

# Rising HIV in Bangladesh: A Wake-up Call

Bangladesh has long been considered a low-prevalence country for human immunodeficiency virus (HIV), with national prevalence remaining below 0.1% in the general population.<sup>1</sup> However, recent epidemiological data show a significant increase in HIV incidence. As we are approaching the UNAIDS 2030 target to eliminate AIDS, this spike will provide significant public health challenges for Bangladesh.<sup>2</sup> From 2020 to 2024, the diagnosed HIV cases more than doubled, from 658 cases in 2020 to 1,438 cases in 2024.<sup>3</sup>

Notably, the rise in HIV is not randomly distributed. In 2025, the Directorate General of Health Services (DGHS) declared Sirajganj as a ‘red zone’ after 255 HIV-positive cases were identified, with roughly 73% of them being injecting-drug users.<sup>4</sup> This must serve as a warning—behind these numbers is a virus that silently destroys immune integrity and amplifies vulnerability to life-threatening infections. In Jessore, ART Center health workers report 40 new infections from January to October, with 25 of them in students aged 17-23.<sup>5</sup> Meanwhile, Rajshahi documented 28 HIV cases in the past ten months, many of whom are men aged 20-35, with a significant proportion associated with same-sex contact.<sup>6</sup> These geographic clusters highlight that the epidemic is intensifying in specific high-risk zones, which calls for more focused, pathology-based public health response.

From a pathological perspective, HIV is more than an infectious disease; it is a progressive and destructive immunopathological process. Even small increases in incidence can lead to significant burdens. The virus specifically targets CD4+ T-lymphocytes, predisposing patients to tuberculosis, fungal infections, malignancies, and a spectrum of chronic complications affecting the cardiovascular, renal, and nervous systems.

Late diagnosis remains a major concern in Bangladesh. Patients often reach the health care center or pathology laboratory when immunosuppression is in an advanced state, making treatment less effective and increasing the risk of mortality.

Although Bangladesh has made progress in the availability of antiretroviral therapy (ART), several barriers continue to persist:

1. In many regions, the lack of laboratory facilities for CD4 count and Viral load monitoring delays diagnosis and treatment failure.
2. Social stigma, fear of discrimination, blaming, or violence, discourages laboratory investigations, disclosure, and seeking treatment.
3. Mobile populations such as migrant workers and drug users often neglect follow-up, leading to advanced opportunistic infections detected in the pathology laboratories.

To prevent localized HIV outbreaks from escalating into a national crisis, Bangladesh needs to implement a new science-based strategy.

### • **Improve laboratory infrastructure for early diagnosis of HIV**

Ensuring widespread availability of CD4 and viral load testing across all divisions of Bangladesh. Additionally, upgrade diagnostic tools for opportunistic infections and initiate anti-retroviral therapy (ART) as soon as possible after diagnosis. Early monitoring not only improves survival but also reduces onward transmission of disease.

### • **Focus on the transmissible and target High-Risk population**

To reduce transmission within the vulnerable population, Bangladesh should expand harm-reduction programs such as opioid substitution, promote and establish a clear policy for safe injection practices in hospitals, and destroy used needles to prevent reuse by drug abusers. Increase HIV testing and use of condoms among men who have sex with men (MSM) and sex-worker populations. Conduct the partner notification when one household member tests positive.

### • **Including HIV Treatment in Regular Medical Services**

HIV management should not be conducted in isolation. It should be integrated with tuberculosis, sexually transmitted infections (STIs) programs, as well as with maternal and child health care services to prevent mother-to-child transmission. As patients with HIV are now living longer and increasingly experience noncommunicable diseases, chronic disease clinics must also be linked with HIV care. In addition, support services for mental health

and substance-use disorders are essential components of a comprehensive response.

The pathology lab must be equipped with essential diagnostic facilities to detect HIV at an early stage and timely identify of its associated complications. By strengthening diagnostics capacity, expanding testing, promoting preventive measures, and eliminating stigma, we can protect the thousands who might otherwise suffer silently.

Our response must begin now, while the virus is still at the door — not after it enters every household.

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