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What is HIV and AIDS?

HIV stands for **H**uman **I**mmunodeficiency **V**irus.

AIDS stands for **A**cquired **I**mmunodeficiency **S**yndrome.

HIV is a virus that attacks your immune system. Over time, your immune system may grow weak and you can become sick with different illnesses. After time, your immune system will no longer be able to defend your body from infections, diseases or cancers that can kill you. This advanced stage of the HIV disease is called AIDS.

How many Canadians are infected with HIV?

It is difficult to know the exact number of Canadians infected with HIV because many people have not been tested for HIV or have been tested anonymously. The latest research shows that there are approximately 49,800 people living with HIV in Canada. Of this number, about 15,000 do not know that they are HIV positive.

Each year in Canada, there are about 4,200 new infections.

The trend of the epidemic is changing dramatically. Before 1999, the proportion of new infections caused by injection drug use (IDU) had steadily increased from 2% during 1981-1983 to 24% between 1987-1990 and to 47% in 1996. However, in 1999 that the proportion dropped to 34%. On the other hand, the proportion of new infections in men who have sex with men (MSM) showed a steady decline from over 80% in 1981-1983 to 30% in 1996. Recently, however, there has been a sharp increase in the proportion of new infections in MSM to 38% in 2000. The proportion of new infections in heterosexuals has increased steadily in the last two decades, reaching 21% of the new infections in 2000. Women represented 14% of the HIV infections in 2000, compared to 11% in 1996 (see Question 4 “Who can get HIV or AIDS?”).



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How many Canadians have AIDS?

Approximately 17,000 people in Canada have been diagnosed with AIDS. This number doesn't include people who are infected with HIV but have not yet become sick.

There have been 11,748 reported deaths due to AIDS in Canada. Since 1995, the number of reported AIDS deaths each year has declined, with a 92.5% drop in 1999 as compared to 1995. This is probably due to improved HIV treatment (medication) which delays the onset of AIDS.

Are there general trends?

The number of AIDS cases reported and the number of AIDS-related deaths each year is dropping (due to improved treatment). But the number of HIV infections is still rising and more people from a variety of different population groups are being infected.

Remember, behaviours and activities that put you at risk for HIV infection also put you at risk for infection by other viruses. Co-infection (having more than one illness at one time) rates are increasing in Canada, particularly for HIV and hepatitis C, with approximately 11,200 people infected with both viruses (see Question 29 "Is there a connection between HIV and hepatitis C?").

For more information, contact your local AIDS service organization or health care practitioner.

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Where did HIV come from?

No one knows for sure where the human immunodeficiency virus (HIV) came from. There are many theories, but none of them have been proven or dismissed absolutely.



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What are the theories?

Many people believe that HIV was originally an animal disease that eventually crossed into humans. This sometimes happens in nature—many other animal diseases, such as the Ebola virus, have appeared among humans.

According to this theory, HIV may have come from certain types of monkeys or chimpanzees. There are monkey viruses, called simian immunodeficiency viruses (SIVs) that are closely related to HIV. Some researchers believe that one of those viruses could have turned into HIV and that by hunting and eating chimpanzees, humans may have become infected.

There are other—less likely—theories as well. For example, some people think HIV was caused by contaminated polio vaccines, or purposely created as a weapon to kill others.

At this point, no one knows the exact source of HIV.

When was the earliest case of HIV?

Many people think HIV was originally a disease found in a distant part of Central Africa and that it only began to spread as contact with Europeans increased in the twentieth century.

The earliest evidence of HIV has been found in a blood sample taken in 1959 from a man who died in the Democratic Republic of Congo. Researchers believe this strain of HIV dates back to the 1940s or 1950s and may have been introduced into humans as early as the 1930s.

When was AIDS and HIV first discovered?

HIV appeared in North America in the 1970s. Between 1979 and 1981, health authorities identified that, in certain U.S. neighbourhoods, otherwise healthy gay men were developing diseases that only happen when the immune system is weakened. They believed that an infection was causing the disease, which was later named acquired immunodeficiency syndrome (AIDS). In 1983, researchers Luc Montagnier and Robert Gallo discovered the human immunodeficiency virus (HIV).

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3 Is there a connection between HIV and AIDS?



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Yes! Thousands of scientists and researchers around the world say there is a link between HIV and AIDS. Very few experts in science or medicine have disagreed.

In 2000, more than 5,000 scientists from all over the world signed the Durban Declaration which states clearly that there is a huge amount of scientific evidence that HIV causes AIDS.

At the end of 2000, more than 36 million people in the world were living with HIV and 3 million had died from AIDS-related illnesses. Worldwide, there are an estimated 16,000 new infections each day. By 2004, AIDS will be the number one killer of people in the world.

Accepting that HIV causes AIDS means that prevention efforts can continue. Prevention strategies—including awareness, education, condom use and harm reduction—reduce HIV transmission.

How does HIV cause AIDS?

HIV infects and destroys blood cells that a person's immune system needs to work. HIV stays in the body for years, destroying blood cells until their immune system is so damaged that they develop AIDS (also known as advanced HIV disease). At this stage, HIV has weakened their immune system to the point that they can no longer fight off certain types of infections that other people can fight.

In Canada, a doctor diagnoses AIDS when a person with HIV develops one or more of a number of specific illnesses which indicate AIDS, such as recurrent bacterial pneumonia, pulmonary tuberculosis or invasive cervical cancer. These illnesses are sometimes referred to as opportunistic infections. A person can still be very ill with HIV but not have an AIDS diagnosis.

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4 Who can get HIV?



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Anyone who has unprotected sex (especially penetrative sex) or shares needles with someone who is HIV positive or whose HIV status is not known could become infected with HIV. If you think that HIV/AIDS only affects gay men or injection drug users, you are wrong. You are not protected from HIV because you are straight, or young, or a woman, or living in a rural area. You don't get HIV because of who you are, or where you live. It is what you do that puts you at risk for getting infected.

Heterosexuals:

The proportion of new infections due to heterosexual exposure has increased steadily in the last twenty years, reaching 21% of new infections by 2000. Globally, heterosexual activity accounts for over 70% of HIV infections (see Question 24 "If I'm a straight man, can I get HIV?" and Question 25 "If I am a straight woman, can I get HIV?").

Women:

In Canada, women accounted for 14% of the HIV infections in 1999 compared to 11% in 1996. Worldwide, 41% of all new HIV infections are in women

Youth:

Young people in Canada are being infected with HIV at an increased rate. Of the total of positive HIV people, 12,564 (29%) are among youth 15 to 29 years old.

HIV and AIDS are not just big-city problems. Many Canadians move back and forth between the city and smaller communities to get jobs or go to school. HIV infection and AIDS are found in every part of Canada.

Anyone, anywhere who takes part in unprotected sexual activities or shares needles with someone who is HIV positive or whose HIV status is not known can become infected with HIV.

What are the main ways to get HIV?

There are three main ways to get infected with HIV:

- having unprotected sex with someone who is HIV positive or whose HIV status is not known, especially having vaginal or anal intercourse without a latex or polyurethane condom (see Question 11 “How can I have sex more safely?”)
- sharing needles or other drug equipment with someone who is HIV positive or whose HIV status is not known (see Question 6 “Are there risks of getting HIV if I drink or use drugs?”)
- receiving the virus as a baby—if a pregnant woman has HIV, her baby can get the virus during pregnancy, delivery or breast feeding (see Question 8 “Does HIV get passed to the baby during pregnancy?”)

Remember, behaviours and activities that put you at risk for HIV infection also put you at risk for infection by other viruses. Co-infection rates are increasing in Canada, particularly for HIV and hepatitis C, with approximately 11,200 people infected with both viruses (see Question 29 “Is there a connection between HIV and hepatitis C?”).

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How do you get HIV? (or not get HIV?)



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HIV infection is passed only through blood, semen, vaginal fluids, and breast milk. The main risks are having unprotected sex and sharing needles or equipment for injecting drugs (see Question 11 “How can I have sex more safely?” and Question 6 “Are there risks of getting HIV if I drink or use drugs?”).

