Frequently Asked Questions(FAQ) About HIV/AIDS

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What is the difference between HIV and AIDS?

HIV is the virus that causes AIDS. Most people who have HIV have no symptoms at all, but can still give the virus to other people. On average, it can take ten years for someone who has HIV to develop AIDS. AIDS is a serious condition in which the body's ability to resist getting sick is seriously weakened. Once a person develops AIDS, mild diseases like colds and flu can lead to death. A person with AIDS is also very likely to get other, less common diseases like tuberculosis that most healthy people don't get very easily.

Can I become infected with HIV by shaking hands with, kissing, eating the same food as, or being sneezed or coughed on by someone who has HIV? Can I get HIV from a toilet seat? Or by being bitten by an infected mosquito? Or from a swimming pool?

No. This is because HIV is not an airborne, water-borne or food-borne virus. HIV can be passed from one person to another only when people exchange blood or sexual fluids (like semen or vaginal secretions). HIV cannot survive for very long outside of the human body. So you can't get HIV by having ordinary social contact with an infected person.

How does a person get HIV?

These are the main ways in which someone can become infected with HIV:

Having vaginal or anal sex without a condom with someone who is infected.

Having contact with the blood of someone who has HIV. This could be having a blood transfusion from someone who is infected with HIV

From a mother who has HIV to her baby: HIV can pass to the baby during pregnancy, during the birth of the baby, or through breast-feeding. Only about one in three babies born to HIV-positive mothers get HIV.

Receiving an injection from an unsterilized needle that was previously used by someone with HIV.

If I think I might have been exposed to HIV, can I find out if I have HIV by getting tested right away?

No. Infection with HIV has no specific symptoms. The only way you can find out if you are infected with HIV is by having an HIV test, a test that looks for antibodies to HIV in your blood. Antibodies are made by your body to try to fight infection. But usually, it takes about 3 months after HIV infection for people to develop antibodies to HIV.

Getting an HIV test before the 3-month period is up can result in an unclear test result, because an infected person may not yet have developed antibodies to HIV. It is best to wait at least three months after the last time you could have been exposed to HIV (i.e., having sex without a condom or having an injection from a needle that could have been contaminated) before taking the test. Even if your test is

negative after 3 months, some test centers may recommend testing again at 6 months, just to be extra sure.

It is also important that you take precautions not to further expose yourself to HIV if you have been exposed and are waiting to have the HIV test. If you are sexually active, you should use a condom every time you have sex, and you should be careful to avoid contact with other people's blood and needles that could be contaminated.

How long will the HIV test take?

HIV tests don't take very long. The test involves taking a small sample of blood, which is analyzed for the presence of HIV antibodies. Depending on the kind of test used by the center you go to, you can get your test result in a few hours or the next day.

I want to find out whether I could have HIV, but first, I want to be able to ask an expert questions about HIV and the HIV test. I'm also scared the test could be positive, and want to be able to talk through the results with someone who can help me understand what they mean. What should I do?

You may want to consider voluntary counseling and testing (VCT). VCT is a process of receiving counseling before and after an HIV test to help you prepare for the test and help you understand your test results. A trained counselor who knows about HIV and AIDS, and understands the stress you might be feeling about not knowing whether you are infected with HIV. The counselor can also help you understand your test results. If your test is negative, the counselor can help you decide ways to reduce your risk of

becoming infected with HIV in the future. If your test is positive, the counselor can help you understand what being HIV-positive means, and help you learn ways to stay healthy for a long time. The counselor can also help you identify ways to avoid infecting other people with HIV, and sources of support for you. For a list of local VCT centers, click here

What do my HIV test results mean?

A positive result means:

You are HIV-positive, meaning the virus that eventually leads to AIDS was found in your body.

Being HIV-positive means that you could infect others with HIV if you have unprotected sex.

Finding out you are HIV-positive can be a traumatic experience. Many people worry about what their families, friends, and community will think. Talking to a counselor can help.

A positive result does NOT mean:

You have AIDS.

You will die soon. People who take good care of their bodies by eating nutritious food, maintaining good hygiene, and avoiding contact with those who are sick can live for many years with HIV. A negative result means:

No antibodies were found in your blood at this time.

A negative result does NOT mean:

You are not infected with HIV (if you could have been exposed to HIV at any time in the last 3-6 months).

You are immune to AIDS or will never get AIDS.

If I am an HIV-positive woman who is pregnant or thinking about it, are there things I need to know about how passing HIV infection to my baby?

Yes. A pregnant woman can pass HIV/AIDS to her baby while she is pregnant or during the birth of the baby. A mother can also pass HIV/AIDS on to her baby through breastfeeding (there are small amounts of HIV in the breast milk of HIV-infected women). About one out of three babies born to HIV-positive mothers in Ethiopia get HIV/AIDS in one of these ways.

If a woman is HIV-positive, there are several ways to reduce the likelihood she will pass the HIV infection on to her baby. A doctor might give her drugs such as zidovudine (AZT) and nevirapine (if they are available) to a pregnant woman with HIV/AIDS to decrease her chance of passing the infection to her baby. Good nutrition and antenatal care can also reduce this risk. An HIV-positive woman may wish to talk to a counselor or doctor about the advantages and disadvantages of breastfeeding her baby.

Testing pregnant women for HIV is not routine in Ethiopia . However, if a woman knows whether or not she is HIV-positive, she can make careful decisions to protect the health of her child if she is pregnant or plans to become pregnant.

Are mosquito bites a risk of infection with HIV?

Throughout recorded history, mosquitoes and other arthropods have been responsible for spreading many epidemics. Plague was spread by fleas, typhus by lice, and malaria by mosquito. For malaria and yellow fever, the respective parasites (a protozoan and a virus) multiply in the mosquito, and then concentrate in its salivary gland. When the mosquito takes its next blood meal, the parasites pass with its saliva into the victim's blood. No such model exists for AIDS. It should also be noted that mosquitoes suck blood; they do not inject blood from one person into another. Additional evidence that no animal intermediate is involved in HIV transmission comes from Africa. It is well known that African children play outside in mosquitoinfested areas. Children would constitute a large percentage of African AIDS cases if the disease were mosquito-borne. Statistics show, however, that children represent a relatively small percentage of Africans with AIDS. Many African children suffer from malaria, but comparatively few suffer from AIDS. Scientists have shown that HIV can remain active within mosquitoes for a period of several hours after they have been fed blood with a high concentration of the virus. This observation, however, does not support the notion that mosquitoes transmit HIV in nature because the virus neither multiplies within a mosquito nor concentrates at a point where it can leave the mosquito.