

# DETERMINED TO SURVIVE



***It just pitched uninvited. We are not even related, it is planning to stay with me for life. I heard about it yes! But what exactly is it? How to deal with it?***

## ***Facts about HIV/AIDS***



**REMEMBER, UJ SUPPORTS STUDENTS LIVING WITH HIV!**

---

## *You just got tested and then what?*

---

### **Negative results (the possibility of absence of HIV antibodies in the blood)**



The person can test negative while having HIV in the blood because of the window period (the period HIV takes to show up in a specific HIV test).

The length depend on the type of test you take and an individual immunity, it normally ranges from 4-6 weeks to 3- 6 months)

**To do:** Abstain or use protection all the time during sexual intercourse

Go for retesting based on the following the guide below

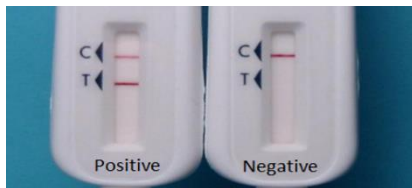
### **Recommended frequency of testing**

<b>Circumstances</b>	<b>When to re-test</b>	<b>Future re-testing</b>
Known positive partner	At six weeks post exposure	Annually or more based on exposure
Unknown HIV status of partner	At six weeks post exposure	Annually or more based on exposure
Sex worker	At six weeks post exposure	Every three months depending on exposure
MSM and transgender people	At six weeks post exposure	Bi-annually with protection
Post sexual violence and rape	At six weeks and 12 weeks; per relevant guidelines	Annually or more based on the exposure
Occupational exposure	At six weeks and 12 weeks, per guidelines	Annually or more based on an exposure

Presenting with clinical conditions (e.g. STI)	At six weeks,	Annually or more based on an exposure
Adolescents and young adults	Every 6-12 months if sexually active or more frequently if the client has a new sexual partner or is having unprotected sexual intercourse	

### 🚦 **Discordant / inconclusive/ discrepant results**

Results where the first results is reactive and the second negative. The main reason for these results is normally because of the Window period.



#### ***To do:***

Whole blood should be drawn and sent to the laboratory for ELISA testing as a tie breaker. You will be asked to return within seven days for ELISA results to confirm the diagnosis.

### 🚦 **Positive results (presence of HIV antibodies in the blood)**



The reaction to the news differ from one individual to another. The feelings of anger, denial, bargaining, depression and acceptance are normal and are experienced by most individuals that are diagnosed with

HIV. The most important stage to reach as soon as possible is acceptance. There is nothing that can be done to reverse the situation except to deal with it head on.

***To do:*** Visit the clinic and then the following will be done:

Several other tests will be done by Health Care Worker. Government has adopted the strategy called Universal Test and Treat (UTT) after research has shown that it radically reduces the chances of HIV-positive person passing the virus to others when they are on treatment and their viral loads are undetectable. UTT is a strategy in which all HIV infected individuals receive treatment whether in need or not. It is aimed at eliminating HIV as it reduces the rate of spreading the virus to other people. UJ will therefore refer you to the treatment centre within or outside UJ.