You can get infected if you do the following (with someone who is HIV positive or whose HIV status you do not know):

- have vaginal or anal intercourse without a latex or polyurethane condom (this is very high risk)
- have oral sex without protection during which semen, vaginal fluid or menstrual blood enters open cuts or sores (which can be unnoticeable) in your mouth (lower risk)

You can also get infected if you share (with someone who is HIV positive or whose HIV status you do not know):

- needles or any equipment for injecting drugs such as cocaine, heroin or steroids (invisible amounts of blood are transmitted through sharing needles, syringes, water for diluting, cotton filters, and straws or pipes) (this is very high risk)
- unsterilized needles for tattooing, skin piercing (see Question 7 “How do I know if tattooing or piercing will be safe?”) or acupuncture, or used ink for tattooing (lower risk)
- sex toys, razors or toothbrushes (lower risk)

What are other ways I can get infected?

- an HIV positive woman can pass the virus to her baby during pregnancy, at birth or through breast feeding (see Question 8 “Does HIV get passed to the baby during pregnancy?”)
- receiving a blood transfusion or blood product in Canada before 1986 (since then, blood screening has made the risk of infection very low).

Remember, behaviours and activities that put you at risk for HIV infection also put you at risk for infection by other viruses. Also, activities that are considered to be low risk for HIV infection can be high risk for other sexually transmitted infections, like hepatitis or herpes.

You CANNOT get infected by:

- casual, everyday contact
- shaking hands, hugging, kissing
- coughs, sneezes
- giving blood
- swimming pools, toilet seats
- sharing eating utensils, water fountains
- mosquitoes, other insects, animals.

You also cannot get infected if you and your partner do not have HIV and you have unprotected sex *only* with each other. Remember, the only way to know for sure that you do not have HIV is to get tested (see Question 22 “Should I get tested for HIV?” and Question 23 “How do I get tested for HIV?”).

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6 Are there risks of getting HIV if I drink or use drugs?



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Yes! Alcohol or drugs won't infect you with HIV, but taking risks while you're drunk or high might.

When you drink or use drugs, you may not make the same decisions as you would when not under the influence. For example, you may not bother to use protection during sex. Having unprotected sex is a common way of getting HIV.

You may also take the risk of sharing a needle to inject drugs. About one quarter of all new HIV infections occur among people who inject drugs. This is due to the invisible amounts of blood that are in the needle or syringe (or other injection equipment such as cookers, water, cotton filters, straws and pipes). If you use the same needle as someone who is infected with HIV, you shoot her/his infected blood into your bloodstream.

Remember that poppers (nitrite inhalants) and Viagra® increase blood flow by dilating the blood vessels in the pelvic area, making the skin of the vagina and anus thinner and weaker, and therefore easier to tear. Tiny tears in these tissues make it easier for viruses to enter your bloodstream, increasing your risk for HIV infection.

How can I protect myself if I choose to drink or inject drugs?

Reduce your risk of HIV infection:

- limit drinking or drug taking before sex—this way, you are more likely to take precautions.
- if you are going to be drinking or injecting drugs, bring latex or polyurethane condoms (or other protective barriers) and/or clean needles with you (condoms and needles can often be obtained for free from your local public health department)
- practice safer sex (see Question 11 “How can I have sex more safely?”)
- practice “safer needle use”—use a new needle and new supplies each time you inject drugs; don't share any injection drug equipment.

If I must re-use drug-injecting equipment, how do I reduce the risk of infection?

You can reduce the risk of infection by cleaning your needle and syringe:

- Fill syringe with clean water, shake it for 30 seconds and empty it. Throw away the water.
- Fill syringe with bleach, shake it for 30 seconds and empty it. Repeat.
- Fill syringe with clean water again, shake it for 30 seconds and empty it. Throw away the water. Repeat.

Remember, needle cleaning with bleach may reduce your risk for HIV infection, but other viruses like hepatitis may not be killed by bleach. Do not re-use needles unless you have no other options.

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How do I know if tattooing or piercing will be safe?



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The safest way to get a tattoo or piercing is to go to a professional. In tattooing or piercing, HIV can be transmitted by tiny, invisible particles of blood on equipment that has not been sterilized correctly. These particles can also be in the tattoo ink.

Professional piercers:

- use jewelry made of surgical steel or niobium
- don't use stud guns.

Professional tattooists:

- pour ink into new, disposable containers
- use these containers only for your tattoo.

Professional piercers and tattooists:

- use sterile needles every time
- wear latex gloves
- have information about safety posted in the waiting area
- give instructions on how to prevent infection (after-care)
- are experienced and knowledgeable
- sterilize reusable equipment in an autoclave (a machine that uses very hot water to sterilize equipment—equipment should be sterilized at 121°C (250°F) for 30 minutes).

How do I choose a safe place to get a tattoo or piercing?

Get information from your local health department. Visit different shops and ask to see:

- special containers for disposal of used needles (bio-hazard containers)
- disposable ink cups for tattoo inks
- the autoclave (with a temperature gauge), and
- some sterilized packages (should have black lines on packages to indicate that they reached the right temperature).

Check out several businesses; ask questions about their experience and safety measures. If you are not satisfied—LEAVE.

If you have already had an amateur or professional tattoo and think you may have been infected with HIV, or hepatitis, or any other blood-borne illness, you should consider getting tested (see Question 22 “Should I get tested for HIV?” and Question 23 “How do I get tested?”).

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Does HIV get passed to the baby during pregnancy?



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If you are pregnant and have HIV, there is a 1 in 4 chance that you will pass the virus on to the baby during pregnancy, at birth or while breast-feeding. This is true even if you don't have symptoms. You can, however, reduce the chances of the baby getting HIV during the pregnancy or delivery.

If I am pregnant, should I get tested for HIV?

If you have taken part in any high-risk activities (such as unprotected sex or sharing needles or other drug equipment with someone who is HIV positive or whose HIV status you do not know), you may be infected with HIV (see Question 5 “How do you get HIV (or not get HIV?)”). The only way to know for sure whether you have HIV is to get tested (see Question 22 “Should I get tested for HIV?” and Question 23 “How do I get tested?”). Call your health department or local AIDS organization for information on testing sites in your area or ask your doctor or health care provider.

If you find out you have HIV and you are pregnant, you can take steps to care for yourself and get treatment. You can also choose to:

- take HIV medication during pregnancy to decrease the chances of the baby getting HIV
- continue your pregnancy without medicine for HIV
- end your pregnancy.

You need to discuss your options with a doctor or health care provider. There can be side effects from the HIV drugs for you and possibly for your baby.

Remember, it is your choice whether to be tested for HIV or to be treated with the medications.

After the baby is born:

The baby could get HIV from your breast milk. Talk to your doctor or health care provider about this.

If you (or your partner) have HIV and you want to get pregnant:

Talk to a doctor or health care provider about how you can best protect yourself, your partner and your baby.

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9 What should I tell my kids about HIV and AIDS?



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Talking about HIV and AIDS with your children may not be easy but, whether their present risk of infection seems slight or significant, they need to be informed.

HIV/AIDS affects us all. By providing accurate information, you can address questions and curiosities, reduce fears, and help your children make healthier choices. By talking with your children about HIV/AIDS, you are showing them you care.

What should children know about HIV and AIDS at various ages?

Here are some suggestions:

- **Young children (5-8 years)** may have questions or fears about HIV/AIDS. Explain that it is an illness caused by a kind of germ carried in some people's blood. Let them know that it is not like a cold, though; HIV is not easy to catch. Use the correct words for different parts of the body.
- **Pre-teens (9-12 years)** are becoming more concerned with their bodies and their looks. Talk to them about sexuality, HIV/AIDS and alcohol and drug use. Give accurate information about HIV and the changes they can expect in their bodies.
 Explain:
 - how HIV is spread (see Question 5 "How do you get HIV? (or not get HIV?)")
 - what is meant by sexual intercourse; explain other sexual activities if they ask
 - why using alcohol or drugs may be dangerous (see Question 6 "Are there risks of getting HIV if I drink or use drugs?").
- **Teenagers (13-19 years)** frequently experiment with sex, drugs and alcohol. Tell them the surest way to prevent HIV is to avoid unprotected sexual intercourse and injection drug use. Talk about how using drugs and alcohol affects judgment.

They also need detailed information about:

- safer sex (see Question 11 "How can I have sex more safely?")
- how to talk about and use condoms and other protective barriers (see Question 15 "How do I talk about using condoms?")

