

# Questions & Answers about HIV and AIDS



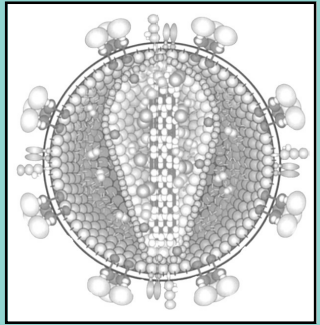
## Q. WHAT IS HIV?

**A.** Human Immunodeficiency Virus (HIV) is the virus that causes AIDS. HIV kills specific white blood cells (T cells), which are an important part of our immune systems.

Without treatment, HIV gradually destroys the body's defenses against disease (it takes an average of 8-10 years), leaving it vulnerable to many infections and cancers. But treatment with antiretroviral drugs can slow or stop the harmful effects of retroviruses like HIV, so that many people with HIV are living longer, healthier lives.

## Q. WHAT IS AIDS?

**A.** AIDS (Acquired Immune Deficiency Syndrome) is a medical condition resulting from HIV infection, usually after many years. By the time a person is given an AIDS diagnosis by a doctor, HIV has seriously damaged the body's immune system. There are effective treatments to prevent, as well as treat, these serious illnesses.



## Q. HOW IS HIV TRANSMITTED?

**A.** HIV can be transmitted when blood, semen (including pre-seminal fluid or pre-cum), vaginal fluids, or breast milk from an infected person enters the body of an uninfected person. HIV must get into the bloodstream or body in order to cause infection.

Transmission most often occurs during unprotected sex or during injection drug use when equipment is shared. An infected woman who becomes pregnant can transmit HIV to her baby during pregnancy or during birth, but this risk is significantly less if the woman takes antiretroviral drugs. She can also pass HIV to her newborn if she breastfeeds. Anyone infected with HIV can transmit it, whether or not they appear sick, have an AIDS diagnosis, or are successfully treating their infection with antiretroviral drugs.

## **HIV IS SPREAD IN THE FOLLOWING WAYS:**

### **UNPROTECTED ANAL, VAGINAL OR ORAL SEX.**

HIV can enter the body during sex through the anus, vagina, opening at the end of the penis or mouth and through cuts, sores and abrasions on the skin. Unprotected anal and vaginal sex have the highest risk of infection. There are a growing number of reported cases where HIV has been transmitted during oral sex (mouth to genital contact), but oral sex is much less risky than anal or vaginal sex.

Anyone having unprotected sex (inserting or receiving partner) with an infected person is at risk of getting HIV. The person most at risk is the receiving partner. Heterosexually, women are at higher risk than men.

### **BLOOD EXPOSURE.**

Sharing needles or drug injection equipment can transmit HIV (and other viruses like hepatitis). After use, small amounts of blood can remain in the used needles, syringes, cookers, cottons, and water. This remaining blood can enter the body of the next user when any of these items are shared. If this blood is HIV infected, transmission can easily occur.

There is a very small but real risk of health care workers getting HIV from infected patients as a result of needle stick accidents or when blood gets into a worker's open cut or a mucous membrane in their eyes, mouth or nose. The risk for health care workers is greatly reduced when universal precautions are carefully followed, such as safe disposal of sharps, wearing latex gloves, etc. This also protects patients.

Very rarely in this country is HIV transmitted when receiving a blood transfusion, blood clotting factors, an organ or tissue transplant (the risk of acquiring HIV from a blood transfusion is approximately 1 in a million). Before 1985, there were no tests to screen blood and organ donations for HIV. Now, blood, organ and tissue banks extensively test all specimens for HIV and other blood-borne germs.

### **MOTHER TO CHILD.**

If a woman is infected with HIV, she can give it to her baby during pregnancy, during birth, or by

breastfeeding. Early in the epidemic, 25% (1 out of 4) of babies born to HIV-infected women in this country became infected with HIV. Now, in developed countries where early detection of HIV is possible, treatment with the latest antiretroviral medications can reduce this rate to about 1% (1 out of 100). All pregnant women should see a doctor, be tested for HIV, and if infected, obtain the best treatment.

## **HIV IS NOT TRANSMITTED BY: CASUAL CONTACT.**

HIV is a fragile virus outside the body. It quickly becomes inactive when exposed to air, soap and common disinfectants such as bleach.

