

HIV and AIDS

HIV is an abbreviation for 'human immunodeficiency virus'. As indicated by the name, HIV is a virus that destroys people's immune defence. An HIV-infected person may live for many years carrying the disease in the body with no symptoms and without necessarily feeling ill. Eventually, however, the virus will weaken the immune defence to the extent that the body is no longer capable of resisting even simple diseases and infections.

If a person is infected with HIV, the person is described as HIV-positive. A person infected by HIV will carry the virus in the body for the rest of his or her life.

It is not possible to visibly detect whether a person is infected by HIV.

HIV symptoms

Around half of all HIV-infected persons will develop flu-like symptoms, such as a sore throat, a temperature, swollen glands, fatigue, headache and pains in joints and muscles, within few weeks after the initial infection. Red skin rashes are also common. The symptoms usually disappear in a short time and the infected person will feel completely normal again.

After some months, or even years, new symptoms, such as an inexplicable temperature, swollen glands, thrush, shingles, pneumonia, weight loss and persistent diarrhoea, may develop.

It is important to note that such symptoms may be the result of other infections than HIV.

What is AIDS?

AIDS is an abbreviation of 'Acquired Immune Deficiency Syndrome'. In itself, AIDS is thus not a disease but a condition in which the HIV-infected person has developed one or several serious complications because the immune defence has been severely weakened. These complications are collectively described as 'opportunistic infections' or complications. Once an HIV-positive person shows signs of complications, the person is described as having developed AIDS.

Some persons develop AIDS within the first few years after having contracted HIV but normally it takes between eight to ten years from the time of infection to the development of AIDS if no treatment is given.

Complications such as tuberculosis and cancer may be very difficult to cure and until recently most person who developed AIDS died after a few years. When a person dies from AIDS, the person really dies from the complications caused by a deteriorated immune defence.

An HIV-infected person would previously live for an average of between ten and twelve years but today very few people in Denmark actually die of AIDS. The main

reason is a new form of treatment, the so-called combination treatment, which was introduced in the mid-1990s. At the same time, we now have more experience with and knowledge about the treatment of complications.

Infection

HIV virus may be present in all body fluids of an infected person but the concentration is only sufficiently high in blood, semen, vaginal secretion and mother's milk to cause a risk of infection if one of these fluids enters a person's body.

How HIV is contracted

Sexual relationships

The predominant global cause of HIV infection is through unprotected sexual intercourse, i.e. sex without using a condom or femidom.

Unprotected anal intercourse implies a very high risk of infection since the mucous membrane of the rectum is thin and therefore particularly susceptible to infection. A person suffering from an untreated venereal disease, such as Chlamydia, genital herpes or genital warts, runs a higher risk of contracting HIV-infection during sexual intercourse.

The risk of infection through oral sex is uncertain but experts agree that there is a risk involved through oral sex if infected semen or vaginal secretion enters the mouth.

Blood

The highest risk of infection exists when blood from an HIV-positive person is transmitted directly to the blood of a non-infected person. HIV-infection may therefore occur when sharing needles or syringes. The risk of infection is therefore extra high among injecting drug addicts.

When AIDS was still a relatively new phenomenon, some people were infected with HIV through blood transfusions. However, today, in countries with efficient health systems, such as Denmark, there is practically no risk of becoming infected through a blood transfusion since all blood is screened for HIV.

Mother to child

HIV virus may be passed on from mother to child during pregnancy, birth and through the mother's milk.

The greatest risk of infection from mother to child is during the actual birth but infection may also occur during the pregnancy and when breast-feeding. Medical treatment of the mother and using a caesarean cut during birth may reduce the risk of infection considerably. HIV-positive pregnant women are therefore offered treatment

from the fourth month of their pregnancy. In Denmark, HIV-positive mothers are recommended not to breast-feed their children.

How HIV cannot be contracted?

HIV cannot be spread through normal social interaction with HIV-positive persons.

- **No** HIV infection occurs due to hugging, kissing or caressing
- **No** HIV infection occurs due to drinking from the same cup or sharing the same plate
- **No** HIV infection occurs due to using the same lavatory or bathroom
- **No** HIV infection occurs through water, in for example a swimming pool
- **No** HIV infection occurs through food and drink prepared by an HIV-positive person
- **No** HIV infection occurs due to coughing or sneezing
- **No** HIV infection occurs due to insect bites

HIV tests

A person may have been infected with HIV without knowing or realising it for many years, until complications occur. The only way of knowing whether you are infected is by taking a test. An HIV test is a blood test that reveals whether the body has produced any antibodies against HIV and thus whether a person carries any HIV virus in the blood.