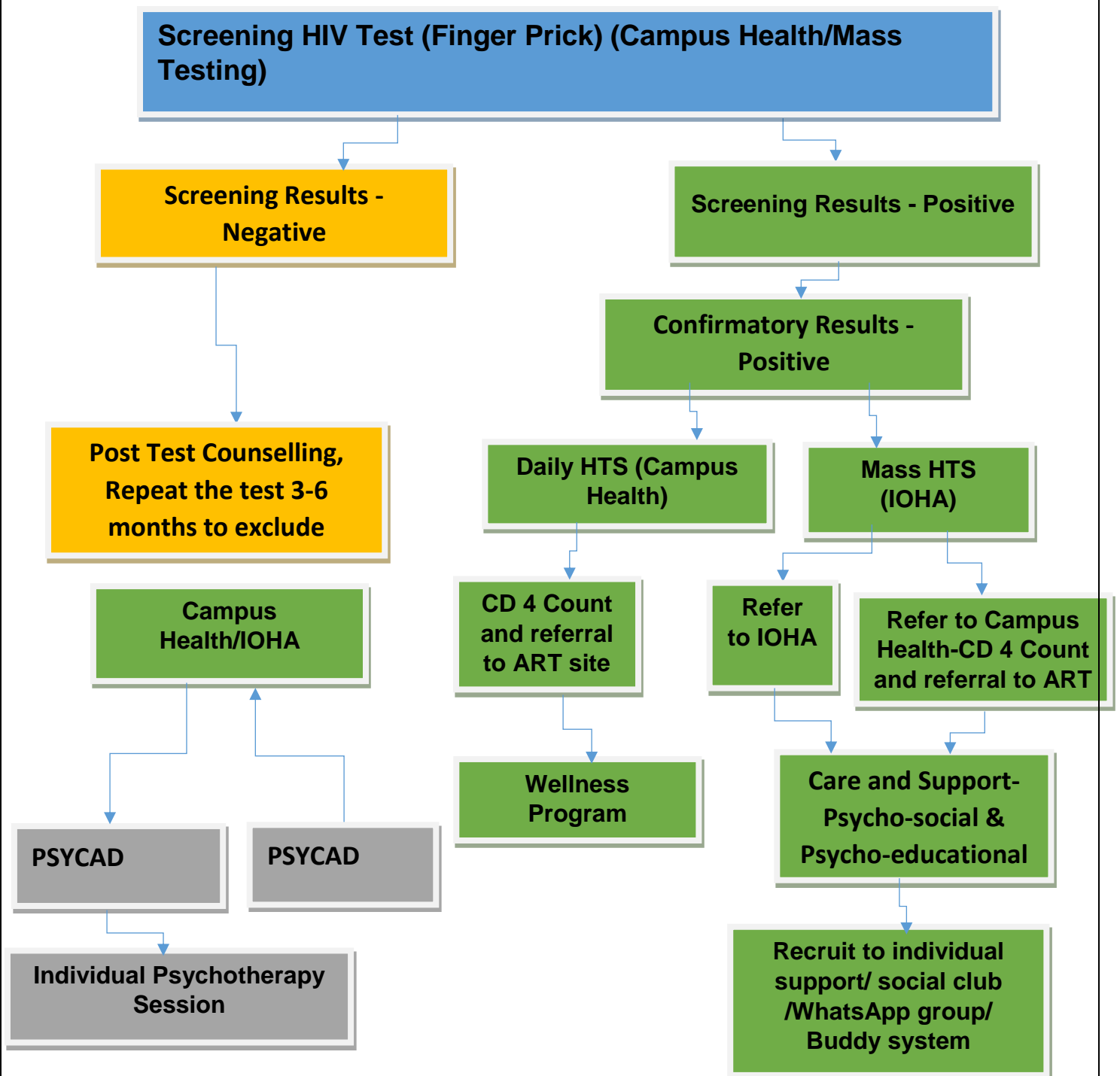
### ***Hook up with a buddy at IOHA***

A buddy can be anyone willing to support you. It must be someone you trust and you can rely on. Most testing sites have someone they can recommend and most institutions have support groups. UJ has care and support services and support is based on the individual preferences. Most clients prefer WhatsApp conversations, WhatsApp chat groups and face-to-face consultation. Contact **I**nstitutional **O**ffice for **H**IV and **A**ids (**IOHA**) for more information (check the table below for more information)

## HEALTHCARE CENTRES IN AND OUTSIDE UJ

<b>Campus</b>	<b>PHC /Clinic</b>	<b>IOHA</b>	<b>Others/ Outside UJ</b>
<b>Bunting Road (APB)</b>	011559 1238	011 559 1088	<b>Right To Care –</b> 011 710 7000 <b>Garden city Clinic (Dr Kay) -01 276 8946</b>
<b>Kingsway (APK)</b>	011 5593837	011 559 4927	*AS ABOVE
<b>Doornfontein (DFC)</b>	011 559 6132	011 559 6807	<b>Esselen Clinic –</b> 011 725 6710 <b>Charlotte Maxeke Hospital – 011 488 4911</b>
<b>Soweto (SWC)</b>	011 559 5736	011 559 5113	<b>Perinatal HIV Unit (Baragwanath Hosp) –</b> 011 989 9946 /083 294 7007 <b>Lillian Ngoyi Clinic (Baragwanath Hosp)-</b> 011 985 1104

## **UJ SUPPORT FLOW**



**REMEMBER, UJ SUPPORTS STUDENTS LIVING WITH HIV!**

---

## *UNDERSTANDING HIV AND AIDS*

---

Human Immunodeficiency Virus (HIV) – this is a very small virus that cannot be seen with naked eye that mainly attacks helper T-cells (also called CD4 cells). The virus takes hostage of the cell by binding itself to it, invading it and slowly destroys it from inside by multiplying itself. It can be transmitted through infected bodily fluid like blood, semen, sperm, vaginal fluid and breastmilk. The more the virus multiplies the more the CD4 cells are destroyed and becoming less resulting in the damaged immune system.

