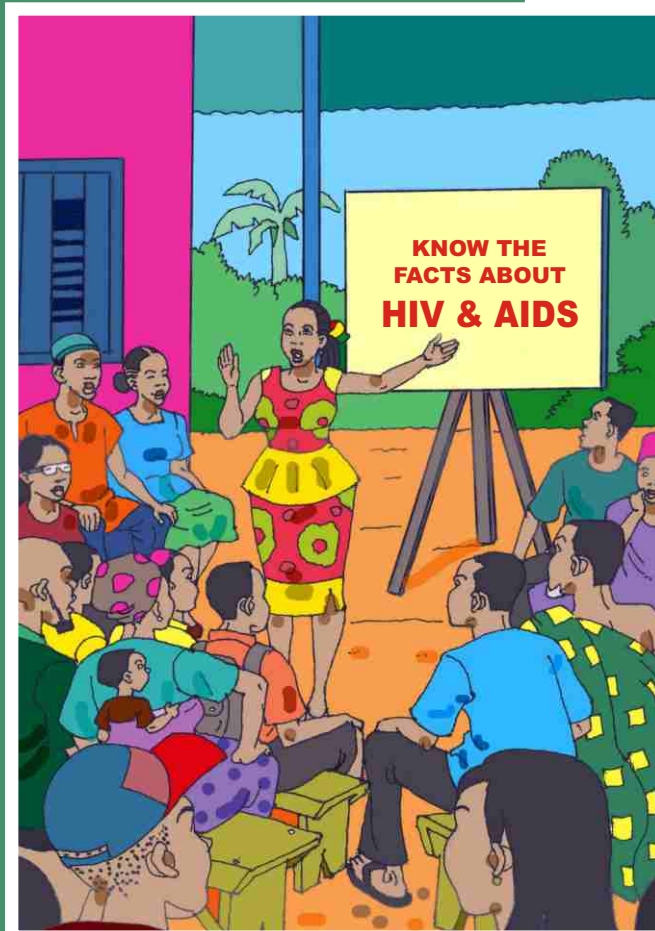


HIV Fact Sheets

8



Fact Sheets
for your
General
Reference



HIV Fact Sheets



Content

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HIV AND AIDS: THE BASICS

What is HIV?

HIV stands for Human Immunodeficiency Virus.

Human – HIV only affects human beings; it needs a human host.

Immunodeficiency – HIV creates a deficiency within the body's immune system, making it more open to disease and infection.

Virus – HIV is one of a family of viruses known as "retroviruses."

What is AIDS?

AIDS stands for **Acquired Immune Deficiency Syndrome**.

Acquired – Not born with; something that a person gets from someone else.

Immuno – The body's immune system, which fights off infections.

Deficiency – The immune system is not working properly to fight off disease/infection.

Syndrome – A collection of illnesses that attack the body when its immune system is weak.





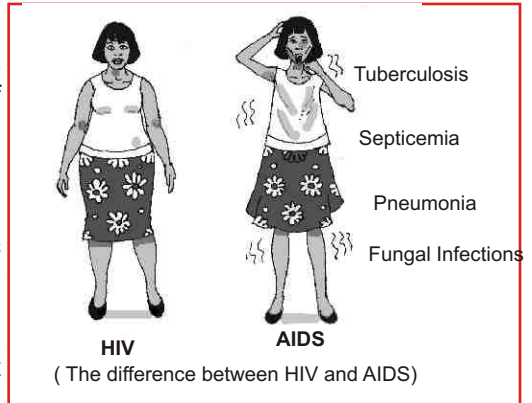
WHAT IS THE DIFFERENCE BETWEEN HIV AND AIDS?

HIV is the **virus that causes AIDS**. It develops in the body over a long period of time and slowly destroys the body's capacity to fight infection and disease.

AIDS is the **advanced stage of HIV infection**, when HIV has destroyed the body's immune system. The body is then susceptible to opportunistic infections, including tuberculosis (TB), septicemia, pneumonia and fungal infections.

A person infected with HIV can remain healthy for many years with no physical signs or symptoms of infection. A person who has the virus but no symptoms is "**HIV-positive.**"

When a person living with HIV begins to get sick and develop opportunistic infections, she/he is said to have **AIDS**. "AIDS" is a clinical definition given to people with HIV who have a CD4 count below 200. (A CD4 test counts the number of CD4 cells, which are infection-fighting blood cells that the HI- Virus attacks and kills.



How Does HIV Harm the Body?

Cd4 cells protect our bodies. These cells attack germs as part of the body's immune system. When a person is infected with HIV, the virus invades the CD4 cells and these cells can no longer keep the body healthy. Germs then take advantage of the weakened immune system and attack the body.

