

The Relevance of the HIV/AIDS Epidemic in Our Society Today

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Abstract

The HIV/AIDS epidemic used to be the major medical issue throughout the world. As new diseases emerge in our society the issue of HIV/AIDS has slowly been forgotten. During the research process information about how HIV is spread, treatment options, and prevalence of disease in certain areas were all found. It was discovered that the United States has a much higher rate of adults with HIV than first thought. Multiple interventions to correct the epidemic were discovered as well. Through researching articles, conducting interviews, viewing videos, and comparing demographical data there is sufficient evidence that the HIV/AIDS epidemic is still relevant to our society today. In conclusion it was found that the United States is not implementing new techniques to improve their HIV/AIDS infection rates, which could lead to a rise of new persons with HIV/AIDS the future.

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In the 1980's an emerging disease caused worldwide panic. Homophobia became a large issue as healthy young homosexual men started dying. Many people believed these men were being punished by God for their sexuality. However, in the following years women, children, and heterosexual men started showing the same symptoms. The human immunodeficiency virus (HIV) was discovered, in 1983, as the culprit to all these sudden health changes and deaths. This discovery caused mass hysteria when people realized HIV led the path to developing acquired immunodeficiency syndrome, or AIDS (Smith & Whiteside, 2010). Since this time panic has dwindled down to almost an ignorant perspective of the disease. New infection rates have decreased in the United States, so naturally, people have moved on to the next newest threat. However, there is still an alarmingly high amount of people with HIV and AIDS because, what most people tend to forget is the disease is not curable. It is a life-long condition.

Throughout my personal travels I have been to various parts of the world where HIV/AIDS has affected a large amount of the population and the consequences of HIV and AIDS is brought upon the younger generation. In the United States HIV and AIDS is not as hot of a topic as it used to be because the media has set its focus on new emerging diseases such as the Zika virus and the Ebola virus. A recent outbreak of HIV in southern Indiana has resurfaced the topic, but only briefly.

Researching and understanding the progression of HIV and AIDS and what consequences go along with contracting it are important for all to know, especially those who plan on working and/or traveling outside the United States. Although HIV and AIDS are not discussed as often as they used to be, there are still many people that have HIV/AIDS in this country, and they can still spread it to others.

Some general knowledge about the HIV/AIDS epidemic is the disease seems to have affected areas that are poorer in the world. It is also known that the disease can be transmitted through blood and sexual intercourse. HIV/AIDS is not curable and there are severe side effects as the disease progresses. People who have contracted HIV/AIDS have to make adjustments to correspond with their disease in their everyday life.

While we know some basic details about HIV/AIDS there is much still to discover. One topic of interest is how the disease is spread and why we cannot cure it like other diseases? There are countless other viruses the human body can defend itself against. Many of these, such as the influenza virus, we have vaccinations for. Is there something that is different about HIV/AIDS that causes the body to deteriorate when introduced to this virus? Once a person is diagnosed with HIV/AIDS what is the next step? This is another area of concern. There seems to be a lack of education in the general population of how to manage a disease like this. If people do not know how to manage their disease they could easily spread it to others. Information about treatments and complications need to be well known throughout the public.

Another questioning topic is why the HIV/AIDS epidemic is seen more in some parts of the world rather than others? Some may hear the topic of HIV/AIDS and immediately think 'Africa.' Why is this? This part of the world is very poor, but surely economics cannot be the only reason for such a high infection rate. The case may also be that people in the United States do not know they have HIV/AIDS so our infection rate seems lower. Investigation is needed to determine why some parts of the world are more devastated by HIV/AIDS than others.

Healthcare today in the United States is shifting to more preventative care rather than care for those that are already ill. Preventative care can be very successful in reducing the rate of illness. Even scarier than finding out someone has HIV/AIDS, is them not knowing they have the

disease and spreading it on to other people. A vital aspect of solving the HIV/AIDS epidemic is finding ways to prevent it from spreading. Ultimately if one can eliminate the source of a problem, the issue will resolve itself eventually.