### **HOW DO PEOPLE GET HIV INFECTION?**

HIV infection can happen through any of the following channels:

- Unprotected sexual contact
- Sharing contaminated needles
- Mother to Child Transmission
- Blood Transfusion

### **FOUR STAGES OF HIV INFECTION**

#### **A. Primary HIV infection (Window Period)**

Illness that occurs within 2 – 4 weeks once the person has been infected with HIV. This stage is characterised by rapid spread of the virus throughout the body and an intensive phase of viral replication resulting in high quantities of virus and a corresponding decrease in CD4+ count. The period between infection and the production of antibodies is known as the window period and it is during this interval of time that an infected person may test negative for HIV. Not everyone has symptoms but it can cause fever, sore throat, rash, aching muscle, cough, swollen lymph nodes, diarrhea, nausea and vomiting (very bad flu infection).

## **B. Healthy carrier stage (well phase) / Clinical Latency phase**

During this time viral replication is contained, although there is a steady weakening of the immune system, indicated by a decrease in the CD4 count by anywhere between 40–80 cells per year. The viral load (measure of HIV in body) remains at a relatively low and stable level.

The rate of disease progression is dependent on a variety of factors like:

viral 'set point' (level of HIV in the blood established after initial infection).

A person with a low viral set point is less likely to develop advanced disease at a rapid rate; a person with a high viral set point is likely to show more rapid disease progression.

Other factors include nutrition, stress levels, and other lifestyle issues.

## **C. Early symptomatic infection**

At this stage the immune system is weakened and person will start experiencing tiredness, fevers, skin and mouth infections and abnormal blood tests. If the infection is not controlled, then one progressed to the fourth stage – AIDS

## **D. AIDS – Acquired Immune Deficiency Syndrome**

There is a very thin line between 2 stages, it's really a matter of degree of immune damage. The stage is characterised by the presence of opportunistic infection (like tuberculosis, pneumonia, meningitis etc) in most individuals and the CD4 count drops lower and below 200.

**REMEMBER, UJ SUPPORTS STUDENTS LIVING WITH HIV!**



---

## *TAKING CONTROL*

---

### **Wake-up! Watch your steps and live longer**

The following are crucial steps to living with HIV happily ever after.

#### **1. Acceptance**



We all find ourselves having to cross bridges we didn't build. Most of the time you find that the path we were travelling has come to an end and the bridge is the connection to the next path. Asking yourself how you got the virus, who infected you and why you, are all the time wasters preventing you from crossing to the next pathway. The good news is that there is help waiting to help you travel on the new path. Accepting helps the mind to be focus and be geared for the battle. There are so many decisions you need to take forcing you to have an alert and relaxed mind.

#### **2. Healthy Eating**



Eating healthy foods is important for everyone and healthy diet is a valuable tool for HIV/AIDS management. The nutritionally balanced diet gives you energy and strength to carry out your daily activities and enjoy life as much as possible. It also helps your body's immune system to fight off infections and can control or even prevent other health problems.

Healthy eating helps slow the disease process, prevent weight loss, lower blood sugar and cholesterol level. Eating healthy means choosing foods, finding better ways to prepare these foods, and eating in moderation.

### **3. Exercise**



Regular exercise and physical activity are vital to your physical and emotional health. Exercise includes walking, jogging, running, skipping, taking stairs instead of using the lift etc. It can help maintain healthy weight, improve your body composition, improve your appetite and manage your blood sugar, fats, cholesterol and blood pressure level. Exercise is the medicine that doesn't need prescription!

### **4. Pop in your daily sweeties of life**



The South African government has launched new treatment guidelines as approved by World Health Organization (WHO) – Universal Test and Treat (UTT). That simple means that an individual is put on Antiretroviral Therapy immediately irrespective of the CD4 count. Unlike vitamins, your daily sweeties will work directly on the viral load by stopping it from multiplying. Though it doesn't kill the virus but it keeps it under control.

You are expected to take your sweetie every day for the rest of your life. Taking ARV's as advised will force the virus to be ineffective and not able to reproduce. One reaches that state where the virus is not detected from his blood with the CD4 count gone back to its normal ranges

REMEMBER, UJ SUPPORTS STUDENTS LIVING WITH HIV!

