



ASIAN & PACIFIC ISLANDER  
WELLNESS CENTER

## Asian & Pacific Islander Wellness Center HIV 101 Online Training Frequently Asked Questions

**\*\*Transmission is NOT reduced by the use of spermicides *without latex/polyurethane condoms***  
Please see the following article on spermicides to clarify any misinformation during the HIV 101 training: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5118a1.htm>

### **Are T-cells the same as antibodies?**

T-cells are different than antibodies.

Antibodies are proteins in the body that attach to HIV in the body

### **HIV Transmission Questions**

This is an excellent resource for many of these questions.

<http://www.cdc.gov/hiv/resources/qa/transmission.htm>

### **What is the difference between semen and pre-cum?**

Precum is pre-seminal fluid. It is a clear fluid that lubricates men's urethras. It is produced by a different gland than semen. Both semen and pre-cum can transmit HIV.

### **Haven't some studies shown that saliva does carry a risk, although extremely low, of transmitting HIV?**

The following fluids and substances cannot transmit HIV. Sweat contains no HIV. The other fluids do not contain enough HIV to infect another person. This is regardless of how they get into the bloodstream. No cases of HIV transmission have ever been documented as a result of these substances.

Non-Infectious "Bodily Fluids": Saliva, Tears, Sweat, Feces, Urine

### **What is the likelihood of HIV being transmitted through donated blood?**

Transmission of HIV by transfusion has become rare in developed countries. By 2003, this estimated risk had decreased to between 1 in 1.4 million and 1 in 1.8 million units in the US.

### **Is the virus still transmittable if not detected in the viral load?**

The virus is still transmittable when a person has an undetectable viral load

### **Is it true that if an HIV person is on meds it lowers the risk of transmitting HIV?**

A lower viral load can lower risk for transmission

Viruses are more infectious, easier to transmit when viral load is higher

## Oral Sex Questions

Yes, it is possible for either partner to become infected with HIV through performing or receiving oral sex, though it is a less common mode of transmission than other sexual behaviors (anal and vaginal sex). There have been a few cases of HIV transmission from performing oral sex on a person infected with HIV. While no one knows exactly what the degree of risk is, evidence suggests that the risk is less than that of unprotected anal or vaginal sex.

If the person performing oral sex has HIV, blood from their mouth may enter the body of the person receiving oral sex through

- the lining of the urethra (the opening at the tip of the penis);
- the lining of the vagina or cervix;
- the lining of the anus; or
- directly into the body through small cuts or open sores.

If the person receiving oral sex has HIV, their blood, semen (cum), pre-seminal fluid (pre-cum), or vaginal fluid may contain the virus. Cells lining the mouth of the person performing oral sex may allow HIV to enter their body.

The risk of HIV transmission increases if the person performing oral sex has cuts or sores around or in their mouth or throat;

- if the person receiving oral sex ejaculates in the mouth of the person performing oral sex; or
- if the person receiving oral sex has another sexually transmitted disease (STD).

### **What is generally this timeline (spectrum of HIV disease) that is shown? Does AIDS mean you're going to die?**

People can live a "normal" lifespan with treatment.

### **What is the CD4 count number to be diagnosed with AIDS?**

To get an AIDS diagnosis someone must have HIV AND

- 1) If a person's CD4 count falls below 200, then they have officially progressed to AIDS  
OR
- 2) If an HIV-positive individual is diagnosed with an opportunistic infection that's included on the CDC's list of over two dozen possible HIV-related OIs, then they are diagnosed with AIDS.

### **Once AIDS is diagnosed and CD4 count goes above 200 are you still considered having AIDS?**

Once AIDS is diagnosed, health can improve including the CD4 count increasing to above 200, but he/she will always have the diagnosis.

### **Isn't diarrhea and weight loss attributed to an AIDS diagnosis or HIV medication?**

Diarrhea and weight loss can be a result of HIV and/or can be a side effect of HIV or other medications. This can happen anywhere on the spectrum of HIV disease.

### **How long does the diarrhea last in its initial stages?**

Side effects to medication should improve after a few weeks of initiation.

Someone should seek immediate attention from a doctor if they have severe diarrhea lasting several days, with blood in stool or accompanied by fever.

### **What are opportunistic infections (OI)?**

Opportunistic infections are infections that take advantage of a compromised immune system. "Healthy" immune systems will normally keep these critters in check. Although it is possible for someone with a healthy immune system to get some of these OIs (TB, thrush...). Some common HIV-related OIs:

- Thrush- (also known as candidiasis) is a fungal infection of the mouth, throat, or vagina and can appear like a whitish film.
- PCP- Pneumocystis Pneumonia is a fungal infection that can cause a fatal pneumonia. This is still a fairly common OI in people who have not been tested or treated for HIV.
- TB- Tuberculosis is a bacterial infection that attacks the lungs
- Kaposi's Sarcoma- is a cancer that causes patches of abnormal tissue to grow under the skin, in the lining of the mouth, nose, and throat or in other organs. The patches are usually red or purple and are made of cancer cells and blood cells. The red and purple patches often cause no symptoms, though they may be painful. If the cancer spreads to the digestive tract or lungs, bleeding can result. Lung tumors can make breathing hard.

### **What is cervical dysplasia?**

Cervical dysplasia is the abnormal growth of cells on the surface of the cervix. Although this is not cancer, it could indicate a precancerous condition. Women living with HIV should get a Pap Smear more regularly since they have gynecological care issues.

### **Would you consider MRSA or staph infections opportunistic infections?**

MRSA or staph infections can be considered an opportunistic infection, but it is not on the list of opportunistic infections that would lead to an AIDS diagnosis. MRSA infections are grouped into two types:

- Healthcare-associated MRSA (HA-MRSA) infections occur in people who are or have recently been in a hospital or other health-care facility. Those who have been hospitalized or had surgery within the past year are at increased risk. MRSA bacteria are responsible for a large percentage of hospital-acquired staph infections.
- Community-associated MRSA (CA-MRSA) infections occur in otherwise healthy people who have not recently been in the hospital. The infections have occurred among athletes who share equipment or personal items (such as towels or razors) and children in daycare facilities. Members of the military and those who get tattoos are also at risk. The number of CA-MRSA cases is increasing.

### **So, if someone had HPV and is HIV positive, does that person now have AIDS?**

Not necessarily. AIDS must be diagnosed by a physician and there are certain criteria for many of these HIV-related conditions. For example:

- A woman must have invasive cervical cancer, not just Human Papilloma Virus (HPV), the virus that can cause cervical cancer.
- Another condition that receives an AIDS diagnosis in someone living with HIV is Herpes simplex that MUST include ulcers lasting more than a month or bronchitis, pneumonitis or esophagitis.

**What is the rate of mother to child transmission?**

- Mother to child transmission is In the United States, without antiretroviral therapy, is approximately 25%.
- Antiretroviral therapy administered to the mother during pregnancy, labor and delivery, and then to the newborn, as well as elective cesarean section for women with high viral loads (more than 1,000 copies/ml), can reduce the rate of HIV transmission to 2% or less.
- If medications are started during labor and delivery, the rate of transmission can still be decreased to less than 10%.

**Is using lube a harm reduction technique and why?**

Lube is a harm reduction technique that prevents tearing of tissue and reduces, but does not eliminate, the risk of HIV transmission.