

Title: Get tested!
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GET TESTED!



DO I NEED AN HIV TEST?

HIGH-RISK SITUATIONS

HIV infection is transmitted in three ways: blood exposure, sexual intercourse (sperm, vaginal fluids), and from mother to child (during pregnancy, during birth, or as a result of breastfeeding).

A high-risk situation is any unprotected sexual intercourse – especially anal and vaginal, but also oral sex. Neither hormonal contraception nor HPV vaccine (against human papillomaviruses) protects against HIV. **HIV can be readily transmitted through injection drug use** by sharing needles, syringes, or solutions with HIV-positive individuals. HIV infection can also be acquired by accidental needle stick injury. If any of these situations apply to you, get tested.

HIV is not spread through everyday social contact (touching, shaking hands, hugging, or dry kissing) **with an infected person**. HIV is not transmitted by insects or other animals, or through sharing toilets, crockery and cutlery, etc. Likewise, HIV cannot be transmitted through masturbation.

POST-EXPOSURE PROPHYLAXIS (PEP)

If you think you were exposed to HIV (e.g. through unprotected sexual intercourse with an HIV-positive partner, needle stick injury, etc.), you may need post-exposure prophylaxis (PEP). PEP involves **taking anti-HIV medications as soon as possible after you may have been exposed to HIV**. This effective measure can reduce the risk of becoming HIV-positive by more than 90 %. PEP needs to be started as early as possible (optimally within four hours), **but not later than 72 hours after the risk episode**. PEP is a **course of prescription medications** and therefore, **if in need, contact, as soon as possible, an HIV/AIDS treatment facility near you** (the list available at www.prevenchiv.cz) where, after considering the risk, a specialist, can prescribe a course of anti-HIV drugs called antiretrovirals to you. A PEP treatment takes one month and is paid by the patient, with the exception of occupational injury in health care workers.

WHEN TO GET TESTED FOR HIV

HIV testing should follow any high risk episode, whether a single one or multiple ones. After an accidental high risk episode (unprotected sex, experimental drug use, etc.), it is recommended to get tested three months after suspected exposure to obtain a reliable result. After multiple high-risk exposures which imply the impossibility to get tested three months apart, every attempt should be made to reduce the risk by practicing safer sex and getting tested for HIV at least once a year, or ideally, every

BEFORE GETTING TESTED

To get a list of HIV testing sites near you, please visit the following websites: <https://www.prevenchiv.cz> and <https://www.hiv-testovani.cz>. Check the office hours, whether a fee will be charged for the HIV test, and if so, what the fee is, and whether the HIV test is anonymous or confidential. To access help, call the following toll-free helplines **800 144 444** or **800 800 980**. In some HIV testing sites, it is better to call for appointment. There is no need for fasting before taking the HIV test. In fact, just the opposite is recommended, i.e. the person **should eat and continue adhering to the drinking regime** to prevent himself/herself from collapsing during the blood collection procedure.

HIV TEST TYPES

The first-line test for HIV infection is called a screening test. It detects **antibodies against HIV and the p24 antigen** (a core protein molecule of HIV) in the blood or saliva.

The p24 antigen can be detected in the early stage of infection during viral proliferation and is a direct marker of HIV infection. The highest blood levels of p24 are detected about three weeks after the beginning of the infection. The immune system which encounters the HIV for the first time takes several weeks to recognize it and to develop an immune response with the production of antibodies targeted against the HIV. The immune response to HIV shows a wide interindividual variation and therefore the antibody levels vary between persons and sooner

or later become high enough to be detected. However, the three-month diagnostic window period is long enough for the HIV test to provide a reliable negative result (unlike the HIV-positivity which may be, but also may not be, detectable as early as three weeks after the infection).

The HIV test can be carried out in three ways:

✘ **from arterial blood sample:** this test is the most accurate and most commonly used in healthcare settings. After collection, the blood sample is referred to a laboratory where the actual test procedure is performed. The result obtained is made available to a counsellor who communicates it to the client. This approach has the disadvantages of being time-consuming, keeping the client waiting for the test result for several days and requiring another visit to the HIV-testing site. This test detects antibodies against the virus (HIV1 and HIV2 types) and the p24 antigen.

