REPORTED CASES OF HIV IN NOVA XAVANTINA – MATO GROSSO – BRAZIL

CASOS NOTIFICADOS DE HIV EM NOVA XAVANTINA - MATO GROSSO – BRASIL

CASOS NOTIFICADOS DE VIH EN NOVA XAVANTINA – MATO GROSSO – BRASIL

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ABSTRACT

The study analyzed the relationship between HIV and the LGBTQIA+ population, focusing on challenges and advances in prevention, as well as the epidemiological reality of Nova Xavantina–MT. The research had a quantitative approach and used data from the Notifiable Diseases Information System (SINAN) covering the period from 2009 to 2025, complemented by interviews with professionals from the Specialized Care Service and Testing and Counseling Center (SAE/CTA). The results showed a higher incidence of cases among men, especially young adults, and a predominance of notifications among heterosexual and mixed-race individuals. It was also observed that factors such as stigma, discrimination, informational inequality, and barriers to accessing health services directly influence testing, early diagnosis, and adherence to treatment. The implementation of SAE/CTA in the municipality resulted in expanded testing, provision of PrEP and PEP, distribution of supplies, and strengthening of educational actions. Despite the advances, structural challenges persist, including funding limitations, inequality in access to specialized services, and ongoing discrimination against LGBTQIA+ individuals and people living with HIV. It is concluded that combined prevention, strengthening public policies, and promoting welcoming strategies are essential to reduce virus transmission and improve the quality of life of vulnerable populations.

Keywords: AIDS. Serology. Prevention. Public Health. Homosexual.

RESUMO

O estudo analisou a relação entre o HIV e a população LGBTQIA+, com foco nos desafios e avanços na prevenção, bem como na realidade epidemiológica de Nova Xavantina–MT. A pesquisa teve caráter quantitativo e utilizou dados do Sistema de Informação de Agravos de Notificação (SINAN) referentes ao período de 2009 a 2025, complementados por entrevistas com profissionais do Serviço de Atendimento Especializado e Centro de Testagem e Aconselhamento (SAE/CTA). Os resultados mostraram maior incidência de casos entre homens, especialmente jovens adultos, e predominância de notificações entre pessoas heterossexuais e pardas. Observou-se também que fatores como estigma, discriminação,

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desigualdade informacional e barreiras no acesso aos serviços de saúde influenciam diretamente a testagem, o diagnóstico precoce e a adesão ao tratamento. A implantação do SAE/CTA no município resultou na ampliação da testagem, oferta de PrEP e PEP, distribuição de insumos e fortalecimento das ações educativas. Apesar dos avanços, persistem desafios estruturais, incluindo limitações de financiamento, desigualdade no acesso aos serviços especializados e continuidade da discriminação contra pessoas LGBTQIA+ e indivíduos vivendo com HIV. Conclui-se que a prevenção combinada, o fortalecimento das políticas públicas e a promoção de estratégias de acolhimento são fundamentais para reduzir a transmissão do vírus e melhorar a qualidade de vida das populações vulneráveis.

Palavras-chave: AIDS. Sorologia. Prevenção. Saúde Pública. Homossexual.

RESUMEN

El estudio analizó la relación entre el VIH y la población LGBTQIA+, con enfoque en los desafíos y avances en la prevención, así como en la realidad epidemiológica de Nova Xavantina–MT. La investigación tuvo un carácter cuantitativo y utilizó datos del Sistema de Información de Enfermedades de Notificación (SINAN) correspondientes al período de 2009 a 2025, complementados con entrevistas a profesionales del Servicio de Atención Especializada y Centro de Pruebas y Asesoramiento (SAE/CTA). Los resultados mostraron una mayor incidencia de casos entre hombres, especialmente adultos jóvenes, y una predominancia de notificaciones entre personas heterosexuales y mestizas. También se observó que factores como el estigma, la discriminación, la desigualdad informativa y las barreras en el acceso a los servicios de salud influyen directamente en la realización de pruebas, el diagnóstico precoz y la adherencia al tratamiento. La implementación del SAE/CTA en el municipio resultó en la ampliación de las pruebas, la oferta de PrEP y PEP, la distribución de insumos y el fortalecimiento de las acciones educativas. A pesar de los avances, persisten desafíos estructurales, incluyendo limitaciones de financiamiento, desigualdad en el acceso a servicios especializados y la continuidad de la discriminación contra personas LGBTQIA+ e individuos que viven con VIH. Se concluye que la prevención combinada, el fortalecimiento de las políticas públicas y la promoción de estrategias de acogida son fundamentales para reducir la transmisión del virus y mejorar la calidad de vida de las poblaciones vulnerables.

Palabras clave: SIDA. Serología. Prevención. Salud Pública. Homosexual.

1 INTRODUCTION

The Human Immunodeficiency Virus (HIV) is a retrovirus belonging to the genus *Lentivirus*, and is an RNA virus that can integrate into the genome of the host cell whose replication depends on the action of the reverse transcriptase enzyme (GAO et al., 1999), this agent acts progressively on the immune system, causing the Acquired Immunodeficiency Syndrome (AIDS) (NGOVENE, 2022). The most affected cells are those that have the CD4 molecule on the surface, such as CD4+ lymphocytes and macrophages. HIV infection occurs when the virus binds to the CD4 molecule and other chemokine molecules, such as CCR5 and CXCR4, present on the surface of cells. This allows the virus to enter the cell and start replicating, some people have a mutation in the gene that encodes the CCR5 molecule, which makes them resistant to HIV infection and are currently known as "elite controllers". Others, who have a different version of this mutation, may have a slower progression of the disease (RACHID; SCHECHTER, 2017).

Its origin is believed to be associated with variants of the Simian Immunodeficiency Virus (SIV), present in non-human primates, especially in the chimpanzee and bonobo of sub-Saharan Africa, with which it shares approximately 98% genetic similarity (GAO et al., 1999). Currently, two main types of HIV are recognized: HIV-1, the most prevalent form of the virus, is the result of the transmission of the Simian Immunodeficiency Virus (SIV) to humans, a process known as zoonosis, responsible for most infections in the world, and HIV-2, which has a lower rate of transmissibility and slower evolution of the disease (NGOVENE, 2022).

This transmission probably occurred when humans hunted and consumed meat from infected primates, exposing themselves to contaminated blood (SHARP; HAHN, 2010). In 1981, in the United States, the first reports of AIDS (Acquired Immunodeficiency Syndrome) emerged, which at the time was a mysterious syndrome that affected healthy homosexuals, characterized by pneumonia and Kaposi's sarcoma (RACHID; SCHECHTER, 2017), but evidence suggests that HIV has been circulating among humans since the 1920s in Central Africa (FARIA et al., 2014). In addition, the spread of HIV has been accelerated by social and economic factors, including urbanization and population mobility. With the increase in international travel in the following decades, the virus spread rapidly around the world (GAO et al., 1999). The global response to this epidemic has been complex and multifaceted, involving efforts in education, prevention, and treatment (SILVA, 2012). Therefore, the origin of HIV is not only a biological issue, it involves an intersection of cultural, social, and historical practices that have shaped its spread and impact on contemporary society (FREEMAN; HERRON, 2009).

