



Do you know how ...?

INFORMATION ABOUT LOVE, SEXUALITY AND AIDS

AiDS
AUFKLÄRUNG

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AIDS can affect anyone - no matter what your skin color, gender, age or sexual preference is!

AIDS CAN'T AFFECT YOU? DON'T YOU HAVE SEX?

So you do have sex? Then it is worthwhile to read this brochure.

In our daily counseling practice we continually experience insecurity, inexperience and prejudice against this disease. Many people still believe that AIDS affects only homosexuals and drug addicts. That is wrong.

AIDS can affect anyone!

! AIDS can affect persons of any skin color, gender, age or sexual preference!

Everyone can get AIDS. AIDS has already killed millions of people worldwide: millions more continue to become infected with HIV. The primary risk factor for HIV infection globally is in fact, unprotected heterosexual intercourse. At the end of 2007 it was estimated that out of the 33 million adults worldwide living with HIV and AIDS, half of them are women, and it is, in fact, transmitted mainly between heterosexuals.

According to an estimate by the Robert-Koch-Institute at the end of 2008, 63.500 people live with HIV or AIDS in Germany. About three quarters of HIV-infected are men, and about a quarter are women. Around 90 per cent of the new

HIV infections are sexually transmitted – due to unprotected sex. Since the year 2000, an increase in the number of annual new infections has been noted.

We are careless of the infectiousness all around us, even though a cure or vaccine, which could save many, mostly young people from an early death, is not likely to be found in the foreseeable future. AIDS is one of the biggest problems facing the world today and nobody is beyond its reach. Everyone should know the basic facts about AIDS. Therefore, we want to give you some information and suggestions for your protection – without taking the pleasure out of sex.

Because you can still have it SAFELY!

If you have any questions whatsoever, call us or write to us!

! You can contact us by phone: 0 69/76 29 33
✉ or by E-Mail: info@aids-aufklaerung.de

AND NOW A FEW BASICS, SO YOU KNOW WHAT WE ARE TALKING ABOUT ...

What is AIDS?

The term AIDS stands for 'Acquired Immune Deficiency Syndrome', it is a medical condition. People develop AIDS because HIV has damaged their natural defenses against disease.

What is HIV?

HIV stands for 'Human Immunodeficiency Virus'. This virus infects the cells that make up the human body and replicate (make new copies of themselves) within those cells. A virus can also damage human cells, which is one of the things that can make a person ill.

Someone who is diagnosed as infected with HIV is said to be 'HIV+' or 'HIV positive'.

HIV can be passed on from one person to another. Someone can become infected with HIV through contact with blood, sexual-fluids and breast-milk of someone who already has HIV.

HIV positive means that the virus is contained in the blood and other bodily fluids. However, it is important to know that being HIV positive doesn't mean you are actually suffering from AIDS! Between the HIV infection and the appearance of the first AIDS symptoms several years can pass by.





AIDS pathogen, disease, symptoms

→ **Pathogen** (=infectious agent) HIV is transmitted when a sufficient quantity of blood, sexual-fluids or breast-milk comes in contact with open skin injuries (flesh wounds, fungal infections, injuries from sexually transmitted infections, eczema) or mucous membranes (e.g., vagina, penis, mouth and rectum).

Saliva, sweat, tears, urine and other body excretions contain much less viruses and are therefore virtually non-eligible for an infection.

HIV attacks mainly those cells which are responsible for the endogenous defense of diseases: the great scavenger cells (macrophages) and T-helper cells (monocytes). It can also infect other cells, especially in the gut and brain. The viruses invade the cells and program them so that a large number of new viruses are produced. The affected immune cells can no longer function and will be destroyed in the end. Since the genetic information of the virus is passed on during cell division to the two daughter cells, the genetic information will continue to remain in the body of the infected person for life and makes complete healing impossible so far.





→ **Disease** If someone has been infected with HIV, he/she might feel quite healthy for some time, while the virus is slowly destroying his/her immune system. After an average of 8 to 10 years, the damage is so severe that the immune system collapses. A damaged immune system is not only more vulnerable to HIV, but also to the attacks of other infections. It won't always have the strength to fight off things that wouldn't have bothered it before. At this stage the infection is called AIDS.

Although this fact cannot yet be based on long-time observations (the disease was discovered in 1981), we must assume that almost every HIV-infected person develops AIDS sooner or later. The duration of the latency period (= time between infection and outbreak of the disease) may also depend on the amount of viruses the person got infected with. This is, for example, particularly high during a blood transfusion. Moreover, it depends on the latency of the various virus types as well as the simultaneous presence of other pathogens, such as Herpes viruses. Also, the lifestyle (additional stress) may influence the course of the disease.

AIDS HIV

→ **Symptoms** In the period immediately after infection has taken place there aren't any specific symptoms. Within two to four weeks after exposure to HIV, a person might have flu-like symptoms such as fever, swollen glands, muscle aches, diarrhea, fatigue or rash. In rare instances they may occur within a few days after the exposure has taken place. These symptoms usually go away after a week or two. Often, if they occur at all, they're so mild they're hardly noticeable, although for some people they are severe enough to warrant calling a doctor.

