## HIV/AIDS SCENARIO IN KERALA

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HIV/AIDS pandemic have emerged as a serious public health problem all over the world, ever since the 1<sup>st</sup> AIDS case was diagnosed in 1981. In 1983, the virus was isolated from patients with AIDS and was named as retrovirus & WHO gave the HIV- Human Immunodeficiency Virus. Once a person gets infected with the virus, It is there for a life time. There is no permanent cure for the disease. No effective vaccine has also been developed. More than 50% of the affected are below the age of 25 years.

## The Global Epedemic:

HIV/AIDS has now affected almost all countries of the world.95% of all HIV/AIDS infected people are living in developing countries. Thus it has become a developmental problem. Half of the new infections are among the young adults aged less than 25 years.

## <u>India</u>

The first HIV infected case in India was detected in Tamilnadu in 1986. The first AIDS was also reported in the same year from Mumbai. HIV infected persons in India are 3.6 million (2007), prevalence rate 0.36%.

The highest prevelance is in Manipur,Nagaland is the second highest. Of the estimated number,22% is in A.P., 20% Maharashtra, 11% Karnataka, 7% TamilNadu & the remaining state constitute 40%. Kerala

The first HIV+ ve case was identified in 1987. HIV epidemic in Kerala is distinctly related to migration. Unlike other Indian states the epidemic does not exhibit the rural-urban specificity in Kerala. HIV infection is uncommon below the age of 20 years.

**Disease Transmission:** 

The 4 major routes of transmission of the disease.

**1.sexual routes** 

2.Blood&Blood products

**3.Unsterilised surgeries & needles** 

4. Mother to baby.

**HIV Sentiel Survilance:** 

It has been established for monitoring the trends in HIV infection over time &place in different groups of the population.

HIV/AIDS prevention &control programme:

Programme of Kerala State Aids Control Society:

**1. Targetted Intervention programme** 

**2.STD control Programme** 

**3.Integrated Counseling& Testing Centres.** 

4.Blood safety programme.

5.Care & Support Programme.

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