Finally, the main topic of this thesis, is determining how HIV/AIDS is relevant today by discussing the various topics mentioned above. By finding applicability for all this information we can advocate to make a difference in our community and ultimately end the HIV/AIDS epidemic.

Although some general information about HIV/AIDS, such as how it is incurable and has a larger presence in poor countries, is known about this subject, specific information about why this disease is still relevant to us today is unknown. I propose to do an in-depth search covering topics that explain how HIV/AIDS is relevant to our society today. Some specific areas of research I plan to cover are how the disease is spread, why we are unable to cure it and what treatment options are currently available. A few other topics of interest are why the disease has a larger impact on certain parts of the world and what techniques we can use to prevent HIV/AIDS from spreading. Answering these questions will determine how HIV/AIDS is still relevant to our society.

Some pertinent information needed regarding the transmission of HIV/AIDS is looking into the progression of the disease at a cellular level. Other information that could help this study is finding if certain people are more susceptible to contracting HIV/AIDS and whether a person would get HIV/AIDS at any encounter, as in sexual transmission, needle transmission, etc. As far as exploring treatment options looking at medications, non-pharmacologic, and any other current medical treatments will all be done.

In regards to where HIV/AIDS has a higher presence in the world I plan to look into poverty and cultural beliefs. Education on the disease and other lifestyle choices will be investigated as well. My main question is what are some countries doing differently to cause the disease to have a larger or smaller presence? Finally, I will look into how to prevent the spread of HIV/AIDS. This will include researching any new medical research coming out to prevent it from spreading. I will also investigate successful advocacy programs and preventative care.

While researching I plan to read current research articles and possibly watch documentaries. There is an interview I did a few years ago that I believe will pertain to this thesis as well. I plan to look at specific statistic in regards to where HIV/AIDS has the largest impact and the least impact.

In summary, HIV/AIDS is a disease that recently has not been advocated as much as it used to be, but there is still a presence of this disease in the United States. I plan to determine how this disease is still relevant to our society by investigating the transmission of HIV/AIDS, how it affects daily living, and where it is found most often in the world. I also intend to find ways to prevent HIV/AIDS from spreading in the future. I believe that HIV/AIDS is still a large problem not only in the United States, but also the rest of the world. In order to save lives and eradicate this disease from the world people need to know how this topic is still relevant in our society.

The Spread of HIV

There are approximately 35 million people living with HIV/AIDS currently (World, 2013). In the 35 years since the epidemic started 78 million people have been infected and 39 million have died (Nasir, Imran, Zaidi, Rehman, & Ahmad, 2015). HIV/AIDS is spread through bodily fluids in a variety of ways. Once in the body, the virus overtakes the system in a unique

pattern causing multiple effects that may take time to unravel. Although someone might come in contact with another person's body fluids who is HIV positive, the virus is not always contracted.

HIV/AIDS is spread by coming in contact with certain body fluids of an infected person. The most common mode of transmission is sexual contact (Tahir, Shah, & Uddin, 2015). This can be through intercourse itself or sexual instances that involve coming in contact with semen or vaginal fluid. According to Tahir et al. (2015), injection drug use, or sharing needles, is the next highest cause of HIV transmission. This can occur when needles are shared to inject drug or to perform piercings. Mothers can pass HIV to their children through amniotic fluid and breast milk. Finally, blood transfusions used to be a large mode of transmission, but since the discovery of HIV medical centers have virtually eradicated this form of transmission (Tahir et al., 2015).