People living with HIV face a number of significant challenges, ranging from physical health issues, difficulties in managing the risk of transmission, to social stigmas, intra-family prejudice, and barriers in accessing appropriate care (JESUS et al., 2017). These challenges are often exacerbated by bias and misinformation. Stigmatization can lead to discrimination, making it difficult to seek treatment and social support, which in turn affects treatment adherence and quality of life for affected individuals (BHARAT, 2011).

In recent years, there have been significant advances in HIV treatment, especially in the development of antiretroviral drugs, pre- and post-exposure, which have been fundamental for the control of infection. With the advent of potent antiretroviral regimens and primary prophylaxis for opportunistic infections, not only have the life expectancy of people living with HIV improved (RACHID; SCHECHTER, 2017), but they also reduced the viral load to undetectable levels, which decreases the probability of transmission of the virus (CACHAY, 2024), with this there was a great reduction in the lethality and morbidity associated with HIV, currently, in many countries, the life expectancy of people infected with HIV is similar to that of the general population, as long as they have access to adequate treatment and care (RACHID; SCHECHTER, 2017). However, there are still challenges, such as accessibility and adherence to treatment, which are crucial for the success of epidemic control (CONSELHO FEDERAL DE FARMÁCIA, 2023).

Awareness campaigns play a vital role in educating the population about HIV, helping to demystify the virus and reduce the stigma associated with it. These initiatives are essential to promote prevention, encourage testing, and ensure that people living with HIV have access to treatment and support (LIMA, 2024). Awareness not only improves public health, but also promotes a more inclusive and informed society, in which people can live without fear of discrimination (FREEMAN; HERRON, 2009).

According to Matos and Zöllner (2022), human immunodeficiency virus (HIV) infection continues to be a significant challenge for global public health. This is because HIV can lead to Acquired Immunodeficiency Syndrome (AIDS), paving the way for opportunistic diseases. In Brazil, the HIV situation is influenced by deep-rooted stigmas and constant changes in the profile of people living with the virus, and these changes reflect the evolution of the HIV epidemiological scenario in the country (MATOS; ZÖLLNER, 2022)element.

Another highlight is the identification of informational barriers that can hinder access to HIV-related preventive care and treatment. This research seeks to understand the perception of communities about HIV awareness and prevention campaigns, with the aim of developing more effective and inclusive strategies. The relevance of this study is accentuated by the unique

challenges faced by the LGBTQIA+ population, often exacerbated by stigmas and prejudices. The knowledge generated can inform public policies and promote an equitable approach to health, meeting the specific needs of this community.

In addition, the research seeks to analyze the historical trajectory of HIV, from its discovery to innovations in treatment, allowing an in-depth understanding of the contexts that influence the spread of the virus, to compare the number of individuals categorized with different sexual orientations diagnosed with HIV, to compare regional and national data. Given the current scenario, the work also investigates the relationship between HIV and the LGBTQIA+ population, focusing on the challenges in prevention and treatment. The general objective is to analyze data on the categorized number of heterosexual individuals and the LGBTQIA+ community diagnosed and undergoing treatment at the Testing and Counseling Center (CTA) of Nova Xavantina-MT, seeking to understand the disparities in access to information and health services.

2 THEORETICAL FRAMEWORK

2.1 EPIDEMIOLOGICAL PROFILE OF HIV IN BRAZIL

In recent decades, Brazil has experienced a significant transformation in the profile of the HIV epidemic. There has been a notable growth in incidence among men who have sex with men (MSM), especially among young gay and bisexual men. This trend contrasts with the global scenario, in which HIV infection affects mostly young women. According to UNAIDS data, in 2015, approximately 60% of people living with HIV between 15 and 24 years of age in the world were female (BRASIL, 2022a). Between 2007 and 2016, there was a significant increase in the proportion of HIV cases attributed to transmission among men who have sex with men. According to data from the Ministry of Health, this percentage went from 30.8% to 50.2%, consolidating this group as the most impacted by the epidemic in the country (BRASIL, 2016).

During the period analyzed, there was a reduction in the proportion of HIV cases among heterosexual men, which went from 47.3% to 38.5%, indicating a growing concentration of the epidemic in groups considered more vulnerable. This vulnerability is also expressed in specific age groups: among men aged 15 to 19, the infection rate more than doubled between 2003 and 2015, from 2.9 to 6.9 cases per thousand inhabitants. Among those aged between 20 and 24 years, the rate increased from 18.1 to 33.1 cases per thousand inhabitants in the same interval (BRASIL, 2015).

Recent studies indicate that the growth of HIV infection among young people is related to multiple factors, such as the use of apps that facilitate casual relationships, changes in

conceptions about sexuality, and the absence of consistent educational campaigns, especially in contexts marked by conservatism (KNAUTH; PILECCO, 2024). According to Costa (2016), studies indicate that adolescents who use these apps reported a significant increase in the frequency of occasional sexual intercourse – up to 300% in some urban contexts, according to a survey conducted by UNICEF in partnership with the Ministry of Health.

In addition, according to infectious disease specialist Lígia Kerr, the practice of anal penetration, common among male partners, is pointed out as having a higher biological risk of HIV transmission due to the greater fragility of the anal mucosa and the higher viral load present in male semen (COSTA, 2016). Such physiological factors, combined with social barriers, contribute to the high prevalence of infection among gay and bisexual men in Brazil.

The Ministry of Health, through the Department of HIV, AIDS, Tuberculosis, Viral Hepatitis and Sexually Transmitted Infections of the Health Surveillance Secretariat (Dathi/SVSA), released data from the epidemiological bulletin of HIV and AIDS (2024), and the male category was found with about 6538 homosexuals, 1392 bisexuals, 4381 heterosexuals and the female category with 4541 heterosexuals infected with HIV in 2024, thus, the distribution of the disease proposed by sexual orientation (LGBTQIA+) is clear. The LGBTQIA+ and heterosexual population have other aspects such as transmission by injecting drug use, hemophilia, transfusion, work accidents, vertical transmission addressed.

This trend reinforces the need to intensify actions aimed at combined prevention, with a specific focus on the LGBTQIA+ population, especially among young people, and public policies that ensure equal access to information, testing, PrEP, PEP and continuous treatment, according to SUS guidelines and UNAIDS guidelines.

2.2 HIV PREVENTION

Combined HIV prevention is a comprehensive approach that seeks to reduce new HIV infections by combining biomedical, behavioral, and evidence-based human rights-based strategies. This includes offering individual options for HIV prevention, such as pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and consistent condom use. In addition, it is essential to promote behavioral changes, such as regular HIV testing, adherence to antiretroviral therapy (ART), and harm reduction. Structural strategies are also essential, including full and non-discriminatory access to quality health services, public policies that promote gender equality, and the protection of human rights. By combining these approaches, we can achieve maximum impact in reducing new HIV infections and promoting healthier and safer lives for all (UNAIDS, 2025a).

In Brazil, the Department of STI, HIV/AIDS and Viral Hepatitis offers recommendations for health professionals, workers and managers for the planning and implementation of combined prevention actions, considering the specific needs of different key and priority populations (BRASIL, 2025a).

