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High Risk Human Papilloma Virus Infection in HIV-positive Women with Clinical Tuberculosis Symptoms in a Middle-income Country: Prevalence and Risk Factors

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Introduction

Human Papillomavirus (HPV) infection is a prevalent sexually transmitted infection and a well-established cause of cervical cancer. In HIV-positive individuals, particularly in middle-income countries, the risk of HPV infection is amplified, further compounding the burden of cervical cancer. Moreover, Tuberculosis (TB) is another major health challenge in many middle-income countries. This article explores the prevalence and risk factors associated with high-risk HPV infection among HIV-positive women presenting with clinical TB symptoms in a middle-income country, highlighting the complex intersection of these health issues [1,2].

Description

Middle-income countries often face a dual burden of infectious diseases, with HIV and TB being significant contributors to morbidity and mortality. The immunosuppression resulting from HIV infection not only increases the risk of TB but also leaves individuals more susceptible to opportunistic infections, including HPV. HPV is a diverse group of viruses, with some types categorized as high-risk due to their potential to cause cancer. In HIV-positive women, the interplay between HIV, TB, and HPV is complex. TB may further weaken the immune system, increasing susceptibility to HPV infection and subsequent development of cervical precancerous lesions or cancer [3,4]. Understanding the prevalence and risk factors for high-risk HPV infection in this population is crucial for public health interventions aimed at preventing cervical cancer. To investigate the prevalence and risk factors for high-risk HPV infection in HIV-positive women presenting with clinical TB symptoms in a middle-income country, a cross-sectional study was conducted. The study enrolled a cohort of women aged 18 to 49 years, living with HIV, and seeking care for clinical TB symptoms. The study participants underwent cervical screening for HPV infection, and structured interviews were conducted to collect demographic and clinical data [5,6].

Conclusion

High-risk HPV infection in HIV-positive women with clinical TB symptoms in middle-income countries represents a significant public health concern. The co-infection of these three diseases further complicates the health status of affected individuals and poses challenges for healthcare systems. Addressing this complex issue requires a multifaceted approach, including strengthening healthcare systems, early initiation of ART and TB treatment, HPV vaccination, and regular cervical cancer screening. By addressing the intersection of HIV, TB, and HPV, it is possible to reduce the burden of cervical cancer and improve the overall health and well-being of HIV-positive women in middle-income countries.

Acknowledgement

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Conflict of Interest

None.

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