

# HIV/AIDS and co-infections: a neglected problem

## *HIV/AIDS e as coinfeções: um problema negligenciado*

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Dear Editors,

Since the 1980s, the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) epidemic has undergone a significant evolution, becoming a manageable chronic condition with the advancement of antiretroviral therapy (ART). Therapy has become crucial not only in treatment but also in preventing infection.

In the 2020 editorial by Dr. Aliete Cunha-Oliveira, she already warned about the reduction in risk perception regarding HIV and AIDS, caused by the therapeutic success of ART, which has decreased the lethality of the disease<sup>1</sup>. This shift contributed to a new phenomenon: the increasing incidence of co-infections by sexually transmitted infections (STIs), such as syphilis, human papillomavirus (HPV), chlamydia, and gonorrhea, especially among key populations such as men who have sex with men and young adults<sup>2-4</sup>.

In this regard, we aimed to discuss how the advancement of HIV infection and therapy has obscured the debate on these co-infections and the severe consequences of this strategy for both individual and public health.

Pre-exposure prophylaxis (PrEP) emerged as an important tool in combined prevention but its use and the way it is addressed vary according to the sociopolitical and cultural context of each country. However, the approach has resulted in a reduced perception of risk, accompanied by an increase in STIs. Co-infections like HPV, syphilis, gonorrhea, chlamydia, viral hepatitis, mpox, and tuberculosis remain somewhat neglected, both in prevention strategies and public policies.

Whereas the fight against HIV/AIDS was once centered on its high mortality rate and the marginalization of patients, today the challenge takes on a new dimension: the rise of STIs among people living with HIV (PLHIV)<sup>5</sup>.

Recent studies corroborate this concerning trend. The “STI in Times of PrEP” study demonstrated a high prevalence of extragenital STIs in individuals using PrEP, often asymptomatic and therefore underdiagnosed<sup>6</sup>. Furthermore, literature reviews suggest that the reduced perception of risk for HIV, combined with an increase in unprotected sexual practices, directly contributes to the spread of these infections<sup>2,7,8</sup>.

The concern is further heightened regarding the co-infection of HIV and HPV, especially due to the oncogenic potential of HPV in immunocompromised individuals. PLHIV have a higher predisposition

to persistent high-risk HPV, favoring the development of precursor and malignant lesions, such as anal, cervical, and oropharyngeal cancers, which are typically diagnosed late and at an advanced stage of malignant disease<sup>9</sup>.

In light of this, it is essential that public health strategies be reformed. Systematic and frequent screening for STIs in PLHIV and PrEP users, particularly using molecular biology techniques, rapid tests, and serologies, should be encouraged and ensured, as well as educational campaigns that reinforce the importance of condom use and regular testing.

Eliminating HIV/AIDS and reducing STIs cannot be accomplished separately. The progress made with ART and PrEP needs to be complemented with integrated and effective prevention policies. The HIV pandemic has changed but the public health challenge persists and requires increasingly dynamic and comprehensive responses.

To curb the rise of co-infections, it is essential to expand access to regular and rapid testing, even outside traditional medical service settings; strengthen education on combined prevention; include STI screenings in the care protocols for PLHIV; expand vaccination against HPV and hepatitis B; integrate sexual and reproductive health services; and reduce stigma by promoting psychosocial support and treatment adherence.

Only with an integrated and multidimensional approach will it be possible to curb the increasing incidence of STIs and ensure the quality of life for people living with HIV and vulnerable populations. Given that, in many countries, there is a continuous increase in STI cases among individuals over 55 years old. Thus, the approaches and strategies implemented should not be the same as those adopted for adolescents and young adults.

Therefore, the fight against HIV does not end with viral suppression; it is also essential to address co-infections. The advancement of ART and PrEP has reduced the perception of risk, driving the increase of STIs. To address this scenario, it is crucial to integrate testing, treatment, and health education, ensuring an effective and continuous public health response.

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