

Sexual Health

LEARN THE BASICS; KNOW THE FACTS, TAKE CARE OF YOURSELF.

Basic information about HIV/AIDS, HIV prevention, and HIV testing. For those just diagnosed with HIV, find information on what to do next. Learn how to stay healthy while living with HIV.

WHAT IS HIV?

"HIV" stands for **Human Immunodeficiency Virus**. To understand what that means, let's break it down:

- **H - Human** - This particular *virus* can only infect human beings.
- **I - Immunodeficiency** - HIV weakens your *immune system* by destroying important cells that fight disease and infection. A "deficient" immune system can't protect you.
- **V - Virus** - A virus can only reproduce itself by taking over a cell in the body of its host.

HIV is a lot like other viruses, including those that cause the "flu" or the common cold. But there is an important difference - over time, your **immune system** can clear most viruses out of your body. That isn't the case with HIV - the human immune system can't seem to get rid of it. That means that once you have HIV, you have it for life.

We know that HIV can hide for long periods of time in the cells of your body and that it attacks a key part of your immune system - your **T-cells** or **CD4 cells**. Your body has to have these cells to fight infections and disease, but HIV invades them, uses them to make more copies of itself, and then destroys them.

Over time, HIV can destroy so many of your CD4 cells that your body can't fight infections and diseases anymore. When that happens, HIV infection can lead to AIDS, the final **stage of HIV infection**.

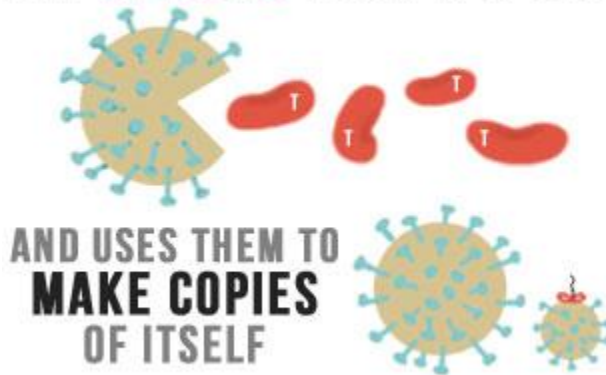
However, not everyone who has HIV progresses to AIDS. With proper **treatment**, called "antiretroviral therapy" (ART), you can keep the level of HIV virus in your body low. ART is the use of HIV medicines to fight HIV infection. It involves taking a combination of HIV medicines every day. These HIV medicines can control the virus so that you can live a longer, healthier life and reduce the risk of transmitting HIV to others. Before the introduction of ART in the mid-1990s, people with HIV could progress to AIDS in just a few years. Today, a person who is diagnosed with HIV and treated before the disease is far advanced can have a nearly normal life expectancy.

No safe and effective cure for HIV currently exists, but scientists are working hard to find one, and remain hopeful.

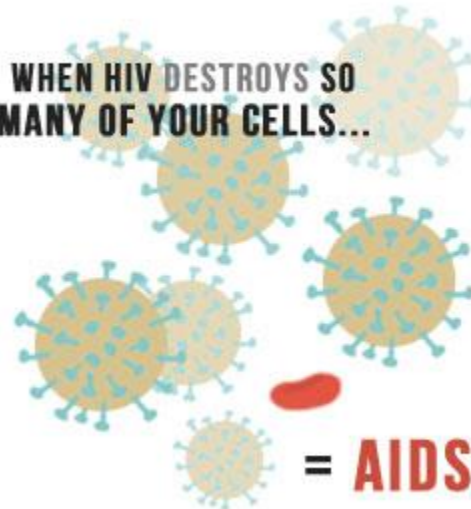
WHAT IS HIV/AIDS?



HIV ATTACKS YOUR T-CELLS



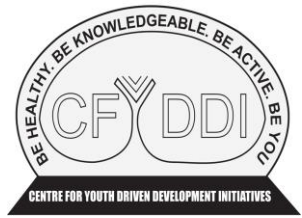
WHEN HIV DESTROYS SO
MANY OF YOUR CELLS...



WHAT IS AIDS?

“AIDS” stands for **Acquired Immunodeficiency Syndrome**. To understand what that means, let’s break it down:

- **A** – Acquired – AIDS is not something you inherit from your parents. You **acquire** AIDS after birth.
- **I** – Immuno – Your body’s immune system includes all the organs and cells that work to fight off infection or disease.
- **D** – Deficiency – You get AIDS when your immune system is “deficient,” or isn’t working the way it should.
- **S** – Syndrome – A syndrome is a collection of symptoms and signs of disease. AIDS is a syndrome, rather than a single disease, because it is a complex illness with a **wide range of complications and symptoms**.



As noted above, AIDS is the final **stage of HIV infection**, and not everyone who has HIV advances to this stage. People at this stage of HIV disease have badly damaged immune systems, which put them at risk for *opportunistic infections (OIs)*.

You are considered to have progressed to AIDS if you have **one or more specific OIs, certain cancers, or a very low number of CD4 cells**. If you have AIDS, you will need **medical intervention and treatment** to prevent death.

For more information, see CDC's [HIV/AIDS Basics](#).

WHAT SHOULD I DO IF I THINK I HAVE HIV?

The only way to know for sure if you have HIV is to get tested. Testing is relatively simple. You can get an HIV test from your doctor or healthcare provider, community health center, Veteran's health center,

HOW DO YOU GET HIV OR AIDS?

HIV CAN BE TRANSMITTED THROUGH...



Sexual Contact



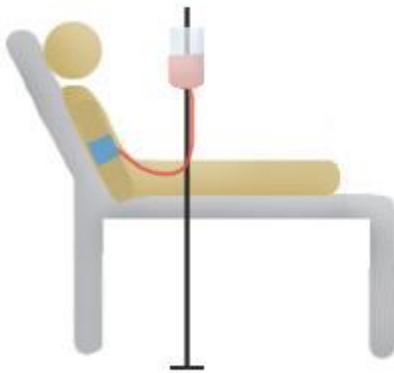
Injection Drug Use



Pregnancy, Childbirth & Breast Feeding



Occupational Exposure



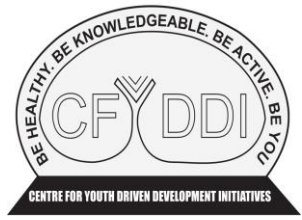
and rarely,
Blood Transfusion/Organ Transplant

HOW DO YOU GET HIV?

Certain body fluids from an HIV-infected person can transmit HIV.

These body fluids are:

- Blood
- Semen (cum)
- Pre-seminal fluid (pre-cum)
- Rectal fluids
- Vaginal fluids
- Breast milk



These body fluids must come into contact with a mucous membrane or damaged tissue or be directly injected into your bloodstream (by a needle or syringe) for transmission to possibly occur. Mucous membranes are the soft, moist areas just inside the openings to your body. They can be found inside the rectum, the vagina or the opening of the penis, and the mouth.

For more information, see CDC's [HIV Basics: HIV Transmission](#).

HOW IS HIV SPREAD?

Approximately 50,000 new HIV infections occur in the United States each year. In the U.S., HIV is spread mainly by:

- Having sex with someone who has HIV. In general:
 - Anal sex (penis in the anus of a man or woman) is the highest-risk sexual behavior. Receptive anal sex (“bottoming”) is riskier than insertive anal sex (“topping”).
 - Vaginal sex (penis in the vagina) is the second highest-risk sexual behavior.
 - Having multiple sex partners or having sexually transmitted infections can increase the risk of HIV infection through sex.
- Sharing needles, syringes, rinse water, or other equipment (“works”) used to prepare injection drugs with someone who has HIV.

HIV IS NOT SPREAD BY:

- Air or water
- Insects, including mosquitoes or ticks
- Saliva, tears, or sweat
- Casual contact, like shaking hands, hugging or sharing dishes/drinking glasses
- Drinking fountains
- Toilet seats

HIV is not spread through the air and it does not live long outside the human body.

Having an undetectable viral load greatly lowers the chance that a person living with HIV can transmit the virus to a partner, but there is still some risk. “Viral load” refers to the amount of HIV in an infected person’s blood. An “undetectable viral load” is when the amount of HIV in a person’s blood is so low that it can’t be measured. *antiretroviral therapy* (ART) reduces a person’s viral load, ideally to an undetectable level, when taken consistently and correctly. However, a person with HIV can still potentially transmit HIV to a partner even if they have an undetectable viral load, because:

- HIV may still be found in a person’s genital fluids (e.g., semen, vaginal fluids). The viral load test only measures virus in a person’s blood.
- A person’s viral load may go up between tests. When this happens, they may be more likely to transmit HIV to partners.
- Sexually transmitted diseases (STDs) increase viral load in a person’s genital fluids.

For more information on how HIV is spread, see CDC's [HIV Basics: HIV Transmission](#).

Also, for more information about the risks from different types of HIV exposure, see CDC's [HIV Transmission Risk](#).



HOW DO YOU GET AIDS?

The terms “HIV” and “AIDS” can be confusing because both terms refer to the same disease. However, “HIV” refers to the virus itself, and “AIDS” refers to the **late stage of HIV infection**, when an HIV-infected person’s immune system is severely damaged and has difficulty fighting diseases and certain cancers. Before the development of certain medications, people with HIV could progress to AIDS in just a few years. But today, most people who are HIV-positive do not progress to AIDS. That’s because if you have HIV and you take *antiretroviral therapy* (ART) consistently, you can keep the level of HIV in your body low. This will help keep your body strong and healthy and reduce the likelihood that you will ever progress to AIDS. It will also help lower your risk of transmitting HIV to others.

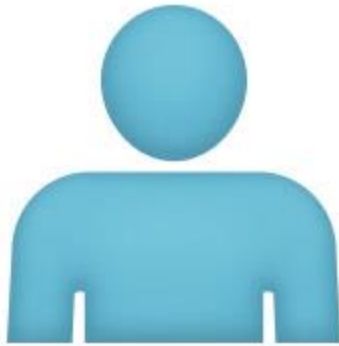
WHAT SHOULD I DO IF I THINK I HAVE HIV?

The only way to know for sure if you have HIV is to get tested. Testing is relatively simple. You can get an HIV test from your doctor or healthcare provider, community health center, Veteran’s health center

SIGNS & SYMPTOMS



WITHIN 2-4 WEEKS AFTER EXPOSURE TO HIV, MANY, BUT NOT ALL, PEOPLE WHO ARE INFECTED EXPERIENCE FLU-LIKE SYMPTOMS, OFTEN DESCRIBED AS THE **"WORST FLU EVER."**



MANY HIV+ PEOPLE DO NOT HAVE SYMPTOMS. THEY DON'T LOOK OR FEEL SICK. OFTEN PEOPLE ONLY BEGIN TO FEEL SICK WHEN THEY PROGRESS TOWARD AIDS.



IF YOU THINK YOU MAY HAVE BEEN EXPOSED TO HIV – REGARDLESS OF WHETHER YOU HAVE EXPERIENCED ANY SYMPTOMS – IT IS IMPORTANT TO GET TESTED AS SOON AS POSSIBLE.

WHAT ARE THE SYMPTOMS OF HIV?

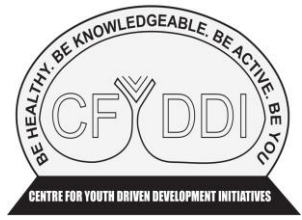
The symptoms of HIV vary, depending on the individual and what **stage of the disease** you are in.

EARLY STAGE OF HIV: SYMPTOMS

Within 2–4 weeks after HIV infection, many, but not all, people experience flu-like symptoms, often described as the “worst flu ever.” This is called “acute retroviral syndrome” (ARS) or “primary HIV infection,” and it’s the body’s natural response to the HIV infection.

