

FAMILY AND COMMUNITY MEDICINE: SUPPORT FOR HIV CONTROL IN GOIÁS

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ABSTRACT

Introduction: HIV is a virus that attacks the immune system, destroying CD4 cells, which play a crucial role in defending the body against infections. By weakening this system, HIV increases the body's vulnerability to various opportunistic diseases, such as tuberculosis and certain types of cancer. **Objective:** To provide an overview of HIV infection in the state of Goiás and evaluate the role of Family and Community Medicine in supporting the control of HIV infection. **Methods:** This is a descriptive and ecological study that used secondary data from the Notifiable Diseases Information System (Sinan). **Results:** HIV infection remains a major challenge in the state of Goiás, reflecting national and global trends. Between 1984 and 2022, 25,140 AIDS cases were reported in Goiás, with a significant focus on vulnerable populations, particularly in the 25 to 29 and 30 to 34 age groups, reflecting the predominantly sexual transmission pattern of the disease. Additionally, there is a significant gender disparity, with 68.8% of cases in men, suggesting greater vulnerability in this group due to HIV-related risk behaviors. Demographic and social characteristics, such as education level and race, also influence the epidemic profile, with individuals with incomplete primary education and those identifying as mixed race (parda) being the most affected. **Conclusion:** The analysis of AIDS data in both the state of Goiás and the municipality of Anápolis reveals that the disease remains a significant public health issue, particularly among men and young adults. Although most cases are associated with heterosexual exposure, the presence of cases among LGBT populations and intravenous drug users is notable. The continuous increase in cases over the years, both in Goiás and Anápolis, highlights the urgent need to maintain and intensify preventive efforts, health education on HIV/AIDS, and the implementation of public policies aimed at reducing inequalities in access to care. In Anápolis, the number of cases has remained high in recent years, emphasizing the need for ongoing interventions, including expanded testing, early diagnosis, and effective treatment. Awareness campaigns, increased testing, and the impact of the COVID-19 pandemic likely influenced recent data fluctuations. Family and Community Medicine has a central role to play in strengthening primary care, promoting prevention, early diagnosis, and treatment adherence. Investing in the training of these professionals, especially regarding PrEP and stigma reduction, can contribute to a more effective response to HIV in the state and, more broadly, in Brazil.

Keywords: HIV, Goiás, Education, Prevention.

INTRODUCTION

The Acquired Immunodeficiency Syndrome (AIDS) was first recognized in the summer of 1981, when doctors observed an increase in cases of young homosexual men suffering from opportunistic infections and rare cancers, such as Kaposi's sarcoma. These men experienced a rapid decline in health, developing lesions and becoming emaciated, characteristics that surprised the medical community and instilled fear in the gay community as cases multiplied. This initial scenario became known as the "gay plague," a term that later proved to be inappropriate, as the causative virus, HIV (human immunodeficiency virus), affects individuals of all sexual orientations and genders and is transmitted through means beyond sexual contact.¹

HIV is a virus that attacks the immune system, destroying CD4 cells, which play a crucial role in the body's defense against infections. By weakening this system, HIV increases the body's vulnerability to a range of opportunistic diseases, such as tuberculosis and certain types of cancer. When left untreated, HIV can progress to AIDS, the advanced stage of the infection in which the immune system is severely compromised. The World Health Organization (WHO) defines Advanced HIV Disease (AHD) as a CD4 cell count of less than 200 cells/mm³ or the presence of severe conditions classified in stages 3 or 4 of the infection.²

The transmission of HIV occurs primarily through contact with bodily fluids, such as blood, semen, vaginal secretions, and breast milk, with unprotected sexual intercourse being the main route of infection. Additionally, the virus can be transmitted through the sharing of contaminated needles during injectable drug use, and via vertical transmission, when the virus passes from mother to child during pregnancy, childbirth, or breastfeeding. Despite the existence of effective treatment with antiretroviral therapy (ART), which can reduce viral load to undetectable levels and prevent transmission, HIV remains one of the major global public health issues.²

In 2023, approximately 39.9 million people were living with HIV, with 65% of this total concentrated in the African Region². The virus has claimed around 42.3 million lives since the onset of the pandemic. In Brazil, between 2007 and 2023, there were 489,594 reported cases of HIV infection, with the highest incidence in the Southeast region, followed by the Northeast and South regions. Men represent the majority of cases, with an increasing male-to-female ratio over time, particularly among young people aged 15 to 24. The prevalence of infections in reproductive-age women is also concerning, highlighting the need for interventions aimed at preventing vertical transmission.³

