

100 Questions

Answers

about
HIV/AIDS

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Basic Information and Incidence/Trends

1. What is HIV? What is AIDS?

HIV (Human Immunodeficiency Virus) is a virus. You may hear that someone is *HIV infected*, has *HIV infection*, or has *HIV disease*. These are all terms that mean the person has HIV in his or her body and can pass the virus to other people.

HIV attacks the body's immune system. The immune system protects the body from infections and disease, but has no clear way to protect it from HIV. Without treatment, most people infected with HIV become less able to fight off the germs that we are exposed to every day. Many of these germs do not usually make a healthy person sick, but they can cause life-threatening infections and cancers in a person whose immune system has been weakened by HIV. HIV treatments can slow this process and allow people with HIV to live longer, healthier lives (see question 66).

People infected with HIV may have no symptoms for ten or more years. They may not know they are infected. An HIV test is the only way to find out if you have HIV.

AIDS (Acquired Immune Deficiency Syndrome) is a late stage of HIV disease. According to the Centers for Disease Control and Prevention (CDC), a person with HIV infection has AIDS when he or she:

- has a CD4 cell count (a way to measure the strength of the immune system) that falls below 200. A normal CD4 cell count is 500 or higher.
- OR
- develops any of the specific, serious conditions – also called AIDS-defining illnesses – that are linked with HIV infection (see Appendix for a list of these conditions).

2. Who is at risk for getting HIV?

A person of any age, sex, race, ethnic group, religion, economic background, or sexual orientation can get HIV.

Those who are most at risk are:

- people who have “unprotected sex” with someone who has HIV. Unprotected sex means vaginal, anal, or oral sex without using a condom.
- people who share needles, syringes, or other equipment to inject drugs, steroids, or even vitamins or medicine with someone who has HIV.
- Babies can potentially become infected during their mothers' pregnancy, during delivery, or after birth in the immediate post-partum period. They can also become infected through breastfeeding.
- Health care and maintenance workers who may be exposed to blood and/or body fluids at work sometimes get infected through on-the-job exposures like needle-stick injuries (see question 31).

A person of any age, sex, race, ethnic group, religion, economic background, or sexual orientation can get HIV.

Before 1985, some people were infected through blood transfusions or the use of blood products. In May 1985, the United States began screening all blood products for HIV, so the risk of getting HIV from a blood transfusion today is now very low (see question 30).

You can **only** get HIV if infected blood, semen, vaginal fluids, or breast milk gets into your body (see question 9).

3. How long can people live with HIV or AIDS?

Medicines that fight HIV have helped many people with HIV and AIDS live years and even decades longer than was possible in the past, before effective treatment was available. HIV treatments are not a cure, and they do not work equally well for everyone, but they have extended the lives of many people with HIV and AIDS.

Without treatment, some people live for just a few years after getting HIV. Others live much longer. Researchers are studying a small number of people with HIV who have not become ill for more than ten years, even without any HIV treatment. However, these people are still infected with HIV and can pass the virus to others.

4. Can I get a vaccine to prevent HIV infection or AIDS?

No. There is no vaccine to prevent HIV infection. Researchers are working to develop a vaccine. Vaccines in development are being tested to find out if they work.

5. Is there a cure for HIV or AIDS?

No. There is no cure for HIV or AIDS. However, there are medicines that fight HIV and help people with HIV and AIDS live longer, healthier lives.

6. How many people are living with HIV and AIDS?

According to the United Nations organization UNAIDS, as of 2003 there were an estimated 40 million persons living with HIV and AIDS worldwide. Of these, 37 million were adults, and 2.5 million were under age 15. The overwhelming majority of persons with HIV live in resource-poor countries.

As of December 2002, 517,000 persons were known to be living with HIV and AIDS in the United States. The U.S. Centers for Disease Control and Prevention (CDC) estimates that 170,000 more Americans are infected with HIV but do not know it. Additionally, CDC estimates that 501,669 persons had died from AIDS in the U.S. as of December 2002.

7. What is the status of the HIV/AIDS epidemic in New York State?

As of December 2007, more than 180,674 persons in New York State had been diagnosed with AIDS; approximately 73,889 of those persons are still living. Of those 73,889 persons living with AIDS:

- 44% are African American.
- 30% are Hispanic.
- 25% are white.
- 0.7% are Asian/Pacific Islander.
- 0.1% are Native American.
- 26% are women.
- 5% are under the age of 25.
- 15% are over the age of 50.

AIDS has been diagnosed in people living in every county of New York State. However, 79% of New Yorkers currently living with AIDS were living in New York City at the time they were diagnosed.

In June 2000, New York State began reporting cases of people diagnosed with HIV only (not AIDS) in addition to reporting AIDS cases. Since then, New York State counts and reports HIV cases separately from AIDS cases. As of June 30, 2007, there were 46,040 persons in New York State living with HIV (but not AIDS). Of those persons:

- 44% are African American.
- 29% are Hispanic.
- 24% are white.
- 1.3% are Asian/Pacific Islanders.
- 0.1% are Native American.
- 33% are women.
- 8% are under the age of 25.
- 26% are over the age of 50.

Of those New Yorkers who are currently living with HIV (but not AIDS), 77% of them were living in New York City at the time they were diagnosed.

The State Department of Health also tracks the “risk factors” identified by people who test positive for HIV. The risk factor is the most likely way a person became infected. Of the persons currently living with AIDS in New York State:

- 29% have a risk factor of using intravenous drugs.
- 30% are men with a risk factor of having sex with men.
- 16% have a risk factor of heterosexual sex.

Injection drug use (through sexual contact with an injection drug user, or infants infected prenatally) was the direct or indirect cause of infection for 44 percent of the persons in New York State who were living with AIDS as of December 2002. Of all cases with known risk, 52.3 percent are directly or indirectly attributable to injection drug use.

Risk factor information is currently unavailable for more than 40% of the people who are living with HIV only. Among the persons for whom risk data have been obtained:

- 34% are men with a risk factor of having sex with men.
- 17% have a risk factor of heterosexual sex.
- 15% have a risk factor of using IV drugs.

It is estimated that another 37,500 to 50,000 New Yorkers are infected with HIV but do not know it.

As of December 31, 2007, 103,141 New Yorkers had died from AIDS.

8. Where can I find updated statistics on HIV and AIDS?

The Centers for Disease Control and Prevention (CDC) posts statistics about HIV and AIDS in the United States on its website: www.cdc.gov. The CDC website is also available in Spanish at www.cdc.gov/spanish. Or you can call the CDC toll-free at 1-800-342-2437 (English) or 1-800-344-7432 (Spanish) to request information.

Global HIV/AIDS statistics are available from UNAIDS at www.unaids.org and from the World Health Organization at www.who.int/hiv.

Statistics about HIV and AIDS in New York State are listed on the State Department of Health website: www.health.state.ny.us. Or call the New York State HIV/AIDS Hotline to request information:

1-800-541-2437 (English)

1-800-233-7432 (Spanish)

HIV/AIDS TDD information line: 1-800-369-2437.

Voice callers can use the New York Relay System:

call 711 or 1-800-421-1220 and ask the operator for 1-800-541-2437.

Transmission

9. How is HIV spread from one person to another?

HIV is spread when infected blood, semen, vaginal fluids, or breast milk gets into the bloodstream of another person through:

- direct entry into a blood vessel;
- mucous linings, such as the vagina, rectum, penis, mouth, eyes, or nose; or
- a break in the skin.

HIV is *not* spread through saliva (spit).

HIV is spread in the following ways:

- Having vaginal, anal, or oral sex without using a condom.
- Sharing needles, syringes, or works to inject drugs, vitamins, hormones, steroids, or medicines.
- Women with HIV infection can pass HIV to their babies during pregnancy, delivery, and breastfeeding.
- People who are exposed to blood and/or body fluids at work, like health care workers, may be exposed to HIV through needle-sticks or other on-the-job exposures.

It is also possible to pass HIV through sharing needles for piercing or tattooing (see question 29).

A person infected with HIV can pass the virus to others during these activities. This is true even if the person:

- has no symptoms of HIV;
- has not been diagnosed with HIV/AIDS;
- is taking HIV medicine; or
- has an **undetectable** viral load (see question 22).

HIV is *not* spread by casual contact like sneezing, coughing, eating or drinking from common utensils, shaking hands, hugging, or using restrooms, drinking fountains, swimming pools, or hot tubs (see questions 26-28).

10. Is it easy to get HIV?

No. HIV is not like the flu or a cold. It is *not* passed through casual contact or by being near a person who is infected.

You can *only* get HIV if infected blood, semen, vaginal fluids, or breast milk gets into your body (see question 9).

You can *only* get HIV if infected blood, semen, vaginal fluids, or breast milk gets into your body.

11. Does everyone who is exposed to HIV get infected?

No. But it is important to know that you *can* be infected by a single exposure to HIV-infected blood, semen, or vaginal fluids. Whether a person becomes infected after being exposed to HIV depends on how the virus enters the body and the amount of virus that enters the body.

12. How is HIV spread during injection drug use?

Any time you share injection equipment with someone who has HIV or whose HIV status you do not know, there is a high risk that you will get HIV. Small amounts of blood from a person infected with HIV may stay in the needles, syringes, or drug “works” (spoons, bottle caps, and cotton) and can be injected into the bloodstream of the next person who uses the equipment (see question 53).

13. Can injecting vitamins, steroids, hormones, or insulin put me at risk for HIV infection?

It can if you share injection equipment. HIV can be passed any time you share equipment to inject drugs, vitamins, hormones, insulin, steroids, or any other substance intravenously (IV) into a vein, into your muscles, or under your skin. Always use new, sterile needles and syringes when injecting any substance into your body (see question 53). If you must reuse a needle, clean it with bleach (see questions 53, 54).

14. How is HIV spread during anal sex?

Unprotected anal sex with a person who has HIV or whose HIV status you do not know is the highest-risk sexual activity for both men and women. The walls of the anus and rectum are thin and have many blood vessels that can be injured during anal sex. HIV-infected semen can be easily absorbed through these thin walls and into the bloodstream. Injured tissue in the anus and rectum can expose the penis to blood containing HIV.

Using latex condoms for anal sex lowers HIV risk, but condoms fail more often during anal sex than during vaginal or oral sex. So, protected anal sex is still riskier than protected vaginal or oral sex (see questions 44, 45).