2.3 ACCESS TO AND USE OF HEALTH SERVICES

Discrimination and prejudice are significant barriers to equity in access to health services, involving processes of categorization, labeling, and stereotyping that lead to social rejection and exclusion of vulnerable groups. The impact of discrimination on health is profound, related to anxiety disorders, depression, and post-traumatic stress, as well as negatively affecting access to health goods and services. In addition, stigma is not limited to specific population groups, but also to diseases and health needs, such as "neglected" diseases, challenging health policies and actions and impacting the search for therapeutic help and treatment adherence. To overcome these challenges, it is essential to adopt intersectional and decolonial approaches, recognizing the complexity of experiences of discrimination and promoting broader and more inclusive meanings of social justice, valuing diversity and promoting well-being as a common good (IRIART; CASTELLANOS, 2023).

The Brazilian population faces significant challenges in accessing health services, especially those who are most vulnerable (SOPELETE; BISCARDE, 2013). The National Primary Care Policy seeks to ensure universal and continuous access to quality and problem-solving health services, but there are still significant barriers, such as lack of geographical, financial, and organizational access. In addition, discrimination and prejudice are also significant obstacles to access to healthcare. To overcome these challenges, it is essential to understand the perspective of users and actively involve them in the decision-making process about health. The construction of a user-centered caring attitude is essential to ensure that health services are problem-solving and of quality. In addition, the professional training of health workers also needs to be reviewed to ensure that they are prepared to meet the needs of users in an effective and respectful manner (SOPELETE; BISCARDE, 2013).

Access to health services is a complex concept that involves not only the availability of services, but also people's ability to access and use them effectively. Accessibility is a feature of the provision of services that facilitates or limits use by potential users. Access, on the other hand, is the way people perceive accessibility and is influenced by individual factors, such as the perception of health needs, and contextual factors, such as the organization of health services. The use of health services is a complex process that involves the interaction between

individuals, service providers and the health system. The explanatory models of the use of health services highlight the importance of considering individual factors, such as the perception of health needs, and contextual factors, such as the organization of health services. In addition, it is essential to consider the distinction between the explanatory models of health and the use of health services, as health is a broader phenomenon than disease and cannot be explained solely by the use of health services (TRAVASSOS; MARTINS, 2004).

2.4 STIGMA AND DISCRIMINATION AGAINST PEOPLE LIVING WITH HIV

According to UNAIDS (2021), stigma and discrimination around HIV profoundly affect the health, life and well-being of people living with the virus or who are at risk of contracting it, especially in key populations. These problems create significant barriers to access to prevention, sexual and reproductive health, testing and treatment services. Stigma can manifest itself in the form of hearsay, verbal abuse, and social exclusion, while discrimination can include physical abuse, denial of services, loss of employment and educational opportunities, or even detention. According to UNAIDS (2021), up to 21% of people living with HIV have been denied health services in the last 12 months, and 47 countries still maintain travel restrictions for these people. The consequences include job loss, workplace violence, and discrimination in education. In addition, people who perceive high levels of stigma tend to delay initiation of treatment, and programs that address these issues improve access to HIV services. It is recommended to repeal laws that perpetuate stigma and discrimination, ensuring free and informed consent, privacy, confidentiality, and prohibiting mandatory HIV testing (UNAIDS, 2021).

Stigma and discrimination are complex problems that affect the health and well-being of people, especially those living with stigmatized conditions such as HIV/AIDS, mental illness, or physical disabilities. The individualized approach to stigma, which focuses on the psychological and social effects on stigmatized individuals, is not enough to understand and combat the problem. It is necessary to consider the social and structural dimensions of stigma, including power relations, social hierarchies, and public policies that perpetuate discrimination. In addition, it is essential to address stigma in conjunction with other forms of discrimination, such as racism, sexism, and homophobia, to develop effective prevention and combat strategies (MONTEIRO et al., 2013).

2.5 STIGMA AND DISCRIMINATION

Homophobia, biphobia, and transphobia are forms of prejudice and discrimination that affect people based on their sexual orientation or gender identity. Homophobia is the fear or aversion to lesbian, gay, or bisexual people, whereas biphobia is specific to bisexual people. Transphobia, in turn, is directed at transgender or non-binary people. These biases can manifest themselves in a variety of ways, including *bullying*, discriminatory language, and denial of rights. It is essential to understand and recognize these forms of discrimination in order to build a more inclusive and egalitarian society. Additionally, it is important to combat homophobic, biphobic, and transphobic language, which can be used to discriminate against and marginalize individuals based on their sexual orientation or gender identity (GOMES, 2023).

The mental health of LGBTQIA+ people is deeply affected by homophobic prejudice, which can generate psychological suffering, anxiety, depression, and even suicidal thoughts. Constant exposure to discriminatory and violent attitudes can lead to a permanent state of vigilance, making it difficult to build a healthy and authentic identity. In addition, the lack of acceptance and family and social support can aggravate mental health problems, making it essential to create safe and welcoming spaces for these people to express themselves and seek help without fear of judgment or rejection. The impact of homophobia on the mental health of LGBTQIA+ people can also manifest itself in the form of chronic stress, low self-esteem, and difficulties in establishing healthy relationships. In addition, the internalization of homophobia can lead to feelings of guilt, shame, and self-hatred, making the process of building a positive and authentic identity even more challenging. It is essential that mental health professionals are trained to address these specific issues and offer welcoming and non-judgmental support for these people (SANTOS; LIMA, 2022).

Discrimination against LGBTQIA+ people is a painful reality that affects all areas of life. It is born from deep prejudices, such as homophobia, biphobia, transphobia and interphobia, which are fueled by cisheteronormativity, a worldview that privileges cisgender and heterosexual sexual identities and orientations. This discrimination has devastating consequences on the mental health and well-being of LGBTQIA+ people, leading to problems such as depression, anxiety, and stress. In addition, it manifests itself in a cruel way at different stages of life, from adolescence, when young people face difficulties in acceptance, to old age, in which elderly LGBTQIA+ people suffer a double stigmatization, related to age and sexual/gender identity (GATO, 2022).

The transgender population in Brazil faces a cruel reality of discrimination and stigma, which profoundly affects their mental health and well-being. According to a UNAIDS study,

90.3% of the "trans" people interviewed have experienced situations of stigma or discrimination because of their gender identity. This includes discriminatory comments, verbal harassment, exclusion from family activities, and physical aggression. In addition, the "trans" population is more vulnerable to health problems, such as sexually transmitted infections, tuberculosis and hepatitis. Social exclusion and discrimination also exacerbate several mental health problems (United Nations, 2020).

The HIV/AIDS epidemic continues to hit the LGBTQIA+ community in Brazil hard. According to UNAIDS, about 920,000 people live with HIV in the country, and AIDS kills ten times as many members of the LGBTQIA+ community as violence. The prevalence of HIV infection is high among gay men and other men who have sex with men (18%), and among transvestites, transsexuals and transgender people (30%). However, the LGBTQIA+ community still faces many challenges to speak openly about HIV/AIDS, due to stigma and discrimination. It is essential that the community embraces the issue and works to overcome stigma and discrimination, ensuring equal access to HIV prevention, diagnosis, and treatment (United Nations, 2021).