## **THERE IS NO RISK OF GETTING HIV FROM:**

- donating blood
- mosquito bites
- toilet seats
- shaking hands
- hugging
- sharing eating utensils or drinking containers
- food or objects handled by people with HIV or AIDS
- spending time in the same house, business or public place with people who have HIV or AIDS

## **Q. WHO IS AT RISK FOR HIV INFECTION?**

**A.** Anyone can get HIV if they have unprotected sex or share injection drug equipment with someone who is infected. The virus does not discriminate - it can infect males or females, babies, teens, adults or senior citizens. You cannot look at someone and know they have HIV. In fact, as many as 1 out of 3 people who have

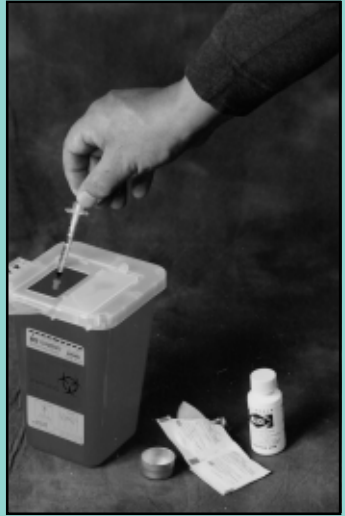


HIV (33%) have no idea they are infected.

## **Q. HOW CAN HIV TRANSMISSION FROM INJECTION DRUG USE BE PREVENTED?**

**A.** The best way to avoid HIV infection (and other blood-borne infections like hepatitis B and C) from injection drug use is to stop injecting drugs. Drug treatment can help.

If treatment is not available or you cannot quit on your own, use a brand new sterile syringe and needle every time you inject or divide drugs. Do not share drug using “works” with anyone else. This includes needles, syringes, cookers, cottons, mixing and bleaching water, and all other supplies. If you do not have new clean equipment, thoroughly disinfect all drug use tools with bleach before re-use. It is also important to dispose of used works safely. Discarding needles in the trash, on the street, or flushing them down the toilet is dangerous.



Public Health - Seattle & King County provides Needle Exchange at several locations. Needle Exchange trades new needles and syringes for used ones free of charge. It also provides clean supplies such as cookers, cottons and alcohol wipes and assures that all used equipment is disposed of safely. For more information on Needle Exchange and safe syringe disposal, call the HIV/STD Hotline at (206) 205-7837 (STDS).

Drug use (including use of alcohol) can impair judgment and decision-making. This can increase risk for HIV, especially if you have sex while high. High or not, you can successfully use condoms and clean injection works. Plan ahead, carry condoms and stick to your prevention plan.

## **Q. HOW CAN THE SEXUAL TRANSMISSION OF HIV BE PREVENTED?**

**A.** The only way to completely avoid the sexual transmission of HIV is to abstain from anal, oral and vaginal sexual. If you choose to have sex, it is safest when you practice monogamy with an uninfected partner. Monogamy is when two people have sex only with each other.

For those with a new sex partner, both can abstain from sex, or use condoms every time during anal, vaginal and oral sex for at least 3 months and then get tested for HIV and other STDs. At that time, if both partners are HIV negative AND both partners are completely avoiding other risk behaviors (e.g., sharing needles or having other sex partners), then unprotected sex with each other is not a risk for HIV transmission.

For someone with an HIV positive partner or a partner who does not know his/her HIV status or multiple sexual partners, touching, dry kissing, body rubbing, and mutual masturbation are the safest sexual activities. (Other STDs can be spread by simple, skin-to-skin touching – call the HIV/STD hotline at (206) 205-7837 for more information). For any penetrative sex acts such as vaginal, anal or oral sex, condoms are highly effective at reducing the risk of HIV transmission when used consistently and correctly – every time, from beginning to end of each sex act. For more information on condom use see the answer to the question, “Do condoms provide 100% protection from HIV?”

## **Q. WHAT IS THE HIV ANTIBODY TEST?**

**A.** There are several types of HIV antibody tests used today. All are highly accurate at detecting HIV antibodies (HIV antibodies are specific proteins made in response to an HIV infection). After infection with HIV, however, it can take up to 3 months for enough HIV antibodies to develop to be detected by the test.

