# SEXUAL HEALTH TESTING HIV Information Sheet

# What is HIV?

Human immunodeficiency virus (HIV) is a sexually transmitted infection, which occurs by contact or transfer of blood, semen, pre-ejaculate, and vaginal fluids. HIV can also be transmitted from an infected mother to her infant during pregnancy, childbirth, or through breast milk. In the absence of effective treatment, HIV can develop into acquired immunodeficiency syndrome (AIDS) (1).

## Symptoms of HIV

Many individuals are unaware that they have HIV in the first few months, as they do not display any symptoms, or only experience mild symptoms (e.g. headache, sore throat, fatigue) that can easily be confused with other illnesses. Despite the lack of symptoms, this initial phase of acute HIV infection is when HIV is most infectious. As the viral load increases, other symptoms appear, including swollen lymph nodes, weight loss, high fever, diarrhea, mouth ulcers, muscle aches, and persistent coughing (2). The second stage of HIV infection is known as clinical latency (or chronic HIV infection). The virus is still multiplying during this stage, but only at very low levels, and many individuals do not show any symptoms. However, without HIV treatment, individuals in this stage can still transmit HIV (2).

HIV eventually progresses to AIDS (stage 3 of HIV infection) in untreated individuals. The symptoms of AIDS include rapid weight loss, extreme fatigue, pneumonia, skin discoloration, memory loss, depression, and increased susceptibility to other infections such as tuberculosis, severe bacterial infections, and certain cancers (2).

### Who is at risk of HIV?

HIV is a major global public health issue with an estimated 38 million individuals worldwide living with HIV at the end of 2019 (3). In the United States, there are an estimated 1.2 million individuals living with HIV, with approximately 14% being unaware of their HIV status (2). Populations that have an increased risk of HIV include men who have sex with men, injecting drug users, individuals in correctional facilities, sex workers (and their clients), and transgender individuals (3).

#### How is HIV diagnosed?

HIV infections are usually diagnosed by the detection of HIV antigens and antibodies in a blood sample. It is important to note that there is a window period of up to four weeks, during which HIV diagnostic tests may produce a negative result, although infected individuals can still transmit the virus to others. Follow-up testing is recommended for any individuals with a negative result who may have been exposed to HIV (3).

## How is HIV treated?

Although there is no cure for HIV, effective antiretroviral therapy (ART) ensures that infected individuals can live relatively normal lives and prevents the transmission of HIV. Individuals at risk for HIV can also take HIV medication called pre-exposure prophylaxis (PrEP), which is highly effective for preventing HIV (4).

## How do I reduce my risk?

Abstaining from vaginal, anal, or oral sex is the only way to completely avoid sexually transmitted diseases, such as HIV. Other ways to reduce the risk include being in a longterm mutually monogamous relationship with a partner who has tested negative for HIV, using latex condoms correctly, getting tested and treated for STDs (as many STDs increase the risk of HIV transmission), and avoiding injectable drugs (or using sterile equipment if you do).

## Where can I find more info?

Visit www.genetrackdiagnostics.com for full test information, including specimen collection requirements

#### **CONTACT US:**

Email: support@genetrackdiagnostics.com Phone: 1-888-802-0703

#### NOTE:

This brochure is provided for general information purposes only. It is not intended to replace medical advice from a health professional.

#### References:

- 1. Weiss RA. (1993) How does HIV cause AIDS? Science, 260 (5112), 1273-1279.
- 2. Symptoms of HIV. Clinical Info HIV.gov. [Online] July 2020.
- 3. HIV/AIDS. World Health Organization. [Online]
- Busch MP, et al. (1995) Time course of detection of viral and serologic markers preceding human immunodeficiency virus type 1 seroconversion: implications for screening of blood and tissue donors. Transfusion, 35 (2), 91-97.