HIV and AIDS:

Responses to Frequently Asked Questions

Uganda AIDS Commission

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Question 1: What is the difference between HIV and AIDS?

AIDS stands for Acquired Immunodeficiency Syndrome

HIV stands for Human Immunodeficiency Virus

AIDS is the advanced stage of the disease caused by HIV. HIV attacks the body's immune system. Over time the immune system is weakened and an HIV-infected person can become sick with different illnesses also known as opportunistic infections. The HIV-positive person is then diagnosed with AIDS.

Question 2: Who can get HIV and how?

Anyone can get HIV. You are not protected from HIV because you are young, rich, educated, a woman, or living in a rural area etc.

You don't get HIV or AIDS because of who you are, or where you live. It is what you do.

The four main ways one can contract HIV and AIDS are:

1. Having unprotected sex (especially having vaginal or anal intercourse without a condom);
2. Sharing needles, drug injecting equipment or other sharp instruments where the process involves mixing of blood from an infected person
3. Receiving the virus as a baby: If a pregnant woman has HIV, her baby can get the virus during pregnancy, delivery or breast feeding.
4. Receiving unscreened blood or blood products, especially through transfusion of blood from an infected person.

You cannot get HIV from:

- Playing with people
- Hugging
- Sharing eating and drinking utensils
- Toilet seats or swimming pools
- Touching, shaking hands, hugging, kissing someone with HIV/AIDS
- Coughs, sneezes
- Giving blood
- Sharing eating utensils, water fountains
- Bites from mosquitoes, other insects, animals

You also can not get infected if you and your partner have tested and do not have HIV, and you have unprotected sex only with each other.

In Uganda, heterosexual activity accounts for more than 80% of HIV infections making sex the most predominant source of transmitting HIV.

Question 3: What does the HIV do once it enters our bodies?

The body immune system works in the whole body in the form of certain categories of white cells in the blood called the lymphocytes which patrol the body from lymphoid organs.

There are two main types of lymphocytes; the T and B lymphocytes. When a germ invades the body, it is recognized by the T4 lymphocytes, which signal the B lymphocytes to produce antibodies specific to the germ. These anti-bodies bind themselves to the germs and destroy them.

HIV weakens the immune system by directly attacking the T4 cells thereby cutting the communication to the B lymphocytes to produce the antibodies. This destruction of the immune system then exposes the body to infections like malaria, TB, cancer etc.

Question 4: Should I get tested for HIV and How?

The HIV test is a blood test that tells you whether or not you are HIV positive (infected with HIV). In Uganda HIV testing is voluntary. You should not be forced to take an HIV test. Everyone should be tested but especially if you, or your partner(s) have ever

- had sex without a condom – you can't tell if someone has HIV unless they've been tested.
- Had sex while under the influence of alcohol or drugs, you might not have used or do not remember using protection.
- Shared needles or syringes and other sharp piercing tools.
- Had tattooing, piercing, or acupuncture using un-sterilized equipment
- had a blood transfusion or other blood products with untested blood

Couples are also encouraged to seek counseling and testing together before marriage and before and during pregnancy

Question 5: Why get tested?

To find out your HIV status: If you are HIV positive you can:

- Get early treatment to stay healthy
- Get treatment to reduce the chances of your baby getting HIV if you are pregnant
- Take precautions to not give HIV to others.

If you are HIV negative you can:

- Experience less stress and anxiety because you will know your status
- Learn more about how to reduce your risk of becoming infected.

Some reasons why people fear to get tested

If you find out you are HIV positive you may:

- become upset or depressed and fail to have enough medical or social attention
- experience discrimination or abuse e.g. being dismissed from your job or abandoned by spouse

How am I tested?

A small amount of blood will be taken from your body. Depending on the process used, you can receive your results on the same day or go back for your results after some days

Where do I get tested?

Get tested at a health center, STD clinic or an AIDS Information Centre branch in your area. Testing is done anonymously - allows you to be tested without telling anyone your name or results.