15. How is HIV spread during vaginal sex?

HIV is spread during vaginal sex when HIV-infected semen, vaginal fluid, or menstrual blood comes into contact with the mucous membranes of the vagina or penis. In general, since there is more mucous membrane area in the vagina, and a greater possibility of small cuts in the vagina, women are more likely than men to get infected with HIV through unprotected vaginal sex. Teenagers and women entering menopause are at especially high risk for getting HIV (and other sexually transmitted diseases) because the tissue lining the vagina is more fragile at these ages. Cuts or sores on the penis or vagina raise the risk of HIV infection during

vaginal sex for both men and women. Using a male latex condom or a female condom lowers your risk of getting HIV through vaginal sex (see questions 44-46).

16. How is HIV spread during oral sex?

Although oral sex is less risky than anal or vaginal sex, it is possible to get HIV by performing oral sex on an HIV-infected partner. HIV transmission could potentially occur if blood, pre-ejaculation fluid, semen, or vaginal fluids enter open sores or cuts in or around the mouth, such as those caused by canker sores or blisters, vigorous teeth brushing or flossing, or some form of trauma. Using a latex barrier, like a condom or dental dam, reduces your risk of HIV infection (see question 49).

17. Does having a sexually transmitted disease (STD) affect my risk of getting HIV?

Yes. Having an STD, especially herpes or syphilis sores, increases your risk of getting HIV and giving HIV to a partner. Other STDs, like gonorrhea or chlamydia, also increase your risk of becoming infected with HIV.

STDs change the cells that line the vagina, penis, rectum, or mouth, which can cause open sores to develop. These sores make it easier for HIV to enter the body. Any inflammation or sore caused by an STD also makes it easier for HIV to enter the bloodstream during sexual contact.

If you already have an STD, you are *more likely to get infected with HIV* during unprotected sex with someone who has HIV.

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Studies have shown that STDs increase the amount of HIV in the semen and vaginal fluids of people infected with HIV because of increased inflammation in the area. Therefore, if you have HIV and an STD, ***you are more likely to pass HIV to your partner*** during unprotected sex. Studies have also shown that treatment for STDs may reduce HIV transmission.

Many STDs do not cause symptoms, especially in women. It is important for sexually active men and women to get tested for STDs regularly, even if they have no symptoms.

18. Does sexual contact with many partners increase my risk of getting HIV?

Yes. Having unprotected sex with many partners increases your risk of getting HIV because it increases your chances of coming into contact with someone who has HIV. It also increases your risk of getting other sexually transmitted diseases (like herpes, gonorrhea, chlamydia, venereal warts, or syphilis). Having an STD, in turn, can make you more likely to get HIV (see question 17).

However, having unprotected sex with *anyone* who has HIV, or whose HIV status you do not know, puts you at risk. So, even a person who has unprotected sex with just one partner can still get HIV if that partner was infected prior to having sex or becomes infected during the relationship.

19. Are women who have sex with women at risk for HIV infection?

Woman-to-woman sexual transmission of HIV is rare, but it is possible. Women who have sex with women are at risk for HIV infection if they share needles to inject drugs or if they have unprotected sexual contact that results in blood-to-blood exposure. Women who have sex with women can reduce their risk of getting HIV by:

- not injecting drugs, or by not sharing needles, syringes, or works if they do use drugs (see question 53); and
- using a dental dam (a thin, square piece of latex), a non-lubricated condom that is cut open, or a plastic wrap as a barrier during oral sex (see question 49). HIV transmission could potentially occur if vaginal secretions or menstrual blood enters open sores or cuts in or around the mouth, such as those caused by canker sores or blisters, vigorous teeth brushing or flossing, or some form of trauma. This could allow for the exchange of potentially infected blood or body fluids.

20. Can a woman who has HIV pass the virus to her baby?

Yes. A woman who has HIV can pass the virus to her baby during:

- pregnancy;
- delivery; or
- breastfeeding.

There are medicines that women with HIV should take during pregnancy, labor, and delivery and that can be given to their babies just after birth, to *greatly reduce* the chance that their babies will become infected with HIV. It is best for women to know their HIV status before they become pregnant or very early in their pregnancy so that they can make informed decisions and take full advantage of these medicines. Since HIV is also found in breast milk, women with HIV should not breastfeed their babies (see question 52).

21. Can a person with HIV who is not sick or who has no symptoms pass HIV to someone else?

Yes. Any person infected with HIV, even if he or she has no symptoms, can pass HIV to another person. Risk reduction measures still need to be taken (see Risk Reduction, page 20).

22. Can a person with HIV who has an undetectable viral load pass HIV to someone else?

Yes. A viral load test measures the amount of HIV in a person's blood. An undetectable viral load means that the amount of virus in a person's blood is too low for the test to measure. It does **not** mean that there is no HIV in the person's body. A person who has a low or undetectable viral load can pass HIV to someone else, although the risk is probably lower than if he or she had a high viral load. Risk reduction measures, like using condoms and not sharing needles, still need to be taken (see Risk Reduction, page 20).

23. Can I get HIV from kissing?

No one has ever gotten HIV through casual kissing, such as between parents and children. It is possible, but extremely unlikely, for HIV to be passed during "deep kissing." There has been just one reported case of this kind: a woman became infected through deep kissing with a man with AIDS whose gums often bled after brushing and flossing his teeth; after this activity, the couple often engaged in deep kissing and protected sex. Although HIV transmission most likely occurred during deep kissing, it was probably the blood in the man's mouth, not his saliva, which transmitted HIV. Both the man and the woman had gum disease that may also have contributed to the woman becoming infected. It is important to note that in this situation, HIV is *not* passed through saliva, but rather through **direct blood-to-blood contact**.

24. Can I get HIV from a human bite?

It is very unlikely that a person would get HIV from a human bite. HIV can only be passed in this manner through **direct blood-to-blood contact** and not by exchanging saliva. To pass the virus, the infected person would need to have blood in his or her mouth **and break the skin** of the other person. The break in the skin of the uninfected person could allow infected blood to enter his or her bloodstream. If a person who does not have HIV bites and breaks the skin of a person with HIV, transmission of the virus could only occur if the uninfected person has open sores or cuts in the mouth that allow for blood-to-blood contact.

25. Can I get HIV from a mosquito bite?

No. Studies have shown that mosquitoes and other insects do **not** pass HIV to humans.

When an insect bites a person, it does not inject its own blood or a previous victim's blood into the new victim. It injects only saliva. Unlike the germs that cause malaria and other diseases spread by insect bites, HIV does not reproduce (and therefore cannot survive) in insects. So, even if the virus enters a mosquito or another sucking or biting insect, the insect does not become infected and cannot pass HIV to the next human that it feeds on or bites.

26. Can I get HIV from living in the same house as a person with HIV or AIDS?

There have been *no* reported cases of HIV transmission from casual contact while living with a person with HIV or AIDS, even for a long time. However, there have been reported cases where household members became infected with HIV as a result of **direct blood-to-blood contact**, such as sharing a razor or toothbrush, getting stuck with a needle, or by getting infected blood on a rash and/or open sore.

27. Can HIV be passed through food, water, or the air?

No. HIV is not passed through food, water, or air, or by touching any object that was handled by, touched by, or breathed on by a person who has HIV.

28. Can I get HIV from swimming pools or hot tubs?

No. HIV cannot live in a hot tub or swimming pool. There have been no cases of HIV transmission through swimming pools or hot tubs.

29. Can I get HIV from body piercing, ear piercing, or tattoo needles?

No. AIDS cases have not been linked with any ear or body piercing or tattooing. While HIV transmission from body piercing or tattooing is highly unlikely and has not yet occurred, it is possible for the blood of an infected person to be left on a needle that is later used to pierce or tattoo another person. To guard against this possibility, all needles and equipment used for piercing and tattooing should be new or should be sterilized between uses, and new ink should be used for tattooing. However, other blood-borne illnesses, such as hepatitis B and possibly hepatitis C, can be transmitted by sharing tattooing and piercing equipment.

30. What is being done to keep the blood supply and other blood products safe from HIV?

In the United States, all blood and organ donations are screened for HIV. In addition, all blood products, such as clotting factor, undergo heat treatment and at least one other process to kill HIV.

31. Are health care workers or people in other occupations at risk for HIV?

Health care workers and others who are exposed to potentially infectious blood and/or other body fluids on the job are at risk. To reduce this risk, health care workers follow strict safety guidelines and use Universal Precautions to prevent spreading disease. Universal Precautions include always wearing latex gloves when taking blood samples or giving shots and washing hands before and after all procedures.

While these guidelines have reduced the frequency of on-the-job exposures (*occupational exposure*) to HIV, needle-sticks and other direct contact with blood and body fluids sometimes occur. The New York State Department of Health recommends that health care workers who experience significant risk of exposure to HIV take medicines to reduce the risk of HIV infection. This is called *postexposure prophylaxis* (PEP) (see question 58).

32. Can I get HIV from contact with my doctor, dentist, or other health care professional?

It is extremely unlikely that you can get HIV or other blood-borne diseases from a doctor, dentist, or other health care professional. To protect themselves and their patients, health care workers are required to use Universal Precautions to reduce the risk of exposure to blood or body fluids. Universal Precautions include always wearing latex gloves when taking blood samples or giving shots and washing hands before and after all medical procedures. Dental health care providers should use latex gloves whenever they place their fingers in or around a patient's mouth. *All* medical personnel should use Universal Precautions with *all* patients. Patients can ask their health care providers about how Universal Precautions are followed where they receive their care.

Testing

33. Is there a test for HIV infection?

Yes. There are a number of tests that detect either antibodies to HIV or HIV itself.

Your body produces antibodies to fight germs. People who are infected with HIV have HIV antibodies in their body fluids. There are two kinds of HIV antibody tests available in New York State: a blood test and an oral test.

For adults and children age 18 months or older, both types of HIV antibody test are *more than 99% accurate* in determining whether a person is infected.

HIV antibody tests do not measure the amount of virus in the bloodstream. The tests also cannot tell if a person has AIDS, which is a late stage of HIV disease (see question 1).

Other tests measure HIV directly rather than measuring antibodies to the virus. These tests are usually used to measure the amount of HIV in the bloodstream of someone who has already had a positive HIV antibody test. In some special situations (for example, to test newborn babies of HIV-infected women), tests that measure HIV directly are used to detect HIV infection. However, the HIV antibody test is by far the most common test for HIV infection.

For adults and children age 18 months or older, both types of HIV antibody tests are *more than 99% accurate* in determining whether a person is infected.

34. Who needs to get tested for HIV?

Everyone should know his or her HIV status. An HIV test should be a part of a regular medical checkup. It is especially important for women who are pregnant or considering pregnancy to be tested. In addition, individuals who are at greater risk for HIV and who need to be tested are those who:

- have had unprotected anal, oral, or vaginal sex;
- have shared needles, syringes, or works used to inject drugs, steroids, hormones, vitamins, insulin, or other substances;
- have ever had a sexually transmitted disease (chlamydia, syphilis, gonorrhea, herpes, genital warts);
- have had many sex partners;
- received blood or blood products **before 1985** (the year in which the U.S. began screening donated blood for HIV);
- work in health care or other occupations where they may be exposed to HIV on the job; or
- are victims of sexual assault.