Most people who become infected with HIV do not notice that they have been infected. Soon after being infected, some people may suffer flu-like symptoms for a few weeks. Otherwise there are no signs of early HIV infection. However, the virus remains in the body. At this stage the person is HIV-positive but she/he does not have AIDS.

This weakening of the immune system takes place over a period of time. As the body weakens, it is attacked by diseases such as TB, pneumonia, cancer and meningitis – or "opportunistic infections." When the body is too weak to fight these diseases, the person is said to have "AIDS" – a collection of diseases that attacks a person after HIV has made the body weak. When the body becomes extremely weak, the person can die.



HIV AND AIDS: THE BASICS

How is HIV Transmitted?

There are three ways that HIV is passed from human to human.

1. **Sex:** If someone is HIV-positive, the virus can be passed from his or her infected blood, semen or vaginal fluids directly into another person's bloodstream, through the lining (mucous membrane) of the vagina, penis or rectum. During sex, friction normally causes tiny scratches (or micro-abrasions) in these linings, and this is how HIV gets into the bloodstream. Sex is the most common form of transmission. Infections in the genital area (e.g. sexually transmitted infections) provide an easy way for HIV to enter the bloodstream.
2. **Mother-to-child transmission (MTCT):** HIV can be passed to a baby during delivery and breastfeeding. However, not all babies born from HIV-positive mothers will have HIV. About a third ($\frac{1}{3}$) of infants become infected with HIV if the mother has not been treated with anti-retrovirals, which are drugs that slow down the progression of HIV.
3. **Blood transfusions and unsterilized equipment:** HIV can be transmitted by HIV-infected blood transfusions or contaminated injecting equipment or sharing of contaminated sharps instruments. People who inject drugs often get HIV because they share needles, which spread the virus.

How is HIV Not Transmitted?

HIV cannot survive outside the human body. The virus dies as soon as it is exposed to air. If it is exposed to heat it will die.

- **HIV cannot pass through the skin on the outside of your body unless there is an open cut**
- **HIV cannot be transmitted through saliva, tears, vomit, faeces or urine.**



- **HIV cannot be transmitted through unbroken skin or casual contact** such as touching someone with HIV, or something they have used (e.g., clothing); sharing cups, plates or utensils; or using the same toilet seats.
- **Caring for people living with HIV is not risky if the person follows basic hygiene precautions** such as disposing of sharp needles safely and keeping cuts covered.
- **HIV is not transmitted by mosquitoes or other blood-sucking insects.** Most insects do not pass blood from one person to another when they bite humans.
- **HIV is not contagious: It cannot be transmitted by casual contact** neither is it airborne

How Can HIV Infection be Prevented

- If you have sex with many partners or you are unsure of your partner's sexual relations, **always use or insist on a condom during sex.**
- **Protect yourself** from contaminated body fluids.
- **Use disposable syringes** obtained from a reliable source. Never reuse syringes.
- **Women who are pregnant or intending to get pregnant** should access prevention of mother-to-child transmission (PMTCT) services to prevent HIV transmission to the unborn child.
- **Before a blood transfusion,** insist on having blood that has been tested for HIV from a licensed blood bank.

Use sterilized instruments when piercing skin or sterilize the instruments yourself by boiling for 20 minutes or rinse thoroughly using one percent bleach solution.

Medical professionals should follow universal precautions to protect yourself and your patients. In addition, cover cuts and wounds with waterproof bandages. If you do not have a bandage, use a piece of clean cloth to cover wounds.



QQR – A TOOL FOR UNDERSTANDING HIV TRANSMISSION

QQR – Quality, Quantity, Route of Transmission

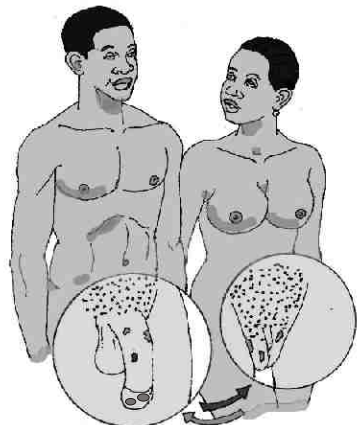
HIV transmission depends on the quality of the virus, enough quantity and a route of transmission.

Quality: The quality of the virus must be strong. HIV does not live on the surface of the skin, it lives inside the body. HIV cannot survive outside the human body; it starts to die as soon as it is exposed to air. If it is exposed to heat (e.g., if someone bleeds into a cooking pot), it will die. The only place the virus can survive outside the body is in a vacuum (e.g., in a syringe) where it is not exposed to air.

Quantity: The quantity of the virus in body fluids must be enough to pose any risk. HIV is found in large quantities in blood, semen and vaginal fluids, and breast milk; these fluids have a greater risk of transmission. HIV is found in small amounts in saliva, vomit, faeces and urine.

