This information comes directly from the Internet pages of CANFAR, Canadian Foundation for AIDS Research.
http://www.canfar.ca/index.php?option=com_content&task=view&id=6&Itemid=8&lang=en
It has been compiled into one file for easier use by small organisations in East Africa with no Internet connection.

AIDS is a fast-moving field, and basic information about HIV and AIDS is constantly changing.
Information is provided here on five areas:

- General information about HIV and AIDS
- Transmission
- Prevention
- Care
- Testing
- Myths

Links are also provided to a small number of external sites that are good places to start for further information clearly written for the general public rather than doctors and health specialists. The sites are updated frequently, and while UNAIDS is not responsible for their content, we recommend them as places to find information.

Questions

Answers

1 What is HIV?

HIV stands for 'human immunodeficiency virus'. HIV is a retrovirus that infects cells of the human immune system (mainly CD4 positive T cells and macrophages—key components of the cellular immune system), and destroys or impairs their function. Infection with this virus results in the progressive depletion of the immune system, leading to 'immune deficiency'.
The immune system is considered deficient when it can no longer fulfil its role of fighting off infection and diseases. Immunodeficient people are much more vulnerable to a wide range of infections, most of which are very rare among people without immune deficiency. Diseases associated with severe immunodeficiency are known as 'opportunistic infections', because they take advantage of a weakened immune system.

2 What is AIDS?

AIDS stands for 'acquired immunodeficiency syndrome' and describes the collection of symptoms and infections associated with acquired deficiency of the

immune system. Infection with HIV has been established as the underlying cause of AIDS. The level of HIV in the body and the appearance of certain infections are used as indicators that HIV infection has progressed to AIDS *(see Question 4)* .

3 What are the symptoms of HIV?

Most people infected with HIV do not know that they have become infected, because no symptoms develop immediately after the initial infection. Some people have a glandular fever-like illness (with fever, rash, joint pains and enlarged lymph nodes), which can occur at the time of seroconversion. Seroconversion refers to the development of antibodies to HIV and usually takes place between 6 weeks and 3 months after an infection has occurred *(see Question 32).*

Despite the fact that HIV infection does not cause any initial symptoms, an HIV-infected person is highly infectious and can transmit the virus to another person *(see Question 7).* The only way to determine whether HIV is present in a person's body is by taking an HIV test *(see Question 31).*

HIV infection causes a gradual depletion and weakening of the immune system. This results in an increased susceptibility of the body to infections and can lead to the development of AIDS *(see Question 2 and Question 4).*

4 When does a person have AIDS?

The term AIDS applies to the most advanced stages of HIV infection.

The majority of people infected with HIV, if not treated, develop signs of AIDS within 8-10 years. AIDS is identified on the basis of certain infections, grouped by the World Health Organization:

- **Stage 1** HIV disease is asymptomatic and not categorized as AIDS
- **Stage II** (includes minor mucocutaneous manifestations and recurrent upper respiratory tract infections)
- **Stage III** (includes unexplained chronic diarrhoea for longer than a month, severe bacterial infections and pulmonary tuberculosis) or
- **Stage IV** (includes Toxoplasmosis of the brain, Candidiasis of the oesophagus, trachea, bronchi or lungs and Kaposi's Sarcoma) HIV disease are used as indicators of AIDS.

Most of these conditions are opportunistic infections that can be treated easily in healthy people.

Find further details: WHO staging system for HIV infection and disease in adults and adolescents.

In addition, the Centers for Disease Control and Prevention (CDC) defines AIDS on the basis of a CD4 positive T cell count of less than 200 per mm3 of blood (See Acquired Immunodeficiency syndrome (AIDS): Case definition).

CD4 positive T cells are critical in mounting an effective immune response to infections.