Symptoms can include:

- Fever (this is the most common symptom)
- Swollen glands



- Sore throat
- Rash
- Fatigue
- Muscle and joint aches and pains
- Headache

These symptoms can last anywhere from a few days to several weeks. However, you should not assume you have HIV if you have any of these symptoms. Each of these symptoms can be caused by other illnesses. Conversely, not everyone who is infected with HIV develops ARS. Many people who are infected with HIV do not have any symptoms at all for 10 years or more.

You cannot rely on symptoms to know whether you have HIV. The only way to know for sure if you are infected with HIV is to get tested. If you think you have recently been exposed to HIV—if you have had oral, vaginal or anal sex without a condom with a known HIV positive person or a partner whose HIV status you do not know or shared needles to inject drugs—get an HIV test. Traditional HIV tests detect HIV antibodies. But during this early stage your body is not yet producing these antibodies. A new **HIV test was approved in 2013** that can detect the presence of HIV in your body during this early stage of infection. So no matter where you get tested, it is very important to let your provider know that you may have been *recently* infected with HIV and you would like to be tested for acute HIV.

It is important to remember that with or without symptoms, you are at particularly high risk of transmitting HIV to your sexual or drug using partners during this time because the levels of HIV in your blood stream are very high. For this reason, it is very important to take steps to **reduce your risk of transmission.**

THE CLINICAL LATENCY STAGE

After the early stage of HIV infection, the disease moves into a stage called the “clinical latency” stage. “Latency” means a period where a virus is living or developing in a person without producing symptoms. During the clinical latency stage, people who are infected with HIV experience no HIV-related symptoms, or only mild ones. (This stage is sometimes called “asymptomatic HIV infection” or “chronic HIV infection.”)

During the clinical latency stage, the HIV virus reproduces at very low levels, although it is still active. If you take *antiretroviral therapy* (ART), you may live with clinical latency for several decades because treatment helps keep the virus in check. (Read more about **HIV treatment**.) For people who are not on ART, this clinical latency stage lasts an average of 10 years, but some people may progress through this phase faster.

It is important to remember that people in this symptom-free period are still able to transmit HIV to others even if they are on ART, although ART greatly reduces the risk of transmission.

Again, the only way to know for sure if you are infected with HIV is to get tested. Tests are available that can detect the virus at this stage. Use the **HIV/AIDS Testing and Services Locator** to find a HIV testing site near you.



PROGRESSION TO AIDS: SYMPTOMS

If you have HIV and you are not taking HIV medication (antiretroviral therapy), eventually the HIV virus will weaken your body's immune system. The onset of symptoms signals the transition from the clinical latency stage to AIDS (*Acquired Immunodeficiency Syndrome*).

During this late stage of HIV infection, people infected with HIV may have the following symptoms:

- Rapid weight loss
- Recurring fever or profuse night sweats
- Extreme and unexplained tiredness
- Prolonged swelling of the lymph glands in the armpits, groin, or neck
- Diarrhea that lasts for more than a week
- Sores of the mouth, anus, or genitals
- Pneumonia
- Red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids
- Memory loss, depression, and other neurologic disorders.

Each of these symptoms can be related to other illnesses. So, as noted above, the only way to know for sure if you are infected with HIV is to **get tested**.

Many of the severe symptoms and illnesses of HIV disease come from the *opportunistic infections* that occur because your body's immune system has been damaged

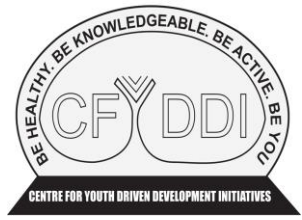
HIV TESTING

- HIV testing shows if a person is infected with HIV. HIV is the virus that causes AIDS. AIDS is the most advanced stage of HIV infection.
- The Centers for Disease Control and Prevention (CDC) recommends HIV testing for everyone 13 to 64 years old as part of routine medical care. CDC also recommends that people at high risk of HIV infection get tested at least once a year. Risk factors for HIV infection include unprotected sex (sex without a condom), having sex with many partners, and sharing needles or other drug equipment with others.
- In addition, CDC recommends that all pregnant women get tested for HIV.
- HIV medicines are available for people who test HIV positive. HIV medicines help people with HIV live longer, healthier lives and reduce the risk of HIV transmission.

WHAT IS HIV TESTING?

HIV testing shows if a person is infected with HIV. HIV is the virus that causes AIDS. AIDS is the most advanced stage of HIV infection.

HIV testing can detect HIV infection but it can't tell how long a person has been HIV infected or if the person has AIDS.



WHY IS HIV TESTING IMPORTANT?

HIV testing helps protect your health. Whether testing shows you are HIV-negative or HIV-positive, you can take steps to protect your health.

If you are HIV-negative:

Testing shows that you don't have HIV. Continue taking steps to avoid getting HIV, such as using a condom during sex. For more information read the *AIDSinfo* fact sheet on HIV prevention.

If you are HIV-positive:

Testing shows that you are infected with HIV, but you can still take steps to protect your health. Begin by talking to your health care provider about antiretroviral therapy (ART). ART is the use of HIV medicines to treat HIV infection. ART involves taking a combination of HIV medicines every day. ART helps people with HIV live longer, healthier lives. ART also reduces the risk of [sexual transmission of HIV](#). Your health care provider will help you decide when to start treatment and what HIV medicines to take.

WHO SHOULD GET TESTED FOR HIV?

The Centers for Disease Control and Prevention (CDC) recommends HIV testing for everyone 13 to 64 years old as part of routine medical care.

CDC recommends HIV testing at least once a year for people at high risk of HIV infection. Factors that increase the risk of HIV infection include:

- Having unprotected sex (sex without using a condom) with someone who is HIV-positive or whose HIV status is unknown
- Having sex with many partners
- Exchanging sex for money or drugs
- Having a sexually transmitted disease (STD), such as syphilis
- Using drugs with needles and sharing needles, syringes, or other drug equipment ("works") with others

Talk to your health care provider about your risk of HIV infection and a testing schedule that suits you.

SHOULD PREGNANT WOMEN GET TESTED FOR HIV?

CDC also recommends that all pregnant women get tested for HIV. Women who test HIV positive take HIV medicines during pregnancy and childbirth to reduce the risk of mother-to-child transmission of HIV. Babies born to HIV-infected women receive HIV medicines for 6 weeks after birth to reduce the risk of mother-to-child transmission of HIV.

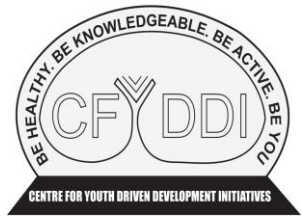
Because HIV can be transmitted in breast milk, HIV-infected women in the United States should not breastfeed their babies. In the United States, baby formula is a safe and healthy alternative to breast milk.

WHAT ARE THE TYPES OF HIV TESTS?

The three main HIV tests are the HIV antibody test, the HIV RNA test, and the Western blot test.

HIV antibody test

The HIV antibody test is the most common HIV test. The test checks for HIV antibodies in blood, urine, or fluids from the mouth. HIV antibodies are a type of protein the body produces in response to HIV infection.



Once a person is infected with HIV, it generally takes about 3 months for the body to produce enough antibodies to be detected by an HIV antibody test. (For some people, it can take up to 6 months.) This time period between infection with HIV and the appearance of detectable HIV antibodies is called the [window period](#). During the window period, the level of antibodies in the body is too low to be detected by an HIV antibody test. For this reason, the HIV antibody test isn't used during the window period.

It usually takes a few days to a few weeks to get results of an HIV antibody test. Some rapid HIV antibody tests can produce results within 30 minutes.

HIV RNA test

An HIV RNA test can detect HIV in a person's blood within 9 to 11 days after the person is infected with HIV—before the body has produced enough antibodies to be detected by an HIV antibody test.

The HIV RNA test is used during the window period when recent infection is suspected—for example, soon after a person has had unprotected sex with a partner infected with HIV. Immediately after infection, the amount of HIV in the body is very high, which increases the risk of HIV transmission. Detecting HIV at the earliest stage of infection lets a person take steps right away to prevent spreading HIV to others. This includes the option to start taking HIV medicines.

Results from an HIV RNA test are usually available within a few days to a few weeks.

Western blot test

HIV is diagnosed on the basis of positive results from two HIV tests. The first test can be either an HIV antibody test (using blood, urine, or fluids from the mouth) or an HIV RNA test (using blood). A positive result on a first HIV test must be confirmed by a second HIV test (always using blood). The confirmatory test typically used is a different type of antibody test called a Western blot test.

Results from a Western blot test are usually available within a few days to a few weeks. A positive Western blot test result confirms that a person is infected with HIV.

HIV MEDICINES

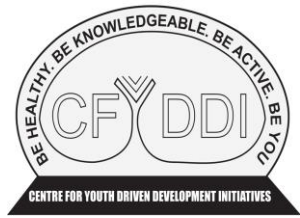
Antiretroviral therapy (ART) is the use of HIV medicines to treat HIV infection. ART involves taking a combination of HIV medicines (called an HIV regimen) every day. A person's initial HIV regimen generally includes three or more HIV medicines from at least two different [drug classes](#).

ART is recommended for all people infected with HIV. ART can't cure HIV, but it can help people with HIV live longer, healthier lives. HIV medicines can also reduce the risk of HIV transmission.

HIV/AIDS CLINICAL TRIALS

KEY POINTS

- HIV/AIDS clinical trials are research studies done to look at new ways to prevent, detect, or treat HIV/AIDS. Clinical trials are the fastest way to determine if new medical approaches to HIV/AIDS are safe and effective in people.



- Examples of HIV/AIDS clinical trials under way include studies of new HIV medicines, studies of vaccines to prevent and treat HIV, and studies of medicines to treat infections related to HIV.
- The benefits and possible risks of participating in an HIV/AIDS clinical trial are explained to study volunteers before they decide whether to participate in a study.
- Use the *AIDSinfo* clinical trial search to find HIV/AIDS studies looking for volunteer participants. Some HIV/AIDS clinical trials enroll only people infected with HIV. Other studies enroll people who aren't infected with HIV.
- What is a clinical trial?

A clinical trial is a research study done to evaluate new medical approaches in people. New approaches can include:

- new medicines or new combinations of medicines
- new surgical procedures or devices
- new ways to use an existing medicine or device

Clinical trials are the fastest way to determine if new medical approaches are safe and effective in people.

WHAT IS AN HIV/AIDS CLINICAL TRIAL?

HIV/AIDS clinical trials help researchers find better ways to prevent, detect, or treat HIV/AIDS. All the medicines used to treat HIV/AIDS in the United States were first studied in clinical trials.

Examples of HIV/AIDS clinical trials under way include:

- studies of new medicines to treat HIV
- studies of vaccines to prevent and treat HIV
- studies of medicines to treat infections related to HIV

CAN ANYONE PARTICIPATE IN AN HIV/AIDS CLINICAL TRIAL?

It depends on the needs of the study. Some HIV/AIDS clinical trials enroll only people infected with HIV. Other studies include people who aren't infected with HIV.

Other factors such as age, gender, HIV treatment history, or other medical conditions may also restrict who can participate in an HIV/AIDS clinical trial.

WHAT ARE THE BENEFITS OF PARTICIPATING IN AN HIV/AIDS CLINICAL TRIAL?

Participating in an HIV/AIDS clinical trial can provide benefits. For example, many people participate in HIV/AIDS clinical trials because they want to contribute to HIV/AIDS research. They may have HIV or know somebody who is infected with HIV.

People with HIV who participate in an HIV/AIDS clinical trial may benefit from new HIV medicines before they are widely available. They can also receive regular and careful medical care from a research team that includes doctors and other health professionals. Often the medicines and medical care are free of charge.

Sometimes people get paid for participating in a clinical trial. For example, they may receive money or a gift card. They may be reimbursed for the cost of meals or transportation.

ARE HIV/AIDS CLINICAL TRIALS SAFE?

Researchers try to make HIV/AIDS clinical trials as safe as possible. However, volunteering to participate in a study that is testing an experimental treatment for HIV can involve risks of varying degrees. Risks can include unpleasant, serious, or even life-threatening side effects from the treatment being studied.

