

HIV/AIDS Basics

Common Questions About HIV/AIDS

What are HIV and AIDS?

HIV stands for Human Immunodeficiency Virus. HIV is a virus. Some viruses, such as the ones that cause the common cold or the flu, stay in the body only for a few days. Some viruses, such as HIV, never go away. When a person becomes infected with HIV, that person becomes "HIV positive" and will always be HIV positive. Over time, HIV disease infects and kills white blood cells called CD4 lymphocytes (or "T cells") and can leave the body unable to fight off certain kinds of infections and cancers.

With successful antiretroviral therapy (ART), the body can remain healthy and fight off most viruses and bacteria. A healthy person usually has a CD4 count of between 600 and 1,200. When the CD4 count drops below 200, a person's immune system is severely weakened, and that person is then diagnosed with AIDS, even if he or she has not become sick from other infections.

AIDS stands for Acquired Immunodeficiency Syndrome and is caused by HIV. The names HIV and AIDS can be confusing because both terms describe the same disease. Think of AIDS as advanced HIV disease. A person with AIDS has an immune system so weakened by HIV that the person usually becomes sick from one of several opportunistic infections or cancers such as PCP (a type of pneumonia) or Kaposi sarcoma, wasting syndrome (involuntary weight loss), memory impairment, or tuberculosis. If someone with HIV is diagnosed with one of these opportunistic infections (even if the CD4 count is above 200), he or she is said to have AIDS. AIDS usually takes time to develop from the time a person acquires HIV -- usually between 2 to 10 years or more.

Once a person has been diagnosed with AIDS, she or he is always considered to have AIDS, even if that person's CD4 count goes up again and/or they recover from the disease that defined their AIDS diagnosis.

What are the symptoms of HIV infection?

How can I tell if I have HIV?

The first symptoms of HIV infection can resemble symptoms of common cold or flu viruses. The symptoms of early infection can also be similar to the symptoms of other sexually transmitted diseases and other infections such as "mono" or hepatitis, which are much more commonly and more easily transmitted. Stress and anxiety can also produce symptoms in some people, even though they do not have HIV.

Some people who contract HIV experience very strong symptoms, but others experience

none at all. Those who do have symptoms generally experience fever, fatigue, and, often, rash. Other common symptoms can include headache, swollen lymph nodes, and sore throat. These symptoms can occur within days or weeks of the initial exposure to the virus during a period called primary or acute HIV infection.

Because of the nonspecific symptoms associated with primary or acute HIV infection, symptoms are not a reliable way to diagnose HIV infection. Testing for HIV antibodies is the only way to know whether you have been infected; however, the HIV antibody test only works after the infected person's immune system develops antibodies to HIV. During the "window period" between the initial infection and the period in which antibodies are detectable (which can be from 2 weeks to 6 months, but is usually 3 months), standard HIV testing is ineffective.

If you are concerned that you may have recently acquired HIV and have symptoms described above, see a doctor. A doctor or other health care professional can help determine whether you may be infected with HIV or another infection. If HIV infection is suspected, he or she may perform a Polymerase Chain Reaction (commonly called "PCR") test to determine whether HIV is present in the blood.

Once the primary or acute infection is over, most people do not experience any visible symptoms for another 8-10 years. Left untreated, the immune system becomes increasingly weaker and the disease progresses to AIDS. The next symptoms experienced by individuals infected with the virus are often associated with the "opportunistic infections" that target individuals with AIDS such as pneumonia, tuberculosis, and toxoplasmosis.

How can I tell if someone else has HIV?

There is no way to know for sure if someone else has HIV. Many people with HIV look perfectly healthy. Other people who are sick with HIV may have symptoms that are identical to other common illnesses. You cannot tell by looking whether someone is HIV positive. The only way to know for sure is if someone tells you. It is important to consider how well you know someone and how much you trust them when talking about sex and HIV.

Does HIV cause AIDS?

In 1981, the first cases of severe immune system deterioration were recognized when several young men developed unusual infections and cancer. The new disease was later named "AIDS". At that time, no one knew what was causing the disease. Since then, science has shown that the Human Immunodeficiency Virus (HIV) is the cause of AIDS. We know this because people who become infected with the virus can develop AIDS, and medicines that act against the virus can prevent infected people from getting sick. As HIV infection progresses, it weakens a person's ability to fight off diseases. By attacking the immune system, the virus leaves people more susceptible to other diseases. When a person with HIV contracts one of several additional diseases, or when a person's immune system shows marked deterioration, that person is classified as having AIDS.

