HIV/AIDS Testing and Treatment

Testing

The Centers for Disease Control and Prevention estimates that 21 percent of persons living with HIV in the U.S. are undiagnosed. The importance of HIV testing cannot be overstated. Individuals living in the U.S. can enter their zip code into a search feature on www.hivtest.org to find locations near them that offer HIV testing.

A simple blood test can accurately determine one's HIV status. In the United States, anonymous and confidential testing options are available. Anonymous testing is done with the health care provider never knowing the name of the person being tested. Confidential testing involves using a person's name with the understanding that those test results will be kept confidential. If a person chooses to use anonymous testing and tests positive for HIV, he or she will need to be tested again using confidential testing to be eligible for services available to HIV-positive individuals.

Test results are ready within a matter of minutes. HIV testing typically includes a pre-test counseling and post-test counseling sessions, in which the individual is given information about how to prevent HIV transmission and, if appropriate, what services are available for HIV-positive individuals.

The blood test for HIV screens not for the virus itself, but rather for antibodies in the bloodstream made in response to HIV infection. The process of creating these antibodies can take up to three months, so it is important that an individual be tested for HIV three months after the date of possible exposure.

Blood tests for the virus itself do exist, and this type of test is used to ensure that blood donated to blood banks is safe to use, which is critical since donated blood products are not stored for three months, making antibody testing an ineffective method.

PPEP or post-exposure prophylaxis, or PEP, can be made available under certain circumstances of potential exposure to reduce the chance of infection. For example, if a nurse accidentally punctures herself with a needle used by a patient who is HIV-positive or whose HIV status is unknown, he or she may elect to take PEP, which is a high dosage of ARVs over a short period of time. PEP is costly and has severe side effects, but can help prevent HIV infections in situations like this. The treatment regimen given to infants born to HIV-positive mothers is based on this same concept of PEP.

Treatment

HIV infection begins a process in which the body's immune system becomes progressively weaker, making a person more and more susceptible to other infections, which can be fatal. At some point along this process, a person is classified as having AIDS as opposed to just being HIV-positive. This is a legal definition for the purpose of being eligible for governmental benefits.

In a healthy individual with an uncompromised immune system, the number of CD4 cells in a given volume of blood—which are a marker of the immune system's health—if a given volume of blood is at or above 1,200. As an HIV-positive person's health declines, this number drops. Anyone with a CD4 cell count below 800 is considered to have a compromised immune system. HIV is just one reason a person's immune system might be compromised. A person who is HIV positive is



classified as having AIDS when his or her CD4 cell count drops below 200 or when he or she is diagnosed with one or more opportunistic infections that commonly affect HIV-positive individuals at higher rates than the general population.

HIV/AIDS is treated with anti-retroviral drugs (ARVs). HIV is a retrovirus and typically a combination of anti-retroviral drugs that attack HIV at a different stage of its life cycle are used to maximize effectiveness. In some countries, ARVs are not made available to a patient until an AIDS diagnosis has been made. In the U.S., ARVs are available to HIV-positive persons prior to an AIDS diagnosis, and it is at the discretion of the patient and physician to determine when to begin a course of therapy, keeping in mind the potential for drug resistance and side effects, which can include diarrhea, headaches, fatigue, and nausea. HIV treatment is highly expensive, but assistance is available in the U.S. and many other countries.

Be Resourceful

Develop a list of local health clinics, hospitals or treatment centers where HIV/AIDS testing and treatment options are available. Include a list of Hotline information telephone numbers, or places where people can go for confidential counseling.

Hand out the *Myths and Facts about HIV/AIDS* booklet, included in this educational kit, as a resource for your local community.

Order free copies of W *orking Toward an AIDS-Free World* , a United Methodist Church Global AIDS Fund brochure for your congregation to contribute funds to projects worldwide. http://www.cokesbury.com/forms/ProductDetail.aspx?pid=817364

Find out how your congregation can host an HIV-testing event in your community.