



HUMAN IMMUNODEFICIENCY VIRUS (HIV)

What is Human Immunodeficiency Virus (HIV)?

Human immunodeficiency virus (HIV) is the virus that attacks the body's immune system. If HIV is not treated, it can lead to Acquired Immunodeficiency Syndrome (AIDS). This virus is passed from one person to another through blood-to-blood and sexual contact. Infected pregnant women can also pass HIV to their baby during pregnancy or delivery, as well as through breastfeeding. People with HIV have what is called HIV infection. A positive HIV test result does not mean that a person has AIDS. There are 3 stages of HIV (Stage 1: Acute HIV Infection, Stage 2: Chronic HIV Infection, and Stage 3: Acquired Immunodeficiency Syndrome).

How do people get HIV?

HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes (primarily for drug injection) with someone who is infected, or less commonly (and now very rarely in countries where blood is screened for HIV antibodies), through transfusions of infected blood or blood clotting factors. Babies born to HIV-infected women may become infected before or during birth or through breast-feeding after birth. These body fluids have been proven to spread HIV: blood, semen, vaginal fluid, breast milk, cerebrospinal fluid surrounding the brain and the spinal cord, synovial fluid surrounding bone joints; and amniotic fluid surrounding a fetus.

What are the signs and symptoms of HIV?

Some people in the early stages of acute HIV infection present with flu-like symptoms within 2-4 weeks after infection. Possible symptoms include fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes, and/or mouth ulcers that may last for a few days to several weeks. But some people may not feel sick during acute HIV infection. As the disease gradually progresses to Stage 3, a person may develop yeast infections in their mouth and throats and opportunistic infections can take advantage of the body's weakened immune system associated with the progression of the disease. With the advances in treatment, progression to Stage 3 is less common.

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How do I know if I have HIV?

The only way to know for sure whether you have HIV is to get tested. Knowing your HIV status helps you make healthy decisions to prevent getting or transmitting HIV.

How often should I be tested for HIV?

For people with undiagnosed HIV, testing is the first step in maintaining a healthy life and preventing HIV transmission. The CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care. For those at higher risk, CDC recommends getting tested at least once a year.

How is HIV diagnosed?

HIV tests are very accurate, but no test can detect the virus immediately after infection. HIV infection is usually diagnosed by tests for antibodies against HIV-1 and HIV-2. Antibody testing begins with a sensitive screening test (e.g., the enzyme immunoassay [EIA] or rapid test). The advent of HIV rapid testing has enabled clinicians to make a substantially accurate presumptive diagnosis of HIV-1/HIV-2 infection within 15 minutes. Reactive screening tests must be confirmed by a chemiluminescent microparticle immunoassay (CMIA). If confirmed by a supplemental test, a positive antibody test result indicates that a person is infected with HIV and is capable of transmitting the virus to others.

How is HIV treated?

There are many treatments that can help people with HIV. Currently, medicines can slow the growth of the virus or stop it from making copies of itself. These HIV medications are called Antiretroviral Therapy (ART). Although these drugs don't kill the virus, they keep the amount of virus in the blood low. The amount of virus in the blood is called the viral load, and it can be measured by a test. The lower the viral load, the longer a person can stay healthy and fight off infections. ART helps people with HIV live longer, healthier lives and reduces the risk of HIV transmission.

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How can people protect themselves against infection?

Because no vaccine for HIV is available, some ways to prevent HIV infection are to avoid behaviors that put you at risk of infection, such as sharing needles/syringes and having unprotected sex. Another way to prevent infection is Pre-Exposure Prophylaxis (PrEP). PrEP is a medication that people at a higher risk take to prevent them from getting HIV from unprotected sex or injection drug use. When PrEP is taken as prescribed, it is highly effective for preventing HIV infection.

Latex or polyisoprene male condoms, when used consistently and correctly, can reduce the risk of transmission of HIV.

Many people infected with HIV have no symptoms. Therefore, there is no way of knowing with certainty whether your sexual partner is infected unless he or she has repeatedly tested negative for the virus and has not engaged in any risky behavior in 3 months. You can either abstain from having sex or use male latex condoms or female condoms, which may offer partial protection, during oral, anal, or vaginal sex. Or you can discuss with the DPH PrEP Navigator about PrEP and a referral.

In an emergent situation (condom broke during sex, sharing needles/syringes/other equipment to inject drugs, or sexual assault victim), Post-Exposure Prophylaxis (PEP) may be used. PEP is a medication that is used to prevent HIV after a possible exposure. PEP must be started within 72 hours of possible exposure to HIV and the sooner you start PEP, the better. Every hour counts. If you're prescribed PEP, you'll need to take it daily for 28 days. PEP is not a substitute for regular use of other HIV prevention.

For more information: Call the Centers for Disease Control and Prevention at 1-800-232-4636, TTY: 1-888-232-6348 in English and Spanish.

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