

FAQS ON HIV/AIDS

What is HIV?

HIV stands for Human Immunodeficiency Virus. HIV is a virus. When a person becomes infected with HIV, that person becomes 'HIV-positive' and will always be HIV-positive. Over time, HIV infects and kills white blood cells called CD4 lymphocytes (or 'T cells') and can leave the body unable to fight off certain kinds of infections and cancers. With successful antiretroviral therapy (ART), the body can remain healthy and fight off most infections. A healthy person usually has a CD4 count of between 600 and 1,200. When the CD4 count drops below 200, a person's immune system is severely weakened, and that person is then diagnosed with AIDS, even if he or she has not become sick from other infections.

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome and is caused by HIV. The names HIV and AIDS can be confusing because both terms describe the same disease. Think of AIDS as advanced HIV disease. A person with AIDS has an immune system so weakened by HIV that he or she usually becomes sick from one or more of several 'opportunistic infections'(infections that they develop because of their lowered immunity: tuberculosis is one of the most common AIDS-related opportunistic infections in India) or other immune-related conditions. If someone with HIV is diagnosed with one of these opportunistic infections (even if the CD4 count is above 200), he or she is said to have AIDS. AIDS usually takes time to develop from the time a person acquires HIV -- usually between 2 to 10 years or more.

Once a person has been diagnosed with AIDS, she or he is always considered to have AIDS, even if that person's CD4 count goes up again and/or they recover from the disease that defined their AIDS diagnosis.

Where did HIV come from?

The earliest known case of HIV was from a blood sample collected in 1959 from a man in Kinshasa, Democratic Republic of Congo. However, HIV is likely to have been in circulation for many years prior to that. We do know that the virus has existed in the United States since at least the mid- to late-1970s. From 1979-1981 rare types of pneumonias, cancers, and other illnesses were being reported by doctors in Los Angeles and New York among a number of gay male patients. These were conditions not usually found in people with healthy immune systems.

In 1982 public health officials began to use the term "acquired immunodeficiency syndrome" or AIDS, to describe the occurrences of opportunistic infections, Kaposi's sarcoma, and Pneumocystis carinii pneumonia in previously healthy men.

How do you get HIV?

HIV is a virus that infects people by getting inside their blood cells. To avoid getting HIV, you must prevent the body fluids of someone who is infected from entering your body through your mouth, vagina, anus, tip of your penis, or breaks in your skin. The body fluids containing HIV include:

- >> Blood (including menstrual blood)
- >> Semen and possibly pre-seminal fluid
- >> Vaginal secretions
- >> Breast milk
- >> Other body fluids may also contain HIV.

In order for HIV to be transmitted, HIV must be present. And HIV must get inside the body.

The sexual behaviours that can transmit HIV are:

- >> Vaginal sex
- >> Anal sex involving either men or women
- >> Oral sex

The risk of transmission is greatly reduced by abstinence, being faithful and using a condom.

Is oral sex unsafe?

Oral sex (where the mouth of one person comes into contact with the genital organs of the other) carries a lower risk of HIV infection than other penetrative sexual acts as the virus gets killed in the digestive tract of a person. But there is a risk if there are bleeding gums or tiny sores somewhere in the mouth and the virus from the semen or vaginal fluids enters these sores and consequently the bloodstream. The use of condoms or latex barriers is advocated for oral sex.

Why is injecting drugs a risk for HIV?

With injections, blood is introduced into needles and syringes. The reuse of a needle or syringe with HIV-infected blood by another drug injector carries a high risk of HIV transmission because infected blood can be injected directly into the bloodstream. Sharing drug equipment can also be a risk for spreading HIV. Infected blood can be introduced into drug solutions by using blood-contaminated syringes to prepare drugs, reusing water, bottle caps, spoons, cookers or other containers used to dissolve drugs in water and to heat drug solutions, reusing small pieces of cotton or cigarette filters used to filter out particles that could block the needle. Repackaging and sale of used syringes is not uncommon and could also be a risk for onward transmission of HIV.

How is it possible to get HIV from a tattoo or body piercing?

A risk of HIV transmission exists if instruments contaminated with blood (including the inkpot) are either not sterilised or disinfected and reused on clients. All instruments that can penetrate the skin should be used once, then disposed of or thoroughly sterilised.