Route of Transmission: HIV must get inside your bloodstream. Our body is a closed system. Healthy skin is an excellent barrier against HIV. HIV cannot easily pass through unbroken skin. If you cut yourself, the blood flows outwards, away from the bloodstream. If you touch someone else's cut, blood will not swim into your bloodstream.

Common sense and daily hygiene can alleviate concerns regarding HIV transmission. For example, you wouldn't share a toothbrush if it was covered in blood; you would wash if you cut yourself; you would wear gloves or cover your hands if you are cleaning up someone's diarrhoea.



Presence of cuts or wounds on either partner increases the chance of HIV entering the bloodstream



These three conditions – **Quantity, Quality and Route of transmission (QQR)** – explain why HIV cannot be transmitted by casual contacts such as:

- Touching the skin or sweat of a person living with HIV;
- Changing the clothes of or serving food to a person living with HIV; and
- Taking the blood pressure of a person living with HIV.
- Shaking hands, or hugging a person living with HIV.

Other factors that Increase the Risk of Sexual Transmission




- Viral load of infected person. (Viral load refers to the quantity/quantum of virus within an infected person). Higher viral load increases risk of HIV transmission.
- Presence of cuts or wounds. Wounds or cuts on either partner increase the chance of HIV entering the bloodstream.
- Presence of other sexually transmitted infections (STIs). STIs cause sores or broken skin, making it easier for infected blood to get through the skin into the bloodstream.



What is an HIV Test?

An HIV test determines if a person is infected with HIV. The test involves taking a sample of blood or urine from a person and then analyzing the sample in a laboratory. The test checks for the presence of HIV antibodies in the person's bloodstream, rather than for the virus itself. The immune system produces antibodies to fight off HIV infection. If HIV antibodies are present, then the person is infected with HIV and she/he is HIV positive.

The most common HIV tests are:

-  **Enzyme-linked immunosorbent assay (ELISA)** – Highly accurate, requires a confirmatory test using the Western blot;
-  **Rapid serological tests** – Provide results in 30 minutes using simple procedures that requires a confirmatory test using the Western blot; and
-  **Western blot** – Used to confirm positive results from the other two tests.

What is a "False Positive" Result? What is a "False Negative" Result?

A "false positive" result is when the result appears positive even when there are no antibodies in the blood. A "false negative" result is a negative result when the person is actually infected. A false negative can occur if a person is newly infected and not yet producing HIV antibodies. To protect against false positives and false negatives, HIV test results should be confirmed with other tests using another method.

What is the Window Period?

When a person is infected with HIV, it takes up to three months for his/her body to show detectable levels of antibodies. This length of time is called the "window period." During this period, the test will not show the antibodies, and the results will appear as if the person is HIV-negative, even though she/he may have HIV. This is why a second test is needed three months after the first test.

What is Counselling and Testing?

Voluntary Counselling and Testing (VCT) is a system of testing people for HIV while also counselling them so they know the full implications of being



tested. VCT includes pre-test counselling, HIV testing, post-test counselling, and partner notification and follow-up/referral.

It is illegal to test a person for HIV without his/her consent. If an individual goes to the hospital or clinic for treatment, she/he must consent to all tests and treatment. It is a client's right to be asked to give, or refuse to give, consent for every medical test.

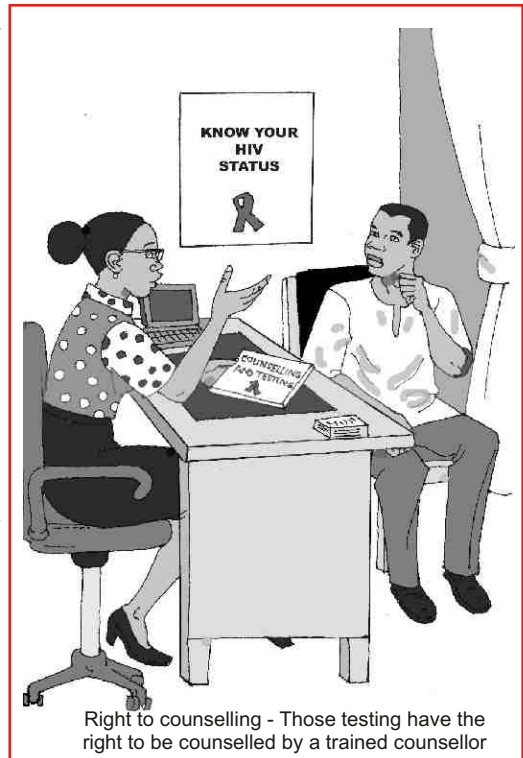
Counselling and Testing (CT) provides information and benefits for those who test positive as well as those who test negative. CT helps people deal with worries about their status, increases their perception of their vulnerability to HIV, promotes behaviour change, facilitates early referral for care and support, and helps reduce stigma in the community.

