Communicable Disease

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 AIDS is a communicable disease that is caused by the virus known as HIV which stands for Human immunodeficiency virus. After acquiring AIDS, a person shows no visible symptoms except influenza-like-illness. However, as the disease progresses, an individual is at a greater risk of getting various common diseases, as HIV directly attacks the immune system (Konotey-Ahulu, 1989).

 According to the statistics, there are more than 1.2 million people living with AIDS and the most alarming thing is that more than 15% of them are unaware that they are infected. In 2017, it was estimated that approximately 36 million people were infected by HIV. While discussing the epidemiology of a disease, statistics also show that most Hispanics, Latinos and African American people were reported to have AIDS (Adler, 2001). Additionally, most of the bisexual people are reported to have AIDS.

Specifically discussing the USA, AIDS found its way in the early 1980s. In 2015, the AIDS outbreak occurred in Indiana, a state of the US. The cause of the spread was the injection of a newly developed drug known as Opana which is an opiate-like painkiller. Drug addicts are vulnerable to get infected with HIV as they are involved in practices of direct needle sharing without sterilizing it (Connors, 1992). Additionally, in many under-developed countries where healthcare facilities are not available to the people, the practice of using one syringe over and over is very common. Although, in many cases, nurses wash the syringes, yet a single drop of a blood residue left on a syringe is enough to make a person infected with HIV. As fewer cases of the disease were reported officially, there were no specific methods to deal with the outbreak. Due to this reason, many people were left undiagnosed which resulted in more people being infected and the government had to officially announce a medical emergency.

This outbreak had a huge impact on the community as many people used to associate AIDS with only bisexual people that were involved in sexual intercourse. However, due to an increase in the cases of AIDS, people gained more awareness. The economic social consequences affected not only rural families but high-income families as well. Typically, AIDS affects adults that are in their economically productive age and children acquiring perinatally. Thus, deaths due to AIDS of economically active adults impacted the economy negatively by increasing poverty. The government also put restrictions on the travel to contain the disease due to which, people were stuck living in an area where the disease was spreading fast (Reif & Gong, 2014).

Due to the severity of a disease, several reporting protocols were developed by the CDC to contain the disease. As many people were not insured and were unemployed, government interventions were necessary to expand the capacity for HIV testing.

During the outbreak in Indiana, public health officers started a media campaign. They also sent out mailers to all the residents of the county regarding the testing of HIV. Several needle exchange programs were developed to aware people regarding the use of unsterilized syringes. However, discussing patient education strategies, it is recommended that physicians should teach patients what to face regarding the transmission of AIDS especially, and the consequences of unprotected sexual intercourse (Adeboye & James, 2016). Community nurses can arrange seminars to teach patients regarding the disease and its transmission modes. If an individual is already infected then it is the responsibility of physicians and nurses to explain to him or her the potential treatments of disease. Additionally, community-level brochures must be sent to the people to educate them more about a disease. A community must also arrange free camps to diagnose AIDS as this can aid people in knowing that whether they have AIDS or not (Swati & Sushma, 2015). Also, community pharmacists and public health care officials must spread awareness among drug addicts regarding the negative impacts of drug abuse and the use of unsterile syringes so that they can be protected from getting infected with AIDS.

**References**

Adeboye, A., Yongsong, Q., & James, N. (2016). Risky sexual behavior and knowledge of HIV/AIDS among high school students in Eastern Cape South Africa. *Journal of Human Ecology*, *53*(3), 194-204.

Adler, M. W. (2001). Development of the epidemic. *Bmj*, *322*(7296), 1226-1229.

Connors, M. M. (1992). Risk perception, risk taking and risk management among intravenous drug users: Implications for AIDS prevention. *Social Science & Medicine*, *34*(6), 591-601.

Konotey-Ahulu, F. I. (1989). What is AIDS?.

Reif, S. S., Whetten, K., Wilson, E. R., McAllaster, C., Pence, B. W., Legrand, S., & Gong, W. (2014). HIV/AIDS in the Southern USA: a disproportionate epidemic. *AIDS care*, *26*(3), 351-359.

Swati, A., & Sushma, B. (2015). Knowledge, Attitude and sources of information for increasing awareness about HIV/AIDS among college students. *Healthline Journal of Indian Association of Preventive and Social Medicine*, *4*(4), 50-7.