35. How do I get tested for HIV?

There are several different HIV testing options. Anonymous HIV testing is provided free by the New York State Department of Health, by the New York City Department of Health and Mental Hygiene, and by some county health departments.

To find out more about getting tested, call your doctor, local hotline number, or the State Department of Health.

Confidential HIV antibody testing is offered by many local health department clinics, community health centers, hospitals, family planning clinics, and private doctors (see question 36).

HIV testing is voluntary. When you go for an HIV test at a clinic or other testing site, or if you are offered a test by a doctor's office, you will receive information about the HIV test. This will include information about available testing options, the meaning of test results, and a review of your HIV risk. You will need to give written consent for the HIV test (see question 37). Written, informed consent

is an essential part of HIV counseling in New York State.

For a *standard HIV test*, a blood or oral fluid sample is taken and sent to a laboratory; you will need to call or come back about a week after the test to get your test result. At some clinics and doctors' offices, you can get a *rapid HIV test*, which can give you the results that day. The test takes about 20 minutes to get results. If your rapid HIV test is positive, it will need to be confirmed by a second test, which is sent to a laboratory. This is called a *confirmatory test*. The results of this test are not ready right away. When you get your test result, you will receive information about what the result means. If you test positive for HIV, you will receive post-test counseling on how to reduce the risk of passing the virus to others, referrals for medical care, and other social services.

A home HIV test kit is sold over-the-counter at pharmacies and other stores. With

the home test kit, you take a finger-stick blood sample and send it to a laboratory. Later, you call to get the test result over the phone, using an anonymous code number. You can receive a referral for re-testing if you test positive for HIV and for medical treatment (see Resources section, page 45).

To find out more about getting tested, call your doctor, local hotline number, or the State Department of Health.

36. What is the difference between anonymous and confidential testing?

If you have a **confidential** HIV test, you will give your name and other identifying information (age, gender) to the test counselor, doctor, or other health care provider, and the test result will be put in your medical record. The names of people who test positive for HIV are given to the New York State Department of Health to help the department better respond to the HIV/AIDS epidemic in New York State (see questions 88, 89). Information about your HIV status is given *only* to the New York State Department of Health and is kept confidential. The confidentiality of all HIV-related information is protected by New York State Public Health Law.

If you have an **anonymous** HIV test, you do not have to give your name or any other identifying information. Instead, you are given a code number, which you use to get your test results when you return to the testing site. An anonymous test result is not recorded in your medical record and is not sent to your doctor or to other health care providers. If you test positive for HIV at a site that provides anonymous testing, you can choose to give your name and change the test result to *confidential*—which allows you to get HIV-related medical care and support services (like housing assistance) without waiting for a second HIV test to confirm the result.

The New York State and New York City HIV/AIDS Hotline numbers listed in the Resources section can help you find anonymous HIV counseling and testing clinics in your area.

37. What is meant by *informed consent* and *capacity to consent* for an HIV test?

HIV testing is voluntary. A person who has an HIV test is given information about the test and agrees to take the test by signing an *informed consent* form.

The form contains two parts. Part A, the information section, contains the basic information that someone would need to know to make a decision about being tested. Once the information is reviewed and questions about the test are answered, individuals are asked to give their written consent to be tested for HIV by signing Part B of the consent form. Signing Part B of the form means that the person consents (agrees) to take an HIV test.

Capacity to consent means that a person is able to understand what it means to be tested. The overall goal of “informed consent” is to assure that the person being tested fully understands the information about the HIV test.

38. Should I wait for symptoms to appear before getting tested?

No. If you think that you may have been exposed to HIV, you should get tested as soon as possible. You may have HIV and have no symptoms for many years. The sooner that HIV infection is detected, the sooner medical care can begin, which helps people with HIV stay healthier and live longer. In most cases, the immune system will stay healthier for a longer period of time if treatment starts before a person has symptoms.

39. How soon after exposure can HIV infection be detected?

Most people who are infected with HIV will test positive within one month of being infected. The period of time after infection, before the HIV test turns positive is called the window period.

When a person becomes infected with HIV, the body makes antibodies to fight HIV. When enough antibodies are developed, the HIV antibody test will be positive. Each person's body responds to HIV infection a little differently, so the window period varies slightly from person to person. Most people infected with HIV will develop enough antibodies to be detected by HIV antibody tests four weeks after the exposure (transmission). Virtually all cases of HIV infection can be detected by three months.

Window period - the time between the exposure that led to HIV infection and when HIV tests can detect antibodies in the person, indicating HIV infection.

During the window period, a person with HIV infection can pass it to others, even if his or her HIV antibody test is negative. In fact, during this period, the person may have very high levels of the virus and be most likely to infect others.

If the HIV antibody test is negative, a person can be sure that he or she does not have HIV only if he or she did not engage in any HIV risk behaviors (having unprotected sex or sharing needles) during the past three months.

A PCR (Polymerase Chain Reaction) test looks for HIV directly instead of detecting antibodies. This test can find HIV infection soon after the person is infected. Doctors may suggest an HIV PCR test if a person has symptoms suggestive of HIV infection (fever, rash, swollen lymph nodes, etc.) and reports high risk behaviors in the past few weeks. It is used to find HIV infection in newborns of mothers known to be infected with HIV. Sometimes doctors use a PCR test to measure viral load. The viral load test shows the amount of HIV in the blood of someone who is already known to be infected.

40. Is HIV testing ever mandatory?

In New York State, HIV testing is generally voluntary and cannot be done without the written, informed consent of the person being tested. However, testing is mandatory in New York State under certain circumstances:

- As of February 1997, all newborns in New York State are tested for HIV antibodies. A newborn's test result also provides information about the mother's HIV status (see question 42).
- Blood and organ donations are tested for HIV (see question 30).

- HIV testing can be required in order to participate in some federal programs, such as the Job Corps and the Armed Forces.
- Under certain conditions, inmates in federal prisons (but not in state or local correctional facilities) are tested for HIV without their consent.
- HIV testing can be required for certain types of insurance, like disability or life insurance. However, insurance companies must tell applicants they will be tested for HIV, must provide them with general information, and must have the applicant sign a consent form. In New York State, people cannot be denied health insurance because they have HIV or AIDS.

41. Why is it recommended that all pregnant women have an HIV test?

HIV can be passed from mother to child during pregnancy, labor and delivery, and breastfeeding (see question 20). However, there are medicines that can reduce this risk. The sooner a pregnant woman confirms she has HIV, the sooner she can begin treatment to lower the risk of passing the virus to her baby and for her own health (see question 52). Because it is so important for pregnant women to know their HIV status, doctors are required to provide HIV counseling to all pregnant women in New York State and to recommend testing. Ideally, women should know their HIV status before considering pregnancy. HIV testing should occur as early as possible in pregnancy and should be repeated in the third trimester.

42. Why are all newborns in New York State tested for HIV?

It is very important that infants born to HIV-infected women get special medical care. Ideally, women with HIV should take HIV medicines during pregnancy and labor and delivery, and their babies should be given medicines right after birth to reduce the risk of HIV being passed to the baby. However, some women do not know that they have HIV when they are pregnant. If a woman does not take HIV medications before the baby's birth, medications can still be given to the infant right after birth to lower the chances that the baby will become infected.

Newborn screening is a safety net program for infants whose mothers were not tested for HIV during pregnancy. In New York State, all babies are tested for HIV

antibodies. Since *all newborns carry their mother's antibodies*, the baby of a woman with HIV will test positive for the first 6 to 18 months, even if the baby is not actually infected. A baby with HIV antibodies will be given medicines to lower the risk of HIV infection. If a baby's HIV antibody test is positive at birth, the baby's blood will be tested a few times using a special test called PCR (which looks for HIV directly). The first test (to find out if the infant is actually infected with HIV) should be done soon after birth, preferably during the first week of life. The baby's doctor will recommend the best time(s) for the next PCR test(s). Generally, by age 4 months, a PCR test can show whether or not an infant has HIV.

Using a latex male condom during vaginal, anal, or oral sex greatly reduces the risk of HIV infection by reducing the chance of direct contact with another person's semen, blood or vaginal fluids.

Risk Reduction

43. Is there a 100% effective way to prevent sexual transmission of HIV?

The only 100% effective way to prevent sexual transmission of HIV is through abstinence – avoiding all vaginal, anal, and oral sex. Using a latex male condom or a female condom can **greatly reduce**, but not entirely eliminate, the risk of HIV transmission (see questions 44-46). However, abstinence is the only method to completely eliminate the possibility of sexual transmission of HIV.

44. Does using condoms reduce my risk of HIV infection?

Yes. Using a latex male condom during vaginal, anal, or oral sex greatly reduces the risk of HIV infection by reducing the chance of direct contact with another person's semen, blood, or vaginal fluids. Using a female condom during vaginal sex also reduces the risk of HIV infection. However, condoms do not provide 100 percent protection against HIV infection.

The main reasons condoms sometimes fail are due to inconsistent or incorrect use:

- **Consistent** use means using a new condom every time you have sex. Never reuse a condom.
- **Correct** use includes putting the condom on and taking it off correctly and using a water-based lubricant (like glycerin, KY[®], or Astroglide[®]) with the male condom to prevent breakage. Oil-based lubricants such as petroleum jelly (Vaseline), cold cream, hand lotion and baby oil all can weaken the male condom, causing it to break (see question 45 in the booklet). Female condoms can be used with water or oil-based lubricants.

For people who are allergic to latex, female condoms (see question 46 in the booklet) and male condoms made of polyurethane are available. Male condoms made of natural lambskin are not effective protection against HIV. Lambskin condoms prevent pregnancy by acting as a barrier to sperm, but HIV is much smaller than sperm and can pass through the tiny pores in a lambskin condom.

The protection provided by condoms is affected by how you store them, how carefully you open the package and put them on, correct usage, quality control by the manufacturer, and other factors. In general, male condoms break or slip off more often during anal sex than during vaginal or oral sex. Female condoms should only be used for vaginal sex.

45. What is the correct way to use a condom?

- Store condoms in a cool place, out of direct sunlight. Check the expiration date on the condom wrapper or box. Condoms that are past their expiration date may break.
- Open the package carefully. Teeth or fingernails can rip the condom.