Are patients in a dentist's or doctor's office at risk of getting HIV?

Unsafe healthcare practices do cause HIV transmission, especially in poorer countries where medical care is routinely compromised. While patients are not likely to get HIV from healthcare providers who are HIV-positive, patient-to-patient transmission is a serious concern. All procedures which are invasive (pierce the skin) carry a risk of HIV transmission if instruments are not sterile.

Can I get infected with HIV from mosquitoes?

There is no evidence of HIV transmission through mosquitoes or any other insects. HIV lives for only a short time inside an insect and, unlike organisms that are transmitted via insect bites, HIV does not survive or reproduce in insects. Thus, even if the virus enters a mosquito or another insect, the insect does not become infected and cannot transmit HIV to the next human it bites. When an insect bites a person, it does not inject its own or a previously bitten person's or animal's blood into the next person. Rather, it injects saliva, which acts as a lubricant so the insect can feed efficiently. Diseases such as yellow fever and malaria are transmitted through the saliva of specific species of mosquitoes.

Does male circumcision provide protection against HIV infection?

Recent studies in Africa suggest that circumcision can reduce HIV infection. However, there is no conclusive evidence of this yet. Circumcision in unsterile conditions may actually increase the transfer of HIV through the procedure itself. Scientists looking at male circumcision and female genital mutilation (FGM) practices in Kenya, Lesotho and Tanzania found that the cut in itself was causing many new HIV infections among adolescents. In India as in Africa, circumcision is often done in unhygienic conditions with unsterile equipment.

How does a mother transmit HIV to her unborn child?

An HIV-infected mother can infect the child in her womb through her blood. The baby is more at risk if the mother has been recently infected or is in a later stage of AIDS. Transmission can also occur at the time of birth when the baby is exposed to the mother's blood and to some extent transmission can occur through breast milk. Transmission from an infected mother to her baby occurs in about 30% of cases without special drug treatment to reduce the risk of such transmission. With this treatment given to the pregnant mother and to the child, the risk of transmission falls to between 2-10%.

Can HIV be transmitted through breast-feeding?

Yes. The virus has been found in breast milk in low concentrations and studies have shown that children of HIV-infected mothers can get HIV infection through breast milk. Breast milk, however, has many substances in it that protect an infant's health and the benefits of breast-feeding for both mother and child are well recognised. More important, poor women often do not have access to clean drinking water or the means to purify it, which will put the child at high risk of diarrhoeal diseases that are one of the most common causes of infant mortality. When mothers cannot be assured of clean water to make up infant formula, the risk of an infant becoming infected with HIV through breast-feeding is outweighed by its benefits.

TREATMENT

Is there a cure for HIV and AIDS?

People living with HIV suffer from opportunistic infections once their immune systems have become weak. These infections can be cured with proper treatment in most hospitals in the government and private sector.

While there is no complete cure for HIV, ie no medication to eradicate the virus from the body, there have been significant advances in antiretroviral (ARV) treatment over the years. This medication significantly slows down the multiplication of the virus. Unlike in the past, the ARV regimen is fairly simple and the side-effects minimal. However, ARV needs to be taken life-long, so people should be cautious when starting the medication if they cannot be fairly certain of continued access.

With advances in ARV and the fact that people live long, healthy, productive lives, AIDS is no longer the 'dreaded' disease it was viewed as in the past, but more like a chronic manageable disease much like diabetes. The Government of India started ART (antiretroviral therapy) centres in some parts

of the country in 2004, where ARV is given free of cost to those who meet certain criteria. The number of these centres has increased over the years. (For a list of centres providing ART, visit http://www.nacoonline.org/directory_arv.html.)

Is there a vaccine for HIV/AIDS?

A vaccine is a substance that is introduced into the body to prevent infection or to control disease due to a certain pathogen (any disease-causing organism in this case, HIV); the vaccine 'teaches' the body how to defend itself against a pathogen by creating an immune response. An AIDS vaccine offers one of the best hopes for ending the AIDS pandemic and could play an important part in sustaining AIDS treatment and prevention programmes. A preventive vaccine would stop the virus from infecting humans whereas a therapeutic vaccine would help people living with HIV keep the virus at bay and prevent it from completely depleting people's immune systems.