The test will give a very certain result if taken no less than three months after exposure to a risk of HIV infection. Until then, the body will not have produced significant amounts of antibodies to necessarily be revealed through the analysis of a blood sample.

It normally takes around one week from the test has been taken until you have the result.

Who?

The Danish parliament has decided that HIV and AIDS interventions in Denmark must be based on a principle of prior consent. This means that anyone has a right to a free and – if requested – confidential HIV test. On arrival in Denmark, asylum-seekers are offered an HIV test on a voluntary basis.

Confidential testing means that you are not obliged to supply your name, address or personal identification number. You are not required to show your health insurance certificate or any other document. If the test is carried out by your own doctor, anonymity cannot be guaranteed. If you seek complete confidentiality, a hospital, or a doctor other than your own, is the best place to carry out the test. In all cases, HIV tests are free although there may be a charge for the consultation if the test is carried out by another general practitioner. In the case of confidential testing, the tested

person is given a codename to make sure that the result of the blood test is the right one.

In some cases, testing is compulsory. This applies if you intend to become a blood donor, an organ donor for transplantations, a donor of semen for artificial insemination, a donor of mother's milk, as well as in cases of adoption or egg transplantations.

Finally, some pension funds require information about the HIV status of new members.

Where?

Test can be taken at your own doctor, at any other general practitioner, at clinics for skin and venereal diseases and at the HIV screening clinics of the hospitals.

To do or not to do?

If a person chooses to take an HIV test it is important to prepare oneself for the possible disconcerting result showing that one is HIV-positive. In some cases, it may be a serious psychological challenge to know that you are HIV-positive. The advantages of taking a test are that,

- You know about your HIV status
- You can avoid the risk of wrong medical treatment. There are cases in which an illness was wrongly treated because the doctor did not realise it was HIV-related
- You have the option of going for check-ups if you are HIV-positive
- Generally speaking, the earlier the treatment, the better the result.

Treatment

No vaccine protects against HIV. There is no medicine that removes the virus from the body. However, since 1996, the so-called combination treatment, which is a medical treatment consisting of three or more types of medicine, has been effectively used to treat HIV in Denmark.

The aim of the combination treatment is to impede the virus spreading in the body and thus give the weakened immune system a chance to recover. Once an HIV-infected person's immune defence has been normalised it enables that person to live longer since the person is no longer as prone to infections and complications that may be fatal for HIV-infected persons.

The combination treatment offers most HIV-infected persons both a longer life and an improved quality of life, although there are still too many people for whom the treatment is not beneficial. Some people cannot tolerate the medicine and have side effects such as nausea, fatigue, diarrhoea and an altered fat distribution, while yet others develop actual resistance towards the treatment.

Since the combination treatment does not destroy the virus but merely inhibits the formation of virus, the treatment is lifelong. We still do not know the long-term effects of treatment but the life of an infected person may be extended for many years.

Combination treatment – when and where?

If a person has been tested HIV-positive in Denmark, he or she will be offered the combination treatment free. Some time normally passes from when a person is tested HIV-positive and until the treatment can begin. Different criteria define when the doctors find it advisable to commence treatment. However, it is always important to start treatment before the immune defence is so weak that there is a risk of contracting serious infections.

Eight hospitals in Denmark offer combination treatment. At the hospitals, there is a check-up for every three months. During the check-up, they check the concentration of HIV virus in the blood and together with the doctor, the patient decides on the most suitable medication.

PEP

Post Exposure Prophylaxis - PEP – is the name of a prophylactic treatment to be given within 24 hours after a possible HIV infection.

The idea is that it may be possible to prevent HIV in developing if treatment is begun within 24 hours after exposure to a risk of infection. PEP is given for one month.

Certain conditions apply when it comes to receiving PEP treatment

- That you know that you are not already infected
- That the partner either is infected or the chance that the partner is infected is high
- That you have had unsafe sex with an HIV-infected person
- That you have been exposed to an immediate risk of infection by, for example, an accident with an injection needle

The conditions above serve as guiding principles and it will always be the doctor who decides whether one should start PEP treatment. If you are interested in PEP treatment, you must contact the hospitals that offer treatment to HIV-infected persons.