What are the Conditions for CT?

- Voluntary – Individual decides to take the test; no one coerces him/her.





Right to Counselling – Those

- testing have the right to be counselled by a trained counsellor.
- Informed Consent – Individual understands what is involved before deciding to take the test; a person cannot be tested without his/her knowledge.
- Confidential – Personal information disclosed to a counselor remains confidential.





What are the Advantages of Counselling and Testing?

- CT is the first step in the continuum of care: the entry point for prevention, treatment, support and care.
- If the HIV test result is positive, a person can:
 -  Start to practice a healthy lifestyle to live a long life and delay the onset of AIDS;
 -  Get early access to treatment, anti-retroviral therapy and prevent mother-to-child transmission;
 -  Get access to counselling, support groups and social support services; and
 -  Adopt safer sex practices and protect his/her sexual partners from HIV.
- If a person tests negative, he/she can change his/her practices to avoid being infected with HIV.
- If people are worried that they have HIV, they can put their minds at rest.
- If many people get tested, it can help to de-stigmatize HIV in the community.

What are the Disadvantages of Counseling and Testing?

- Some people who test positive may not be able to cope with these results. Before taking the test, a person should think about how she/he will react to the results.
- Being classified as HIV-positive can lead to stigma, violence and discrimination (e.g., a person is ostracized by the family, kicked out of the house or abandoned by his/her partner).

What are the Steps in Counselling and Testing?

- CT involves a number of steps including (1) deciding on whether to get tested, (2) whether to receive pre-test counselling, (3) going to get the test and (4) deciding whether to get post-test counselling.



1. Deciding to Get Tested

Most people with the HIV feel healthy, and they do not know that they have been infected. The only way to know is to take an HIV test. Reasons for taking a test might be that the person:

- Had unsafe sex
- Is thinking about getting married or having children
- Has a spouse/partner who tested positive
- Keeps getting sick and worries that she/he may have HIV

It is the client's decision to take a test. No one else can make him/her have the test. Fact Sheet 4

2. Pre-Test Counselling

Pre-test counselling helps the client prepare for the HIV test. Topics discussed can include:

- The procedure for HIV testing: how it is done, the meaning of positive and negative results;
- The client's reasons for being tested and deciding whether to take the test;
- The client's potential HIV risks and how to reduce their HIV risk; and
- The client's plan after test results are available (e.g., their reaction, how to tell a partner, how to get support, etc.).

3. Testing

If the client has decided to go through with the test, she/he provides a blood sample, which is then tested in a lab.

4. Post-Test Counselling

Post-test counselling helps the client deal with the results. The client talks with the same counsellor about the results and what she/he will do next. If the results are negative, the client will be asked to come back for another



test three months later – at the end of the "window period." She/he will also be encouraged to stay negative by reviewing his/her risks and how to minimize them. If the results are positive, these results will be explained to the client. Positive results does not mean the person has AIDS or will die soon, only that she/he has HIV. Many people who test positive stay healthy for several years, even without treatment.

The counselling session will also discuss what to do next:

- Who to tell about the results and how to do this;
- How to live a healthy life to delay the onset of AIDS;
- How to prevent infecting sexual partners with HIV;
- How to deal with opportunistic infections; and
- How to access treatment, including anti-retroviral drugs.

Women who test positive will be counselled on options available to prevent mother-to-child transmission of HIV.

Gender Violence and Partner Notification

The fear of violence may prevent women from negotiating safe sex, which puts them at risk of getting HIV from their husbands or partners. It also may discourage them from disclosing the results of the HIV test to their partners because this might lead to physical and emotional violence, separation and divorce, and loss of economic support. While disclosure is ideal to avoid spreading infection, the woman's safety from violence is the first priority. Counsellors should take this into consideration when talking with HIV positive women about their next steps, including when and how to tell their partners.