In India, vaccine trials are being conducted in Pune and Chennai with the support and technical expertise of the Indian Council of Medical Research (ICMR), the National AIDS Research Institute (NARI), the National AIDS Control Organisation (NACO), the International AIDS Vaccine Initiative (IAVI) and the Tuberculosis Research Centre (TRC). Though the AIDS vaccine still seems elusive, there are currently around 28 vaccine trials going on in different parts of the world.

TESTING

Do you have reason to think you might be infected?

If you think you have been exposed to HIV, you should be tested.

- * Have you ever had 'unprotected' sex (sex without a condom or other latex barrier) – oral, vaginal or anal?
- * Have you ever had an unplanned pregnancy because of unprotected sex?
- * Have you had sex with more than one partner? Has your partner had multi-partner sex?
- * Have you ever had sex with someone who was an IV drug user?
- * Have you ever had sex with someone who might be HIV-positive?
- * Have you ever had a sexually transmitted disease (STD) such as herpes, chlamydia, gonorrhoea, trichomoniasis, or hepatitis?
- * Have you ever been sexually assaulted (raped, forced or talked into having sex when you didn't want to)?
- * Have you ever passed out or forgotten what happened after you were drinking or getting high?
- * Have you ever shared needles or other equipment to inject drugs or pierce the skin?
- * Have you ever received a blood transfusion?
- * Did your mother have HIV when you were born?
- * You are a healthcare worker with direct exposure to blood on the job

About the HIV test

The HIV test involves taking a small amount of blood, usually from a person's arm. The HIV test is the only way to know for sure if you have the virus. The tests commonly used to detect HIV infection actually look for the presence of antibodies produced by your body to fight HIV. While most people develop detectable antibodies within 3 months after infection, in some cases it can take up to 6 months. Therefore, for those who believe they have had some risky exposure and would like to do the test, it is advisable to do one 6 months after the exposure to be certain of one's HIV status.

This 'HIV antibody test' is also popularly called the 'HIV Test' or the 'AIDS Test'; however, this test alone cannot tell you if you have AIDS. The HIV test can tell you if you have the virus. Tests that are commonly used in government hospitals as well as the private sector are either ELISA (Enzyme Linked Immunosorbent Assay) or rapid tests. The latter produces very quick results, usually in 10 to 30 minutes, whereas results from the former, ie the ELISA, usually take 1-2 weeks. There are also tests available, though in very few places in the country and very expensive, which can detect the presence of the virus (rather than the antibodies) even in someone recently infected. This is called the Polymerase Chain Reaction (PCR) and can also be used for testing infants whose mothers are HIV-positive.

If your test result is 'positive', it means you have HIV infection and could benefit from special medical care. Additional tests can tell you how strong your immune system is and whether drug therapy is indicated. Some people stay healthy for a long time with HIV infection, while others develop serious illness and AIDS more rapidly. Scientists do not know why people respond in different ways to HIV infection. If your test is 'negative', and you have not had any possible risk for HIV for six months prior to taking the test, it means you do not have HIV infection. Less than 2% of all people who test for HIV get an 'inconclusive result'. This means this test cannot determine whether or not they have the virus and they would need to do the test again.

Benefits of testing

If you feel you are at risk for HIV you could consider taking the test. With recent advances in medical care and the options available for people with HIV, finding out that you are positive could help you take better care of yourself and prolong your life. If you test positive for HIV, the sooner you take steps to protect your health, the better. Prompt medical care may delay the onset of AIDS and prevent some life-threatening conditions. Smoking, drinking too much alcohol, or using illegal drugs (such as cocaine) can weaken your immune system. There is much you can do to stay healthy.

Testing can also help you to make informed choices about sexual practices, marriage, pregnancy and other decisions. If you are a woman who is planning on getting pregnant, or are currently pregnant, you may want to consider getting tested as there are various ways to help reduce the transmission of HIV from mother to child.