Once the virus has entered the body, it takes a specific course of action to invade and take over the host. HIV is a retrovirus. Their genetic material is contained in ribonucleic acid (RNA). During the infection process HIV targets T lymphocytes, dendritic cells, monocytes, and brain microglia, which all have CD4 receptors. These cells, specifically T-lymphocytes, all have a role in the immune system. The virus attaches to the CD4 receptors and empties its RNA into the cell. Next, the virus changes its RNA genetic material to DNA through the process of reverse transcriptase (Hinkle & Cheever, 2012). After, the virus's new DNA enters the cell's nucleus and combines with the cell's DNA. This new DNA creates messenger RNA that makes new viruses (Hinkle & Cheever, 2012). The way HIV incorporates its own genetic material into the human cell's DNA, and how it attacks cells that have a role in the immune system, are both reason why it has been difficult to find a cure (Hinkle & Cheever, 2012).

There are several stages to the infection process of HIV. During the initial infection phase the person is most contagious. There are no indications of an HIV infection, even with a diagnosis test, for the first 1-2 weeks. This phase is called the window period (Nies & McEwen, 2015). After 2-3 weeks antibodies are formed and a person can be properly diagnosed (Hinkle & Cheever, 2012). This is considered the acute phase (Nies & McEwen, 2015). However, most people do not get diagnosed this early because there are typically no visible symptoms. This asymptomatic phase can last 3-15 years. During this time the virus kills off T-cells, but at a slow enough pace that the body shows little or no symptoms. Finally, when the body can no longer regenerate new T-cells at the rate they are dying the person starts showing symptoms of HIV. During this time, which can last 1-3 years, a patient is usually diagnosed as having pre-AIDS (Nies & McEwen, 2015). This pre-AIDS time period usually occurs when the body is infected with another virus or illness such as pneumonia. The T-cells have two foreign bodies to fight and cannot keep up. When T-cells drop below 200 cells/mm^3 the patient is diagnosed as having AIDS, the final stage of the disease process (Hinkle & Cheever, 2012).

The likeliness of contracting HIV after exposure depends on a variety of factors. Some types of exposures are much more risky than others. One study showed that a person has a 1.4% chance on contracting HIV after anal sex (Wilton, 2012). It also showed after vaginal sex there is a 0.08% possibility of contracting HIV (Wilton, 2012). The large difference is due to the fact that the anal lining is more likely to tear during intercourse than the vaginal lining (Wilton, 2012). According to the Center for Disease Control (CDC) (2015) there is a very small chance of contracting HIV through oral sex. Needle sharing is considered a high risk situation because the user is exposing themselves to another person's membranes and blood (Hinkle & Cheever, 2012). Even though there is a high risk of transmission through sharing needles, the risk from an

accidental needle stick is very low. This may be because the exposure is much shorter with an accidental needle stick than with a purposeful needle stick. In one study out of the 369 cases of needle sticks or sharps injuries none of the victims contracted HIV (Alavi & Sharifi, 2013). One last factor to consider in the likeliness of receiving HIV after exposure is the infected person's viral ratio. Depending on the stage of infection and whether they are taking antiretroviral drugs or not, makes a significant difference on the probability of transmission. If the person with HIV is taking antiretroviral drugs they are less likely to transmit the virus to others because their viral load is being suppressed (Center, 2015).

HIV is a unique virus that is transmitted through some bodily fluids. The virus targets certain cells that are used within the immune system. The disease process normally takes several years to be completed. During this time many people remain asymptomatic and can easily transmit the virus to others without knowing. Although some ways of exposure to HIV have a high rate of transmission, others have a low rate. Nevertheless, with any possible exposure to HIV a person should be tested to rule out infection.

Diagnosing and Treatment

After the discovery of HIV/AIDS there was a race to get a cure and diagnostic test. Today there still is no cure for HIV/AIDS, but medications have been a big part in reducing the spread of the virus. There are a few diagnostic tests to determine if a person has HIV/AIDS. New diagnostic testing has made it easier for patients to determine their HIV status. Scientists are still researching for a cure or a vaccination, but the answers have remained elusive.