- other birth control methods
- other sexually transmitted infections
- the risks involved in sharing needles for injecting drugs (including steroids), or for piercing or tattooing (see Question 7 “How do I know if tattooing or piercing will be safe?”).

Emphasize that anyone, anywhere who engages in risky behaviours can get HIV.

At any age, you can dispel myths your children may have picked up. For example, HIV is not spread through drinking fountains, toilet seats, swimming pools or mosquitoes. Make it clear that you can't get sick just by being around someone with HIV/AIDS. Explain that people with HIV/AIDS, like all of us, need friendship and understanding.

How can I start a conversation about HIV/AIDS?

Try these:

- ask your children what they have learned about HIV/AIDS at school
- tell them about an article you've read or news report you heard
- leave a book or magazine article on HIV/AIDS around the house for them to read, then talk to them about it.

Listen carefully to what they say and don't feel that you need to have all the answers. You can find out more about HIV/AIDS from your local library or health department.

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Is it safe for me to be around someone who has HIV?



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Yes! It is quite safe to work, study, or play with people who have HIV and AIDS. It is also safe for children to be in day care or attend school with children who have HIV and AIDS.

Everyday contact with adults or children who have HIV/AIDS is safe.

You cannot get HIV through:

- shaking hands, hugging, or kissing
- working or playing side by side
- sharing equipment or toys (even toys that children put in their mouths)
- sharing washrooms
- sharing water fountains, food, dishes, or cutlery
- changing diapers.

HIV infection is only transmitted through semen, blood, vaginal fluids, and breast milk. Other body fluids, like saliva, mucus or vomit, do not transmit HIV.

The three main ways you can get HIV are:

- having unprotected sex with someone who is HIV positive or whose HIV status is not known
- sharing needles with someone who is HIV positive or whose HIV status is not known
- being born to an HIV-positive mother.

Even if HIV-infected fluid touches your skin, it won't cause infection. Your skin is your best protection. To get infected, enough HIV-infected fluid has to get directly into your bloodstream through a fresh sore or cut (which may not be noticeable). In our daily lives, such fluid exchange or "blood-to-blood" contact with others is unusual—even in cases of biting, scratching, accidents or fights.

What are Universal Precautions?

Universal precautions are infection control guidelines designed to protect workers from exposure to diseases spread by blood and other body fluids. These guidelines are meant to keep people safe from infection and discrimination by suggesting that we assume that everyone is infected with a blood-borne disease such as HIV or hepatitis.

If you ever have to clean up *anyone's* blood or *any* other body fluids, wear latex gloves, clean the soiled surface and disinfect with a fresh bleach solution (one part bleach, 9 parts water). Place any soiled materials in a sealed plastic bag and discard in a covered garbage container. Wash your hands afterwards with soap and warm water. Machine-wash any soiled clothes separately in hot soapy water.

Keep in mind that the Canadian Charter of Human Rights prohibits discrimination against people with disabilities; this includes HIV/AIDS. Also, Canadian law recognizes HIV/AIDS as a disability, like any other medical condition.

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How can I have sex more safely?



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You can have fun—and erotic—sex with no risk of getting HIV. There are many sexual activities that do not involve any risk of semen, vaginal fluids or blood entering your bloodstream.

What are some examples of safer sex?

Some “no risk” activities are:

- kissing—including “deep” or open-mouth kissing
- hugging
- massaging
- fondling, touching, rubbing
- masturbating (alone or with your partner).

Also No risk:

Touching the penis, vagina or anus is not risky, unless you have fresh cuts or sores, even if they are unnoticeable, that could allow HIV-infected semen, vaginal fluids or blood to enter your bloodstream.

Low risk:

Oral sex is considered “low” risk because saliva doesn’t transmit HIV. However, if you have any fresh cuts or sores in your mouth (even unnoticeable), infected semen, vaginal fluids or blood can enter your bloodstream when you lick or suck a penis, vagina or anus (see Question 12 “How risky is oral sex?”).

High risk:

The linings of the vagina and the anus are delicate and thin, and can tear easily. These small tears can be invisible and unnoticeable, but enough to let HIV into your bloodstream. Therefore, the riskiest sexual activities are:

- having vaginal or anal intercourse without a condom (see Question 14 “How risky is anal sex?”)
- sharing sex toys without using a new condom for each user, or without cleaning them between users.

Safer sex includes:

- talking to your partner about safer sex before having sex (see Question 15 “How do I talk about using condoms?”)
- using a latex or polyurethane condom for:
 - vaginal or anal intercourse
 - oral sex on a man
 - oral sex on a woman—you can use a condom, cut open lengthwise, or a dental dam placed over the vulva
 - shared sex toys
- trying a female condom (see Question 17 “What is a female condom?”)
- using lots of water-based lubricant (don’t use Vaseline® or oil-based products that weaken latex condoms).

Never re-use condoms.

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How risky is oral sex?



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Oral sex is the sucking or licking of someone's external genitalia (penis or vulva) or anus. Most experts agree that having unprotected oral sex is not as risky as having unprotected anal or vaginal intercourse. But oral sex is not risk free.

Unprotected oral sex is less risky than unprotected intercourse because the skin inside the mouth is stronger and thicker than the skin inside the vagina or anus. The skin inside your mouth is less likely to tear during oral sex, allowing fewer opportunities for HIV to enter the bloodstream. Also, it is believed that there is a substance in saliva that actually inhibits HIV.

Remember, even though the risk is low for HIV transmission during oral sex with someone who is HIV positive or whose HIV status is not known, many other sexually transmitted infections (STIs), including gonorrhoea, chlamydia and herpes, can be spread through unprotected oral sex.

Who is at risk?

Body fluids that can transmit HIV include pre-cum, semen, vaginal fluids and blood (including menstrual (period) blood). The receptive partner, the person performing the oral sex act, is at more risk than the insertive partner, the person being stimulated orally. This is due to the fact that the receptive partner comes into contact with more fluids that can transmit the infection.

What increases the risk of HIV getting into my bloodstream?

- if you have any cuts or sores in your mouth, even if they are unnoticeable (from disease, dental work, flossing, brushing or even from eating "sharp" foods like chips)
- if the skin in your mouth or on your partner's genitals is torn (even unnoticeably) during rough or prolonged oral sex (deep throating can cause abrasions in the back of the throat)
- if you have a throat infection or other STI.

How do I reduce the risk of getting or spreading HIV through oral sex?

- use an unlubricated latex condom (try flavoured condoms) for oral sex on a man
- use a dental dam (or a condom, cut lengthwise) for oral sex on a woman
- don't have oral sex right after brushing or flossing your teeth; wait at least 30 minutes
- try to avoid getting body fluids in your mouth
- after oral sex, rinse with water or an anti-bacterial mouthwash
- there's no evidence that spitting is more or less risky than swallowing—it is clear, however, that the longer infected fluids remain in the mouth, the more possible it is for infection to occur.

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How risky is barebacking?



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Very! “Barebacking”—unprotected anal intercourse between men—is only safe when both partners are not infected with HIV or other sexually transmitted infections (STIs). Otherwise, barebacking puts both partners—the one inserting his penis (insertive/top) and the one whose rectum is penetrated (receptive/bottom)—at high risk for infection (or reinfection) from HIV and other STIs.

Is barebacking less risky for the person on top?

Unless both partners are free of infection from HIV or other STIs, barebacking carries a high risk of spreading HIV, whether the person is the top or bottom partner. Although there are fewer cases of HIV infection among top partners, the number of infections is still significant. The myth that it is safer to be on top has:

- given some people a false sense of security
- made it harder for bottom partners to insist on condom use, and
- led to more cases of HIV infection.

The top partner may be exposed to HIV through:

- small (even invisible) cuts or tears on his penis
- sores or ulcers on his penis, or
- the thin lining inside the urethra (the opening at the tip of the penis).

Uncircumcised top partners may be at an even higher risk of infection from HIV and other STIs. The foreskin of an uncircumcised penis provides an environment where HIV may survive for longer than it would on a circumcised penis.

Is barebacking less risky for the bottom partner if the top partner pulls out before ejaculating (cumming)?