WHO's recommendations for the start of antiretroviral (ARV) therapy are based on the above-mentioned definitions. WHO recommends that HIV-infected adolescents and adults with these infections and/or a T cell count of 200 per mm3

start antiretroviral therapy *(see Question 25).*

5 How quickly do people infected with HIV develop AIDS?

The length of time can vary widely between individuals. With a healthy lifestyle, the time between infection with HIV and becoming ill with AIDS can be 10–15 years, sometimes longer. Antiretroviral therapy can slow down the progression of AIDS by decreasing viral load in an infected body *(see Question 26).*

Questions

6 Where is HIV found?

7 How can HIV be transmitted?

8 What is the risk of getting HIV from kissing or deep kissing?

9 What is the risk of getting HIV through body piercing or from a tattoo?

10 What is the risk of getting HIV from sharing razors with an infected person?

11 Is it safe to have sex with an HIV-positive person?

12 Is it safe for two infected individuals to engage in unprotected sex exclusively with each other?

Answers

6 Where is HIV found?

HIV can be found in body fluids such as blood, semen, vaginal fluids and breast milk.

7 How can HIV be transmitted?

HIV is transmitted through penetrative (anal or vaginal) and oral sex; blood transfusion; the sharing of contaminated needles in health care settings and through drug injection; and, between mother and infant, during pregnancy, childbirth and breastfeeding.

Sexual transmission

HIV can be transmitted through unprotected penetrative sex. It is difficult to calculate the odds of becoming infected through sexual intercourse, however it is known that the risk of infection through vaginal sex is high. Transmission through anal sex has been reported to be 10 times higher than by vaginal sex. A person with an untreated sexually transmitted infection (STI), particularly involving ulcers or discharge, is, on average, 6-10 times more likely to pass on or acquire HIV during sex.

Oral sex is regarded as a low-risk sexual activity in terms of HIV transmission. Risk can increase if there are cuts or sores around or in the mouth and if ejaculation occurs in the mouth.

Transmission through sharing of needles and syringes

Re-using or sharing needles or syringes represents a highly efficient way of transmitting HIV. The risk of transmission can be lowered substantially among injecting drug users by using new needles and syringes that are disposable or by

properly sterilizing reusable needles/syringes before reuse *(see Question 19)* . Transmission in a health-care setting can be lowered by health-care workers adhering to Universal Precautions *(see Question 21)* .

Mother-to-child transmission (MTCT)

HIV can be transmitted to an infant during pregnancy, labour, delivery and breastfeeding. Generally, there is a 15–30% risk of transmission from mother to child before and during delivery. A number of factors influence the risk of infection, particularly the viral load of the mother at birth (the higher the load, the higher the risk). Transmission from mother to child after birth can also occur through breastfeeding (see *Question 20)* .

Transmission through blood transfusion

There is a high risk (greater than 90%) of acquiring HIV through transfusion of infected blood and blood products. However, the implementation of blood safety standards ensures the provision of safe, adequate and good-quality blood and blood products for all patients requiring transfusion. Blood safety includes screening of all donated blood for HIV and other blood-borne pathogens, as well as appropriate donor selection.

8 What is the risk of getting HIV from kissing or deep kissing?

Transmission through kissing on the mouth carries a very low risk, and no evidence has been found that the virus is spread through saliva by kissing.

9 What is the risk of getting HIV through body piercing or from a tattoo?

A risk of HIV transmission does exist if contaminated instruments are either not sterilized or are shared with others. Instruments that are intended to penetrate the skin should be used once, then disposed of or thoroughly cleaned and sterilized.

10 What is the risk of getting HIV from sharing razors with an infected person?

Any kind of cut using an unsterilized object, such as a razor or knife, can transmit HIV. Sharing razors is not advisable, unless they are fully sterilized after each use.

11 Is it safe to have sex with an HIV-positive person?

There is always a risk of transmission when having sex with a HIV-positive person. The risk can be significantly reduced if condoms are properly and consistently used (see *Question 16 and Question 18)* .

12 Is it safe for two infected individuals to engage in unprotected sex exclusively with each other?

No, it is not safe for two HIV-infected individuals to have unprotected sex with each other as re-infection with other types of HIV and the transmission of other sexually transmitted infections (STIs) can occur. Use of condoms is advised even when both partners are infected.