Counselling and testing services in Uganda are widely available from both government and faith-based and private health facilities. Some programmes have mobile outreach services, others are conducting home-based services while health facilities carry out routine testing

When do I test?

HIV antibodies do not appear in your blood until 3 to 6 months after infection. It is therefore advisable to seek for a repeat test after 3 months if you test negative for HIV the first time. Everyone in Uganda is encouraged to test to establish their status more especially if one is planning to get married , to get pregnant or to start a long term sexual relationship.

Whether you think you are infected or not, practice safe sex (using a condom) whenever you do not know the sero-status of your partner

How do you get HIV? (or not get HIV?)

HIV infection is passed mainly through semen, vaginal fluids, breast milk and blood.

The main risks are having unprotected sex with someone infected and sharing sharp piercing objects like needles, circumcision knives etc. You CAN get infected if you:

- have vaginal or anal intercourse without a condom and this is a very high risk.
- have oral sex without protection during which semen or vaginal fluid or menstrual blood enters open cuts or sores in your mouth, it may be considered a lower risk.
- unsterilised needles for tattooing, skin piercing or acupuncture

- Sex toys, razors or toothbrushes

Other ways one can get infected are:

- during pregnancy, at birth or through breast feeding – if the mother is HIV positive the virus may be passed to the baby (see Question "Does HIV get passed to the baby during pregnancy•").
- if you receive a blood transfusion or a blood product of infected blood

Question 6: Does HIV get passed to the baby during pregnancy?

Yes: If you are pregnant and have HIV, there is a 1 in 4 chance that the baby will get infected too. This is true even if you don't have symptoms. Even so you can reduce the chances of your baby getting HIV during pregnancy or delivery. HIV can be passed to the baby during pregnancy, at birth or through breastfeeding

Find out if you have HIV

If you have had some high risk activity during the last ten years, you may have been infected with HIV. The only way to know for sure whether you have HIV is to get tested

Find out if you have HIV and you are pregnant

You can take better care of yourself and get early treatment. You can also choose to take HIV medication during pregnancy to decrease the risk of the baby getting HIV and any other advice that may be provided by a medical personnel

You need to discuss your options with a doctor. There can be side effects from the HIV drugs for you and possibly for your baby.

After the baby is born: Choose either not to breastfeed at all or give exclusive breast milk to your baby for up-to three or six months and then stop. The baby could get HIV from your breast milk.

If you (or your partner) have HIV and you must a baby:

Talk to a doctor about how you can best protect yourself, your partner and your baby.

Question 7: What are the risks of getting HIV when you drink alcohol or use drugs?

Alcohol or drugs won't infect you with HIV. But taking risks while you're drunk or high on drugs might increase your HIV infection risk level.

When you drink or use drugs, it's easy to get reckless and engage in casual sex or engage in sex with multiple partners and not bother to use a condom during sex. Having unprotected sex is one of the most common ways to become infected with HIV.

Reduce your risk of HIV infection, limit drinking or stop taking drugs. This way you are more likely to take precautions. Note that taking drugs in Uganda is illegal.

Question 8: What should you tell kids about HIV and AIDS?

Talking about HIV and AIDS with your children may not be easy but, whether their immediate risk of infection seems slight or significant, HIV/AIDS affects us all and we all need to be informed. By providing accurate information, you can address their curiosity, reduce their fears, and help them to protect themselves.

By talking with your children about HIV/AIDS you are showing them that you care – you are also providing information and support that will help them make health choices.

What should children know about AIDS and HIV at various ages?

Here are some suggestions

Young children (5 – 8 years) may have questions or fears about AIDS. Explain that it is a sickness caused by a kind of germ carried in some people's blood. It is not like a cold though. HIV and AIDS are not easy to catch.

Pre-teens (9- 12 years) are becoming more concerned with their bodies and their looks. Talk to them about sexuality, AIDS and drugs. Give accurate information, using correct works for different parts of the body.

Tell them:

- How HIV is spread
- What is meant by sexual intercourse;
- About growing up generally
- Why taking drugs is dangerous

Teenagers (13 – 18 years) are likely to experiment with sex. Tell them the most sure way to prevent HIV is to abstain from sex.