Some individuals and groups have tried to push the false idea that AIDS is not caused by HIV. These claims can be really harmful. If people are led to believe that they do not need to reduce their risk of getting or spreading HIV, they could become infected or pass the virus to others. Also, if people with HIV think they do not need to get medical care or consider treatment, they could become very sick and develop AIDS.

How many people have HIV/AIDS?

The number of people living with HIV worldwide continued to grow in 2008, reaching an estimated 33.4 million [31.1 million–35.8 million]. The total number of people living with the virus in 2008 was more than 20% higher than the number in 2000, and the prevalence was roughly threefold higher than in 1990.

Global Summary of the HIV/AIDS Epidemic

People newly infected with HIV in 2008

Total	2.7 million [2.4 million–3.0 million]
Adults	2.3 million [2.0 million–2.5 million]
Children <15 years	430 000 [240 000 – 610 000]

Number of people living with HIV/AIDS in 2008

Total	33.4 million [31.1 million–35.8 million]
Adults	31.3 million [29.2 million–33.7 million]
<i>Women</i>	15.7 million [14.2 million–17.2 million]
Children <15 years	2.1 million [1.2 million–2.9 million]

AIDS deaths in 2008

Total	2.0 million [1.7 million–2.4 million]
Adults	1.7 million [1.4 million–2.1 million]
Children <15 years	280 000 [150 000–410 000]

(Source: Report on the Global AIDS Epidemic, UNAIDS, November 2009.)

How do you get (and avoid getting) HIV?

HIV is transmitted during sex, through significant and direct contact with infected blood, and from mother to baby.

The body fluids containing HIV include

- Blood (including menstrual blood)
- Semen and possibly pre-seminal fluid ("pre-cum")
- Vaginal secretions
- Breast milk

In order for HIV to be transmitted

- HIV must be present.
- HIV must get inside the body.

The sexual behaviors that can transmit HIV

- Vaginal sex (penis in the vagina)
- Anal sex (penis in the anus) involving either men or women
- Oral sex (mouth on the penis or vagina)

The risk of transmitting HIV is greatly reduced by using a condom.

Other ways that HIV can be transmitted

- Sharing needles when shooting drugs
- Home tattooing and body piercing
- Accidental needle sticks
- Blood transfusions
- Childbirth
- Breast-feeding

It is important to know

- Most people with HIV infection do not look sick.
- Most people with HIV infection have not been tested and don't know they are infected.

It is important to remember that HIV is NOT transmitted through

- Saliva, tears, sweat, faeces, or urine
- Hugging
- Kissing
- Massage
- Shaking hands
- Insect bites
- Living in the same house with someone who has HIV
- Sharing showers or toilets with someone with HIV

To avoid getting HIV

HIV is a virus that infects people by getting inside their blood cells. To avoid getting HIV, you must prevent the blood, semen, vaginal fluids, or breast milk of someone who is infected from entering your body through your mouth, vagina, anus, tip of your penis, or breaks in your skin.

How do I protect myself?

Protecting yourself against HIV is about knowledge. Understanding how you get (and avoid getting) HIV, and knowing yourself and your partner (or partners), are key to protecting yourself against HIV.

Many people who "know better" engage in risky activities. The reasons for this are numerous and normal: you could be afraid to insist that your partner use a condom; you could make false assumptions about partners (they seem too young, old, healthy-looking, or nice to be HIV positive); you might be a drinker or recreational drug user who does things while under the influence that you wouldn't otherwise consider. The hardest part of protecting yourself can be learning how to apply what you know to your life and behavior.

Be safe and smart with your decisions. Reduce your risk for HIV by avoiding activities that put you at risk and only practicing safer sex. Don't be afraid to get tested or to insist that your partner get tested; knowing your HIV status and that of your partner (or partners) will help you make more informed decisions.

Talk to your friends and peers--what do they do?

Other Things to Consider

If you are a health care worker or someone else with potential occupational exposure to HIV, you should be given clear guidelines about universal precautions, and follow them without exception. If you have been exposed, contact your local emergency room or occupational health department.

If you have been a victim of sexual assault, or have had another incident (like a condom breaking) that you believe may have exposed you to HIV, you should immediately contact a physician and consider short-term antiretroviral treatment (postexposure prophylaxis).

How risky is oral sex?