2.6 PUBLIC POLICIES FOR HIV PREVENTION AND TREATMENT: ANALYSIS OF NATIONAL AND INTERNATIONAL INITIATIVES

HIV prevention is a complex challenge that requires a multifaceted approach. The "Treatment as Prevention" (TcP) strategy is a central approach to achieving the goal of eliminating AIDS by 2030. TcP is based on the idea that early testing and antiretroviral treatment can significantly reduce the risk of transmission of the virus. In Brazil, the government has made a commitment to implement TcP, with the goal of testing 90% of the population with HIV, treating 90% of positive cases, and keeping 90% of people on treatment with an undetectable viral load. To achieve this goal, it is essential to promote large-scale testing, especially among the most vulnerable populations, such as men who have sex with men (MSM). In addition, it is necessary to overcome the challenges of implementing TcP, such as guaranteeing human rights and reducing barriers to access to health services (SOUZA et al., 2019).

The Brazilian response to the AIDS epidemic was marked by a series of innovative public policies, initiated in the 1980s. During this period, the country was experiencing a process of redemocratization and health reform, which culminated in the creation of the Unified Health System (SUS) in 1988. The AIDS epidemic was one of the main challenges faced by the SUS, leading to the creation of the National STD and AIDS Program (PN-DST/AIDS) in 1986. The PN-STD/AIDS was fundamental for the structuring of an HIV/AIDS care network in Brazil,

including prevention, diagnosis and treatment actions. In addition, the program had the financial support of the World Bank, which allowed the expansion of outpatient and hospital care actions. Today, Brazil is an international reference in the fight against AIDS, with a network of services that includes Testing and Counseling Centers (CTA), Antiretroviral Drug Dispensing Units (MDU) and laboratories for counting T lymphocytes and HIV viral load (VILLARINHO, et al., 2013).

2.7 PERSISTENT CHALLENGES: STIGMA, DISCRIMINATION, ACCESS TO SERVICES AND FINANCING.

Even after more than four decades of global response to HIV, stigma and discrimination remain central barriers faced by people living with the virus. A UNAIDS interview (2025) revealed that more than half of the people interviewed (52.9%) reported having suffered discrimination due to positive serology throughout their lives. This exclusion is manifested in several spaces: within the family itself (34.8%), in health services (13.1%) and in situations where confidentiality about the diagnosis may be compromised (46.1%) (UNAIDS, 2025c). Such practices contribute to emotional illness: with a high incidence of symptoms of depression, anxiety, and weaken engagement in treatment, making it difficult to achieve the global goals for the elimination of AIDS as a public health problem (BRASIL, 2025b).

According to a UNAIDS report, HIV-related stigma is structural, affecting not only HIV-positive individuals, but also key populations, such as LGBTQIA+ people, sex workers, drug users, and people in situations of social vulnerability (UNAIDS, 2021). These populations face social rejection, violence, job loss, educational exclusion, and even denial of access to essential health services. Discrimination is also institutionalized through punitive legislation and abusive practices, such as compulsory testing, requiring contraceptives to access treatment, and travel restrictions (UNAIDS, 2021).

Access to health services aimed at the prevention, diagnosis, and treatment of HIV and other STIs in Brazil is guaranteed by the Unified Health System (SUS), which operates under the principles of universality, integrality, and equity. The structuring of the health care network includes the provision of rapid testing, counseling, dispensing of antiretrovirals, clinical follow-up and educational actions, and is organized in a decentralized manner among the federative entities (UNAIDS, 2025d).

Despite the wide coverage provided for in the rule, effective access still presents regional and structural inequalities. Vulnerable populations, such as LGBTQIA+ people, sex workers, drug users, homeless people, people deprived of liberty, and indigenous people, face social and

institutional barriers that make it difficult to remain in services and adhere to treatment (BRASIL, 2025c). Such obstacles range from the lack of trained professionals to welcome without discrimination to limitations in infrastructure and material resources in the municipalities.

The Ministry of Health, through specific financial incentives and the publication of technical guidelines, advises that services implement actions articulated with primary care, specialized centers (SAE/CTA) and psychosocial support networks. Municipalities and states, in turn, must ensure the inclusion of these actions in health plans and programs, ensuring continuous and humanized care for people living with HIV (BRASIL, 2025c).

In addition, it is recommended that active testing and tracing practices be strengthened in the territories, with a focus on expanding early diagnosis and combined prevention, which involves the use of condoms, PrEP, PEP, harm reduction and regular testing. Expanding the coverage of services, especially in municipalities with the highest incidence, is considered strategic for controlling the epidemic (AGGIO, et al., 2025).

The financing of HIV/AIDS surveillance, prevention and control actions in Brazil occurs through a financial incentive instituted by the Ministry of Health, linked to the Variable Floor of Health Surveillance (PVVS). This incentive was initially implemented in 2002, with resources from an agreement with the World Bank, and since then it has been updated according to the epidemiological and operational needs of the country. In 2024, the incentive now has an annual budget of R$ 300 million, of which R$ 200 million are specifically allocated to actions related to STIs, HIV, AIDS and viral hepatitis, as established by Ordinance GM/MS No. 4,869/2024 (CONASS, 2024).

The resources transferred are intended to fund strategic actions involving prevention, diagnosis, treatment and monitoring of people living with HIV. These amounts do not replace the resources already allocated by the state and municipal spheres, but complement them, reinforcing the local response capacity. The execution of these resources requires actions to be foreseen in the official planning instruments, Health Plan and Annual Health Programming (PAS) and are monitored through quarterly and annual reports, such as the RQPC and the RAG, ensuring transparency and effectiveness in the application (CONASS, 2024).

In addition, the importance of intersectoral and civil society participation in the planning and execution of funded actions is highlighted, especially in addressing the social vulnerabilities that aggravate the epidemic. The regulation directs that resources should also be directed to key populations, such as men who have sex with men, transgender people, drug users, homeless people and people deprived of liberty, according to the reality of each territory (CONASS, 2024).

The constitutional guarantee of the right to health in Brazil, affirmed in article 196 of the Federal Constitution (2025), supports the free supply of antiretroviral drugs through the Unified Health System (SUS), as established by Law No. 9,313/1996. However, the realization of this right has often been driven by lawsuits, a phenomenon known as judicialization of health. Although this action of the Judiciary has contributed to expanding access to treatment, it has also generated significant consequences in the State's financial planning (FILHO, 2013). Judicial determinations that impose the supply of medicines, often of high cost and not included in the official lists of the Unified Health System (SUS), cause the immediate redirection of public resources, usually without the proper budget forecast. This practice has generated significant impacts on government finances, resulting in the reallocation of funds destined to other equally priority sectors of public health. Research indicates that, if this situation continues, the continuity of the policy of access to HIV/AIDS treatment may be compromised, unless the country presents consistent economic growth or promotes a profound restructuring in its budget and industrial policy, with emphasis on strengthening the national production of generic drugs (FILHO, 2013).