It is important to emphasise that PEP should **not** be used as a contraceptive, and that it should only be used in emergency cases. The reasons are, for example that there is insufficient knowledge about the consequences and the side effects of the treatment may be very severe and unpleasant.

Counselling

To be infected by HIV can be a heavy physical and mental strain. Many persons will need to talk about it with someone. For this reason, a number of counselling options

are offered, by several institutions, in Denmark to either HIV-infected persons or their relatives.

The organisations HIV-Danmark, Positivgruppen (The Positive Group) and AktHIVhuset (The ActHIVehouse) offer counselling services through Rådgivning Øst (Counselling East) in Copenhagen and through Rådgivning Vest (Counselling West) in Århus, Odense, Vejle and Aalborg.

AIDS-Linien (The AIDS Hotline) offers counselling by phone and information about HIV and AIDS.

The Training, Information and Counselling Centre offers counselling services, particularly to Africans living in and around Copenhagen.

Carina Wöhlk is an HIV & AIDS Pastor. Her consultation hours are Mondays, Tuesdays and Thursdays between 10 and 11 am in Helligåndskirken (Church of the Holy Spirit). She can be reached through ph. 3318 1644, 3940 1431 or 2163 2787 (The AIDS Hotline).

How to avoid infection?

Treatment of HIV/AIDS is not the same as a cure and it is therefore important to avoid infection in the first place.

HIV spreads through blood, semen, vaginal secretion and mother's milk. Other body fluids such as saliva, tears and sweat do not contain HIV concentrations high enough to spread the infection.

Safe sex

The most common way of becoming HIV infected is through the transfer of the virus during sexual intercourse. The only effective way of protecting yourself is thus to avoid sexual transmission of the virus by having only safe sex. This means you should always use a condom or a femidom during sex.

Condom & femidom

A condom is a disposable rubber sheath that is rolled onto the penis. After ejaculation, the condom collects the semen thus preventing it from entering the vagina. Condoms are available at pharmacies, newsagents and many supermarkets and grocery stores.

A femidom is a condom used by women, available at pharmacies. The femidom is a disposable lubricated latex sheath with a ring at each end (an inner and an outer ring). The inner ring facilitates the proper insertion of the femidom in the vagina. The outer ring encircles the opening and stays outside the vagina. The femidom works like a condom by preventing semen from entering the vagina.

Apart from protecting against HIV/AIDS, condoms and femidoms also protect against other sexually transmitted diseases (STDs) and against unwanted pregnancies. Other contraceptives, such as diaphragms and intrauterine devices (coils), offer protection against unwanted pregnancies but not against HIV/AIDS and other STDs.

Never reuse needles

HIV may spread through the reuse of needles in which there may be rests of infected blood. It is therefore very important not to reuse or share needles and syringes with anyone.

Avoid infection from mother to child

If HIV-infected and pregnant there are certain precautions one must take to minimise the risk of transferring infection from the mother to the child. An HIV-infected pregnant woman should receive HIV treatment during the pregnancy, use a caesarean during childbirth and avoid breast-feeding.

It is important that an HIV-infected pregnant woman contacts a hospital as quickly as possible.

We need to know more

Far too many people know far too little about HIV and AIDS. This implies that many HIV-infected persons are in a situation where they fight against a deadly disease, but in addition have to live with the fear of being isolated and expelled.

A survey conducted by the Danish AIDS-Foundation shows that one out of five HIV-infected persons do not reveal their HIV-status to their close family and that 41,9% have not informed their workplace about their HIV-status – all due to fear of being isolated.

Unfortunately this fear is well founded. Another survey conducted by Sonar on behalf of the AIDS-Foundation shows that almost 20% of the Danish population do not wish to be acquainted with HIV-infected persons, and, further, that 44% most certainly or to a certain degree will avoid physical contact with an HIV-infected person.

HIV **cannot** be spread through normal social interaction or physical contact and the fear in the population is thus groundless. The fear indicates ignorance and lack of or incorrect information about the disease and its ways of transmission. Lack of knowledge typically is the source of prejudice. Most often what we fear is what we do not know and this fear leads to an unacceptable discrimination of those who are infected with HIV.

The best tool to demolish prejudices and discrimination is more and better information about HIV and AIDS. More knowledge will increase knowledge and understanding of the disease, and hopefully change people's attitudes towards the disease and the persons who are living with it.

In addition, knowledge is the best means of prevention. The more we know, the better we are able to take care of ourselves and each other.