Questions

Answers

13 How can HIV infection be prevented?

Sexual transmission of HIV can be prevented by:

- abstinence
- monogamous relations between uninfected partners
- non-penetrative sex
- consistent and correct use of male or female condoms

Additional ways of avoiding infection:

- If you are an injecting drug user, always use new needles and syringes that are disposable or those that are properly sterilized before reuse *(see Question 19)*
- Ensure that blood and blood products are tested for HIV and that blood safety standards are implemented.
- See *Question 19* , *Question 20* and *Question 21*

14 What is 'safer' sex?

No sexual act is 100% safe.

Safer sex involves taking precautions that decrease the potential of transmitting or acquiring sexually transmitted infections (STIs), including HIV, while having sex. Using condoms correctly and consistently during sex is considered safer sex.

15 How effective are condoms in preventing HIV?

Quality-assured condoms are the only products currently available to protect against sexual infection by HIV and other sexually transmitted infections (STIs). When used properly, condoms are a proven and effective means of preventing HIV infection in women and men.

However, no protective method is 100% effective, and condom use cannot guarantee absolute protection against any STI. In order to achieve the protective effect of condoms, they must be used correctly and consistently. Incorrect use can lead to condom slippage or breakage, thus diminishing their protective effect.

16 How do you use a male condom?

- Condoms with lubrication are less likely to tear during handling or use. Oil-based lubricants, such as Vaseline, should not be used, as they can damage the condom.

- Only open the package containing the condom when you are ready to use it. Otherwise, the condom will dry out. Be careful not to tear or damage the condom when you open the package. If it does get torn, throw it away and open a new package.
- Condoms come rolled up into a flat circle. Place the rolled-up condom, right side up, on the end of the penis. Hold the tip of the condom between your thumb and first finger to squeeze the air out of the tip. This leaves room for the semen to collect after ejaculation. Keep holding the top of the condom with one hand. With the other hand, unroll the condom all the way down the length of the erect penis to the pubic hair. If the man is uncircumcized, he should first pull back the foreskin before unrolling the condom.
- If the condom is not lubricated enough, a water-based lubricant (such as silicone, glycerin, or K-Y jelly) can be added. Even saliva works well for this. Lubricants made from oil—cooking oil or shortening, mineral or baby oil, petroleum jellies such as Vaseline, and most lotions—should never be used because they can damage the condom.

After sex, the condom needs to be removed the right way.

- Right after the man ejaculates ('cums'), he must hold onto the condom at the base, to be sure the condom does not slip off.
- Then, the man must pull out while the penis is still erect.
- When the penis is completely withdrawn, remove the condom from the penis and throw away the condom. Do not flush it down the toilet.

If you are going to have sex again, use a new condom and repeat the whole process.

17 What is a female condom?

The female condom is the first and only female-controlled contraceptive barrier method. The female condom is a strong, soft, transparent polyurethane sheath inserted in the vagina before sexual intercourse. It entirely lines the vagina and, therefore, with correct and consistent use, provides protection against both pregnancy and STIs. The female condom has no known side-effects or risks and does not require a prescription or the intervention of a health-care provider.

18 How do you use a female condom?

- Carefully remove the condom from its protective pouch. Add extra lubricant, if desired, to the inner and outer rings of the condom.
- To insert the condom, squat down, sit with your knees apart, or stand with one foot on a stool or low chair. Hold the condom with the open end hanging down. While holding the top ring of the pouch (the closed end of the condom) squeeze the ring between your thumb and middle finger.
- Now place your index finger between your thumb and middle fingers. With your fingers in this position, keep the top of the condom squeezed in a flat oval. Use your other hand to spread the lips of your vagina and insert the closed end of the pouch.
- Once you have inserted the closed end of the pouch, use your index finger to push the pouch the rest of the way up into your vagina. Check to be certain that the top of the pouch is up past your pubic bone, which you can feel by curving your index finger upwards once it is a few inches inside your vagina. You can insert the pouch up to eight hours before your have intercourse.
- Make sure that the condom is not twisted inside your vagina. If it is, remove it, add a drop or two of lubricant, and re-insert. Note: About one inch of the open end of the condom will remain outside your body. If your partner inserts his penis underneath or alongside the pouch, ask him to withdraw immediately. Remove the condom, discard it, and use a new pouch. Until you

and your partner become familiar with the female condom, it will be helpful if you use your hand to guide his penis into your vagina.

