

# What Is HIV/AIDS?

- What Is HIV?
- What Is AIDS?
- Where Did HIV Come From?

## What Is HIV?

To understand what HIV is, let's break it down:

**H** – *Human* – This particular *virus* can only infect human beings.

**I** – *Immunodeficiency* – HIV weakens your *immune system* by destroying important cells that fight disease and infection. A "deficient" immune system can't protect you.

**V** – *Virus* – A virus can only reproduce itself by taking over a cell in the body of its host.

*Human Immunodeficiency Virus* is a lot like other viruses, including those that cause the "flu" or the common cold. But there is an important difference – over time, your immune system can clear most viruses out of your body. That isn't the case with HIV – the human immune system can't seem to get rid of it. Scientists are still trying to figure out why.

We know that HIV can hide for long periods of time in the cells of your body and that it attacks a key part of your immune system – your T-cells or CD4 cells. Your body has to have these cells to fight infections and disease, but HIV invades them, uses them to reproduce itself, and then destroys them.

Over time, HIV can destroy so many of your CD4 cells that your body can't fight infections and diseases anymore. When that happens, HIV infection can lead to AIDS.

## What Is AIDS?

To understand what AIDS is, let's break it down:

**A** – *Acquired* – AIDS is not something you inherit from your parents. You **acquire** AIDS after birth.

**I** – *Immuno* – Your body's immune system includes all the organs and cells that work to fight off infection or disease.

**D** – *Deficiency* – You get AIDS when your immune system is "deficient," or isn't working the way it should.

**S** – *Syndrome* – A syndrome is a collection of symptoms and signs of disease. AIDS is a syndrome, rather than a single disease, because it is a complex illness with a [wide range of complications and symptoms](#). *Acquired Immunodeficiency Syndrome* is the final stage of HIV infection. People at this stage of HIV disease have badly damaged immune systems, which put them at risk for *opportunistic infections*. You will be diagnosed with AIDS if you have [one or more specific infections](#), [certain cancers](#), or a very low number of [CD4 cells](#). If you have AIDS, you will need [medical intervention and treatment](#) to prevent death. For more information, see CDC's [Basic Information about HIV and AIDS](#).

## Where Did HIV Come From?

Scientists believe HIV came from a particular kind of chimpanzee in Western Africa. Humans probably came in contact with HIV when they hunted and ate infected animals. Recent studies indicate that HIV may have jumped from monkeys to humans as far back as the late 1800s

**For more information, see CDC's [Basic Information about HIV and AIDS: Origin of HIV](#).**

# How Do You Get HIV Or AIDS?

- [How Do You Get HIV?](#)
- [Which Body Fluids Contain HIV?](#)
- [How Is HIV Transmitted Through Body Fluids?](#)
- [How Do You Get AIDS?](#)

## How Do You Get HIV?

HIV is found in specific human body fluids. If any of those fluids enter your body, you can become infected with HIV.

## Which Body Fluids Contain HIV?

HIV lives and reproduces in [blood and other body fluids](#). We know that the following fluids can contain high levels of HIV:

- Blood
- Semen (cum)
- Pre-seminal fluid (pre-cum)
- [Breast milk](#)

- Vaginal fluids
- Rectal (anal) mucous

Other body fluids and waste products-like [feces](#), [nasal fluid](#), [saliva](#), sweat, tears, [urine](#), or [vomit](#)-don't contain enough HIV to infect you, *unless* they have blood mixed in them and you have *significant* and *direct* contact with them.