Unless both partners are free of infection from HIV or other STIs, barebacking always carries a high risk of HIV transmission, even if the top partner pulls out before ejaculating (cumming). This is because infected pre-ejaculatory fluid can get into the rectum before the top partner pulls out.

How can I reduce the risk of contracting HIV during anal sex?

With proper use of a condom, anal sex is a low risk activity—for both top and bottom partners. (This also applies to anal sex between men and women. See Question 14 “How risky is anal sex?” for more information.)

The risk of transmission is even lower if the top partner uses a condom and pulls out before ejaculation (cumming).

Do female condoms reduce the risk of anal sex?

Maybe. Female condoms were not designed for anal intercourse. Using them for anal intercourse may reduce the risk of spreading HIV and other STIs, but this has not been tested. The inner ring of a female condom should be removed for use during anal sex.

What if I have had bareback sex?

If you have had bareback sex (either on the top or bottom) consider getting tested for HIV and other STIs so you can protect your health and that of your partner(s) (see Questions 22 and 23 for more information on testing.)

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14 How risky is anal sex?



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Very! Unprotected anal intercourse (inserting the penis into the rectum) is one of the main risk factors for HIV infection. It is also connected to the spread of other infections, including hepatitis, genital warts, chlamydia and gonorrhea.

The person receiving the semen is at greater risk of getting HIV because the linings of the anus and rectum are thin (thinner than the lining of the vagina) and tiny tears can allow the virus to enter the blood stream during sex.

So, anal sex isn't only for gay men?

No. Many people assume that only gay men have anal sex but the reality is that many more heterosexual people have anal sex than do gay men. In the gay community, unprotected anal sex is sometimes referred to as “barebacking” (see Question 13 “How risky is barebacking?”).

Many young people, particularly young women, believe that by having anal (instead of vaginal) intercourse they are protecting their virginity. Anal sex is sometimes called “virgin sex” by young people, and since they believe that it “doesn't count” as sex, and does not lead to pregnancy, many do not think about the need for disease prevention.

There are many definitions of “sex” and “virginity.” Individuals need to decide for themselves how they define sexual activity and virginity. But, no matter how you define it, unprotected anal intercourse is a high risk behaviour for HIV infection.

How can I make anal sex safer?

There are a number of things you can do to reduce the risk of HIV infection during anal sex:

- use condoms—with proper condom use, anal intercourse is a low risk activity
- use lubrication—water-based lube will reduce the risk of the condom breaking, will reduce the risk of tears or rips of the anus, and will increase sensation for both partners

- use other anal sex activities that are less risky, including anilingus (anal stimulation with mouth/tongue), manual-anal penetration (anal intercourse using fingers or fist), inserting unshared toys (butt plugs, small dildos or vibrators).

What if I have had unprotected anal sex?

- Consider getting tested for HIV and other sexually transmitted infections (STIs) so you can protect your health and avoid transmitting infection to your partner(s) (see Question 22 “Should I get tested for HIV?” and Question 23 “How do I get tested?”).
- Also, talk to your partner(s) about safer sex and discuss the possibility of exploring other, less risky activities (see Question 11 “How can I have sex more safely?” and Question 15 “How do I talk about using condoms?”).

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15 How do I talk about using condoms?



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It can be very difficult to talk about condoms or other safer sex practices, but it is very important.

Talk about safer sex before you have sex!

Send a signal:

- have condoms or dental dams available and visible, in your bedroom, bathroom, pocket or purse
- give a bouquet or a card expressing the wish to make love, and attach a condom or dental dam

How can I raise the subject with my partner?

You can try these:

- “Don’t you think that people these days need to always practice safer sex?”
- “If our relationship is going to become sexual, we should use condoms.”
- “This feels really good but I want to talk about how we can have safer sex before we go any further.”

What do I say if my partner does not want to use condoms?

You can try these:

- “I find putting on condoms very exciting.”
- “Using condoms helps me relax and enjoy lovemaking rather than worry about the consequences.”
- “I’ve heard that condoms help a man last longer.”
- “Using condoms shows that we respect ourselves and each other.”

Here are some other examples of how to talk about using condoms

Question: “Don’t you trust me?”

Reply: “I do trust you but either of us could have a virus and not know it.”

Comment: “Condoms don’t feel good.”

Reply: “Let’s try it a few times. It’ll be more fun if we can both relax.”

Question: “Aren’t you on the pill?”

Reply: “Yes, but that doesn’t stop sexually transmitted infections.”

Other Suggestions:

- Put a drop of water-based lubricant inside the condom to increase sensation.
- Try using flavoured or coloured condoms (make sure they are made of latex); they may make condom use seem sexier and more fun.
- Try using a female condom (see Question 17 “What is a female condom?”)

If you and your partner can’t agree, consider your options carefully. If you still want to have sex, consider other safer sexual activities that do not involve vaginal or anal intercourse (see Question 11 “How can I have sex more safely?”).

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16 Is there an alternative to latex condoms?



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Yes! Male condoms and female condoms made of polyurethane (a type of plastic) are now being sold in Canada. Microbicides are another alternative that could be available in a few years (see Question 17 “What is a female condom?” and Question 21 “What are microbicides?”).

Are polyurethane condoms as effective as latex condoms?

Yes. Although no form of protection is 100% effective, all brands of latex and polyurethane condoms that are approved for sale in Canada have met Health Canada’s standards for safety and effectiveness. When used properly, a latex or polyurethane condom can significantly reduce the risk of unwanted pregnancy and the spread of HIV and other sexually transmitted infections (STIs).

Where can I get (male) polyurethane condoms?

Four brands of polyurethane condoms have been approved for sale in Canada. Several of these brands can be purchased at local drugstores. (See Question 17 “What is a female condom” for information about where to get those condoms.)

Who should use male polyurethane condoms?

Anyone who wants to try an alternative to latex condoms, especially people who are allergic to latex.

How do I know if I am allergic to latex?

People who are mildly allergic to latex may have skin rashes or hives, itchy, red, watery eyes, coughing, sneezing or runny nose. More severe reactions may include chest tightness, shortness of breath and shock. For some people, an allergic reaction could cause death. People who are allergic to latex could experience a life-threatening reaction without previous warning or symptoms.

People who use latex products at work, such as health care workers, tend to have more latex allergies. If you think that you may be allergic, see your doctor.

If you are allergic to latex condoms, you can try:

- a polyurethane condom, or
- “double bagging” (use a polyurethane or natural membrane condom and a latex condom—put the latex condom either under or on top of the other condom so it does not touch the allergic partner’s skin).

What are the advantages of male polyurethane condoms?

Polyurethane condoms are:

- non-allergenic
- thinner—so they let more heat through, and this may increase sensation during sex
- looser-fitting than latex condoms, and
- odourless.

They can be:

- put on either way—there is no “right” or “wrong” way to put them onto the penis (This makes them easier to put on in the dark or in awkward situations.)
- used with oil-based lubricants such as Vaseline (oil-based lubricants break down latex)
- stored longer (latex will break down from heat or cold).

What are the disadvantages?

Polyurethane condoms are:

- more expensive, and
- not as easily available as latex condoms.

What about natural membrane condoms?

Used alone, a natural membrane condom, which is made from animal intestines, does not protect against the spread of HIV. Tiny, invisible holes in the condom may allow HIV and other viruses and germs to pass through.

Talk to your partner about using condoms and try different brands to see which condoms work best for you (see Question 15 “How do I talk about using condoms?”).

For more information, contact your local AIDS service organization or health care practitioner.

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What is a female condom?

A female condom is a polyurethane (soft plastic) liner that a woman inserts into her vagina before sex to protect herself and her partner(s) from HIV and other sexually transmitted infections (STIs) and to prevent pregnancy.



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How do they work?

A female condom acts as a barrier which keeps pre-ejaculate fluid (pre-cum) and semen from contacting the vagina, and prevents vaginal fluid or menstrual blood from touching the penis. This barrier protects against unwanted pregnancy and the transmission of HIV or other STIs.

How do I put it on?

