths from AIDS in 2012. The widespread use of antiretroviral agents and other measures has remarkably reduced disease severity and the number of new infections, through the joint efforts of governments, international organizations, healthcare professionals and community leaders worldwide. HIV infection and AIDS have thus become a predominantly chronic condition in many countries, and those infected experience a fairly normal life expectancy, albeit with increased risk to aging, chronic disorders and other long-term complications.

A few examples of possible elimination of HIV using novel approaches have raised hope. However, it would be premature to assume that the end of HIV/AIDS is in sight. New infections continue to occur, and are concentrated among specific at-risk populations. Diagnosis is still late in many cases and treatment remains unavailable or inaccessible for the vast majority of those infected globally. Furthermore, AIDS malignancies and other late complications continue to be a huge burden of morbidity and mortality, and will persist for the foreseeable future. No vaccine is yet available.

Oral lesions are prominent in the clinical course of HIV/AIDS. Oral healthcare professionals can play important roles in the identification, prompt diagnosis and management of HIV/AIDS. Studies exploring the nature, etiology and management of the orofacial complications of HIV/AIDS are valuable in the overall approach to the pandemic. Saliva-based tests for HIV are now widely used, and novel technologies for this, as well as other agents are evolving.

Statement

FDI should:

- Advocate, support and work to implement strategies for effective involvement of oral healthcare professionals in HIV/AIDS prevention and management programmes.
- Develop strong links with all major stakeholders in the HIV/AIDS field in order to serve the affected populations more effectively.
- Contribute to educational initiatives that facilitate the detection of oral mucosal lesions of HIV/AIDS by oral healthcare professionals, and enhance their roles in managing the pandemic.
- Support programmes that explore and facilitate the implementation of best practices for the prevention, early diagnosis and management of the orofacial complications of HIV/AIDS.

References

- UNAIDS report on the global AIDS epidemic 2013. http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNA IDS_Global_Report_2013_en.pdf (Accessed on August 18, 2014).
- Fauci AS, Marston HD. Achieving an AIDS-free world: science and implementation. Lancet 2013; 382:1461-2.
- Coogan MM, Xu T, Yu G-Y, Greenspan J, Challacombe SJ. The Mouth and AIDS: The Global Challenge. Sixth World Workshop on Oral Health and Disease in AIDS, April 21-24, 2009. *Adv Dent Res* 2011; 23:3-171.
- Chen Z, Abrams WR, Geva E, de Dood CJ, González JM, Tanke HJ, Niedbala RS, Zhou P, Malamud D, Corstjens PL. Development of a generic microfluidic device for simultaneous detection of antibodies and nucleic acids in oral fluids. *Biomed Res Int* 2013; 2013:543294.