For latex male condoms:

- Put on the condom after the penis is hard. If the penis is not circumcised, pull back the foreskin before putting on the condom.
- Pinch the tip of the condom to leave a little space (about a half inch) at the top to catch semen. Unroll the condom all the way down the penis. Add a little bit of **water-based** lubricant (like glycerin, K-Y®, or Astroglide®) to the outside of the condom.
- After ejaculation, hold the rim of the condom and pull out the penis while it is still hard, so that no semen spills out.
- Use a new condom every time you have vaginal, anal, or oral sex.

For female condoms:

- Insert the female condom before you have any sexual contact.
- Hold the female condom with the open end hanging down. Holding the outside of the condom, squeeze the inner ring with your thumb and middle finger. Put your index finger between your thumb and middle finger.
- Still squeezing the inner ring, insert the condom into the vagina as far as it will go.
- The inner ring holds the condom in place. The outer ring should be outside the vagina. Make sure the condom is not twisted.
- During sex, the condom may move from side to side or up and down. As long as the penis is covered, this is all right. If the penis enters under or outside the condom, stop right away. If the outer ring gets pulled into the vagina, stop right away. Take out the condom and reinsert it.
- After sex, just twist the outer ring to keep semen inside the condom and pull it out gently.
- Use a new condom every time you have sex.

46. Do male and female condoms provide the same protection against HIV?

Yes. Studies suggest that female condoms offer the same level of protection against HIV as male condoms and may be more effective against some STDs. Female condoms are made of polyurethane, which is an effective barrier to HIV. Male and female condoms should not be used at the same time. Female condoms, like latex male condoms, are available in drug stores, some community health centers, and some AIDS service organizations.

47. Do birth control methods other than condoms reduce the risk of HIV infection?

No. Only condoms reduce the risk of both pregnancy and HIV infection. Birth control pills, the birth control patch, Norplant, Depo-Provera, intrauterine devices (IUDs), diaphragms, and any birth control methods other than condoms **do not** provide protection against HIV. You should use a latex male condom or a female condom for HIV prevention *along with* any other method you use to prevent pregnancy.

48. Does spermicide provide additional protection against HIV?

You should **not** use additional or separate applications of spermicide for HIV prevention during vaginal or anal sex. Women who use spermicidal cream or jelly for pregnancy prevention should also use a condom to protect against HIV and to provide better protection against pregnancy than spermicide alone.

Spermicides contain the chemical nonoxynol-9 (N-9). Although N-9 kills HIV in test tubes, one study showed that N-9 inserted into the vagina may irritate the vagina and actually **increase** the risk of HIV infection during vaginal sex. N-9 may also irritate the lining of the rectum and should not be used for anal sex.

Some condoms are pre-lubricated with a lubricant containing N-9. These condoms still provide greater protection against HIV than not using a condom. However, a lubricated condom **without** N-9 may be best for HIV prevention.

49. How can I prevent HIV transmission during oral sex?

The risk of HIV transmission through oral sex is low, but people have been infected this way. Oral sex can be made safer by using a latex barrier. For oral sex performed on a man, a non-lubricated condom is recommended. For oral sex performed on a woman, a *dental dam* (a thin square of latex), a non-lubricated condom that is cut open, or a plastic wrap can be used to cover the vagina. Oral-anal sex (rimming) is a high-risk activity that may be made safer by using a dental dam.

50. Does douching after sex reduce the risk of HIV infection?

No. Douching after sex does not provide protection against HIV transmission because semen enters the cervical canal almost immediately after ejaculation. There is also no evidence that douching after anal sex offers any HIV protection. Douching can irritate vaginal tissues and make it easier to become infected by sexually transmitted diseases (STDs) and HIV. It can cause infection by disrupting the natural balance of bacteria and yeast in the vagina and it can actually complicate an existing infection.

51. Do sex partners who both have HIV need to use condoms?

Yes. People who have HIV still need protection from sexually transmitted diseases (STDs) and may want to prevent pregnancy. Condoms also protect against exposure to different types, or strains, of HIV. *Re-infection* or *superinfection* with a new strain of HIV may make the disease progress more quickly and may require the use of medicines different from the ones used to treat the original strain.

52. How can a pregnant woman with HIV prevent transmission of the virus to her infant?

A pregnant woman who has HIV can take medicines that can lower the risk of her baby being born with HIV to less than 1 chance in 12. If the mother does not take these medicines, the baby has a 1 in 4 chance of being born with HIV.

To get the most benefit from these medicines:

- Pregnant women with HIV should talk to their doctor as early as possible in the pregnancy about when to start taking HIV medicines. It is important to take the right doses at the right time, every day.
- Pregnant women with HIV should also take medicine while in labor and delivery, regardless of what HIV medicines they took during pregnancy. Pregnant women should plan, with their doctor, to come to the hospital early in labor so that there is enough time to take medicine before the baby is born.
- The baby of a woman with HIV should start taking medicine right after birth, whether or not the mother took HIV medicines.

In scientific studies, when some women with HIV had a C-section (cesarean section) before labor started, the chance of passing HIV to their babies was reduced by one half. Women with very high viral loads who have not taken HIV medicines are more likely than women with very low viral loads to benefit from a C-section delivery.

HIV can also be passed through breast milk. If a woman with HIV breastfeeds her baby, the baby has a higher risk of getting infected. Since there are many safe alternatives to breastfeeding, women with HIV are advised not to breastfeed their babies.

A pregnant woman who has HIV can take medicines that can lower the risk of her baby being born with HIV to less than 1 chance in 12.

53. How can people who inject drugs reduce their risk of HIV infection?

Stop using drugs. The risk of becoming infected with HIV from needles and syringes can be *completely eliminated* by not injecting drugs. Methadone maintenance is the most effective treatment program for heroin users. Studies have shown that heroin users who are in a methadone maintenance program are up to six times less likely to get HIV than users who are not in a program. Drug treatment programs are available throughout New York State. Check the Resources section (page 45) for phone numbers to locate drug treatment programs.

Reduce injection drug use. If it is not possible to stop using drugs, reducing the frequency of injection can reduce the number of potential exposures to HIV. A methadone maintenance program can help heroin users stop or reduce their drug use.

Always use new needles, syringes, and works. Don't share. HIV can be passed through infected blood in shared needles, syringes, spoons, bottle caps, cotton, and any other equipment used to inject. Using new needles and syringes to inject drugs can reduce the risk of transmitting HIV. However, syringes, needles, and works sold on the street as "new" may actually be used. They can transmit HIV if someone with HIV previously used them.

Clean needles and works with bleach. If you cannot get new, sterile syringes, you can reduce the risk of infection by always cleaning injection equipment (needles and works) immediately after use and just before reuse. This does not entirely eliminate HIV transmission risk, but it does reduce it (see question 45).

Three ways to get new, clean needles and syringes in New York State are:

- 1. At a drug store:** In New York State, the **Expanded Syringe Access Demonstration Program (ESAP)** allows registered drugstores to sell up to ten syringes at a time, without a prescription, to adults 18 years or older. To find ESAP pharmacies, and for answers to questions about HIV/AIDS and safe syringe and needle disposal, call the New York State HIV/AIDS Hotline (see the Resources section, page 45).
- 2. At a needle exchange program, also called Syringe Exchange Programs (SEPs):** At SEPs, located in some areas of New York State, drug injectors can exchange used syringes for new, clean syringes. To find SEPs, call the New York State HIV/AIDS Hotline (see the Resources section).
- 3. From your doctor:** Under ESAP, health care facilities as well as doctors and other health care providers who can prescribe syringes may also provide syringes without a prescription. Talk to your doctor about ways you can get access to clean needles and syringes.

54. How should needles and syringes be cleaned?

Step 1. Rinse with water to remove blood from syringe/needle.

- Pour clean water into clean cup or bottle cap.
- Pull back on plunger and fill halfway with clean water.
- Shake syringe/needle and squirt water out through the syringe/needle.
- Repeat this at least twice with new water or until all the blood and drug residue is gone.

Step 2. Rinse with full strength bleach.

- Pour full strength bleach (do not add water) into clean cup or bottle cap.
- Pull back on plunger and fill the syringe halfway with bleach.
- Shake syringe/needle and squirt bleach out through the syringe/needle.
- Repeat steps.

Step 3. Rinse syringe/needle with clean water three more times.

- Before injecting, always rinse syringe/needle with water to remove the bleach.
- Keep the rinse water apart from water used to clean the syringe/needle and to prepare drugs.

Things to remember:

- Do not reuse the cotton, water, bleach, or cooker. If the cooker must be reused, rinse it in bleach and then water.
- Store bleach in a container that is opaque (you can't see through it). Bleach loses its effectiveness with exposure to light. Label the container "bleach."
- Never assume that a syringe purchased on the street is new, even if it seems to be packaged as new. The easiest place to get new syringes is at an ESAP pharmacy or a Syringe Exchange Program (see question 53).

55. Is it legal to possess needles and syringes without a prescription?

In New York State, people age 18 years and older can legally possess hypodermic needles and syringes obtained through ESAP-registered providers. These needles and syringes may be purchased or obtained, without a prescription, from registered pharmacies, health care facilities, and health care practitioners (see question 53).

You may also obtain needles and syringes at a Syringe Exchange Program (SEP) (see question 53). Always have your SEP participant identification card with you when you are carrying needles and syringes.

Possession of syringes in accordance with the Public Health Law is legal. Persons legally possessing syringes are not subject to arrest or prosecution under the Penal Law. The actual sale or possession of illegal drugs is still a crime and puts you at risk of arrest and criminal prosecution.

56. How do I dispose of needles and syringes?

- Put used needles and syringes in a “sharps” container or a puncture-resistant plastic bottle. Bleach or laundry detergent bottles are good choices.
- Close the screw-on top tightly. You may want to tape it as well. Label the bottle: “Contains Sharps.”
- Do **not** put sharps in soda cans, milk cartons, glass bottles, or any container that is not puncture resistant. Coffee cans are not recommended because the lids come off too easily.

To dispose of your sharps container:

- In New York State, all hospitals and nursing homes must have a place and time that they accept household sharps (including needles, syringes, and lancets) for disposal. You can also call (518) 473-7542 to get a directory of sharps disposal sites.
- In several regions in New York State, sharps may be disposed of in collection kiosks located in pharmacies and health care clinics. Call (518) 473-7542 to find out where these sites are located.
- Ask your pharmacist about the best methods and locations for safely disposing of used sharps. He or she may be able to accept used sharps for safe disposal or tell you about other convenient sites for safe disposal. You may also be able to purchase personal sharps disposal containers at your pharmacy.
- In many areas, including New York City, it is legal to put your sealed sharps container in the trash. Call your local sanitation department to find out if this is allowed in your community. Do not put sharps containers in with recycled household items.