✘ **HIV finger-prick test:** it is an informative test. The blood specimen is tested immediately in the HIV testing site by the counsellor using a test kit. This type of HIV test is reliable but if reactive, it must be confirmed by testing the arterial blood. It has the advantage of being rapid, i.e. providing the results within less than 30 minutes, and as such is suitable for use in contact centres, mobile ambulances, etc. This test detects antibodies against HIV (HIV1 and HIV2 types) and possibly also the p24 antigen.

✘ **HIV saliva test:** a buccal swab is collected. The specimen obtained is tested immediately after collection in an HIV-testing site and the test is carried out by the counsellor using an HIV sa-

liva test kit. The currently available HIV rapid saliva tests are reliable, but if reactive, they must be confirmed by the conventional HIV test. They have the advantages of avoiding blood collection and providing a rapid result. This test only detects antibodies against HIV (HIV1 and HIV2 types).

An HIV finger-prick test and an HIV saliva test are rapid tests providing a result during the test procedure. They have a slightly lower sensitivity to early infection than standard laboratory methods and thus have a longer window period.

TEST PROCEDURE

Any HIV testing must be preceded by pre-test counselling and when the test result is communicated, post-test counselling must be available. Counselling is provided by an appropriately trained counsellor. The test can be taken as confidential or anonymous. A personal history is taken from every client presenting for testing in order to identify the risk exposure type and level, if any (unprotected sex with an HIV-positive partner, injection drug use, etc.), time from risk exposure to test, and time needed for an appropriate interpretation of the test result. Other data recorded are sex, age, and residential region (even for an anonymous testing). The counsellor also provides information on how the HIV test result will be communicated.

RESULTS



WHILE WAITING FOR THE HIV TEST RESULT

While waiting for the HIV test result, it is important to use safer sex practices or, ideally, to choose sexual abstinence. The main objective is to prevent HIV transmission to other sexual partners. In the meantime, do not donate blood.

The laboratory HIV test result is available within no more than one week, but may be available as early as on the next day or even on the same day, depending on the possibilities of the HIV testing site and on the type of test used.

If the HIV test was done after the window period, i.e. three months after the suspected exposure, the test result is reliable and there is no need for retesting. If the HIV test was done earlier, the test result is considered as informative and retesting is needed.

A NEGATIVE HIV TEST RESULT

A negative HIV test result means that you have not been infected by the HIV (you are HIV-negative), if the HIV test was done at least three months after the last suspected HIV exposure. **A negative HIV test result does not imply that your sexual partner is also HIV negative.** To make sure your partner is HIV-negative, he/she should get tested for HIV too, not only one member of the couple. **A negative HIV test result** does not mean that **you may not acquire HIV in the future or that you are immune to HIV.** If you engage in another high-risk exposure, you need to be retested for HIV. After getting tested, you should practice safer sex.

A REACTIVE SCREENING TEST RESULT

A reactive screening test result is not the same as a positive HIV test result. Both standard laboratory tests and rapid tests may not react solely to HIV and, therefore, a reactive result may also appear in people who are not infected with HIV. **A reactive result needs to be verified by a confirmatory test** in the National Reference Laboratory for HIV/AIDS of the National Public Health Institute. **HIV positivity can only be diagnosed on the basis of a confirmatory test.**

A POSITIVE HIV TEST RESULT

A positive HIV test result means that the person is infected with HIV. This information should be communicated confidentially in person by a clinician.

Being HIV positive does not necessarily mean having AIDS. A positive HIV test result is not the end of all days. HIV infection is a chronic condition, but treatment advances have made it possible to control.

It is recommended that every HIV positive person should follow certain rules which were clearly explained to him/her, as confirmed by his/her signature on the form "Information for HIV infected persons".