A negative HIV antibody test result means that a person does not have detectable HIV antibodies at the time of the test. Since it can take up to 3 months after HIV infection for enough antibodies to develop, a negative test result is reliable only if the person has not had any sexual or needle-sharing risk behavior (or other expo-

sure to infectious body fluids) during the 3 months prior to testing. Some people with recent risk behavior will test HIV antibody negative, yet may have actually been infected during the previous 3 months. These people will be highly contagious and may easily transmit HIV to their sex and needle-sharing partners.

A high proportion of HIV transmission may occur when people are unaware of their infection. Finally, a negative test result does not mean that a person is safe from future HIV infection. People who test HIV antibody negative are urged to continue to follow HIV prevention guidelines to avoid becoming infected. People who continue risk behaviors are advised to re-test at least every 6 months.

A positive HIV antibody test result means that HIV antibodies are present because the virus is present – the person is infected with HIV (with the exception of newborn babies who are born with their mothers' antibodies). A positive test does not mean the person has AIDS, although many HIV-positive people may develop AIDS in the future. Anyone who tests HIV-positive can transmit the virus to others, regardless of how long they have been infected, whether they have AIDS or other symptoms, or whether their HIV infection is being treated with antiretroviral drugs. It is extremely important that HIV-positive people follow HIV prevention guidelines, not only to protect their partners from getting HIV infection, but also to protect themselves from other germs that could cause HIV/AIDS-related disease.

**FOR TEST APPOINTMENTS AND REFERRALS  
TO TESTING SITES, CALL THE HIV/STD  
HOTLINE AT (206) 205-7837 (STDS.)**

People at increased risk of HIV infection should NEVER donate blood, plasma, or other organs, or go to such facilities to be tested. Public Health – Seattle & King County offers HIV antibody testing and counseling to all people at risk for infection. All test results are confidential; anonymous testing is also available. HIV antibody testing is also available at a variety of other sites. For test appointments and referrals to testing sites, call the HIV/STD Hotline at (206) 205-7837 (STDS).

## **Q. DO CONDOMS PROVIDE 100% PROTECTION FROM HIV?**

**A.** No, condoms are not 100% effective at preventing HIV transmission. When used correctly and consistently, condoms are highly effective and reliable in reducing the risk of transmitting HIV and most sexually transmitted diseases (STDs). Condoms should be used EVERY TIME during sex when transmission of HIV (or other STDs) is possible.

When condoms fail to work properly, it is most often because of improper and/or inconsistent use. For more information about sexual risk reduction, see the response to the question “How can the sexual transmission of HIV be prevented?” in this brochure.

Condoms do not work as well against STDs spread through skin-to-skin touching, like herpes and genital warts, because condoms may not cover the infected areas.

### **FOLLOWING THESE BASIC RULES WILL REDUCE THE ALREADY SMALL CHANCE OF CONDOM FAILURE:**

1. Experiment with different condoms and practice putting them on before intercourse. Also practice talking with your partner about your desire and intention to use condoms.
2. Use latex (rubber) or polyurethane (plastic) condoms. “Natural skin” condoms have tiny holes which may allow HIV and other STDs to be transmitted.
3. When using a male condom choose one that fits. Male condoms come in different sizes, shapes, and styles, but most condoms will fit most men.
4. Another choice is the Reality condom, which is made of polyurethane and is designed to fit inside the woman’s vagina for vaginal sex, and the anus for anal sex. Use the directions from the manufacturer that come with Reality condoms.
5. Open and handle condoms carefully. Never use a condom that is in a damaged package or is past its expiration date. Condoms should be stored loosely in a cool, dry place (not in your wallet or the glove compartment of your car) and kept where you can easily get them if you decide to have sex.



6. To reduce friction that can cause breakage, use plenty of water-based lubricant on the outside of the male latex condom and a small amount on the inside at the tip. With the Reality condom use plenty of lubricant on both the inside and outside. Some condoms come with lubricant, but often there is not enough, so additional lubricant is recommended. Never use oil-based lubricants like Vaseline, hand cream, Crisco, or mineral oil with latex condoms. Oil-based lubricants can rapidly break down latex and allow the virus to pass through. Water-based lubricants include K-Y Jelly, Slippery stuff, ForPlay, and most contraceptive jellies. These can be found in drug stores next to the condoms. Oil-based lubricants can be used with polyurethane male condoms and Reality condoms.