Testing facilities

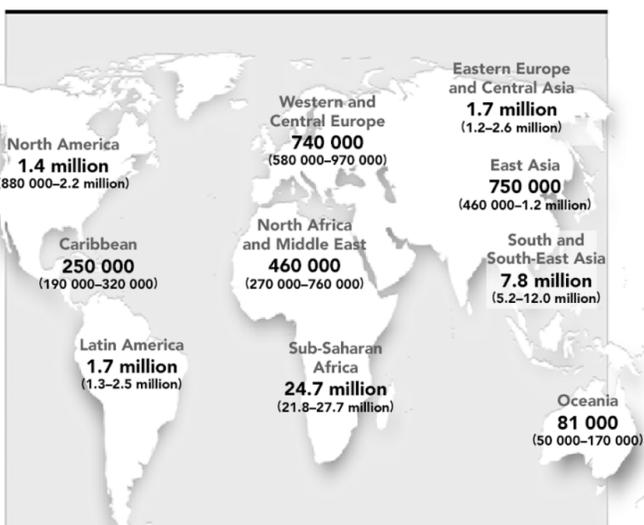
One of the places where you can get yourself tested is at a Voluntary Confidential Counselling and Testing Centre (VCCTC) or what is now called Integrated Counselling and Testing Centre (ICTC). VCCTCs have been established by NACO in most Medical College Hospitals across India and in most of the district hospitals in states where there is high prevalence of HIV. In the next few years, NACO plans to cover most district hospitals across the country. For a listing of the VCCTC closest to you visit the NACO website at http://www.nacoonline.org/directory_vct.htm. Apart from these, several NGOs and private institutions run VCCTCs.

Counselling with HIV testing

These centres provide counseling before the test to assess risky behaviour, prepare you for a possible positive result and ways you can protect yourself and others in the future. In addition, they can help you understand the meaning of HIV and AIDS and the test results and inform you about locally available AIDS-related resources. The aim of the VCCTC is to reduce psycho-social stress and provide you (the client) with the information and support necessary to make decisions. Within the context of VCCTCs, the principle of voluntary and informed consent remains paramount. This means that the right of a person to decide if and when they will be tested for HIV must be protected. It is for this reason that written consent is obtained if the person agrees to take the test. In case of unconscious patients or minors, the consent of the near relatives or guardians has to be taken.

How many people have HIV/AIDS?

ADULTS AND CHILDREN ESTIMATED TO BE LIVING WITH HIV IN 2006



Total: 39.5 (34.1–47.1) million

Source: UNAIDS/WHO

HIV/AIDS in India
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India's first known HIV infection was diagnosed in a female sex worker in Chennai in February 1986. It is highly probable that HIV had been circulating for some years before that, since screening during 1986-87 found as many as 3-4% of sex workers infected in Vellore and Madurai, and 1% of STD patients infected in Mumbai. As there were already over 20,000 cases in the world before any case was identified in India, screening for HIV infections began in India in 1985, almost as soon as tests for HIV antibody were available.

The National AIDS Control Organisation (NACO) estimated that 5.2 million people in the 15-49-year age range were living with HIV in 2005, making the country's adult HIV prevalence 0.9%. But latest figures based on the National Family Health Survey III, released in September 2007, arrived at an official estimate of 2.47 million. The HIV prevalence for India is thus revised – 0.28% of adult Indians are HIV-positive, less than half the earlier estimate.

Fighting stigma and discrimination: The rights of the HIV-positive

What are the rights of People Living with HIV/AIDS (PLHA)?

PLHA must have ALL human rights. But of specific concern are the right to non-discrimination because of HIV status, privacy related to their HIV status, the right to education and employment, and the right to treatment.

- > Right to non-discrimination, equal protection and equality before the law
- > Right to privacy (and confidentiality)
- > The right to benefit from scientific progress and its applications
- > Right to liberty and security
- > Right to education
- > Right to freedom of expression and information
- > Right to freedom of assembly and association
- > Right to be free from cruel, inhuman, or degrading treatment or punishment
- > Right to the highest attainable standard of physical and mental health
- > Right to employment, provided through various judgments

What is access to treatment?

Access to treatment includes not only access to competent medical practitioners but also access to testing centres and the medicines and drugs required for the control and treatment of the disease.

Is access to medicine part of the right to health?

It has been held in various judgments that access to medicine is a part of the right to health which in itself is seen to be protected by Article 21 of the Indian Constitution. Thus access to medicine is an important right.

Is there a need for special legislation to protect the rights of PLHA?

There is no special legislation in India yet to protect the rights of PLHAs. But a bill has been drafted and is pending in the union legislature.

What is informed consent?