It's important to keep in mind that these symptoms are almost identical to those of many other illnesses. **That's why HIV-testing is so important.**

In the early period of the disease, the massive clashes with the virus in the body can only be identified through medical examination. This symptom-free time is followed by the preliminary stages of AIDS, known as lymphadenopathy syndrome (LAS, chronic lymph node swelling) and as 'AIDS-Related Complex' (ARC, with general symptoms such as fever,

diarrhea, fatigue, night sweats, weight loss and sometimes personality changes). It is important to know that all these symptoms may also occur with other diseases, they aren't necessarily proof of an HIV infection. Such proof can only be achieved through an HIV test.

In the final stages of HIV infection, there is an almost total collapse of the body's own defenses. Pathogens which normally cause only harmless diseases or infections with a healthy person may be lethal for people with an advanced defensive weakness, because the pathogens can multiply unhindered. Viruses, bacteria and fungi now have the opportunity to trigger infections and illnesses (so-called 'opportunistic infections').

Our immune system does not only destroy pathogens, but also cancer cells, which explains why many AIDS patients may also suffer from cancer. Very often you will find in connection with AIDS diseases such as Kaposi-Sarcoma, an otherwise very rare skin cancer, certain forms of blood cancer (lymphoma) and cervical cancer.

AIDS

HIV A

FROM THEORY TO PRACTICE ...

Most people change their sex partners in the course of life. Some change more frequently and some less. It is not a secret that other sexual contacts can also occur within a lasting partnership. How will we know whether a partner is infected? Perhaps you don't even want to know. But it is important that you know where the risks are and how to protect yourself!



How is HIV passed on?

HIV is found in the blood and the sexual fluids of an infected person, and in the breast milk of an infected woman. HIV transmission occurs when a sufficient quantity of these fluids get into someone else's bloodstream through open skin or on mucous membranes (vagina, penis, mouth and rectum). There are various ways a person can be infected.

Saliva, sweat, tears, urine and other body excretions contain far less viruses and therefore, there is practically no risk of HIV transmission. Unprotected sexual intercourse is still the main reason of HIV transmission. There are cases known in which a single unprotected sexual contact has led to an

infection. Other people are infected only after several sexual contacts with an HIV-infected person. To simply trust in your good luck is just like gambling with your health and that of your partner!

Studies show that the infection risk for your partner is particularly high if your own infection has occurred recently. The virus spreads out actively in the body; simultaneously the body starts to produce antibodies. This is exactly the period during which an infection with HIV cannot be detected through an HIV test yet.

Both partners are equally responsible for the safety during sexual intercourse and should insist on using condoms if the situation requires it. HIV in the semen or in the vaginal liquid do not necessarily need open wounds to enter the body. The mucous membrane is also an entry gate for the virus. Venereal diseases or injuries increase the risk of infection.

→ **Vaginal intercourse** Women have a greater risk of infection than men during vaginal intercourse, because they have contact with more sexual liquid during sexual intercourse than men. The virus concentration in the semen is higher than in the vaginal liquid, and the whole vagina consists of mucous membrane. The possible entry gate for HIV with men is the mucous membrane wreath at the end of the urethra and also at the glans top. Don't get this wrong: Both women and men can be infected with HIV during unprotected vaginal intercourse.

→ **Oral sex** Oral sex with an HIV-infected partner has a low risk of transmitting HIV, as the mouth is an inhospitable environment for HIV, for several reasons. Saliva contains enzymes that break down the virus; also, the mucous membranes in the mouth are more protective than those in the anus/rectum or vagina. There are, however, a few documented cases where it appears that HIV was transmitted orally. These cases are all attributed to ejaculation in the mouth (that is, exposure to semen). A person receiving oral sex is generally not at risk, because that person is coming into contact only with saliva. (There is a theoretical risk of transmission if the person performing oral sex had blood in her/his mouth.) Many people find using a condom

unacceptable and are practicing oral sex on men without ejaculation. They are coming into contact with pre-cum (pre-ejaculate fluid). Although HIV may be present in pre-cum, it is in very small amounts, and the mouth is not an easy path for transmission. This means unprotected oral sex without ejaculation carries a relatively low risk of HIV transmission. Performing oral sex on a woman who is menstruating increases the risk because blood contains more HIV than vaginal fluid.





→ **Anal intercourse** Unprotected anal intercourse is the riskiest activity for HIV transmission. The lining of the anus is more delicate than the lining of the vagina, and is more likely to be damaged during sex. The penetrating partner (on 'top') is also at risk because the membranes inside the urethra can provide an entry way into the bloodstream for HIV, which may possibly be present in blood inside the anus. Both partners are at risk; however, the receptive partner (on 'bottom') is at more risk because the anal area provides easy access to the bloodstream for HIV carried in semen. Especially for anal intercourse, strong condoms and enough grease-free lubrication should be used.

→ **During pregnancy, childbirth and breast-feeding** An infected pregnant woman can pass HIV on to her unborn baby during pregnancy, labour and delivery. HIV can also be transmitted through breast-feeding.

In Germany, the mother-to-child transmission (MTCT) rate has been cut down to below 2% by applying the following different means of protection:

→ **During pregnancy:** If a pregnant woman is aware of her HIV infection, she is treated with Highly Active Anti-Retroviral Therapy (HAART) to reduce the risk of transmitting HIV to her unborn child significantly. Moreover, an HIV-test for pregnant women is essential.