Regarding sexual transmission, oral sex presents a relatively low risk of contamination compared to other sexual practices, such as vaginal and anal sex. However, patients should be informed that the possibility of orogenital transmission still exists. Acute HIV infection, which occurs shortly after acquiring the virus, typically manifests with nonspecific symptoms such as fever, sore throat, and skin rashes, making early diagnosis challenging since these symptoms can be easily confused with other common infections, such as the flu. The acute phase, known as acute retroviral syndrome, represents a period during which viral replication is intense, making the individual highly contagious, although often asymptomatic.^{4,5}

Family and Community Medicine plays a central role in the comprehensive and continuous care of populations, especially in regions where access to specialized services may be limited. In the state of Goiás, primary health care, promoted by this specialty, has the potential to be a strategic tool in controlling HIV infection, considering the increase in cases in recent years and the need for effective interventions in prevention, early diagnosis, and adherence to antiretroviral treatment. The proximity of family physicians to communities allows for a more personalized and humanized approach, promoting health education, reducing stigma, and providing ongoing support to patients living with HIV.

Therefore, the objective of this study is to provide an overview of HIV infection in the state of Goiás and to evaluate the role of Family and Community Medicine in supporting the control of HIV infection.

METHODOLOGY

This is a descriptive and ecological study that utilized secondary data from the Notification Disease Information System (SINAN), which is primarily fed by the notification and investigation of cases of diseases and conditions listed in the national list of mandatory notification diseases (Consolidation Ordinance No. 4, September 28, 2017, Annex). Its effective use allows for the dynamic diagnosis of the occurrence of an event in the population, providing support for causal explanations of mandatory notification diseases, as well as indicating risks to which individuals are exposed, thereby contributing to the identification of the epidemiological reality of a specific geographic area.

These reports are generated using the statistical tabulation application Tabnet, developed by the Ministry of Health and available on the electronic portal of the Department of Informatics of the Unified Health System (DATASUS – <http://tabnet.datasus.gov.br>). The indicators regarding HIV infections are presented in an aggregated manner, covering age group, sex, race, education, municipality, and exposure.

The data were extracted from October 1 to 8, 2024, using the Tabnet tabulation application. Regarding research ethics,

Table 1 - Frequency by Year of Diagnosis in Goiás from 1984 to 2022

Year of diagnosis	Frequency
TOTAL	25.140
1984	1
1985	5
1986	8
1987	48
1988	63
1989	63
1990	83
1991	140
1992	202
1993	232
1994	308
1995	437
1996	370
1997	537
1998	462
1999	444
2000	649
2001	753
2002	833
2003	812
2004	825
2005	806
2006	795
2007	823
2008	794
2009	908
2010	949
2011	1.003
2012	1.092
2013	1.066
2014	992
2015	1.071
2016	1.001
2017	1.019
2018	1.057
2019	1.132
2020	936
2021	1.157
2022	1.264

Data provided by the Department of Informatics of the Unified Health System (DATASUS)⁶

Table 2 - Frequency by Age Group according to Year of Diagnosis in Goiás from 1984 to 2022