What it means

Oral sex is sex that involves the mouth and the penis, vagina, or anus (butt hole). Some other words for different kinds of oral sex are "blow job," "giving head," "going down on," "eating out," "sucking," "cunnilingus," or "rimming."

How risky is it?

There are a few known cases of people getting HIV from giving oral sex (licking or sucking). There are no known cases of someone getting HIV from receiving oral sex (being licked or sucked). Experts believe that oral sex without protection is less risky than other kinds of sex, but all agree that it is possible to get HIV from giving oral sex to an HIV-infected partner without protection, especially if the HIV-infected partner ejaculates in the mouth. Certain factors, such as the presence of any cuts or sores in the mouth, are thought to increase the riskiness of oral sex.

Giving oral sex (blow job) to a man has been proven to carry some risk of getting HIV, although most scientists believe the risk is relatively low. The risk increases if the person giving the blow job has any cuts or scrapes in his or her mouth, even small ones that can be caused by brushing or flossing right before sex. To have safer oral sex, avoid getting any semen in your mouth, either by pulling away before ejaculation, or by using a nonspicidial condom. You can use an oral barrier such as a dental dam or plastic wrap to make oral-anal sex (rimming) safer.

Giving oral sex to (going down on) a woman is also relatively low risk. The possibility of infection is higher if there is menstrual blood or if the woman has another STD. You can use an oral barrier such as a dental dam or plastic wrap to make oral-vaginal sex (cunnilingus) or oral-anal sex (rimming) safer.

The risk for other sexually transmitted diseases

There are many diseases besides HIV that can be passed through unprotected oral sex, including herpes, syphilis, gonorrhea, hepatitis A, warts, intestinal parasites, and others.

How do you use a condom?

Some people think that using a condom interferes with having fun, but condoms can actually be fun and erotic, while providing protection against unplanned pregnancies, HIV, and other sexually transmitted diseases.

What to use and when

Anal and vaginal intercourse: The best condoms to use are lubricated latex condoms. Always use latex, because lambskin condoms don't block HIV and STDs, and polyurethane condoms break more often than latex.

Oral sex: Try nonlubricated or flavored condoms for this. Whatever you do, don't get semen in your mouth.

Sex toys: Vegetable, dildo, vibrator, or whatever--put a condom on that thing! Don't switch from vaginal to anal intercourse, or from one person's body to another, without using a new condom.

Added lubricant: This can give you more protection by preventing the tearing of delicate skin and can make things even more enjoyable. Always use a water-based lubricant, such as

K-Y Jelly, Astroglide, Aqua Lube, Wet, ForPlay, or Probe. Oil breaks latex. Don't use vaseline, hand creams, cooking/vegetable oil, or lotions as a lubricant. Also, treatments for yeast infections contain oil and will break latex.

Condom tips

Make sure your condoms are fresh--check the expiration date. Throw away condoms that have expired, been very hot, been carried around in your wallet, or been washed in the washer. If you think the condom might not be good, get a new one. You and your partner are worth it.

Open the package carefully, so you don't rip the condom. Be careful if you use your teeth.

Put on the condom after the penis is erect and before it touches any part of a partner's body. If a penis is uncircumcised, the person must pull back the foreskin before putting on the condom.

Make sure the condom is right-side out. It's like a sock--there's a right side and a wrong side. First, unroll it about half an inch to see which direction it is unrolling. Then hold the tip of the condom between your fingers as you roll it all the way down the shaft of the penis from head to base. This keeps air bubbles out that can cause the condom to break. It also leaves a space for semen to collect after ejaculation.

Put lubricant on after you put on the condom, not before--it could slip off. Add more lube often. Dry condoms break more easily.

Withdraw the penis immediately after ejaculation, while the penis is still erect; grasp the rim of the condom between your fingers and slowly withdraw the penis (with the condom still on) so that no semen is spilled.

Throw out the used condom right away. Use a condom only once. Never use the same condom for vaginal and anal intercourse. Never use a condom that has been used by someone else.

Is HIV still a risk if you're faithful?

Even people who have sex with only one person can get HIV.

Being in love, going steady, or even getting married does not automatically protect you from HIV. You can only get HIV from someone who is infected with HIV, and even then only if you are involved in risk activities that can spread the virus. But even people who have sex with only one person can get HIV.