- After your partner ejaculates and withdraws, squeeze and twist the open end of the pouch to keep the sperm inside. Pull out gently. Dispose of the used condom (but do not throw it down the toilet).
- The re-use of female condoms is not recommended.

See also: WHO: Explaining the female condom to potential users

19 How can injecting drug users reduce their risk of contracting HIV?

For injecting drug users, certain steps can be taken to reduce personal and public health risks:

- Take drugs orally (changing from injecting to non-injecting drug use).
- Never re-use or share syringes, water or drug-preparation equipment.
- Use a new syringe (obtained from a reliable source, e.g. a chemist or via a needle-exchange programme) to prepare and inject drugs each time.
- When preparing drugs, use sterile water or clean water from a reliable source.
- Using a fresh alcohol swab, clean the injection site prior to injection.

20 How can mother-to-child transmission (MTCT) be prevented?

Transmission of HIV from an infected mother can occur during pregnancy, during labour or after delivery through breastfeeding. In the absence of any intervention, an estimated 15–30% of mothers with HIV infection will transmit the infection during pregnancy and delivery. Breastfeeding increases the risk of transmission by 10–15%. This risk depends on clinical factors and may vary according to the pattern and duration of breastfeeding.

Mother-to-child transmission can be reduced by the following:

Treatments

It is clear that short-term antiretroviral preventative treatment is an effective and feasible method of preventing mother-to-child transmission of HIV. When combined with infant-feeding counselling and support, and the use of safer infant-feeding methods, it can halve the risk of infant infection. ARV regimens are mainly based on the use of nevirapine or zidovudine. Nevirapine is administered in one dose to the mother at delivery, and in one dose to the child within 72 hours of birth. Zidovudine has been shown to decrease the risk of transmission when administered to the mother during the last six months of pregnancy and intravenously during labour and to the baby for six weeks after birth. Even if zidovudine is administered later in pregnancy, or around the time of delivery, the risk of transmission can be halved. Overall, the efficacy of the various drug regimens is diminished if babies continue to be exposed to HIV through breastfeeding.

Antiretroviral drugs should only be taken under medical supervision.

Caesarian section

A Caesarian section is a surgical procedure whereby the baby is delivered through an incision in the mother's abdominal wall and uterus. Of the babies who are infected through mother-to-child transmission, it is believed that about two-thirds are infected during pregnancy and around the time of delivery. Vaginal deliveries

are more likely to increase the risk of mother-to-child transmission, while elective Caesarian sections have been shown to reduce the risk. However, the potential benefits have to be balanced against the risk to the mother.

Avoiding breastfeeding

The risk of transmission from mother to child is increased when the child is breastfed. Although breast milk is considered the best nutrition for a child, it is recommended that HIV-positive mothers replace breast milk with infant formula to reduce the risk of transmission to the child. However, this is advisable only if it covers the child's nutritional requirements, if it can be prepared under hygienic conditions and if it is affordable for the families.

WHO makes the following recommendations:

• When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoiding breastfeeding by HIV-infected mothers is recommended.

Otherwise, exclusive breastfeeding is recommended during the first months of life and should be discontinued as soon as possible.

21 **What procedures should health-care workers follow to prevent transmission in health-care settings?**

Health-care workers should follow Universal Precautions. Universal Precautions are infection-control guidelines, developed to protect health workers and their patients from exposure to diseases spread by blood and certain body fluids.

Universal Precautions include:

- careful handling and disposal of 'sharps'(items that could cause cuts or puncture wounds, including needles, hypodermic needles, scalpel and other blades, knives, infusion sets, saws, broken glass, and nails)
- hand-washing with soap and water before and after all procedures;
- use of protective barriers such as gloves, gowns, aprons, masks and goggles when in direct contact with blood and other body fluids;
- safe disposal of waste contaminated with blood or body fluids;
- proper disinfection of instruments and other contaminated equipment; and
- proper handling of soiled linen.