Year of diagnosis	< 5 years	5-12	13-19	20-24	25-29	30-34	35-39	40-49	50-59	60 and more	Total
TOTAL	289	91	621	2,806	4,359	4,547	3,992	5,212	2,253	970	25,140
1984	0	0	0	0	0	1	0	0	0	0	1
1985	0	0	1	0	2	2	0	0	0	0	5
1986	0	1	0	0	2	2	3	0	0	0	8
1987	1	1	1	17	4	14	6	2	1	1	48
1988	0	2	5	13	14	10	8	9	2	0	63
1989	1	2	3	15	14	11	11	3	3	0	63
1990	2	1	0	12	12	23	15	9	5	4	83
1991	5	2	5	23	28	27	19	20	5	6	140
1992	6	1	14	28	63	36	28	20	6	0	202
1993	3	0	10	31	59	40	38	34	12	5	232
1994	7	0	10	44	81	66	33	55	7	5	308
1995	11	2	14	51	96	96	71	70	19	7	437
1996	14	0	5	44	82	77	66	59	16	7	370
1997	22	3	21	69	136	106	78	78	22	2	537
1998	19	0	8	48	105	92	76	80	22	12	462
1999	13	2	9	53	80	107	79	64	26	11	444
2000	14	3	12	57	140	157	101	123	34	8	649
2001	22	5	19	77	137	165	117	156	45	10	753
2002	22	4	14	77	124	186	156	180	58	12	833
2003	11	8	14	72	147	164	152	174	56	14	812
2004	20	7	17	80	138	140	163	172	65	23	825
2005	10	9	16	79	120	164	149	163	70	26	806
2006	5	4	15	71	137	157	141	176	61	28	795
2007	5	5	17	65	136	162	146	183	71	33	823
2008	2	6	11	60	123	159	140	195	66	32	794
2009	5	2	21	89	126	155	145	225	105	35	908
2010	6	5	18	65	158	174	163	238	91	31	949
2011	4	1	19	111	139	183	174	240	90	42	1.003
2012	8	2	30	129	152	191	155	271	96	58	1.092
2013	10	0	28	119	176	180	177	216	116	44	1.066
2014	5	2	20	128	153	153	168	214	92	57	992
2015	6	0	29	122	158	172	152	254	143	35	1.071
2016	6	3	29	109	158	164	148	211	120	53	1.001
2017	6	2	30	130	171	146	146	212	104	72	1.019
2018	4	3	36	137	142	167	171	217	134	46	1.057
2019	9	0	29	155	192	155	164	245	116	67	1.132
2020	0	1	16	116	176	177	114	188	98	50	936
2021	1	1	41	161	223	171	147	213	128	71	1.157
2022	4	1	34	149	255	195	172	243	148	63	1.264

Data provided by the Department of Informatics of the Unified Health System (DATASUS)⁶

Table 3 - Frequency by Gender according to Year of Diagnosis in Goiás from 1984 to 2022

Year of diagnosis	Male	Female	Blank	Total
TOTAL	17.286	7.849	5	25.140
1984	1	0	0	1
1985	4	1	0	5
1986	8	0	0	8
1987	42	6	0	48
1988	58	5	0	63
1989	55	8	0	63
1990	70	13	0	83
1991	112	28	0	140
1992	166	36	0	202
1993	180	52	0	232
1994	225	83	0	308
1995	339	98	0	437
1996	256	114	0	370
1997	368	169	0	537
1998	335	127	0	462
1999	283	161	0	444
2000	409	240	0	649
2001	437	316	0	753
2002	511	322	0	833
2003	497	315	0	812
2004	514	311	0	825
2005	478	327	1	806
2006	472	323	0	795
2007	516	306	1	823
2008	490	304	0	794
2009	570	337	1	908
2010	642	306	1	949
2011	683	320	0	1,003
2012	727	365	0	1,092
2013	729	337	0	1,066
2014	707	285	0	992
2015	748	323	0	1,071
2016	747	254	0	1,001
2017	744	275	0	1,019
2018	788	269	0	1,057
2019	836	296	0	1,132
2020	714	222	0	936
2021	882	274	1	1,157
2022	943	321	0	1,264

Data provided by the Department of Informatics of the Unified Health System (DATASUS)⁶

Table 4 - Frequency by Race/Color according to Year of Diagnosis in Goiás from 1984 to 2022

Year of diagnosis	White	Black	Asian	Brown	Indigenous	Unknown	Total
TOTAL	3,122	845	105	8,318	23	12,727	25,140
1984	0	0	0	0	0	1	1
1985	0	0	0	1	0	4	5
1986	0	0	0	0	0	8	8
1987	1	1	0	3	0	43	48
1988	0	0	0	0	0	63	63
1989	0	0	0	0	0	63	63
1990	0	0	0	0	0	83	83
1991	0	0	0	0	0	140	140
1992	0	0	0	0	0	202	202
1993	0	0	0	1	0	231	232
1994	2	0	0	0	0	306	308
1995	0	0	0	5	0	432	437
1996	1	1	0	4	0	364	370
1997	3	0	0	6	0	528	537
1998	4	0	0	2	0	456	462
1999	4	0	0	5	0	435	444
2000	89	14	7	93	3	443	649
2001	127	16	4	117	1	488	753
2002	74	26	2	155	0	576	833
2003	120	34	1	287	1	369	812
2004	118	42	4	329	0	332	825
2005	130	40	2	312	0	322	806
2006	136	26	2	338	0	293	795
2007	149	29	3	355	0	287	823
2008	166	38	4	337	1	248	794
2009	170	34	2	412	1	289	908
2010	173	24	5	459	2	286	949
2011	144	37	3	466	2	351	1,003
2012	186	50	5	521	3	327	1,092
2013	216	48	8	480	2	312	1,066
2014	165	37	2	448	0	340	992
2015	143	52	6	348	2	520	1,071
2016	114	48	4	376	0	459	1,001
2017	114	49	1	407	0	448	1,019
2018	131	46	11	401	1	467	1,057
2019	143	44	14	409	1	521	1,132
2020	80	37	6	365	2	446	936
2021	117	39	5	415	1	580	1,157
2022	102	33	4	461	0	664	1,264