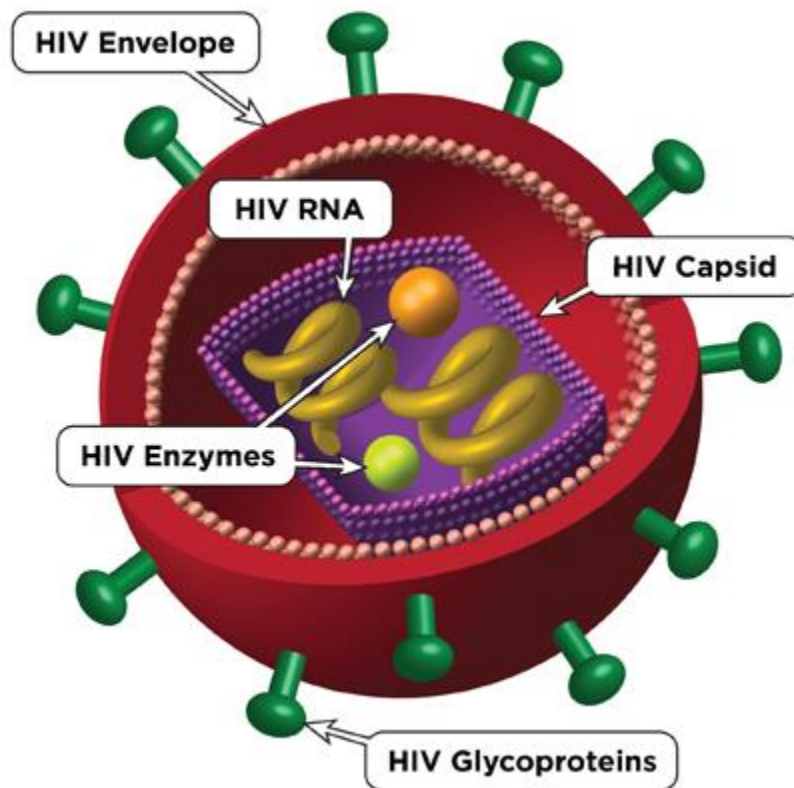
In a process called [informed consent](#), study volunteers are informed of the possible risks and benefits of a clinical trial. Understanding the risks and benefits helps volunteers decide whether to participate in the study.

IF I DECIDE TO PARTICIPATE IN A CLINICAL TRIAL, WILL MY PERSONAL INFORMATION BE SHARED?

The privacy of study volunteers is important to everyone involved in an HIV/AIDS clinical trial. The informed consent process includes an explanation of how a study volunteer's personal information is protected.

WHAT ARE THE STAGES OF THE HIV LIFE CYCLE?

To understand the HIV life cycle, it helps to first imagine what HIV looks like.



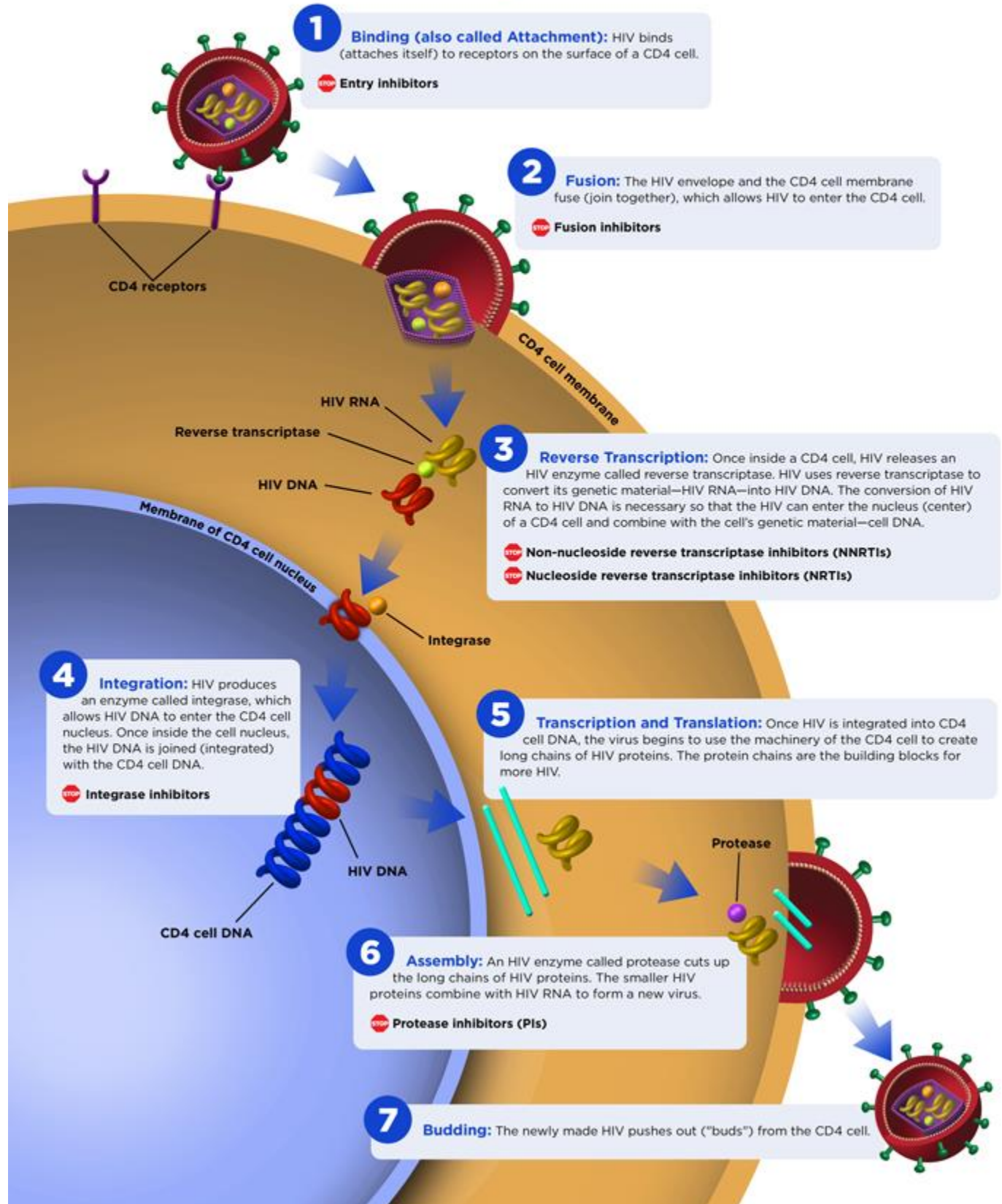
Key to Terms

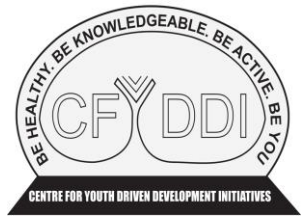
- HIV capsid:** HIV's bullet-shaped core that contains HIV RNA
- HIV envelope:** Outer surface of HIV
- HIV enzymes:** Proteins that carry out steps in the HIV life cycle
- HIV glycoproteins:** Protein "spikes" embedded in the HIV envelope
- HIV RNA:** HIV's genetic material

Now you are ready to follow HIV as it attacks a CD4 cell. The image below shows each stage of the HIV life cycle.

The HIV Life Cycle

HIV medicines in six drug classes stop HIV at different stages in the HIV life cycle.





HOW CAN I LEARN MORE ABOUT THE HIV LIFE CYCLE?

Read information from the National Institute of Allergy and Infectious Diseases (NIAID) on how HIV causes AIDS. This fact sheet is based on this information.

THE STAGES OF HIV INFECTION

Key Points

- Without treatment, HIV infection advances in stages, getting worse over time.
- The three stages of HIV infection are (1) acute HIV infection, (2) chronic HIV infection, and (3) acquired immunodeficiency syndrome (AIDS).
- HIV can be transmitted (spread) during any stage of infection, but the risk is greatest during acute HIV infection.
- There is no cure for HIV infection, but HIV medicines can prevent the advance of HIV to AIDS. HIV medicines help people with HIV live longer, healthier lives. HIV medicines also reduce the risk of HIV transmission (the spread of HIV to others).

Without treatment, HIV infection advances in stages, getting worse over time. HIV gradually destroys the **immune system** and eventually causes **acquired immunodeficiency syndrome (AIDS)**.

There is no cure for HIV infection, but HIV medicines can prevent the advance of HIV to AIDS. HIV medicines help people with HIV live longer, healthier lives. HIV medicines also reduce the risk of HIV transmission (the spread of HIV to others).

THERE ARE THREE STAGES OF HIV INFECTION:

1.) Acute HIV Infection

Acute HIV infection is the earliest stage of HIV. Acute HIV infection can occur within 2 to 4 weeks after a person is infected with HIV. In some people, this stage of HIV infection can take up to 3 months to develop. During acute HIV infection, many people have flu-like symptoms, such as fever, headache, and rash. In the acute stage of infection, HIV multiplies rapidly and spreads throughout the body. The virus attacks and destroys the infection-fighting **CD4 cells** of the immune system. HIV can be transmitted during any stage of infection, but the risk is greatest during acute HIV infection.

2.) Chronic HIV Infection

The second stage of HIV infection is chronic HIV infection (also called asymptomatic HIV infection or clinical latency.) During this stage of the disease, HIV continues to multiply in the body but at very low levels. People with chronic HIV infection may not have any HIV-related symptoms, but they can still spread HIV to others. Chronic HIV infection can last up to 10 years or longer.

3.) AIDS

AIDS is the final stage of HIV infection. Because HIV has destroyed the immune system, the body can't fight off [opportunistic infections](#) and cancer. (Examples of opportunistic infections include pneumonia and tuberculosis.)

AIDS is diagnosed when a person with HIV has a [CD4 count](#) of less than 200 cells/mm³ and/or one or more opportunistic infections. Without treatment, people with AIDS typically survive about 3 years.

GLOBAL STATISTICS

97% OF THOSE LIVING WITH HIV RESIDE IN LOW AND MIDDLE INCOME COUNTRIES, PARTICULARLY IN SUB-SAHARAN AFRICA



IN LATIN AMERICA, ~2 MILLION PEOPLE WERE LIVING WITH HIV IN 2008



IN ASIA, ~4.7 MILLION PEOPLE WERE LIVING WITH HIV IN 2008



IN EASTERN EUROPE & CENTRAL ASIA THERE WERE 1.5 MILLION PEOPLE LIVING WITH HIV/AIDS

THE GLOBAL HIV/AIDS CRISIS TODAY

HIV, the virus that causes AIDS, has become one of the world's most serious health and development challenges:

- 33.4 million are currently living with HIV/AIDS.
- More than 25 million people have died of AIDS worldwide since the first cases were reported in 1981.
- In 2008, 2 million people died due to HIV/AIDS, and another 2.7 million were newly infected.
- While cases have been reported in all regions of the world, almost all those living with HIV (97%) reside in low- and middle-income countries, particularly in sub-Saharan Africa.

- According to the World Health Organization (WHO), most people living with HIV or at risk for HIV do not have access to prevention, care, and treatment, and there is still no cure.
- The HIV epidemic not only affects the health of individuals, it impacts households, communities, and the development and economic growth of nations. Many of the countries hardest hit by HIV also suffer from other infectious diseases, food insecurity, and other serious problems.
- Despite these challenges, there have been successes and promising signs. New global efforts have been mounted to address the epidemic, particularly in the last decade. Prevention has helped to reduce HIV prevalence rates in a small but growing number of countries and new HIV infections are believed to be on the decline. In addition, the number of people with HIV receiving treatment in resource poor countries has increased 10-fold since 2002, reaching an estimated 4 million by 2008.

SEXUAL RISK FACTORS

TO REDUCE YOUR RISK OF HIV:



AND USE CONDOMS CONSISTENTLY & CORRECTLY,
AND KNOW YOUR HIV STATUS & YOUR PARTNER'S.