In addition, it is recommended that all health-care workers take precautions to prevent injuries caused by needles, scalpels and other sharp instruments or devices. In accordance with universal precautions, blood and body fluids from all persons are considered as infected with HIV, regardless of the known or supposed status of the person.

For more information, see: WHO: Universal Precautions, Including Injection Safety

22 **What should you do if you think you have exposed yourself to HIV?**

If you think you've been exposed to HIV, you should get counselling and testing for HIV *(see Question 31)* . Precautions should be taken to prevent to spread of HIV to others, in case you are infected with HIV *(see Question 13).*

Questions

23 Is there a cure for HIV/AIDS?

Answers

23 Is there a cure for HIV/AIDS?

No, there is no cure for HIV/AIDS. Progression of the disease can be slowed down but cannot be stopped completely. The right combination of antiretroviral drugs can slow down the damage that HIV causes to the immune system and delay the onset of AIDS.

24 What sort of care and treatment is available?

Treatment and care consist of a number of different elements, including voluntary counselling and testing (VCT), support for the prevention of onward transmission of HIV, follow-up counselling, advice on food and nutrition, treatment of STIs, management of nutritional effects, prevention and treatment of opportunistic infections (OIs), and the provision of antiretroviral drugs.

25 What are antiretroviral drugs?

Antiretroviral drugs are used in the treatment of HIV infection. They work against HIV infection itself by slowing down the reproduction of HIV in the body *(see Question 4).*

26 How do antiretroviral drugs work?

Inside an infected cell, HIV produces new copies of itself, which can then go on to infect other healthy cells within the body. The more cells HIV infects, the greater its impact on the immune system (immunodeficiency). Antiretroviral drugs slow down the replication and, therefore, the spread of the virus within the body, by interfering with its replication process in different ways.

Nucleoside Reverse Transcriptase Inhibitors:

HIV needs an enzyme called reverse transcriptase to generate new copies of itself. This group of drugs inhibits reverse transcriptase by preventing the process that replicates the virus's genetic material.

Non-Nucleoside Reverse Transcriptase Inhibitors:

This group of drugs also interferes with the replication of HIV by binding to the reverse transcriptase enzyme itself. This prevents the enzyme from working and stops the production of new virus particles in the infected cells.

Protease Inhibitors: Protease is a digestive enzyme that is needed in the replication of HIV to generate new virus particles. It breaks down proteins and enzymes in the infected cells, which can then go on to infect other cells. The

protease inhibitors prevent this breakdown of proteins and therefore slow down the production of new virus particles.
Other drugs that inhibit other stages in the virus's cycle (such as entry of the virus and fusion with an uninfected cell) are currently being tested in clinical trials.

27 Are antiretroviral drugs effective?

The use of ARVs in combinations of three or more drugs has been shown to dramatically reduce AIDS-related illness and death. While not a cure for AIDS, combination ARV therapy has enabled HIV-positive people to live longer, healthier, more productive lives by reducing viraemia (the amount of HIV in the blood) and increasing the number of CD4+ cells (white blood cells that are central to the effective functioning of the immune system).
For antiretroviral treatment to be effective for a long time, different antiretroviral drugs need to be combined. This is what is known as combination therapy. The term 'Highly Active Anti-Retroviral Therapy' (HAART) is used to describe a combination of three or more anti-HIV drugs.
If one drug is taken on its own, it has been found that, over a period of time, changes in the virus enable it to build up resistance to the drug. The drug is then no longer effective and the virus starts to reproduce to the same extent as before. If two or more antiretroviral drugs are taken together, the rate at which resistance develops can be reduced substantially. Usually, the combination consists of two drugs that inhibit the reverse transcriptase enzyme and one protease inhibitor *(see Question 26).*
Antiretroviral drugs should only be taken under medical supervision.