According to Filho (2013), the Judiciary has recognized the supply of medicines as an obligation shared between the Union, States and Municipalities. However, this co-responsibility, although legally supported, is not accompanied by effective mechanisms of financial coordination between the federative entities, which intensifies the challenges faced by local health systems.

Therefore, although judicialization represents a legitimate mechanism to guarantee fundamental rights, its disjointed use of technical and economic criteria can generate imbalances in the execution of public policies. The challenge lies in reconciling individual rights with the rational management of the public budget, especially in contexts of fiscal crisis and high demand for high-cost treatments.

UNAIDS (2025e), published a global report showing that, by the end of 2024, the joint efforts of governments and communities had reduced new HIV infections by 40% and AIDS-related deaths by 56% compared to 2010. However, gaps in prevention remained, with about 1.3 million new cases in 2024 alone. Despite scientific advances, such as long-acting drugs for prevention, the global response suffered a severe impact in 2025 due to the sudden withdrawal of international funding, especially from PEPFAR, which is responsible for 80% of the funding of prevention programs in low- and middle-income countries. UNAIDS estimates that if funding is not restored, by 2029 there could be an additional 6 million new infections and 4 million additional AIDS-related deaths.

The financial crisis has exposed regional and population inequalities: Sub-Saharan Africa has made significant progress but still accounts for the majority of cases, while regions such as the Middle East, North Africa, and Eastern Europe have seen growth in infections. In addition, adolescent girls, young women, and key populations remain more vulnerable, facing stigma, discrimination, and legal barriers. The disruption of funding also affected the distribution of condoms, male circumcision programmes and access to pre-exposure prophylaxis (PrEP), the global reach of which was far below the target for 2025 (UNAIDS, 2025e).

About 25 countries out of 60 have already announced increased domestic investments in HIV by 2026, signaling a transition to more sustainable, albeit gradual and challenging models. The strengthening of health systems, the integration of services and community participation are pointed out as fundamental axes for the sustainability of the response. UNAIDS emphasizes that, although the current crisis represents a setback, it is still possible to achieve the goal of eliminating AIDS as a public health threat by 2030, provided that there is renewed political commitment, multilateral cooperation and diversification of financing mechanisms (UNAIDS, 2025e).

3 OBJECTIVES

3.1 GENERAL OBJECTIVE

To organize and analyze quantitative data categorized into sexual orientation, sex, sexual frequency, age group, education and race, of people who are diagnosed with HIV and undergoing treatment at the Testing and Counseling Center (CTA) of Nova Xavantina-MT, analyze the confrontation of the municipality of Nova Xavantina with HIV/AIDS and compare these actions and characteristics in the national context.

3.2 SPECIFIC

- To ascertain the number of people with different sexual orientation in relation to the diagnosis of HIV and the treatment received in the municipality of Nova Xavantina-MT.
- To analyze the confrontation of HIV/AIDS in the municipality of Nova Xavantina and to compare these actions and characteristics in the national context.
- Identify the main informational barriers that hinder access to HIV-related preventive care and treatment.

4 MATERIAL AND METHODS

4.1 FIELD OF STUDY

The study was carried out in the municipality of Nova Xavantina, in the central-west region, latitude 14º 40' 24" S, longitude 52º 21' 11" W, altitude 275m (GEOGRAFOS, 2025), located in the State of Mato Grosso, 653 km from the capital, Cuiabá. The city has a territorial extension of 5,492.206 km², has an estimated population of 25,915 inhabitants (Brazilian Institute of Geography and Statistics (IBGE), 2025).

4.2 STUDY DESIGN

This is a scientific study, with exclusively quantitative use, through the analysis of data from notifications of patients diagnosed with HIV/AIDS in Nova Xavantina-MT sent by the Regional Office of Barra do Garças-MT, responsible for this STI department in the region. For the bibliographic reference, a theoretical survey was carried out on the origin, characteristics, treatment of HIV/AIDS, and information about the LGBTQIA+ population through bibliographic consultations on virtual platforms such as Scientific Electronic Library Online (Scielo), Google Scholar and electronic addresses of the Ministry of Health, UNAIDS.

4.3 DATA COLLECTION

Notification data from the database of the Notifiable Diseases Information System (SINAN) of the Ministry of Health were requested via email and made available in the form of a spreadsheet by the Regional Health Department of Barra do Garças/MT (May 2025), located in the central-west region, latitude 15º 53' 24" S, longitude 52º 15' 24" W, altitude 318m, area of 8761.3 Km2, approximately 516m from the capital Cuiabá, the center responsible for coordinating health actions in the region, including the municipality of Nova Xavantina – MT. It should be noted that, as this is sensitive information, the collection and processing of this data was carried out exclusively by authorized professionals, respecting the principles of confidentiality and ethics, as recommended by the guidelines of the Ministry of Health (Law 14.289/22, Agência Câmara de Notícias, 2022 (BRASIL, 2022b). The number of carriers by sexual orientation, children, education, age group, race, sexual relations, residence, and sex, for the period from 2009 to 2025, was provided. The interview was conducted with the infectious disease specialist in charge at the time (May 2025) from Nova Xavantina, and recorded for proper notes, for information about the CTA, questions in docs were sent via WhatsApp to the current coordinator (May 2025), answered and returned in docs by the same application.

4.4 DATA ANALYSIS

The data obtained in May 2025, through the Regional Health of Barra do Garça/MT were organized and interpreted according to each classification, and through NAPKIN AI, tables and figures were created in order to facilitate the understanding of the data obtained from the Regional Health Department.

5 RESULTS AND DISCUSSION

The municipality of Nova Xavantina, located in the interior of Mato Grosso (653 km from the capital Cuiabá), with approximately 25,915 inhabitants (IBGE, 2025), had an important milestone in August 2023, when the SAE/CTA was implemented in the municipality. The Specialized Care Service (SAE) and the Testing and Counseling Center (CTA) were implemented in the municipality of Nova Xavantina – MT with the purpose of expanding access to diagnosis and early treatment of Sexually Transmitted Infections (STIs), such as HIV/AIDS, syphilis and viral hepatitis B and C. This implementation arose from the need to offer free rapid testing services, provide prevention inputs, promote educational and awareness actions, in addition to ensuring welcoming, confidential, and quality care (SAE/CTA COORDINATION, 2025).

The creation of the SAE/CTA brought significant impacts to local public health, especially in the care of people living with HIV/AIDS and other STIs. Among the main benefits are increased access to diagnosis and treatment, intensification of preventive actions, reduction of STI transmission, mental health care, integration with other health system services, reduction of social stigma and consequent improvement in the quality of life of users (SAE/CTA COORDINATION, 2025).

The target audience of the SAE/CTA covers the entire community of the municipality of Nova Xavantina, with special attention to vulnerable groups, such as young people, adults, the elderly, pregnant women not tested during prenatal care, patients diagnosed with tuberculosis, partners of people with STIs, users of pre-exposure prophylaxis (PrEP), people deprived of liberty, indigenous population, LGBTQIAPN+ population, sex workers, individuals with clinical suspicion or undetermined clinical conditions, victims of sexual violence, adolescents from 15 years of age in this condition, and workers exposed to biological material (COORDENAÇÃO SAE/CTA, 2025).