57. Does using alcohol or other non-injected drugs increase my risk of HIV infection?

Yes. Using non-injected drugs like alcohol, marijuana, crystal methamphetamine, ecstasy, or crack reduces your ability to make good decisions about safe sex and using clean needles and works. If you are drunk or high, you are less likely to think about protecting yourself and others from HIV. Cocaine tends to increase a person’s sex drive and to decrease sexual inhibitions, which can make him or her less likely

If you are drunk or high, you are less likely to think about protecting yourself and others from HIV.

to use condoms and to avoid high-risk sex activities. Crystal methamphetamine (“crystal meth”) – whether non-injected or injected – has effects similar to cocaine, but it lasts even longer. Crystal meth has become popular among men who have sex with men and other groups. Its use appears to be leading to increased unprotected sex and greater potential risk of HIV transmission.

People who are addicted to drugs may also trade sex for money or drugs, which further increases their HIV risk. Evidence shows that treatment programs for any kind of substance use can reduce high-risk sex and drug-using behavior.

58. How can health care workers and others at risk of on-the-job exposure reduce the risk of HIV infection?

Health care workers and others who come in contact with potentially infectious blood and/or other body fluids on the job can reduce their risk by following strict safety guidelines, such as the Universal Precautions. These guidelines include wearing latex gloves when taking blood samples or injecting medicine and vaccines and washing hands before and after all procedures.

While these guidelines have helped to reduce the frequency of exposure to HIV, needle-sticks and other direct contact with blood and body fluids sometimes occur. For some exposures, the New York State Department of Health recommends that the health care worker or other workers take medicines to reduce the risk of HIV infection. This form of treatment – postexposure prophylaxis (PEP) – works best when it is started within a few hours, and no more than 36 hours, after HIV exposure. Although PEP can decrease the risk of HIV transmission to a person who has been exposed on the job, some people using PEP may still become infected with HIV. A health care worker who has a needle-stick injury or other direct contact with blood or body fluids should be evaluated right away to determine whether PEP is needed.

59. If a person is exposed to HIV outside of the work setting, is there anything he or she can do to prevent infection?

New York State Department of Health guidelines call for postexposure prophylaxis (PEP) at certain times when people are potentially exposed to HIV when a condom breaks or during a sexual assault. PEP involves taking a combination of HIV medicines, usually for four weeks. There is no proof yet that PEP after HIV exposure outside the work setting reduces the risk of HIV infection. However, PEP does reduce the risk of HIV transmission after needle-sticks and helps prevent mother-to-child HIV transmission; so PEP may also be helpful for other types of exposure. PEP should be started as soon as possible, but no longer than 36 hours, after the exposure.

PEP is not a “morning after” pill that you take for a day. For PEP to work, every dose of every medicine must be taken, for the full period of time. PEP can have serious side effects and should be taken with guidance from an experienced care provider. PEP is expensive, but payment assistance is available for sexual assault victims.

Diagnosis and Treatment

60. What are the symptoms of HIV infection?

Shortly after being infected with HIV, some people – but not all people – have flu-like symptoms (fever, muscle aches, feeling tired) that last a few days and then go away. This is sometimes called *seroconversion illness* or *acute HIV infection*. Most people with HIV have no symptoms for many years. However, even without symptoms, people who are newly infected have large amounts of HIV circulating in their blood and are highly infectious at that time.

HIV infection **cannot** be diagnosed from symptoms alone. The symptoms of worsening HIV infection and AIDS – swollen glands, fever, and skin rashes – can also be caused by other illnesses, many of which are more common than HIV infection. Only an HIV test can show whether a person has HIV (see Testing section, page 15).

61. When does a person with HIV infection have AIDS?

According to the Centers for Disease Control and Prevention (CDC), a person with HIV infection has AIDS when:

- the person's CD4 cell count, a way to measure the strength of the immune system, falls below 200 (a normal CD4 cell count is 500 or higher); or
- the person develops any of the specific serious conditions – also called AIDS-defining illnesses – linked with HIV infection (see Appendix for a list of these conditions).

62. Why is it important for people with HIV to get medical care?

People with HIV should seek early medical care so they can:

- find out about medicines that fight HIV; and
- receive care for HIV-related conditions.

Treatments that fight HIV help people with HIV live longer, healthier lives. Often, it is best to start treatment before symptoms appear. A doctor can do blood tests to find out how much HIV is in a person's body and how much damage the virus has done to the immune system. This information helps people with HIV and their doctors decide when to start treatment and how well treatment is working. Early medical care helps people with HIV take best advantage of treatments for HIV.

Certain medicines can also prevent some opportunistic illnesses like PCP (*Pneumocystis carinii* pneumonia). Testing and treatment for other illnesses, like TB (tuberculosis) and STDs (sexually transmitted diseases), is also important. These illnesses are more common in people with HIV and can make HIV progress more quickly to AIDS.

It is important to see a doctor who is well informed about HIV. The New York State Department of Health designates doctors who meet certain criteria, like treating HIV-infected patients and taking special courses in HIV-related topics, as HIV specialists.

63. Do women with HIV need special medical care?

Yes. Some medical problems are more common in women with HIV. These include:

- Cervical cancer. HIV-infected women also have high rates of HPV (*human papillomavirus*) infection, especially those types that lead to the development of cervical cancer. Treatment with antiretroviral drugs may be able to change the course of HPV infection, but this has not yet been proven.
- Vaginal yeast infections, which may be more frequent and need longer treatment in women with HIV.

Women with HIV should have yearly pelvic exams and PAP smears to look for cervical cancer. Women with HIV also need to know how to prevent pregnancy (if they do not wish to become pregnant) and how to prevent passing HIV to their babies if they do choose to get pregnant. They should talk to a doctor about family planning, including how birth control pills interact with some HIV medicines.

It is especially important for pregnant women with HIV to get medical care, because there are medicines that women with HIV can take to greatly reduce the risk of their babies being born with HIV. Children with HIV infection also need medical care as early as possible.

64. Should people with HIV tell their doctor, dentist, physician assistant, nurse practitioner, and other health care providers?

Yes. To provide the best medical care, health care providers need to know the HIV status of their patients. It is against the law for health care providers to deny care to people with HIV because of their HIV status. By law, health care providers *must* keep your HIV status confidential (see question 94).

65. What are CD4 cell counts and viral load tests?

CD4 cells are part of the immune system. Over time, HIV kills CD4 cells, making the immune system weaker. A person's CD4 cell count shows the strength or weakness of the immune system.

Viral load is the amount of HIV in a person's blood. Over time, without treatment, the viral load of a person living with HIV gets higher. HIV treatment with HAART (Highly Active Anti-Retroviral Therapy) usually lowers the viral load. When the amount of HIV in the blood is so low that blood tests cannot find it, it is called an *undetectable* viral load. A person with an undetectable viral load is less likely to get sick but still has HIV and can pass the virus to others.

CD4 cell count tests and viral load tests give people with HIV and their doctors important information about a person's HIV infection and immune system strength. These tests help show whether a person should consider taking medicines for opportunistic infections and/or medicines to fight HIV (HAART). They also show how well HAART is working. People with HIV should have a CD4 cell count test and a viral load test done at least every six months. If they are taking HAART, these tests should be done at least every four months.

New York State laboratories automatically give the results of these tests and drug resistance tests to the State Department of Health (see questions 67 and 88). The reporting process is very secure and confidential. Getting these test results will help the State Department of Health track the quality of health care for people with HIV; find out about drug-resistant strains of HIV in the community; and better track the epidemic to plan prevention, health care, and support services.

66. How is HIV infection treated?

Treatment for HIV infection includes:

- Highly Active Anti-Retroviral Treatment (HAART);
- preventive treatment to avoid opportunistic infections;
- treatments for HIV-related illnesses; and
- healthy living practices.

HAART. HAART (Highly Active Anti-Retroviral Therapy) involves taking three or more drugs that fight HIV at the same time. HAART can strengthen the immune system and reduce the amount of HIV in the blood.

Many medicines are available, and no one combination is best for everyone. Not everyone with HIV needs HAART, which is usually started only when signs of immune system damage or symptoms of HIV appear (see question 68).

Drugs that fight HIV are divided into several “classes” or types. The different classes of drugs are used in combinations. Each class of drugs affects HIV in a different way:

- **NRTIs** (nucleoside and nucleotide reverse transcriptase inhibitors) interrupt the first step that HIV takes to “copy” itself inside a cell.
- **NNRTIs** (non-nucleoside reverse transcriptase inhibitors) also interrupt the first step that HIV takes to copy itself, but in a different way than NRTIs.
- **Protease inhibitors** interrupt the last step that HIV takes to copy itself.
- **Entry inhibitors** (including **fusion inhibitors**) stop HIV from entering a healthy cell.

New medicines in each of these drug classes are being developed. New drug classes, which attack HIV in new ways, are also being researched.

Drugs that fight HIV have improved the health of many people, but these treatments are not perfect. HIV medicines can be hard to take and often have side effects, some of which are serious and even life threatening. Missing or delaying just a few doses of medicine can lead to the person developing “resistance” to the drugs, which means that the drugs will stop working (see question 67).

Preventive medicines. Opportunistic illnesses like PCP (*Pneumocystis carinii* pneumonia) and MAC (*Mycobacterium avium* complex) affect people whose immune systems are severely weakened by HIV. However, many of these illnesses can be prevented by taking certain medicines as soon as the immune system becomes weak. Since the immune system can be severely weakened before symptoms appear, it is

HAART can strengthen the immune system and reduce the amount of HIV in the blood.

important for people with HIV to see their doctors so that they can begin preventive treatment as soon as it is needed. A HAART regimen is the most effective way to strengthen the immune system.

Treatments for AIDS-related illnesses. Treatments for AIDS-related cancers, infections, and other conditions are available. Combining these treatments with HAART, as needed, can help people with AIDS live healthier, longer lives.

People with HIV should ask their doctor, nurse, or case manager for more information about these topics before they make any changes to their treatment plan.

Healthy living. Good health habits can play an important role in the treatment of HIV. Important factors include:

- eating healthy foods
- preparing and storing food safely
- taking vitamins as directed by a doctor or nutritionist
- exercise (both aerobic and muscle-building)
- getting enough sleep
- stress management
- avoiding alcohol, cigarettes, street drugs, and other harmful substances. Smoking increases the risk of bacterial pneumonia, thrush, and other oral health problems.

67. What is drug resistance?

Drug resistance happens when HIV *mutates*, or changes itself, so that the HIV medicines a person is taking are no longer effective. People who become resistant to one drug may also become resistant to other drugs, including drugs they have never taken. Tests are available to help find out whether a person is resistant to any HIV medicine.

