CHARACTERIZATION AND EPIDEMIOLOGICAL PROFILE OF PEOPLE LIVING WITH HIV/AIDS

CARACTERIZAÇÃO E PERFIL EPIDEMIOLÓGICO DAS PESSOAS QUE VIVEM COM HIV/AIDS CARACTERIZACIÓN Y PERFIL EPIDEMIOLÓGICO DE LAS PERSONAS QUE VIVEN CON VIH/SIDA

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ABSTRACT

Objective: to describe the characterization and epidemiological profile of people living with HIV/aids. **Method:** quantitative, epidemiological, descriptive study, composed of 112 medical records of a regional referral service, from the period 2012 to 2016. For the information collection, a form and the Microsoft Excel 2010 program were used, in which tables were elaborated. Data were analyzed using simple descriptive statistics and presented in absolute and percentage values. **Results:** males, aged between 20 and 39 years, with eight to 11 years of study were the majority of the sample of this study. As for the occupation, rural and household workers stood out. Regarding the type of exposure, the sexual relation was highlighted. There was case growth among women and the exposure category was heterosexual. As for the type of sexual partnership, there was prevalence between men and women, with one and two partners. **Conclusion:** the main form of HIV transmission was unprotected sexual intercourse, with significant prevalence of heterosexual relationships. **Descriptors:** Health Profile; HIV Seropositivity; Disease Transmission, infectious.

RESUMO

Objetivo: descrever a caracterização e o perfil epidemiológico das pessoas que vivem com HIV/aids. **Método:** estudo quantitativo, epidemiológico, descritivo, composto por 112 prontuários de um serviço de referência regional, do período de 2012 a 2016. Para a coleta das informações, foram utilizados um formulário e o programa Microsoft Excel 2010, no qual foram elaboradas tabelas. Os dados foram analisados por meio de estatística descritiva simples e apresentados em valores absolutos e percentuais. **Resultados:** pessoas do sexo masculino, com idades entre os 20 e 39 anos, com oito a 11 anos de estudo foram a maioria da amostra deste estudo. Quanto à ocupação, destacaram-se trabalhadores rurais e do lar. Em relação ao tipo de exposição, destacou-se a relação sexual. Houve crescimento de casos entre as mulheres e a categoria de exposição foi a heterossexual. Quanto ao tipo de parceria sexual, houve a prevalência entre homens e mulheres, com um e dois parceiros. **Conclusão:** a principal forma de transmissão do HIV foi a relação sexual desprotegida, com prevalência expressiva das relações heterossexuais. **Descritores:** Perfil de Saúde; Soropositividade para HIV; Transmissão de Doença Infecciosa.

RESUMEN

Objetivo: describir la caracterización y el perfil epidemiológico de las personas que viven con el VIH/aids. **Método:** estudio cuantitativo, epidemiológico, descriptivo, compuesto por 112 prontuarios de un servicio de referencia regional, del período de 2012 a 2016. Para la recolección de las informaciones, fueron utilizados un formulario y el programa Microsoft Excel 2010, en el cual se elaboraron tablas. Los datos fueron analizados por medio de estadísticas descriptivas simples y presentadas en valores absolutos y porcentuales. **Resultados:** personas del sexo masculino, con edades entre los 20 y 39 años, y con ocho a 11 años de estudio fueron la mayoría de la muestra de este estudio. En cuanto a la ocupación, se destacaron trabajadores rurales y del hogar. En cuanto al tipo de exposición, se destacó la relación sexual. Hubo crecimiento de casos entre las mujeres, y la categoría de exposición fue heterossexual. En cuanto al tipo de asociación sexual, hubo la prevalencia entre hombres y mujeres, con uno y dos personas. **Conclusión:** la principal forma de transmisión del VIH fue la relación sexual desprotegida, con prevalencia expresiva de las relaciones heterossexuales. **Descriptores:** Perfil de Salud; Seropositividad al VIH; Enfermedad Transmisión, Infecciosa.