- During delivery: Usually a caesarean section is recommended to deliver the child. If a pregnant woman is treated with HAART and the viral load is below the detection level and moreover, if the pregnant woman provides no other medical reason that would make normal labour inadvisable, recent data are reassuring enough to allow spontaneous vaginal delivery.
- New born baby: Directly after birth, the new born baby gets a complete course of Preventive treatment.
- Infant feeding: Breast-feeding is normally the best way to feed an infant. A woman infected with HIV, however, can transmit the virus to her child through breastfeeding. Therefore, the advice of German-Austrian AIDS experts to HIV-positive mothers in well-resourced countries like Germany is straightforward: they should avoid breast-feeding altogether.

→ **When injecting drugs** Injecting drugs and blood transfer through the sharing of drug-taking equipment, particularly infected needles are an extremely effective way of transmitting HIV. At the same time, there are many other risks associated with injecting drugs, for example, hepatitis infections. Only clean and sterile syringes and accessories which are available in pharmacies, drug counselors and 'shooting galleries' reduce the risk of contracting HIV and hepatitis.

→ **Blood transfusions** These days, in developed countries all blood used for transfusions is HIV-tested. Since autumn 1985, the risk of getting HIV through a blood transfusion in Germany is almost eliminated. However, a very small residual risk remains. The standard HIV test checks for antibodies in a person's blood (antibodies are the body's response to an infection). Most people develop detectable HIV antibodies within some weeks after an infection. The time between infection and the development of antibodies is called the window period. During the window period persons may already have high levels of HIV in their blood, even though they do not test positive on an antibody test. Therefore, blood donations are now routinely tested for HIV and hepatitis C through additional PCR tests. PCR detect the genetic material of HIV itself, and can identify HIV in the blood. The probability of HIV infection through blood transfusion in Germany lies between 1:1.000.000 and 1:3.000.000.

The residual risk may also be reduced by donating your own blood (predictable operations). In the course of this, blood is taken from the patient some weeks before the operation and is stored, so that it is available during surgery. With blood products like albumin and gamma globulin the danger is practically zero, because the production processes of these products simultaneously lead to sterilization. Today the necessary coagulation preparations for hemophiliac contain no more risk.



Saliva, sweat, tears, urine and other body fluids contain far less HIV than blood, semen, vaginal fluid or mother's milk, therefore an infection is practically not possible.



How you cannot get infected

→ **Petting** Unlike the mucous membrane, the human skin has a protecting epidermis layer. Injuries must be present for pathogens – like HIV – to be able to invade. Petting is a sexual contact which you can enjoy carefree, as long as blood, semen or vaginal fluid does not come in contact with mucous membranes or open wounds. Tenderness, stroking, hugging, massages, masturbating together – there are so many possibilities of having safe fun and getting to know each other. The imagination knows no limits here.

→ **Kissing** To become infected with HIV you must get a sufficient quantity of the virus into your body. Saliva does contain HIV, but the virus is only present in very small quantities and as such cannot cause HIV infection. Unless both partners have large open sores in their mouths, or severely bleeding gums, there is no transmission risk from mouth-to-mouth kissing.

→ **Sneezing, coughing, cups etc.** HIV is unable to reproduce outside its living host, except under strictly controlled laboratory conditions. HIV does not survive well in the open air, and this makes the possibility of this type of environmental transmission remote. In fact, no environmental transmission has been recorded. This means that HIV cannot be transmitted through spitting, sneezing, cutlery, or musical instruments. You also can't get infected in swimming pools, showers or by sharing washing facilities or toilet seats.


→ **Insects** HIV cannot be transmitted by flies, ticks, fleas, bees, wasps or mosquitoes. If a bloodsucking insect bites an HIV infected person, the virus dies almost instantly in the insect's stomach (as it digests the blood). HIV can only live in human cells. Mosquitoes cannot transmit HIV for two reasons:

- The mosquito draws blood but injects saliva. The blood from one person is not injected into the mosquito's next victim.
- HIV dies in the mosquito's body. People sometimes are confused because malaria actually reproduces inside the mosquito's digestive tract, using the insect as a part of its life cycle. HIV does not.

Studies conducted by many researchers have shown no evidence of HIV transmission through insect bites, even in areas where there are many cases of AIDS and large populations of insects such as mosquitoes. Lack of such outbreaks, despite considerable efforts to detect them, supports the conclusion that insects do not transmit HIV. HIV only lives for a short time and cannot reproduce inside an insect. So, even if the virus enters a mosquito or another sucking or biting insect, the insect does not become infected and cannot transmit HIV to the next human it feeds on or bites.

→ **Medical and dental treatment** If medical and dental treatments are correctly performed, there is no risk of HIV transmission. The usual sterilization of all medical instruments kills HIV reliably. Disinfecting hands with alcoholic solutions also eliminates the virus completely. HIV does not even survive a wash with water and soap.

During normal social contacts no transmission of HIV can take place. Several hundred families have been observed internationally in which a family member has been infected, but despite very poor hygienic conditions a transmission of HIV to other family members (with the exception of the sex partners) had not taken place.