Drug resistance is much less likely to develop if the amount of HIV in a person's body is kept as low as possible. That is why it is important that people with HIV take their HIV medicines as prescribed and not skip doses. Case managers, adherence counselors, and treatment educators can help people with HIV figure out strategies for taking their HIV medicines successfully (see questions 65 and 88).

68. When should a person with HIV begin taking HIV medicines?

There is no one simple answer to this question. Many factors influence the decision to begin taking HIV medicines, including CD4 cell count, viral load, symptoms, concern about side effects and your ability to deal with them, and your ability to take the medicines correctly. The following recommendations are based on CD4 count, viral load, and symptoms, but people with HIV should keep in mind that personal factors are important, too.

Treatment is strongly recommended if:

- symptoms of HIV/AIDS appear; or,
- CD4 count falls below 200.

Treatment should be offered if:

- there are no symptoms, but CD4 count is between 200 and 350; or,
- there are no symptoms, and CD4 count is higher than 350, but viral load is higher than 55,000 copies/mL PCR. Some experts would delay treatment at this point, but would keep checking viral load and CD4 cell counts.

Treatment is not recommended if:

- CD4 count is higher than 350, viral load is less than 55,000 copies/ mL PCR, and there are no symptoms of HIV/AIDS. Most experts would not begin treatment and would continue checking viral load and CD4 cell counts.

69. Can a person who is on methadone maintenance take HIV medicines?

Yes. However, some HIV medicines interact with methadone and may require a change in the dosage of methadone or the HIV medicine. People with HIV should tell their doctors about all the medicines they take, including methadone, so that their doctors can prescribe medicines that will work best. People on methadone should tell their methadone clinic about any HIV medicines they take so that they can get the dose of methadone they need.

70. Are there alternative or complementary treatments for HIV?

Many people with HIV are interested in alternative or complementary treatments, including herbs, supplements, acupuncture, and other nontraditional treatments. Some people feel that these treatments reduce their symptoms, such as nausea or pain. Unfortunately, the safety and effectiveness of many of these treatments have not been well studied or are not known. In some cases, these treatments may be harmful. Some commonly used supplements, including St. John's Wort and milk thistle, have been shown to reduce the effectiveness or increase the side effects of some HIV medicines.

To avoid problems, people with HIV should tell their doctors about all of the treatments they use, including all herbs, vitamins, and other supplements.

71. What is the connection between HIV and TB?

TB (tuberculosis) is one of many diseases that a healthy immune system can usually keep under control. Only about 10% of people with normal immune systems who have the TB bacteria will get sick with active TB.

However, a person with HIV who has the TB bacteria and a weak immune system is much more likely to develop active TB disease. Untreated active TB can be spread to others by coughing. TB can usually be cured with medicines. Active TB can be prevented by taking medicine before symptoms start. All people with HIV who have not had a positive TB skin test in the past should be tested for TB once a year. That way, if they are infected, they can take medicine to avoid getting sick with active TB.

72. What do people with HIV need to know about hepatitis?

People with HIV should be tested for hepatitis A, hepatitis B, and hepatitis C. These illnesses can cause severe liver problems, especially in people with HIV. Hepatitis A is commonly spread through contaminated food or water. Hepatitis B and hepatitis C can be spread through unprotected sex or by sharing needles with a person who has either of these viruses. People with HIV should talk to their doctor about their risk for hepatitis, how to avoid infection, and whether they should receive vaccines to prevent hepatitis A and hepatitis B (there is no vaccine for hepatitis C). There are treatments available for hepatitis B and hepatitis C, but they do not work for everyone.

73. Where can people with HIV get medical care?

Hospital clinics. The New York State Department of Health has identified some hospitals as Designated AIDS Centers because they have special care programs for people with HIV infection and AIDS. Designated AIDS Centers are required to coordinate the full range of medical services needed by patients with HIV and AIDS, including inpatient and outpatient care, home health care, oral health care, and mental health care. Some Designated AIDS Centers now have special programs for women, children, and adolescents with HIV and AIDS. These hospitals are also generally involved in HIV-related research programs. There are also hospitals that are not Designated AIDS Centers but have experience in treating people with HIV. For more information about Designated AIDS Centers, call the New York State Department of Health AIDS Institute HIV Health Care Section at (518) 486-1383.

Community health centers. Many people with HIV receive their medical care from clinics in the community where they live. There are also special programs for children, adolescents, and substance users. Most HIV clinics also provide case management to help people with HIV get the other services they need. People who need referrals to health care facilities should contact their nearest AIDS service organization or the HIV Counseling and Testing Hotline: 1-800-872-2777.

Drug treatment programs. For people with HIV who are being treated for drug use, some drug treatment programs also provide HIV medical care on site. To find one of these sites near you, call 1-800-541-AIDS and ask for a listing of drug treatment programs that also have HIV medical care services. This call is free and private. Health care in these sites can be accessed by persons enrolled in the drug treatment program.

Private doctors' offices. People with HIV can get care from private doctors in their community. It is important to see a doctor who is knowledgeable about HIV, sometimes called an *HIV specialist*. Doctors who take special training and meet certain requirements are called HIV specialists by the New York State Department of Health.

Day treatment programs. There are many adult day treatment programs in New York State that offer medical care, nursing care, and substance use and related health services to people with HIV who meet certain requirements. For more information, call the New York State Department of Health AIDS Institute Chronic Care Section at (518) 474-8162.

Home care programs. Throughout the state, a number of AIDS home care programs provide nursing and other services in the homes of people who have AIDS-related illnesses. For more information, call the New York State Department of Health AIDS Institute Chronic Care Section at (518) 474-8162.

Skilled nursing facilities. The New York State Department of Health has helped to develop HIV/AIDS nursing homes that provide medical care and special services for severely ill patients. For more information about skilled nursing facilities, call the New York State Department of Health AIDS Institute Chronic Care Section at (518) 474-8162.

74. How can people with HIV and AIDS pay for their medical care?

Care for patients with HIV infection and AIDS is generally paid for in the same way as other forms of medical care:

- by the government (Medicaid, Medicare, and the HIV Uninsured Care Program, which includes the AIDS Drug Assistance Program, known as ADAP); or
- by private insurance companies.

Most group health insurance plans cover HIV and AIDS medical treatment, although some have a maximum amount they will cover. People with HIV who are on Medicaid can now choose an HIV Special Needs Plan (SNP). SNPs are special Medicaid Managed Care Plans that allow people with HIV to choose HIV specialists as their primary care doctors and give patients access to special services (see question 75).

The New York State Medicaid Program pays for drugs for persons on Medicaid. In addition, the New York State Department of Health operates the HIV Uninsured Care Program, including ADAP, which offers free drugs, primary care, and home care for people who do not qualify for Medicaid and who meet income requirements. ADAP can help people with no insurance or partial insurance. The program includes these services:

- ADAP pays for medicines for the treatment of HIV- and AIDS-related conditions.
- ADAP Plus (Primary Care) pays for primary care services at participating clinics and hospital outpatient programs, drug treatment programs, and private doctors' offices.
- The HIV Home Care Program pays for a person's home care services that are identified by their doctor. The maximum lifetime Home Care benefit per person is \$30,000.
- APIC (ADAP Plus Insurance Continuation) pays for the health insurance of people with HIV who meet certain income and insurance criteria.
- AHIP (AIDS Health Insurance Program), operated by Medicaid, also pays for the health insurance of people with HIV who meet certain employment, income, and insurance criteria. But the criteria are slightly different from those of the APIC program. People who do not qualify for AHIP may qualify for APIC.

SNPs are special Medicaid Managed Care Plans that allow people with HIV to choose HIV specialists as their primary care doctors and give patients access to special services.

For more information about the HIV Uninsured Care Program, call 1-800-542-2497 or (518) 459-0121 for TDD.

75. Are people with HIV who receive Medicaid required to join a managed care program?

No. People with HIV/AIDS who are on Medicaid do not have to join a managed care plan and can continue to get health care as they have in the past. However, this may change in the future, and people with HIV/AIDS who are on Medicaid may have to choose between a regular managed care plan or an HIV Special Needs Plan (SNP).

SNPs are special health care plans for people with HIV or AIDS who are on Medicaid. People who join an HIV SNP choose a primary care doctor who is an HIV specialist – a doctor with special training and experience in treating people with HIV. SNPs pay for the same services as regular Medicaid, plus special services that are important for people living with HIV/AIDS.

For more information about SNPs and managed care choices for people receiving Medicaid, call the New York Medicaid CHOICE HelpLine at 1-800-505-5678 or 1-888-329-1541 TTY/TDD.

76. Do prisoners have access to up-to-date HIV treatments?

All people with HIV, including those in prison, should have access to healthcare and appropriate HIV treatment. For more information, speak with the medical staff at the prison or contact the New York State Prison HIV Hotline at (716) 854-5469, Monday – Friday, 12pm-8pm; Saturday – Sunday, 10am-6pm; collect calls are accepted from inmates in New York State Correctional Facilities.

77. How can I learn about experimental treatments for people with HIV?

For information about clinical trials or experimental treatments for HIV in New York State and nearby areas, contact the AIDS Community Research Initiative of America (ACRIA). ACRIA can help locate a specific clinical trial and provide treatment education and information on community services. For more information, contact ACRIA at (212) 924-3934, ext. 121 or by e-mail: treatmented@acria.org. The group's website address is: www.acria.org.

ACRIA provides detailed information on many federally and privately sponsored clinical trials. Call 1-800-TRIALS-A.

Children and Adolescents/Young Adults

78. How should parents talk to their children about HIV and AIDS?

Parents should talk with their children about HIV and AIDS for many reasons, including:

- to make sure their children are getting accurate information that is appropriate for their age; and
- to help their children learn skills to reduce the risk of becoming infected with HIV and protect themselves later in life.

Parents should look for chances to discuss HIV and AIDS directly with their children before their children are sexually active or experiment with drugs. A good way to approach the subject is to ask children what they are learning about HIV and AIDS in school. Or, parents can use news articles or stories on television, radio, or in the newspaper to start a conversation.

Parents should learn the facts about HIV and AIDS before talking with their children. Health departments, school health teachers, clinics, physicians, AIDS-related community organizations, libraries, and the Internet are good resources. For a listing of HIV/AIDS educational materials written specifically for parents, call the New York State Department of Health AIDS Institute at (518) 474-9866 or visit the website at <http://www.health.state.ny.us/nysdoh/aids/index.htm> for an order form; or call the National AIDS Information Clearinghouse at 1-800-458-5231. Parents of children with HIV should refer to question 79 below.