THESE ACTIVITIES CARRY NO RISK OF HIV TRANSMISSION:



- ✓ Non-Sexual Massage
- ✓ Casual or Dry Kissing
- ✓ Masturbation
- ✓ Frottage ("Dry Humping")

READ ABOUT THE SEX ACTIVITIES THAT
INCREASE THE RISK OF HIV TRANSMISSION...



MALE CIRCUMCISION REDUCED THE
TRANSMISSION OF HIV FROM WOMEN → MEN BY

60%

IF YOU HAVE SEX WITH >1
PARTNER, THE CDC RECOMMENDS THAT
YOU GET TESTED EVERY

3-6 MONTHS



REDUCING YOUR SEXUAL RISK

HIV can be spread by having unprotected sexual contact with an HIV-positive person. "Unprotected" means sex (anal, oral, or vaginal) without barrier protection, like a condom.

Some of the ways to reduce your risk of getting HIV through sexual contact include:

- **Don't have sex.** Sex (anal, oral, or vaginal) is the main way that HIV is transmitted. If you aren't having sexual contact, you are 100% protected from getting HIV in that way.
- **Be monogamous.** Being monogamous means: 1) You are in a sexual relationship with only one person and 2) Both of you are having sex only with each other. Having only one sex partner reduces your risk of getting HIV—but monogamy won't protect you completely unless you know for sure that both you and your partner are not infected with HIV.
- **Get tested and know your partner's status:** Knowing your own status is important for both your health *and* the health of your partner. Talking about your HIV status can be difficult or uncomfortable—but it's important to start the discussion **BEFORE** you have sex.

You need to ask your sexual partners:

- Have you been tested for HIV?
- When was the last time you had an HIV test?
- What were the results of your HIV test?

If you have more than one sex partner, the CDC recommends that you be tested for HIV and other *sexually transmitted infections* (STIs) every 3–6 months.

- **Use condoms consistently and correctly.** To reduce your risk of getting HIV or other STIs, you must use a new condom with every act of anal, oral, or vaginal sex. You also have to use condoms correctly, to keep them from slipping off or breaking.

You have to use the right kind of condom too. Latex condoms are highly effective against HIV. (If you are allergic to latex, you can use polyurethane or polyisoprene condoms.) Lambskin condoms will NOT protect you from HIV, because the virus is small enough to slip through lambskin.

You should always use a water-based *lubricant* when you use a condom for anal or vaginal sex. Lubricants reduce friction and help keep the condom from breaking. Do NOT use an oil-based lubricant (like petroleum jelly, hand lotion, or cooking oil). Oil-based lubricants can damage condoms and make them less effective.

Both male condoms and *female condoms* will help protect you against HIV and other STIs. To learn more about how to use a condom correctly, see the U.S. Department of Veterans Affairs' **Tips For Using Condoms And Dental Dams**.

Condoms do not provide 100% protection against all STIs—but you are ALWAYS safer using a condom! You can get certain STIs, like **herpes** or **HPV**, from contact with your partner's bare skin, even if one of you is wearing a condom. But condoms lessen the risk of infection even for those types of STIs.

Condoms with the spermicide *Nonoxonyl-9* are NOT recommended for STI/HIV prevention. Nonoxonyl-9 (N9)

irritates rectal and vaginal walls, which increases the chance of HIV infection if infected body fluids do come in contact with them.

CIRCUMCISION

There has been a lot of research over the past few years about the role *male circumcision* plays in preventing HIV infection. Many of these studies have indicated that male circumcision can decrease the male partner's risk of contracting HIV during heterosexual vaginal sex. In 2007, the **World Health Organization** reported that male circumcision reduced by 60% the transmission of HIV from women to men in three randomized, controlled studies in Uganda, Kenya, and South Africa.

WHEN ONE PARTNER IS HIV+



A "MIXED STATUS" RELATIONSHIP IS A SEXUAL RELATIONSHIP BETWEEN ONE HIV+ PARTNER AND ONE HIV- PARTNER,

You may also hear these terms to describe these relationships:

- ✓ SERODISCORDANT
- ✓ DISCORDANT
- ✓ SERODIVERGENT
- ✓ MAGNETIC
- ✓ HIV-POSITIVE/NEGATIVE



IF YOU ARE IN A MIXED-STATUS RELATIONSHIP AND YOU HAVE SEX, **YOU CAN PROTECT AGAINST HIV BY USING CONDOMS AND DENTAL DAMS** CONSISTENTLY & CORRECTLY.

WHAT IS A “MIXED-STATUS” RELATIONSHIP?

A “mixed-status” relationship is a sexual relationship between partners with different HIV statuses: one partner is HIV-positive and one is HIV-negative. This can involve a couple in a long-term relationship or a single encounter between two partners. You may also hear these terms to describe such relationships:

- Serodiscordant
- Discordant
- Serodivergent
- Magnetic
- HIV-positive/negative

IS IT SAFE FOR MIXED-STATUS COUPLES TO HAVE SEX?

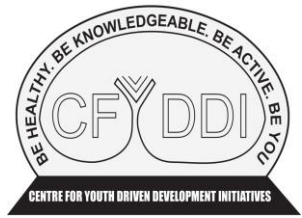


For mixed-status couples, the possibility of HIV infection is a constant reality. There is always a risk, but you can minimize it.

If you are in a mixed-status relationship and you have sex (anal, oral, or vaginal), you can protect against HIV and other sexually transmitted infections by using condoms and *dental dams* consistently and correctly. For more information on using condoms and dental dams, see AIDS.gov's [Prevention: Safer Sex](#) or the Department of Veterans Affairs' great, plain-language [Tips for Using Condoms and Dental Dams](#).

If you are part of a mixed-status couple, it is important that you and your partner communicate openly and often about safer sex practices and HIV prevention. Healthcare providers and local HIV/AIDS organizations can be important sources of information and support for you and your partner.

If you are the HIV-positive partner in a mixed-status relationship, you can lower the risk of transmitting HIV to your partner if you are on *antiretroviral therapy*. Taking all your medications, on time, will help to lower the *viral load* in your body fluids and decrease the chance that you will transmit HIV to your



partner. But remember, even if you have a low viral load, you can still transmit HIV to your sex partner. So it is important to always use a condom and practice safer sex. And, if you inject drugs, never share syringes, water, or drug preparation equipment with others since HIV-infected blood can be transmitted through them.

If you are the HIV-negative partner in a mixed-status relationship, talk with your partner about condoms and safer sex practices. If you are in an ongoing relationship with your partner, support him/her in taking all of his/her HIV medications at the right times. This "medication adherence" will lower his/her viral load and reduce the risk that HIV can be transmitted. You may also want to stay up-to-date on developments about **pre-exposure prophylaxis** (PrEP). Though researchers are not recommending PrEP be immediately used to prevent HIV infection, recent research findings suggest this may someday be another prevention method to be used with - not instead of - condoms, safer sex practices and other HIV prevention methods.

SUBSTANCE ABUSE/USE



HIV CAN BE TRANSMITTED BY SHARING DRUG PREPARATION OR INJECTING EQUIPMENT (“WORKS”) WITH A PERSON WHO HAS HIV.



ALCOHOL AND DRUGS CAN IMPAIR YOUR JUDGMENT AND AFFECT YOUR ABILITY TO MAKE SAFE CHOICES, PUTTING YOU AT GREATER RISK FOR HIV.

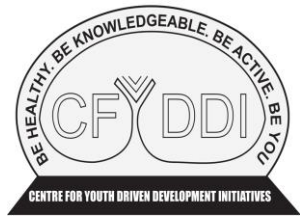


THE CDC RECOMMENDS THAT PEOPLE WHO INJECT DRUGS OR ENGAGE IN OTHER RISKY BEHAVIORS GET TESTED FOR HIV AT LEAST ONCE EVERY YEAR.

HOW ARE DRUG USE AND HIV RELATED?

Alcohol and other drug use can play a significant role in the spread of HIV. For example:

- Injection drug use is one of the causes of HIV in the United States and is responsible for approximately 10% of HIV cases annually.
- If you inject drugs, you can get HIV from sharing drug preparation or injecting equipment (“works”) with a person who has HIV. You can also then pass HIV to your sex and drug-using partners.
- Drinking alcohol or taking other drugs can increase your risk for HIV and other sexually transmitted diseases (STDs). Being drunk or high affects your ability to make safe choices and lowers your inhibitions, leading you to take risks you are less likely to take when sober, such as having sex without a condom or sex with multiple partners.
- Transactional sex (trading sex for drugs or money) can also increase your risk for getting HIV.



- If you use drugs, you are at a higher risk for HIV infection and therefore should seek HIV testing. Use the [HIV/AIDS Prevention and Services Locator](#) to find a HIV testing site near you.
- If you already have HIV, drinking alcohol or taking other drugs can affect your immune system and may speed up the progression of the disease. Drinking or taking drugs also can affect your HIV *treatment adherence*.

INJECTION DRUG USE AND HEPATITIS RISK

Hepatitis is a broad term referring to *inflammation* of the liver. This condition is most often caused by a virus. In the United States, the most common causes of viral hepatitis are hepatitis A virus (HAV), hepatitis B virus (HBV), and hepatitis C virus (HCV). HBV and HCV are common among people who are at risk for, or living with, HIV.

You can get some forms of viral hepatitis the same way you get HIV—through unprotected sexual contact and injection drug use. In fact, **about 80% of HIV-infected injection drug users in the U.S. are also infected with HCV.**

HCV infection sometimes results in an acute illness, but most often becomes a chronic condition that can lead to *cirrhosis* of the liver and liver cancer. HCV infection is more serious in people living with HIV because it leads to liver damage more quickly.

Co-infection with HCV may also affect the treatment of HIV infection. Therefore, it's important for people who inject drugs to know whether they are also infected with HCV and, if they aren't, to take steps to prevent infection. To find out if you are infected with HCV, ask your doctor or other healthcare provider to test your blood. HCV can be treated successfully, even in people who have HIV.

For more information, see CDC's [HIV and Viral Hepatitis](#).

IF I USE DRUGS, HOW CAN I REDUCE MY RISK OF HIV INFECTION?

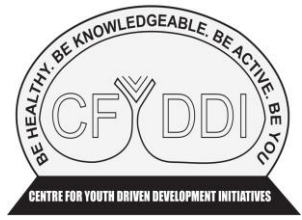
If you are using drugs—including injection drugs, meth, alcohol, or other drugs—the best way to reduce your risk of HIV is to stop using drugs. Substance abuse treatment programs can help you do this.

Many substance abuse treatment programs include HIV counseling to help people stop or reduce their risk behaviors, including risky injection practices and unsafe sex, so that they can stay healthy and reduce their risk of contracting HIV or transmitting it to others.

Use the [HIV Testing and Care Services Locator](#) to find a substance abuse treatment program near you. Many treatment facilities also offer HIV and HCV testing.

If you are injecting drugs and believe you cannot stop using yet, here are some other things that will reduce your risk of getting HIV or transmitting it to others:

- Never use or "share" syringes (needles), water, "works," or drug preparation equipment that has already been used by someone else.
- Use a new, sterile syringe each time you prepare and inject drugs. You can get clean needles from pharmacies or syringe services programs (often also called needle-exchange programs).



- Only use syringes that come from a reliable source (e.g., pharmacies or syringe exchange programs).
- Use sterile water to prepare drugs, such as water that has been boiled for 5 minutes or clean water from a reliable source (such as fresh tap water).
- Use a new or disinfected container ("cooker") and a new filter ("cotton") each time you prepare drugs.
- Before you inject, clean the injection site with a new alcohol swab.
- Safely dispose of syringes after one use.

Also, if you engage in sexual activity, **reduce your sexual risk factors for HIV infection.**

THE IMPORTANCE OF HIV TESTING FOR PEOPLE WHO USE DRUGS

The **CDC** and the **U.S. Preventive Services Task Force** recommend that people who inject drugs or engage in other behaviors that put them at increased risk get tested for HIV at least once every year. (CDC also recommends that sexual partners of those who inject drugs also get tested at least once per year.)

