



## FREQUENTLY ASKED QUESTIONS ABOUT HIV/AIDS

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### QUESTION #1

## The difference between HIV and AIDS

*AIDS stands for Acquired Immunodeficiency Syndrome.*

*HIV stands for Human Immunodeficiency Virus*

AIDS is the advanced stage of the disease caused by HIV. HIV attacks the body's immune system. Over time the immune system is weakened and an HIV-infected person can become sick with different illnesses. The HIV-positive person is then diagnosed with AIDS.

### How many AIDS cases?

Up to December 1998, 16,236 people in Canada have been diagnosed with AIDS. This number doesn't include people who are infected with HIV but have not yet become sick.

There have been 11,525 reported deaths attributed to AIDS in Canada.

According to the statistics for AIDS in Canada, fewer people are being diagnosed with AIDS each year. This is probably due to better treatment for HIV-positive people which delays the onset of AIDS.

The number of people dying each year from AIDS-related illnesses is also declining. There has been a 90% drop in the number of reported AIDS-related deaths from 1995 to 1998. Again, this decline is probably due to better treatments.

### New HIV infections

It is difficult to know the exact number of Canadians infected with HIV because many people have not been tested for HIV or have been tested anonymously. The latest research suggests that, up to the end of 1996, there were approximately 40,100 people living with HIV in Canada. Of this number, an estimated 15,000 did not know that they were HIV positive.

Each year in Canada, there are an estimated 4,200 new infections. The nature of the epidemic is changing dramatically. Prior to 1986, 90% of all infections occurred among men who have sex with men. In 1996, new transmissions among men who have sex with men declined to 30% of all new infections. Transmission via injection drug use has increased from 24% in 1986 to 47% in 1996. Prior to 1986, women accounted for only 10% of new transmissions. In 1996, women accounted for 23% of all new infections. In addition more heterosexual males and young people are becoming infected with HIV than ever before (see Question #2 "Who can get HIV or AIDS?").

## General trend

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

### For more information (these resources are available from the Clearinghouse)

*HIV/AIDS & STD Epi Updates.* Bureau of HIV/AIDS, STD & TB Laboratory Centre for Disease Control. Health Canada. Ottawa, May 1999. (distribution # 16602-1)

*HIV in Canada: surveillance of HIV positive test reports for the period of 1985 - 1996.* Health Canada. 1998. (available on loan only)

*Basic facts about HIV/AIDS.* Canadian Public Health Association. 1995. (distribution #11495-1 - also available in Ojibway (15235-1), Oji-Cree(15236-1), Swampy Cree (15237-1) and Inuktitut (15238-1))

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### Canadian HIV/AIDS Clearinghouse



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### QUESTION #2

## Who can get HIV or AIDS?

Anyone who has unprotected sex or shares needles could become infected with HIV.

If you think that HIV/AIDS only affects gay men or injection drug users, you're wrong.

You are not protected from HIV because you are straight, or young, or a woman, or living in a rural area.

You don't get HIV or AIDS because of who you are, or where you live. It is what you do.

### The three main ways you can contract HIV and AIDS are:

1. having unprotected sex (see Question 8 "*How can I have sex more safely?*") (especially having vaginal or anal intercourse without a condom);
2. sharing needles or other drug equipment (see Question 7 "*What are the risks of getting HIV when you drink or use drugs?*");
3. receiving the virus as a baby (see Question 6 "*Does HIV get passed to the baby during pregnancy?*"). If a pregnant woman has HIV, her baby can get the virus during pregnancy, delivery or breast feeding.

In 1997, heterosexual sexual activity accounted for more than 20% of reported HIV-positive tests in Canada. Globally, heterosexual activity accounts for 75% of HIV infections.

In Canada, 23% of all new HIV infections in 1996 were among women. Worldwide, 41% of all new HIV infections were among women.

Young people in Canada are also increasingly being infected by HIV/AIDS.