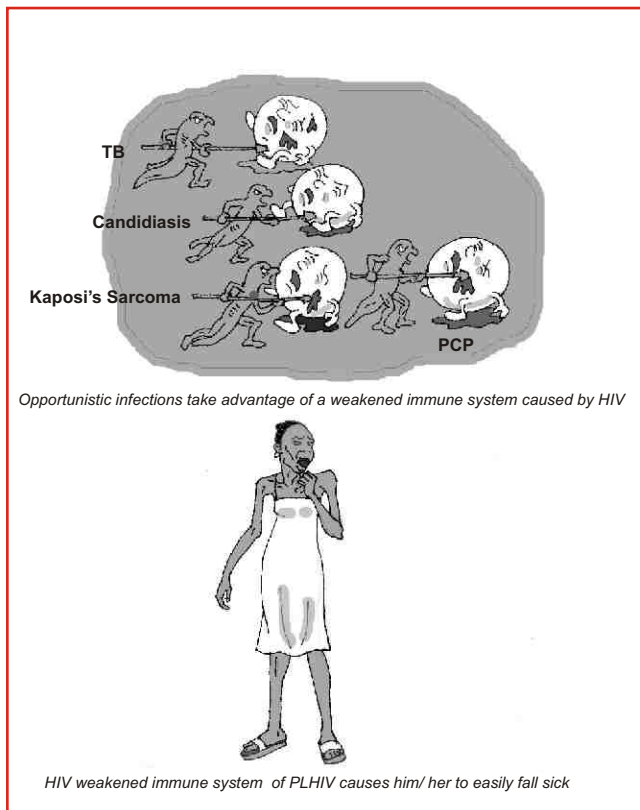


OPPORTUNISTIC INFECTIONS (OIs)

What are Opportunistic Infections?

Opportunistic Infections (OIs) are HIV and AIDS-related illnesses caused by bacteria, fungi and viruses that take advantage of a weakened immune system. OIs would not normally cause illness in a healthy person, but can affect an HIV-infected person whose immune system has been weakened. Most OIs can be prevented or treated with medication, which can help improve the quality of life for a person living with HIV and delay the onset of AIDS.

There are more than twenty (20) opportunistic diseases associated with AIDS, including tuberculosis (TB), diarrhoea, pneumonia, bowel infection, Kaposi's sarcoma, candidiasis, skin cancer and meningitis. An individual with an AIDS diagnosis may have two or more diseases at the same time.



When AIDS first appeared in the mid-1980s, many people living with HIV rapidly died from opportunistic infections because their doctors did not know how to treat and prevent these diseases in people with damaged immune systems. But as doctors learned how to prevent OIs with medication and how to recognize and treat these infections more effectively, people living with HIV began to live longer and longer.



Different Types of Opportunistic Infections

Tuberculosis (TB) is a lung disease that affects many people with HIV. It is preventable and curable.

Candidiasis is a fungal infection, commonly known as "thrush" in infants. It appears as white patches on the tongue and ulcers in the mouth. These patches are sometimes painful, making it difficult to swallow. This fungal infection can also affect the vagina, causing vaginal candidiasis. Symptoms include thick, curd-like vaginal discharge, painful intercourse and redness of the vaginal wall.

Kaposi's sarcoma is a cancer commonly diagnosed in people living with HIV. Symptoms include dark skin lesions or nodules appearing on different parts of the body. It usually affects the skin, lymph nodes and the mouth. Lesions also can be found in the stomach and the lungs, causing severe breathing problems.

Pneumonia is an infection of the lungs that can cause severe pneumonia and results in difficult breathing, fever and dry cough.

How to Prevent or Treat Opportunistic Infections

- Maintain regular medical check-ups. Seek medical care at the first sign of sickness.
- Get plenty of rest, good food and nutrition, good hygiene, and avoid alcohol and smoking.
- Avoid infection: Many people fear getting infections from people living with HIV, but in fact they have more to fear from getting infections from "healthy" people.
- Access TB prevention therapy.

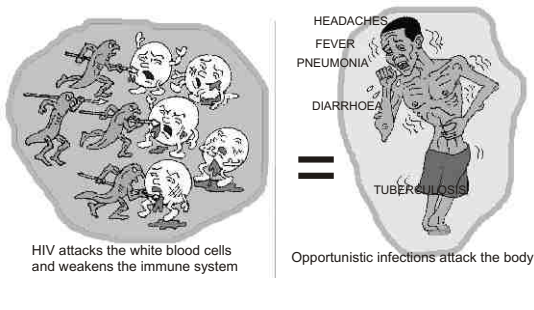


ANTI-RETROVIRAL (ARV) THERAPY

How HIV Makes the Body Sick

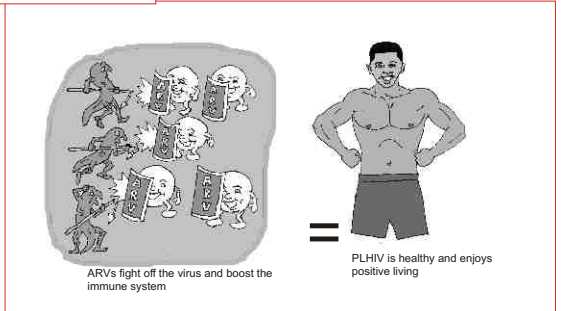
There are many different kinds of cells in our bodies. The white blood cells, also known as CD4 cells, are found in our blood. White blood cells protect our bodies by attacking germs that get into the body, keeping us from staying sick. Once a person becomes infected with HIV, the virus begins to live and spread in the white blood cells. HIV attacks and damages the white blood cells so that the blood cells cannot do their work of keeping the body healthy. Germs then take advantage of the weakened immune system and attack the body.

