OPPORTUNISTIC DISEASES

People with advanced HIV disease or AIDS are vulnerable to infections and cancers called 'opportunistic infections' because they occur when one’s immune system is weakened. Examples include bacterial pneumonia, tuberculosis, cervical cancer, Kaposi’s sarcoma, candidiasis (thrush), mycobacterial infections, taxoplasmosis, and cryptosporidiosis to name a few.

However, recent antiretroviral therapies are keeping one’s immune system healthier and help prevent opportunistic infections from occurring. Measures to treat these infections directly become essential if antiretrovirals stop working due to poor adherence, drug resistance or other factors.

Managing and preventing opportunistic infections not only helps HIV-positive people to live longer, healthier lives, but can also help prevent transmissible opportunistic infections from spreading to others.

TREATMENT

Currently, there are no drugs or vaccines available to cure AIDS or prevent HIV infection, although the search for such a drug or vaccine continues. Studies are currently underway to see if antiviral drugs can prevent HIV infection when taken regularly by uninfected persons.

For those living with HIV, no treatment has yet been successful in fully restoring the immune system. However, combination therapies have helped to combat the virus and restore the immune system to a healthier level. The earlier a patient gets tested and treated, the more effective these treatments become. Lower viral loads have been shown to reduce transmission risk.

HIV TESTING

As with many other diseases there is no single test for diagnosing AIDS. There is a test for detecting antibody to HIV, the virus that causes AIDS. Presence of antibody means that a person is infected with HIV and is capable of spreading it.

For people who think they are infected with HIV, the HIV antibody test is available through private physicians, family planning clinics, STD clinics, or at HIV counseling and testing sites. These publicly funded sites provide free, confidential counseling and HIV antibody testing. Clinic staff are trained to answer questions about AIDS and to provide medical and mental health referrals.

- Crown Medical Center
  Minneapolis, (612) 871-4354
- Face to Face Health and Counseling Service, Inc.
  St. Paul, (612) 772-5555
- Hennepin County Public Health Clinic - Red Door Services
  Minneapolis, (612) 543-5555
- North Memorial Broadway Family Medicine
  Minneapolis, (612) 302-8200
- Clinic 555, St. Paul-Ramsey County Department of Public Health
  St. Paul, (612) 266-1255
- West Side Community Health Services
  St. Paul, (612) 222-1816

There are over 30 other HIV testing sites throughout Minnesota. Contact the Minnesota AIDS Project (MAP) AIDSLine (number listed on next panel) for the nearest location to you.

FOR MORE INFORMATION

Minnesota AIDS Project AIDSLine
Metro Area
(612) 373-AIDS
(612) 373-2465 TTY

Statewide
(888) 248-AIDS
(888) 820-2437 TTY
http://www.mnaidsproject.org

Infectious Disease Epidemiology, Prevention and Control Division
STD and HIV Section
(651) 201-5414
http://www.health.state.mn.us/hiv

For more information about Sexually Transmitted Diseases (STDs), call the Minnesota Family Planning and STD Hotline:
1-800-78-FACTS voice/TTY
(Telecommunications devices for the deaf)
(651) 645-9360 (Metro area)
http://www.sexualhealthmn.org

AIDSfacts

Acquired Immunodeficiency Syndrome, or AIDS, was first reported in the United States in mid-1981. Since that time, the Centers for Disease Control and Prevention (CDC) estimates that 1.1 million Americans are living with HIV and about one fifth are unaware of their HIV infection.

Through 2010 in Minnesota, 9,493 HIV and AIDS cases have been reported including 3,228 that have died. There are an estimated 6,814 people who are aware of their HIV status and currently living in Minnesota.

This brochure provides accurate information about AIDS, the risk of getting HIV infection and ways to prevent the infection from occurring.

To order brochures in another format, such as large print, Braille, or cassette tape, call (615) 201-5414; (651) 201-5797 TTY
07/11
HIV IS INCREASED BY:

- Transmitted from an infected or its components. HIV may also be transmitted from a family member living in the same household.

- Acquired Immunodeficiency Syndrome (AIDS) is a state characterized by severe and often life-threatening infections or diseases.