79. Do children get HIV?

Yes. A woman can pass HIV to her baby during pregnancy, delivery, or breastfeeding (see question 20). However, there are medicines that a pregnant woman can take to greatly reduce the chance of her baby being born with HIV (see question 52). These medicines have resulted in a large reduction in the number of babies infected with HIV in the United States.

The New York State Department of Health AIDS Institute and the State Office of Children and Family Services have published a manual, *Caring for Children with Special Needs*. The manual provides parents, foster parents, and other caregivers with information and support to meet the challenges of raising children with HIV. It is available online at <http://www.health.state.ny.us/nysdoh/hiv aids/child/index.htm>. Call (518) 474-9866 to request a form to order a print copy of the manual.

80. Do health care providers need to know if a child has HIV?

Yes. Health care providers need to know the HIV status of anyone who they treat in order to give the best possible health care. Children with HIV may develop infections and illnesses that require special medical attention. They may need medicines to fight HIV or to prevent HIV-related illnesses. Children with HIV also have a special childhood vaccination schedule (see question 81).

81. Should a child with HIV get regular childhood immunizations?

Yes. Immunizations are important for all children. However, the schedule of immunizations is different for children with HIV, so it is important to tell the health care provider that the child has HIV. Also, vaccines given to an infant or child with HIV may become less effective over time as the child's immune system gets weaker. So, a child with HIV who is exposed to any childhood disease should receive medical attention, even if the child has been vaccinated.

82. Are children in foster care tested for HIV? Who receives the results?

Foster care agency workers assess all children who enter foster care for their risk of HIV infection. If a child is thought to be at risk for HIV and is not able to make an informed decision about testing, foster care staff get a signed consent from the appropriate guardian and make arrangements to have the child tested for HIV. Children and youth who are at risk for HIV and who are determined by the foster care agency to have the ability to make an informed decision about testing are recommended, but not required, to have an HIV test.

Authorized foster care agencies, foster and adoptive parents, local Departments of Social Services, Family Court, and health care providers have a right to know HIV information about children in foster care. However, they may not disclose HIV-related information to anyone else, unless it is for the care and treatment of the child.

83. Can a child with HIV infect another child through casual contact, fighting, or contact sports?

HIV is not passed through casual contact like hugging, touching, or sharing toys (see questions 9, 10, 26, 27).

It is highly unlikely that a child could get HIV through fighting or contact sports. The external contact with blood that might occur in a sports injury or through a fight is very different from the direct entry of someone else's blood into your bloodstream that occurs from sharing needles or drug works (see question 9).

84. Who should parents and guardians tell about a child's HIV infection?

The child's health care providers need to know that the child has HIV in order to provide the best possible care. Providers include doctors, nurses, dentists, and other medical employees.

The law does not require parents and guardians to share HIV-related information with a child's school. However, it may be in the child's best interest for some school employees to know about the child's HIV infection (for example, if the child needs help taking medicines).

Parents and guardians of children with HIV should also think about whether to share their child's HIV status with people directly involved in the child's life, such as babysitters, friends, and relatives. They do not have to tell anyone. However, it

may be overwhelming to care for a young person with HIV/AIDS without telling others and getting support.

Parents and guardians should consider:

- how disclosure would be helpful to the child;
- how disclosure would be helpful to the parents or guardians; and
- whether others can be trusted with this confidential information.

It may also be helpful to talk to the child's doctor, nurse, social worker, and other people who are involved in the child's care and sensitive to the child's needs. They can provide advice about whether to reveal this information, how much you should tell, and who should know.

85. Do adolescents/young adults get HIV?

Yes. HIV infection is an important concern for people of all ages, and young adults are no different. The Centers for Disease Control and Prevention estimate that at least half of all new HIV infections in the United States occur among people under the age of 25.

The same behaviors that put adults at risk for HIV also put adolescents at risk. These activities include:

- having vaginal, anal, or oral sex without using a condom; or
- sharing drug injection equipment.

Adolescents should also be aware of these high-risk situations:

- Drinking or using drugs. Drugs and alcohol can affect your judgment and lead to unplanned and unprotected sex.
- Injection drug use, including sharing needles, syringes, cotton, spoons, bottle caps, or any other equipment ("works").
- Experiencing "blackouts" – not being able to remember what happened while using alcohol or drugs.
- Not understanding your own risk of being infected with HIV or your partner's risk of being infected.
- Having many sex partners, which increases the chances of having sex with someone who has HIV.
- Exchanging sex for money, drugs, food, housing, or other things of value.
- Having sex with older partners, especially partners who use drugs.
- Having sex with partners you do not know well.
- Having a history of sexually transmitted diseases (STDs) or having a partner who has a history of STDs.
- Rape or incest – anyone who has been a victim of rape or incest should seek counseling, including advice about HIV testing.

The same behaviors that put adults at risk for HIV also put adolescents at risk.

86. At what age can a person consent to an HIV test?

According to New York State Public Health Law, individuals may consent to an HIV test without regard to age. Parents or legal guardians generally have the authority to consent to HIV testing for infants and young children who do not have the ability to understand and make an informed decision about testing. Care is taken to assure that young persons seeking HIV testing are able to make informed decisions about the test and are capable of understanding all information provided. Once a person has the capacity to consent – no matter what age – he or she can have an HIV test without parental knowledge or consent (see question 37).

87. If an adolescent gets tested for HIV, will the parents or guardians be told about the test result?

Parents or guardians will not be told the test result if the adolescent being tested shows *capacity to consent* to the HIV test (see question 37). The laws that protect confidentiality of HIV-related information apply, no matter what the person's age or whether the person has parental consent or parental involvement (see question 94).

There are certain times when a parent or guardian of an adolescent who gave informed consent can be told confidential HIV-related information – for example, if the adolescent is being abused or needs urgent care. If it is best for the adolescent, HIV-related information should be kept strictly confidential.

Public Health Law Relating to HIV Reporting and Partner Notification

88. What are the Public Health Law provisions regarding HIV case reporting and partner notification?

In New York State, HIV reporting means that doctors and laboratories must report all cases of HIV infection to the State Department of Health. Public Health Law requires HIV case reporting by name. Additionally, laboratories must report HIV nucleic acid tests (viral load tests), CD4 lymphocyte tests, and drug resistance and subtype tests to the State Department of Health. Reporting helps the State Department of Health to accurately monitor the HIV epidemic, assess how the epidemic is changing, and create programs for HIV prevention and medical care that best serve affected people and communities. All reported information is protected by strict confidentiality laws (see questions 65 and 67).

Partner notification is important so that people can become aware of their HIV risk and receive HIV counseling and testing. Then they can take steps to protect themselves and their loved ones and get medical care sooner if they are infected.

Giving doctors or the Health Department the names of partners is voluntary. While doctors are required to report known partners of their HIV-infected patients to the Health Department for the purpose of partner assistance, doctors are also required to talk with their patients about how they would prefer to let sex partners and needle-sharing partners know they may have been exposed to HIV. See question 90 for more information on partner notification options and assistance available through the PartNer Notification Assistance Program (PNAP) or the Contact Notification Assistance Program (CNAP) in New York City.

The national Centers for Disease Control and Prevention has issued guidelines urging all states to collect and report data on HIV cases to track the epidemic on a national basis. Within the next several years, HIV data will become the basis for funding formulas that allocate federal money for HIV care and treatment under the Ryan White CARE Act.

89. When the name of a person who tests HIV positive is reported to the New York State Department of Health, is that information shared with other government agencies?

No. Under the law, identifying information about people who have HIV can only be used to help the State Department of Health track the epidemic and for partner notification. Information cannot be shared with other government agencies like the Immigration and Naturalization Service (INS), police, welfare agencies, insurance companies, landlords, or private agencies. The confidentiality of all HIV-related information is protected by New York State Public Health Law.

90. How are partners of people who test HIV positive notified?

Persons who test HIV positive can choose from the following options how they would like to have their partners informed that they have been exposed to HIV:

- A counselor from the New York State Health Department PartNer Assistance Program (PNAP) or the Contact Notification Assistance Program (CNAP) in New York City can tell their partners without revealing the identity of the person.
- People can tell their partners with the help of their doctor or PNAP/CNAP counselor.
- People can tell their partners themselves.

Help from PNAP/CNAP is free. For more information, call the New York State Department of Health HIV/AIDS Hotline (see the Resources section). In New York City, call CNAP at 1-212-693-1419.

91. Are people who test HIV positive required to tell their doctor or counselor the names of their partners?

No. A person who tests HIV positive may be asked about his or her partners but is not legally required to reveal names. People cannot be punished or have treatment

denied if they do not disclose the names of their partners to a doctor or public health worker. However, people with HIV should know the options they have for partner notification and understand how vitally important it is for partners to know of their possible exposure to HIV so that they can get tested and get treatment if they are infected.

92. Can doctors notify the partners of a patient with HIV without the patient's permission?

Yes. If a doctor knows the name of a patient's partner, the doctor can notify the partner without the patient's consent. However, the doctor must tell the patient that he or she intends to do this.

93. What happens if a person who tests HIV positive thinks that a partner will react violently if notified?

If a person who tests HIV positive is concerned that notifying a partner may seriously affect their health or safety, or the health and safety of someone close to them, such as a child, the person is referred for domestic violence services. Partner notification is delayed until it is safe to proceed. For information about programs providing domestic violence services, call the New York State Domestic Violence Hotline at 1-800-942-6906.

Human Rights

94. Are there laws in New York State that protect the confidentiality of people with HIV and AIDS?

Yes. Public Health Law, Article 27-F is the section of New York State Public Health Law that protects the confidentiality and privacy of anyone who has:

- been tested for HIV;
- been exposed to HIV;
- HIV infection or HIV/AIDS-related illness; or
- been treated for HIV/AIDS-related illness.

In addition, the law requires that anyone who takes a voluntary HIV test must first sign a consent form. This means the person understands what the test means and agrees to take it. The law also requires that information about a person's HIV status can only be disclosed (shared with others) if the person signs an HIV release form or if the form is signed by the person's legally appointed guardian or health care proxy. The law applies to individuals and facilities that directly provide health or social services and to anyone who receives HIV-related information about a person pursuant to a properly executed HIV release form. Also, the law

requires that any individual or facility whose work is covered by Article 27-F and who receives HIV-related information MUST keep that information confidential as required by law. Under certain circumstances, the law does allow for the release of HIV information. These special circumstances are explained on the Informed Consent form for testing so that a person fully understands the exceptions before consenting to an HIV test.