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

**Anyone, anywhere** who has unprotected sex or shares needles can become infected with HIV and develop AIDS.

### For more information (these resources are available from the Clearinghouse)

*Basic facts about HIV/AIDS.* Canadian Public Health Association. 1995. (distribution # 11495-1 - also available in Ojibway (15235-1), Oji-Cree(15236-1), Swampy Cree (15237-1) and Inuktitut (15238-1))

*Are you at Risk (factsheet)*. Alberta Medical Association. 1996. (distribution # 13252-1)

*AIDS and Young People (factsheet)* ICAD. 1998. (distribution #16291-1)

*AIDS in the World (factsheet)*. ICAD. 1998. (distribution # 16287-1)

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### QUESTION #3

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

HIV infection is passed only through semen, vaginal fluids, breast milk and blood.

The main risks are having **unprotected sex** (see Question 8 *"How can I have sex more safely?"*) and sharing needles or equipment for **injecting drugs**. (see Question 7 *"What are the risks of getting HIV when you drink or use drugs?"*)

#### You CAN get infected if you:

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

#### You CAN also get infected if you share:

- needles or any equipment for injecting drugs such as cocaine, heroin or steroids (invisible amounts of blood are transmitted through sharing needles, syringes, water for diluting, cotton filters, and straws or pipes)
- unsterilized needles for tattooing, skin piercing (see Question 5 *"How do I know if tattooing or piercing will be safe?"*) or acupuncture
- sex toys, razors or toothbrushes.

#### Other ways you can get infected are:

- during pregnancy (see Question 6 *"Does HIV get passed to the baby during pregnancy?"*), at birth or through breast feeding - if the mother is HIV positive the virus may be passed to the baby
- if you received a blood transfusion or blood product in Canada before 1986 (since then, blood screening has made the risk of infection very low).

#### You CANNOT get infected by:

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

You also cannot get infected if you and your partner do not have HIV, and you only have unprotected sex with each other. You both have to get tested (see Question 4 "Should I get tested for HIV? How?") to know for sure that you do not have HIV.

**For more information** (these resources are available from the Clearinghouse)

*HIV: Things you should know (pamphlet)*. Canadian AIDS Society. 1999. (distribution #16371-1)

*HIV: The Answers*. ETR Associates. Sanata Cruz, Ca. 1996. (available on loan only)

*Basic facts about HIV/AIDS*. Canadian Public Health Association. 1995. (distribution # 11495-1 - also available in Ojibway (15235-1), Oji-Cree(15236-1), Swampy Cree (15237-1) and Inuktitut (15238-1)

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## QUESTION #4

### Should I get tested for HIV? How?

The HIV test is a simple blood test that tells you whether or not you are HIV positive (infected with HIV). HIV testing is voluntary. You cannot be forced to take an HIV test.

#### Consider getting tested if you, or your partner(s) have ever

- had sex without a condom – you can't tell if someone has HIV unless they've been tested
- had sex while under the influence of alcohol or drugs, you might not have used protection
- shared needles or syringes to inject drugs (or other drug equipment: water, cotton filters, cookers, pipes, straws)
- had tattooing, piercing, or acupuncture without sterilized equipment
- had a blood transfusion or other blood products before November 1986.

#### Why get tested?

To find out your HIV status

- If you are HIV positive you can:
  - get early treatment to stay healthy
  - get treatment to reduce the chances of your baby getting HIV if you are pregnant
  - take precautions to not give HIV to others.
- If you are HIV negative you can:
  - experience less stress and anxiety because you will know your status
  - learn more about how to reduce your risk of becoming infected.

#### Why not get tested?

If you find out you are HIV positive you may:

- become upset or depressed
- experience discrimination or abuse
- be legally required to inform your sexual partners.

#### What happens when I am tested?

A small amount of blood will be taken from your arm. It usually takes 2 to 3 weeks to find out the results.

#### Where do I get tested?

Get tested at a health centre, STD clinic or by your doctor. Depending on where you live you may have a choice as to how you are tested:

**Anonymous testing** - is available through special clinics in many areas and allows you to be tested without telling anyone your name;

**Non-nominal testing** - your name is not included on the test forms. Only you and your doctor will know the results.

**Nominal testing** - your name is written on the testing forms. Anyone seeing the forms will know your identity and the test result.

