redederastreio@gatportugal.org
redederastreio.pt

REDE
DE RASTREIO

HIV HUMAN IMMUNODEFICIENCY VIRUS

WHAT IS IT

HIV is a virus that attacks the immune system, especially the CD4 cells that protect the body from infections. CD4 cells are destroyed in the process of copying HIV. Over time, the number of copies of HIV increases and the number of CD4 cells decreases, leaving the immune system with a poor defense response against other infections and/or diseases – this condition is defined as "acquired human immunodeficiency syndrome" or AIDS.

HIV is the cause of AIDS.

HIV infection may not cause any signs or symptoms. Sometimes, people may feel like they have flu (fever, sore throat, tiredness) 2–4 weeks after getting HIV. These Symptoms can last 2 to 4 weeks.

HOW IT IS TRANSMITTED

Body fluids that contain enough copies of the virus to transmit the infection are semen, pre-ejaculatory fluid, vaginal fluids, rectal fluids, blood, and breast milk. Thus, HIV infection can be transmitted by:

- sharing equipment for injecting substances (high risk);
- injury with sharp/piercing equipment used on infected people (high risk);
- mother-to-child transmission during childbirth or breastfeeding (high risk if the mother is not receiving effective treatment);
- anal sex without using a condom (high risk, greater for the receptive partner);
- vaginal sex without using a condom (medium risk, higher for the receptive partner);
- oral sex with ejaculation in the mouth (low risk for the receptive partner).

In Portugal, blood and/or organ donations do not transmit HIV, because all donors are screened. Hemodialysis and surgery do not transmit HIV infection, since in Portugal the equipment used is sterilized and for single use.

Saliva, sweat, and tears do not transmit HIV.

The risk of sexual transmission from a person living with HIV who is on effective treatment and has had an undetectable viral load (less than 200 copies/mL of the virus circulating in the blood) for at least six months is zero. Undetectable HIV = Untransmittable HIV.

HOW IT IS DIAGNOSED

The rapid test looks for antibodies that bind to the virus to facilitate its elimination in a small blood sample. All infected people have antibodies in blood after 12 weeks, and before that time they may not have enough to be detected by the rapid test. A non-reactive (negative) result means there is no evidence of HIV infection up to 12 weeks before the test. It doesn't rule out very recent infection (within the window period). A reactive (positive) result means HIV antibodies were detected, suggesting exposure to the virus, but this result is not diagnostic by itself - it needs confirmation with a different test (usually a laboratory-based test that detects HIV antigens and/or nucleic acids).

A reactive rapid test is a preliminary positive and always needs confirmation before making a diagnosis.

HOW IT IS TREATED

HIV medications (or antiretrovirals) prevent the virus from replicating in CD4 cells which helps the immune system recover and increases CD4 counts over time. Viral load decreases progressively until it becomes undetectable.

Effective treatment prevents the infection from progressing to AIDS, allowing for an average life expectancy equivalent to that of a person who is not infected with HIV. Adherence to treatment is essential to maintain an undetectable viral load, preventing sexual transmission and mother-to-child transmission. Treatment and healthcare for people living with HIV are free of charge through the National Health Service (SNS).

HOW TO PREVENT IT

Condoms: using external (male) or internal (female) condoms correctly and consistently prevents the virus from reaching the mucous membrane.

Do not share consumables: People who inject drugs can reduce the risk of sharing virus-contaminated equipment by using sterile, single-use supplies.

Post-Exposure Prophylaxis (PEP): People who have had a recent high-risk exposure (within the last 72 hours) can access PEP at public hospital emergency departments. PEP involves taking antiretroviral medication for 28 days to significantly reduce the risk of HIV infection.

Pre-exposure prophylaxis (PrEP): People who are not infected with HIV take a daily pill, or other types of drugs indicated by the doctor, that protects the body defense cells from the virus, preventing the virus from establishing infection.

Treatment as prevention (TaP): People living with HIV who are on effective treatment and have had an undetectable viral load for more than 6 months do not have enough copies of the virus in their body fluids (undetectable viral load) to transmit the infection.

Regular testing: Regular screening can result in early detection and treatment, preventing transmission of infection. HIV screening every 3-6 months is recommended. At the same time, it is recommended to perform a combined screening for other infections.

Reviewed by the GAT Health Coordination. The information in this leaflet is not intended to replace the one provided by healthcare professionals. Decisions related to prevention, diagnosis, and treatment should always be validated by healthcare professionals.

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