

01

Visit the clinic and the health care worker draw your blood and conduct a tests based on your risk profile. These tests include a test to determine your CD4 count/level. CD4 cells are the cells that protect your body from infections through your immune system. When you have HIV, the body's ability to fight infections becomes weak over time; that is why it is important to monitor your CD4 count. The reason you must still do the CD4 test is to show how strong your body is against HIV. It is advisable to start treatment even if your CD4 is still high.

02

Recently, there is a lot more talk by health workers about people's viral load, special for newly diagnosed patients. Do not be alarmed by this. A viral load test is a test used to measure the amount of the HI-virus in your body. The higher your viral load, the more HIV there is in your body. If you viral load is high, your health care worker will advise you to start treatment immediately. Government has adopted the strategy called Universal Test and Treat (UTT) as outlined by World Health Organization (WHO), after research showed that ARVS radically reduces the chances of HIV-positive person passing the virus to others when they are on treatment and the viral load of a person infected becomes 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. Make sure you understand what starting with HIV treatment mean for you, your social life and your health. Once you start treatment it is for the rest of your life.

04

STEPS

TO FOLLOW IF YOU TEST POSITIVE FOR HIV.

04

Seek further counselling. Counselling is when you get advice or information on how to manage HIV and where to go for support. Counselling helps to deal with the emotional part of living with HIV. More importantly, it will help you to accept and cope with the HIV test results. Look for organizations in your area or online who offers the type of support you are looking for, should you need more support.

For more information contact: iohainfo@uj.ac.za;

Tel: 011 559 1088 / 2966 / 6807 /5113

03

Empower yourself with information on HIV by asking your health care provider to inform you on any other infections or viruses that might have a harmful impact on your immune system. Examples of harmful infections and viruses include TB, sexually transmitted infections (STIs), Cryptococcus and even flu. If any of these are detected, you need to seek treatment for them. Additional infections and illnesses are more likely to occur when one's CD4 count is low.

DISCLOSING YOUR HIV STATUS: THINGS TO CONSIDER

When you find out that you are HIV-positive, one of the first questions is who can you share this news with? It is important to have people who can support you after diagnosis. **By Isaac Skosana**

Disclosing your HIV status to people who care about you can be the hardest or easiest thing to do. HIV disclosure is a process and not a once-off event. The process and who you decide to disclose to is completely your decision. Do what you are comfortable with, but keep in mind that having people around you know your status is likely to make your life easier. The key is to try balance what you think the benefits of disclosing to a person may be with your right to privacy. There is no absolute answers

that are right for everyone, so disclose when and how it works for you.

It takes time to adjust to being HIV-positive, so it can be a wise idea to not rush yourself when it comes to disclosing your status, even though wanting to share your status is a natural reaction. Unfortunately, although there has been an improvement in awareness about HIV issues, there are still many people who discriminate against or stigmatise people living with HIV.

Before you disclose your status to

anyone, you need to accept your status first understanding what being HIV-positive first. Educate and empower yourself as much as possible about HIV: How does HIV work? How does the treatment work? The more knowledge about HIV that you have, the less worried you will be and many of the myths that you may hold about HIV and its effects may be dispelled. This will make it easier for you to live a positive and healthy life with HIV.

Only if you are comfortable talking about your status, then you can start thinking about telling others. Besides thinking about the reasons why you want to tell someone, you should consider the following:

- 1** How is telling the next person going to make it better for you? What are the pros and cons?
- 2** Are you mentally prepared to accept a positive or negative response you might get from the person you are telling?
- 3** If you can, talk to other people who have HIV and have disclosed. Their experience might help you to shape how you are going to disclose and to who.
- 4** When you are ready but you doubt the people you want to tell, test the waters by speaking to them about HIV in general first to see how they view the topic.
- 5** By now you should be armed with as much information as you can get. This will help you to answer any question the person you are disclosing to might have. Imagine disclosing to your child or parent and they think you are going to die.
- 6** Let them know that you are in good hands. Tell them about your treatment or health worker or whoever has been supporting you so far.
- 7** There is a possibility that they will accept or deny what you told them. If needs be, propose group counselling.
- 8** Finally, remind them that it is your right to have your status protected and kept confidential.

Remember that disclosing your status is always your choice. According to the law in South Africa, no person (including health care workers and employers) is allowed to share your status with anyone. Someone can only tell others that you are living with HIV with your permission. Many people live with HIV secretly because they fear how others will react. There is no shame in living with HIV and living secretly can be difficult and stressful, especially once you start treatment. Your rights to confidentiality must be protected, but this does not mean that you need to keep your HIV a secret.

“THERE IS NO EFFECT IF THERE IS NO SIDE EFFECT!”