With both nominal and non-nominal testing, your test result will be recorded in your medical chart and cannot be deleted.

Call your health department or local AIDS organization for information on testing choices in your area.

## **When?**

HIV antibodies do not appear in your blood until 3 to 6 months after infection. Get tested at least 3 months after the last time you put yourself at risk.

Whether you think you are infected or not, practice **safer sex** (see Question 8 "*How can I have sex more safely?*") and do not share injecting equipment. (see Question 7 "*What are the risks of getting HIV if you drink or use drugs?*")

## **For more information** (these resources are available from the Clearinghouse)

*Counselling Guidelines for HIV Testing.* Canadian Medical Association. 1995. (distribution #12119-1)

*HIV Testing and Confidentiality: final report.* Canadian HIV/AIDS Legal Network. 1998. (distribution #16067-1)

*HIV: Antibody Test.* ETR Associates. Santa Cruz, Ca. 1998. (available on loan only)

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### QUESTION #5

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

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

#### Professional piercers

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

#### Professional tattooists

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

#### Professional piercers and tattooists

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

#### Choosing a safe place to get a tattoo or piercing

- Shop around and get recommendations from friends. Ask to see:
  - special containers for disposing of used needles
  - disposable ink cups for tattoo colours
  - the autoclave (with a temperature gauge), and
  - some sterilized packages (should have black lines on packages to indicate that they reached the right temperature)

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

If you have already had an amateur or professional tattoo and think you may have been infected with HIV, hepatitis B or C, or any other blood-borne illness, you should consider **getting tested** (see Question 4 "*Should I get tested for HIV? How?*") at a health clinic, anonymous testing site, or by a doctor.

**For more information** (these resources are available from the Clearinghouse)

*Everything You Need to Know about the Dangers of Tattooing and Body Piercing.* Rosen Publishing Group. New York. 1998. (available on loan only)

*Safe Tattooing.* Kingston AIDS Project. 1994. (available on loan only)

*Infection Prevention and Control Practices for Person Services: Tattooing, Ear/Body Piercing, and Electrolysis.* CCDR Supplement Vol 2553. 1999. (available on internet at [www.hc-sc.ca/hpb/icdc/publicat/ccdr/99vol25.html](http://www.hc-sc.ca/hpb/icdc/publicat/ccdr/99vol25.html))

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### QUESTION #6

## Does HIV get passed to the baby during pregnancy?

If you are pregnant and have HIV, there is a 1 in 4 chance that the baby will get it too. This is true even if you don't have symptoms. Even so you can reduce the chances of your baby getting HIV during the pregnancy or delivery.

### Find out if you have HIV

If you have had some high risk activity during the last ten years, you may have been infected with HIV. Examples of high risk activities are **unprotected sex** or **sharing needles** or other drug equipment. (see Question 3 *"How do you get HIV (or not get HIV)."*)

The only way to know for sure whether you have HIV is to **get tested** (see Question 4 *"Should I get tested for HIV? How?"*). Ask your doctor, nurse or midwife. You can also call a local clinic or public health department.

### If you find out you have HIV and you are pregnant

You can take better care of yourself and get early treatment. You can also choose to

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

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

**Remember:** It is your choice whether to be tested for HIV or to take the drugs.

**After the baby is born:** Don't breast feed. The baby could get HIV from your breast milk.

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

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

**For more information** (these resources are available from the Clearinghouse)

*Important News for Pregnant Women.* Canadian Public Health Association. 1998.  
(distribution # 14900-1 - also available in Chinese (15791-1), Spanish (15792-1),  
Inuktitut (15791-1), Swampy Cree (15794-1) and Somali (16081-1))

*Voices of Positive Women: Advice and information for women living with HIV/AIDS: HIV  
pregnancy and our children.* Voices of Positive Women. 1995. (distribution # 14641)

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### QUESTION #7

## What are the risks of getting HIV when you drink or use drugs?

Alcohol or drugs won't infect you with HIV. But taking risks while you're drunk or high might.