No transmission of HIV can take place

- due to the sharing of housing and toilets
- due to taking care of people with AIDS, as long as the usual disinfecting measures and hygiene rules are respected
- due to the sharing of tableware, cutlery, glasses, linen etc.
- due to sharing fruits and other foods
- due to shaking hands, hugging, massaging and kissing
- due to coughing and sneezing
- due to insect bites and pets
- due to touching door handles, telephone receivers, light switches etc.
- in schools or kinder gardens, even if these are attended by HIV-positive children
- in swimming-pools, saunas or showers
- at the hairdresser's or in cosmetic studios
- due to tattooing, piercing an ear, acupuncture etc., as long as the usual disinfecting measures and hygiene rules are respected
- due to any kind of sexual intercourse, as long as the rules for safer sex are followed.

WHAT IS 'SAFER SEX'?

Condoms

Several studies have demonstrated that consistent and correct usage of condoms is the most effective way of preventing both pregnancy and disease. The theory behind using condoms is clear: the male condom covers the penis and the female condom (a thin sheath or pouch worn by a woman during sex) entirely covers the vagina and provide an effective barrier for secretions such as semen and vaginal fluids, thereby blocking the sexual transmission of HIV.

Male condoms are made out of either latex or polyurethane. Female condoms (known as 'FC') were initially made out of polyurethane but the second generation of female condoms are made out of nitrile and called 'FC2'. Studies have also demonstrated that other common sexually transmitted viral infections, such as the herpes simplex virus (HSV) and the hepatitis B virus (HBV), can be prevented by using condoms.

How are condoms used correctly?

Contrary to popular opinion, it's not only the sexually inexperienced who aren't familiar with how to use a condom effectively. Whether you're just starting to have sex – or have been going at it for years – a little information may be useful and important.

Male condoms sometimes have a bad reputation for breaking easily. However condoms break easiest when used improperly, which happens more often than people think. Condoms are put under intense testing before they are sold to ensure the highest quality possible, which potentially means that breakage has more to do with poor usage than with low product quality.

A condom should be used only once. Use a new male condom for each episode of intercourse. One study has suggested that female condoms can be reused up to five times, provided that they are disinfected with bleach and water. However, experts advise that the safest way to use female condoms is to use them only once and then discard them.



PUTTING ON A CONDOM

- Condoms are individually sealed in aluminum or plastic wrapping. Be careful not to tear the condom while unsealing it. Never use a condom that is torn or seems brittle or stiff, past its expiration date, or exposed to extreme heat or cold.
- If you are not circumcised, pull back the foreskin before rolling on the condom.
- Leave a half-inch space at the tip of the condom to collect semen. Pinch the air out of the tip with one hand while unrolling the condom over the penis with the other hand.
- Roll the condom down to the base of the penis.
- There are lubricated and non-lubricated condoms. If you use a non-lubricated one or additional lubrication is needed, you should lubricate the outside of the condom generously using water-based lubricants only. You can buy these special lubricants where you buy condoms. Do not use oil-based lubricants, such as petroleum jelly, cold cream, hand lotion, cooking oil, or baby oil, as they may damage the condom.
- Use only one condom at a time. Using two condoms at a time, including two male condoms or a male and a female condom, can increase friction and lead to breakage.

Taking the condom off

- Be sure to pull out of the vagina or anus before the penis goes soft.
- Clasp the condom against the base of the penis while pulling out.

- Throw the condom away immediately.
- Wash the penis with soap and water before post-sex intimacy.

Reasons for using condoms

- Condoms are the only contraceptive that help prevent both pregnancy and the spreading of sexually transmitted infections (STIs, including HIV) when used properly and consistently.
- Condoms are one of the most reliable methods of birth control when used properly and consistently.
- Condoms have none of the medical side effects that some other birth control methods may have.
- Condoms are available in various shapes, colors, flavors, textures and sizes - to increase the fun of making love with condoms.
- Condoms are widely available in pharmacies, supermarkets and convenience stores. You don't need a prescription or have to visit a doctor.
- Condoms make sex less messy.
- Condoms are user friendly. With a little practice, they can also add confidence to the enjoyment of sex.
- Condoms are only needed when you are having sex, unlike some other contraceptives which require that you take or have them all of the time.



Here are also some tips that can help you to feel more confident and relaxed about using condoms.

CONFIDENCE TIPS

- Keep condoms handy at all times. If things start getting steamy - you'll be ready. It's not a good idea to find yourself having to rush out at the crucial moment to buy condoms - at the height of the passion you may not want to.
- When you buy condoms, don't get embarrassed. If anything, be proud. It shows that you are responsible and confident, and when the time comes it will all be worthwhile. It can be more fun to go shopping for condoms with your partner or friend. Nowadays, it is also easy to buy condoms discreetly on the internet or condom vending machines.
- Talk with your partner about using a condom before having sex. It removes anxiety and embarrassment. Knowing where you both stand before the passion gets the better of you increases confidence that you both agree and are happy about using a condom.
- If you are new to condoms, the best way to learn how to use them is to practice putting them on by yourself or your partner. It does not take long to become a master.
- If you feel that condoms interrupt your passion then try introducing condoms into your lovemaking. It can be really sexy if your partner helps you put it on or you do it together.

It can be rather awkward to uncompromisingly insist on protection if you are newly in love and want to have sex. However, in view of the fact that AIDS is a disease for which unfortunately there still exists no cure, you should take on the responsibility for yourself and your partner and protect yourself consistently.