There is no risk of transmitting HIV between two people who are both uninfected. The problem is, how do you know? People do not always tell the truth, or do not always know that they are infected. Even if you are in a committed relationship and can trust that your partner is not being exposed to HIV, you should still be tested before having unprotected

sex if either of you had any chance of exposure to HIV in the past.

Also, if you exposed to HIV just a few weeks before you get tested for HIV, the test might say that you are not infected when in fact you are, but a test won't show it until weeks later. So you should both be tested once, and after about 3 to 6 months be tested a second time, before you can be sure that you are both HIV negative. (Of course, this assumes that you both have committed to not having sex with anyone else, and that neither one of you has been exposed to HIV since the first test.)

Sometimes it is just easier to protect yourself than to keep track of other people. Even people you really like can have things going on that you just don't know about.

Does birth control protect against HIV?

The only forms of birth control that will protect against HIV are abstaining from penetrative sex or using condoms while having sex. Other methods of birth control offer protection against unplanned pregnancy, but do not protect against HIV or other sexually transmitted diseases (STDs).

Birth control options that DO protect against HIV

- Abstinence (not having sex)
- The male condom
- The female condom

Birth control options that DO NOT protect against HIV

- Oral contraceptives ("the pill")
- Depo-Provera (shot)
- Emergency contraception ("morning-after pill")
- Norplant
- The IUD (intrauterine device)
- The diaphragm, cap, and shield
- Withdrawal

Is there a cure or vaccine for HIV/AIDS?

At this time, there is no cure for HIV. But there are things you can do.

Since this is the current reality, it is important that those people who are not infected with HIV stay negative and those living with HIV/AIDS stay healthy.

For people infected with HIV, drug development has helped to change the face of the disease. Whereas HIV infection once implied certain death, drug therapy has helped to prolong and improve the quality of life for many individuals.

HIV is a retrovirus, so drugs that target the virus are called antiretroviral (ARV) drugs. There

are many different types of ARVs, but they all work by slowing the growth or inhibiting the replication of the virus. Although these drugs do not kill the virus, they effectively reduce the levels of HIV in the blood.

In choosing to begin drug therapy to treat HIV, it is important to discuss your options with a doctor. The doctor will perform blood tests to determine your viral load (how much HIV is in your blood) and your T cell (CD4+) levels (how strong your immune system is). Knowing these test results and the symptoms you have experienced will allow the two of you to decide when to begin treatment and which therapies to use.

There is currently no effective vaccine to prevent HIV infection.

Vaccines are used to prevent many different infections in people. Vaccines work by causing a person's immune system (the body's defense against infections and cancer) to recognize and react to specific germs. If a person is exposed to one of those germs later, the vaccine may protect them from getting infected.

Although there are vaccines that prevent other diseases caused by viruses (including hepatitis B, yellow fever, and even chicken pox), there is no effective vaccine for HIV. Most experts think that a vaccine is the best long-term hope for controlling HIV around the world. Researchers are working to develop vaccines for HIV, and several are being tested. It is a difficult process, however, and no one is sure how long it may take to find an effective vaccine.

While there are medicines that can improve the health of people with HIV, there is no cure for HIV. Because there is no vaccine and no cure, it is important that those people who are not infected with HIV stay uninfected and those living with HIV/AIDS stay healthy.

Is HIV always fatal?

Since there is currently no way to get rid of HIV from the body once someone is infected, most people with HIV will probably still have the virus when they die.

Whether or not HIV/AIDS will be what causes someone's death, however, is not always clear. People with HIV are still vulnerable to all of the other things that can kill someone, of course--other infections, cancer, accidents--so it is possible to have HIV and die of something else. This is probably not a cheerful thought, but just a reality check!

What many people want to know is whether it is possible to get HIV and live a normal, relatively healthy lifespan. HIV is often thought of as an incurable, fatal illness, and it certainly can be--especially once a person's immune system is weakened to the point that he or she has AIDS. Without treatment, it takes an average of 10 years for someone who gets HIV to develop AIDS. Some people get AIDS much more quickly, while others do not get it until much later.

Without treatment, most people with HIV will eventually develop AIDS and die. In fact, most people with HIV in the world cannot afford the treatments that may allow them to stay

healthy or live longer.

This is depressing, but there is hope. Since 1996, improved treatments for HIV have given many HIV-positive people renewed hope. While the treatments are not a cure and are far from perfect, they may help to keep people with HIV who are able to take them healthy for a long time.

