HIV/AIDS has been visible in the United States for more than 20 years now. Although there are differences between HIV and AIDS, they are related, as you can’t have AIDS without first having acquired HIV (the virus that leads to AIDS).

Through this brief overview, you will learn what HIV and AIDS are, and what exposures and risky behaviors can potentially lead to acquiring the virus. We will also briefly discuss how to find out if you are at risk, testing, and also what results from the test mean.

What is HIV?

HIV stands for Human Immunodeficiency Virus. AIDS stands for acquired immune deficiency syndrome. HIV is a virus that replicates in the body and can develop into AIDS. The virus can potentially live in the human body for years (sometimes 10 to 15 years) before it is noticed or develops into AIDS. Although symptoms are not present, the virus is still transmittable.

Myth: Only “high-risk” groups acquire HIV.

Fact: The virus does not discriminate and anyone who has any risk can acquire the virus. The behaviors in which a person engages is what transmits HIV.

Once you acquire HIV, there are many factors that play into a diagnosis of AIDS. The largest factor is your T-cell count. The majority of the population has over 1200 T-cells in their body; these are cells that fight off infections. Once these T-cells drop below 200, then you are diagnosed with AIDS. You can gain T-cells even after this diagnosis, but when T-cells are low, your immune system is less able to fight off diseases and infections, so you are more prone to other infections and viruses.

Once you have the diagnosis of AIDS then you will always have that diagnosis. People living with AIDS do not die from AIDS. Because of new technologies and medications, people living with HIV/AIDS are living much longer than previous years. But, if they do die, they are dying from opportunistic infections, heart disease, or natural causes.

How is HIV transmitted?

HIV is transmitted through four bodily fluids including: blood, semen, vaginal secretions, and breast milk. Therefore, it can be acquired by:

1. Having sex with someone who is HIV infected and not using a barrier (i.e. condom, oral dam, etc.). Vaginal, anal, and oral sex are routes of transmission for HIV.
2. Sharing the same needle with someone who is HIV infected.
4. Being born to a mother who is infected with HIV or through the mother’s breast milk.

HIV is not the only infection/disease that can be acquired through sexual activity. Other sexually transmitted infections (STIs) include: Chlamydia, gonorrhea, syphilis, herpes, HPV, etc. If you have one STI, then there is an increased chance of acquiring other STIs, like HIV.

Sharing needles (with drugs, tattoos, steroids, piercings, etc.) with an HIV positive individual is considered a high risk activity. HIV from an infected person can remain in a needle or syringe and can be directly injected into the body of the next person who uses it.

Transmission through blood transfusions is very rare as blood donors are screened before they donate, and blood products are tested before they are used. Donating blood has never been a risk for acquiring HIV because the needles are only used once and are thrown away.
Am I at risk?

The following are known risk factors for acquiring HIV. If you answer yes to any of these questions, it is recommended that you seek counseling and testing. You may be at an increased risk of infection if any of the following apply to you since 1978.

- Have you injected drugs or steroids or shared equipment (such as needles, syringes, cotton, water) with others?
- Have you had unprotected vaginal, anal, or oral sex with men who have sex with men, multiple partners (more than one), or anonymous partners?
- Have you exchanged sex for drugs or money?
- Have you been diagnosed with or treated for hepatitis, tuberculosis (TB), or a sexually transmitted infection (STI), like syphilis, herpes, chlamydia, etc.?
- Did you receive a blood transfusion or clotting factor between 1978 and 1985?
- Have you had unprotected sex with someone who would/could answer yes to any of the above questions?

If you have had sex with someone whose history of risk-taking behavior is unknown to you or if you or they may have had multiple sex partners, then you have increased the chances that you might be HIV infected.

Can I prevent acquiring HIV?

Yes. Abstinence is the only way to prevent HIV. Abstaining from sharing needles, as well as from sexual activity where there is an exchange of fluids (including oral, anal, and vaginal sex) eliminates your risk.

How can I reduce my risk of acquiring HIV?

For some people abstinence may not be realistic. Therefore, there are many ways you can reduce your risk of acquiring HIV if you choose to have sex or use needles.