THE MOST COMMON SIDE EFFECT OF FIRST-LINE HIV TREATMENT

By Professor Francois Venter

Since the beginning of HIV treatment, like many countries, South Africa chose stavudine (d4T) as part of its first line therapy. The drug looked very safe, was cheap, and came as a fixed-dose combination (the three medicines combined into one pill). Women of child-bearing age were started on nevirapine, due to fears about damage to their unborn children. However, as with all medical research on medicines, as you study the drugs for longer in the real world, the toxicity of both of these drugs became apparent. d4T caused unacceptable side effects.

Luckily, we got new, safer drugs – even if, in some cases, they were more expensive. However, to quote one of my old professors, Harry Seftel, “There is no effect if there is no side effect!” What he meant, is that all effective

medication has side effects, because the medicines are strong. Most common side effects will disappear after a few weeks of taking the new medicine.

People are living near-normal or normal life spans with HIV: into their 80s in some countries. Now that people are starting treatment earlier and earlier, and living longer, getting even a small side effect can be unbearable.

Currently, first line therapy for HIV is usually a combination of tenofovir, emtricitabine (3TC), and efavirenz, in both the public and private sector. Efavirenz is the “bad guy” for most people, giving most of the side effects with our current treatment after initial diagnosis. Some of these side effects occur immediately, and others come on over months or years.

Common side effects of efavirenz:

- **Dizziness:** Most people get dizzy in the first few days, and then it goes away. I tell people it feels a bit like you are drunk (this can be very scary for someone who has never been drunk before!).
- **Strange dreams:** Many people have altered dreams: for some they are scary, for others less so. Occasionally, a sleeping tablet can calm things down, but we don't like encouraging too many sleeping tablets, as they can affect normal sleep as well.

Rarer side effects:

- **Confusion:** some people say they suffer poor concentration on efavirenz. Very rarely, this can be severe and frighten their families, if they start to behave strangely. Usually, if this bothers someone, I try another drug as a substitute pretty quickly.
- **Other mental health issues:** There are concerns that some mental illnesses may become worse on treatment, although the evidence is conflicting; my experience is that this happens but is rare and easily handled with new drug substitution. HIV comes with lots of baggage. Depression, alcohol use and suicide is a big problem in people battling to cope. There is a need for much better mental health support for people with HIV.
- **Rash:** This happens in about one in a hundred people, usually in the first few days, and is just annoying – red, warm and itchy. It almost always needs efavirenz to be swapped for something else.
- **Breast enlargement in men:** Again, this maybe happens in one in a hundred men (it does not affect women), and needs the drug to be changed. Occasionally, this may need surgery if enlargement is severe.
- **Fat and sugar abnormalities:** There is some evidence that efavirenz can mess with your lipid (fat) and glucose (sugar) levels, although it seems to only happen in a few patients, is not very severe and we don't know if an abnormal blood level will mean you will get sick in the future. At the moment, we tend not to be very worried about it (in fact, we don't even think its worth looking for the problem

FACTBOX:

What to do if you are experiencing side effects from your ARV medication:

- ▶ It is important to remember that ARV medicines are strong and that side effects are normal at first, while your body gets used to taking them. Side effects usually go away after 2-3 weeks.
- ▶ Do not stop taking your medication or skip doses if you are experiencing side effects. This can cause drug resistance.
- ▶ If you are experiencing side effects, discuss these with your health care worker, as soon as you can. Your health care worker will be able to tell you if these are common side effects or switch your treatment to another drug.

Callers can expect appropriate legal advice, representation, and referrals

- **Liver toxicity:** This is very unusual, but can be severe and even life threatening in very rare cases. We just switch the drug, and everything usually turns out well.

In a few cases, these symptoms especially the concentration, dizziness and bad dreams, can trickle on over weeks and months, or even longer, and in some it is unbearable.

When starting, I give my patients the following advise:

- They should take a few quiet days at home.
- Keep alcohol to a minimum until they feel they are back to normal.
- Not to drive until they feel better.
- Keep someone around to check up on them.

For some people, taking the treatment at night helps, as the dizziness occurs when they are asleep. Taking the tablet with an empty stomach may also help, as fat in the meal aids absorption and can make the blood level very high very quickly. If things feel dreadful or that the person is not coping, I quickly switch the efavirenz out for another drug.

What is the something else we can start, if you are not coping with efavirenz? It kind of depends on where you are. A sad reality is that you will probably end up on more than one tablet, as most alternatives are not co-formulated in single tablets. But most people cope with a few extra tablets. Many government institutions will change efavirenz for nevirapine, a good drug, although has its own (occasionally very serious) side effects, or lopinavir/ritonavir ('Alluvia'), which also can have lots of annoying side effects. In the private sector, other options are a drug called rilpivirine, which is safe and just needs to be taken with food, or newer drugs like dolutegravir.

Long story short: if some symptom feels scary or if you feel very ill, go and see the person who started you immediately. In the old days, we had very few options; now we have plenty, and I have yet to see a person who can't find an antiretroviral option that they can't take.



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