

# AIDS FOCUS

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## Getting onto ARVs

Readiness to start ARVs is assessed in counselling sessions that take place before antiretroviral drugs are given. The following issues will be discussed and assessed:

- Demonstrated reliability, i.e. person has attended three or more scheduled visits to an HIV clinic
- No active alcohol or other substance abuse
- No untreated active depression
- Disclosure: it is strongly recommended that the person has disclosed their HIV status to at least one friend or family member or have joined a support group
- Insight: people need to have accepted their HIV-positive status
- They need to have insight into the consequences of HIV infection and the role of ARVs before starting therapy



Your counselling sessions will basically assess whether you are both mentally and physically prepared to begin ARV treatment. So ask questions, make notes and show your counsellor that you are committed to sticking to your treatment and being responsible about your lifestyle choices.

## In this Issue

- **Prevention better than cure**
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### Quotable Quotes:

HIV does not make people dangerous to know, so you can shake their hands and give them a hug: Heaven knows they need it -

*Princess Diana*

## HIV/AIDS is your problem!

HIV/AIDS isn't a violent incident. But given the rate at which people are dying and being infected, it certainly is an emergency. Yet many of us idly stand by and watch this disease decimate the human race. Could the bystander effect explain why HIV/AIDS has reached pandemic proportions? Are we waiting for someone else to act? Are we not too concerned because those around us don't seem too worried or send out mixed messages about the seriousness of the disease? Do we think we're not qualified enough to help or that prevention is the problem of researchers and politicians and so carry on infecting others? Or are we scared of the consequences if we do act?

Yes, the fight against HIV and AIDS does depend on policy makers, available funds, and research advances. But it also depends on YOU. Whether you are not directly affected, directly or indirectly affected, or infected, there is something you can do to make a difference.

Whether it is knowing your status so that you won't be spreading the virus, taking care of those around you who are infected, caring for AIDS orphans, making a donation to an HIV/AIDS cause, educating your community about prevention, or placing condoms in the bathroom at work, your act can help win the fight!



# Prevention better than cure

## Abstinence

The safest sex is no sex! The longer you wait before having sex, the lower your risk of becoming HIV-positive. Human beings can make choices, putting themselves in control of their destinies. People can therefore make choices about their relationships and wait before having sex, should they wish to do so.

## Be faithful

If you have chosen to be in a sexual relationship, mutual faithfulness is the best protection against HIV and other Sexually Transmitted Infections (STIs). But the key word is **MUTUAL** faithfulness. If two people are involved in a longstanding relationship in which neither one cheats, and not one of the partners was HIV positive before the relationship started, there is no chance of infecting each other.

## Condoms

All the scientific evidence points to the same conclusion: **CORRECT** and **CONSISTENT** use of good quality condoms vastly reduces the likelihood of HIV transmission. The HIV virus cannot get through a condom!



# Universal precautions for health-workers

*Gloves should be worn for:*

- any contact with body fluids
- any contact with skin or mucosal lesions/sores
- any contact with contaminated, or potentially contaminated material
- All wounds should be covered

*Wash hands:*

- immediately after any contact with potentially infective fluids
- after every healthcare procedure

*Wear protective clothing (masks, goggles and aprons) when there is a risk of splashing during:*

- tracheo-bronchial aspiration
- endoscopies
- catheterisation
- surgery
- deliveries

*Take care when handling potentially infected sharps:*

- Needles should never be bent back or put back in their original holder
- Needles should not be removed by hand from syringes or vacutainers
- Needles and other sharps should be disposed of immediately

## HIV/AIDS Quiz



1. Does HIV only affect gay people?  
**A)** Yes  
**B)** no
2. Which protects you the most against HIV infection? **A)** Condoms or **B)** Spermicide jelly
3. How can you tell if somebody has HIV or AIDS? **A)** They look tired and ill  
**B)** they is no easy way to tell
4. Is there a cure for AIDS? **A)** Yes  
**B)** no

Answers: 1-B, 2-A, 3-B, 4-B



# Power struggles and HIV

Specifically, women who are in an abusive relationship may be at increased risk of exposure to HIV due to:

- The fear and threat of further violence, rejection, abandonment and/or loss of economic support if they try to negotiate safer sex or refuse sex
- Violent/rough sex or sexual assault by an abusive partner
- Being forced to have sex with other person(s), or to participate in degrading sexual acts
- Being forced into prostitution by an abusive partner
- Having unprotected sex with a partner who is having sex outside the relationship

Negotiating safer sex is not easy, in any relationship. There are reasons a person might not want to use protection - they might feel you don't trust them, or they might feel offended or they may just be embarrassed. These are legitimate and very personal reasons.

Let them feel what they feel and gently explain why you want to use protection. Explain that you just want to be safe out of respect for yourself and for your partner. Chances are, they'll come around. If not...

The bottom line is that refusing to use a condom is refusing to respect your body. Where your health is concerned, your best bet is only to have sex with people who respect your body as much as you do.



## When to start treatment



The earliest possible treatment is recommended for most infective illnesses. Biologically, there is little reason to think HIV is any different. In fact, early treatment may be even more important because of the seriousness of the disease. But just what “early” means in the case of HIV is not so clear.

Starting points for antiviral medications are the subject of a great deal of debate. Some people believe antiviral medication is appropriate immediately upon learning of the infection, whether or not the CD4+ count is falling, viral load is high or rising, or whether symptoms are evident. Waiting might only let the infection progress and spread to other parts of the body.

A second argument in favour of early treatment is that this may prevent the loss of critical cells in the immune system. But since we don't know exactly when the loss of such cells occurs, it is still hard to know “when” is the right time to start.

Some researchers prefer to withhold treatment until later in the course of disease. They believe it is best to save the drugs for later when the virus is more active or when the immune system shows obvious damage. They fear that treating too early it may “use up” the medicines before they are most critically needed, or that people will experience long-term toxicity from the drugs.