

## FREQUENTLY ASKED QUESTION ABOUT HIV/AIDS

### **Q. What is HIV?**

A. HIV stands for Human Immunodeficiency Virus. HIV destroys certain blood cells called CD4 or T cells. These cells are crucial to the normal function of the immune system, which defends the body against illness. When the immune system has been compromised by HIV, a person typically develops a variety of cancers and viral, bacterial, parasitic and fungal infections.

### **Q. What is AIDS?**

A. AIDS stands for Acquired Immunodeficiency Syndrome. It occurs when the immune system is weakened by HIV to the point where a person develops any number of diseases or cancers. A person without these diseases or cancers can still be diagnosed with AIDS if a laboratory test shows a severely damaged immune system.

### **Q. Where did HIV come from?**

A. In 1999, scientists reported that they had discovered the origin of HIV-1. They identified a subspecies of chimpanzees native to West Equatorial Africa as the original source of the virus. The virus most likely was introduced into the human population when hunters were exposed to the infected blood of non-human primates.

### **Q. How is HIV detected?**

A. It is impossible to look at someone and know whether he or she is HIV-positive. The only sure way to determine this is through an HIV test. A blood or oral fluid sample can reveal the presence of the virus. If the sample contains HIV antibodies-proteins the body produces to fight off the infection-the person is HIV-positive.

### **Q. How is HIV transmitted?**

A. HIV is primarily transmitted through unprotected sex, including vaginal, anal and oral sex. Certain bodily fluids including blood, semen, vaginal secretions and breast milk spread HIV. The virus can also be transmitted through infected blood contained in needles used to inject drugs. An HIV positive woman can pass the virus to her baby during pregnancy and delivery or through breast-feeding. HIV is also transmitted through contaminated, unscreened blood supplies.

### **Q. How is HIV not transmitted?**

A. HIV is not an easy virus to pass from one person to another. The virus does not survive well outside the body. So, it cannot be transmitted through casual or everyday contact such as shaking hands or hugging. Sweat, tears, vomit, feces and urine do contain small amounts of HIV, but they have not been reported to transmit the disease. Mosquitoes and other insects do not transmit HIV.

### **Q. How can HIV transmission be prevented?**

A. The surest way to avoid transmission is to avoid identified high-risk behaviors. If that is not done, various health organizations have determined that: latex condoms can significantly reduce the risk of transmission during sex; that pregnant women who are HIV-positive can reduce the likelihood of transmitting the virus to their children through antiretroviral treatment; new mothers can reduce the likelihood of transmitting the virus to their infants through alternative infant-feeding options, instead of breast-feeding, if available; and that injection drug users can reduce the risk of transmission by not sharing needles and syringes.

**Q. How long does it take for HIV to become AIDS?**

A. The length of time varies from person to person and depends a great deal on whether there is access to treatment, a person's health status and their health-related behaviors. UNAIDS estimates that in countries where there is little or no access to treatment, the period of time for most people between HIV-infection and developing AIDS is 9 to 11 years.

Antiretroviral therapy can slow the progression of HIV to AIDS by decreasing the amount of virus in a person's body. As with other diseases, early detection of HIV infection allows for more options for treatment and preventive health care

**Q. What is the link between HIV and Tuberculosis?**

A. The HIV epidemic is largely responsible for the growing number of TB cases in many parts of the world. HIV weakens the cells in the immune system that are needed to fight TB; up to half of all people living with HIV/AIDS eventually develop TB. Worldwide, TB is the leading cause of death among HIV-positive people.

**Q. What is the link between HIV and sexually Transmitted Diseases/Infections (STDs/STIs)?**

A. People with sexually transmitted diseases/infections are far more vulnerable than others to becoming infected with HIV. For example, genital ulcers caused by herpes create an entry point for HIV. STDs create concentrations of cells in the genital area that become targets for HIV. Also, HIV-positive people are far more vulnerable to acquiring additional sexually transmitted diseases/infections than other people. Their immune systems are compromised, which means the body has a more difficult time fighting off infection. Additionally, if an HIV-positive person is infected with another STD, that person is three to five times more likely than other HIV-positive people to transmit HIV through sexual contact.

**Q. Is there a cure for HIV/AIDS?**

A. There is no known cure for HIV/AIDS. There are medical treatments that can slow down the rate at which HIV weakens the immune system. There are other treatments that can prevent or cure some of the illnesses associated with AIDS. Researchers are testing a variety of vaccine candidates, but it is likely that a successful vaccine is years away. The International AIDS Vaccine Initiative <http://www.iavi.org> and the AIDS Vaccine Advocacy Coalition <http://www.avac.org/> are the main clearinghouses of information about vaccine research. There is more information at Vaccine Research and Testing in this manual.