When you drink or use drugs, it's easy to get reckless and not bother to use a condom during sex. Having unprotected sex is one of the most common ways to become infected with HIV.

You might take the risk of sharing a needle. In 1996, about half of all new HIV infections occurred among people who inject street drugs. Whenever anyone shoots up, a tiny amount of their blood stays in the needle or syringe. If you use the same needle as someone who is infected with HIV, you shoot their infected blood into your bloodstream.

#### Reduce your risk of HIV infection:

- Limit drinking or drug taking before sex. This way you are more likely to take precautions.
- If you are going to be drinking or taking drugs, get condoms or clean needles to bring with you before you go out (free condoms and needles can often be obtained through your local public health department).
- Don't have unprotected sex (see Question 8 "*How can I have sex more safely?*").
- Don't share any equipment that could have blood on it (for example, water, cotton filters, cookers, pipes, straws, needles, syringes).
- Consider cutting down on the drugs you use or getting treated for addiction.

#### If you must re-use drug-injecting equipment, here's how to kill HIV with bleach between users:

1. Draw clean water into the needle and syringe. Shake it. Squirt it out. Throw the water away.
2. Draw in full-strength bleach. Leave it for 30 seconds. Squirt it out. Throw the bleach away. Do this twice.
3. Draw more clean water into the needle and syringe. Shake it. Squirt it out. Throw the water away. Do this twice.

**For more information** (these resources are available from the Clearinghouse)

*Getting high? Getting hot? Stay safe: Get to know more about drugs, alcohol, sex and HIV/AIDS.* Canadian AIDS Society. 1998. (distribution #15479-1)

*Understanding HIV & AIDS: A guide for youth.* AIDS New Brunswick. 1998. (available on loan only)

*Women and AIDS: Choices for women in the age of AIDS.* Canadian Public Health Association, 1995. (distribution #12064-1)

*My choice, AIDS: not in this body.* Canadian AIDS Society, 1999. (distribution # 16300-1)

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## FREQUENTLY ASKED QUESTIONS ABOUT HIV/AIDS

### QUESTION #8

## How can I have sex more safely?

You can have fun—and erotic sex—with no risk of getting HIV. Just choose sex that prevents any semen, vaginal fluids or blood from entering your bloodstream.

#### Some examples of safe sex include:

- kissing—including French kissing
- hugging
- massaging
- fondling, touching, rubbing
- masturbating (alone or with your partner).

#### No risk

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

#### Low risk

Oral sex has some risk but it is considered “low” risk because saliva doesn’t transmit HIV. However, if you have any open cuts or sores in your mouth, infected semen or vaginal fluid could enter your bloodstream when you lick or suck a man’s penis or a woman’s vagina.

#### High risk

The lining of the vagina and the anus is delicate and thin. It breaks easily and invisibly. That’s why the riskiest types of sex are:

- having vaginal or anal intercourse without a condom;
- sharing sex toys without using a condom, or without cleaning them.

#### To have sex more safely:

- Talk to your partner about safer sex before having sex (see Question #11 “*How to talk about using condoms*”)
- Use a latex condom for
  - vaginal or anal intercourse
  - oral sex on a man
  - oral sex on a woman (place a condom cut open lengthwise or a dental dam over her vagina as a barrier)
- sharing sex toys

- Use lots of water-based lubricant (don't use Vaseline or oil-based products that weaken condoms)
- Try a female condom (now available at some drug stores).