For more information, see CDC's [Which body fluids transmit HIV?](#)

**Healthcare workers** may be exposed to some other body fluids with high concentrations of HIV, including:

- [Amniotic fluid](#)
- [Cerebrospinal fluid](#)
- [Synovial fluid](#)

## How Is HIV Transmitted Through Body Fluids?

HIV is transmitted through body fluids in very specific ways:

- **During [sexual contact](#):** When you have anal, oral, or vaginal sex with a partner, you will usually have contact with your partner's body fluids. If your partner has HIV, those body fluids can deliver the virus into your bloodstream through microscopic breaks or rips in the delicate linings of your vagina, vulva, penis, rectum, or mouth. Rips in these areas are very common and mostly unnoticeable. HIV can also enter through open sores, like those caused by [herpes](#) or [syphilis](#), if infected body fluids get in them. You need to know that it's much easier to get HIV (or to give it to someone else), if you have a sexually transmitted disease (STD). For more information, see CDC's [What is the link between STDs and HIV infection?](#)
- **During [pregnancy](#), [childbirth](#), or [breastfeeding](#):** Babies have constant contact with their mother's body fluids-including amniotic fluid and blood-throughout pregnancy and childbirth. After birth, infants can get HIV from drinking infected breast milk.
- **As a result of [injection drug use](#):** Injecting drugs puts you in contact with blood-your own and others, if you share needles and "*works*". Needles or drugs that are contaminated with HIV-infected blood can deliver the virus directly into your body.

- **As a result of occupational exposure**: Healthcare workers have the greatest risk for this type of HIV transmission. If you work in a healthcare setting, you can come into contact with infected blood or other fluids through needle sticks or cuts. A few healthcare workers have been infected when body fluids splashed into their eyes, mouth, or into an open sore or cut.
- **As a result of a blood transfusion with infected blood or an organ transplant from an infected donor**: Screening requirements make both of these forms of HIV transmission very rare in the United States.

## How Do You Get AIDS?

You can develop AIDS when HIV damages your immune system so badly that it can no longer protect you from infections and disease.

## Prevention

- Safer Sex
- Safer Drug Use
- Safer Moms & Babies
- Safer Work
- Testing & Early Treatment

Every year, another 56,000 Americans become infected with HIV—but it doesn't have to be that way! It's easy to protect yourself and others from HIV if you know the facts.

Your risk for getting HIV—or transmitting it to others—is extremely low if:

- You aren't having sex of any kind (anal, oral, or vaginal)
- You aren't injecting drugs
- You aren't pregnant
- You aren't likely to have contact with infected body fluids in your workplace

But if you **are** having sex, injecting drugs, pregnant, or might be exposed to HIV at work, here's what you need to know...

## Safer Sex

Most people who get HIV get it by having unprotected sex (anal, oral, or vaginal) with a partner who is HIV-positive. "Unprotected" means without a condom or other barrier to protect you from infected body fluids.

### **Prevention *Before and During* Sex**

Here's what you can do to protect yourself and others if you are sexually active:

- Know your own HIV status and your partner's too
- Use condoms, correctly and consistently
- Limit your number of sexual partners

### **Knowledge Is Power**

Have you been tested for HIV and other sexually transmitted infections (STIs)? Has your partner? Knowing your health status, and that of your sex partner(s), is the best way to protect each of you from STIs, including HIV.

### **Condoms Keep You Safer**

Condoms offer excellent protection against HIV if you use them correctly. Both male condoms and female condoms are effective in preventing HIV infection.



Male Condom



Female Condom

The Department of Veterans Affairs offers great, plain-language [tips for using condoms and dental dams](#).

A word of warning: Condoms are highly effective in preventing most STIs, including HIV—but they will not protect you against **all** of them. You can get—or give—some STIs, like [herpes](#) or [genital warts](#), even if you or your partner are wearing a condom. But condoms still significantly reduce your risk, even for those STIs.

## ***You are always safer using a condom!***

### **Fewer Partners Means Less Risk**

The more sexual partners you have, the greater your risk of getting HIV, or passing it to someone else.

If you are sexually active, *mutual monogamy* is the safest way to go. That means: 1) You are in a sexual relationship with only one person, and 2) Both of you are having sex only with each other. In addition, **both** of you need to be tested for HIV and other STIs **before** you have sex without a condom.