Thanks to the **Affordable Care Act**, HIV tests for people aged 15–65 as well as younger and older individuals at high risk (such as those who inject drugs) are covered by most private health insurance plans without co-pays or deductibles. ([Learn more about what's covered.](#))

Talk to your healthcare provider about getting tested for HIV.

HIV home test kits are also available and can be obtained from a drugstore. Currently, there are two home test kits approved by the FDA: the Home Access HIV-1 Test System and the OraQuick In-Home HIV Test. If you buy your home test online, make sure it is FDA-approved. ([Learn more about HIV home test kits.](#))

PREGNANCY & CHILDBIRTH

CAN I TRANSMIT HIV TO MY BABY?

Yes. HIV-positive mothers can transmit HIV to their babies. This is called "mother-to-child transmission." (It is also called "perinatal" or "vertical transmission.") An HIV-positive mother can transmit HIV to her baby in three ways:

- During pregnancy
- During vaginal childbirth
- Through breastfeeding

But with proper treatment and coordination with healthcare providers, HIV-positive mothers can significantly reduce the risk of transmitting HIV to their babies.

WHAT ARE THE HIV RISKS OF PREGNANCY AND CHILDBIRTH?

An HIV-positive mother who is not being treated for her HIV during pregnancy, labor, or delivery has a 25% chance (1 in 4) of passing the virus to her baby.

However, there is good news. There are antiretroviral drugs that can protect babies from HIV infection. When an HIV-positive mother receives antiretroviral drugs during pregnancy, labor, and delivery; has her baby by Caesarian section;



and avoids breastfeeding, the chance of passing the infection to her baby falls to less than 2% (fewer than 2 in 100). (The newborn babies are also given treatment after birth to protect them.)

Of course, some women do not find out they are HIV-positive until they are already in labor. But there are still treatment options that can help protect their babies. If they receive antiretroviral drugs during labor and delivery and avoid breastfeeding, the chance of passing the infection to the baby can still be significantly decreased.

For more information, see CDC's [Pregnancy and Childbirth](#).

SHOULD I GET TESTED FOR HIV IF I AM PREGNANT?

Yes. The CDC recommends that all pregnant women get tested for HIV as part of their routine pregnancy care. Healthcare providers may also recommend that some women be tested again in their third trimester, before week 36.

If a pregnant woman goes into labor without having had an HIV test, the CDC recommends that she be given a rapid HIV test in the labor and delivery room. That way, if the test is positive, the doctors can give her treatment to protect her baby and suggest that she have the baby by Caesarian section.

However, not all healthcare facilities offer an automatic HIV test for pregnant women. If you are pregnant and think you might have been exposed to HIV or a sexually transmitted disease (STD), it is very important that you request an HIV test.

There are several types of HIV tests. To learn more, visit our [HIV testing page](#).

SHOULD MY BABY BE TESTED FOR HIV?

If you are HIV-positive, then yes, your baby should be tested for HIV. However, the test used for babies of HIV-positive mothers is a little different from other HIV tests.

Most HIV tests look for antibodies to HIV, not the virus itself. But these tests aren't very useful for babies born to HIV-positive mothers. That's because the mother's HIV antibodies get into the baby's blood during pregnancy. If the mother is HIV-positive, the regular HIV test will show that the baby is HIV-positive, even when that isn't true.

Healthcare providers can use special HIV tests on children who are younger than 18 months old. These tests can detect very small quantities of the virus itself in the children's blood. At a minimum, babies born to HIV-positive mothers should be tested at three different times:

- At 14 to 21 days after birth
- At 1 to 2 months of age
- At 3 to 6 months of age

In almost all cases (95%), the special test can tell whether a baby has HIV by the time he or she is 3 months old.

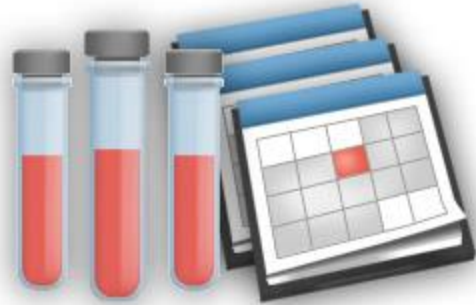
Even if the tests show that your baby does not have HIV, if you take antiretroviral drugs during your pregnancy, your baby should receive long-term follow-up care by a healthcare provider.

Bottom line: If you are HIV-positive and pregnant, talk to your healthcare provider about treatment plans for you and your baby before, during, and after your delivery.

PRE-EXPOSURE PROPHYLAXIS (PREP)



PrEP IS A NEW HIV PREVENTION METHOD IN WHICH PEOPLE WHO DO NOT HAVE HIV INFECTION TAKE A PILL DAILY TO REDUCE THEIR RISK OF BECOMING INFECTED.



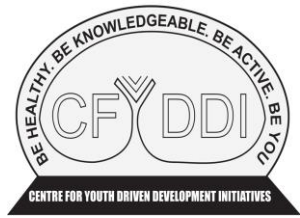
ONLY PEOPLE WHO ARE HIV-NEGATIVE SHOULD USE PrEP. AN HIV TEST IS REQUIRED BEFORE STARTING PrEP AND THEN EVERY 3 MONTHS WHILE TAKING PrEP.



PrEP CAN ONLY BE PRESCRIBED BY A HEALTH CARE PROVIDER AND MUST BE TAKEN AS DIRECTED TO WORK.

WHAT IS PRE-EXPOSURE PROPHYLAXIS (PREP)?

“PrEP” stands for **Pr**e-**E**xposure **P**rophylaxis. The word “prophylaxis” means “to prevent or control the spread of an infection or disease.” PrEP is a way for people who don’t have HIV to prevent HIV infection by taking a pill every day. The pill contains two medicines that are also used to treat HIV. If you take PrEP and are exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from taking hold in your body.



Along with other prevention methods like condoms, PrEP can offer good protection against HIV if taken every day.

CAN ANYONE USE PREP?

PrEP is not for everyone. CDC recommends PrEP be considered for **people who are HIV–negative and at substantial risk for HIV infection**. This includes anyone who:

- Is in an ongoing relationship with an HIV–infected partner;
- Is not in a *mutually monogamous* relationship with a partner who recently tested HIV–negative; and is
 - a
 - gay or bisexual man who has had sex without a condom or been diagnosed with a sexually transmitted infection within the past six months;
 - heterosexual man or woman who does not regularly use condoms when having sex with partners known to be at risk for HIV (e.g., injecting drug users or bisexual male partners of unknown HIV status); or
- Has, within the past six months, injected illicit drugs and shared equipment or been in a treatment program for injection drug use.

For heterosexual couples where one partner has HIV and the other does not, PrEP is one of several options to protect the uninfected partner during conception and pregnancy.

People who use PrEP must be able to take the drug every day and to return to their health care provider every 3 months for a repeat HIV test, prescription refills, and follow–up.

PrEP is a powerful HIV prevention tool. However, for sexually active people, no prevention strategy is 100% effective.

Therefore, individuals who use PrEP should use it along with other effective HIV prevention strategies. These include:

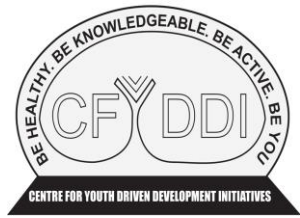
- Using condoms consistently and correctly
- Getting HIV testing with your partners
- Getting STD testing with your partners
- Choosing less risky sexual behaviors, such as oral sex.
- If you inject drugs, participating in a drug treatment program or using sterile drug injection equipment.

Also, PrEP is only for people who are at **ongoing substantial risk of HIV infection**. For people who need to prevent HIV after a single high–risk event of potential HIV exposure—such as sex without a condom, needle–sharing injection drug use, or sexual assault—there is another option called postexposure prophylaxis, or PEP. PEP must begin within 72 hours of exposure. See our [PEP page](#) more information.

IS PREP A VACCINE?

No. PrEP medicine is not injected into the body and does not work the same way as a vaccine. Currently, there is no vaccination to prevent HIV infection, though researchers are seeking to develop one. Read more on our [Vaccines](#) page.

WHAT MEDICATIONS ARE USED IN PREP?



The pill approved by the **U.S. Food and Drug Administration (FDA)** for daily use as PrEP for people at very high risk of getting HIV infection is called Truvada®. Truvada® is a combination of two HIV medications (tenofovir and emtricitabine). These medicines work by blocking important pathways that HIV uses to set up an infection. If you take PrEP daily, the presence of the medicine in your bloodstream can often stop HIV from taking hold and spreading in your body. If you do not take PrEP every day, there may not be enough medicine in your bloodstream to block the virus. PrEP can only be prescribed by a health care provider and must be taken as directed to work.

HOW WELL DOES PREP WORK?

In several studies of PrEP, the risk of getting HIV infection was much lower—up to 92% lower—for **those who took the medicines consistently** than for those who didn't take the medicines. PrEP does not work nearly as well if it is not taken daily.

IS PREP SAFE?

Some people in clinical studies of PrEP had early side effects such as an upset stomach or loss of appetite, but these were mild and usually went away within the first month. Some people also had a mild headache. No serious side effects were observed. You should tell your healthcare provider if these or other symptoms become severe or do not go away.

GUIDELINES ON PREP USE

In May 2014, the U.S. Public Health Service and the CDC issued **clinical practice guidelines for the use of PrEP in the U.S.**, along with a **clinical providers' supplement**.

For more information on the key points in the CDC's HIV PrEP Guidelines, see the video below with Dr. Dr. Jonathan Mermin, Director of CDC's Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

WHERE CAN I GET PREP?

If you think you may be at high risk for HIV, talk to your healthcare provider about whether PrEP is right for you.

Please see CDC's brochure **Talk to Your Doctor About PrEP** for questions that you should ask your healthcare provider when discussing if PrEP is right for you.

HOW CAN I GET HELP TO PAY FOR PREP?


PrEP is covered by most insurance programs, but if you do not have insurance, your healthcare provider can talk to you about **medication assistance programs** that help pay for PrEP medicine.

POST-EXPOSURE PROPHYLAXIS


P

E


P




PEP involves taking anti-HIV drugs as soon as possible after having been exposed.





To be effective, PEP must begin within 72 hours of exposure, before the virus has time to rapidly replicate in your body.



PEP consists of 2-3 antiretroviral medications taken for 28 days.

 You can get PEP from your doctor's office, emergency rooms, urgent care clinics, or a local HIV clinic.

 The medications have serious side effects that can make it difficult to finish the program.

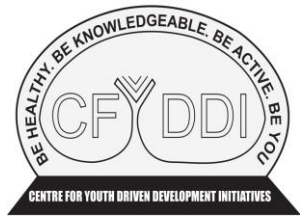
 PEP is not 100% effective. It does not guarantee someone exposed to HIV will not become infected with HIV.

WHAT IS POST-EXPOSURE PROPHYLAXIS?

Post-Exposure Prophylaxis (PEP) involves taking anti-HIV medications as soon as possible after you may have been exposed to HIV to try to reduce the chance of becoming HIV positive. These medications keep HIV from making copies of itself and spreading through your body.

There are two types of PEP:

- (1) **occupational PEP** (sometimes called "oPEP"), taken when someone working in a healthcare setting is potentially exposed to material infected with HIV, and
- (2) **non-occupational PEP** (sometimes called "nPEP"), taken when someone is potentially exposed to HIV



outside the workplace (e.g., from sexual assault, or during episodes of unprotected sex or needle-sharing injection drug use).

To be effective, PEP must begin within 72 hours of exposure, before the virus has time to make too many copies of itself in your body. PEP consists of 2–3 *antiretroviral* medications and should be taken for 28 days. Your doctor will determine what treatment is right for you based on how you were exposed to HIV. PEP is safe but may cause side effects like nausea in some people. These side effects can be treated and are not life threatening. PEP is not 100% effective; it does not guarantee that someone exposed to HIV will not become infected with HIV.