To determine if a person has been infected with HIV they must take an enzyme immunoassays (EIA) test. This test detects antibodies to HIV (World, 2015). If the EIA comes back positive, it means there are HIV antibodies in the blood, and therefore the patient has been

infected with HIV. The EIA test is not always the most accurate so it is normally followed by a Western Blot Test. A Western Blot Test also detects antibodies and can confirm contraction of HIV (Hinkle & Cheever, 2012). It is important to remember an EIA will come back negative during the window phase of infection. Therefore, it is important to wait at least 2 weeks after exposure before getting tested. These exams are typically performed by a healthcare worker. However, a new at-home test has recently come out for people who do not wish to go to a healthcare facility to determine their possible HIV status. The OraQuick test is a reliable way to determine HIV status at home (Hinkle & Cheever, 2012). The sooner a person is diagnosed, the higher their chance of living a longer, more comfortable life increases. It is shown that a person who is diagnosed late is ten times more likely to die their first year of diagnosis than someone who is diagnosed early (Taylor, 2015).

As we know there still is no cure for HIV/AIDS. Recently, a new drug cocktail came out that said it cured infants of HIV who were infected by their mothers as a fetus. These babies have now started showing signs of HIV and were tested positive for HIV antibodies (Thompson, 2014). Today, the most successful way of controlling HIV/AIDS is through antiretroviral treatment (ART). This treatment came out in 1996 and has prolonged the life of people infected with HIV as well as reduced the new infection rates. ART at first was very expensive. When it first came out it costs around \$25,000 for each patient every year. Now the cost has been reduced to about \$100 per patient each year, significantly increasing the accessibility of treatment (Smith & Whiteside, 2010).

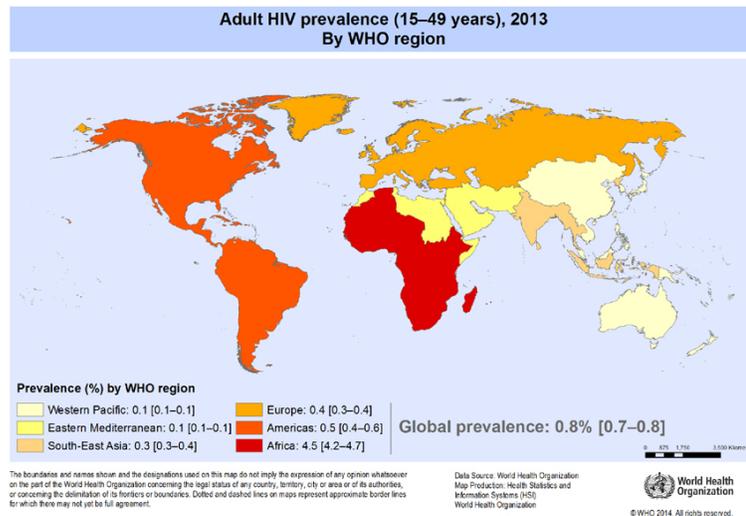
The goal of this treat is to improve the quality of life of these patients and to prevent the spread of HIV to others. Drugs such as Kaletra and Atripla are used in combination to reduce the viral ratio. In order for these drugs to work patients have to take them religiously on schedule

(Hinkle & Cheever, 2012). This can be very difficult for some people who have a busy schedule or who have difficulty remembering to take multiple medications throughout the day. New therapies are now combining drugs into one capsule to increase therapy adherence (Hinkle & Cheever, 2012).