The weakening of the immune system takes place over a period of time. People who are infected with HIV do not die right away. A person living with HIV often feels perfectly healthy and feels no sign of sickness, but over time the immune system weakens. The body then has to work harder to fight off other germs and diseases.



As the body gets weaker, it is attacked by different opportunistic infections, or AIDS-related diseases, including TB, pneumonia, bowel infection, cancer and meningitis. When the body is

too weak to fight these diseases the person is said to have AIDS, a collection of diseases that attack a person after HIV has made the body weak. When the body becomes weak, the person can die.



What is Anti-retroviral (ARV) Therapy?



ARV therapy is a combination of medications – usually two or more – that slow down the growth of HIV in the body. ARV therapy helps to improve the immune system, helping the body protect itself against AIDS-related diseases. If the ARV therapy is properly taken, a person with HIV can live a healthier, more productive and longer life.

ARV therapy is not a cure for HIV or AIDS. The combination of medicine will reduce the amount of HIV in the body, but the virus is still in the blood. ARV therapy is lifelong. If people stop taking treatment, HIV will continue to grow and they will become sick again.

People taking ARV therapy need to **take their medications at the right time and in the right way each day.** If they stop or forget, HIV will become stronger and may become resistant to the medication.

ARV therapy is given to people who are HIV-positive but do not yet have AIDS and to people who have AIDS. **But not every HIV-positive person needs ARV therapy.** ARV therapy is only for those people whose immune systems have been seriously weakened by HIV.

Once a person discovers that he/she is HIV-positive, he/she should get tested to determine if ARV therapy is needed (when the CD4 count is low). **A CD4 count test** measures the amount of white blood (CD4) cells. When a person starts ARV therapy, tests will indicate how well the medicine is working by checking if the immune system is getting stronger. This is indicated through a viral load test, which measures the amount of HIV in the blood.

When people start taking ARV therapy, their bodies may react to the medicine. These **side effects** may include: stomach pain, nausea and vomiting, diarrhoea, skin rash, excessive tiredness, headaches, tingling feeling in fingers and toes, and sleep disturbances. People should not stop taking the medicine when they have these side effects, but they should report them to their health care provider.

Is ARV Therapy the Only Medication Available for People with HIV and



AIDS?

No. People living with HIV and AIDS often take other medications for opportunistic infections such as TB. People taking ARV therapy should try to live healthy and positive lives to help the ARV therapy fight the HIV in their bodies. Things they can do include:

- Eating good food and drinking plenty of liquids to strengthen their bodies and keep up body weight. (People living with HIV lose weight as a result of opportunistic infections or lose nutrients because of diarrhoea or vomiting.)

Being physically active. People living with HIV will be healthier if they keep themselves busy.

- Getting enough sleep and rest to allow their bodies to recover.
- Keeping their bodies and homes clean to help reduce germs that can bring diseases.

- Practicing safe sex (using a condom). HIV-positive people can still pass HIV on to others, even if they are taking ARV therapy. By practicing safe sex, they not only protect their partner, but also protect themselves from getting re-infected and increasing the amount of HIV in the body.

- Living with hope and getting emotional support from family and friends. This helps people living with HIV feel loved, accepted and better about themselves, strengthening them to live longer and more productively.

**MOTHER-TO-CHILD TRANSMISSION (MTCT)**

Babies may get infected with HIV when the mother is giving birth

What Is Mother -to-Child Transmission (MTCT)?

When HIV passes from an HIV positive mother to her baby.

How Does the Baby Get Infected with HIV?

- ⌘ Babies may get HIV through direct contact with blood and fluids during birth. Most HIV transmission occurs during labour and delivery. When the baby travels through the mother's birth canal, the baby's skin can get damaged, and HIV can be transmitted when the baby comes into contact with the mother's blood. A delivery that causes a lot of bleeding from the mother through cuts or instruments used to help the delivery may increase the chances of the baby getting infected with HIV.
- ⌘ Babies may get infected with HIV when the mother is breastfeeding. The chances of the baby getting infected are higher if the mother has a high level of virus in her blood while she is breastfeeding. If the mother has cracked nipples, painful swelling of breasts through mastitis, or if



the baby has thrush or sores in the mouth, the risk of transmission becomes higher.

How to Reduce Mother -to-Child Transmission

The most important way is for men and women to prevent HIV infection. Ideally, parents should be tested for HIV before planning a pregnancy. It is especially important to prevent HIV infection in the expectant mother during pregnancy and later when she is breastfeeding.

When men resume sexual relations with the mother of their child, she is at risk of contracting HIV. If she becomes newly infected while breastfeeding, the baby is at a higher risk of contracting HIV because the amount of virus present in the blood and milk of the mother is relatively high at this point. Men should support women during pregnancy, childbirth and breastfeeding. They can avoid infections by staying faithful and avoiding sex with other women. If they are not able to abstain from casual sex, they should practice safe sex and use condoms.

