Preface

HIV/AIDS

The last issue of the *Infectious Disease Clinics of North America* devoted specifically to HIV/AIDS was published in 1988. Edited by Merle Sande and Paul Volberding, that landmark issue provided a state-of-the-art snapshot of the newly defined epidemic, its epidemiology, and the basic principles of treatment and care. Much has happened since then. In 2012, the number of persons living with HIV infection worldwide reached an all-time high of 35.3 million. The medical, social, and economic consequences of this global disaster have reached all continents, presenting society with a health-related challenge unlike any other.

Remarkably, the scientific community has investigated this epidemic and made dramatic discoveries with impressive speed. Considering that the first cases of the acquired immunodeficiency syndrome were reported in 1981, the ability of investigators to identify the causative agent in 1983, to develop a blood test in 1985, license the first active antiviral agent in 1987, and have durably lifesaving therapy a decade later is stunning. The partnership between clinicians, investigators, academic centers, government agencies, and the pharmaceutical industry has resulted in a life expectancy for HIV-infected patients with access to care that rivals that of their HIV-uninfected counterparts. In the 25 years since the publication of the last issue of *Infectious Disease Clinics of North America* on this topic, HIV has been transformed from a near-certain death sentence to a chronic, manageable condition.

Despite the remarkable scientific discoveries, the global community has not learned how to deliver effective therapy to the majority of infected patients in either the developing world or developed countries, such as the United States. Too many patients on all continents are not successfully engaged in care or provided treatment due to complex social, economic, and educational reasons. Thus, clinicians continue to be faced with patients presenting for care late in the course of infection, much as they did when HIV was first recognized in the 1980s, with a discrete constellation of opportunistic infections and neoplasms originally defined as “AIDS.” Yet, modern clinicians also face a newer set of challenges by patients who are virologically well controlled on
antiretroviral therapy, but who suffer long-term metabolic, neoplastic, and infectious pathologies that limit the quality and duration of their survival.

These two issues of *Infectious Disease Clinics of North America* provide a comprehensive snapshot of the HIV/AIDS clinical field as it exists today. Like the last issue in 1988, these volumes focus on epidemiology, testing, and linkage to care, as well as antiretroviral therapy and therapy for the opportunistic processes. Some of these fields, such as the management of AIDS-related opportunistic infections, have changed a bit. However, other fields have changed much more dramatically, including what antiretroviral agents to start and when to start, metabolic and chronic viral co-morbidities, and strategies for the prevention of HIV infection, including pre-exposure and postexposure HIV prophylaxis, microbicides, and the concept of “treatment as prevention.”

The authors of these articles are internationally recognized experts who summarize information that clinicians who care for HIV-infected persons should know in 2014 and beyond. Much has changed in the past 25 years in terms of manifestations, diagnosis, and therapy, but much more needs to change so that the number of infected persons globally shrinks, and so that long-term morbidity and mortality are reduced and ultimately eliminated.

Michael S. Saag, MD
Center for AIDS Research
University of Alabama at Birmingham
845 19th Street South/BBRB 256
Birmingham, AL 35294-2170, USA

Henry Masur, MD
Critical Care Medicine Department
NIH–Clinical Center 2C145
Bethesda, MD 20892, USA

E-mail addresses:
msaag@uab.edu (M.S. Saag)
hmasur@cc.nih.gov (H. Masur)