### **Prevention After Sex**

Protecting yourself and your partner *before* sex is best, but we don't live in a perfect world. Sometimes you may not have the option to protect yourself during sex—if, for example, you have been sexually assaulted (raped). Or you might be regretting your choice to have sex without a condom—or the condom broke or came off during sex.

If you believe you may have been exposed to HIV through unprotected sex, you can take medications that will lower your risk of getting HIV. The treatment is called **PEP** ([post-exposure prophylaxis](#)).

But for PEP to work, you need to get medical care ASAP. The meds are most effective if you start them within **36 hours** of possible exposure. You can get PEP at hospital emergency rooms, urgent care clinics, or your local HIV clinic.

## Safer Drug Use

Using illegal drugs greatly increases your risk for getting, or transmitting, HIV.

That's especially true if you are injecting illegal drugs (like narcotics or steroids) and you share any of your needles or "works" with others. That's because used needles and works can easily deliver infected blood into your body.

Drugs can also affect your ability to make good choices. If you are high, you are more likely to do things that can lead to HIV infection, such as forgetting to use a condom or having multiple sex partners.

If you are injecting illegal drugs, the best thing you can do to protect yourself from HIV is to quit.There are drug-abuse treatment services and counseling available to help you.

But if you can't stop injecting drugs, here are some things you can do to reduce your risk of getting HIV or transmitting it to others:

- Never reuse or share **anything** you use to prepare or inject your drugs.
- Only use syringes obtained from a reliable source (such as pharmacies or needle-exchange programs).
- Use a new, sterile syringe each time to prepare and inject drugs.
- If possible, use sterile water to prepare drugs—otherwise, use clean water from a reliable source (such as fresh tap water).
- Use a new or disinfected container ("cooker") and a new filter ("cotton") each time you prepare drugs.
- Clean the injection site with a new alcohol swab before you inject.
- Safely dispose of syringes after one use.

For more information, see CDC's [How can injection drug users reduce their risk for HIV infection?](#) and AIDS.gov's [Reduce Your Risk: Substance Abuse](#).

If you use illegal drugs, your sex partner(s) are also at risk for HIV. You can help to protect others by [being tested for HIV](#) and by [using condoms consistently and correctly](#).

### **A Note About Needles**

You may use needles/syringes to inject legal prescription drugs, like insulin or allergy medicines—or for body piercing and tattooing. No matter why you use needles/syringes, you should always use a new, sterile syringe every time you prepare and inject drugs—or for each piercing or tattoo. This will help protect you and others from HIV.

## Safer Moms & Babies

If you are pregnant, or think you might be, please talk to a doctor or your local health department about getting an HIV test. If you are HIV-positive, there are medications that can dramatically reduce your chance of passing HIV to your baby. The sooner you take those medications, the more likely your baby will be protected.

## Safer Work

Very few people have ever gotten HIV because of their work. You are most at risk for job-related HIV infection if you work in healthcare.

### **Healthcare-Related Risks**

You can protect yourself from HIV by: following standard infection-control guidelines in your workplace.

These include:



- Using safer techniques with sharp objects, like needles or lancets:
  - Don't recap sharps after you use them
  - Dispose of used sharps in the correct container

- Wear gloves, eye and face protection, and gowns to protect yourself from contact with blood or other body fluids
- Treat all blood and body fluids as if they are infectious
- 

For more information, see CDC's [Preventing Occupational HIV Transmission to Healthcare Personnel](#).

### **Prevention After Work-Related Exposure**

If you believe you have been exposed to HIV at work, you can take medications that will lower your risk of getting HIV. The treatment is called **PEP** ([post-exposure prophylaxis](#)).

But for PEP to work, you need to get medical care ASAP. The meds are most effective if you start them within **36 hours** of possible exposure. You can get PEP at hospital emergency rooms, urgent care clinics, or your local HIV clinic.

