



EDITORIAL

HIV-ASSOCIATED OPPORTUNISTIC INFECTIONS – 40 YEARS ON

HIV infections were first described in the early 1980s. The hallmark of the disease was opportunistic infections because of the characteristic cellular and humoral immune dysfunction.

The HIV-associated opportunistic infections comprised, as they still do today, of life-threatening infections seen in patients with advanced disease who are not on antiretroviral therapy. Initiation of ART leads to a reversal in disease progression and restitution of both humoral and cellular immunity.

Some of the important opportunistic infections include mycobacteria such as *Mycobacterium tuberculosis* and

Mycobacterium avium complex; fungal infections such as mucocutaneous *Candida* infection, coccidioidomycosis, *Histoplasma*, *Cryptococcus neoformans*, aspergillosis, protozoal infections such as *Pneumocystis jirovecii*, microsporidia, *Toxoplasma gondii*, cryptosporidiosis, Bartonellosis and viral diseases such as Herpes Simplex viruses, cytomegalovirus, Human Papillomavirus, and Hepatitis B and C viruses.

Immune restitution helps a great deal in reducing the impact of these diseases in both quality of life and increased survival of people living with HIV.



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