How to Minimize HIV Transmission during Childbirth

Most HIV transmissions occur during delivery. The following practices in childbirth reduce contact between the baby and the mother's fluids during childbirth:

- Women should go to the place of delivery early in their labour so they do not delay.
- Health workers should try not to manually rupture the membranes unless birth is imminent and not use forceps or other instruments during delivery unless the baby's life is in danger. Practices such as cutting the mother's vagina (episiotomies) should be avoided because they result in heavy bleeding for the mother.
- Health workers should routinely wipe out the mother's vagina with antiseptic lotions before delivering the baby. This should be done for all women in labour, whether they are HIV-positive or not.



How to Minimize HIV Transmission during Breastfeeding

Breastmilk provides babies with the best nutrition and protection from infection. All mothers are advised to do exclusive breastfeeding (feeding the baby only breastmilk) for the first four to six months. Feeding the baby anything besides breastmilk (e.g., cow's milk or other foods) can damage the lining of the baby's gut. If the mother is HIV-positive, the virus can infect the baby through the damaged lining. Babies who receive mixed feeds (mixing formula and breast milk or feeding with breastmilk and giving other fluids or solids) are more likely to become HIV-infected than those who receive exclusive breastfeeding or exclusive substitute feeds.

Exclusive breastfeeding is best:

- Give breast milk only – no solids or other fluids, even water.
- Breastfeed for up to six months – then wean abruptly. After six months, stop breastfeeding completely and change to substitutes without any mixed feeding.

Can Anti-retroviral Drugs be used to Prevent Transmission of HIV?

Yes. The ARV drug can be given to the mother twice daily starting from the 36th week of pregnancy and during labour. This short course of ARVs during pregnancy and delivery significantly reduces the risk of HIV transmission from Mother to child. Historically, the tendency has been to view the "mother" as simply a vehicle for producing a healthy baby, and efforts were directed mainly at providing ARV treatment to pregnant women to prevent HIV transmission to the baby. This view is now being challenged and defined in a broader way as a combined set of efforts to:

- Prevent HIV in the first place
- Prevent unintended pregnancies among HIV-positive women
- Prevent HIV transmission from HIV-positive women to their children
- Provide treatment, care and support for HIV-positive women



🎗️ What is the Effect of Anti-retrovirals on the Mother? Is There any Harm to the Child?

The ARV slows viral replication and lowers the amount of virus in the body. This reduces MTCT and does no harm to the pregnant woman or her child. However, it does not treat the mother's HIV infection. The whole purpose of using this drug is to reduce the risk of passing HIV to the child.

🎗️ What if a Woman Takes Anti-retrovirals for MTCT and Stops?

When a mother takes ARVs for MTCT prevention her viral load will fall. This is how HIV transmission is prevented. When she stops taking it, her viral load will return to the level she had before she started taking the ARVs. Although the ARVs won't deal with the mother's HIV condition, it will not make it worse. It will not increase her viral load or further weaken her immune system.

🎗️ Shouldn't HIV-positive Women be Discouraged from Having Children?

It is generally accepted that it is every woman's right to decide for herself whether or not to have children. The responsibility of health workers is to provide HIV-positive women and their partners with comprehensive information about the risks associated with childbearing, the risks of Mother-to-child transmission, and the additional burden on the family if the child is HIV-positive. The final decision is the woman's, and she should not be pressured into not having children. Health workers should support whatever decision she makes.



People living with HIV and their families need care and support to face the challenges of HIV infection

Care and Support for People Living with HIV

People living with HIV and their families need care and support to face the challenges of HIV infection. They have many needs, which vary according to the stage of infection. They need a comprehensive set of services as well as a continuum of care for prevention, care, treatment and support provided by the family, community and health workers who are working together in a coordinated response.

Comprehensive care responds to all the needs of a person living with HIV in a holistic way and goes beyond just medical treatment. It includes: diagnosis; treatment; referral and follow up; nursing care; counselling; advice on food and nutrition; ideas on income generation; and support to meet psychological, economic, social and legal needs.



Continuum of care means responding to the full range of care and support needs in different places – home, community, hospital – throughout the stages of the illness for a person living with HIV. Continuum of care involves a network of services provided by different players including families, community, health care workers, counsellors and support organizations for people living with HIV. This continuum requires a good referral network and linkages between different players and different levels of care – hospitals, clinics, communities and homes. Different players have different roles (e.g., diagnosis and treatment by hospitals, care in the community provided by non-governmental organizations (NGOs), and home-based care provided by families). Health care workers need to learn how to provide a broader range of services and be able to refer patients to other available services.