## Never re-use condoms

**For more information** (these resources are available from the Clearinghouse)

*HIV and Safer Sex: The Choice is Yours.* Canadian Hemophilia Society. 1998. (distribution # 15594-1)

*Safer Sex Menu.* Positive Straight Men. 1997 (distribution # 15038-1)

*Safer Sex Can Be Fun!* ETR Associates. Santa Cruz, Ca. 1998. (available on loan only)

*HIV: Things you should know.* Canadian AIDS Society. 1999. (distribution #16371-1)

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## FREQUENTLY ASKED QUESTIONS ABOUT HIV/AIDS

### QUESTION #9

## What should you tell your kids about HIV and AIDS?

Talking about HIV and AIDS with your children may not be easy but, whether their immediate risk of infection seems slight or significant, HIV/AIDS affects us all and we all need to be informed. By providing accurate information, you can address their curiosity, reduce their fears, and help them to protect themselves.

By talking with your children about HIV/AIDS you are showing them that you care - you are also providing information and support that will help them make healthy choices.

### **What should children know about AIDS and HIV at various ages? Here are some suggestions:**

**Young children (5-8 years)** may have questions or fears about AIDS. Explain that it is a sickness caused by a kind of germ carried in some people's blood. It is not like a cold though. HIV and AIDS are not easy to catch.

**Pre-teens (9-12 years)** are becoming more concerned with their bodies and their looks. Talk to them about sexuality, AIDS and drugs. Give accurate information, using correct words for different parts of the body.

Tell them:

- how HIV is spread (see Question #3 "*How do you get HIV? (or not get HIV?)*");
- what is meant by sexual intercourse;
- why taking drugs may be dangerous.

**Teenagers (13-19 years)** frequently experiment with sex and drugs. Tell them the most sure way to prevent HIV is to avoid unsafe sexual intercourse and injection drug use.

They also need detailed information about:

- safer sex (see Question #8 "*How can I have sex more safely?*");
- how to use condoms;
- about birth control;
- how risky it is to share needles for taking drugs (including steroids), or piercing or tattoos.

Talk about how using drugs and alcohol affects their judgment. Emphasize that **anyone, anywhere** who engages in risky behaviours can get HIV/AIDS.

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

### **To start a conversation on HIV/AIDS try these:**

- Ask your children what they have learned about AIDS at school;
- Tell them about an article you've read or news report you heard;
- Leave a book or magazine article on HIV/AIDS around the house for them to read.

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

### **For more information** (these resources are available from the Clearinghouse)

*We need to know about AIDS: A guide for parents on talking with their children about AIDS.* Health Canada. 1995. (distribution # 11927-1)

*Learning about AIDS: student booklet.* Canadian Public Health Association. 1996. (distribution # 13645-1)

*HIV: Talking to your teen.* ETR Associates. Santa Cruz, Ca. 1998. (available on loan only)

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## FREQUENTLY ASKED QUESTIONS ABOUT HIV/AIDS

### QUESTION #10

## Is it safe for others to be at work, school, or day care with someone who has HIV?

**YES.** We need to understand that it's quite safe to work, study, or play with people who have HIV and AIDS. It's also safe for children to be in day care or attend school with children who have HIV and AIDS.

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

#### You *cannot* contract HIV through

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

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

#### The three main ways you *can* get HIV are

- having unprotected sex
- sharing needles with someone who has HIV
- being born to an HIV-positive mother.

Even if HIV-infected blood touches your skin, it won't cause infection. For you to become infected, enough HIV-infected blood has to get into your bloodstream through an entry point like an open sore or cut. In our daily lives, such blood-to-blood contact with others is unusual—even in cases of biting, scratching, accidents or fights.

If you ever have to clean up blood, wear latex gloves, wipe the blood-soiled surface and disinfect it with bleach. Place blood-stained materials in a sealed plastic bag and discard in a lined, covered garbage container. Wash your hands afterwards. Machine wash any blood-stained clothes separately in hot soapy water.

Canadian law recognizes HIV/AIDS as a disability, like any other medical condition. The *Canadian Charter of Human Rights* prohibits discrimination against people with disabilities, including HIV/AIDS.