Testing for HIV requires specific and informed consent from the person being tested. In legal terms, consent is two people agreeing on the same thing in the same sense. Consent has to be freely given. It cannot be obtained by coercion, mistake, misrepresentation, fraud or undue influence. Consent also needs to be informed: of the medical and other consequences of a test, procedure, treatment, of the risk and its benefits. This is particularly important in a doctor-patient relationship.

Is it compulsory for the doctor or lawyer to maintain the confidentiality of the client's HIV status?

Confidentiality is imperative, especially about a condition such as HIV/AIDS. If your confidentiality is either likely to or has been breached you have the right to go to court and sue for damages. People living with HIV/AIDS (PLHAs) are often afraid to go to court to vindicate their rights for fear of their HIV status becoming public. However, they can use the tool of Suppression of Identity whereby a person can litigate under a pseudonym. This beneficent strategy ensures that PLHAs can seek justice without fear of social ostracism or discrimination.

What are the remedies available to PLHA if there is breach of confidentiality?

- > Civil Suit: action for duty and breach of confidentiality. For this the court may grant relief as damages and/or injunctions.
- > Consumer Complaints: PLHAs can file a complaint in the district or state or national consumer commissions. The aggrieved parties can claim damages or compensation for the deficiency of service.
- > PLHAs can file a writ petition related to the violation of right to life and personal liberty or other fundamental rights in the High Courts under Article 226 of the Indian Constitution and to the Supreme Court under Article 32 of the Indian Constitution. The courts in these cases may grant the aggrieved party compensation and/or injunctions.

Can a hospital refuse treatment to a PLHA?

All hospitals should have basic universal infection prevention methods. Refusal of treatment to a PLHA would be unethical and discriminatory.

Can schools refuse admission to HIV-positive children?

No, there can be no discrimination against children living with HIV, as decreed by several court judgments. Protection of the rights of these children is of utmost importance.

What remedies are available for discrimination based on HIV status?

Discrimination in employment, healthcare etc by the State can be remedied as these are constitutionally invalid. But there is no remedy under the Constitution for discrimination by private individuals and bodies.

Which forums can be approached if there is discrimination faced by PLHA?

Various forums such as the courts, National Human Rights Commission, State Human Rights Commissions etc can be approached.

What are the legal remedies available to a person who is exposed to unsafe sex by the spouse by concealing his/her HIV status?

The person in this case would be entitled to divorce. Criminal proceedings for cheating and criminal transmission may also be undertaken against the spouse.

If the wife of a PLHA refuses sexual intercourse and the husband forces her, will it amount to rape?

No, it would not amount to rape as marital rape is not recognised in India. However, the wife would have recourse in criminal law (criminal transmission, under Section 270 of the Indian Penal Code, 1860) and the husband may be criminally liable for criminal transmission.

Does a homosexual have the same rights as a heterosexual?

Yes. However, Section 377 of the Indian Penal Code on "unnatural offences" makes "carnal intercourse against the order of nature with any man, woman or animal" punishable. This section is often used by the police against same-sex couples. There is a campaign to do away with this law.

Can a PLHA have an insurance policy?

The law allows for an insurance policy for PLHAs but this would also depend upon the policy of the insurance company. It is known that insurance companies require HIV tests and refuse policies to HIV-positive people and also have clauses in existing policies refusing coverage for HIV-related illnesses.

Does a PLHA have the right to marry?

Yes, as long as the partner is aware of his/her medical (HIV) status. There is a duty on the partner to disclose the medical condition to the other partner who may freely consent to the marriage.

Can the HIV status of a person be grounds for divorce?

Yes. Transmission of any sexually transmittable disease is grounds for divorce in most marital laws, and this would also extend to HIV.

Can a woman living with HIV/AIDS claim maintenance from her husband?

Yes, in cases where the woman is not in a position to maintain herself. In practice, however, it has been almost impossible for HIV-positive women to claim such maintenance from their husbands. Widows of men who died of AIDS have been thrown out of their marital homes.

Can a PLHA claim custody of his/her children?

Yes, but custody of the children would be decided and granted by the courts. Here again, however, there is considerable discrimination against the HIV-positive.

Can an employer make it compulsory for every employee to undergo HIV testing?

No, unless it is important to the field of work.

What ethical principles are binding on a doctor dealing with PLHA?

- > Maintaining confidentiality
- > Not denying treatment to a person
- > Giving the best medical treatment

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