Anyone who feels that HIV-related information has been released without their consent can call the New York State Department of Health Confidentiality Hotline at 1-800-962-5065 and request a “breach of confidentiality” form. Penalties for unauthorized disclosure of confidential HIV-related information by health care workers or social service workers include fines and/or time in jail.

95. Will testing positive for HIV affect an immigrant’s ability to stay in the United States?

Not necessarily. Although HIV testing is not required for entry into the United States, having HIV/AIDS is a reason for being denied entry into the U.S. Individuals who are excluded on that basis may seek a waiver. To get a waiver, they must:

- prove that they will not become dependent on government-funded health care (this can usually be proven if they have their own health insurance policy or have insurance through their employer);
- show that they are aware of the nature and severity of their condition;
- show a willingness to attend educational and counseling sessions; and
- show that they know how to avoid passing HIV to other people and make a commitment to avoid spreading the virus to others.

96. Can an employer require that a job applicant be tested for HIV?

No. Under the federal nondiscrimination laws, an employer cannot require a job applicant to tell his or her HIV status or to have an HIV test to get or keep a job.

97. Can job activities be limited or changed, or can a person be fired, because he or she has HIV or AIDS?

No. It is a violation of the New York State Human Rights Law to restrict employees’ duties or fire them solely because of HIV infection or AIDS. In addition, the federal Americans with Disabilities Act (ADA) requires employers to provide *reasonable accommodation* to the known physical or mental limitations of employees with disabilities, including HIV infection or illness.

98. Can hospital employees or emergency medical workers refuse to care for a person with HIV infection or AIDS?

No. Hospitals and emergency medical services workers have a legal responsibility to care for the sick and to employ staff capable of carrying out that mission.

Health care workers who refuse to care for a person with HIV infection or AIDS may be fired or disciplined. Ongoing education is required for all health care workers to ensure that they understand the ways in which HIV is spread and follow recommended safety precautions.

99. Can people with HIV infection or AIDS be denied health, disability, or life insurance?

No. In New York State, health insurance – including hospital, medical, and surgical coverage – cannot be denied and a higher premium cannot be charged simply because the applicant has HIV. However, disability insurance and life insurance companies are allowed to ask applicants if they have been diagnosed or treated for AIDS or HIV-related illnesses; they can deny coverage or charge higher premiums for the policy if the person is infected. Insurance companies can also require an HIV test before issuing a policy. A person with HIV can be determined to have a *pre-existing condition* and may have to go through a waiting period before their coverage begins. After the waiting period (usually 12 months), all HIV-related expenses should be covered. For more information, call the New York State Insurance Department at 1-800-342-3736.

100. Do confidential HIV test results have to be included in a person's individual medical record?

Yes. New York State Code, Rules and Regulations, Title X, Part 63 requires that confidential HIV-related information be recorded in the medical record and be easily accessible to provide proper care and treatment.

Appendix: AIDS Case Definition

A person who has tested HIV positive is diagnosed with AIDS when:

- the person's CD4 cell count falls below 200 cells/ml
OR
- the person is diagnosed with any of the following conditions or diseases:¹
 - Candidiasis of bronchi, trachea, or lungs
 - Candidiasis, esophageal
 - Cervical cancer, invasive
 - Coccidioidomycosis, disseminated or extrapulmonary
 - Cryptococcosis, extrapulmonary
 - Cryptosporidiosis, chronic intestinal (>1 month duration)
 - Cytomegalovirus disease (other than liver, spleen, or nodes)
 - Cytomegalovirus retinitis (with loss of vision)
 - Encephalopathy, HIV-related
 - Herpes simplex: chronic ulcer(s) (>1 month duration)
 - Histoplasmosis, disseminated
 - Isosporiasis, chronic intestinal (> 1 month duration)
 - Kaposi's sarcoma
 - Lymphoid interstitial pneumonitis (in children)
 - Lymphoma, Burkitt's (or equivalent term)
 - Lymphoma, immunoblastic (or equivalent term)
 - Lymphoma, primary, of brain
 - Mycobacterium avium* complex or *M. Kansasii*, disseminated or extrapulmonary
 - Mycobacterium tuberculosis*, any site (pulmonary or extrapulmonary)
 - Mycobacterium*, other species or unidentified species, disseminated or extrapulmonary
 - Pneumocystis carinii pneumonia
 - Pneumonia, recurrent
 - Progressive multifocal leukoencephalopathy
 - Salmonella septicemia, recurrent
 - Toxoplasmosis of brain
 - Wasting syndrome due to HIV

A person who is HIV negative or of undetermined serostatus may be diagnosed with AIDS when other causes of immunodeficiency are ruled out *and* the person is definitively diagnosed with one of the AIDS indicator diseases listed above.

¹ MMRW, Vol. 41/No. RR-17

Resources

Clinical Resources for HIV

New York State Department of Health AIDS Institute HIV Clinical Guidelines Program	www.hivguidelines.org
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Clinical Trials

AIDS Community Research Initiative of America (ACRIA)	(212) 924-3934 www.acria.org treated@acria.org
AIDS Clinical Trials Information Service	1-800-TRIALS-A

Confidentiality

New York State Confidentiality Hotline	1-800-962-5065
Legal Action Center	(212) 243-1313

Day Treatment Programs

New York State Department of Health Division of HIV Health Care Chronic Care Unit	(518) 474-8162
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Designated AIDS Centers

New York State Department of Health Division of HIV Health Care	(518) 486-1383
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Domestic Violence Services

New York State Domestic Violence Hotline	1-800-942-6906 (English) 1-800-818-0656 TTY 1-800 942-6908 (Spanish) 1-800-780-7660 TTY
National Domestic Violence Hotline	1-800-799-7233

Drug Treatment

New York State Office of Alcoholism and Substance Abuse Services (OASAS)	1-800-522-5353 Monday-Friday, 8 a.m. - 10 p.m.
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LIFENET 1-800-543-3638

New York City only, 24 hours a day, 7 days a week. LIFENET also offers confidential help with depression and other mental health problems.

Educational Materials about HIV/AIDS

For an order form listing free HIV/AIDS education and prevention materials for consumers, New York State residents, and organizations:

New York State Department of Health

(518) 474-9866

www.nyhealth.gov/diseases/aids/publications/hivpubs@health.state.ny.us

General Information about HIV/AIDS

New York State Department of Health
HIV/AIDS Hotline

1-800-541-AIDS (2437) (English)

1-800-233-SIDA (7432) (Spanish)

Centers for Disease Control and
Prevention (CDC)

1-800-232-4636 (English/Spanish)

Monday - Friday, 8 a.m. - 2 a.m.

New York State Department of Health
TDD HIV/AIDS information line

1-800-369-2437

Voice callers can use the
New York Relay System

711 or 1-800-421-1220

ask the operator for 1-800-541-2437

Centers for Disease Control
and Prevention (CDC)

1-800-CDC-INFO (1-800-232-4636)

1-888-232-6348 TTY

24 Hours/Day

E-mail: cdcinfo@cdc.gov

HIV Counseling and Testing

New York State Department of Health HIV/AIDS Hotline (see above)

HIV Counseling Hotline

1-800-872-2777

Monday - Friday, 4 p.m. - 8 p.m.

Saturday - Sunday, 10 a.m. - 6 p.m.

HIV Testing

New York State HIV/AIDS Hotline (see above). For HIV information, referrals, or information on how to get a free HIV test without having to give your name and without waiting for an appointment, call the Anonymous HIV Counseling & Testing closest to the county you live in:

- Albany Regional 1-800-962-5065
- Buffalo Regional 1-800-962-5064
- Long Island Regional (Suffolk/Nassau) 1-800-462-6786
- Lower Hudson Valley Regional 1-800-828-0064
- Rochester Regional 1-800-962-5063
- TDD 1-585-423-8120
- Syracuse Regional 1-800-562-9423

To view the HIV Counseling and Testing
Directory online:

www.nyhealth.gov

To order a print copy of the directory:

www.nyhealth.gov/publications/9515/index.htm

ctdirhiv@health.state.ny.us

518-402-6814

Home Care

New York State Department of Health
Division of HIV Health Care, Chronic Care Unit (518) 474-8162

Human Rights/Discrimination

New York State Division of Human Rights 1-888-392-3644
TDD 718-741-8300
New York City Commission on Human Rights 212-306-7450

Incarcerated Persons

New York State Prison HIV Hotline (716) 854-5469
Monday – Friday, 12pm-8pm; Saturday – Sunday, 10am-6pm; collect calls are accepted from inmates in NYS Correctional Facilities.

Insurance Regulations

New York State Insurance Department 1-800-342-3736

Medical Care

HIV Uninsured Care Program 1-800-542-2437
TDD (518) 459-0121
AIDS Drug Assistance Program (ADAP) 1-800-542-2437

Needle/Syringe Exchange

ESAP (Expanded Syringe Access Demonstration Program)
New York State Department of Health 1-800-541-AIDS (2437) English
HIV/AIDS Hotline 1-800-233-SIDA (7432) Spanish

Newborn Regulations and Testing

Regulations and guidance on DNA PCR Testing: (518) 474-2163
Specimen tracking
HIV antibody test interpretation
PCR test interpretation
New York State HIV/AIDS Hotline (toll-free)
Call the Hotline for more information about HIV and AIDS; to find HIV testing sites, syringe exchange programs, and pharmacies that sell syringes without a prescription through the ESAP program; and to access services near you. 1-800-541-AIDS (2437) English
1-800-233-SIDA (7432) Spanish
New York State Department of Health
TDD HIV/AIDS information line 1-800-369-2437
Voice callers can use the New York Relay System 711 or 1-800-421-1220
ask the operator for 1-800-541-2437
New York State Department of Health www.nyhealth.gov

Nursing Facilities

NYS AIDS Institute Chronic Care Section (518) 474-8162

Partner/Spousal Notification

Statewide, call the New York State HIV/AIDS Hotline (above).

In New York City, call CNAP (212) 693-1419

Sexual Abuse

For general information on the NYSDOH protocol for the management of sexual abuse victims, call the NYSDOH Rape Crisis Program. (518) 478-1526

Sexually Transmitted Diseases

For STD information and testing sites near you, call:

Centers for Disease Control (CDC)

National STD Hotline 1-800-227-8922 (English/Spanish)

NYS Department of Health

Bureau of STD Control (518) 474-3598

NYC Department of Health

STD Education Office (212) 788-4444

Special Needs Plans (SNPs)

New York Medicaid CHOICE HelpLine 1-800-505-5678

1-888-329-1541 TTY/TDD

Training Information for HIV/AIDS

General HIV/AIDS training information and calendar of events (518) 474-3045

Clinical HIV/AIDS education (clinicians only) 1-800-233-5075

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Questions? Comments?

We welcome your feedback on this publication.

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