- put lubricant (water or oil-based) inside and outside the condom
- squeeze the inner ring (at the closed end) and using your fingers, gently push it up as high as possible into your vagina—as you would insert a diaphragm or a tampon without an applicator
- leave the outer ring (at the open end) outside, spread over the lips of the vagina
- guide your partner's penis into the opening of the condom
- during intercourse, if the condom starts to pull out or push in, put more lubricant on the penis
- after intercourse, before standing up, close the condom by twisting the outer ring, then gently pull it out and throw it away. Female condoms, like male condoms, should not be used more than once.

Are female condoms effective?

Yes. Although no form of protection is 100% effective, all condoms approved for sale in Canada have met Health Canada's requirements for safety and effectiveness. To be protected, you must use a female condom correctly. Practice putting one on before you use it for intercourse.

What are the pros and cons?

For women who have sex with men, the potential **benefits** include:

- more power in negotiating safer sex—less need to persuade male partners to use male condoms

- less disruption during sex—female condoms can be put on up to eight hours before intercourse and they do not have to be removed immediately afterwards
- a looser fit which is not as tight as a male condom
- partial coverage of the outer lips (labia) of the vagina which helps prevent the spread of other sexually transmitted infections.
- the female condoms that are sold in Canada are made of polyurethane, not latex, so they do not cause allergies or irritation and they can be used with either oil-based or water-based lubricants.

Possible **disadvantages** are:

- visibility—if an abusive partner sees the condom and objects, it could put the woman in danger, and
- cost—female condoms are more expensive than male condoms (approx. \$3 each).

Do they work for anal intercourse?

Although they were not made for this purpose, female condoms may provide some protection against the spread of HIV and other STIs during anal intercourse. Remove the inner ring before using the condom for anal sex.

Where do I get female condoms?

Many stores now sell them. Health centres, AIDS service organizations, clinics and drop-in centres may provide samples that you can try.

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18 Is there a cure for HIV/AIDS?



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No. There is no cure for HIV or for AIDS.

The medications used to treat HIV infections are called Highly Active Anti-Retroviral Therapies (HAART). These therapies are a mixture of medications such as AZT, 3TC, ddi and protease inhibitors; they work by slowing down the body's production of HIV but these **DO NOT** get rid of HIV or cure AIDS. The medications help to reduce the level of HIV in the blood, to make the immune system stronger and to keep some people healthy longer.

Even though the HAART medications are better than any other treatment so far, there are some problems:

- they do not work for everyone
- some people have very bad side effects from these medications or from the way they mix with other drugs they are taking—many have had to stop treatment due to intolerable side effects and/or interactions
- the medications cost thousands of dollars each year, an amount many cannot afford
- the treatment requires people to take many pills each day, for the rest of their lives—if they forget to take the pills, the virus (HIV) can mutate, get stronger, and become resistant to medication
- we do not know the long-term effects of these medications or how well they will work over time
- not all the people who need treatment have access to it. (An Ontario study found that only half of the people living with HIV/AIDS are getting HAART. Other research shows that certain groups, such as women and those who inject drugs, are less likely to get this treatment.)

Is prevention still necessary?

The success of HAART is good news for the people living longer, better lives because of it, but the availability of treatment has made some believe that preventing HIV infection is no longer important. This belief has led to many engaging in or relapsing into risk-taking behaviours. We must remember that HIV medications **DO NOT** stop infections and thus do not make it safe to stop

preventative behaviours. In fact, there are more people living with HIV for longer, making safety more important than ever.

There is no cure for HIV or AIDS. To reduce the risk of getting or transmitting HIV, you still need to practice safer sex and to not share needles (or other injecting or tattooing and piercing equipment), even when taking HIV medication (see Question 11 “How can I have sex more safely?”).

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19 Is there a vaccine for HIV/AIDS?



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No. There is no vaccine for HIV or for AIDS.

You may have heard that scientists are trying to find a vaccine to prevent HIV infections but most experts believe that such a vaccine won't be achieved for many years. Recently, there have been promising breakthroughs in research on vaccines that reduce viral load (the amount of HIV in the body), thereby decreasing chances of spreading the virus. A vaccine to prevent HIV, however, may still be years away.

What are scientists doing?

- they are trying to make a vaccine that will prevent HIV infection
- they are looking for ways to stop people from getting sick after they have HIV (finding a way to protect our cells from the effects of HIV is more like treatment than vaccination).

What problems are scientists facing?

- there are many strains of the HIV virus
- there's little information about how strong a person's immune system has to be in order to prevent HIV infection
- testing any medication or vaccine takes a long time—after scientists test medications on animals, they need test it on humans. Tests on humans are called clinical trials, and these often raise ethical issues (e.g. Who will be chosen to test the new vaccines? How can we make sure they will be safe during the tests? What if the medication makes the illness worse?) Clinical trials also need to involve large numbers of people.

If and when scientists find a vaccine, there will be more questions—What are the side effects and risks? Who should get the vaccine? How much will it cost?

Should I continue to take precautions?

Yes! Some people think that, because vaccine research is occurring and new treatments are being produced, they don't have to worry about HIV infection and that HIV/AIDS is just a treatable chronic disease. This is not true. There still is no cure or medical prevention for HIV. The best prevention is to reduce the risks of coming into contact with the virus.

Even if a vaccine is found one day, it won't replace the need to practice safer sex or avoid other activities that increase the risk of HIV infection, such as sharing needles to inject drugs. Vaccines are never 100% effective and not everyone will be vaccinated prior to infection.

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Is there a “morning after” pill that prevents HIV infection?



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No. There is no pill that prevents HIV infection.

You may have heard about medications for HIV that are used to prevent infection after exposure. These medications are called Post-Exposure Prophylaxis (PEP). PEP is not a single pill; it is a 4-week treatment including several anti-HIV medications designed to reduce (but not eliminate) the possibility of infection with the virus after a known exposure. People on PEP must take very high doses of the anti-retroviral medications used to treat HIV infections. They must follow a strict medication regime, taking many pills several times a day. The side effects of PEP include nausea, tiredness, swelling of the liver, and kidney stones.

Who is PEP for?

Currently, PEP is primarily intended for the prevention of infection in cases where there has been a known high-risk work-related (occupational) exposure to HIV, mainly through accidental needle-stick injuries. One study showed, however, that 3 out of 10 health care workers did not finish their PEP treatments. PEP has also been given to victims of sexual assault.

There is a lot of debate about giving more people access to PEP. The treatment is quite expensive, costing between \$600-\$1200 for the 4-week treatment. Also, these drugs have to be taken exactly as prescribed and involve much more than just taking a few pills every day. They should not be prescribed just to give a person peace of mind. In addition, PEP requires that the drugs be started within a few hours (or at most 24-36 hours) after a known high-risk exposure, yet many of these drugs are not readily available in most pharmacies. Therefore PEP is not available to most people under normal circumstances.

Does PEP work?

No one knows for sure. So far, studies have only looked at how PEP works on health care workers who have been exposed to HIV by accident. Over 30 percent of them, however, stopped taking the medication before the end of the 4-week treatment. And for those who completed the treatment and were found to be HIV negative, researchers have no way of knowing whether the infection was eliminated by the medications or if the exposure was actually not enough to lead to an infection in the first place.

There is no research on how PEP works on people who have been exposed to HIV through sex or needle use; in fact, there are no established guidelines regarding which drugs to use when PEP is being considered for non-occupational exposures.

Even if people have greater access to PEP in the future, it will never take the place of preventing HIV. You should continue to reduce your risk of getting HIV by practicing safer sex and not sharing needles for tattooing, piercing or drug injection (see Question 11 “How can I have sex more safely?”).

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What are microbicides?

Microbicides are substances that can be put in the vagina or rectum before sex to reduce the risk of infection from HIV or other sexually transmitted infections (STIs). Depending on the type, some microbicides will also help to prevent unwanted pregnancy.



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Recently, you may have heard that the well-known spermicide nonoxynol-9 does not prevent the spread of HIV—and may even increase the risk. Fortunately, researchers are testing many other promising microbicides.

Are microbicides available now?

Not yet. But some experts believe that safe, effective microbicides could be available within five years. They may be sold as gels, creams, suppositories, films, sponges or vaginal rings.

How do microbicides work?

Microbicides prevent the spread of HIV by either killing the virus, blocking its entry into the body, and/or boosting the body's natural defence systems. Some microbicides may also prevent the spread of other STIs.

Some microbicides will be intended for vaginal use only, while others may also be safe for rectal use.