28 What is the current status of ARV treatment?

In developing countries, only about 15% of those in need are receiving anti-retrovirals, while there is near universal access in high-income countries. Until recently, the high cost of the medicines, inadequate health care infrastructure and lack of financing has prevented wide use of combination ARV treatment in low- and middle-income countries, however, increased political and financial commitment in recent years, stimulated by people living with HIV, civil society and other partners has, has enabled a dramatic expansion of access to HIV therapy.
In 2002, 12 ARV medicines were included in the WHO Model List of Essential Medicines. These additions to the list were made after careful analysis of evidence of ARV efficacy in developing countries, which shows that these medicines can be used effectively and safely in these settings. (The model List is available at http://www.who.int/medicines/publications/essentialmedicines/en/)

29 What kind of care is available when ARVs are not accessible?

Other elements of care can help maintain a high quality of life when ARVs are not available. These include adequate nutrition, counselling, prevention and treatment of opportunistic infections *(see Question 24),* and generally staying healthy *(see Question 36).*

30 What is PEP?

Post-exposure preventive (PEP) treatment consists of medication, laboratory tests and counselling. PEP treatment must be initiated within hours of possible HIV exposure and must continue for a period of approximately four weeks. **PEP treatment has not been proven to prevent the transmission of HIV.** However, research studies suggest that, if the medication is initiated quickly after possible HIV exposure (ideally within two hours and not later than 72 hours following such exposure), it may be beneficial in preventing HIV infection.
For more information, see WHO: Post Exposure Prophylaxis.

Questions

Answers

31 What is an HIV test?

An HIV test is a test that reveals whether HIV is present in the body. Commonly-used HIV tests detect the antibodies produced by the immune system in response to HIV, as they are much easier (and cheaper) to detect than the virus itself.
Antibodies are produced by the immune system in response to an infection.
For most people, it takes three months for these antibodies to develop. In rare cases, it can take up to six months.

32 How long after possible exposure should I wait to be tested for HIV?

Generally, it is recommended that you wait three months after possible exposure before being tested for HIV. Although HIV antibody tests are very sensitive, there is a 'window period' of 3 to 12 weeks, which is the period between infection with HIV and the appearance of detectable antibodies to the virus. In the case of the most sensitive anti-HIV tests currently recommended, the window period is about three weeks. This period may be longer if less sensitive tests are used.
During the window period, people infected with HIV have no antibodies in their blood that can be detected by an HIV test. However, the person may already have high levels of HIV in their body fluids such as blood, semen, vaginal fluids and breast milk. HIV can be passed on to another person during the window period even though an HIV test may not show that you are infected with HIV.

33 Why should I get an HIV test?

Knowing your HIV status has two vital benefits. Firstly, if you are HIV-infected, you can take necessary steps before symptoms appear, thereby potentially prolonging your life for many years *(see Question 36).* Secondly, if you know you are infected, you can take all the necessary precautions to prevent the spread of HIV to others *(see Question 13)* .

34 Where can I get tested?

There are many places where you can be tested for HIV: in the offices of a private doctor, a local health department, hospitals, family planning clinics and sites specifically set up for HIV testing. Always try to find testing at a place where counselling is provided about HIV/AIDS.

35 Are my test results confidential?

All people taking an HIV test must give informed consent prior to being tested. The results of the test must be kept absolutely confidential.

There are different types of testing available:

Confidential HIV test: the medical professionals handling the HIV test keep the result of the test confidential within the medical records. Results cannot be shared with another individual unless written permission is provided by the person tested.

Anonymous HIV test: the tested person's name is not used in connection with the test. Instead, a code or number is assigned to the test, which allows the individual being tested to receive the results of the test. No records are kept that would link the person to the test.

Shared confidentiality is encouraged and refers to confidentiality that is shared with others that might include family members, loved ones, caregivers, and trusted friends. However, care should be taken when revealing the results as it can lead to discrimination in healthcare, professional and social settings. Shared confidentiality is therefore at the discretion of the person who will be tested.

Although the result of the HIV test should be kept confidential, other professionals such as counsellors and health and social service workers might also need to be aware of the person's HIV-positive status in order to provide appropriate care.