## Testing & Early Treatment

You can help prevent HIV infections by getting an HIV test. That's because knowing your HIV status can keep you from accidentally passing the virus to someone else.

Early treatment is another important part of prevention. If you test positive for HIV, you can get the medical care that will [help keep you healthy](#). Treatment can make you less infectious to others, and help you to [protect your partner\(s\)](#).

# Testing

### **Page Highlights:**

- What Is An HIV Test?
- Testing

## What Is An HIV Test?

Once HIV enters your body, your immune system begins to produce *antibodies* to the virus. Antibodies are specialized proteins that identify and try to neutralize or destroy foreign objects, such as bacteria and viruses—like HIV.

In the case of HIV, these antibodies cannot fight off the infection, but their presence is used to tell whether you have HIV in your body. In other words, most HIV tests look for HIV antibodies rather than looking for HIV itself. If an HIV test shows that you have those antibodies, then you are “HIV-positive.”

## Testing

The most common HIV tests use blood to detect HIV infection. There are also tests that use *oral fluid* or urine. Some tests take a few days for results, but rapid HIV tests can give results in about 20 minutes.

If your test comes back **negative** that means it did not find evidence of HIV antibodies in your body.

If your test comes back **positive**, you will need to have another test, called a **confirmatory** test to make sure the first test was correct. If the confirmatory test also shows evidence of HIV antibodies, you will be diagnosed as “HIV-positive”.

It’s important to note that [it can take time](#) for your body to produce antibodies to HIV. This process is called *seroconversion*. Before seroconversion, you aren’t producing antibodies to the virus yet, but the level of virus in your blood is typically very high, and you can pass the virus on to others.

There are other types of HIV tests, including some that look specifically for the virus particles. These tests are rarely used, however, unless there is a possibility you may be in the process of seroconversion.

For more information, see CDC’s [HIV Testing Basics for Consumers](#).

## Signs & Symptoms

- HIV-Positive without Symptoms
- Early Stages of HIV: Signs and Symptoms
- Chronic Phase or Latency: Signs and Symptoms
- AIDS: Signs and Symptoms

## HIV-Positive without Symptoms

Many people who are HIV-positive do not have [symptoms](#) of HIV infection. **Often people only begin to feel sick when they progress toward AIDS (*Acquired Immunodeficiency Syndrome*)**. Sometimes people living with HIV go through periods of being sick and then feel fine.

While the virus itself can sometimes cause people to feel sick, most of the severe symptoms and illnesses of HIV disease come from the *opportunistic infections* that attack a damaged *immune system*. It is important to remember that some symptoms of HIV infection are similar to symptoms of many other common illnesses, such as the flu, or respiratory or gastrointestinal infections.

## Early Stages of HIV: Signs and Symptoms

As early as **2-4 weeks** after exposure to HIV (but up to **3 months later**), people can experience an acute illness, often described as “the worst flu ever.” This is called *acute retroviral syndrome (ARS)*, or *primary HIV infection*, and it’s the body’s natural response to HIV infection. During primary HIV infection, there are higher levels of virus circulating in the blood, which means that people can more easily transmit the virus to others.

### **Symptoms can include:**

- Fever
- Chills
- Rash
- Night sweats
- Muscle aches
- Sore throat
- Fatigue
- Swollen *lymph nodes*
- Ulcers in the mouth

It is important to remember, however, that **not everyone gets ARS when they become infected with HIV**. For more information, see NIH’s [Acute HIV Infection](#).

## Chronic Phase or Latency: Signs and Symptoms

After the initial infection and *seroconversion*, the virus becomes less active in the body, although it is still present. **During [this period](#), many people do not have any symptoms of HIV infection.** This period is called the “chronic” or “latency” phase. This period can last up to **10 years**—sometimes longer.