Data provided by the Department of Informatics of the Unified Health System (DATASUS)⁶

Table 5 - Frequency by Education Level according to Year of Diagnosis in Goiás from 1984 to 2022

Year of diagnosis	Illiterate	Incomplete 1 st to 4 th grade	Complete 4 th grade	Incomplete 5 th to 8 th grade	Completed Elementary education	Incomplete High School	Complete High School	Incomplete Higher education	Complete Higher education	Not applicable	Total
TOTAL	276	1,111	370	3,786	798	2,067	1,954	473	1,361	219	12,415
1984	0	0	0	0	0	0	0	0	1	0	1
1985	0	0	0	0	0	1	0	0	3	0	4
1986	1	1	0	0	0	2	0	0	3	0	7
1987	0	1	0	5	0	4	2	0	11	0	23
1988	1	0	0	4	0	15	0	0	15	1	36
1989	0	3	0	11	0	6	0	0	8	2	30
1990	1	3	0	16	0	13	1	0	20	3	57
1991	3	7	0	29	0	18	0	0	14	3	74
1992	3	7	0	43	0	44	0	0	17	6	120
1993	9	3	0	42	0	14	0	0	20	5	93
1994	6	14	0	77	0	36	1	0	11	7	152
1995	11	6	1	117	1	52	0	0	33	8	229
1996	7	18	0	80	1	45	1	0	20	13	185
1997	16	59	1	87	1	61	1	0	24	23	273
1998	14	69	0	76	1	51	2	0	28	11	252
1999	14	73	0	67	1	57	2	1	31	9	255
2000	6	106	0	152	2	96	3	0	23	11	399
2001	13	87	1	198	3	126	3	1	33	18	483
2002	10	54	2	146	2	159	6	1	28	12	420
2003	8	33	3	255	2	136	9	2	51	9	508
2004	6	25	4	268	4	147	6	3	51	17	531
2005	7	23	3	213	6	112	21	2	83	12	482
2006	7	12	4	247	13	103	13	0	39	4	442
2007	6	20	10	198	52	48	84	12	24	4	458
2008	8	27	16	146	64	45	100	19	35	1	461
2009	6	48	22	138	51	46	88	19	46	2	466
2010	2	27	13	159	65	42	78	24	37	2	449
2011	7	49	23	108	58	41	101	35	54	1	477
2012	8	38	28	133	61	48	149	43	45	3	556
2013	10	37	44	120	60	51	137	34	70	7	570
2014	17	46	36	108	53	41	125	35	56	4	521
2015	12	24	25	77	42	44	107	28	36	4	399
2016	7	30	7	59	35	41	85	25	33	6	328
2017	12	39	24	61	42	28	78	28	51	3	366
2018	8	33	25	61	37	41	127	32	58	2	424
2019	12	22	29	81	53	63	158	39	68	2	527
2020	3	14	14	55	24	59	136	25	58	1	389
2021	7	27	17	83	35	65	158	28	56	0	476
2022	8	26	18	66	29	66	172	37	67	3	492

Data provided by the Department of Informatics of the Unified Health System (DATASUS)⁶

Table 6 - Frequency by Hierarchical Exposure Category according to Year of Diagnosis in Goiás from 1984 to 2022