**WARNING: SOME LUBRICANTS CONTAIN NONOXYNOL 9, WHICH CAN CAUSE IRRITATION. THIS IRRITATION MAY INCREASE THE RISK OF HIV TRANSMISSION. DON'T USE NONOXYNOL 9 OR PRODUCTS CONTAINING IT!**

7. The male condom should be put on after erection and before any sexual touch. Remember that pre-cum is also infected with HIV. The Reality condom should go in before sex - it can be inserted up to 8 hours before use. Never use the Reality and the male condoms together.
8. Some male condoms have a reservoir tip; some don't. In either case, the tip of the condom should be squeezed while rolling it down onto the penis in order to leave an airless pocket to collect semen. If the penis is natural and has a foreskin, try pulling back the foreskin before unrolling the condom all the way down to the base of the penis. Some men don't like to pull back the foreskin because they've found that the condom slides off when the foreskin is pulled back. If you have trouble with this, consider keeping the foreskin down before putting on the condom or try using a Reality condom with your partner.
9. After intercourse, withdraw the penis while still erect, holding the base of the condom to prevent it

- from slipping off or spilling semen. Remove the condom and wash the penis with soap and water.
10. Use a condom only once and dispose of it in the garbage; do not flush condoms down the toilet. Never reuse a condom.
  11. Use a condom EVERY TIME during sex when transmission or acquisition of HIV is possible.

## **Q. WHAT ARE THE SYMPTOMS OF A NEW HIV INFECTION?**

**A.** Between 50-90% of people with new HIV infections have mild to severe “flu-like” symptoms 2 weeks to 3 months from the time of HIV exposure. Others do not have any symptoms. In general, symptoms are not a reliable way to tell if someone has been infected with HIV; the only way to know for sure is to get tested.

Many of the symptoms of early HIV infection are the same as for other, less serious illnesses. People who may have been exposed to HIV should see a doctor promptly if the following symptoms occur within 3 months of the exposure:

- A persistent fever of over 101 degrees that lasts more than 2 days without a known cause;
- Constant tiredness;
- Night sweats that soak your pajamas or sheets;
- A persistent rash of unknown cause;
- Persistent swollen glands (lumps under the skin) which occur in several places at once (especially the neck, armpits and groin);
- Sore throat.



## **Q IS THERE A CURE FOR HIV AND AIDS?**

**A.** Not at this time. Medical providers have become much better at identifying, monitoring, and treating HIV infection and AIDS. In 1995, a new class of drugs known as protease inhibitors became available. These new medications, used in combination with other antiretroviral drugs, have dramatically improved the health and quality of life for many people living with HIV/AIDS.

While there is not currently a cure or vaccine for HIV/AIDS, there are many things that people living with HIV/AIDS can do to remain healthy and to live longer. The first step for anyone who has HIV infection is to see a knowledgeable, experienced medical provider. This provider will be able to assess and monitor the infection, and, if appropriate, prescribe antiretroviral drugs.

In King County, people newly diagnosed with HIV can meet with a medical provider at Public Health - anonymously if they wish. Call the HIV/STD hotline (206) 205-7837 and ask for an appointment with the One on One program. This early access service provides free and anonymous emotional support, physical exam, T cell count, viral load testing and further lab work, as well as referrals to primary care specialists and other HIV resources in the community.

People at increased risk for HIV infection need to be tested for HIV antibodies every 3-6 months. This way they can seek medical care at the earliest possible opportunity if they become infected with HIV. Early detection can also reduce the chance of HIV transmission when people are most infectious.

Although medical care and drugs are expensive, programs exist to ensure that people with HIV infection and AIDS can get the treatment and care they need. Call the HIV/STD Hotline at (206) 205-7837 (STDS) for more information.

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INFORMATION.**



**FOR FURTHER INFORMATION AND REFERRAL TO  
COMMUNITY RESOURCES, CONTACT THE PUBLIC HEALTH -  
SEATTLE & KING COUNTY HIV/STD HOTLINE:**

**(206) 205-7837 (STDS)**

**(ENGLISH AND SPANISH)**

**1-800-678-1595**

**(TOLL FREE IN WESTERN WASHINGTON)**

**(206) 296-4843**

**(TDD FOR THE HEARING IMPAIRED)**

**WWW.METROKC.GOV/HEALTH/APU**

**E-MAIL: HIVSTD.INFO@METROKC.GOV**



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