**For more information** (these resources are available from the Clearinghouse)

*HIV/AIDS and Child Care: Fact Book.* Canadian Child Care Federation. 1995.  
(distribution # 12705-1)

*AIDS and Workplace Policy.* Canadian Public Health Association. 1997. (distribution # 14739-1) (1 copy free of charge, multiple copies cost \$5.00 each)

*HIV/AIDS Discrimination: It's against the law.* Canadian Human Rights Commission. 1993. (distribution # 12784)

*Basic facts about HIV/AIDS.* Canadian Public Health Association. 1995. (distribution #11495-1 - also available in Ojibway (15235-1), Oji-Cree(15236-1), Swampy Cree (15237-1) and Inuktitut (15238-1))

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## FREQUENTLY ASKED QUESTIONS ABOUT HIV/AIDS

### QUESTION #11

## How to talk about using condoms

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

### Send a signal

- Have condoms available and visible, in your bedroom, bathroom, pocket or purse
- Give a bouquet or a card expressing the wish to make love, and attach a condom.

### Talk about safer sex before you have sex

*To raise the subject with your partner you can, say:*

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

*If your partner does not want to use condoms say:*

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

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

*Question:* “Don’t you trust me?”

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

*Comment:* “Condoms don’t feel good.”

*Reply:* “Let’s try it a few times. It’ll be more fun if we can both relax.” Then try putting a drop of lubricant inside the condom. You could also try using a female condom.

*Question:* “Aren’t you on the pill?”

*Reply:* “Yes, but that doesn’t stop STDs.”

If you and your partner can't agree, consider your options. If you still want to have sex, consider **other safer sex activities** (see Question #8 "*How can I have sex more safely?*") that do not involve penetration.

**For more information** (these resources are available from the Clearinghouse)

*Condoms...* Ottawa-Carleton Council on AIDS. 1998. (available on loan only)

*Condoms: Talking with your partner.* ETR Associates. Santa Cruz, Ca. 1997. (available on loan only)

*Skills for healthy relationships (video).* Lambert Multimedia. 1993. (available on loan only)

*Skills for healthy relationships (manual).* Council of Ministers of Education. 1993. (distribution #9978-1)

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This material was originally produced for the Canadian Health Network.



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## FREQUENTLY ASKED QUESTIONS ABOUT HIV/AIDS

### QUESTION #12

## Is there a cure for HIV/AIDS?

No. There is no cure for HIV/AIDS.

Although some very strong drugs are now being used to slow down the disease, they do not get rid of HIV or cure AIDS. The drug treatments are called **Highly Active Anti-Retroviral Therapies (HAART)**. They are a mix of drugs such as AZT, 3TC, ddI and a protease inhibitor. Together they help to reduce the level of HIV in the blood. HAART can help to slow down HIV and keep some people healthy longer.

Even though HAART are better than anything else so far, they do have some problems:

- They don't work for all people.
- Some people have very bad side effects from the drugs themselves or from the way those drugs mix with other drugs they are taking. These people may have to stop treatment.
- The drugs can cost thousands of dollars each year, and some people cannot afford them.
- People using these treatments must take many pills each day, for the rest of their lives.
- If people forget to take their pills, the HIV virus in their body may get stronger and may not respond to any drugs at all.
- We do not know how safe these treatments are or how well they will work over time.

Not all the people who need HAART have access to treatment. An Ontario study found that only half of the people living with HIV/AIDS are getting HAART. Other research shows that certain groups, such as women and those who inject drugs, are less likely to get this treatment.

When some people find out about the new treatments, they may think they are safe. They may start to take risks. These treatments do NOT make it safer to take chances. We still don't know how HAART affect the spread of HIV. And the risk of spreading HIV is still very real because as many as 15,000 Canadians may have HIV and not know it.

There is still no cure for HIV/AIDS. To reduce the risk of getting HIV/AIDS, people still need to practise safer sex and not share needles to inject drugs.