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INTRODUCTION

The acquired immunodeficiency virus (HIV) destroys the natural defense mechanisms of the human body and allows the most varied diseases in it to be established, constituting the acquired immunodeficiency syndrome (AIDS). Over the years, HIV infection has been transformed, both in terms of clinical evolution, and the epidemiological profile of infected persons.¹

Almost three decades since the identification of the first cases of HIV-infected patients, the AIDS pandemic is a major public health problem and continues to expand dynamically.² In Brazil, the AIDS epidemic is a major public health problem that heterogeneously affects different segments of the population and affects the different regions, according to some socio-demographic characteristics.³

The epidemic, in Brazil, was distinguished in three distinct phases. The first was characterized only by those infected with HIV, especially homosexual men with high schooling, and this era is marked by the concept of "risk groups". In the second phase, the concept of "risk behavior" was adopted, due to the large number of injecting drug use contamination, reaching a larger number of heterosexuals, which, consequently, characterized the third and current phase, which was marked by increased cases in the female sex, people with low schooling and the internalization of AIDS, adopting the concept of "vulnerability."⁴

The interest in the characterization and epidemiological profile of people living with HIV/AIDS is due to the fact that the literature wishes to show the great change that has been taking place. This study is justified by the need to know the characterization and epidemiological profile of HIV/AIDS cases registered in regional referral services, as well as the reality of this condition in the region. In addition, it allows a deeper understanding of the local situation, so that strategies can be formulated and implementation of HIV/AIDS prevention, promotion and control programs more targeted to the study public.

OBJECTIVE

- To describe the characterization and epidemiological profile of people living with HIV/aids.

METHOD

A quantitative, epidemiological, descriptive study carried out in the city of Passos (MG),

whose population in 2015 was estimated at 113,122 inhabitants.⁵ The data collection was performed in the field, obtained from the data from the Form of the Testing Center and Counseling that appeared in the medical records of all people living with HIV/AIDS enrolled in an Outpatient School of a regional referral service. The outpatient clinic offers general and specialized care in the area of STD/AIDS, in primary and secondary care, respectively, through outpatient and home care, and is also an important field of study and research. It acts as reference of 23 municipalities near Passos.

The study was based on data recorded in the individual file (chart) to follow up registered users living with HIV/AIDS. The records of active users were included in the search, that is, they had fidelity to the monthly treatment. Inactive users, those who were one month in the condition of treatment, transfer or death were excluded.

Initially, an analysis of the Attendance Form of the Testing and Counseling Center was carried out, which was found in the medical records of the registered patients, in order to obtain the data for the research.

The questions used were variables related to orientation (origin of referrals, month and year of demand); user (gender, gestation, age, marital status, race/color, education and occupation); residence (municipality); requisition data (reason for the demand and origin of the clientele); epidemiological history (information on drug use, sexually transmitted infections, blood donation, sharing of syringe use, type and amount of sexual partners, and type of exposure); information on condom use; and population cut.

In order to collect this information, a form developed for this research and the Microsoft Excel 2010 program, in which tables were elaborated were used. Data were analyzed using simple descriptive statistics and presented in absolute and percentage values. The collected material was analyzed based on the variables selected from the research instrument.

The project was submitted to the Research Ethics Committee of the Passos Higher Education Foundation and approved with protocol 1,580,911.

The ethical and legal aspects that involved research with human beings were respected, according to resolution 466/2012. Authorized its accomplishment by the Research Ethics Committee with Opinion Number: 1,580,911 and CAAE: 55019616.0.0000.5112.

RESULTS AND DISCUSSION

This study was composed of 112 medical records of patients living with HIV/AIDS enrolled and active in the treatment at a regional referral service. All medical records of patients attended from January 1, 2012 to May 31, 2016 were analyzed.

The main place of origin/referral of people living with HIV/AIDS was the Ambulatory School (67 patients). There was an important predominance of the group of 20 to 39 years old (n = 56) and a higher incidence of males (n = 75). The most observed marital status was single (n = 53), followed by married/friendly users (n = 32). In relation to schooling, 35 medical records recorded eight to 11 years of study. The white race was the most pointed (n = 69).

Regarding the occupation of these patients, it was noticed a small highlight for those who declared to be rural and household workers (n = 10 and n = 8, respectively), that is, they

were informal and unregistered workers. Residency data of people living with HIV/AIDS showed that the greatest source was from the city of Passos (n = 57). Regarding the origin of the clientele, the majority was of the service/health professional (n = 38), followed by friends/users of the service.