The SAE/CTA of Nova Xavantina has future prospects to include the expansion and improvement of its activities, with emphasis on the prevention, early diagnosis and treatment of STIs, HIV/AIDS and viral hepatitis. The service already plays a fundamental role and with

excellence in specialized care and intends to further strengthen the integration with primary care, ensuring humanized, equitable and accessible care, especially to the most vulnerable populations. The main goal of the SAE/CTA is to expand access to STI prevention, testing, and treatment actions, with a focus on reducing the incidence of new infections, improving the quality of life of the people served, and combating prejudice and discrimination (COORDENAÇÃO SAE/CTA, 2025).

Its services offered, it uses different means of communication, such as social networks (mainly Instagram), informative pamphlets, campaigns to the public such as at the university of the municipality, schools, squares, some events, and reports on the local radio. These strategies aim to increase the visibility of the service and encourage the population to spontaneously seek testing and counseling (COORDENAÇÃO SAE/CTA, 2025).

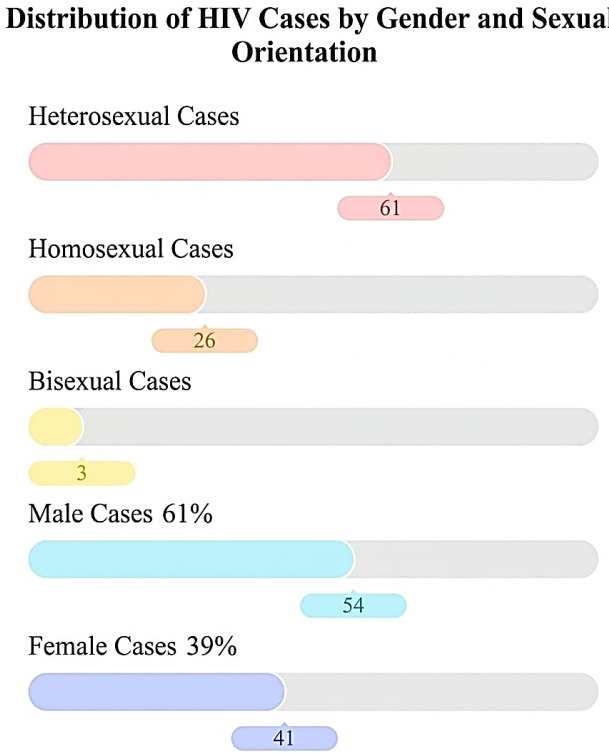
An interview was conducted with the infectious disease specialist responsible for the CTA (May 2025). The professional informed that all patients, regardless of sexual orientation, who undergo treatment and follow-up at the city's CTA receive medication. He stressed, however, that not everyone uses the same drug, as there are cases of mutations of the virus and specific situations. For example, some elderly patients (over 50 years old) may receive a new medication in a single daily dose (only one tablet).

The infectious disease specialist also explained about the treatment of pregnant women, noting that they follow the protocol considered "normal". However, there are changes in pregnant women in the first trimester who have not yet started first-line treatment, due to studies carried out by a university in the United States that raised the hypothesis that dolutegravir is associated with nuchal translucency in fetuses.

During the interview, the doctor was asked about the medication intended for people with AIDS, considering that HIV and AIDS are not the same condition. The question was whether there would be a difference in the drugs used. The specialist clarified that the treatment is the same, since Acquired Immunodeficiency Syndrome (AIDS) corresponds to the advanced stage of HIV infection, usually after a period of 7 to 10 years without treatment. The data made available by the Regional Health Department of Barra do Garças follow the respective records, among heterosexual people (61), followed by 26 cases among homosexual people and 3 among bisexuals (figure 1). In addition, one case of perinatal transmission was recorded, highlighting the importance of prenatal care for the prevention of vertical transmission of HIV. Regarding the distribution by sex, there was a predominance of males, with 54 reported cases (61%), while females (39%) represented 41 records (Figure 1).

Figure 1

Distribution of HIV/AIDS cases by sex and sexual orientation

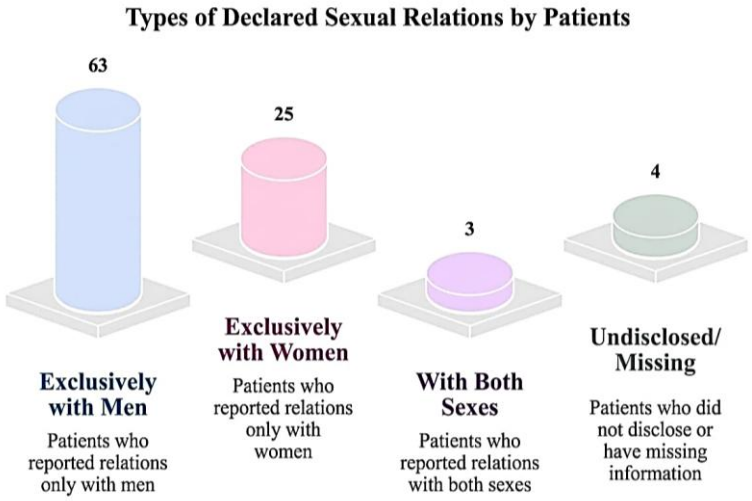


Source: Data: provided by the Regional Health of Barra do Garças/MT. Image: The authors.

The data provided also present information regarding the types of sexual relations reported by the patients. A total of 63 people reported having sex exclusively with men, 25 reported having sex exclusively with women, and 3 reported having sex with both sexes. In 4 cases, this information was not declared or is missing (unknown/blank) (figure 2). It should be noted that these data do not necessarily indicate the sexual orientation of the individuals nor are they directly related to biological sex, reflecting only the types of sexual partners mentioned at the time of notification.

Figure 2

Distribution of HIV/AIDS cases by self-reported sexual intercourse

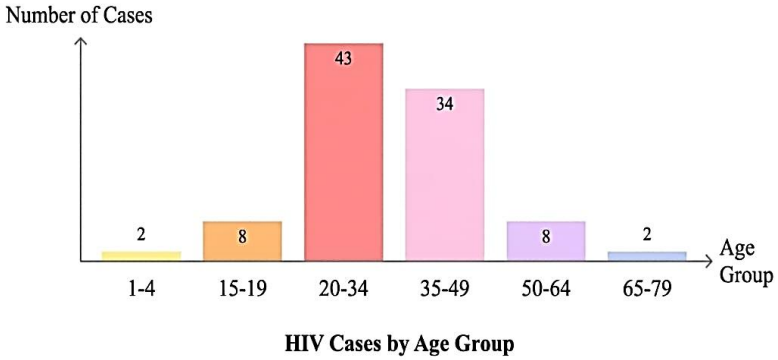


Source: Data: provided by the Regional Health of Barra do Garças/MT. Image: The authors.

Figure 3 shows the distribution of HIV/AIDS cases in Nova Xavantina according to the main age groups affected. It is observed that the age group of 2 to 4 years had 2 cases, from 15 to 19 years had 8 cases, 20 to 34 years 43 cases, 35 to 49 years 34 cases, 50 to 64 years 8 cases, 65 to 79 years 2 cases. This age distribution shows the greater vulnerability of young adults and adults of economically active age, possibly reflecting factors such as greater sexual activity, multiple partners, less use of condoms and lack of continuous access to prevention actions. The presence of cases in the age group of 15 to 19 years also draws attention to the need to intensify public policies aimed at sex education in basic education and access to preventive methods among adolescents.

