

**WHEN PATIENTS RECEIVE A FORMAL DIAGNOSIS OF HERPES,
THE PRESENCE OF ANTIBODIES TO HIV
INFECTION IS OBSERVED**

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***Annotation:** This article attempts to reveal the main reasons to evaluate the feasibility of screening for the presence of antibodies to HIV in patients younger than 60 years old with a newly diagnosed herpes zoster (SH). To perform scientific work, the author conducted a retrospective analysis of outpatient records of patients with OH. The problem in question is still little studied, therefore, requires more thorough research.*

***Key words:** Herpes zoster, HIV, antibodies*

Introduction: Herpes zoster (lat. Herpes zoster) (syn. - herpes zoster) is a viral

disease characterized by unilateral herpetiform rashes on the skin with severe pain. The causative agent is the varicella zoster virus (Varicella zoster) of the herpesvirus family, at the first meeting with the body (often at a young age) causes typical chicken pox[3][4].

In people who have had chickenpox, the virus goes into a latent state in the nerve nodes. Subsequently, in the elderly and those with weakened immune systems, it can become more active and cause herpes zoster (shingles) - in approximately 10-20% of cases of chicken pox [5].

The frequency of the disease varies from 12 to 15 per 100,000 people aged 60-75 years. In some patients (about 2% among patients with normal immunity and in 10% of patients with immunodeficiencies), the disease occurs again. When children who have not been sick before come into contact with patients with herpes zoster, they may develop typical chicken pox.

Shingles is clearly associated with a drop in the level of varicella-zoster virus-specific T cells in people with a history of chickenpox. An episode of herpes zoster activates a specific T-cell response. Also, in rare cases, shingles occurs in people who have been vaccinated with the (live attenuated) varicella vaccine.

Purpose: To evaluate the feasibility of testing for the presence of antibodies to HIV in patients under 60 years of age with a newly diagnosed herpes zoster (SH).

Materials and methods: Retrospective analysis of outpatient records of patients with OH.

Results: During the above period, OH was diagnosed in 241 patients aged 18 to 92 years. Diagnosis of OH was carried out on the basis of characteristic complaints, typical clinical manifestations on the skin and mucous membranes. PCR was not required to identify the Varicella zoster virus from lesions. All patients were diagnosed with OH for the first time, no cases of disease recurrence were registered. The mean age of all patients with OH ($M\pm m$) was 55.4 ± 1.2 years, the median was 60 years. There was no significant difference in age according to gender. Women had OH 1.8 times more often than men (156 versus 85). At the age of 60 years and older,

124 (51.5%) patients with OH were registered (83 women, 41 men), younger than 60 years - 117 (73 women, 44 men). The mean age of the group of patients with OH <60 years was 39.8 ± 1.2 years, the median was 39 years. When diagnosing OH, persons under 60 were recommended to undergo an examination for the presence of antibodies to HIV with mandatory pre- and post-test counseling on HIV prevention. During pre-test counseling, 3 people reported being infected with HIV. The remaining 114 patients, after signing the informed consent, underwent blood sampling and testing for the presence of antibodies to HIV by code 113. 105 negative and 9 positive results were revealed. Subsequently, it was found that 5 subjects knew that they had HIV infection, but hid this fact from the doctor who conducted the pre-test counseling, and 4 patients were diagnosed with HIV for the first time. In total, 10.3% of patients with OH under 60 years of age had HIV infection (5 women, 7 men).

Conclusions: When diagnosing OH in persons under 60 years of age for the first time and/or in case of a recurrent course, it is advisable to test for the presence of antibodies to HIV due to the high incidence of HIV infection in this category of patients. The current sanitary and epidemiological rules SP 3.1.5.2826-10 "Prevention of HIV infection" provide for testing for the presence of antibodies to HIV only in people under 60 years of age with recurrent OH, which does not fully allow timely detection of HIV-infected people.

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