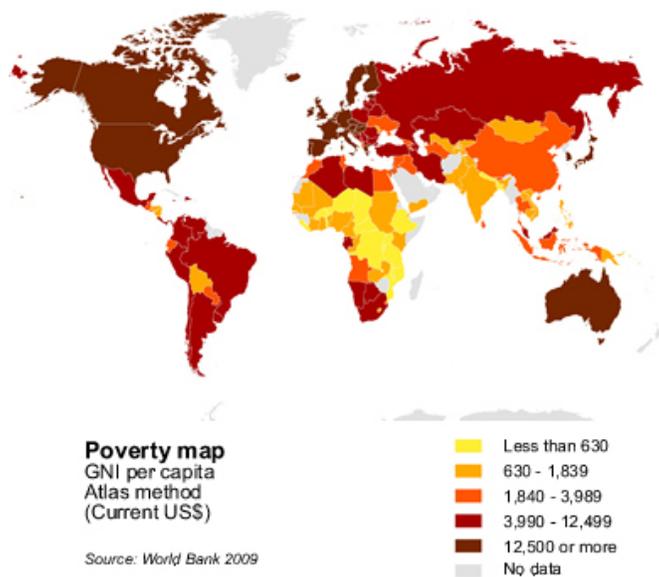
As new research comes out about HIV, scientists get closer to a cure. Until this time comes ART and early diagnosis is the best way to fight the spread of HIV. After a person has been confirmed by two antibody tests they can begin treatment with ART and increase their lifespan as well as their quality of life.

Prevalence

It is not a secret that there are certain parts of the world where HIV/AIDS is more commonly found than others. I went out and asked people what comes to mind when they hear the words “HIV and AIDS.” All of them said, “Africa.” The next question we need to ask ourselves is why? Why is HIV so profoundly present in this part of the world? There were several reasons found to be contributing to the high infection rate in Africa and other areas. Poverty is a big reason, but others are lack of education and cultural beliefs. Against popular assumption, the United States has a very high HIV infection percentage. The Americas has the second largest adult population infected with HIV as seen in the graph below (World, 2013). There are some specific reasons why certain populations are more likely to be infected.



Poverty is a huge contributor to the spread of HIV/AIDS. According to Smith and Whiteside (2013), central, eastern, and southern Africa have a generalized infection rate of 5-30% of the total population in these countries. The most common form of transmission in this area is through sexual transmission in those that are heterosexual (Cock, Jaffe, & Curran, 2012). When comparing a World Poverty Map provided by the Rural Poverty Portal (2009) and the map above, there is an obvious trend between the GNI and the prevalence of HIV. In countries with lower GNIs, there are higher HIV infection rates. As mentioned before, today the cost of ART is



around \$100 per patient each year. Many of the people who are living in the yellow areas on the map live on less than \$1 per day (Rural, 2009). Because of their low income, these people cannot afford proper healthcare or contraception. Many of these individuals who make low income work for the government in mines or factories. The government, particularly in South Africa, moves the workers around and forces them to work in another province for an extended period of time. While these men are away they tend to have intercourse with other women who are living in the area. As time goes on, and men come and go, HIV is easily spread to dozens of families (Ergot, 2013). Low income is one reason why the rate of HIV/AIDS is higher in some areas, but there are several other contributions as well.

Throughout the world there are many cultural beliefs that contribute to the spread of HIV/AIDS. One widespread belief in central and southern Africa is having sex with a virgin can cure a person of AIDS (Ergot, 2013). The consequences of this belief is obvious. Many men will have forced sexual intercourse with young women with the belief that it will cure their disease. Instead these girls become infected themselves and continue the cycle of spreading it to their infants during breast feeding and other sexual partners (Ergot, 2013). In a study among long distance truck drivers in Pakistan, drivers did not think HIV existed in their country. While on the road 35.8% of truck drivers stated having two or more sexual partners (Nasir et al., 2015). Most of the truck drivers stated they do not see the benefits of using condoms during sexual intercourse because they believed HIV could only be spread to immoral people. Of all the truck drivers only 20% had been tested for HIV (Nasir et al., 2015). One last practice that is not common in many African countries where HIV has a high prevalence rate, is male circumcision (Cock et al., 2012). It has shown that “circumcised males have a 50% lower risk of acquiring HIV infection” (Ricci, 2013). This is due to the way bacteria and viruses tend to grow in the

foreskin of the penis (Ricci, 2013). It is clear that cultural beliefs can have a big impact on the spread of HIV.