Care and support for people living with HIV can:

- Improve their quality of life
- Help keep them healthy and able to work as long as possible
- Build up their confidence and hope
- Decrease stigma and discrimination
- Help prevent the spread of HIV to other people

An HIV-positive person goes through a number of stages of illness. Care needs to be organized in relation to each stage. The five stages are:

1. Uninfected but at risk
2. HIV-positive with no symptoms
3. Early HIV disease
4. Late disease or AIDS
5. Terminal stage



Different Ways to Address Care and Support Needs

- Counselling and basic information
- Support groups and networks of people living with HIV
- Home-based care
- Community-based approaches and community mobilization
- Support for children orphaned by AIDS
- Clinical guidelines for individual patient management
- Improved access to essential drugs
- Hospital-based services for HIV and AIDS management
- Palliative and terminal care

Palliative Care

Palliative care is designed for someone who is suffering from a terminal ailment. This includes psychological, emotional, spiritual and physical care of the person and the people close to that person (e.g., friend, spouse, family or partner). Goals of palliative care:

- To provide the patient with as much control over their symptoms as possible.
- To keep the patient comfortable.
- To assist the person in coping with the impact of HIV infection.
- To help the person, their families and caregivers organize their lives.
- To prepare the person and their loved ones for death.



Palliative care begins when:

Medical treatment is no longer effective.

The person or relatives decide that they do not want to continue the treatment.

The body's vital organs begin to fail.

The relatives opt to have the patient discharged from the hospital or medical facility.

Terminal Care and Support

Most people living with HIV will require some form of terminal care. This can be provided either in the hospital, in a terminal care centre or in the community and home with help and assistance. Care includes:

- Effective analgesia/pain relief;
- Management of distressing symptoms;
- Spiritual and emotional support for the dying person;
- Spiritual and emotional support for the caregiver and family;
- Training caregivers in basic skills, if care is managed at home; and
- Assistance with material needs.

**Can you tell if someone has HIV by looking at him or her?**

No. The only way to know if someone is infected with HIV is through a test. Most people living with HIV look healthy and do not have symptoms for many years.

Can mosquitoes transmit HIV from human to human?

No. HIV cannot live outside the human body. Mosquitoes do not inject blood into humans, they suck blood. (There is no "QQR")

Can HIV be transmitted through razor blades or sharp instruments?

There is a slight risk if a razor is being used quickly to make incisions or cuts on many people one after the other without washing it. It is better – and more hygienic – to sterilize sharp instruments by boiling them, or to use new razors every time. If a razor is being shared but it is covered in blood, you would probably not use it or you would wash it thoroughly.

Can I get HIV by touching someone who has open cuts and sores?

No. Unless someone is covered in blood and you are badly injured with open wounds, there is no risk. Your skin protects you. If you are bleeding, your blood flows outward; it does not suck things into your bloodstream! If you are caring for someone (with HIV or not) and he/she were bleeding, use gloves and wash well before and afterward.

Can I get HIV by cleaning up diarrhoea of an HIV patient?

There is no risk. Faeces does not contain HIV, unless it has blood in it, and it would still have to get inside your bloodstream. Use gloves or cover your hands.

How long can you live if you get HIV?

This depends on many things. If you are healthy and can eat well and have lots of love and support, you can live for many years. If you can access anti-retroviral (ARV) drugs and take them consistently, you can live many years. Remember that HIV and AIDS are different things. With HIV you have the virus but you are healthy. With AIDS, it means your immune system has become significantly weakened and you may have a number of opportunistic infections. It is important to treat these infections. Finding out you are HIV-positive is not a death sentence.



Is it true that condoms are not really safe?

If used properly, condoms offer 98 percent protection against HIV. The virus cannot pass through a condom. Make sure your condoms are not out of date, and store them in a cool place. Don't use vaseline or oil on them as this can make them break. Never use more than one condom at a time.

Is there any cure for AIDS?

There is no cure but treatments that slow down the impact of HIV are available. The combination of treatments is called anti-retroviral therapy, or ARV therapy. ARV therapy is becoming more available, cheaper and easier to access all over the world. Governments and drug companies are increasingly making ARVs available to everyone.

Why can't a mother typically give HIV to her baby in the womb?

HIV is not passed from mother to baby because the blood of the mother and the blood of the baby are separate. Inside the womb the baby floats in a bag of water. The baby is attached to the mother's uterus by the placenta, a temporary organ. The baby does not come into contact with the mother's blood at all, except during delivery. The mother's blood is in her own blood vessels. Oxygen from her lungs and food (nutrients) from her stomach and intestines are brought to the womb by the mother's blood. The blood of the foetus (baby) is in its own blood vessels and these extend to the placenta. There are thin membranes that separate the placenta from the lining of the mother's womb. This prevents the mother's blood from mixing with the baby's blood, but allows oxygen and nutrients to pass from the mother's blood to the baby's blood.