**For more information** (these resources are available from the Clearinghouse)

*Managing your Health: a guide for people living with HIV or AIDS.*  
Community AIDS Treatment Information Exchange. 1999. (distribution # 16657-1)

*Protease Inhibitors: a new family of drugs for the treatment of HIV infection: what are they, how do they work, when to use them.* International Association of Physicians in AIDS Care. 1996. (distribution # 13525-1)

*Living with the New Treatments (video – French with English subtitles).*  
Comment Dire Productions, France. 1998. (available on loan only)

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## FREQUENTLY ASKED QUESTIONS ABOUT HIV/AIDS

### QUESTION #13

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

You may have heard about a morning after pill for HIV. What you are really hearing about is called **Post-Exposure Prophylaxis (PEP)**. It is not a single pill, and it does not prevent HIV/AIDS. PEP is a 4-week treatment which *may reduce* the risk of acquiring HIV for people who have been exposed to the virus. It does not get rid of the risk completely.

Here's how PEP works: The person must take very high doses of the same drugs that are used to treat HIV/AIDS. They have to follow a strict routine, taking many pills several times a day. They also need to have lab tests and check-ups with a doctor. The side effects of PEP may include nausea, feeling tired, swelling of the liver or kidney stones.

So far, PEP has mostly been used to treat health care workers who have been exposed to HIV at work, mainly when they were accidentally pricked by a needle. One study showed that about 3 out of 10 health care workers did not finish PEP treatments. PEP has also been given to victims of sexual assault. There is a lot of debate about giving more people access to PEP.

PEP costs a lot of money. For example, in Ontario, it can cost between \$600-\$1200 for the 4-week treatment.

Right now, there is no proof that PEP works, or that it is safe. So far, studies have looked at how PEP works on health care workers who have been exposed to HIV by accident. There is no proof that PEP works on people who have been exposed to HIV during sex or when sharing needles.

Even if people have greater access to PEP in the future, it will never take the place of preventing HIV in the first place. This means people should continue to practice safer sex and not share needles.

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For more information (these resources are available from the Clearinghouse)

*Expanding Access to Post-Exposure Prophylaxis: Ethical and Legal Issues.*  
Federal/Provincial/Territorial Advisory Committee on HIV/AIDS. 1999.  
(distribution # 16726-1)

*HIV Post-Exposure Prophylaxis in the Non-Occupational Setting - Decision Making in the Face of Uncertainty (Summary of Proceedings).*  
Federal/Provincial/Territorial Advisory Committee on HIV/AIDS. 1999.  
(distribution # 16728-1)

*PEP Factsheet: philosophy statement.* AIDS Committee of London. 1998.  
(available on loan only)

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## FREQUENTLY ASKED QUESTIONS ABOUT HIV/AIDS

### QUESTION #14

## How risky is oral sex?

Oral sex is when you suck or lick someone's penis, clitoris or vagina, or when someone does this to you. Most experts agree that having unprotected oral sex is not as risky as having unprotected anal or vaginal intercourse. But, oral sex is NOT risk free.

Oral sex is less risky because the skin inside the mouth is stronger and thicker than the skin inside the vagina or anus. Your mouth is less likely to tear during oral sex, which makes it harder for HIV to enter the blood. Also, spit (or saliva) may contain a chemical that weakens HIV.

Even though the risk is low, recent research has increased awareness about HIV transmission via oral sex. We also know that gonorrhea, herpes and other STDs (sexually transmitted diseases) are spread through unprotected oral sex.

The **giver**, the person who does the sucking or licking, is more at risk than their **partner**, the person being sucked. Body fluids such as drops of liquid on the end of the penis, the man's semen, or wetness from the woman's vagina can contain HIV.

Also, blood can contain HIV. This includes menstrual blood, when a woman is having her period.

HIV can get into your bloodstream:

- If the giver has any cuts or sores in the mouth.
- If the skin in the giver's mouth or on the partner's sex organs is torn during rough or prolonged oral sex (such as deep-throating).
- If the giver has bleeding gums, gum disease, receding gums or has had recent dental work.

To reduce the risk of spreading HIV through oral sex:

- Use an unlubricated latex condom (try a tasty flavour).
- Use a dental dam (or cut open a condom) for oral sex on a woman.
- Don't have oral sex right after brushing or flossing your teeth. Wait at least 30 minutes.
- Try to avoid getting any body fluids in your mouth.
- After oral sex, gargle with water or mouthwash.

