

# AIDS: Some Questions and Answers

## **Q: What are HIV and AIDS?**

A: AIDS (acquired immunodeficiency syndrome) is the late stage of infection with human immunodeficiency virus (HIV). AIDS can take more than 8-10 years to develop after infection with HIV. HIV-infected people can live symptom-free lives for years; however most people in developing countries die within three years of being diagnosed with AIDS.

## **Q: How do people get infected with HIV?**

A: HIV is transmitted mostly through semen and vaginal fluids during unprotected sex without the use of condoms. Globally, most cases of sexual transmission involve men and women, although in some developed countries homosexual activity remains the primary mode. Besides sexual intercourse, HIV can also be transmitted during drug injection by the sharing of needles contaminated with infected blood; by the transfusion of infected blood or blood products; and from an infected woman to her baby – before birth, during birth or just after delivery.

HIV is not spread through ordinary social contact; for example by shaking hands, travelling in the same bus, eating from the same utensils, by hugging or kissing. Mosquitoes and insects do not spread the virus nor is it water-borne or air-borne.

## **Q: How many people are affected with HIV?**

A: According to WHO estimates, by end-1996, nearly 30 million people – including over 2.5 million children – had been infected with HIV since the start of the pandemic. Every day, more than 7000 adults and 500 babies are infected. More than 8 million people have developed AIDS.

## **Q: Does AIDS also affect our region?**

A: Of the 26.8 million adults with HIV infection – the global estimate in end-1996 – 14 million were in Sub-Saharan Africa and more than 3.5 million in Asia. Our region, that is South-East Asia, is likely to suffer the brunt of the pandemic - being home to over half the world's population. Moreover, HIV/AIDS is now present in every continent and in every region of the world.

## **Q: Why is the AIDS epidemic considered so serious?**

A: AIDS affects people primarily when they are most productive and leads to premature death thereby severely affecting the socioeconomic structure of whole families, communities and countries. Besides, AIDS is not curable and since HIV is transmitted predominantly through sexual contact, and with sexual practices being essentially a private domain, these issues are difficult to address

## **Q: How can I avoid being infected through sex?**

A: You can avoid HIV infection by abstaining from sex, by having a mutually faithful monogamous sexual relationship with an uninfected partner or by practicing safer sex. Safer sex involves the correct use of a condom during each sexual encounter and also includes non-penetrative sex.

## **Q: Can we assume responsibility in preventing HIV infection?**

A: Both men and women share the responsibility for avoiding behaviour that might lead to HIV infection. Equally, they also share the right to refuse sex and assume responsibility for ensuring safe sex. In many societies, however, men have much more control than women over when, with whom and how they have sex. In such cases, men need to assume greater responsibility for their actions.

**Q: Does the presence of other sexually transmitted diseases (STDs) facilitate HIV transmission?**

A: Yes. Every STD causes some damage to the genital skin and mucous layer, which facilitates the entry of HIV into the body. The most dangerous are:

- ⌘ Syphilis
- ⌘ Chancroid
- ⌘ genital herpes
- ⌘ Gonorrhoea

**Q: Why is early treatment of STD important?**

A: High rates of STD caused by unprotected sexual activity enhance the transmission risk in the general population. Early treatment of STD reduces the risk of spread to other sexual partners and also reduces the risk of contracting HIV from infected partners. Besides, early treatment of STD also prevents infertility and ectopic pregnancies.

**Q: How can children and young people be protected from HIV?**

A: Children and adolescents have the right to know how to avoid HIV infection before they become sexually active. As some young people will have sex at an early age, they should know about condoms and where they are available. Parents and schools share the responsibility of ensuring that children understand how to avoid HIV infection, and learn the importance of tolerant, compassionate and non-discriminatory attitudes towards people living with HIV/AIDS.

**Q: How does a mother transmit HIV to her unborn child?**

A: An HIV-infected mother can infect the child in her womb through her blood. The baby is more at risk if the mother has been recently infected or is in a later stage of AIDS. Transmission can also occur at the time of birth when the baby is exposed to the mother's blood and to some extent transmission can occur through breast milk. Transmission from an infected mother to her baby occurs in about 30% of cases.

**Q: Can HIV be transmitted through breast-feeding?**

A: Yes. The virus has been found in breast milk in low concentrations and studies have shown that children of HIV-infected mothers can get HIV infection through breast milk. Breast milk, however, has many substances in it that protect an infant's health and the benefits of breast-feeding for both mother and child are well recognized. The slight risk of an infant becoming infected with HIV through breast-feeding is therefore thought to be outweighed by the benefits of breast-feeding.

**Q: Can blood transfusions transmit HIV infection?**

A: Yes. If the blood contains HIV. In many places blood is now screened for HIV before it is transfused. If you need a transfusion, try to ensure that screened blood is used. You can reduce the chances of needing a blood transfusion by taking ordinary precautions against serious injury – for example, by driving carefully, insisting on wearing a seat belt, and avoiding alcohol.