1. Know your partner(s) sexual history. Ask questions … “how many partners have they had?”; “did they use a barrier each and every time consistently and correctly?”; “did they know their partners’ sexual history?”; etc.
2. Know the testing history of your partner(s). Ask questions … “have they been tested for HIV?”; if so, “when?”; “have they been tested for other STIs?”, if so, “when?” If their last HIV antibody test was two years ago, then it’s not a very accurate measurement of their status.
3. Know your own status … get tested for HIV antibodies and other STIs.

4. Be in a mutually monogamous relationship. Only have sex with one person who is only having sex with you.
5. If monogamy isn’t realistic for you, then limit the number of sexual partners you have. The more partners you have, the greater your chances are of acquiring an STI, including HIV.
6. Use a barrier each and every time you engage in sex (oral, anal, or vaginal sex). Follow package directions when using any of the following.
   a. Condoms (latex or polyurethane) can be used for vaginal sex and oral sex on a male. There are male and female condoms and either can be used to reduce the risk of most STIs, including HIV.
   b. Oral/dental dams can be used to reduce the risk of acquiring STIs through oral sex on the vagina or anus.
   c. Finger cots or latex gloves can be used to reduce the risk of STIs through fingering/digital sex as well as fisting.

Note: Use of a spermicide/nonoxynol 9/N-9 will actually INCREASE your risk of acquiring a STI, especially ones like HIV, through sexual activity. Therefore, spermicides are NOT recommended to use during sexual activity as a strategy to avoid getting HIV or STIs.
7. If you choose to use injection drugs, cleaning the needles with a mixture of bleach and warm water after every injection can reduce the risk.

How can I get tested?

First, it is important to understand that there is a “window period” in which it’s recommended to get tested. This window period is 3 to 6 months after a potential exposure. This 3 to 6 month window period is due to the fact that the tests look for antibodies to the virus (not the virus itself) and it takes approximately 3 to 6 months for HIV antibodies to develop in the body. Therefore, if you had sex this past weekend and are worried about acquiring HIV and you get tested this week, the test would not pick up on a potential infection for the past weekend, but would find antibodies from potential exposures that happened 3 to 6 months ago.

Testing is fairly accessible to the entire population. Most local health departments offer testing and typically have them scheduled in advance whether it’s weekly, monthly, quarterly, etc. Other options are local Planned Parenthoods, college/university, local AIDS Task Forces (i.e. Columbus, Cleveland, Cincinnati, etc.), as well as local community organizations that may offer testing through their establishment.
Most testing sites offer the test for free and you can choose whether you would like it to be an anonymous or confidential test. If it’s anonymous, they won’t take your name or any identifying information; if it’s a confidential test, then you would give your name and other identifying information.

There are a number of tests available, with the most popular being the rapid test. The rapid test can entail a finger prick, blood draw, or gum cell (oral) draw. Results are available within 10 to 40 minutes with this type of test. (There are test where results can take up to a week to receive. These results would be conclusive rather than “preliminary.”) The rapid test can lead to three different results, which are preliminary positive, negative, or indeterminate. If it’s a preliminary positive, it’s highly recommended that you get a confirmatory test as it may not be a conclusive result. A negative result means it’s negative with the exception of the “window period.” An indeterminate result means the test may have been invalid, but it doesn’t mean its preliminary positive or negative—re-testing would be recommended.

What can I do now?

Continue to learn about HIV/AIDS. Continue to talk about HIV/AIDS to your family, friends, partners, etc. Develop a plan on how you want to eliminate or reduce your risk of HIV. Do you want to abstain? Use a barrier every time? Do you know how to use a barrier?

It’s a personal decision and it’s important that your decision is in line with your personal morals and values.

Continue to spread facts about HIV/AIDS and not myths as they can cause people to unknowingly put themselves at risk of infection. Myths can also lead to the unfair treatment of various populations and it’s important to make sure these prejudices and unfair treatment does not continue. You can now speak out about HIV/AIDS, myths, and prejudice as well as spread the truth about the virus.

If someone chooses to disclose to you that they are living with HIV or AIDS, show them compassion and friendship without fear of infection with everyday contact. You will not acquire HIV from general contact with a person (i.e. sharing a drink, hugging, kissing, holding hands, etc.).

For more information

National AIDS Hotline 1-800-342-AIDS (English);
1-800-344-SIDA (Spanish)
Ohio AIDS Hotline 1-800-332-AIDS