Year of diagnosis	Homosexual	Bisexual	Heterosexual	IDU	Hemophiliac	Transfusion	Vertical Transmission	Unknown	Total
TOTAL	3,369	1,006	9,354	1,041	36	21	289	10,024	25,140
1984	1	0	0	0	0	0	0	0	1
1985	0	1	1	2	0	0	0	1	5
1986	3	4	0	0	1	0	0	0	8
1987	14	12	6	12	2	0	1	1	48
1988	22	13	15	7	5	0	0	1	63
1989	9	11	23	13	2	0	1	4	63
1990	27	10	30	8	1	1	1	5	83
1991	26	18	46	35	1	1	3	10	140
1992	37	40	79	19	2	1	5	19	202
1993	38	19	90	41	2	0	2	40	232
1994	51	27	129	52	1	2	6	40	308
1995	74	28	209	47	1	4	11	63	437
1996	50	14	196	52	3	0	7	48	370
1997	81	43	293	58	4	1	22	35	537
1998	78	25	235	72	3	0	18	31	462
1999	64	35	249	45	1	0	16	34	444
2000	65	50	342	54	0	0	13	125	649
2001	69	44	400	42	0	1	20	177	753
2002	75	33	394	48	0	0	15	268	833
2003	55	33	416	40	0	1	11	256	812
2004	68	42	395	31	0	3	17	269	825
2005	79	37	364	27	0	1	10	288	806
2006	63	19	361	25	0	0	3	324	795
2007	100	46	347	28	1	1	9	291	823
2008	95	32	357	21	1	0	4	284	794
2009	114	34	377	19	0	0	4	360	908
2010	121	31	349	18	1	0	6	423	949
2011	136	35	335	11	0	0	7	479	1.003
2012	164	27	416	17	0	1	4	463	1.092
2013	207	32	365	15	0	1	8	438	1.066
2014	159	22	328	39	0	0	7	437	992
2015	116	25	317	20	2	0	5	586	1.071
2016	139	18	225	14	0	0	13	592	1.001
2017	133	19	309	26	1	0	6	525	1.019
2018	161	17	288	26	1	2	11	551	1.057
2019	168	21	310	19	0	0	6	608	1.132
2020	155	23	226	8	0	0	6	518	936
2021	159	29	270	15	0	0	4	680	1.157
2022	193	37	262	15	0	0	7	750	1.264

Data provided by the Department of Informatics of the Unified Health System (DATASUS)⁶

Table 7 - Frequency by Year of Diagnosis in the Municipality of Anápolis, Goiás from 1985 to 2022

State Residency	1985	1987	1989	1990	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total
TOTAL	1	2	4	1	2	4	5	6	4	8	18	27	33	37	38	35	32	33	35	37	46	38	59	56	46	45	35	35	26	52	30	47	50	927
Anápolis	1	2	4	1	2	4	5	6	4	8	18	27	33	37	38	35	32	33	35	37	46	38	59	56	46	45	35	35	26	52	30	47	50	927

Data provided by the Department of Informatics of the Unified Health System (DATASUS)⁶

according to the resolution of the National Health Council No. 674, dated May 6, 2022, and since this study involves the evaluation of publicly available secondary data, it was not necessary to obtain approval from Plataforma Brasil.

RESULTS

The collected data shows the evolution of AIDS cases identified in the state of Goiás, Brazil, from 1984 to 2022. The total number of cases over this period was 25,140, with a notable increase over the decades, especially starting from the 1990s. The highest number of cases was recorded in 2022, with 1,264 cases during the post-pandemic period of Covid-19.

DISCUSSION

The HIV infection continues to be a significant challenge in the state of Goiás, reflecting national and global trends. Recent data reveal a steady increase in the number of AIDS cases diagnosed, especially among vulnerable populations, with a total of 25,140 cases in Goiás between 1984 and 2022 and 927 cases in the municipality of Anápolis from 1985 to 2022. The age groups with the highest number of cases include individuals aged 25-29 and 30-34, with 4,359 and 4,547 cases, respectively. These are groups in their productive and sexually active years, reflecting the epidemiological pattern of AIDS as a sexually transmitted disease. Cases in children under 5 years are less frequent, with only 289 cases recorded, likely due to vertical transmission (from mother to child).

The majority of cases were identified in men, with 17,286 cases (68.8%), predominantly in the brown population (33.1%, with 8,318 cases) and those with incomplete elementary education (3,786 cases). Educational attainment appears to have a significant correlation with the number of cases, as individuals with higher education (completed higher education) have fewer recorded cases (1,361 cases), indicating that educational level may influence awareness and access to prevention measures.

The category of heterosexual exposure was the most prevalent, with 9,354 cases, and cases involving injection drug users (IDU) totaled 1,041 cases, an important category for harm reduction policies.