Most did not go to the blood bank and most of the charts analyzed did not report Sexually Transmitted Diseases in the last 12 months. Most people living with HIV/AIDS have also not used drugs in the last 12 months, or shared needles/syringes.

As for the type of sexual partnership, men and women accounted for the largest number, with one or two partners. There was an important predominance to the type of exposure, with a significant predominance of the sexual relation item (n = 73), according to table 1.

Table 1. Exposure related to sexual practices of people living with HIV/AIDS registered in a regional referral service. Passos (MG), Brazil, 2016.

Type of partnerships	n (%)
Men	45 (40)
Not informed	31 (28)
Women	27 (24)
Does not apply	4 (4)
Men and women	2 (2)
Men and women/transvestites/transsexuals	1 (1)
Transvestites/transsexuals	1 (1)
Men and shemales/transsexuals	1 (1)
Number of sexual partners	
1	47 (42)
Not informed	36 (32)
2	8 (7)
More than 10	5 (4)
3	4 (4)
10	3 (3)
4	3 (3)
5	2 (2)
6	2 (2)
Does not apply	2 (2)
Type of exposure	
Sexual intercourse	73 (65)
Uninformed	37 (33)
Vertical transmission	1 (1)
Sharing syringes/needles	1 (1)

Both with a fixed partner and with an eventual partner, the condom has not been used in the last 12 months. The condom was

also not used during the last sexual intercourse, and the most pointed reason was "trust the partner", as shown in table 2.

Table 2. Condom use of people living with HIV/AIDS registered in a regional referral service. Passos (MG), Brazil, 2016.

Use of condoms	With fixed partner n (%)	With eventual partner n (%)
In the last 12 months		
Uninformed	33 (29)	33 (30)
Not applicable	22 (20)	45 (40)
Did not use	36 (32)	18 (16)
Used more than half the time	3 (3)	6 (5)
Used less than half the time	6 (5)	3 (3)
Used every time	12 (11)	7 (6)
Last sexual intercourse		
No	38 (34)	19 (17)
Uninformed	36 (32)	33 (30)
Not applicable	22 (20)	51 (45)
Yes	16 (14)	9 (8)
Reason for not using a condom		
He found that the other had no HIV	0	1 (1)
Trust your partner	27 (24)	4 (4)
Uninformed	34 (30)	33 (29)
I did not have at the moment	3 (3)	3 (3)
Do not like	7 (6)	7 (6)
Not applicable	35 (31)	57 (50)
I had no information	1 (1)	0
Negotiated not to use	0	1 (1)
Others	1 (1)	2 (2)
Partner does not accept	3 (3)	1 (1)
Under the influence of drugs/alcohol	1 (1)	3(3)
Fixed partner risk *		
Not applicable	55 (49)	-
Uninformed	45 (40)	-
HIV positive	5 (4)	-
Bisexual relationships	2 (2)	-
Have or have had Sexually Transmitted Disease	2 (2)	-
Use of other drugs	2 (2)	-
Other (tattoo)	1 (1)	-

* No data were obtained on the possible partner

Population cut-off data for people living with HIV/AIDS are presented in table 3. The population, in general (n = 63), was a large number in relation to the charts analyzed, a

fact of paramount importance for the performance of the prevention to the population.

Table 3. Population cut-off of people living with HIV/AIDS registered in a regional reference service from 2012 to 2016. Passos (MG), Brazil, 2016.

Population cut	n (%)
Population in general	63 (56)
Uninformed	33 (29)
Men who has sex with men	8 (7)
Student	1 (1)
Person living with HIV/AIDS	3 (3)
Others	2 (2)
Carrier of Sexually Transmitted Disease	1 (1)
Sex worker	1 (1)

This study has inherent limitations to those that use the retrospective methodology, which obtains secondary data. Some information identified as "not informed" could not be recovered.