Using condoms: practice makes perfect!

Now I want to know for sure

AIDS is a disease which worries many people. Some fear that they have been infected. A detailed discussion can help here to calculate the individual risks and to make the decision for or against an HIV test.

HIV test

Getting tested for HIV is a smart thing to do. Still, many people refuse to get tested. Some find the idea of getting tested too frightening, even though they will often continue to agonize about whether or not they're infected. Others consider testing as unnecessary and hold on to the belief that HIV can't happen to them.

Many times when people get tested, they happily discover their concern was unfounded. The assurance that comes from a negative test result can provide enormous relief. For others, getting tested and learning they are HIV positive is the first important step towards staying healthy.

One of the most basic truths about HIV is that gender, age, race and economic status are irrelevant when it comes to vulnerability to HIV. Anyone can become infected. Despite huge advances in treatment and a wealth of knowledge, the HIV epidemic is going to be with us for a long time to come. At present, there is no cure for HIV/AIDS, but there are medications that have been proven to be very effective in keeping HIV-positive people alive, longer and healthier. Knowing your accurate HIV status through testing is essential to your good health and a long life.

→ **About HIV testing** HIV test is always strictly confidential and only performed if you agree. It's important for you to be aware that counseling is an important part of HIV testing. This is done face-to-face with a doctor, or a counselor at a testing site. These conversations also play a valuable role in informing anyone who's tested negative about maintaining his negative status and advising those who are tested positive about their health care.

The standard HIV test looks for antibodies in a person's blood. When HIV enters a person's body, special proteins are produced. These are called antibodies. Antibodies are the body's response to an infection. So if persons have antibodies to HIV in their blood, it means they have been infected with HIV.

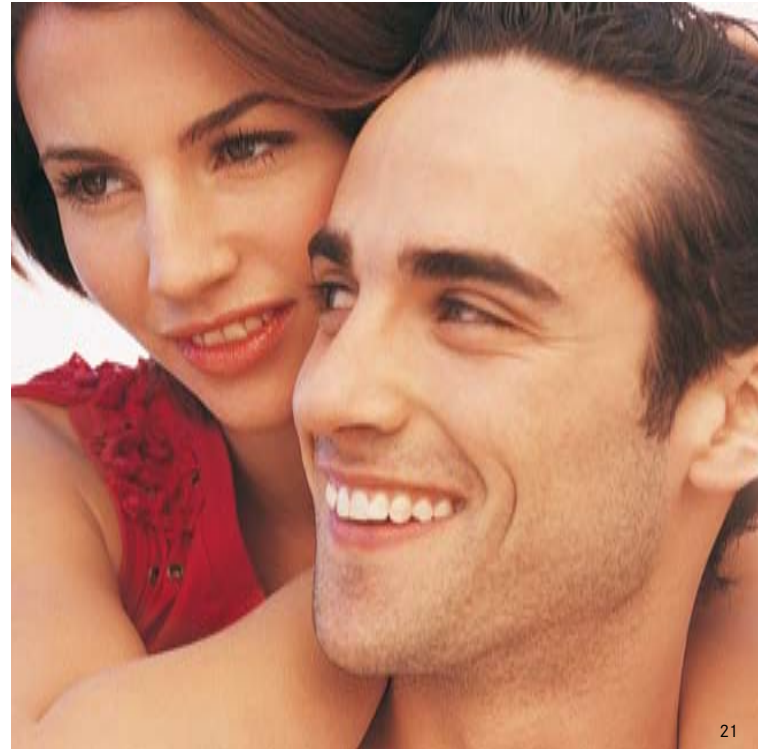
Most people develop detectable HIV antibodies within 6 to 12 weeks of infection. Only in rare cases antibodies will be formed later than three months after infection. The time between infection and the development of antibodies is called the window period. During the window period, people infected with HIV will not yet have antibodies in their blood that can be detected by an HIV test. However, the person may already have high levels of HIV in their blood, sexual fluids or breast milk. Someone can transmit HIV to another person during the window period even though they do not test positive on an antibody test. Getting tested earlier than 3 months after an infection may lead in an unclear test result, as an infected person may not yet have developed antibodies to HIV.

A positive HIV test does not say
anything about when AIDS
will break out in an infected person.

Standard HIV tests (ELISA or Determine) are accurate when it comes to detecting the presence of HIV antibodies. This high level of sensitivity however means that their specificity (ability to distinguish HIV antibodies from other antibodies) is slightly lowered. Therefore, any HIV-positive result given must be confirmed using a second test.

The direct evidence of HIV (PCR) is possible, but is available almost exclusively for scientific purposes. The procedures of direct evidence of virus are too burdensome and too expensive for a universal application.

→ **Home testing** Using an HIV test kit at home means that you will know the result on the spot without any counseling. Reactive test results must be confirmed by further testing at a clinic. If purchased over the internet, there is no guarantee that the test kit is genuine or will provide accurate results. In the event of an incorrect result, there may be no legal recourse. Moreover, due to the lack of post-test counseling, we strongly recommend not to apply so-called 'home testing kits'.





What the test can state?