WHO NEEDS PEP?

PEP is used for anyone who may have been exposed to HIV during a single event.

Healthcare workers are evaluated for PEP if they are exposed after:

- Getting cut or stuck with a needle that was used to draw blood from a person who may have HIV infection
- Getting blood or other body fluids that may have lots of HIV in their eyes or mouth
- Getting blood or other body fluids that may have lots of HIV on their skin when it is chapped, scraped, or affected by certain rashes

The risk of getting HIV infection in these ways is extremely low—fewer than 1 in 100 for all exposures.

PEP can also be used to treat people who may have been exposed to HIV during a single event unrelated to work (e.g., during episodes of unprotected sex, needle-sharing injection drug use, or sexual assault).

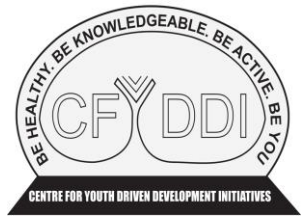
Keep in mind that PEP should only be used in uncommon situations right after a potential HIV exposure. It is not a substitute for other proven HIV prevention methods, such as correct and consistent condom use or use of sterile injection equipment.

Because PEP is not 100% effective, you should continue to use condoms with sex partners while taking PEP and should not use injection equipment that has been used by others. This will help avoid spreading the virus to others if you become infected.

WHEN SHOULD I TAKE PEP IF I'VE BEEN EXPOSED?

To be effective, PEP must begin as soon as possible, but always within 72 hours of exposure. Your healthcare provider will consider whether PEP is right for you based on how you might have been exposed and whether you know if the person whose fluids you were exposed to might be HIV-positive. You will be asked to return for more HIV testing at 4 to 6 weeks, 3 months, and 6 months after the potential exposure to HIV. (Talk to your healthcare provider about the recommended follow-up schedule for you.)

For more information, see the Center for Disease Control and Prevention's (CDC's) **Updated (2013) U.S. Public Health Service Guidelines for the Management of Occupational Exposures**



to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis (oPEP) or Nonoccupational Postexposure Prophylaxis (nPEP) Guidelines.

WHERE CAN I GET PEP?

Some of the places you can go to seek treatment include your doctor's office, emergency rooms, urgent care clinics, or a local HIV clinic.

CONTRACEPTION

Commonly asked questions about contraception.

Most of these questions and answers are specifically aimed at teenagers and/or Peer educators, however they are a resource for everyone. If you, as a teenager, peer educator or anyone else, have additional questions please don't hesitate to contact us by going to [Ask a Question](#).

Please note: the following questions and answers are phrased from the point of view of a teenager unless otherwise noted.

1. What is contraception?

Contraception refers to any of several methods or devices used to prevent or interrupt pregnancy. There are many different types of contraception available. Some more common examples include hormone-based methods, such as the pill (taken orally) or Implanon (a device inserted under the skin in a female which slowly releases hormones into the blood), to barrier methods such as condoms. For a comprehensive list and description of many more types of contraception, please see the Activities Booklet (coming soon).

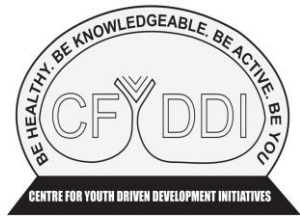
2. Does contraception protect me from Sexually Transmissible Infections (STIs)?

Of the variety of different contraception methods available, **most DO NOT protect against STIs**. Condoms will protect you from many STIs provided that they are used correctly and do not break during intercourse. However, other contraceptive methods such as the pill and Implanon do not protect you from STIs as they do not stop direct contact between the penis and vagina. STIs can also be contracted during other types of sexual contact, such as manual ('hand-jobs' or 'fingering'), oral or anal sex. Again, condoms, if used correctly, will protect against most STIs. Abstinence is the only other contraception method that will guarantee protection against STIs. This refers to abstaining from all types of sex. Any penis, vaginal or other sexual organ contact with any part of another person's body can potentially result in an STI.

3. Where can I get the oral contraceptive pill?

You should see your doctor if you are thinking about going on the pill. See: [As a teenager, if I need to see a doctor how can I do so?](#) Your doctor will be able to talk to you about whether the pill is suitable for you and educate you about the different pills available to help find the right one for you. Your doctor will also be able to talk to you about starting the pill, possible side effects you may experience and any other information that you might need.

If your doctor thinks that the pill will benefit you, you will be given a prescription that can be filled at a pharmacy. The cost of the pill varies depending on the type and whether you have to buy it. For further information contact the government health facilities



You can also discuss other types of contraception during your appointment at any health facility. Your doctor should be able to advise you about which will suit you best.

4. At what age can I go to the doctor alone to get a prescription for the pill?

In Uganda, when a teenager turns 18 they are considered to be a legal adult – in this context meaning that they can get a prescription for the pill from their doctor without involving their parents. It is also legal for doctors to prescribe the pill to most young women under the age of 18, without needing to inform their parents, provided that the doctor thinks the teenager is mature enough to take responsibility for their own health.

5. What should I do if I miss my pill dose?

There are many different types of pill and what you should do in this case depends on what type of pill you are on. It is best to consult your doctor or pharmacist for advice and refrain from unprotected sex.

6. What are the side effects of the pill?

The pill has side effects, although these vary depending on the dose, type and the individual taking it.

Common short-term side effects of the pill include breast tenderness, nausea and irregular vaginal bleeding. They usually go away one to two months after commencing the pill. Some people believe that the pill causes weight gain and acne, however research has not shown a direct link.

There are also positive side effects of the pill. Many women use it to control heavy bleeding, period pain and acne. Recent research has demonstrated many long-term benefits of being on the pill. It decreases the risk of death from cancer overall as well as circulatory disease and ischaemic heart disease. It does, however, increase your risk of blood clots (deep vein thrombosis and pulmonary embolism), especially if you smoke.

7. Will using the pill now stop me from becoming pregnant in the future?

The pill does not change your long-term ability to have children (your fertility). However, in the short-term some women find it difficult to become pregnant for the first six to twelve months after stopping the pill. This is because it takes your body a while to return to its normal hormonal cycle. Usually most women wanting to become pregnant are able to do so within six to twelve months of stopping the pill.

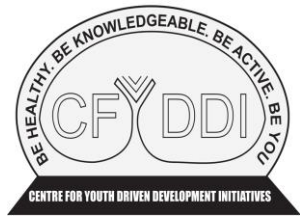
8. What is emergency contraception also known as the ‘morning after pill’?

Emergency contraception is medication, referred to as the emergency contraceptive pill (ECP) that can be taken after having unprotected sex to prevent pregnancy. It is not always effective and should be taken as soon as possible after unprotected sex. It is 85 per cent effective if taken within three days (72 hours) after unprotected sex, however its effectiveness decreases with time. It is therefore recommended to be taken within 12–24 hours, as the sooner it is taken, the better it will work. Emergency contraception is available from your doctor or pharmacy. You do not need a prescription to get the ECP from a pharmacy. The pharmacist will ask you some questions to determine if it will be effective, and explain the risks and side effects associated with the ECP.

If you decide to go to your doctor to acquire the ECP, your doctor can discuss and offer other forms of contraception for the future and also test you for Sexually Transmissible Infections (STIs).

9. Can I use the emergency contraceptive pill (ECP) more than once?

Yes, it is possible to use the ECP more than once. However, routine use of the ECP is not recommended, because it cannot be safely relied upon and it should only be used as a last resort option for contraception. You may not realise that you might be pregnant until several days after having unprotected intercourse, after which the ECP is ineffective. Furthermore, it is not as effective as other, cheaper methods of contraception, such as planned contraception like the pill and. If you need to use the ECP more than once, we recommend that you see your doctor to get advice on more suitable methods of ongoing contraception, and to talk about the measures you may have been using before the ECP was needed. The ECP does not protect against any STIs.



10. Are male condoms a good method of contraception?

Yes, they are a very good form of contraception if used correctly and consistently. Correct use involves putting the condom on before any contact between sexual organs occurs (vagina, penis, anus, mouth etc.) and leaving it on until this contact completely stops. They can be used with lubricants and spermicides (gels which kill sperm, so this increases your protection against pregnancy). Please note that some lubricants are oil-based and cause damage to the condom, which will make it less effective or even useless, so be careful when choosing a lubricant. Check the expiry date on the condom packet, because really old condoms may degrade and no longer be effective. Make sure the condom packet has not been tampered with before opening it, as the condom inside may also have been affected.

Condoms are one of the only forms of contraception that protect against both pregnancy and STIs. They are widely available for free while other brands are on sale and cheap. We recommend both sexually active females and males carry condoms with them, since sex is sometimes unpredictable.

11. Where can I get condoms from?

Condoms are available for free in government facilities, at youth centres like CFYDDI and the other option is that condoms can be purchased from supermarkets, pharmacies and other convenience stores

12. What are the downsides to condoms?

Some people are allergic to latex, which can be problematic. Latex-free condoms are becoming more widely available.

Putting a condom on during sex can be interruptive. However, most people would agree that the interruption is well worth it, since it will significantly decrease the risk of the major consequences of unprotected sex – pregnancy and STIs.

13. Which method of contraception is the best for me?

This is a difficult question to answer, since it will differ for each individual, and is especially different between males and females.

Choosing a contraception that you can manage is important. Relevant concerns include: will you be able to take a pill at the same time each day, every day? Are you willing to risk the side effects? Will this contraception protect you from STIs?

Choosing a contraception that you can acquire easily and can afford is also important. Condoms are the cheapest and most widely available form. The oral contraceptive pill can also work out to be quite affordable.

Remember that ultimately, all forms of contraception are cheaper than having a child or becoming infertile because of a STI.

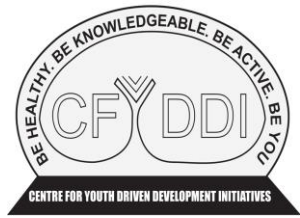
For teenagers, the most common type of contraception for males are condoms, and for females, condoms and the oral contraceptive pill. These methods are both very effective if used correctly.

Two is better than one. If you have the opportunity to use two methods of contraception (for example both condoms and the pill), then we highly recommend doing so. This makes your risk of pregnancy and STIs even lower. Don't think that because your partner is using contraception, you don't need to as well. However, do not use two condoms at once as this increases the likelihood of them breaking far more than simply using one.

The main thing is that if you choose to have sex, you do use some sort of contraception to protect yourself, your sexual partner and anyone else that you or your partner is having sex with or will have sex with in the future. Ultimately your sexual health lies in your hands.

SEXUALLY TRANSMISSIBLE INFECTIONS

Commonly asked questions about sexually transmitted infections (STIs). Most of these questions and answers are specifically aimed at teenagers and/or teachers and peer educators, however they are a resource for everyone. If you, as



a teenager, teacher, peer educator or anyone else, have additional questions please don't hesitate to contact us by going to [Ask a Question](#).

Please note: the following questions and answers are phrased from the point of view of a teenager unless otherwise noted.

1. Are STIs still a problem these days?

The incidence of STIs is on the rise among sexually active people showing an alarming increase in the notifications of chlamydia, gonorrhoea, syphilis and HIV. Chlamydia – the most commonly notified disease – is increasing in the 15–24 age group during one's lifetime.

The rise in HIV is particularly concerning and if you are having unprotected sex with anyone, you are at risk.

2. How common are STIs?

Sexually transmissible infections (STIs) are common. Anyone who is sexually active is at risk of acquiring one. It can be hard to know if you have an STI, as often there are no signs or symptoms.