## AIDS: Signs and Symptoms

When HIV infection progresses to AIDS, many people begin to suffer from fatigue, diarrhea, nausea, vomiting, fever, chills, night sweats, and even [wasting syndrome](#) at late stages. Many of the signs and symptoms of AIDS come from opportunistic infections which occur in patients with a damaged immune system. For more information, see NIH’s [AIDS](#).

# Treatment

- [Medications + a Healthy Lifestyle](#)
- [Medications & Therapies](#)
- [Healthy Living](#)

## Medications + a Healthy Lifestyle

We all know that a [healthy lifestyle](#) is important. For those living with HIV/AIDS, it’s vital. HIV *can* be a chronic, manageable disease if you take your [HIV medications consistently](#), visit your [primary healthcare provider](#) regularly, and [take care of your body](#). All of these things help to protect your immune system from HIV.

## Medications & Therapies

The most effective form of [HIV/AIDS treatment](#) is medication called *antiretroviral therapy (ART)*. There are a number of ART medications that work directly on the virus and stop it from *replicating* itself in your body. Most people on ART take a combination of several medications to keep their HIV disease under control. If the medications are successful, the amount of HIV in your body goes down significantly, and your immune system can stay healthy. For more information, see NIH’s [AIDS Medicines](#).

## Healthy Living

Treatment for HIV/AIDS is more than just taking pills every day. While [medications](#) are essential for treating HIV, a well-balanced and [nutritious diet](#), [daily exercise](#), plenty of rest and [staying current with your medical care](#) are all important pieces of successful treatment. Each of these things helps to boost your immune system and prevent other chronic diseases, such as [heart disease](#), [diabetes](#), or [high blood pressure](#). For more information, see NIH's [HIV/AIDS Information: Nutrition and Exercise](#).

## Research

- Prevention Research
- Treatment Research

### Prevention Research

Researchers are looking at many different ways to prevent the spread of HIV. Some research focuses on behaviors and social factors that increase the risk of HIV infection:

- [Unprotected sexual contact](#) (oral, anal, or vaginal)
- [Injection drug use](#)
- Poverty
- Lack of access to medical care
- Language barriers
- Cultural expectations
- [Threat of partner violence](#)

These factors may place specific groups of people (people of color, women, men who have sex with men) at a higher risk of getting HIV. The goal of this type of research is to develop prevention programs or approaches that will stop the spread of HIV.

Other research examines biomedical methods of preventing HIV transmission. These include [male circumcision](#) and [microbicides](#).

Since HIV was first identified in 1984, researchers have been working to develop an HIV vaccine. The goals of vaccine research are both preventative and *therapeutic*.

To date, the search for an effective [HIV vaccine](#) has not been successful. In June 2008, the National Institute for Allergy and Infectious Diseases (NIAID) canceled large-scale HIV [vaccine trials](#) after the failure of a similar privately funded vaccine trial in 2007. Dr. Anthony Fauci, director of NIAID, explained that NIAID canceled the trial because scientists need a better understanding of how HIV vaccines and the immune system interact before they will be able to develop a successful vaccine.

For more information, see:

NIAID—[HIV/AIDS Research Program](#)

NIAID—[HIV/AIDS Prevention Research Areas](#)

NIAID—[Research: HIV/AIDS Vaccines](#)

## Treatment Research

Research on treatment for HIV infection is extremely important. The development of new medications has had a dramatic, positive effect on those living with HIV—helping them to stay healthy longer and to continue living active lives. Current studies are exploring what makes the virus *resistant* to some treatments and the [potential dangers](#) related to HIV medications.

For more information, see NIAID's [Research: HIV/AIDS Therapeutics](#).

# Statistics

## Overview

The U.S. Centers for Disease Control & Prevention (CDC) operate the largest and most comprehensive HIV/AIDS *surveillance system* in the country. The CDC works with state and local health departments to collect information on AIDS cases and new HIV infections, as well as on behaviors and characteristics of people at high risk for HIV/AIDS.