How long? No one knows, really. Some people may do very well for many, many years. Others may eventually get sick and die despite being treated. There is a great need for research to find new and better treatments for HIV, so that the disease will not threaten people's lives and cause so much suffering.

Should you get tested?

There is no short answer to this question. Finding out your HIV test results lets you know if you need to get treatment. Also, testing and counseling can be a good way to educate yourself about HIV and your own risk. Counseling involves talking with a trained counselor before and after taking the HIV test. You can ask questions about HIV, talk about your risk of getting HIV, and raise any concerns or fears about testing you may have. Unfortunately, the question of whether you should be tested is not so easy.

Before being tested, it's a good idea to talk to your friends or family. You can also talk to an HIV test counselor without committing to taking the test. Here are some questions to consider regarding testing:

Do you have reason to think you might be infected?

- Have you ever had "unprotected" sex (sex without a condom or other latex barrier)--oral, vaginal, or anal?
- Have you ever had sex with someone who was an IV drug user or had HIV?
- Have you ever had a sexually transmitted disease (STD) such as herpes, chlamydia, gonorrhea, trichomoniasis, or hepatitis?
- Have you ever had an unplanned pregnancy?
- Have you ever been sexually assaulted (raped, forced or talked into having sex when you didn't want to)?
- Have you ever passed out or forgotten what happened after you were drinking or getting high?
- Have you ever shared needles or other equipment to inject drugs or pierce the skin?
- Have you ever received a blood transfusion? (the risk is very low in the United States, but can vary in other countries)
- Did your mother have HIV when you were born?

What happens when you get tested for HIV?

What is the test looking for?

The HIV test is designed to detect antibodies to HIV in your blood or saliva. Antibodies are "fighter cells" produced by your body when you have an infection. If you are infected with HIV, your body makes very specific antibodies to fight the infection. The HIV antibodies are different from antibodies for the flu, hepatitis, or other infections. If you have HIV antibodies, then you have been infected with HIV. (The only exception to this applies to infants born to HIV-infected mothers; infants can receive HIV antibodies from their infected mothers that stay in their system for as long as 18 months.)

The HIV test does not tell you if you have AIDS or how long you have been infected or how sick you might be. It just tells you that you are infected with the virus.

The window period

The window period is the time it takes for your body to produce HIV antibodies after you have been exposed to HIV. In more than 99% of people, this period is between 2 and 12 weeks. In a very small number of people, the process takes up to 6 months.

The window period causes a lot of confusion. Here's an example: Let's say someone had unprotected sex on Saturday night. On Monday, he goes to get an HIV test. The test will almost certainly come back negative, even if he was infected with HIV on Saturday night, because his body has not yet had a chance to make antibodies. Even if he went for an HIV test 1 or 2 months later, he might still get a negative result even if he had been infected on that Saturday night; again, the reason is because he has not yet produced antibodies, which are what the HIV test is looking for.

If you are worried about something that happened that may have exposed you to HIV, you naturally will want to get tested as soon as possible. A good strategy would be to go back for a test 3 months after your possible exposure; the result you get after 3 months will be 99% certain. However, if you think you may have been exposed to HIV and are having symptoms of HIV infection, see a doctor right away. The doctor may be able to perform a different kind of test called a Polymerase Chain Reaction (commonly called "PCR") test that can detect actual virus (versus the antibodies to the virus) in the blood. If you think you may have been exposed to HIV recently (regardless of whether you have symptoms), talk to a counselor or health care provider about when you should be tested.

Where can you get tested?

Your private GP can get the test done for you or if you wish to remain anonymous you can call or Visit the GU Clinic is Sir Paul Boffa Hospital.

Doctor in Charge: Dr. Philip Carabot, M.D.

The Genitourinary (GU) Clinic
Sir Paul Boffa Hospital
Harper Lane
Floriana
VLT14

Malta

Website: <http://www.sahha.gov.mt/pages.aspx?page=299>

Telephones:

Sir Paul Boffa Hospital
00-356-21234798
00-356-21224491

Direct line GU Clinic
00-356-22987115

For an appointment
00-356-21227981

Opening hours 8.00am to 2.00pm

What are STDs and how do they relate to HIV infection?

STD stands for Sexually Transmitted Disease. Put simply, STDs are infections that are passed on through the close, intimate contact that usually accompanies sexual activities.