Why are microbicides important?

Vaginal microbicides will provide women and couples with a new way to protect themselves—and their partners—against infection from HIV and other STIs.

Around the world, almost half (43%) of all HIV infections are among women. Each year, 2.1 million women—more than 5,700 per day—become infected with HIV.

The leading cause of infection among women is having unprotected sex with a man. But it may be difficult, or even dangerous, for some women to insist that their partner use a condom. A woman may:

- believe that men have the right to make all decisions about sex

- be afraid of being ridiculed, rejected or punished by her partner
- have less power than her partner, or depend on him for food, shelter or money
- want to have children (or be forced to have children), or
- not have access to the information, support and resources she needs.

Microbicides will allow women to protect themselves without the knowledge or permission of their sexual partners. For example, a woman may use a microbicide if her partner will not use a condom, or if she doesn't want him to know that she is using protection.

Some microbicides may allow a woman to become pregnant (if she wants to) without risking infection from HIV and other STIs.

Making safe, low-cost microbicides available to women around the world could save millions of lives.

Will microbicides replace condoms in the future?

No. Using condoms properly will still be the best way to prevent infection from HIV and other STIs. But microbicides will be an option when a partner cannot—or will not—use condoms. Microbicides could also be used as “back up” protection, in case a condom breaks.

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22

Should I get tested for HIV?

(see also Question 23 “How do I get tested?”)



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You should consider getting tested if you or your partner(s) have ever:

- had sex, especially anal or vaginal intercourse, without a latex or polyurethane condom or other protective barrier
- had sex while under the influence of alcohol or drugs—you might not have used protection (see Question 6 “Are there risks of getting HIV if I drink or use drugs?”)
- shared needles or syringes (or other drug equipment like water, cotton filters, cookers, pipes, straws) to inject drugs, including steroids
- had tattooing, piercing, or acupuncture with unsterilized equipment
- had a blood transfusion or received other blood products before November 1986.

What is an HIV test?

It is a simple blood test that detects whether or not you have HIV antibodies in your blood. These antibodies may take three to six months to appear in your blood after you are exposed to HIV—this is called the “window period.” If you are tested during the window period and the result is negative, you will have to be re-tested later to confirm the result.

In addition to the blood test, there are other types of HIV tests—oral/saliva test, urine test, rapid test and home test—but they are not widely available in Canada. Genotyping is another test that can detect the presence of HIV in your blood or determine a specific strain of HIV, but it is expensive so it is only used in urgent situations.

It usually takes 2 to 3 weeks to get the results of an HIV test.

Why get tested?

You should get tested to find out your HIV status. If you are HIV positive you can:

- get early treatment to stay healthy
- get treatment to reduce the chances of the baby getting HIV if you are pregnant
- take precautions to not give HIV to others.
- Pre- and post-test counseling is usually available for anyone getting the HIV antibody test. Make sure to ask questions and seek support; you have the right to be well informed.

If you are HIV negative you may experience less stress and anxiety because you will know your status and you can learn more about how to reduce your risk of becoming infected

When should I get tested?

The test for HIV detects antibodies that are produced to fight the virus. Since our bodies take three to six months to produce enough antibodies to be detectable by the test, you should get tested at least three months after the last time you put yourself at risk. It is important to practice safer sex and to not share injecting equipment whether or not you think you are infected (see Question 11 “How can I have sex more safely?” and Question 6 “Are there risks of getting HIV if you drink or use drugs?”). The 3 to 6 month period is often referred to as a “window period.” If you have been infected with the virus, you are most infectious during the window period; that means that you could infect someone else with HIV before even knowing that you are infected.

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How do I get tested for HIV?



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You can get tested for HIV by requesting a simple blood test. To get tested, contact a public health unit, CLSC, AIDS service organization, or medical clinic. Or go to your doctor or health care provider. If you want more privacy, get tested in another community.

You have the right to pre-test counseling to help you decide whether or not to take the test.

Anonymous Testing

Having an anonymous test means that only you will know that you took the test and what your test results were. The results from an anonymous HIV test are not reported to Public Health Units. The patient's only identification is a code or name that is assigned by clinic staff. The person having the test needs to go back to the clinic to get the results from their test. Contact an AIDS service organization to find out where you can be tested anonymously.

Nominal Testing

Nominal tests are not anonymous because your name will appear on the test forms and the test results, and the test results will be made available to your doctor or health care provider and recorded in your medical record. In some places, the test result may be reported to the public health authorities.

Non-Nominal Testing

In the case of a Non-Nominal test a code is used instead of the patient's name. Only you and the doctor know who the code refers to.

How can I check if the test is anonymous or confidential?

If you would like to find out how anonymous or confidential the test will be, you might want to ask the following questions before you consent to be tested:

- Will the test request form have my name on it?
- Will the test result have my name on it?
- Will the test result be recorded in my medical record?
- Will my test result be reported to the public health authorities?

What happens before I take the test?

Before you take the test, a nurse or counselor will speak to you in private so you can ask questions. They will ask you why you want to take the test, and when and how you think you were exposed to HIV.

Remember that it is your choice to get tested. Before you are tested, you must give your consent in writing.

What happens during the test?

A small sample of blood is taken from your arm and sent to a lab. If no antibodies are detected—and it has been six months since you might have been exposed to HIV- your test is “negative,” which means you do not have HIV infection. It does **not** mean you are immune to HIV infection.

If HIV antibodies are detected, a second test is done on the same sample to **confirm** the positive result. A positive test means you have HIV infection. It does **not** mean you have AIDS.

If a positive test result is found, you may be advised to inform your sexual or needle-sharing partners. If your test is positive, it is important that you find out how to access treatment and counseling services. This information should be provided to you by a nurse or doctor after you get the results, or you can contact an AIDS service organization for assistance.

When will I get the results?

Probably within two to three weeks. You must go back to the test site in person to get the results (take a friend if you need support). You will be given the results in private so you can ask questions and get information and support.

How reliable is the test?

Very reliable—close to 100%. If you wish, another test could be done in six months to confirm the results.

For more information, contact your local AIDS service organization or health care practitioner.

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If I'm a straight man, can I get HIV?



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Yes! Some people think only gay men or people who inject drugs can get HIV. This is not true. Anyone can be infected because it's not who you are that matters—it's what you do.

Globally, more than 70% of HIV infections result from heterosexual sexual contact. In Canada, more than 7,000 people have been infected with HIV from male/female sex.

What puts men at risk?

Around the world, men tend to have more sexual partners than women, which puts them and their primary partners more at risk for HIV infection. Men in certain settings are at greater risk. For instance, approximately 90% of prisoners are men. Since HIV infections in prisons are more common than in the general public, due to increased rates of shared equipment for injection drugs and unprotected sex between inmates, men are more likely to be involved in these risk behaviours while incarcerated.

Injection drug use poses a high risk to heterosexual men, but even use of other non-injected drugs like crack cocaine or alcohol can increase sexual risk taking and can increase the risk of HIV infection.

What makes prevention difficult?

Safer sex guidelines can be at odds with perceived male roles. For example, masculinity and sexuality are sometimes defined by having sex with multiple partners, in contrast to safer sex guidelines that call for reducing the number of partners.

Furthermore, communication between men and women can be difficult, especially talking about condom use, admitting to risk behaviors or talking about HIV status. Traditional social and cultural gender roles often portray women, and

not men, as the “communicator” in relationships, which might lead some men to feel that they are not responsible for communication. Social and cultural gender roles also may lead men to refuse to use condoms, particularly if they believe that condoms can negatively affect their sexual performance or pleasure. Men are also socially expected to be the leaders or “initiators” of sexual activity, giving them more power and control over what happens during that activity, and making it difficult for their partners to talk about and negotiate safer sex practices.

How do I reduce the risk of HIV infection?

- always carry condoms with you, especially if you will be drinking or doing drugs
- talk about safer sex with your partner—before you get into bed (and don’t leave it up to your partner to raise the topic!)
- get tested if you think you have been exposed to HIV—a test is the only way to know for sure.

Like everyone else, straight men need to take responsibility for having safer sex. It’s the only way to protect yourself and your partners.

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If I am a straight woman, can I get HIV?