- The spread of HIV is hindered by its components.

THE SPREAD OF HIV

HIV is found in blood, semen, vaginal secretions, and other bodily fluids of a person who is infected with HIV.

- HIV is spread by sexual contact, needle sharing, or rarely, through transfused blood or its components.

- Infection with HIV may not always lead to AIDS. Some infected persons remain in good health for years, while others develop illness varying in severity from mild to extremely serious.

THE BASICS ABOUT AIDS

- The term “AIDS” stands for acquired immunodeficiency syndrome. People who have AIDS have a defect in natural immunity against disease. People who have AIDS can get serious illnesses that would not be a threat to anyone whose immune system was functioning normally. These illnesses are referred to as “opportunistic” infections or diseases.

CAUSE

- AIDS is caused by the human immunodeficiency virus (HIV). This virus infects certain cells of the immune system and can also directly infect the central nervous system and brain. Infection with HIV may not always lead to AIDS. Some infected persons remain in good health for years. Others develop illness varying in severity from mild to extremely serious.

THE SPREAD OF HIV

- The more partners you have the greater the risk of acquiring HIV.

HIV IS NOT SPREAD BY

- Casual contact with HIV infected persons does not place others at risk for getting the illness. Although a few cases have been found where HIV has been transmitted in household settings, the situations have involved blood contact. There is no risk of getting HIV from daily contact at work, school, or at home. In general, infants with AIDS or HIV infection have not transmitted the infection to family members living in the same household. Nurses, doctors, and health care personnel are at very low risk for acquiring HIV even when directly caring for AIDS patients.

- HIV infection cannot be spread by:
  - Shaking Hands
  - Hugging
  - Coughing
  - Sneezing
  - A social kiss
  - Swimming pool
  - Toilet seat
  - Food
  - Insects
  - Animals
  - Cups
  - Air

PREVENTION

- HIV infection is preventable and knowing your HIV status is always important. However, since many infected people don’t get sick for years, they don’t get tested and unknowingly pass the virus to others during sex or by sharing needles.

If you avoid sexual contact or don’t share needles, you can eliminate your risk. If you chose to have oral, anal, or vaginal sex, you can reduce your sexual risk by:

- Not having sex with more than one partner.
- Avoiding sex with persons who are known to be infected with HIV and those who share needles or equipment to inject drugs, tattoo, or body pierce.

If you use injectable drugs:

- Do not share needles, cookers, or cotton when injecting drugs. In the U.S., about 19% of all persons living with HIV are related to injection drug use.

If infected with HIV, get into treatment as lower viral loads may reduce the risk of transmission.

- Using water-based lubricants to prevent tears in skin or condoms during sex. Do not use petroleum jelly or other oil-based lubricants with latex condoms.

- Using the female condom (polyurethane pouch that is inserted into the vagina). This may offer another option instead of a male worn condom.

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SIGNS AND SYMPTOMS

- Most individuals infected with HIV have no symptoms and feel well. Some develop symptoms that may include tiredness, fever, loss of appetite and weight, diarrhea, night sweats, and swollen glands (lymph nodes) – usually in the neck, armpits, or groin.

- Anyone who has these symptoms for more than two weeks should see a doctor. The time between infection with the virus and the onset of symptoms of AIDS ranges from a few months to 10 years or more. Infected persons can still spread the virus even though they don’t have symptoms.

DIAGNOSIS

- Certain tests that show damage to various parts of the immune system, the presence of opportunistic diseases, plus laboratory evidence of HIV all assist in making the diagnosis of AIDS. HIV-infected persons are considered to have AIDS when certain opportunistic diseases are present or when their blood levels of certain immune cells drop below a certain point.

DONATING BLOOD

- In the U.S., it is impossible for a donor to get HIV from giving blood or plasma. Blood banks and other blood collection centers use sterile equipment and disposable needles. Each needle is brand new and used only once, then destroyed. The need for blood is great, and people who are not at increased risk from getting HIV are urged to continue to donate blood as they have in the past.

All donated blood has been tested for HIV antibody since March 1985 and for HIV viral particles (referred to as P24 antigen) since March 1990. Blood identified with HIV antibody or antigen is not used for transfusions.