HIV positive persons have the following rights and responsibilities:

- ✗ **to register with an AIDS centre** of his/her choice to receive medical treatment and therapy;
- ✗ **to inform his/her sexual partner(s)** to prevent further spread of HIV. Sexual partners of HIV-positive persons should get tested for HIV;

- ✗ **to use safer sex practices**, i.e. to use condoms every time he/she has vaginal, anal, or oral sex, even with an HIV-positive partner;
- ✗ to take care of own health, to prevent sexually transmitted diseases, and to lead a healthy lifestyle;
- ✗ to maintain good personal hygiene;
- ✗ an HIV-positive person does not have to disclose that he/she is HIV-positive to an employer (unless involved in epidemiologically relevant activities) or others.

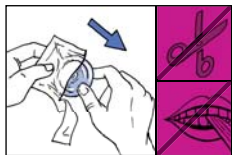
HIV infection has no cure. However, by complying with treatment, an HIV-positive person now can live longer and with a better quality of life than ever before.

For more information on living with HIV, please visit the website <http://www.hiv-komunita.cz>.

SAFER SEX

Using a condom while having anal, vaginal or oral sex makes sex safer. Another alternative is engaging in non-coital sexual activities (hugging, caressing, mutual masturbation, etc.) which may lead to full mutual sexual satisfaction.

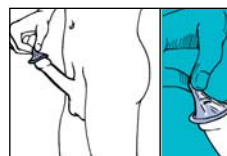
USING A CONDOM:



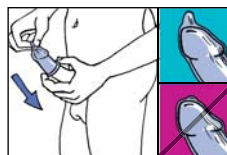
Before opening the condom package, **always check the expiry date and the condition of the packaging** and make sure there is a pocket of air (pillow test).

Open the wrapper carefully so the condom is not torn by jewellery or fingernails. Do not use a sharp-edged item (knife or scissors) or your teeth to open the wrapper. Open the condom wrapper using the easy-tear edges.

Remove the condom from its wrapper and identify its inner and outer sites. If the tip of the condom is sombrero-shaped, the condom is outside out, i.e. ready to use. If the tip of the condom is smurf-hat-shaped, the condom is inside out and will not roll down right.



Make sure the reservoir is oriented so that the rest of the condom rolls away from it, **squeeze the air out of the tip of the condom to leave space for semen.**



Place the condom over the glans of the erect penis and roll it all the way down to the base of the penis. The condom should be rolled down and **not pulled down.**

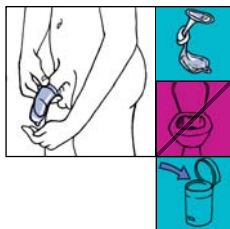


You may apply a water-based lubricant over the outside of the whole condom. **Use a water-based or silicone-based lubricant anytime you have anal sex.** Never use oil-based lubricants, as they increase the permeability of the condom.

Now you are ready for safer sex. Make sure that the condom stays in place during the whole intercourse. If it comes off, stop and put on a new one.



After ejaculation and **while the penis is still erect**, hold the condom in place with your fingers at the base of the penis and carefully withdraw the penis from your partner's body. You should only take the condom off the penis when there is no further contact with your partner's body to prevent the sperm from spilling out into the vagina, anus, or mouth.



Pull the condom off and tie in a knot to prevent any leakage of contents. Wrap the used condom in a tissue and put it in the bin. You should never flush condoms down the toilet because they may block the toilet and can cause environmental damage.



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IN CONCLUSION

Prevention is always better than cure. Better safe than sorry. Reliable information, practicing safer sex, and avoiding drug use will give enough protection against HIV. If HIV exposure is suspected, get tested. The earlier HIV is diagnosed, the better the long-term prognosis and quality of life.

WHERE TO FIND MORE INFORMATION

Web:

For information on HIV/AIDS infection and testing, including a list of HIV testing sites and access to virtual counselling, please visit: <http://www.prevenchiv.cz> and <http://www.hiv-testovani.cz>.

Information for people living with HIV is available at: <http://www.hiv-komunita.cz>

Social media:

The latest HIV/AIDS news are shared on Facebook at: <https://www.facebook.com/prevenchiv>.

Phone numbers:

The following HIV/AIDS toll-free helplines have been launched:
800 144 444,
800 800 980.