**Q: Can injections transmit HIV infection?**

A: Yes. If the injecting equipment is contaminated with blood containing HIV. Avoid injections unless absolutely necessary. If you must have an injection, make sure the needle and syringe come straight from a sterile package or have been sterilized properly; a needle and syringe that has been cleaned and then boiled for 20 minutes is ready for reuse. Finally, if you inject drugs, of whatever kind, never use anyone else's injecting equipment.

**Q: What about having a tattoo or your ears pierced?**

A: Tattooing, ear piercing, acupuncture and some kinds of dental work all involve instruments that must be sterile to avoid infection. In general, you should refrain from any procedure where the skin is pierced, unless absolutely necessary.

**Q: How serious is the interaction between HIV and TB in South-East Asia?**

A: Tuberculosis kills nearly 3 million people globally, of whom nearly 50% are Asians. The rapid spread of HIV in the region has further complicated the already serious situation. Not only is TB the commonest life-threatening opportunistic infection among patients living with AIDS, but the incidence of TB has now begun to increase, particularly in areas where HIV seroprevalence is high. Multi-drug resistant TB is also quite common in many areas.

**Q: What efforts are being made to integrate HIV/AIDS/STD prevention and control activities into primary health care?**

A: Integration into primary health care is a priority because it is necessary for ensuring sustainability. Two examples of an integrated approach are the implementation of HIV/AIDS care and STD prevention and control. For example, a continuum of HIV/AIDS care is being promoted as part of primary health care, with linkages to be established between institutional, community and home levels. In the area of STD prevention and control, a syndromic approach to STD diagnosis is most suitable in the developing world as it does not require laboratory tests, and treatment can be given at the first contact with health services. WHO strongly advocates that all primary health care workers be trained in the syndromic approach to STD management.

**Q: Is there a vaccine for HIV/AIDS? What is WHO's role in this regard?**

A: While there is currently no vaccine for HIV/AIDS, research is under way. Sixteen candidate vaccines are presently undergoing either phase I or phase II clinical trials in various countries, including Thailand in South-East Asia. These will be followed by field trials in the community to determine efficacy, which is a time consuming process and will take another 3-5 years or more. Hence, a vaccine for general use is unlikely to be available in the near future.

WHO's role is to assist in the development, evaluation and availability of vaccines. WHO has helped four countries – Brazil, Rwanda, Thailand and Uganda – to prepare a comprehensive plan for HIV vaccine research including strengthening of national epidemiological, laboratory and socio-behavioural research capabilities

**Q: Is there a treatment for HIV/AIDS?**

A: All the currently licensed anti-retroviral drugs, namely AZT, ddI and ddC, have effects which last only for a limited duration. In addition, these drugs are very expensive and have severe adverse reactions while the virus tends to develop resistance rather quickly with single-drug therapy. The emphasis is now on giving a combination of drugs including newer drugs called protease inhibitors; but this makes treatment even more expensive. WHO's present policy does not recommend antiviral drugs but instead advocates strengthening of clinical management for HIV-associated opportunistic infections such as tuberculosis and diarrhoea. Better care programmes have been shown to prolong survival and improve the quality of life of people living with HIV/AIDS

**Q: How should governments share responsibility?**

A: Governments are responsible for ensuring that enough resources are allocated to AIDS prevention and care programmes, that all individuals and groups in society have access to these programmes, and that laws, policies and practices do not discriminate against people living with HIV/AIDS. Governments of developed countries have a moral responsibility to share the AIDS burden of developing countries

**Q: Do people living with HIV/AIDS have special rights or responsibilities?**

A: Since everyone is entitled to fundamental human rights without discrimination, people living with HIV/AIDS have the same rights as seronegative people to education, employment, health, travel, marriage, procreation, privacy, social security, scientific benefits, asylum, etc. Seronegative and

seropositive people share responsibility for avoiding HIV infection/re-infection. But many people, including women, children and teenagers, cannot negotiate safe sex because of their low status in society or lack of personal power. Therefore men, whether knowingly infected or unaware of their HIV status, have a special responsibility of not putting others at risk

## **AIDS Background**

### **Q: Where did AIDS come from?**

A: AIDS is caused by a virus called HIV, but where this virus came from is not known. However, as new facts are discovered about viruses like HIV, the question of where HIV first came from is becoming more complicated to answer. Moreover, such questions are no longer relevant and do not help in our efforts to combat this epidemic. What is more important is the fact that HIV is present in all countries and we need to determine how best to prevent the further spread of this deadly virus

### **Q: Where was AIDS found?**

A: AIDS was first recognized in the United States in 1981. However, it is clear that AIDS cases had occurred in several parts of the world before 1981. Evidence now suggests that the AIDS epidemic began at roughly the same time in several parts of the world, including the U.S.A. and Africa

### **Q: But how can there suddenly be a disease that never existed before?**

A: If we look at AIDS as a worldwide pandemic, it appears as if it is something new and rather sudden. But if we look at AIDS as a disease and at the virus that causes it, we get a different picture. We find that both the disease and the virus are not new. They were there well before the epidemic occurred. We know that viruses sometimes change. A virus that was once harmless to humans can change and become harmful. This is probably what happened with HIV long before the AIDS epidemic.