The next theme that is causing the spread of HIV/AIDS is the lack of education. Many people still do not know how HIV is spread. Some still believe HIV can only be transmitted through homosexual male intercourse. Others do not know HIV even exists (Nasir et al., 2015). As mentioned before, many people do not want to use condoms because it either hinders their interest in sexual activities or they do not understand the importance of contraception (Nasir et al., 2015). The use of male and/or female condoms is the only form of contraception, other than abstinence, that prevents the spread of HIV and other sexually transmitted infections (STI's) (Ricci, 2013). There are many people that also think the use of ART can prevent them from acquiring HIV (Ergot, 2013). Finally, it is estimated that only 54% of people currently infected are aware of their HIV status (World, 2015). The lack of education on transmission, contraception, and the need to be tested for HIV adds to the HIV/AIDS epidemic tremendously.

Fear can be a very powerful force. This is probably one of the largest reasons for the HIV/AIDS epidemic. When HIV was first being recognized around the world, governments in Africa refused to acknowledge the similar symptoms and deaths in their own countries (Smith & Whiteside, 2010). Leaders blamed the high death toll on chemical warfare and racism saying the white population was trying to eliminate the black population (Ergot, 2013). When African leaders finally acknowledged the existence of HIV the damage had already been done (Smith & Whiteside, 2010). There was and still is today more widespread infection in Africa than any other part of the world. Today there are other consequences that people fear which hinders the access of treatment and reversal of the epidemic.

During the time when the thought of having HIV meant a person was gay was widely believed health agencies had difficulty reaching these populations. This stigma caused the disease to spread to more people because they were afraid of what society would think and never sought out treatment (Smith & Whiteside, 2010). Unfortunately, there are similar cases in many countries still today. Patients do not seek medical care because of their fear of being discriminated against (Cock et al., 2012). Another fear, particularly for injection drug users (IDUs), is being arrested (Tsai, Morisky, & Simon, 2015). Many people who live in the heavily affected African areas are afraid to go to the doctor because everyone they know comes back with the diagnosis of HIV/AIDS (Ergot, 2013). These fears inhibit people from getting the help they need.

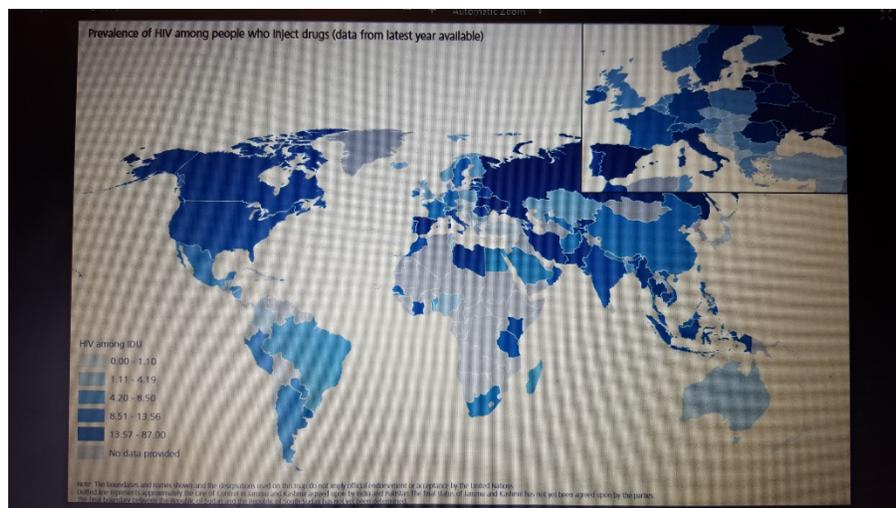
Finally, the United States has its own barriers that are unique when comparing HIV rates with other developed nations. The United States has a much higher rate of HIV than other developed nations. There are more people infected with HIV in the United States than France and the Netherlands combined (MacKercher & Simon, 2015). One large reason why is the lack of sex education in schools. Educating elementary school children about sex education and contraceptive forms is considered taboo in the United States. Only 25 states require abstinence sex education, and only 13 states require medically correct sex education (MacKercher & Simon, 2015). In other words, schools prefer to advocate for monogamy rather than safe sex practice, even though our media and society promotes a highly sexualized lifestyle. While many nations in Europe start sex education in the 1st grade, the United States briefly covers the topic starting in the 5th or 6th grade when many children have already begun sexual maturity and some have started sexual experimenting (MacKercher & Simon, 2015). It is no surprise that the United States also has the highest teen pregnancy rate in developed nations and one of the highest STI