36 What do I do if I have HIV?

Thanks to new treatments, many people with HIV are living longer, healthier lives. It is very important to make sure you have a doctor who knows how to treat HIV. A health-care professional or trained HIV counsellor can provide counselling and help you to find an appropriate doctor.

In addition, you can do the following to stay healthy:

- Follow your doctor's instructions. Keep your appointments. If you doctor prescribes medicine for you, take it exactly as prescribed.
- Get immunizations (shots) to prevent infections such as pneumonia and flu (after consultation with your physician).

- If you smoke or if you use drugs not prescribed by your doctor, quit.
- Eat healthy foods.
- Exercise regularly to stay strong and fit.
- Get enough sleep and rest.

37 What does it mean if I test negative for HIV?

A negative test result means that no HIV antibodies were found in your blood at the time of testing. If you are negative, make sure you stay that way: learn the facts about HIV transmission and avoid engaging in unsafe behaviour.

However, there is still a possibility of being infected, since it can take up to three months for your immune system to produce enough antibodies to show infection in a blood test. It is advisable to be retested at a later date, and to take appropriate precautions in the meantime. During the window period, a person is highly infectious, and should therefore take measures to prevent any possible transmission.

Questions

38 Are mosquito bites a risk of infection with HIV?

39 Should I be concerned about being infected with HIV while playing sport?

40 Can I get HIV from casual contact (shaking hands, hugging, using a toilet, drinking from the same glass as someone who is HIV-infected, or being close to an infected person who is sneezing or coughing)?

41 Does HIV only affect homosexuals and drug users?

42 Can you tell someone has HIV just by looking at them?

43 Can I have more than one sexually transmitted infection at a time?

44 When you are on antiretroviral therapy, can you transmit the virus to others?

Answers

38 Are mosquito bites a risk of infection with HIV?

HIV is not spread by mosquitoes or other biting insects. Even if the virus enters a mosquito or another sucking or biting insect, it cannot reproduce in insects. Since the insect cannot be infected with HIV, it cannot transmit HIV to the next human it feeds on or bites.

39 Should I be concerned about being infected with HIV while playing sport?

There is no evidence that HIV can be transmitted while playing a sport.

40 Can I get HIV from casual contact (shaking hands, hugging, using a toilet, drinking from the same glass as someone who is HIV-infected, or being close to an infected person who is sneezing or coughing)?

HIV is not transmitted by day-to-day contact in social settings, schools or in the workplace. You cannot be infected by shaking someone's hand, by hugging someone, by using the same toilet or drinking from the same glass as an HIV-

infected person, or by being exposed to coughing or sneezing by an infected person *(see Question 7).*

41 Does HIV only affect homosexuals and drug users?

No. Anyone who has unprotected sex, shares injecting equipment, or has a transfusion with contaminated blood can become infected with HIV. Infants can be infected with HIV from their mothers during pregnancy, during labour or after delivery through breastfeeding.

Ninety per cent of HIV cases are the result of sexual transmission and 60–70% of HIV cases occur among heterosexuals.

42 Can you tell someone has HIV just by looking at them?

You cannot tell if someone has HIV or AIDS by just looking at them. A person infected with HIV may look healthy and feel good, but they can still pass the virus to you. A blood test is the only way a person can find out if he or she is infected with HIV.

43 Can I have more than one sexually transmitted infection at a time?

Yes, you can have more than one sexually transmitted infection (STI) at the same time. Each infection requires its own treatment. You cannot become immune to STIs. You can catch the same infection over and over again. Many men and women do not see or feel any early symptoms when they first become infected with an STI, however, they can still infect their sexual partner.

44 When you are on antiretroviral therapy, can you transmit the virus to others?

Antiretroviral therapy does not prevent an infected person from passing on the virus to others. Therapy can keep viral load down to undetectable levels, but HIV is still present in the body and can be transmitted to others through sexual contact, by sharing injecting equipment, or by mothers breastfeeding their infants *(see Question 26 and Question 27)* .