If antibodies against HIV are found in the blood (HIV positive) this means that an HIV infection has occurred. If you are infected, you can transmit HIV to other persons as long as you live (for example, through unprotected sexual intercourse, direct blood contact, transfer from mother to child). A positive test result is often a shock and has a deep impact on one's life. Many questions and fears emerge, especially about the future, but also about the effective protection of partners against infection. What life style is beneficial for an infected person, how the risk for sexual partners can be excluded, with whom you can confide in, which therapy/ treatment is useful and when - all these issues and problems could be discussed with your doctor or a counselor. You can also get addresses from self-help groups.

If the test is conducted 12 weeks after the last infection risk and no HIV antibodies are found in your blood (HIV negative), it means that no infection has taken place. However, a negative test result is no guarantee that an infection has not occurred a few days or even weeks before the test. A negative result of an HIV test should also be discussed, because it does not mean that you are safe from a future infection! For your future protection, only you can take the full responsibility, for example, by using condoms.

When can an HIV test be useful?

- If both partners want to have an unprotected sexual relationship and want to make sure that they have not been infected by a previous partner.
- For couples or women who want to have children.
- An HIV test can be used to clarify the cause of certain health complaints (long lasting fever, long lasting massive diarrhea, skin tumors, swellings of the lymph nodes over several months, etc.) if other causes could not be found and an earlier contagion risk cannot be ruled out. Your doctor will discuss this with you if necessary.
- HIV test will contribute to the safety in blood, semen and organ donations.
- If insecurity or fears exist concerning an infection or if you have any further questions you can be advised individually and, if you wish, also anonymously.

Where can you get testing and counseling?

- **In the medical practice:** if the test is only a part of an array of examinations for disease causes the health insurance covers the cost. The doctors as well as the medical staff are bound to strict confidentiality. If you want to clarify your HIV status, you usually have to cover the cost of the HIV test yourself. Usually, doctors do not perform HIV tests anonymously.

→ **Public Health Departments:** most Public Health Departments in Germany offer counseling and testing anonymously and often free of charge.

→ **Local AIDS service organizations:** various institutions offer qualified advice (by telephone or personally) and sometimes even HIV tests. Their addresses and telephone numbers can be found at the end of this brochure, or obtained from the Public Health Department or telephone directories.

→ **AIDS-AUFKLÄRUNG e.V.:** in our establishment in Große Seestraße 31, 60486 Frankfurt-Bockenheim we offer HIV tests anonymously including competent medical counseling. Therefore, do arrange an appointment. You can have the test result within 15 minutes!



TREATMENT FOR HIV AND AIDS

At present, no cure or vaccine for AIDS exists. However, a variety of treatments are available. Experts around the world and from every sector of HIV care and research agree that the HIV medications work. It is widely accepted that the advent of HIV medications has lengthened life spans to near normal time frames. The treatment consists of drugs that have to be taken every day for the rest of a person's life.

The aim of antiretroviral treatment is to keep the amount of HIV in the body at a low level. This stops any weakening of the immune system and allows it to recover from any damage that HIV might have caused already. The drugs are often referred to as: antiretrovirals, anti-HIV or anti-AIDS drugs, HIV antiviral drugs, or ARVs.

What is combination therapy?

Taking two or more antiretroviral drugs at a time is called combination therapy. Taking a combination of three or more anti-HIV drugs is sometimes referred to as Highly Active Anti-Retroviral Therapy (HAART). If only one drug were taken, HIV would quickly become resistant to it and the drug would stop working. Taking two or more antiretrovirals at the same time greatly reduces the rate at which resistance would develop, making the treatment more effective in the long term.

Pregnancy and treatment

Many studies have shown that antiretroviral drugs can be used during pregnancy. The drugs can be used to reduce a woman's viral load effectively below detection. This also greatly reduces the risk of the baby becoming infected.

Treatment for children

As with adult treatment, the progression of HIV in children is monitored through viral load and CD4 tests, but because the CD4 and viral load levels vary in children (especially between ages 1 to 4) they must be treated on an individual basis. CD4 counts in children are generally much higher than in adults, and change with the child's age. This means that adult guidelines on when to start antiretroviral treatment do not apply.

→ **Monitoring treatment success** For many people ARV treatment work without any major problems. However, sometimes there can be difficulties related to drug resistance, drug interactions, side effects and adherence. Once ARV treatment has been started, it is important to track how well it is working. This is the purpose of the viral load test. Viral load refers to the amount of HIV in the blood. If the viral load is high, T-helper cells tend to be destroyed more quickly. The aim of antiretroviral treatment is to keep the viral load as low as possible. If the viral load is increasing it is important to determine whether the treatment is failing due to drug resistance, poor adherence or drug interactions.

Once therapy has begun, there should be additional clinical and laboratory monitoring, including:

- Assessment for signs/symptoms of potential drug toxicities
- Adherence counseling and assessment of adherence
- Assessment of response to therapy and signs of treatment failure
- Weight measurement
- CD4 testing at least every six months





FACTS AND PREVALENCE

The Origin of HIV

The origin of AIDS and HIV has puzzled scientists ever since the illness first emerged in the early 1980s. Since then there have been countless rumors and theories about who's to blame for AIDS – from vaccination experiments gone wrong to the KGB, the CIA and Ghadafi. So what is the truth? Just where did AIDS come from?