rates, which includes HIV (MacKercher & Simon, 2015). The lack of comprehensive sex education has led to a higher HIV infection rate in the United States.

Another taboo population in the United States is injection drug users. IUDs, outside of sub-Saharan Africa, account for one-third of the HIV incidences in the world (Cock et al., 2012). As seen in the map below, some of the top developed countries with the highest level of injection drug users are the United States, Australia, New Zealand, and Japan (UNODC, 2014).



This next map shows the prevalence of HIV among injection drug users (Prevalence, 2014).



As you can see even though Japan, Australia, and New Zealand have very high injection drug user rates, their HIV rates among IUDs are very low. This is because these countries have

implemented needle exchange programs (Cock et al., 2012). The United States considers IUDs a marginalized group and therefore does not implement actions towards reducing the HIV rate among these people (Smith & Whiteside, 2010). The lack of support for IUDs has also contributed the United States HIV epidemic. The large amount of people infected with HIV/AIDS in the United States makes the topic a relevant issue in today's society.

There are many factors that contribute to the world wide HIV/AIDS epidemic. Many cultural beliefs skew information about HIV which makes it difficult to get treatment and amplifies the spread of the virus. There is a lack of education on how to prevent the virus from spreading and the importance of contraception use. Fear causes many patients to avoid medical clinics all together. The United States struggles with unique issues such as lack of sex education in schools and lack of support for IUDs, which all lead to their high rate of HIV among developed nations. Many changes are needed to reduce and eradicate the presence of HIV/AIDS in our world.

Prevention and Reform

The reversal of the HIV/AIDS epidemic may be a daunting task, but there are several steps that can be made to accelerate improvement. Education is the first step to stopping the spread of HIV. Without education people will retain their beliefs and habits that are contributing to the expansion of the virus. Universal medical access to treatments is another way to decrease the epidemic. Programs for families and other marginalized groups can also benefit the cause. These all are intervention every person can advocate for to end the HIV/AIDS epidemic.

Education is important with any healthcare concern. Clarification of certain cultural beliefs on how HIV is spread and treatment options need to be a priority. If these mistaken theories can be corrected then the spread of the virus can be reduced. Initiating comprehensive

sex education in schools and to the general public can increase the knowledge of transmission and reduce the infection rate. Encouraging healthcare workers and others who have been exposed to blood borne pathogens to be tested for HIV can also reduce the rate of infection. By advocating to end prejudice against marginalized groups will allow those people to feel more secure when seeking care.

Medical access is another essential element to ending the HIV/AIDS epidemic. Free screenings and/or at home screenings will make people aware of their HIV status. Screening ladies early on in pregnancies and initiating ART can reduce the instances of mother to fetus infection. Informing males of the benefits of male circumcision can also decrease HIV/AIDS. Providing free ART can decrease viral load and therefore decrease transmission to others (Taylor, 2015). There are many medical interventions that can be taken to help stop the epidemic.

Certain programs can also contribute to the end of HIV/AIDS. Implementing needle exchange programs have shown a significant decrease of HIV in IUDs (Tsai et al., 2010). Family planning and counseling for those who are already affected with HIV can reduce the spread. This allows people to learn more about the HIV status and how to prevent spreading it to others (World, 2015). Programs can help guide people to take initiative in their own care and to stop the spread of HIV/AIDS.