Figure 3

Distribution of HIV/AIDS cases by age group



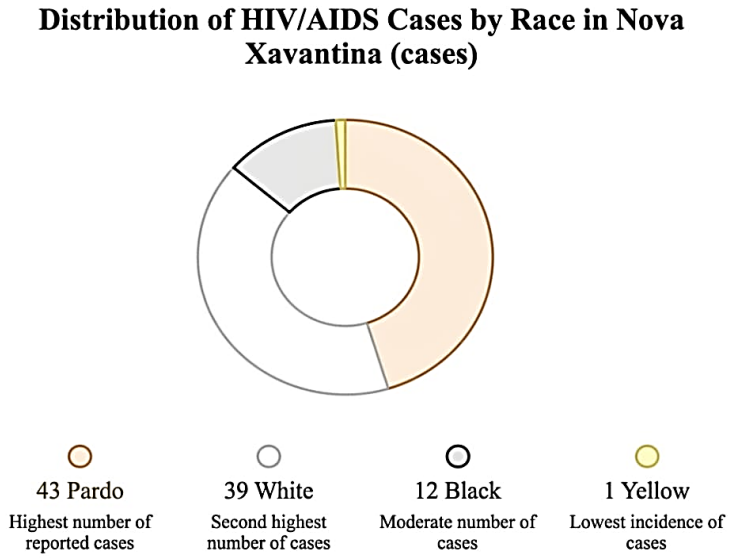
Source: Data: provided by the Regional Health of Barra do Garças/MT. Image: The authors.

According to records provided by the Regional Health Department of Barra do Garças, between 2009 and 2025, two cases of HIV/AIDS in children were reported. Specifically, there was one case registered in 2010 and another in 2019, children aged 1 to 4 years (figure 3).

The distribution of HIV/AIDS cases by race (figure 4) in the municipality of Nova Xavantina reveals a predominance of people who self-declare themselves brown and white, according to data provided by the Regional Health Department. The brown breed has the highest number of reported cases, totaling 43 records. Next are individuals who identify themselves as white, with 39 cases. Among the black population, 12 cases were registered. The lowest incidence was observed among people of the yellow race, with only 1 case reported.

Figure 4

Distribution of HIV/AIDS cases by race

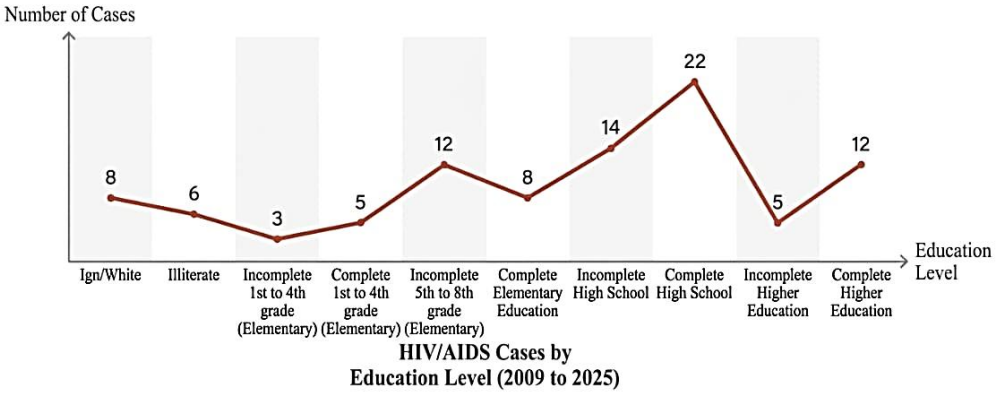


Source: Data: provided by the Regional Health of Barra do Garças/MT. Image: The authors.

The lack of schooling affects a lot, as most of the time there is no education, information, correct literacy, and thus hinders access to HIV, means of transmission, prevention disseminated by social media. Regardless of education, everyone is subject to the disease, however, those who have more access to and understanding of information, can protect themselves more and thus can avoid new transmission. Figure 5 below shows the number of cases by level of education in Nova Xavantina - MT.

Figure 5

HIV/AIDS cases by schooling

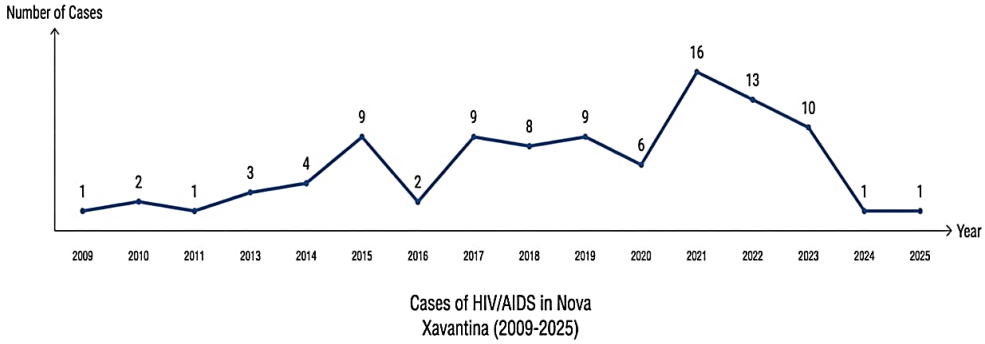


Source: Data: provided by the Regional Health of Barra do Garças/MT. Image: The authors.

Between 2017 and 2021, the numbers fluctuated, remaining at levels of 8 cases in 2018, 9 in 2019 and 6 in 2020. The peak of notifications occurred in 2021, with 16 cases registered, which represents the highest value in the period analyzed. After this peak, there was a downward trend: 13 cases in 2022, 10 in 2023, only 1 case recorded in 2024, and in 2025 (May 2025) only 1 case was reported, respectively (figure 6).

Figure 6

HIV/AIDS cases in Nova Xavantina from 2009-2025



Source: Data: provided by the Regional Health of Barra do Garças/MT. Image: The authors.

In the survey carried out based on data provided by the Regional Health Department of Barra do Garças – MT, a municipality located approximately 148.9 km from Nova Xavantina – MT, it was observed that only 95 cases of HIV/AIDS were reported in the period from 2009 to

2025. Although this number is considered low in relation to the estimated population of the municipality, which is around 25,915 inhabitants (IBGE, 2025), this data raises questions about the real scope of notification and the supply of antiretroviral drugs. Currently, with the implementation of the Specialized Assistance Service (SAE) and the Testing and Counseling Center (CTA), there has been an expansion in the test collection points, which could, theoretically, reflect in greater detection of cases.

Despite the low number of notifications, the supply of medicines is still limited, with only one vial per month being made available per patient, as informed by local professionals. This practice has generated concern, since any delays in the replenishment of the municipal stock can compromise the continuity of treatment. Considering that the Regional serves several municipalities, the need for proportional distribution is understood, however, it is suggested to evaluate the possibility of an extended release for patients with a history of proven adherence, as is the case of individuals with a condition of undetectable viral load. Such a measure could contribute to the optimization of logistics and the well-being of users, by reducing the frequency of trips to pick up medicines.

