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 through treatment 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/STI 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, (651) 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, (651) 266-1255

• West Side Community Health Services
  St. Paul, (651) 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
(800) 248-AIDS
(888) 820-2437 TTY
http://www.mnaidsproject.org

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

For more information about Sexually Transmitted Diseases/Infections (STDs/STIs), 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

To order brochures in another format, such as large print, Braille, or cassette tape, call (651) 201-5414

10/15

Infectious Disease Epidemiology, Prevention and Control Division
STD/HIV/TB Section

\[ \text{AIDSfacts} \]

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 1.2 million Americans are living with HIV including about 1 in 8 who are unaware of their HIV infection.

Through 2014 in Minnesota 10,718 HIV and AIDS cases have been reported including 3,638 that have died. There are an estimated 7,988 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.
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

HIV is found in blood, semen, vaginal secretions and other body 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. HIV may also be transmitted from an infected mother to her infant during pregnancy, birth, or through breast feeding. The risk of infection with HIV is increased by:

• Having vaginal or anal sex without a latex condom.
• Having oral sex without a latex condom or other latex barrier.
• Sharing needles or equipment to inject drugs, body pierce or tattoo.
• Having sex with more than one partner.

HIV IS NOT SPREAD BY CASUAL CONTACT

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

PREVENTION

HIV infection is preventable and knowing your HIV status is always important since symptoms may not appear for years. If you avoid sexual contact or don’t share needles, you can eliminate your risk. If you choose to have oral, anal, or vaginal sex, you can reduce your sexual risk by:

• Not having sex with more than one partner or with men or women who do. The more partners you have the greater your chance of becoming infected.
• 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.

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 are used 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 or antigen is not used for transfusions.

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 or antigen is not used for transfusions.

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 or antigen is not used for transfusions.