Young people 18 – 24 should know about all options on abstaining, being faithful to one tested partner and condom use

They also need detailed information about:

- Safer sex;
- How to use condoms;

- About birth control;
- Risky of alcohol and drug use, how using them affects judgment. Emphasize that anyone, anywhere who engages in risky behaviours can get HIV/AIDS.

At any age, dispel myths your children may have picked up. For example, HIV is not spread through drinking fountains, toilet seats, swimming pools or mosquitoes. Make it clear that you can't get sick just by being around someone with AIDS. Explain that people with HIV/AIDS, like all of us, need friendship and understanding.

To start a conversation on HIV/AIDS try these:

- Ask your children what they have learned about AIDS at school;
- Tell them about an article you've read or news report you heard;
- Leave a book or magazine article on HIV/AIDS around the house for them to read.

Listen carefully to what they say and don't worry if you don't have all the answers. You can find out more about HIV/AIDS from the various HIV/AIDS organizations or health care facilities.

The Ministry of Education has developed documents that can guide adults in talking to children about growing up and HIV/AIDS generally under the PIASCY Programme. They can also be accessed through the Uganda AIDS Commission.

Question 9: Is it safe for others to be at work, school, or day care with someone who has HIV?

YES. We need to understand that it's quite safe to work, study, or play with people who have HIV and AIDS. It's also safe for children to be in day care or attend school with children who have HIV and AIDS.

Everyday contact with adults or children who have HIV/AIDS is safe. For example:

You cannot contract HIV through;

- Shaking hands, hugging, or kissing
- Working or playing side by side
- Sharing equipment or toys
- Sharing washrooms
- Sharing food, dishes, or cutlery
- Changing nappies/diapers for infants.

HIV infection is only transmitted through semen, vaginal fluids, breast milk, and blood. Other body fluids, like mucus or vomit, do not transmit HIV unless they contain infected blood.

Even if HIV-infected blood touches your skin, it won't cause infection. For you to become infected, enough HIV-infected blood has to get into your bloodstream through an entry point like an open sore or cut. In our daily lives, such blood-to-blood contact with others is unusual – even in cases of biting, scratching, accidents or fights.

If you ever have to clean up blood, wear latex gloves, wipe the blood-soiled surface and disinfect it with bleach. Place blood-stained materials in a sealed bag and discard in a lined, covered garbage container. Wash your hands afterwards. Where possible, wash any blood-stained clothes separately in hot soapy water with gloves.

Question 10: How to talk about using condoms?

It can be very difficult to talk about condoms or safer sex, but it is very important.

Send a signal; Talk about safer sex before you have sex

If your partners does not want to use condoms say:

- "Using condoms lets me relax and enjoy lovemaking rather than worry about the consequences".
- "Using condoms shows that we respect ourselves and each other".

Question 11: Is there a cure for HIV/AIDS?

No. There is no cure for HIV/AIDS.

Although some very strong drugs are now being used to slow down the disease, they do not get rid of HIV or cure AIDS. The drug treatments are called Highly Active Anti-Retroviral Therapies (HAART) which is now known as Anti-Retroviral Therapy (ART). They are a mix of drugs such as AZT, 3TC, ddI and a protease inhibitor. Together they help to reduce the level of HIV in the blood. ART can help to slow down HIV and keep infected people healthy longer. Note that not all those who are HIV positive are eligible to access ART. The drugs should only be taken on doctor's advice after going through the necessary tests.

Even though ART are better than anything else so far, they do have some problems:

- Some people have mild and sometimes bad side effects from the drugs themselves or from the way those drugs mix with other drugs they are taking. These people may have to stop treatment.
- People using these treatments may sometimes take many pills each day, at particular times for the rest of their lives.
- If people forget to take their pills, the HIV virus in their body may get stronger and may not respond to any drugs at all.

- We do not know how safe these treatments are overtime or how well they will work over time.