HIV is a lentivirus, and like all viruses of this type, it attacks the immune system. Lentiviruses are in turn part of a larger group of viruses known as retroviruses. The name 'lentivirus' literally means 'slow virus' because they take such a long time to produce any adverse effects in the body. They have been found in a number of different animals, including cats, sheep, horses and cattle. However, the most interesting lentivirus in terms of the investigation into the origins of HIV is the Simian Immunodeficiency Virus (SIV) that affects monkeys. It is now generally accepted that HIV is a descendant of a Simian Immunodeficiency Virus because certain strains of SIVs bear a very close resemblance to HIV-1 and HIV-2, the two types of HIV.

It has been known for a long time that certain viruses can pass between species. Indeed, the very fact that chimpanzees obtained SIV from two other species of primates shows just how easily this crossover can occur. As mammals

ourselves, we are just as susceptible. When a viral transfer between animals and humans takes place, it is known as 'zoonosis'.

The most commonly accepted theory about zoonosis is the 'hunter' theory. In this scenario, SIV was transferred to humans as a result of chimps being killed and eaten, or their blood getting into hunters' cuts or wounds. Normally the hunter's body would fight off SIV, but on a few occasions the virus adapted itself within its new human host and became HIV-1.

Until recently, the origins of the HIV-2 virus have remained relatively unexplored. HIV-2 is believed to come from the SIV in Sooty Mangabeys rather than chimpanzees, but the crossover to humans is believed to have happened in a similar way (that is, through the butchering and consumption of monkey meat). It is far rarer, significantly less infectious and progresses more slowly to AIDS than HIV-1. As a result, it infects far fewer people, and is mainly confined to a few countries in West Africa.

There is no conclusive evidence that HIV has originated in Africa. A 10-year study completed in 2005 found a strain of Simian Immunodeficiency Virus (SIV) in a number of chimpanzee colonies in south-east Cameroon that was a viral ancestor of the HIV-1 that causes AIDS in humans.

State of the epidemic

On a global scale, the HIV epidemic has stabilized, although with unacceptably high levels of new HIV infections and AIDS deaths.

- Globally, there were estimated 33 million people are living with HIV in 2007.
- The annual number of new HIV infections has declined from 3.0 million in 2001 to 2.7 million in 2007.
- Overall, 2.0 million people died due to AIDS in 2007, compared with an estimated 1.7 million in 2001.

While the percentage of people living with HIV has stabilized since 2000, the overall number of people living with HIV has steadily increased, as new infections occur each year, infected persons live longer due to HIV treatments, and new infections still outnumber AIDS deaths.

Southern Africa continues to bear a disproportionate share of the global burden of HIV: 35% of HIV infections and 38% of AIDS deaths in 2007 occurred in that subregion. Altogether, sub-Saharan Africa is home to 67% of all people living with HIV.

Sub-Sahara

An estimated 1.9 million people were newly infected with HIV in sub-Saharan Africa in 2007, bringing the number of people living with HIV to 22 million. Two thirds (67%) of the global total of 32.9 million people with HIV live in this region, and three quarters (75%) of all AIDS deaths in 2007 occurred there.

Sub-Saharan Africa's epidemics vary significantly from country to country in both scale and scope. In several countries of West and Central Africa, as well as in the horn of Africa, adult HIV prevalence is below 2%, but in 2007 it exceeded 15% in seven southern African countries (Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe), and was above 5% in seven other countries, mostly in Central and East Africa (Cameroon, the Central African Republic, Gabon, Malawi, Mozambique, Uganda, and Tanzania).