What is new is the rapid spread of the virus. It may be compared with a weed that someone brings home from a distant place. In its original environment the weed survives but does not spread much. However, once it takes root in the new environment, conditions may allow it to grow much better than it did before. It spreads, chokes out other plants, and becomes a nuisance. The spread of HIV is somewhat similar.

Researchers believe that the virus was present in isolated population groups years before the epidemic began. Then the situation changed; people moved more often and travelled more; they settled in big cities; and lifestyles changed, including patterns of sexual behaviour. It became easier for HIV to spread through sexual intercourse and contaminated blood. As the virus spread, the disease which was already in existence became a new epidemic.

## **AIDS and Women**

### **Q: Are women at equal risk of getting infected with HIV?**

A: Women are in fact more at risk of getting infected because of their increased vulnerability. In addition, their low status within the family and society further heighten their vulnerability to infection. It is therefore most important that every woman has access to information about HIV/AIDS to protect herself.

## **AIDS and Children**

### **Q: Does AIDS affect children?**

A: Yes. Children can be both infected and affected by AIDS. Over 2.5 million children worldwide are now infected with HIV. If HIV continues to spread in countries, there will be a great increase in deaths among infants and children. It is also estimated that by the year 2000, 10 million children will have been orphaned as their parents die of AIDS

## **AIDS and Care**

**Q: Who should provide care to HIV/AIDS affected persons?**

A: Everyone in contact with an HIV/AIDS person is a potential care provider. In particular, this includes health care workers at various levels of the health care delivery system, social workers and counsellors, and close family members who are important care providers at home. Care basically involves clinical management, nursing care, counselling and social support

**AIDS and NGOs**

**Q: What role do NGOs play in AIDS control?**

A: NGOs have an important and very special role to play. The close interpersonal interaction that NGOs have with people in the communities they work in is extremely useful for implementing the behavioural interventions necessary for HIV/AIDS prevention and care. NGOs are also not under the same political constraints as government programmes are. They therefore have greater flexibility and the capacity to accommodate changing programmes and public needs and can innovate and implement new initiatives more easily

**AIDS and the Workplace**

**Q: Is it safe to work with someone infected with HIV?**

A: Yes. Most workers face no risk of getting the virus while doing their work. If they have the virus themselves, they are not a risk to others during the course of their work.

**Q: Why are people safe from HIV infection during work?**

A: As explained already, in adults, the virus is mainly transmitted through the transfer of blood or sexual fluids. Since contact with blood or sexual fluids is not part of most people's work, most workers are safe.

**Q: What about working every day in close physical contact with an infected person?**

A: There are no risks involved. You may share the same telephone with other people in your office or work side by side in a crowded factory with other HIV infected persons, even share the same cup of tea, but this will not expose you to the risk of contracting the infection. Being in contact with dirt and sweat will also not give you the infection.

**Q: If a worker has HIV infection, should he or she be allowed to continue work?**

A: Workers with HIV infection who are still healthy should be treated in the same way as any other worker. Those with AIDS or AIDS-related illnesses should be treated in the same way as any other worker who is ill. Infection with HIV is not a reason in itself for termination of employment

**Q: Why should young people be concerned about HIV/AIDS?**

A: The reasons for the important role of young people depend upon several factors:

- ⌘ A major proportion of HIV infection occurs in young people.
- ⌘ Young people are at a high risk of acquiring sexually transmitted infections, including HIV if they experiment with sex as a part of their growing up.
- ⌘ Young people can communicate better with other young people than older people can. This means their role as peer educators and motivators can not be taken by other people.
- ⌘ Young people have the enthusiasm, energy and idealism that can be harnessed for spreading the message of HIV/AIDS awareness and responsible sexual behaviour.
- ⌘ Young persons can spread the message not only to their peers and to younger children, but also to their families and the community.
- ⌘ Young persons can ideally serve as role models for younger children and their peers.

**Q: What can young people do about HIV and AIDS?**

**A:** Young people have a vital role in the prevention and control of HIV infection. Their role extends from protecting themselves, protecting their peers to protecting their families and their community.

- ⚡ First of all young people should make it a point to learn as much as possible about HIV/AIDS. They must know how the disease spreads and, more importantly how it does not spread.
- ⚡ They must push their teachers and other role models to tell them more about HIV/AIDS and to discuss the prevention openly and exhaustively.
- ⚡ They must discuss aspects of HIV/AIDS and sexuality openly with their peers.
- ⚡ They must spread the message of responsible sexual behaviour amongst their friends, community and, if possible, their family.
- ⚡ They must set an example of responsible sexual behaviour for their peers and for younger persons.
- ⚡ They must encourage the prompt and correct treatment of STIs, from an appropriate care provider such as a doctor.
- ⚡ They should encourage and help in voluntary donation of blood to a certified blood bank.