

Letter to the Editor

Lessons Learned From the AIDS Crisis in Lordegan, Iran, 2019



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1. Dear Editor

AIDS is an acquired immunodeficiency syndrome caused by human immunodeficiency virus (HIV) [1, 2]. AIDS is among the major challenges to the health system in all countries. This health challenge has spread to all countries and all age groups, especially those 25-34 years. The probability of transmission of AIDS ranges from 70% by blood transfusion to 30% by sexual intercourse, mother-to-child transmission, and other blood products [3-5]. People infected with HIV are in the window period for about six months, meaning it is impossible to detect the virus in their bodies via routine tests. In other words, people with the virus are not HIV-positive and may have no symptoms for 10 years or more, but they are carriers of the virus. However, rapid diagnostic tests have recently arrived in Iran.

HIV infection in Lordegan refers to the story of HIV infection of several residents of Chenar Mahmoudi village of Lordegan, Chaharmahal and Bakhtiari Province, Iran, on October 2, 2019. It has been estimated that 1890 people live in this village, 240 of whom are addicted. According to the information received from the village's

health house, there are 20 injecting drug users in this village. In this village, there is a health house, two pharmacies, two physicians, two nurses, and a health worker.

Suddenly, the news that 100 residents of this village were infected with HIV became the top news in the press and cyberspace. Blood tests were obtained from a large number of villagers by a healthcare provider without informing them that the blood samples were taken to determine if they were infected with HIV; instead, they were told that they would be screened for diabetes. Then, the positive blood test results were announced to the village residents. At that time, the rumor spread that the syringes used for the diabetes screening test were contaminated. In other words, the patients attributed their disease to the deliberate contamination of the screening syringes by the healthcare provider. In the end, the explanations of the village's health officials were not enough, and the angry villagers destroyed the health house, the governor's office, and some military facilities. Widespread strikes and demonstrations also continued in the village for several days.

There are no relatively reliable statistics on the number of people living with HIV in Iran. However, nearly 70% of the people living with HIV are addicted [6]. The most probable hypothesis for the villagers' infec-

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tion with HIV is the primary infection of the injecting drug users and the spread of the disease through sexual intercourse. On the other hand, climate change, declined agricultural prosperity, and high unemployment rates in the area have turned many rural workers into seasonal workers in the surrounding cities, which can also be a reason for risky behaviors.

There is no definitive cure for AIDS, and no vaccine has yet been invented. Therefore, prevention is the best measure. In this context, public education is the most basic measure to prevent AIDS. In this regard, short-term planning, including health lectures, and long-term planning, including the incorporation of courses in schools and universities, are among the key measures. Establishing more addiction treatment centers and using blood and blood products in urgent cases are also effective measures [2].

Several months after the event, with the establishment of cultural and health centers and providing residents with information about the disease, peace was soon established in the area. However, fear of social stigma was a significant cause of violence and conflict in the region. One of the main factors inciting violence in this village was the media, which increased tension and violence through their immoral and unconventional actions.

Apart from the reasons for the high incidence of AIDS in this village, the mistakes leading to such events should be noticed because such events are not the first and the last social crises caused by risk communication. Undoubtedly, the first mistake made in this event was the lack of awareness about the type of experiment. In other words, individuals have the right to know the type of testing done in screening schemes. The non-observance of the rights of these people represented the disregard for the principles of medical ethics. The second mistake was the announcement of the test results to the people without providing them with sufficient training in the fields of transmission, incubation period, curability of the disease, etc. After the announcement of the results, the villagers thought the sampling syringes were contaminated, which led to confusion and the following consequences. Raising awareness is possible through education about sexually transmitted diseases in simple and accurate language.

Other lessons learned from this event included the useless speculations made by the media and cyberspace because the frequent announcement of contamination of the screening syringes by informal media provoked the emotions of the villagers and other Iranians. The spread

of these people's private information by the media also worsened the situation. In other words, the media and cyberspace stirred people's emotions, which worsened the situation. Rumors and lies were frequently reported by the media, as well. Furthermore, the feeling and illusion of betrayal by the authorities, which resulted from the lack of transparency of the published information, led to increased violence from villagers. Honesty in providing information, transparency, and timeliness can lead to an appropriate process by promoting trust.

AIDS, as well as other sexually transmitted infections, are associated with social stigma, which causes such people's social communication to be disturbed. In the present case, fear of social stigma was one of the main causes of violence among the people. In the context of inadequate awareness of the ability to prevent the progression of the disease and the availability of appropriate drugs to control the disease, there were many limitations in social communication. Until months later, the export of the region's products faced problems. Moreover, there was no good communication between the people and such organizations as law enforcement and the Ministry of Health. Eventually, sending subspecialty medical teams to the area, providing counseling services, starting drug treatments for patients, and psychological counseling was effective in ending the wave of turmoil.

2. Conclusion

AIDS is like an iceberg, and about 90% of patients are unaware of their disease. This condition leads to the infection of other people and the spread of the disease. Such disease clusters are probably present in many villages, cities, and countries. However, AIDS is not the end of life; many people are infected with the virus, and they live a relatively long life. Although the way to control the disease has been available for years, due to the lack of awareness and special cultural contexts, much stigma is associated with this disease. However, fair treatment of the disease in high-risk areas, provision of patients with proper information in the context of bad news, provision of psychiatric counseling, availability of appropriate and up-to-date drug treatments in the individual sector, and promotion of culture, public education, information transparency, and timely, simple, and effective communication in the public sector can increase people's trust in the health system, eventually preventing such incidents in the future.

Ethical Considerations

Compliance with ethical guidelines

There were no ethical considerations to be considered in this research.

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Authors' contributions

All authors equally contributed to preparing this article.

Conflict of interest

The authors declared no conflict of interests.

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