**Q. How many people have HIV/AIDS?**

A. The United Nations Joint Programme on HIV/AIDS (UNAIDS) estimates that in 2007 there were more than 33 million people worldwide living with HIV/AIDS, including 2.5 million who were newly infected with HIV. The most recent report from UNAIDS includes a significant decline in the number of people estimated to be living with HIV/AIDS globally, compared to prior published estimates. UNAIDS attributes the revision to "improved and expanded epidemiological data and analyses that present a better understanding of the global epidemic," rather than an actual decline in the number of people living with HIV/AIDS.

**Q. What HIV/AIDS statistics are the most reliable?**

A. UNAIDS provides the most extensive set of statistics related to the global epidemic at [www.unaids.org](http://www.unaids.org). The statistics are compiled in consultation with country-level experts and international epidemiologists. Every country keeps count in its own way and some are more complete than others. There is more information on this in Frequently Asked Questions about Covering HIV/AIDS and Understanding and Reporting on HIV/AIDS Data.

**Q. What do endemic, epidemic, pandemic, and hyperendemic mean?**

A. Endemic is the constant presence of a disease or infectious agent in a certain geographic area. Epidemic is the rapid spread of a disease in a certain area or among a certain population group. Pandemic is a

worldwide epidemic; an epidemic occurring over a wide geographic area and affecting an exceptionally high proportion of the population. Hyperendemic means HIV prevalence exceeds 15% of the general population.

**Q. What is ARV?**

A. ARV stands for antiretroviral. It is a class of drugs designed to slow the reproduction of HIV in the body. If ARV treatment is effective, the onset of AIDS can be delayed for years. It is recommended that ARV drugs be used in combination. There is more information on this in Drugs Used in the Treatment of HIV (FDA-Approved).

**Q. What is HAART?**

A. HAART stands for highly active antiretroviral therapy. It is the combination of at least three ARV drugs that attack different parts of HIV or stop the virus from entering blood cells. Even among people who respond well to HAART, the treatment does not eradicate HIV. The virus continues to reproduce but at a slower pace.

**Q. How many people have access to ARV treatment and prevention services?**

A. Access to antiretroviral (ARV) treatment has increased fivefold since December 2003 in low- and middle-income countries, however only 28% of people living with HIV/AIDS and in need of ARVs were estimated to be receiving treatment as of December 2006. This represents 2.0 million of the estimated 7.1 million people in need of antiretroviral treatment in these countries. Access to prevention services also is low, with fewer than one in five people at risk of HIV infection estimated to have access in low and middle-income countries.

**Q. What is drug resistance?**

A. Drug resistance is the ability of an organism (e.g., a virus, bacterium, parasite or fungus) to adapt, grow and multiply even in the presence of drugs that usually kill it. It reduces the ability of ARV drugs to block the replication of HIV. In some people on ARVs, HIV mutates into new strains that are highly resistant to current drugs.

**Q. What is ABC?**

A. ABC stands for abstinence, being faithful to a single partner and condom use. It is an approach to prevention that certain organizations and governments promote as a means to stop the spread of HIV.

**Q. What is the Global Fund?**

A. The Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2001 at the urging of then-UN Secretary General Kofi Annan. The Global Fund is a partnership among governments, the private sector and affected communities. It is an independent grant-making organization whose purpose is to mobilize and provide funding to developing countries to fight AIDS, tuberculosis and malaria.

**Q. What is PEPFAR?**

A. The President's Emergency Plan for AIDS Relief was launched in 2004 by U.S. President George W. Bush and represents the largest single commitment by a government to fight the global pandemic. PEPFAR is a multi-year multi-billion dollar plan to assist countries with implementing prevention, treatment and care programs. It operates in over 120 countries but focuses most closely on 15 countries in Africa, Asia and the Caribbean which account for about 50% of HIV-infections worldwide.

**Q. What is absorptive capacity?**

A. Absorptive capacity in the context of the global HIV epidemic is used to refer to the ability of developing

countries to efficiently spend foreign aid money. Given the limitations of health systems in developing countries, it is a challenge to process, disperse and manage outside assistance especially since many developing countries receive aid from numerous donors, each with their own preferences and requirements.

**Q. What regions of the world have a health care worker shortage and what is its impact?**

A. More than a billion people around the world lack access to basic health care due to a deficiency of training and recruiting of health care workers. Fifty-seven countries, 36 of them in sub-Saharan Africa, are in urgent need of health care workers. The shortage, of some four million workers, serves as an obstacle to the provision of essential, life-saving interventions such as immunization, safe pregnancy, delivery service for mothers treatment for HIV/AIDS, malaria and tuberculosis.

**ADDITIONAL RESOURCES**

Kaiser Family Foundation. *Global Health Reporting website "HIV/AIDS FAQs"*  
<http://www.globalhealthreporting.org/diseaseinfo.asp?id=24>

UNAIDS. *Questions and Answers about HIV/AIDS*  
<http://www.unaids.org/en/KnowledgeCentre/Resources/QandA/default.asp>

U.S. Department of Health and Human Services. *Centers for Disease Control and Prevention*  
<http://www.cdc.gov/hiv/resources/qa/index.htm>