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Yes! Anyone can be infected because it's not who you are that matters—it's what you do that puts you at risk for infection. For women, heterosexual contact has the highest level of risk for HIV infection. In Canada, more than 7,000 people have been infected with HIV from male/female sex. Globally, more than 70% of HIV infections result from heterosexual sexual contact.

What puts women at risk?

More and more women are being infected with HIV at the fastest growing rate and the number of women being diagnosed with AIDS grows steadily each year. Male-to-female transmission of HIV is estimated to be eight times more likely than female-to-male transmission. This is due to a few factors:

- because there are more men than women infected with HIV, the chance is higher that women would have an infected sex partner
- HIV is more easily transmitted from men to women due to the larger soft skin surface of the vulva and vagina and the possibility of tiny tears in the vagina during intercourse
- there is more virus (HIV) present in semen than in vaginal secretions which also increases the risk for women.

Injection and non-injection drug use puts women at increased risk for HIV infection and is strongly linked to unsafe sex practices. Sexual abuse and forced sex also places many women at risk for infection, increasing the possibility of tears in the vagina or anus due to the use of force, the lack of lubrication and increased stress.

Poverty also puts women at risk. In Canada, women are more likely than men to be poor. Because of this, women are more likely to engage in risky behaviours and less likely to have access to proper health care services. Many women have to exchange sex for money in order to care for themselves and their children. For these women, the struggle for daily survival may be a higher priority than concerns about HIV infection.

What makes prevention difficult?

Women do not wear the condom. To protect themselves from HIV infection, women must not only rely on their own skills, attitudes and behaviours regarding

condom use, but also on their ability to convince their partner to use a condom. Gender, cultural beliefs and lack of power may be barriers to practicing safer sex with a male partner. Women generally are not expected to discuss or make decisions about sexuality.

There is also a difference in how our society sees the activities of each gender: while a young man who carries condoms and who is sexually active may be considered to be a “stud,” a young woman carrying condoms and who is sexually active may be considered to be “easy” or desperate. Many women who refuse sex or request condom use risk being abused or suspected of being unfaithful.

Women are more likely to protect themselves from pregnancy using methods that do not depend on partner co-operation, such as the pill, which do not protect them from HIV or other sexually transmitted infections (STIs). More female-controlled methods to prevent HIV transmission are needed. The female condom was introduced in the mid-1990s but so far, results have been mixed as to its usefulness, affordability and interest in use. Further efforts are needed to develop and test vaginal microbicides (see Question 21 “What are microbicides?”) as effective prevention methods.

How do I reduce the risk of HIV infection?

- always carry condoms with you, especially if you will be drinking or doing drugs
- talk about safer sex with your partner—before you get into bed (and don’t leave it up to your partner to raise the topic!)
- get tested if you think you have been exposed to HIV
- make sure to use lubrication which can reduce the risk of infection by decreasing tearing during intercourse.

For more information, contact your local AIDS service organization or health care practitioner.

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Are women who have sex with women (WSW) at risk for getting HIV?



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Yes! Lesbians and women who have sex with women (WSW) can be infected with HIV, just like everyone else. Remember, it's not who you are that puts you at risk for HIV infection, it's what you do.

Due to the lack of information and research about female-to-female HIV transmission, many WSW mistakenly believe they are not at risk. The reality is that female-to-female transmission is biologically possible even though it is fairly uncommon. It is important to keep in mind that women, who identify as lesbian or who have sex with women, sometimes engage in other behaviours that put them at risk, including unprotected sex with men, injection drug use and alternative insemination.

How do WSW get infected with HIV?

HIV is transmitted when blood (including menstrual blood), semen, vaginal fluids, or breast milk from an infected person enters the blood stream.

So, it follows that WSW can be infected with HIV by:

- having unprotected sex with women or men
- sharing injection drug equipment (needles, cookers, filters, etc.)
- sharing piercing and tattooing equipment
- sharing sex toys without using a new condom for each user or without cleaning the toys between users
- using unscreened semen from sources other than licensed sperm banks for alternative insemination.

As a WSW, how can I make sex safer?

Talking with your partner(s) can help you make good decisions about safer sex practices (see Question 11 "How can I have sex more safely?"). Also, the following can help you make riskier sex safer.

- Cuts or sores in the mouth can increase risk during oral-vaginal and oral-anal contact. Unprotected oral sex is especially risky when your partner has her period, a vaginal infection or a rectal discharge involving blood. To make it safer, cover her genital area or anus with a latex barrier (dental dam or cut condom). You can also use non-microwavable plastic wrap.

- Cuts or sores on your fingers increase risk when you manual stimulate (masturbate) your partner’s vagina or anus. Protect your hands with latex gloves.
- When using a sex toy (vibrators, dildos), don’t share it or, before sharing it, put a new condom on it or disinfect it. (The risk of HIV infection can be reduced by washing toys thoroughly with soap and water; as an additional precaution, toys can be disinfecting by soaking them in rubbing alcohol or full-strength bleach followed by thorough rinsing with clean water.) Also, avoid putting a toy that was in a rectum directly into a vagina. The bacteria in rectal areas may cause infection and irritation in the vagina.
- Use protection if you have vaginal or anal intercourse with a man (see Question 15 “How do I talk about using condoms?”).
- Know your own and your partner’s HIV status. Get tested (see Question 23 “How do I get tested?”).

What about alternative insemination?

Because HIV can be passed through semen, there is some risk involved in insemination. Currently, two women in Canada are known to have been infected with HIV through alternative insemination from anonymous donors. Both of these cases of insemination-related infection happened before HIV antibody testing was available. Using a licensed sperm bank may reduce the risk of infection since careful screening is done. Guidelines for screening semen donors include that the donor be tested for HIV on the day of semen donation, and that the semen be frozen; the donor is tested again 6 months later and then, if he is found to be HIV negative, the semen can be used. Since it can take the body from 3 to 6 months after infection to produce enough antibodies to be detectable by the test, these guidelines ensure that the donation was not taken during the “window period.” If you know the donor, talk with your doctor or health care provider about HIV screening.

For more information, contact your local AIDS service organization or health care practitioner.

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I am over 50. Does HIV affect me?



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Yes! HIV affects people of all ages. You, your spouse or your sex partner(s) could have HIV infection or be at risk for infection.

How many older adults are HIV-positive?

Between 1985 and 2000, close to 3,500 people 50 years of age and older tested positive for HIV infection in Canada. Another estimated 15,000 people in Canada are HIV-positive and don't know it because they have not been tested. If you don't know you are HIV positive, you aren't getting the treatments that delay the development of AIDS, and you could also be putting your sexual partner(s) at risk for HIV infection.

Am I too old to be HIV positive or at risk for HIV?

No, viruses don't pay attention to age—no one is ever too old to become infected with HIV. HIV is not just a young person's infection. Anyone can become infected with HIV by:

- having unprotected sex with someone who is HIV positive or whose HIV status you do not know
- sharing needles or syringes to inject drugs/medications/steroids/vitamins, or when having acupuncture, skin piercing or tattoos
- having a blood transfusion or organ transplant (this risk is now almost non-existent because, since 1985, blood products are screened for HIV).

Older women may be at an increased risk of HIV infection because they may have thinner vaginal walls and less vaginal lubrication. Sexual intercourse is likely to cause small cuts or tears, which can be a way for HIV to get into their blood system.

Wouldn't my doctor know if I or my partner was HIV-positive?

Not necessarily. Many people believe that older people don't have sex. This is not the case—many older adults continue to be sexually active. Doctors and other care providers who assume that older adults are not sexually active or are unaware of an older adult's needle use may fail to recognize symptoms of HIV, or may believe that the symptoms are just signs of aging.

Is treatment effective for older adults?

Yes. Although there is no cure for HIV, there are HIV treatments that slow down the progress of HIV and fight the infections that cause AIDS.

How can I protect myself and others from HIV infection?

- Use safer sex practices every time you have sex (see Question 11 “How do I have sex more safely?”).
- Don't share needles or syringes. If new needles or syringes are not available, you can clean them with bleach and water by rinsing them twice with bleach, leaving the bleach in the needle for 30 seconds at a time, then rinsing them twice with clean water. **(Remember that bleach does not kill hepatitis C.)**
- Learn as much as you can about HIV.
- When you have symptoms that could be related to HIV, don't allow yourself or your doctor or health care provider to overlook the possibility of HIV infection—consider getting tested (see Question 23 “How do I get tested for HIV?”).