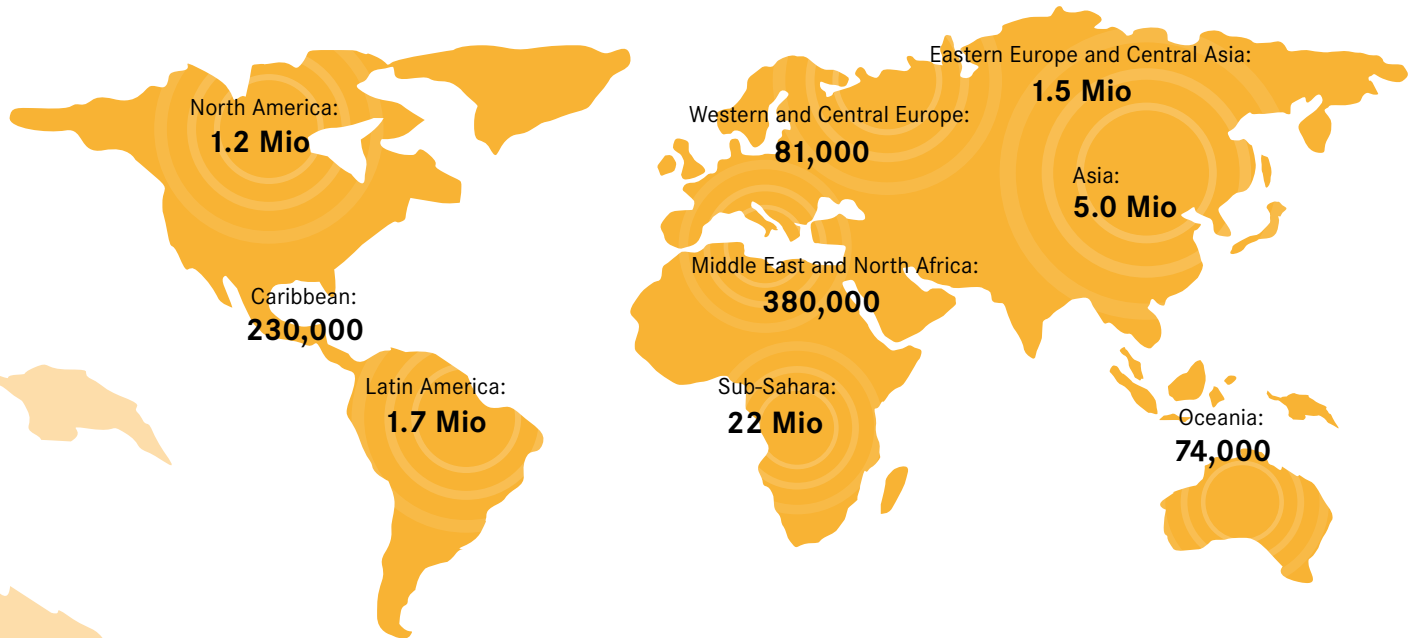
Asia

In Asia, an estimated 5.0 million people were living with HIV in 2007, including the 380,000 people who were newly infected that year. Approximately 380,000 died from AIDS-related illnesses. National HIV infection levels are highest in South-East Asia, where there are disparate epidemic trends.

Eastern Europe and Central Asia

The estimated number of people living with HIV in Eastern Europe and Central Asia rose to 1.5 million in 2007; almost 90% of those infected live in either the Russian Federation (69%) or Ukraine (29%). It is estimated that 110,000 people in this region became infected with HIV in 2007, while some 58,000 died of AIDS.

Estimated average number of adults and children living with HIV/AIDS at the end of 2007



TOTAL: 33 MILLION

Source: 2008 report on the global AIDS epidemic



Caribbean

An estimated 230,000 people were living with HIV in the Caribbean in 2007 (about three quarters of them in the Dominican Republic and Haiti), while an estimated 20,000 people were newly infected with HIV in this region, and some 14,000 people died of AIDS.

Latin America

New HIV infections in 2007 totaled an estimated 140,000, bringing to 1.7 million the number of people living with HIV in this region. An estimated 63,000 people died of AIDS in 2007.



North America, Western and Central Europe

In 2007, the United States of America accounted for an estimated 1.2 million people living with HIV. In the same year UNAIDS estimated a total of 2.0 million people living with HIV in North America and in Western and Central Europe. Overall in those regions, 81,000 people were newly infected with HIV in 2007. Comparatively few people 31,000 died of AIDS in 2007.

Middle East and North Africa

The limited HIV information available for the Middle East and North Africa indicates that approximately 380,000 people were living with HIV in 2007, including the approximately 40,000 people who were newly infected with the virus that year.

Oceania

Overall, an estimated 74,000 people were living with HIV in Oceania in 2007, about 13,000 of whom were newly infected that year.



ADDITIONAL INFORMATION AND ASSISTANCE AVAILABLE HERE

Addresses

AIDS-AUFKLÄRUNG e.V.

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Telephone: 0 69/76 29 33
Fax: 0 69/76 10 55
Website: www.aids-aufklaerung.de
E-Mail: info@aidsonaufklaerung.de

Robert-Koch-Institut

PO Box 650261
D-13302 Berlin
Telephone: 0 30/1 87 54 0
Fax: 0 30/1 87 54 23 28
Website: www.rki.de

Deutsche AIDS-Hilfe e.V.

Dieffenbachstr. 33
D-10967 Berlin
Telephone: 0 30/69 00 87 39
Fax: 0 30/69 00 87 42
Website: www.aidshilfe.de

Bundeszentrale für gesundheitliche Aufklärung

(BzgA)
Ostmerheimer Str. 220
D-51109 Köln
Telephone counselling
on HIV and AIDS: 02 21/89 20 31
Website: www.bzga.de

Deutsche AIDS-Stiftung

Markt 26
D-53111 Bonn
Telephone: 02 28/60 46 90
Fax: 02 28/60 46 999
Website: www.aidsstiftung.de
(financial support to HIV-infected-persons)

Deutsche Arbeitsgemeinschaft niedergelassener Ärzte in der Versorgung HIV-Infizierter e.V. (Dagnä)

Blondelstr. 9
D-52062 Aachen
Telephone: 02 41/2 67 99
Fax: 02 41/40 86 52
Website: www.dagnae.de

Further Reading

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AIDS-AUFKLÄRUNG e.V.

AIDS AUFKLÄRUNG e.V. is a non-governmental organization dedicated to provide education and raise awareness in the prevention of HIV/AIDS. Our organization has conducted seminars and advanced HIV/AIDS prevention trainings, and published a variety of professionally written material for different target groups since 1986. Moreover, we offer counseling and testing in our establishment anonymously where you could have the result of an HIV test in only 15 minutes. For more information, please visit our web site: www.aids-aufklaerung.de

If you have already tried our website and still cannot find an answer to what you are looking for or you are worried about something to do with HIV/AIDS and need advice or information, please call us. We will do our best to answer your questions.

Our main source of funds is public donations. If you can spare some money, whatever the sum, then please provide a donation that will help support our work. For a donation of less than 200 Euros, our money transfer form can be used as a tax deductible receipt.

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