Here's what we know about HIV infections in the U.S. (data are from 2006):

- An estimated 56,300 Americans are newly infected with HIV each year.

- There are approximately 1.2 million Americans who are living with HIV/AIDS.
- The CDC estimates that 21% of HIV-positive people don't know they are infected—meaning they may be transmitting HIV without knowing it.
- People of color are at *disproportionate* risk for HIV infection. Nearly half of new infections (49%) were among African Americans, who make up only 13% of the U.S. population. Hispanics accounted for 18% of new HIV infections—and make up only about 15% of the U.S. population.
- More than half of new cases (57%) were among those aged 25–44. Children younger than 13 years accounted for less than 1% of diagnoses.
- Men who have sex with men (MSM) continued to account for the largest number of new HIV diagnoses overall, followed by males and females exposed through high-risk heterosexual contact and injection drug use.
- Males accounted for 73% of all new HIV diagnoses in 2006.
- Among males, most diagnoses were for MSM.
- High-risk heterosexual contact also accounts for a considerable proportion of new HIV diagnoses among men of minority races/ethnicities.
- Among females, most diagnoses were for those exposed through high-risk heterosexual contact.

For detailed information on the latest HIV/AIDS statistics in the United States, see CDC's [Basic Statistics](#). For international HIV/AIDS data, see CIA's [The World Factbook: International Comparison: People Living With HIV/AIDS](#).

## Myths

### Common Myths & Misunderstandings

There are many myths about HIV/AIDS. Most of these myths are based on incorrect information or lack of knowledge about HIV/AIDS—and some are related to the *stigma* that is often attached to HIV.

**Myth:** *A person with HIV or AIDS looks sick.*

**Truth:** People with HIV infection often don't look or feel sick. You can even have HIV and not know it. [Taking an HIV test](#) is the only way to know for sure whether you or someone else has HIV.

For more information, see CDC's [Questions and Answers: HIV/AIDS Basics?](#)

**Myth:** *Only gay people get HIV/AIDS.*

**Truth:** When the epidemic began in the early 1980s, the first cases of HIV and AIDS were found among urban men who had sex with men (MSM). Today, however, the picture of the epidemic looks very different. Many **new** cases of HIV occur among heterosexual women of color, ethnic minorities, and people who live in rural areas.

While the **number** of new cases is still highest among MSM, it is important to remember that HIV is transmitted primarily by risky [sexual](#) and [drug-taking](#) behaviors. If you engage in those behaviors, without taking protective measures, you are at risk of HIV infection—regardless of the gender of your partner. For more information, see CDC’s [HIV/AIDS in the United States](#).

**Myth:** *Some people have been cured of HIV.*

**Truth:** While there are many treatment options, there is [currently no cure](#) for HIV. For more information, see CDC’s [HIV/AIDS Treatment](#).

**Myth:** *HIV isn’t a big deal anymore. A person can take a pill once a day and be fine.*

**Truth:** An HIV diagnosis is [no longer a death sentence](#) like it was in the early days of the epidemic—but it continues to be a “big deal.” Living with HIV can be challenging, and HIV medications can have serious [side effects](#) and cause [other health problems](#). Preventing HIV infection is much better than having to treat it. For more information, see CDC’s [HIV/AIDS Treatment](#).

**Myth:** *Being HIV-positive is the same thing as having AIDS.*

**Truth:** Being HIV-positive and having an AIDS diagnosis are **not** the same. AIDS occurs only [after a long period](#) of HIV infection, during which the body’s immune system has been badly damaged. AIDS is diagnosed when certain opportunistic infections are present or when a person’s [CD4](#) count drops below a certain value. For more information, see CDC’s [What is the Difference Between HIV/AIDS?](#)

**Myth:** *A person can get HIV from touching or kissing someone with HIV.*

**Truth:** HIV is [not spread](#) through casual contact, such as shaking hands, hugging, sharing cups or towels, or closed-mouth kissing. For more information, see CDC’s [Questions and Answers: HIV Transmission](#).