3. What can I do to avoid getting an STI?

There are some steps you can take to avoid getting an STI:

- **Don't have sex.**
Abstinence means not having vaginal, oral or anal sex.
- **If you are sexually active, be faithful.**
Having a sexual relationship with one partner who has been tested for STIs and is not infected will reduce your chance of getting infected.
- **Use condoms.**
A condom is the best way to protect yourself against infections. However, remember that condoms do not provide complete protection against STIs which can occur in places that the condom does not cover (for example, genital herpes).
- **See a doctor if you are concerned.**
Remember that in general, consultations are kept private and confidential. Doctors can order appropriate tests and prescribe treatment if necessary. If you do have an STI, the earlier you are treated, the better the outcome.

4. Can I get an STI from oral sex?

Yes. Some STIs can be transmitted by oral sex, including herpes, chlamydia, genital herpes, gonorrhoea, genital warts and HIV. Dental dams, which are thin squares of latex, can be used as a barrier during contact between the mouth and the vagina, or the mouth and the anus.

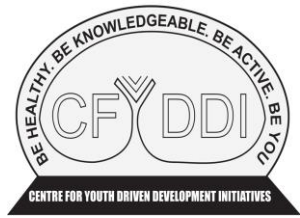
5. Can you get the same STI more than once?

Yes. STIs can ping-pong between couples if both partners are not treated. Having one STI also increases the chance of you developing another. Beware – STIs travel in packs!

6. What's the best way to protect against STIs and prevent pregnancy?

'Double dutch' refers to the use of condoms plus the pill. When engaging in male to female sex, it is the ideal way to prevent infections and pregnancy.

7. Can STIs cause any serious problems?



Untreated, STIs (especially chlamydia and gonorrhoea) can result in continual re-infection, as well as infertility in women. These infections also increase the risk of ectopic pregnancies (pregnancies outside the womb, which can be a medical emergency). Syphilis can result in dementia and heart disease. Herpes and syphilis can lead to foetal abnormalities. HIV and hepatitis cause chronic illnesses which may lead to death, and can be passed to the foetus during pregnancy and labour.

8. How do you know if you have an STI?

STIs may be discovered by doctors when someone experiences genital itching or burning, discharge, a rash, a sore throat, sore joints, a sore bottom, conjunctivitis (inflammation of the eye) or pregnancy.

Although many people may not have any symptoms, they could still be infectious (and can therefore pass it onto their partners) and may suffer from long-term health consequences.

9. Where can I go for help if I think I have an STI?

You can talk to your local general practitioner (GP) at the health centre or meet the counselor at the Centre for youth Driven development Initiatives (CFYDDI) we provide counseling in regard to STI and guide to where you can find services to do tests and find treatment at youth friendly services.

10. What does an STI check-up involve?

An STI check-up can involve any of: a physical examination, blood test, urine collection or swab from the genital area. The doctor will also take a history about your sexual practices and contraception use.

11. If I had unprotected sex over a year ago and never had any symptoms, is it likely I have an STI?

Some STIs have no symptoms. Others may not appear for months – so it may be difficult to tell if you have acquired an STI. The best way to check is to see your doctor if you think you may be at risk.

12. Last year I was vaccinated with Gardasil – does that mean I'm protected from genital warts?

Gardasil is a vaccine which protects against some but not all types of HPV (human papillomavirus). The vaccine protects against certain types of HPV, which are known to cause 7 out of 10 cases of cervical cancer and 9 out of 10 cases of genital warts.

13. How are STIs treated?

The treatment will vary depending on the type of STI. Some involve taking an antibiotic to cure the infection. For other STIs which cannot be cured, treatment is aimed at relieving the symptoms.

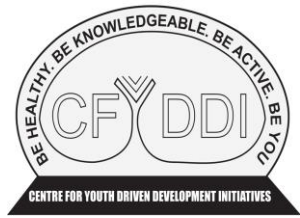
14. What is HIV/AIDS and why is it important?

HIV/AIDS has been affecting people worldwide for more than 25 years. It is a global health crisis which has impacted every country in the world. More than 30 million people have already died from HIV/AIDS and more than 40 million people are living with it today. The highest rates of infection are found in sub-Saharan Africa, India and South East Asia.

HIV refers to the Human Immunodeficiency Virus, which is a virus that interferes with a person's immune system. AIDS (Acquired Immune Deficiency Syndrome) refers to the subsequent stage of disease where the body cannot resist infections that it is normally able to cope with.

Although recent antiretroviral drugs may delay the progression of HIV, there is no cure. Prevention is the only way to stop it from spreading.

15. How does circumcision affect transmission of STIs?



There has been debate over recent years about the role of circumcision in preventing STIs. Scientific research has shown that it more than halves the risk of HIV infection. It is believed that this occurs because the main cells by which HIV enters the penis (Langerhans cells) are abundant in the foreskin and are therefore removed during circumcision. Research has also shown that circumcision decreases the risk of transmitting human papillomavirus (HPV, a virus which causes genital warts and cervical cancer) [2]. It is important to remember that as with all surgical procedures, there are risks associated with circumcision. These risks are reduced if you see a more experienced health professional.

It is your choice whether or not you choose to undergo circumcision. Either way – whether you are circumcised or not – you are still at risk of STIs and it is crucial that you continue to practise safe sex and use condoms.

TEENAGE PREGNANCY

Commonly asked questions about teenage pregnancy. Most of these questions and answers are specifically aimed at teachers, peer educators and/or teenagers, however they are a resource for everyone. If you, as a teenager, teacher or anyone else, have additional questions please don't hesitate to contact us by going to [Ask a Question](#).

Please note: the following questions and answers are phrased from the point of view of a teacher unless otherwise noted.

1. Is teenage pregnancy common?

Uganda has one of the highest rate of teenage pregnancy in the world – [1]. Teenage pregnancies occur more commonly in girls with mental illness, low self-esteem, family conflict, childhood abuse, a mother who was also a young parent, an absent father, schooling difficulties, unstable living arrangements or low socioeconomic status.

It is important to remember that not all teenage pregnancies are unintentional. Some teenagers may have thought about becoming pregnant and may have done so deliberately, so it is important not to come across as judgemental or discriminatory.

2. What is pregnancy?

Pregnancy is the result of an egg from a woman meeting a sperm from a man. This occurs in a woman's uterus, also known as a womb. The egg is released from the woman's ovary in a process called ovulation (ovum is another word for egg). Most women release one egg per month or menstrual cycle, however this number varies in some women, usually from 0 – 2. Ovulation occurs as a result of hormone changes. Ovulation for most women occurs approximately fourteen days after the beginning of her last period, however this is not always the case. Some women have longer cycles, so they will ovulate more than fourteen days later. On the other hand, some women may ovulate less than fourteen days later, or even during their period. **The bottom line is that ovulation is unpredictable, so**

there are no guarantees that a woman is ovulating at day fourteen. This has important implications for when a woman can become pregnant.

Semen is released from a man during ejaculation, containing fluids from various male sexual organs as well as millions of sperm. Sperm is also released in pre-ejaculation fluid, and can live for up to five days inside the uterus. **Therefore there is a potential seven-day window in which pregnancy can occur, depending on the timing of sexual intercourse and ovulation.**

3. When is a teenager at risk of becoming pregnant?

Ovulation (the release of an egg from an ovary) is required for pregnancy. It is therefore the time when a woman is most likely to become pregnant. However, as outlined above, it may be difficult to predict the exact timing of ovulation, especially in teenagers. Women can ovulate at any time during their menstrual cycles, i.e. from the first day of one period to the first day of their next period, so this means that some women even ovulate during their periods. This

cycle is especially variable in girls who have just started menstruating (having their period). Even if the time of ovulation is known, there is still a seven-day window during which pregnancy is possible, due to the lifespan of both egg and sperm. Therefore, to avoid falling pregnant it is best to use one or more method/s of contraception (e.g. both the pill and a condom) whenever having sex, or to abstain from sexual intercourse.

For men, it is safest to assume that the risk of impregnating a woman is always high. Unlike women, who only ovulate approximately monthly, most men are always producing functional sperm, so ejaculation fluid almost always contains millions of active sperm capable of producing a pregnancy. Most men will have no idea when their sexual partner is ovulating. **To avoid pregnancy it is safest to assume that their partner is ovulating and hence to use appropriate contraception at all times.**

4. How can a teenager avoid becoming pregnant?

It is important to realise that this question addresses both male and female teenagers. Both parties are responsible for their actions and should be aware of how they can prevent pregnancy from occurring.

There are several ways to do so:

- **Abstain** from sex
This includes penetrative sex or foreplay that involves the penis in direct contact with the vagina. Even if the male does not ejaculate into the female's vagina, a pregnancy can arise, since pre-ejaculation fluid (which is expelled from the penis in the early stages of sexual intercourse and is unpredictable) contains sperm. Oral sex does not give rise to pregnancy, however it can give rise to a sexually transmitted infection.
- **Contraception**
Methods are listed in more detail on our [Contraception FAQs](#) page. The most common methods for teenagers are condoms (which both males and females who are sexually active should be encouraged to carry) and the oral contraceptive pill (OCP or 'the pill').

5. How can a teenager find out if she is pregnant?

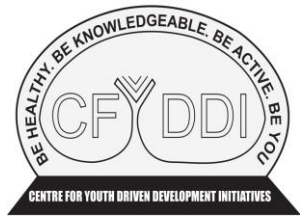
Symptoms such as missing a period, morning sickness (e.g. nausea, vomiting) and breast tenderness may lead to a suspicion of pregnancy. However, pregnancy can be confirmed by a urine-based pregnancy test, which can be for free in government health centres or can be purchased over the counter from a pharmacy or a supermarket for approximately 2000–5000/=. These tests look for a hormone called β -hCG in the urine, which is normally only present during pregnancy. As the amount of this hormone is quite low in early pregnancy, the test might initially be negative. If there is still doubt then it is worthwhile visiting a doctor, who can perform a blood-based test to more accurately confirm a pregnancy.

6. What can a teenager do if she thinks she is pregnant? Where can she get advice if she thinks she is pregnant?

It is important for anyone who thinks they are pregnant to see a doctor to get advice regarding the pregnancy. For teenagers in particular, there are doctors with a special interest in adolescent medicine who are trained to deal with problems affecting young people. If the teenager would prefer to see one of these doctors, they can contact the youth friendly service centres. Otherwise, they can see their local or family.

Pregnancy is a very challenging time in life. Therefore it is important that a teenager finds a doctor with whom she feels comfortable and whom she can trust.

It is also important for teenagers to talk to family and friends about their pregnancy if they feel comfortable doing so. Having support from family and friends will make a pregnancy much easier and much more enjoyable. There is a lot to absorb in a medical and emotional sense about pregnancy, so taking a family member or friend along to medical appointments will ease things for the pregnant woman.



7. Do the teenager's parents need to be informed? What is the best way to inform the teenager's parents?

The teenager's parents do not need to be informed about the pregnancy by the doctor or peer educator, unless an abusive situation is suspected. However, in terms of obtaining support for the pregnant teenager, it is probably best that the parents know.

Ultimately, the situation between a teenager and their parent is between them. A teenager might, however, come to you as their peer educator for advice before telling their parent. In this situation, you should first determine if you are comfortable in providing such advice. If not (and this is perfectly reasonable), it would be helpful for you to point them in the direction of someone more suitable, such as the school counsellor or nurse, another peer educator, or local doctor.

If you do feel comfortable providing advice, remember that knowing exactly how to tell their parents is a difficult question and that unfortunately there is no single best solution. It is important to keep in mind that every family is different. Some families may be more accepting about teenage pregnancy than others. Cultural background and parental expectations play significant roles in determining how parents will react. Parents may experience shock, denial, guilt, sadness, anger or express a sense of ambivalence upon hearing the news. Some parents will react in a positive way with happiness or excitement. Regardless, most parents will be accepting in the end and become willing to work through the situation and support the teenager.

If the teenager decides to tell their parents, which most will, it could be helpful to bring along a support person such as a friend or mentor, for example a peer educator or counsellor. Your role as a peer educator is to support the student as much as possible during this challenging time. In particular, it is important to make sure that she is safe at home and that there is no harm done to her as a consequence of the unexpected pregnancy.