...over/

**For more information** (these resources are available from the Clearinghouse)

*HIV: Things you should know (pamphlet)*. Canadian AIDS Society. 1999.  
(distribution #16371-1)

*HIV and Safer Sex: The Choice is Yours*. Canadian Hemophilia Society. 1998.  
(distribution # 15594-1)

*Oral Sex and HIV Transmission*. AIDS Committee of Thunder Bay. 1999.  
(available on loan only)

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## FREQUENTLY ASKED QUESTIONS ABOUT HIV/AIDS

### QUESTION #15

## Is there a vaccine for HIV/AIDS?

You may have heard that scientists are trying to find a vaccine for HIV/AIDS. While this is true, most experts think that finding a vaccine to prevent HIV/AIDS is a long way off.

Here's what scientists are doing:

- They are trying to make a vaccine that will prevent HIV infection.
- They are looking for ways to stop people from getting sick after they have HIV. This research involves finding a way to protect our cells from the effects of HIV. It might also lead to new treatments for HIV/AIDS.

Finding a vaccine that works will not be easy. What do we want a vaccine to do? Should it try to prevent HIV? Should it prevent illness after someone has HIV? Or should it treat people who already have HIV?

Here are some of the problems that scientists face:

- There are many kinds (or strains) of the HIV virus.
- No one knows how strong a person's immune system has to be in order to prevent HIV from taking hold.
- Testing any vaccine will take a long time. After scientists test the vaccine on animals, they will want to test it on humans. Tests on humans are called **clinical trials**, and they always raise questions. Who will be chosen to test the new vaccines? How can we make sure they will be safe during the tests? Clinical trials will involve large numbers of people. So far, the number of clinical trials has been very small.

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

In the meantime, some people think that because vaccine research is happening and new treatments have been found, they don't have to worry about HIV/AIDS. This just isn't true. No vaccine ever works 100% of the time and the new treatments do not cure or prevent HIV.

Even if a vaccine is approved one day, it won't replace the need to practice safer sex or avoid other things that increase the risk of HIV/AIDS, such as sharing needles to inject drugs.

...over/

**For more information** (these resources are available from the Clearinghouse)

*HIV: Things you should know (pamphlet)*. Canadian AIDS Society. 1999.  
(distribution #16371-1)

*HIV Vaccine Handbook: Community Perspectives...* AIDS Vaccine Coalition,  
Washington. 1999. (available on loan only).

*Vaccines [booklet]*. United States National Institutes of Health. 1998. (avail-  
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## FREQUENTLY ASKED QUESTIONS ABOUT HIV/AIDS

### QUESTION #16

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

Yes, you can.

Some people think only gay men or people who inject drugs can get HIV/AIDS. This is simply not true. Anyone can be at risk, because it's not who you are that matters—it's what you do.

Did you know that sex between men and women (heterosexual contact) is the main way that HIV is spreading around the world?

- Globally, more than 7 out of 10 HIV infections are as a result of men and women having sex.
- In Canada, more than 7,000 people have been infected with HIV from male/female sex.

Most of us know that having sex without a condom or sharing a needle to inject drugs are the main ways HIV is spread. But what if:

- **You or your partner don't know you have HIV?** In Canada, 15,000 people may have HIV and not know it. They don't know because:
  - they have not been tested for HIV, or
  - they became infected since their last negative test.
- **You forgot to protect yourself?** This can happen when people, who did not plan to have unsafe sex, get drunk or high and forgot to use protection.

To reduce the risk of HIV:

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

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

...over/

**For more information** (these resources are available from the Clearinghouse)

*HIV: Things you should know (pamphlet)*. Canadian AIDS Society. 1999.  
(distribution #16371-1)

*Safer Sex Menu*. Positive Straight Men. 1997 (distribution # 15038-1)

*Getting high? Getting hot? Stay safe: Get to know more about drugs, alcohol, sex and HIV/AIDS*. Canadian AIDS Society. 1998. (distribution #15479-1)

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