The characterization and epidemiological profile of people living with the HIV/AIDS virus were discussed. Some data are consistent with the literature and, others, discordant to our reality. Worldwide, there are more than 35 million people living with HIV/AIDS.⁶

The epidemic of HIV infection and AIDS is a global, dynamic and unstable phenomenon, and the form of occurrence depends on individual and collective human behavior.⁷

The AIDS epidemic remains a serious public health problem and causes thousands of victims each year, posing challenges to the global scientific community. A study that analyzed the prevalence, incidence and trends of HIV infection in Latin America and the Caribbean pointed out that lack of information, HIV prevention and care are still important issues to be solved.⁸

In Brazil, the AIDS epidemic is a relevant public health problem that affects heterogeneously different segments of the population, affecting different regions, according to some socio-demographic characteristics.³

People living with HIV/AIDS in the study population were predominantly white male, 20 to 39 years of age, single and eight to 11 years of age, unlike literature, whose results were predominantly female and mean age was 17.6.⁴

One study⁷ also identified a majority of males and age distribution similar to this study, since 50% of the patients were aged between 21 and 40 years. Still, 74% of the patients declared themselves unmarried, given the agreement with this study. In another study, a prevalence of males (63.7%) and mean age of 38.4 years was found.⁹ There is also similarity with other studies, in which male subjects prevailed, aged 30 to 39 years and heterosexual exposure.¹⁰⁻¹ In Nigeria, the results diverged, indicating a higher prevalence of women with stable or married relationships.¹²

The AIDS epidemic, in the municipality of Foz do Iguaçu, underwent transformations over the years 1988 to 2012, which led to the configuration of a new epidemiological scenario, with a profile marked, mainly, by the feminization and heterosexualization of the disease, as well as the increase of notifications between individuals with more years of study. Regarding the category of exposure, it was also observed that, although the number of AIDS cases among males was higher, the trend of increasing numbers of HIV-infected women occurred rapidly and the main exposure category was heterosexual (69.6%).¹³

These data are consistent with national reality and current literature, which bring unprotected sexual intercourse as the main form of HIV transmission, with significant prevalence of heterosexual relationships.¹⁴

Sexual intercourse was the main form of HIV transmission, especially the high frequency of non-use or eventual use of condoms. High prevalence of non-use of condoms was also observed among young females with a stable union.¹⁵ One study also found that the main category of exposure was heterosexual (69.6%).¹²

The current reality shows a great change in the profile of the individual living with AIDS. Today, it no longer has a characteristic appearance and no longer fits into that profile of the early stage of the disease, when prevailing homosexuals and drug users. The identified profile is from a healthy individual. The majority of those surveyed did not take the test because they had Sexually Transmitted Diseases or drug users because they differed from the stigmatizing profile, previously constructed in the initial phase of the disease.

Despite growing research and studies, the disease is still characterized as a stigmatic disease. The bearer is apprehended as a passive object and unable to organize in society. The role of the nurse is to go beyond hegemonic reductionism, whose focus is the disease, not the human being, and organize or emancipate itself to live well in society.¹⁶

Since the onset of the first HIV/AIDS cases in the country and in the world, it is known that HIV can reach all population groups regardless of their sexual orientation and social or economic conditions. Coupled with the increase in the number of HIV/AIDS cases, one can notice the change in the Brazilian population pyramid. The attention is focused on the rapidity of the change in the epidemiological profile that has been occurring in Brazil.¹⁷

In a population cut of the people living with HIV/AIDS of the study group, the category belonging to the general population prevailed, so this study contributed to the knowledge of the vulnerable population, bringing subsidies for the adoption of preventive measures.

CONCLUSION

The profile of people living with HIV/AIDS with the highest incidence was male, with ages ranging from 20 to 39 years and with eight to 11 years of study, and these were the majority of the sample of this study. As for the occupation, rural and household workers stood out. Regarding the type of exposure, the sexual relation was highlighted. There was case growth among women and the exposure category was heterosexual. As for the type of

sexual partnership, there was prevalence between men and women, with one and two partners.

In view of the findings of this study, it can be seen that HIV/AIDS is still a very prevalent disease, affecting the population in general and the level of schooling. There is a need for greater dissemination of information and prevention measures in the community. The definition of the epidemiological profile is an important instrument for directing these measures in order to minimize the number of new cases.

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Submission: 2017/06/21

Accepted: 2017/11/23

Publishing: 2017/12/15

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