8. If a teenager is pregnant, what can a peer educator do?

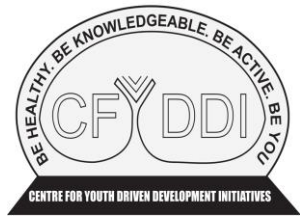
As a peer educator, you may be the first person that a student approaches for advice regarding teenage pregnancy. In these circumstances, and only if you are comfortable doing so, it is important that you provide the student with correct and unbiased information, and encourage them to seek medical advice if they have not already done so. Once the pregnancy has been confirmed, the decision about what to do next rests ultimately with the two teenagers responsible (if the father is involved). Every individual is different, so it is important to encourage the student to consider each option carefully, to talk to their family and/or friends if appropriate and to seek counselling and further advice from their local doctor and health service.

9. How will the teenager's life be affected by the pregnancy and having a child? How will the child be affected by having a teenage parent/s?

Having a child is a lifetime commitment and looking after a child is one of the most difficult tasks to carry out. This is true for mothers of all ages, but even more so for teenagers.

Teenagers with a strong support network are likely to encounter positive experiences throughout their pregnancy, such as learning to be responsible for oneself and others. However, many pregnant teenagers, especially those without good support, experience negative outcomes, including ending their education, leading to reduced employment opportunities and financial difficulties in the future. Alienation from friends, poverty, post-partum depression and vulnerability to difficult partners have all been reported in inadequately supported teenage mothers. In teenage mothers there is also an increased risk of poor attachment to the child, which can lead to many emotional consequences for both mother and child. In general, pregnancy often leads to high levels of emotional stress, which is likely to be even greater in an emotionally labile teenager, and can be multiplied if there are complications in the pregnancy, such as miscarriage.

Teenagers are prone to risk-taking behaviours and experimentation that may include alcohol, drug use and abuse, smoking and poor diets. It is also common for teenagers not to attend antenatal classes, which are an important source



of information for pregnant women and new mothers and fathers. Taken together these can lead to health problems for both the mother and the child.

Depending on the age at which the mother falls pregnant, her reproductive system and other organs may not yet be fully physically developed. The baby's growth and development may be impaired by this, leading to teenagers having an increased risk of producing smaller and/or premature babies.

Unfortunately, there has been an increased risk of child abuse and neglect associated with teenage pregnancy. Furthermore, at a year after the birth of the child, half of the fathers responsible for teenage pregnancies have lost contact with the mother and their child.

10. If a teenager decides to continue with the pregnancy, what advice is there for her?

It is vital that the teenager maintains contact with a doctor throughout the pregnancy. It is also important that where possible, she gains support from family and friends during the pregnancy. It would be advisable for the teenager to have a discussion with the school about continuing school once the baby is born. Furthermore, the new mother will need support when the parenting process begins, which can be a very stressful time and requires a lot of adaptation, so it is important that this support carries on after the child is born.

11. What is the risk of miscarriage?

Miscarriage is the spontaneous natural termination of pregnancy and occurs in around 25 per cent of all pregnancies. It may happen at any stage of the pregnancy, but it is more common during the first 20 weeks of pregnancy, with most miscarriages occurring during the first 6 weeks. If this occurs, the mother may experience vaginal bleeding or pain and should seek medical attention as soon as possible. It is quite common for early miscarriage to go unnoticed, and some women will not have even known that they were pregnant.

Miscarriage can understandably have a huge emotional impact. Women of any age who experience a miscarriage might feel isolated or that there is something "wrong" with them. It might be helpful to inform them that unfortunately miscarriage does occur frequently but does not necessarily prevent them from having children in the future.

12. What about the baby's father? How can he be involved? Does he have to be involved?

The level of involvement of the father in a teenage pregnancy is, just like a pregnancy at older ages, something that needs to be determined by the mother and father.

A pregnancy can put enormous stress on an individual and a relationship. The mother or father may not be ready for a lasting relationship or parenthood. It is known that many teenage couples do not stay together after the birth of the child, usually leading to broken relationships between the father and child, since the mother is usually the primary carer.

If the parents of the child do separate and cannot agree on custody then a Parenting Order can be acquired. This is a legal agreement that dictates how a child will be cared for and by which parent. In other words, some separated parents will need legal intervention to determine the custody rights of each parent, because they cannot resolve this on their own. The parent who is not the primary carer will be legally responsible to contribute financial support for the child.

13. What are antenatal classes?

Antenatal (ante = before, natal = birth) classes are an important source of information for pregnant women and their partners. They can be accessed through a doctor (usually a general practitioner (GP) or an obstetrician) and usually occur in the final trimester of the pregnancy (i.e. the last 12 weeks). These classes are a vital source of education and all expecting mothers – especially teenagers – should be encouraged to attend with a support person.



14. What supports are there for young parents?

There are a number of supports available, including but not limited to:

- Antenatal (during pregnancy) and parenting education programs, which can be accessed through the local doctor or health service provider
- Local doctor or health service provider
- Partner, parents and family
- Close friends

URINARY TRACT INFECTIONS AND THRUSH

Commonly asked questions about urinary tract infections/thrush. Most of these questions and answers are specifically aimed at peer educators and/or teenagers, however they are a resource for everyone. If you, as a teenager, teacher or anyone else, have additional questions please don't hesitate to contact us by going to [Ask a Question](#).

Please note: the following questions and answers are phrased from the point of view of a teenager unless otherwise stated.

Urinary Tract Infections (UTI)

URINARY TRACT INFECTIONS (UTI)

1. What is a urinary tract infection (UTI)?

A UTI is a bacterial infection of the urethra (the tube allowing urine out of the body), bladder or kidneys, which together all make up the urinary tract. Bacteria are not normally found in the urinary tract; instead they normally live in the vagina, bowel and anus. A urinary tract infection occurs when bacteria move from one of these locations (vagina, bowel or anus) and enter the urethra. Once in the urethra, they can start to cause symptoms such as pain and burning when urinating and increased frequency of urination (i.e. going to the toilet more). If this happens, it is very important to see a doctor who will treat you.

Sometimes the bacteria can travel up to the bladder or even further to the kidneys. In addition to the symptoms mentioned above, this can lead to blood and pus in the urine and a fever. Again, if this happens, it is very important to see a doctor. Most UTIs are easily treated with antibiotics.

Although both women and men can acquire UTIs, they occur much more commonly in women. This is because women have a shorter urethra than men. As bacteria have less distance to travel to get to the urethra in a woman, the chance of a woman getting the infection is higher.

Children can also acquire UTIs.

2. Can I get a urinary tract infection from sexual activity?

In women, it is very easy to get a urinary tract infection from sexual activity. This may happen if any bacteria have moved from the back to the front, from the openings of the bowel or vagina to the opening of the urinary tract. During sexual activity, try not to spread anything from the back to the front, and try to avoid being touched at the opening of the urethra.

Although urinary tract infections are commonly acquired during sexual activity, they can be acquired in other ways, such as wiping from the anus to vagina after going to the toilet and catheterisation (a medical procedure that involves inserting a tube into the urethra to the bladder to drain urine).

3. Can men get urinary tract infections?

Although women are much more prone to UTIs than men, men also acquire these infections sometimes. Women are more prone because they have a shorter urethra than men, so the bacteria don't have as far to climb to get to the bladder. For men, those with large prostates (usually over 50 years old) are at the highest risk.

4. How do I know if I have a urinary tract infection?

Urinary tract infections are very painful. They cause an urge to frequently urinate, sometimes only small amounts at a time, with a burning pain toward the end of urination. There may be blood in the urine, or the urine may be cloudy or smell bad. Sometimes you may have back pain or pain down the side below the ribs.

5. What do I do if I have a urinary tract infection?

If you have any of the symptoms a urinary tract infection, such as pain on urinating, see a doctor. **Do not delay** in seeing a doctor if you also have a fever or blood in your urine, as either of these may be a sign that the infection has reached your kidneys, and this can be very dangerous and have lasting effects.

Drink plenty of water to try to flush the bacteria out. This will cause you to need to urinate more often because you are drinking more water. Although urination may be painful it is important to continue because if you drink less water, the bacteria have more time to grow between trips to the bathroom.

6. How can I prevent urinary tract infections?

Urinating after sexual intercourse or sexual activity and drinking plenty of water will flush the urinary tract and will help to prevent a urinary tract infection.

If you have an early urinary tract infection, products such as Ural, cranberry juice or cranberry tablets are available from the supermarket or pharmacy to drink to change the pH (acidity) of your urine, which may slow the growth of bacteria in the urinary tract. Ask a pharmacist about these products. They must be accompanied by drinking lots of water.

THRUSH OR CANDIDA INFECTIONS

1. What is vaginal thrush?

Vaginal thrush is a common infection caused by overgrowth of a yeast (also known as a fungus) called *Candida albicans* in the vagina. This yeast normally lives in the bowel and in small numbers in the vagina and is usually harmless. Another name for this infection are candidiasis. It is very common; seventy-five per cent of women will experience the infection in their lifetime.

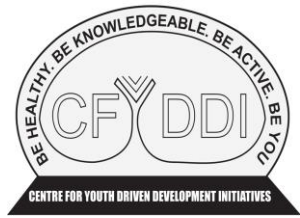
2. How can I tell if I have thrush?

The most common symptoms are vaginal itching or burning, a white discharge that looks like 'cottage cheese' and has a bad smell, and stinging or burning while urinating. The vagina can become red and swollen.

3. How can I get thrush from sexual activity?

Thrush is not considered a sexually transmitted infection like chlamydia or herpes, however it can be acquired during sexual activity if the sex is rough or dry. Women and men who are infected with thrush can also pass thrush on to each other during sexual activity.

Thrush can also be caused by antibiotics. The reason for this is that the antibiotics kill some of the bacteria that normally live in the vagina which normally stop the yeast from overgrowing. By killing these bacteria, the yeast are allowed to overgrow. Other possible causes include the oral contraceptive pill, diabetes, menstrual cycle changes and wiping from back to front after going to the toilet (this increases spread of the microbe from the anus to the vagina).



4. What do I do if I think I have thrush?

Most women treat themselves using vaginal creams, vaginal tablets (pessaries) or oral tablets that are available over-the-counter at a pharmacy (i.e. without the need for a prescription from a doctor). Sometimes the infection will go away without any treatment. If the infection does not go away, you should see your doctor. The doctor will most likely examine your vagina and take a swab from the area to check that it is thrush.

It is important to consider the cause of the thrush and to avoid it if possible.

If you think you might have a sexually transmitted infection and not just thrush, then it is best to go to your doctor immediately to be tested and treated properly.

5. Can men get thrush?

Although men acquire thrush much less frequently than women, it is still possible. The causes are similar to those in women. For men, anal sex is also a common cause.

If a man acquires thrush he may notice no symptoms at all, or he may notice small red spots on the penis, an itchy penis, white discharge from the penis and/or 'cottage cheese' like discharge from under the foreskin or around the head of the penis.

To treat thrush you can apply a cream to the area or take an oral tablet, which are both available over-the-counter (i.e. without the need for a prescription from a doctor). As with women, it would help to identify the cause of the thrush and to avoid it if possible.

If you think you might have a sexually transmitted infection and not just thrush, then it is best to go to your doctor immediately to be tested and treated properly.

This Overview has been compiled by CFYDDI Behaviors Change Communication and Community Health Empowerment Team with reference from publications from the International AIDS Society (IAS), MOH, WHO, Kaiser Family Foundation, AHF and Student doctors from the Faculty of Medicine, Dentistry and Health Sciences at The University of Melbourne.

And we dedicate this write up to all young people/ Advocates of all ages in the world who are desperate for correct responses to the many unresolved and unanswered question and who in return will pledge to be strong and dedicated agents of change in stepping up the pace forward and beyond to an HIV Free generation.

Do not hesitate to contact us should you have any further questions that you would need our response.

CFYDDI Team