Uganda approved the universal ART policy that advocates for free access to these drugs by all those who eligible. The service so far can be accessed from all regions of the country from public and non-public health facilities. Over 73,000 infected Ugandans now have access to ART. Please make sure that the centre you approach for ART services has been accredited by the Ministry of Health

It is feared that when some people find out about the new treatments, they may think they are safe. They may start to take risks. These treatments do NOT make it safer to take chances.

There is still no cure of HIV/AIDS. To reduce the risk of getting HIV/AIDS, people still need to avoid risky sexual contact

Question 12: Is there a "morning after" pill that prevents HIV infections?

You may have heard about a morning after pill for HIV. What you are really hearing about is called Post-Exposure Prophylaxis (PEP). It is not a single pill, and it might assist in preventing HIV infection. PEP is a 4-week treatment, which may reduce the risk of acquiring HIV for people who have been accidentally exposed to the virus. It does not get rid of the risk completely.

Here's how PEP works: The person must take very high doses of some particular combinations of drugs (ARVs) that are used to treat HIV/AIDS. They have to follow a strict routine, taking many pills several times a day. They also need to have lab tests and check-ups with a doctor. The side effects of PEP may include nausea, feeling tired, swelling of the liver or kidney stones.

So far, PEP has mostly been used to treat health care workers who have been exposed to HIV at work, mainly when they were accidentally pricked by a needle. One study showed that about 3 out of 10 health care workers did not finish PET treatment. PEP has also been given to victims of sexual assault. There is a lot of debate about giving more people access to PEP.

So far, studies have looked at how PEP works on health care workers who have been exposed to HIV by accident. There is no proof that PEP works on people who have been exposed to HIV during sex.

Even if people have greater access to PEP in the future, it will never take the place of preventing HIV in the first place.

Question 13: Is there a vaccine for HIV/AIDS?

You may have heard that scientists are trying to find a vaccine for HIV/AIDS. While this is true, many experts think that finding a vaccine to prevent HIV/AIDS is a long way off.

Here's what scientists are doing:

- They are trying to make a vaccine that will prevent HIV infection once the virus has entered the body.
- They are looking for ways to stop people from getting sick after they have acquired HIV. This research involves finding a way to protect our cells from the effects of HIV. It might also lead to new treatments for HIV/AIDS.
- They are looking for a vaccine that will prevent babies from get HIV from breast milk

Finding a vaccine that works will not be easy. What do we want a vaccine to do? Should it try to prevent HIV? Should it prevent illness after someone has HIV? Or should it treat people who already have HIV?

Here are some of the problems that scientists face:

- There are many kinds (or strains) of the HIV virus.
- No one knows how strong a person's immune system has to be in order to prevent HIV from getting hold.
- Testing any vaccine will take a long time. After scientists test the vaccine on animals, they will want to test it on humans. Test on humans are called clinical trials, they always raise questions. Who will be chosen to test the new vaccines? How can we make sure they will be safe during the test? Clinical trails involve large numbers of people. Candidate vaccines however have to be cleared before testing in human. In Uganda, the Vaccine plan provides the necessary guidance for those who wish to try vaccines candidates in the country and those who wish to enroll on trials

If and when scientists find a vaccine, there will be more questions. What are the side effects and risks? Who should get the vaccine? How much will it cost?

In the meantime, some people think that because vaccine research is happening and new treatments have been found, they don't have to worry about HIV/AIDS. This just isn't true. No vaccine is expected in about 10 years and the new treatments do not cure or prevent HIV.

Even if a vaccine is approved one day, it won't replace the need to avoid risky sexual behaviour that increase chances of getting HIV.

Question 14: Do homosexuals get HIV?

Yes.

Some people in Uganda think men who have sex with men cannot get HIV/AIDS. This is simply not true. This is mainly because most HIV infections in the country are through heterosexual transmission and most communication has been targeting this transmission route. Please also note that homosexuality or men having sex with men in Uganda is illegal

Anyone engaging in an unprotected sexual act can be at risk, because it's not who you are that matters – it's what you do.

If you or your partner do not know you have HIV, get tested and make a repeat test after 3 months since one can became positive after the last negative test