



MYTHS AND MISCONCEPTIONS ABOUT HIV AND AIDS

Myth vs. reality...how often are we faced with a misconception instead of the truth? How often is it easier to believe what we want to believe rather than the truth? Finally, how much harm does that cause? Such is the case with the myths that surround HIV and AIDS. While all have been proven to be untrue, a certain percentage of the population continues to believe in them. The result can be dangerous, life-threatening and seriously complicate prevention efforts.

What is your knowledge of HIV and AIDS? Take this test and see:

1. HIV and AIDS are the same thing.
 True False
2. HIV can be transmitted from the saliva of a person who is HIV-positive.
 True False
3. Contracting HIV today is no big deal because of the new drugs.
 True False
4. There is a cure for AIDS – just look at Magic Johnson
 True False
5. HIV can be contracted from mosquitoes.
 True False
6. The chances of dying of something *other than AIDS* are more probable than dying of AIDS.
 True False
7. Rates of HIV/AIDS are proportionally higher in low income communities.
 True False
8. People who are straight and don't inject drugs cannot become infected with HIV.
 True False
9. If a woman is HIV+, her baby will be also be HIV+.
 True False
10. A healthcare professional accidentally stuck with a needle used on a person who is HIV+ will be infected with HIV.
 True False



Answers:

1. **FALSE.** In fact this couldn't be further from the truth. HIV is a virus and AIDS is a collection of illnesses. HIV or the AIDS virus as it is sometimes referred to damages the immune system making a person at risk for infections and illnesses considered AIDS defining. People who have HIV and contract one of the AIDS defining illnesses is said to have AIDS. A person can be infected for years without having AIDS. Having HIV infection does not mean you have AIDS. (A CD4 count (see below) under 200 results in an AIDS diagnosis.)
2. **FALSE.** The evidence shows that HIV is *not* spread through touch, tears, sweat, or saliva. A person *cannot* contract HIV by:
 - Breathing the same air as someone who is HIV-positive
 - Touching a toilet seat or doorknob handle after an HIV-positive person
 - Drinking from a water fountain
 - Hugging, kissing, or shaking hands with someone who is HIV-positive
 - Sharing eating utensils with an HIV-positive person
 - Using exercise equipment at a gym

A person *can* get it from infected blood, semen, vaginal fluid, or mother's milk.

- 3. FALSE.** Antiretroviral drugs are improving and extending the lives of many people who are HIV-positive. However, many of these drugs are expensive and produce serious side effects. None yet provides a cure. Also, drug-resistant strains of HIV make treatment an increasing challenge.



- 4. FALSE.** Magic Johnson owes his continued good health to the same HIV medications that are available to everyone. There is no “cure” for HIV. However the medications can help maintain good health indefinitely (like Magic Johnson who has remained AIDS-free for 20 years). For those people who take their medications faithfully, an HIV test may not find any virus in the body (called “undetectable viral load”). However, that does not mean one is cured – the virus can “hide” in the cells and return with a vengeance if medication is stopped.
- 5. FALSE.** Because HIV is spread through blood, people have worried that biting or bloodsucking insects might spread HIV. Several studies, however, show no evidence to support this - even in areas with lots of mosquitoes and cases of HIV. When insects bite, they do not inject the blood of the person or animal they have last bitten. Also, HIV lives for only a short time inside an insect.
- 6. TRUE.** In the early years of the disease epidemic, the death rate from AIDS was extremely high. But today, antiretroviral drugs allow HIV-positive people -- and even those with AIDS -- to live much longer. Because of this, a person with AIDS is more likely to die of complications from another disease (e.g. heart disease, diabetes or *old age*).
- 7. TRUE.** The U.S. Centers for Disease Control and Prevention, which ran the study, says the findings reveal the strongest evidence yet of a link between poverty and HIV infection. People in low-income communities lack access to medical care and spread the disease more readily because they are unaware that they are infected and therefore not being treated, the researchers said.
- 8. FALSE.** Most men do become HIV-positive through sexual contact with other men or through injection drug use. However, about 16% of men and 78% of women become HIV-positive through heterosexual contact.
- 9. FALSE.** For a woman who is HIV+, antiviral therapy can improve the mother’s health and greatly lower the chance that an HIV-infected pregnant woman will pass HIV to her infant before, during, or after birth.
- 10. FALSE.** Concern regarding the occupational exposure to HIV was heightened when it was realized that HIV is transmitted by body fluids. In spite of this concern, the *risk of hepatitis* continues to be the greater occupational threat. Usually the exposure is from a “needle stick,” when a health care worker accidentally gets jabbed with a needle containing HIV-infected blood. If *intact skin* is exposed to HIV infected blood then there is no risk of HIV transmission. HIV infected blood on needles, syringes and other medical equipment can survive for up to two hours outside of the body, so it is important to dispose of needles properly. There are a small number of instances where HIV has been acquired through contact with non-intact skin or mucous membranes (i.e. splashes of infected blood in the eye). Research suggests that the risk of HIV infection after mucous membrane exposure is less than 1 in 1000.

Post-exposure prophylaxis (or PEP) has been standard procedure since 1996 for healthcare workers exposed to HIV. Workers start taking antiretroviral medications (ARVs) as soon as possible after

exposure to HIV, so that the exposure will not result in HIV infection. These medications are only available with a prescription. PEP should begin within as soon as possible after exposure to HIV but certainly within 72 hours. Treatment with 2 or 3 ARVs should continue for 4 weeks, if tolerated.

Given that a patient's HIV status is not always known (non-HIV-specific clinics), universal precautions have been adopted in *all* healthcare settings in the US to protect against infection, whether it is HIV, Hepatitis or other TTIs.

Sources:

<http://www.webmd.com/hiv-aids/top-10-myths-misconceptions-about-hiv-aids?page=2>

<http://www.hivtest.org/faq.cfm#stdtest>

<http://www.avert.org/blood-safety-hiv.htm>

<http://www.avert.org/blood-safety-hiv.htm>

http://www.hivpositivemagazine.com/Sex_Lies_HIV.html