Conclusion

The HIV/AIDS epidemic caused a worldwide panic when it was first discovered (Smith & Whiteside, 2010). Today the topic has been put to the side to make room for new emerging diseases. By researching various topics surrounding HIV/AIDS we are able to conclude that this epidemic is still relevant to our society today. Understanding the different ways of transmission

gives insight on how it was spread so quickly and easily among populations. It also explains why we are not able to cure the disease. Exploring treatment options show that there are certain measures that are being taken, but unfortunately there are still mass casualties related to HIV/AIDS each year. The larger prevalence of HIV in some parts of the world can be explained by cultural beliefs or stigmas within our society. There are many steps that we can take to end this epidemic, but the first is realizing that all this data makes the topic a relevant concern in society today.

Throughout researching this topic, it was found that HIV can be spread through various body fluids including blood, semen, vaginal fluids, amniotic fluids, and breast milk (Tahir et al., 2015). Once infected the virus attacks cells that have a role in the immune system, thus creating it difficult for the body to fight back (Hinkle & Cheever, 2012). The infection process has several phases which can take years to complete (Nies & McEwen, 2015). This data is relevant because it explains why we still do not have a cure for HIV/AIDS today.

There is only one form of treatment available to improve the quality of life for those living with HIV/AIDS. ART consists of a cocktail of drugs, specific to each patient, which must be taken on a strict schedule to reduce viral load (Hinkle & Cheever, 2012).

The prevalence of disease is much larger in certain areas than other. Poverty is a big factor, but there are many other reasons why this disease remains at large throughout the world. Africa has the highest infection rate due to early denial of the disease and a lack of resources (Smith & Whiteside, 2010). The Americas has the next largest adult infection rate (World, 2013). This can be linked to lack of education and prejudices that dominate our society (MacKercher & Simon, 2015).

There are several measures that were found which can be implemented to reduce the spread of HIV. Education is an important intervention that can dissolve false beliefs about HIV/AIDS. It can also inform people of when they need to be tested for infection and what measures they can take if they are already infected. Universal ART for those who are infected can reduce the transmission rate (Taylor, 2015). Finally, there is strong evidence that ending prejudice beliefs and creating programs such as needle exchanges have significantly reduced the HIV/AIDS infection rate in marginalized groups (Tsai et al., 2010).

Through researching articles, interviews, videos, and comparing demographic maps it is apparent that the HIV/AIDS epidemic is still relevant to our society today. For the past decade the HIV/AIDS infection rates in the United States have remained steady (Smith & Whiteside, 2010). There has not been a significant increase in infection rates, but there has not been a large decrease either. As of now there is no cure for HIV and new interventions need to be made in order for our infection rates to decrease.

It is estimated that only 28% of people in the United States, who are HIV-positive, are currently taking antiretroviral drugs (Cock et al., 2012). This is an astoundingly low amount of treatment adherence for such a developed nation. There is clearly a lack of education that is causing these people to live a life of suffering. Much reform is still needed to reverse the effects of this disease. While other nations advance in ways to reduce infection rates by making early sex education mandatory in schools and starting needle exchanges for IUD's, the United States sits in its old ways of promoting monogamy and turning a blind eye towards the issue of HIV in IUDs.

As the focus of public health shifts towards new emerging diseases, the population with HIV in the United States will continue to remain steady. If funding is cut and new programs are

not implemented it will not be surprising if the HIV/AIDS infection rate increases in the next decade or so. It is up to us to advocate for those who are uneducated and underprivileged in other countries such as Africa. We are all human and their struggle is our struggle. If our ignorance that this disease has come and passed continues, it may come back to haunt us in the future. It is clear that the HIV/AIDS epidemic is still relevant to our society today.

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