In recent years (2021 and 2022), there was an increase in the number of cases, with 1,157 and 1,264 respectively. This increase may reflect changes in testing policies, increased awareness, or even the impacts of the COVID-19 pandemic on public health dynamics.

The analysis of data on the municipality of Anápolis regarding AIDS cases diagnosed between 1985 and 2022 reveals that in recent years, specifically in 2020 and 2021, the number of cases remained high with 30 and 47 cases respectively, despite a slight decrease in 2020 (possibly related to the COVID-19 pandemic and changes in access to health services). In 2022, there was again an increase to 50 cases, suggesting a return to levels seen before the pandemic.

The recognition and diagnosis of acute infection with the human immunodeficiency virus (HIV) in the primary care setting present an opportunity for patient education and health promotion. The symptoms of acute HIV infection are nonspecific (e.g., fever, malaise, myalgia, rash), making misdiagnosis common. Since a wide range of conditions can produce similar symptoms, diagnosing acute HIV infection requires a high index of suspicion, a thorough assessment of HIV exposure risk, and appropriate laboratory testing related to HIV. The HIV RNA viral load test is the most useful diagnostic test for acute HIV infection, as HIV antibody test results are generally negative or indeterminate during acute infection. After confirming the diagnosis of acute HIV infection, physicians should discuss effective transmission risk reduction strategies with patients.⁵

Training family physicians in HIV/AIDS with better knowledge, learning, and management of HIV/AIDS is essential, as demonstrated by a longitudinal study from the University of Minnesota, which integrated 18 modules on HIV into the residency curriculum. The intervention resulted in increased knowledge, confidence, and intent to treat HIV-positive patients, as well as an increase in the number of HIV tests conducted.⁷

These approaches are fundamental to improving the early detection of HIV, promoting voluntary testing, and reducing the burden of the disease.

Another important factor is the education of healthcare professionals about pre-exposure prophylaxis (PrEP), which is a promising strategy for HIV prevention. A study conducted in the United States revealed that residents in areas with more training in PrEP exhibited greater competence in prescribing this medication, which is crucial for prevention in at-risk populations⁸. The training of family physicians to work with PrEP is especially important in areas like Goiás, where the HIV epidemic persists among vulnerable groups. Thus, strategies like the “PrEP-Pro” program, tested in Alabama, can serve as a model for implementation in Goiás, focusing on the ongoing education of healthcare professionals and greater integration with the community.⁹

The stigma associated with HIV in Goiás, as in other regions, continues to be a significant barrier to treatment and prevention. Studies show that stigma negatively impacts treatment adherence and the seeking of healthcare services, exacerbating the spread of the virus.⁹ To address this issue, Family and Community Medicine (MFC) plays an important role, as evidenced by successful community interventions in other contexts, such as in Kenya. The case report from Kaloleni demonstrated that family physicians can lead initiatives to combat stigma through actions such as community awareness and the formation of support groups, improving access to care and the reception of patients with HIV.¹⁰

The education and awareness of family physicians can contribute to the reduction of stigma. In a study conducted in Turkey, although family physicians had basic knowledge about the relationship between risky sexual behavior and HIV infection, they still lacked information about other at-risk groups, indicating the need for greater educational focus.¹¹ With proper training and support, family physicians in Goiás can be empowered not only to identify and treat HIV but also to educate their communities and combat the stigma associated with the disease.

CONCLUSION

The analysis of data on AIDS in both the state of Goiás and the municipality of Anápolis reveals that the disease continues to be a significant public health problem, particularly among men and young adults. While the majority of cases are associated with heterosexual exposures, it is noteworthy that there are cases among LGBT populations and injection drug users.

The continuous increase in cases over the years, both in Goiás and Anápolis, highlights the urgency of maintaining and intensifying preventive efforts, health education on HIV/AIDS, and the implementation of public policies aimed at

reducing inequalities in access to care.

In Anápolis, the number of cases has remained high in recent years, highlighting the need for ongoing interventions, including expanded testing, early diagnosis, and effective treatment. Awareness campaigns, increased testing, and the impact of the COVID-19 pandemic have likely influenced the fluctuations in the most recent data.

Family and Community Medicine has a central role to play in strengthening primary care by promoting prevention, early diagnosis, and treatment adherence. Investing in the training of these professionals, especially regarding PrEP and stigma reduction, can contribute to a more effective response to HIV in the state and, more broadly, in Brazil

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