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Considerations on influenza A(H1N1) and HIV infection

Considering the potential impact of emerging influenza A(H1N1) virus infection, HIV/AIDS programmes and services need to be aware of relevant risks and have plans for prevention and treatment.

To date, the majority of people who contracted this virus experienced typical influenza-like illness and recovered without treatment. However, limited preliminary information from the United States suggests that immunocompromised persons may be at increased risk of hospitalization. Age and other groups with increased risk for complications of the current influenza A(H1N1) are under investigation. There is not yet any documented information on clinical interactions between HIV and influenza A(H1N1) infection.

Individuals with immunodeficiency diseases, including HIV infection, are among high-risk groups for complications and premature deaths from seasonal influenza and are among the targeted groups for yearly influenza vaccination.

Although there are inadequate data to predict the impact of a possible human influenza pandemic on HIV-affected populations, interactions between HIV/AIDS and A(H1N1) influenza could be significant. Country preparedness plans for influenza should address the needs of HIV-infected persons, and country HIV/AIDS plans, especially in high HIV prevalence countries, should consider public health action required in the event of an influenza pandemic.