---

## Frequently Asked Questions

---

### 1. How do I accept the condition?



To be diagnosed with HIV doesn't change you as a person, it only means that you have an uninvited guest that is planning to stay with you for the rest of its life. For it to survive, it needs you to be alive. For it to have limited access, it needs you to control it. Yes, you can't take it out or reverse it but you can control it. Forgive yourself, forgive the person you think infected you and forgive everyone that is judging you. Focus on your goals and run with them, they are not going anywhere, they are just waiting for you.

### 2. Can I still have babies?



HIV infected individuals can have normal love relationships. Regular visits to the clinic or the Doctor helps one to know immunity levels. The couple planning pregnancy if both reactive should be on HIV therapy. Both partners should be screened for sexually transmitted infection and be treated whenever necessary. In-case where only one partner is positive, the HIV infected partner should be receiving ARV's and the HIV virus must

not be detected through the blood tests, CD4 count must be within the normal ranges. Timed intercourse, when the women is most fertile, is recommended for conception in couples that generally prefer to use condoms as well as ART. Pre-Exposure Prophylaxis (PrEP) might be recommended for the negative partner. There are ways that can be adopted for conception to take place including sperm washing, artificial insemination and in-vitro fertilisation (IVF)

### **3. Can I continue drinking alcohol?**



Drinking alcohol will not affect your viral load or CD4 count but excessive alcohol use can damage your liver. The liver filters drugs from the blood so if the liver is damaged then the body has trouble with the HIV treatments.

Also excessive alcohol use can mean that people on medication may forget to take their treatment. This can lead to resistance which means the medication will no longer work. Alcohol may also impair reasoning and an individual may end up making wrong decisions like unprotected sex.

Moderate alcohol use should not be a problem. It is your decision if you don't want to drink anymore but it should be because it is what you want to do rather than because you are HIV positive.

#### 4. How much time do I have left in life?

With the help of ARVS' the person can live to the same average age as other people provided that the person starts ARVS' as soon as he/she is advised to do so and adhere to taking it every day.

#### 5. To disclose or not to disclose?



Disclosure refers to telling another person, besides your health worker, that you are infected with HIV and it's a process not a once-off activity. You have to make peace with the fact that you are infected with the virus and that it is not going away. You must be because you feel confident and ready, remember that once you share that information, you can never take it back. There is no 'oops moment'.

#### **Consider answering "Why do you want to disclose before doing it?"**

- *To release stress and worry?*

What is it that you are worried about; and how can you overcome it? You are better off coming up with some solutions yourself before you act. If you can't decide yourself, talk to a professional.

- *To relieve the burden of keeping your HIV status a secret?*

Yes? Question for you: what makes you think anyone wants to know that you have HIV? Depending on your answer, decide if telling another person will make things better or worse for you. Before you tell the next person, you must first think about your best interest and wellness.

- *To deal with any guilt you might have?*

What guilt? Did you do anything other people didn't do? Chances are that you had contracted HIV by having unprotected sex with someone who was infected. Kicking yourself for not checking your partner's status is not going to change your HIV status. Maybe you might feel guilty because you have exposed another person. Unfortunately you can't change what happened.

- *Is it for support?*

We all need that; and it would be great to tell someone who will support you. But if you are in doubt, test the waters first. Discuss a general case related to HIV with that person and see how he or she reacts. That should indicate whether the person first needs a bit of education, before you let the cat out of the bag.

**Before you disclose, here is your checklist.**

- Ask yourself what the reasons are that make you want to do it. How is telling the next person going to make your world better?

- Are you mentally prepared to accept a positive or negative response you might get from the person you are telling?

- Do you know someone who has HIV, whom you could talk to? Their experience might help you to shape how you are going to disclose; or whether you should.

- Do you have enough information about HIV? This will help you to answer any question the person you are disclosing to might have.

Imagine disclosing to your child or parent; they might think you are going to die. When they ask you follow-up questions, you need to have proper answers.

– What happens if the person does not take it well? There is a possibility that they will accept or deny what you told them. If it becomes too tense, propose group counselling.

What you need to know is that not everyone will react the same way. Also, what you hope will happen, might not happen. But if you feel confident and you feel the need to, then do it. If it doesn't work out, don't despair, there is help.

### **Closing remarks**

Living with HIV is not a crime nor a dirt hence it doesn't change who you are. It can be controlled and you can live long liken your peers. Do right and live right.

### **Resources**

Neil M Orr & David Patient, (2013). Positive Health; 2013.

Allen L Gifford, M.D. et al (2005). Living Well with HIV & AIDS; 2005.

Health 24 HIV & AIDS. Retrieved August 10, 2016

Ramotwala P, (2016). Positivemagazine.co.za, retrieve August 2016

