

# Una panoramica sull'infezione da HIV, qualche riflessione dopo otto anni di pubblicazione.

## Insights on HIV infection, some reflecting after eight years of the Journal.

**Giuseppe Vittorio De Socio<sup>1</sup>, Paolo Maggi<sup>2</sup>, Antonio Di Biagio<sup>3</sup>, Giordano Madeddu<sup>4</sup>, Paolo Bonfanti<sup>5</sup>**

<sup>1</sup> Clinica di Malattie Infettive, Dipartimento di Medicina, Azienda Ospedaliera e Università degli di Perugia, Ospedale Santa Maria della Misericordia, Perugia; Italy.

<sup>2</sup> Clinica delle Malattie Infettive Università della Campania "Luigi Vanvitelli", Napoli.

<sup>3</sup> Clinica Malattie Infettive, IRCCS Ospedale Policlinico San Martino, DISSAL, University of Genoa, Italy.

<sup>4</sup> SS Immunodeficienza, SC Malattie Infettive e Tropicali, Azienda Ospedaliero-universitaria di Sassari e Dipartimento di Medicina, Chirurgia e Farmacia, Università degli Studi di Sassari

<sup>5</sup> Università degli Studi Milano-Bicocca, Dipartimento di Medicina e Chirurgia

### Corresponding Author:

**Giuseppe V. L. De Socio**, MD, PhD  
 Clinica di Malattie Infettive  
 Azienda Ospedaliera di Perugia  
 Piazzale Menghini 1,  
 06129 Perugia, Italy  
 Phone: +39-075-5784321  
 Fax: +39-075-5784346

giuseppedesocio@yahoo.it

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In this issue the first two articles by Sviszeretto et al. (1), and by Formica et al. (2) are focused on the topic of delayed diagnosis of HIV infection.

The delay in diagnosing HIV infection remains a pressing public health challenge that significantly contributes to the ongoing epidemic. Advanced HIV Disease, seen as an issue of late diagnosis and treatment of HIV, remains a concern. The early diagnosis of HIV is crucial for the timely initiation of antiretroviral therapy (ART), which has been shown to improve health outcomes for individuals living with the virus. Research indicates that individuals who begin ART promptly are not only able to maintain a higher quality of life but also have a markedly reduced risk of transmitting the virus to others. The concept of "treatment as prevention" underscores the transformative potential of early intervention, making HIV screening an essential public health strategy.

Moreover, delayed diagnosis often leads to advanced progression of the disease, resulting in more complicated health scenarios. The integration of routine HIV screening into general healthcare practices presents an effective strategy to combat delays in diagnosis.

By normalizing HIV testing as part of regular medical check-ups, healthcare providers can encourage individuals to be proactive about their health. The importance of timely HIV screening is a fundamental element of public health strategy.

Patients with late diagnosis may be presented with opportunistic infections or other AIDS-related complications, which complicate treatment and increase healthcare costs. Major global efforts have been mounted to address the epidemic, and significant progress has been made, even though the delay in HIV infection diagnosis still presents significant challenges that require comprehensive attention and intervention.

The second topic is about HIV co-morbidity, specifically Brogna and Squillace (3) presents a comprehensive review of steatosis in HIV people. The revision, addressing the relationship between HIV and liver steatosis, provides valuable insights into a critical aspect of co-morbid conditions associated with HIV infection.

The inclusion of recent studies that highlight the increased prevalence of liver steatosis among individuals living with HIV underscores the importance of this issue and its implications for patient management. Interestingly, the revision focuses on the potential mechanisms linking HIV infection to liver steatosis, particularly the role of antiretroviral therapy and the impact of metabolic syndrome.

This connection emphasizes the need for healthcare providers to monitor liver health proactively in their patients with HIV, especially those on long-term ART.

Furthermore, the discussion on the potential for

liver steatosis to exacerbate liver-related morbidity and mortality among HIV-positive individuals is particularly pertinent. It would be beneficial to explore recommendations for screening and management strategies that can be tailored for this population. Overall, this review reinforces the need for a comprehensive approach to managing HIV that includes vigilance for liver health and encourages further research into effective interventions for preventing and managing liver steatosis in these patients.

The last paper by Guastavigna et al. (4) presents a new project based on the Patient Health

Engagement (PHE) Model, which describes patient engagement as a dynamic process.

The project emphasizes the importance of collaboration among healthcare professionals, institutions, and patients to ensure the project's sustainability and positive impact.

The journal has reached 8 years of activity and has allowed young researchers to publish their works, it has not been an easy experience and at this moment with the present issue, the activity stops for a “reflection pause” necessary to better define the role of our journal in the general context of editorials currently available. ■

#### REFERENCES

1. Svizzeretto E, Tommasi A, Gonnelli G, De Socio GV, Francisci D. *Immune and virological recovery in late presenters: a retrospective monocentric study in HIV-naive persons from 2018 to 2023*. JHA 2024; 9: 56-60.
2. Formica G, Chechi F, Trevisan S, et al. *HIV/AIDS after four decades: the rise of Late Presenters in new diagnoses - A case series analysis from the Infectious and Tropical Diseases Department of Careggi University Hospital, Florence (2023-2024)*. JHA 2024; 9: 61-66.
3. Brogna V, Squillace N. *Prevalence of liver steatosis in HIV and associated risk factors*. JHA 2024; 9: 67-75.
4. Guastavigna G, Orofino GC. *Engage HIV: training healthcare professionals and engaging people with HIV infection to prevent and address loss of retention in care*. JHA 2024; 9: 76-82.