For more information, contact your local AIDS service organization or health care practitioner.

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Can I travel to other countries if I am HIV positive?



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Maybe. Before you decide, you need to get answers to the following questions:

- Are there regulations or entry restrictions for people who are HIV-positive in the country to which you are travelling?
- What are the personal health risks involved?
- Is it safe for you to receive the required vaccinations?
- Will there be medical care available if you need it?

What countries have regulations or entry restrictions for people who are HIV positive?

The list of countries with regulations and restrictions keeps changing—and so do their rules. Health Canada and the U.S. State Department provide some information, but you should also contact each country's embassy directly.

More and more countries require foreigners to be tested for HIV prior to entry. Some countries do not accept HIV test results unless the tests were done in their own country. Contact the embassy for detailed information about HIV testing requirements and paperwork.

Even in countries that do not have entry restrictions for people who are HIV positive, you may still experience problems at the border—or be denied entry—if they see your medications or find out you are HIV positive.

If I am HIV positive, how will travelling affect my health?

To answer this question, you should consult your doctor or go to a specialized travel clinic. Health Canada can provide a list of travel clinics across the country. You should get information as far in advance of your trip as possible.

Specific health risks depend on the country. In some countries, HIV positive travelers may be more vulnerable to opportunistic diseases, such as tuberculosis and malaria. Traveller's diarrhea, a common problem for travellers in many countries, could be more serious for someone who is HIV positive.

Are travel vaccinations safe if I am HIV positive?

Vaccination requirements will vary, depending on where you are going. Health Canada can provide information about recommended immunizations for travel outside of the country. Discuss these requirements with your doctor or go to a specialized travel clinic.

In general, people living with HIV or AIDS should avoid “live” vaccines. Live vaccines can actually make a person living with HIV or AIDS sick with the germ that causes the illness instead of protecting them against it. Depending on the disease that the vaccine is for, you may be able to get an inactivated or killed vaccine instead. Killed vaccines, however, may not provide as much protection if your immune system is severely weakened by HIV. If a live vaccine is the only option, you may be able to get a medical certificate that exempts you from certain vaccinations. Take all vaccination certificates with you to show at the border if necessary.

If I am HIV positive, what other steps can I take to protect my health when I travel?

Be prepared! Talk to your doctor about:

- taking extra steps to avoid risks like mosquito bites or contaminated water, and
- taking medicine beforehand (or with you) to prevent or treat certain conditions.

Consider whether or not you will have access to refrigeration for your medication, what medical services will be available, and what amount of medical travel insurance makes sense.

For more information, contact your local AIDS service organization or health care practitioner.

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Is there a connection between HIV and hepatitis C?



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Yes. A person who is infected with both the human immunodeficiency virus (HIV) and the hepatitis C virus (HCV) is considered to be co-infected.

Hepatitis C is a serious liver disease that can inflame and cause scarring of the liver. Eventually, it can lead to liver failure, liver cancer and death.

Among people who are HIV/HCV co-infected, hepatitis C gets worse faster. For example, their liver becomes damaged more rapidly, and their chance of dying from liver disease may be higher. Co-infected mothers are more likely to transmit HCV to their babies during delivery.

More research is needed to determine the effects of HCV infection on the progression of HIV.

More than 11,000 people in Canada are HIV/HCV co-infected, but many of these 11,000 have not been diagnosed.

How does HIV/HCV co-infection happen?

HCV is transmitted through direct contact with infected blood. HCV is 10-15 times easier to transmit through blood than HIV.

You can get HCV by:

- injecting drugs using syringes, needles, swabs, filters, spoons, tourniquets or water containing infected blood (it is estimated that almost two-thirds of new HCV infections in Canada each year are related to injection drug use)
- snorting cocaine with a contaminated straw
- being tattooed or body pierced with contaminated needles, ink or jewellery
- sharing contaminated razor blades or toothbrushes
- being born to a mother infected with HCV, or
- receiving a blood transfusion, blood product or organ transplant (universal testing of blood donors since May 1990 has substantially reduced this risk).

Sexual transmission of HCV is possible, but not very common. Having unprotected sex with multiple sexual partners increases your risk of becoming infected with HCV.

Is there treatment for HIV/HCV co-infection?

There is no specific treatment for HIV/HCV co-infection—there are only separate treatments for HIV infection and HCV infection. Treating HIV/HCV co-infection is complicated—often people who are HIV/HCV co-infected are coping with many different medical, social and drug-related issues. Recently, new management guidelines have been developed to help doctors in Canada care for people with HIV/HCV co-infection.

Can HCV infection be prevented?

Yes. To avoid becoming infected:

- use only new needles to inject drugs or for tattooing or body piercing—**cleaning with bleach may not kill HCV**
- use clean swabs, filters, spoons, tourniquets and water for injecting
- don't re-use equipment (needles, ink or jewellery) for tattooing or body piercing
- don't share razors or toothbrushes
- wear latex gloves if you may have contact with someone's blood
- practice safer sex (see Question 11 "How can I have sex more safely?").

To avoid infecting others:

- get tested for HCV
- never share needles or other drug injecting equipment.
- don't share razors or toothbrushes
- practice safer sex.

For more information, contact your local AIDS service organization or health care practitioner.

For more copies of this fact sheet or other documents on HIV/AIDS, contact the Canadian HIV/AIDS Information Centre, 400-1565 Carling Avenue, Ottawa, ON K1Z 8R1
☎ 877-999-7740 ☎ 613-725-1205 ✉ aidssida@cpha.ca www.aidssida.cpha.ca
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Is there a connection between TB and HIV/AIDS?



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Tuberculosis (TB) is a disease caused by certain bacteria and can be spread through the air from person to person. A person can easily contract TB when the immune system is weak. As HIV destroys the body's immune system in HIV positive people, they become highly vulnerable to TB. It is estimated that about one third of the 34.4 million people living with HIV worldwide are co-infected with TB

How do HIV and TB infections affect each other?

Up to 50% of people living with HIV develop TB. Also, HIV is considered the leading risk factor for reactivation of latent (dormant) TB infections. HIV infected people who become newly infected with TB progress rapidly to active TB. In addition to the adverse effects of HIV on TB, studies show that immune response to TB actually enhances HIV replication and might accelerate the natural progression of HIV infection.

Are there medication problems?

It can be difficult to take drugs for both TB and HIV at the same time. Many anti-HIV drugs have an affect on the drugs used to fight TB, and vice versa. Drugs like rifampin or rifabutin, commonly used to fight TB, can decrease the levels of HIV drugs in the blood to a level too low to control HIV. HIV drugs can increase the levels of TB drugs high enough to cause serious side effects. If you are being treated for both TB and HIV, you will need to work with your doctor or health care provider to follow special guidelines.

What are the differences between TB infection and TB disease?

TB infection:

Most people who inhale TB bacteria and become infected are able to fight the bacteria and stop them from causing disease. People with TB infection usually have no symptoms, do not feel sick, and cannot spread TB to others. Because these bacteria are not active and can later become active, people with TB infection can develop TB disease if their immune system is, or becomes weak, due to illness or age. But, most people who have TB infections never develop TB disease.

TB disease:

TB bacteria can become active and start to grow if the immune system cannot keep them under control. Some individuals may develop TB disease soon after becoming infected, before their immune system can fight the bacteria. Others may get sick later, when their immune system becomes weak for some reason, like illness or age. People infected with HIV are at high risk for TB infection and TB disease due to their weakened immune systems.

How is TB spread?

TB is spread from person to person through the air. When a person with pulmonary (lung) or laryngeal (throat) TB coughs or sneezes, droplets containing the bacteria are released into the air. These tiny particles can stay in the air for several hours. If another person inhales air containing these particles, transmission of TB may occur.

The bacteria can then settle in the lungs for many years, or for life. They can begin to multiply and can spread through the blood stream to cause disease in other parts of the body, such as the lymph nodes, kidneys, spine and brain.

Persons at the highest risk of becoming infected with TB are close contacts—persons who often spend time with someone who has infectious TB, like family members, roommates, friends, or co-workers.

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