**Myth:** *I am not at risk because I am in a [monogamous relationship](#).*

**Truth:** You may not always know if your partner is having sex (or injecting drugs) outside of the

relationship, so it's important to keep the lines of communication open. If you are beginning a monogamous relationship, it's important for **both** partners to be tested for sexually transmitted infections, including HIV.

**Myth:** *You can't have a baby if you are HIV-positive.*

**Truth:** With proper healthcare and medication, HIV-positive women are able to have a [healthy pregnancy](#) and give birth to babies who are HIV-negative. Pregnant women should be tested for HIV to ensure that they receive proper care.

## FAQs

- Basic HIV/AIDS Information
- Testing
- Prevention and Education
- Treatment and Care
- Research

### Basic HIV/AIDS Information

#### **What is HIV?**

HIV stands for **H**uman **I**mmunodeficiency **V**irus. This is the virus that can cause AIDS if left untreated. The virus is passed by contact with [certain body fluids](#), including blood, semen, vaginal fluids, and [breast milk](#).

#### **What is AIDS?**

AIDS stands for **A**cquired **I**mmune **D**eficiency **S**yndrome and is a condition in which the body's [immune system](#) is so badly damaged by HIV that it is left vulnerable to [infection](#) and certain types of [cancers](#).

#### **How is HIV passed from one person to another?**

People get HIV from coming in contact with [infected body fluids](#) such as blood, semen, vaginal fluids, or breast milk. Most of the time, people are infected with HIV through unprotected [sexual contact](#), [injection drug use](#), or [mother-to-child transmission](#).

#### **How does HIV cause AIDS?**

HIV infects specific cells, called [T-cells](#) or [CD4 cells](#), in the [immune system](#). It uses these cells to make more copies of itself, and then destroys them. If enough of these cells are destroyed, the body becomes highly

vulnerable to [infections](#) and certain types of [cancers](#). AIDS is usually diagnosed when a person has specific types of infections or cancer, or when the number of infection-fighting cells in the body drops below a certain level.

For more information, see CDC's [Questions and Answers: HIV/AIDS Science](#).

## Testing

### How can I tell if I'm infected with HIV?

The only way to be sure about your HIV status is to [take an HIV test](#). This test will determine whether you are producing antibodies to HIV. If you are, you will be diagnosed as "[HIV-positive](#)." If not, you will be diagnosed as "HIV-negative."

HIV [tests are very accurate](#)—but you may need to be [tested more than once](#). It takes time for your body to begin producing HIV antibodies after you have been infected. If you take a test soon after you are infected, you might test negative for HIV when you are actually HIV-positive. If you aren't sure when you might have been exposed to HIV, be sure to discuss the option of re-testing with your healthcare provider or an HIV testing [counselor](#).

### Should I get tested?

The CDC recommends that **all** Americans between the ages of 13-64 be [routinely tested](#) for HIV in healthcare settings. (In other words, you should take an HIV test in the same way you have routine blood testing done during your annual physical exam.)

But most of the time, people are tested based on their risk factors. You are considered at risk for HIV if:

- You have had [unprotected sexual contact](#) (oral, anal, or vaginal)
- You have had [multiple sexual partners](#)
- You have had another sexually transmitted infection
- You have used [injection drugs](#)

There are some other risk factors, but these are the major ones. Talk to your primary care provider or an HIV testing counselor to determine your risk level and whether or not you may need an HIV test.

[http://www.cdc.gov/hiv/topics/testing/resources/qa/be\\_tested.htm#tested](http://www.cdc.gov/hiv/topics/testing/resources/qa/be_tested.htm#tested)

### How do HIV tests work?

Standard [HIV tests](#) use samples of blood, oral fluid, or urine to check antibodies that your body produces

when it encounters HIV, rather than looking for the virus itself. There are some HIV tests that look for the presence of the virus itself, but they are not commonly used.