The analysis of HIV/AIDS epidemiological data for the municipality of Nova Xavantina, in the period from 2009 to 2025, shows a scenario that partially dialogues with the national pattern, although it presents important particularities related to the regional, demographic, and historical context of organization of local health services. In Brazil, a total of 46,495 new cases of HIV were observed in 2023, with a predominance of males (70.7%) and a higher concentration in the age group of 20 to 29 years, representing 37.1% of notifications (BRASIL, 2024b). Local data follow this trend: most notifications were recorded among men and young adults, especially individuals of economically active age. This convergence suggests that behavioral, social, and cultural factors that influence the national epidemic are also present in the municipal context.

However, when the magnitude of the cases is observed, a discrepancy between the number of local records (95 cases in the period analyzed) and the national pattern becomes evident. Considering the estimated population of Nova Xavantina, the volume of notifications seems relatively low, which indicates probable underdiagnosis or underreporting over the years. The fact that the Specialized Care Service (SAE/CTA) was only implemented in 2023 reinforces this interpretation, since limited access to testing, counseling, and specialized follow-up may have restricted the identification of cases during previous periods. In municipalities in the interior, the absence of structured services usually has a direct impact on epidemiological surveillance, making it difficult to detect early and longitudinally monitor people living with HIV/AIDS (SOUZA et al, 2013).

Another relevant aspect is the racial distribution of notifications. Nationally, the black and brown populations account for more than 60% of recent notifications (BRASIL, 2024b), while in Nova Xavantina cases predominate among self-declared brown and black individuals with 55%, white with 49%. This difference, although partially explained by the local demographic composition, may also reflect social inequalities and variations in access to health services. Inland regions often have additional barriers related to stigma, lack of information, and difficulty in traveling, elements that can interfere with the search for diagnosis and follow-up (SOUZA et al, 2013).

The diversity of exposure categories observed in the municipality, including heterosexuals, homosexuals, bisexuals, and cases of vertical transmission, shows that the infection is not concentrated in a single group, but is distributed among different population segments. This characteristic reinforces the need for broad, integrated, and continuous prevention actions, in line with national recommendations for the promotion of sexual and reproductive health. The presence of cases in children and adolescents, although a minority, points to specific vulnerabilities related to prenatal care, gestational follow-up and sex education in schools (CAMPOS et al, 2013).

The implementation of the SAE/CTA in 2023 is a milestone and a fundamental differential for the municipality, allowing to expand diagnostic coverage, decentralize the provision of care, strengthen prevention actions and ensure savings with travel in the municipality. Since its opening, the service has carried out rapid testing, reception, distribution of prevention supplies, clinical follow-up and educational actions in schools, universities and public spaces. These initiatives dialogue directly with national strategies, which emphasize the importance of early diagnosis, expansion of testing, and continuous treatment as the main means of controlling the epidemic. In addition, the historic drop in AIDS mortality in the country in 2023, reaching 3.9 deaths per 100 thousand inhabitants, the lowest rate since 2013 (BRASIL, 2024b), demonstrates the effectiveness of sustained comprehensive care policies and access to antiretrovirals.

The supply of medicines in limited quantities (one vial per patient per month) still poses risks to the continuity of treatment, especially in a region where delays in distribution or logistical difficulties can compromise adherence. In addition, cultural factors and the stigma associated with sexually transmitted infections can restrict the spontaneous search for testing, making it essential to maintain community awareness, continuing education, and confronting prejudice actions (DIAS et al, 2021).

In summary, the data analyzed indicate that the reality of Nova Xavantina follows part of the national epidemiological trends, but presents specificities related to the structure of the services, the countryside context and the local dynamics of access to health. The continuous strengthening of the NCS/CTA, associated with the expansion of prevention strategies, active epidemiological surveillance, and integration with primary care, is essential to ensure early diagnosis, timely treatment, and reduction of new infections (MELO et al, 2018). Based on this, it is recommended that, in the coming years, indicators such as adherence to treatment, average viral load of the population served, evolution of notifications and changes in the sociodemographic profile of cases be evaluated, in order to allow a consistent assessment of the impact of the service on the dynamics of HIV/AIDS in the municipality.

Despite these obstacles, it is necessary to recognize the work performed by SAE/CTA professionals in the municipality. The performance has been efficient and comprehensive, including laboratory tests, rapid tests, viral load monitoring and CD4/CD8 lymphocyte count, in addition to the regular distribution of medicines and health education actions. With the presence of an infectious disease specialist and adequate laboratory structure, Nova Xavantina was able to reduce the dependence on neighboring municipalities for the care of people living with HIV/AIDS, which represents an advance both in the field of public health and in the management of local resources.

6 CONCLUSION

The data collected at the Testing and Counseling Center (CTA) of Nova Xavantina-MT reinforce the importance of considering sexual orientation and gender identity in the formulation of prevention, diagnosis and treatment strategies. The numbers point to disparities that cannot be ignored and require managers, health professionals and civil society to engage in the construction of inclusive and humanized practices.

Another fundamental point identified was the need to expand the financing and sustainability of HIV/AIDS actions, since both the contribution of national and international resources has been shown to be vulnerable to political and economic oscillations. The judicialization of health, although it represents a legitimate mechanism for guaranteeing rights, also has relevant budgetary impacts, requiring planning and coordination between government spheres.

Therefore, it is concluded that facing the challenges of HIV in the LGBTQIA+ population implies recognizing the centrality of the fight against stigma and discrimination, strengthening the SUS as a space for welcoming and promoting equity, and expanding investments in

research, prevention, and treatment. The effectiveness of the response to HIV is not restricted to the biomedical dimension, but depends on the construction of a more just, inclusive and supportive society, in which diversity is respected and valued.

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS – Acquired Immunodeficiency Syndrome

CCR5 – C-C chemokine receptor, used by HIV for cell entry

CD4 – Glycoprotein present on the surface of helper T lymphocytes

CD4+ – CD4-expressing helper T lymphocytes

CONASS – National Council of Health Secretaries

CTA – Testing and Counseling Center

CXCR4 – CXC chemokine receptor, used by HIV for cell entry

GLS – Gays, Lesbians and Sympathizers

GM/MS – Office of the Minister of the Ministry of Health

HIV – Human Immunodeficiency Virus

IBGE – Brazilian Institute of Geography and Statistics

STI – Sexually Transmitted Infection

STIs – Sexually Transmitted Infections

LGBT – Lesbian, Gay, Bisexual and Transgender

LGBTQIA+ – Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and other identities

MT – State of Mato Grosso

PAS – Annual Health Program

PEPFAR – President's Emergency Plan for AIDS Relief

PVVS – Variable Health Surveillance Floor

RAG – Annual Management Report

RNA – Ribonucleic acid

RQPC – Quarterly Accountability Report

SAE – Specialized Care Service

SIV – Simian Immunodeficiency Virus

SUS – Unified Health System

UNAIDS – Joint United Nations Programme on HIV/AIDS

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