Sexually transmitted diseases

- Human immunodeficiency virus (HIV)
- Chlamydia
- Trichomoniasis ("Trich")
- Gonorrhoea
- Human papilloma virus (HPV) ("Warts")
- Genital herpes
- Syphilis
- Hepatitis B virus (HBV)

Understanding the risk

If you have ever had an STD, you may have been exposed to HIV as well, and should consider getting tested for HIV.

If you currently have an STD, you need to see a doctor as soon as possible. Having an STD causes the skin to break down and can increase the risk for getting HIV, or for passing HIV to others if someone is HIV positive. STDs can also cause problems of their own, which can range from minor and annoying to serious and life threatening.

Protect yourself

Taking steps to protect yourself from HIV, such as using condoms and other latex barriers if you are having sex, will also provide protection against many other STDs. Some STDs (like

herpes and genital/anal warts), however, can still be passed by skin-to-skin contact during sex even if you are taking steps to protect yourself from HIV.

What is the connection between alcohol, other drugs, and HIV?

There are many drugs that people use or abuse recreationally. Some are legal, others illegal. The most common one is alcohol (in beer, wine, or liquor). Others include marijuana (pot), cocaine (including crack), heroin, amphetamines (speed), and ecstasy. Drugs can increase someone's risk of getting HIV and can cause special problems for people who are already HIV infected.

Role of drugs in HIV transmission

Alcohol and drugs can alter people's judgment. They may take risks that might expose them to HIV that they would not take when sober.

Sharing needles to inject drugs (such as heroin, speed, or anabolic steroids) is VERY dangerous and can easily spread HIV (and other serious diseases) from one person to another.

Some people who are addicted to drugs may trade sex for drugs or money to get more drugs. This may put them at greater risk for HIV, especially if they do not always practice safe sex.

Drugs and people with HIV

Some drugs can harm the body's immune system, which fights infections. This is especially dangerous for people with HIV. Using needles to take drugs may also expose people with HIV to harmful bacteria or viruses, which can also make them very sick.

People addicted to drugs or alcohol are often malnourished. Poor nutrition can be a serious problem for people with HIV, and may make them become sick faster.

Alcohol and other drugs can have dangerous interactions with the medicines that people with HIV take to stay well.

Drug use can disrupt people's lives. When this happens to people with HIV, they may forget to take their medications, see their doctor, or take other steps to stay well.

I just tested positive -- now what?

Finding out that you have HIV can be scary and overwhelming. This can be especially true if you are a young person. If you feel overwhelmed, try to remember that you can get help and that you will not feel this way forever--the scary feelings will get better with time. There are some things that you should know about HIV that may ease some of the stress or confusion you are feeling:

- You are not alone.
- HIV does not equal death: having HIV does not mean that you are going to die.
- It does not automatically mean that you have AIDS.

HIV is the virus that causes AIDS, and yes, left untreated, it can lead to death. This is why it is so important to get medical care if you find out you have HIV. Do not be afraid to seek a doctor or other health care provider--he or she can help you to stay well and, hopefully, not get sick. Treatments for HIV are not perfect, and are not available to everyone around the world, but can be very effective for many people. A doctor or other health care provider can explain the best options for you and help you to stay well.

If you have HIV, it is important to know that you could give the virus to others by having unprotected sex or sharing needles (or, if you have a child, by breast-feeding). This is true even if you are feeling perfectly fine, and even if you are taking HIV medications or your virus is "undetectable." Using condoms and clean needles can prevent spreading HIV to other people. It can also protect you from getting infected with other strains of HIV or other diseases.

Remember: the most important things you can do right now are:

- Start seeing a doctor or other health care provider.
- Ask for help or support.

I just tested negative -- now what?

Testing negative for HIV can be a huge relief. You have made an important choice to take care of yourself by getting tested, and you should be proud of your decision. There are several things you can do to keep protecting your health, now that you know you are negative.

Testing negative for HIV does not mean that you are immune to the virus, so it is important to keep protecting yourself. Don't get discouraged or give up if you slip (by having unsafe sex or sharing needles). There are support services that can help you stick to your decision to stay safe.

Remember, it can take up to 6 months to test positive for HIV after being exposed. This is called the "window period." To be completely sure that you do not have HIV, you should get tested again in 6 months, and continue to protect yourself during this time.

If you do not already see a doctor regularly, start now. It is always a good idea to have regular checkups, and your doctor will have a medical history of your health to refer to if you get sick.

The two most important things you can do right now are:

- Keep taking care of yourself and your health.
- Ask for support in staying HIV negative.