### **How long after a possible exposure should I wait to get tested for HIV?**

It can take some time before antibodies show up on an HIV test. This process of *seroconversion* can take anywhere from 2 weeks to 3 months—the average is 25 days. In rare instances, this process can take up to 6 months to complete.

If you believe you have been exposed to HIV very recently, you may be able to get treatment that could protect you from HIV infection. Post-Exposure Prophylaxis, or PEP, is treatment designed to protect you from infection after you have been exposed to HIV. PEP was developed for healthcare workers who are exposed to HIV in the workplace, but it is also available for exposure due to unprotected sexual activity, condom breakage, or sexual assault.

In order for PEP to be most effective, treatment should begin immediately, but no later than **72 hours** after exposure. Call your healthcare provider or your local health department if you think you might be a candidate for PEP.

### **What if I test positive for HIV?**

All positive HIV tests must be followed up by another test to confirm the positive result. Results of this confirmatory test can take a few days to a few weeks.

If you **are** HIV-positive, the sooner you take steps to protect your health, the better. Medical treatment and a healthy lifestyle can help you stay well. Prompt medical care may delay the onset of AIDS and prevent some life-threatening conditions.

### **Where can I get tested for HIV?**

Many places provide testing for HIV infection. Common testing locations include local health departments, public health clinics, offices of private doctors, hospitals, and other sites set up specifically to provide HIV testing. You can also ask your healthcare provider about getting tested. For more information on where to find an HIV testing site, visit [HIVtest.org](http://HIVtest.org).

You can also use your cell phone to text your ZIP code to KNOWIT (566948). Within seconds, you will receive a text message with the address of the nearest HIV testing center in your area.

## Prevention and Education

### **Am I at risk for HIV?**

You are at risk for HIV if you:

- Have ever had [sexual contact](#) without a condom with someone who was HIV-positive
- Have ever had a sexually transmitted disease, like chlamydia, syphilis, or gonorrhea
- Have ever shared [injection drug needles](#), syringes, or "works"
- Received a [blood transfusion](#) or a blood-clotting factor between 1978 and 1985
- Have ever had sex with someone who has done any of these things

If you've done any of these things, you should [get tested](#) for HIV.

## Treatment and Care

### **What treatments are available for HIV?**

The [recommended treatment](#) for HIV is called **H**ighly **A**ctive **A**ntiretroviral **T**herapy (HAART). HAART is a combination of three or more medications that work to prevent HIV from destroying your immune system.

### **How will I know if my HIV treatment regimen is working?**

In general, your [viral load](#) is the most important indicator of how well your regimen is working. Your viral load should decrease if your anti-HIV medications are effective. Other factors that can tell you and your doctor how well your regimen is working are:

- Your [CD4 count](#). This should remain stable or go up if your medications are working.
- Your recent health and the results of physical examinations. Your treatment regimen should help keep you healthy.

### **What is treatment adherence?**

[Treatment adherence](#) refers to how closely you follow a prescribed treatment regimen. It includes your willingness to start treatment and your ability to take medications exactly as directed.

Adherence to treatment is important because it affects how well the HIV treatment will work. Skipping any part of a treatment regimen, even just a single dose, can allow the virus to reproduce more rapidly and develop [drug resistance](#).

## Research

### **What is an HIV/AIDS clinical trial?**

HIV/AIDS [clinical trials](#) are research studies in which new therapies and prevention strategies are tested in humans. These studies are conducted by physicians and other healthcare professionals and can help determine the usefulness of experimental drugs and [vaccines](#) in treating or preventing HIV infection. There are benefits and risks to being involved in a clinical trial. If you are interested in participating in a clinical trial, talk to your healthcare provider to discuss the options available. For a list of ongoing clinical trials, visit [www.ClinicalTrials.gov](http://www.ClinicalTrials.gov).