

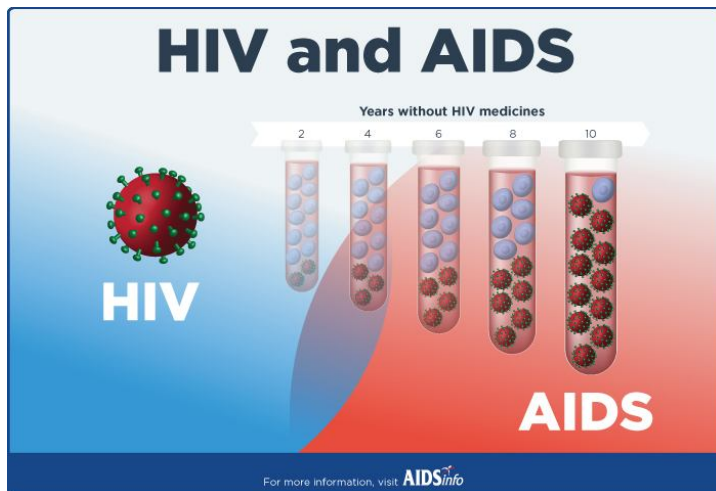
What is HIV/AIDS?

HIV stands for human immunodeficiency virus, which is the virus that causes HIV infection. The abbreviation "HIV" can refer to the virus or to HIV infection.

AIDS stands for acquired immunodeficiency syndrome. AIDS is the most advanced stage of HIV infection.

HIV attacks and destroys the infection-fighting CD4 cells of the immune system. The loss of CD4 cells makes it difficult for the body to fight off infections and certain cancers. Without treatment, HIV can gradually destroy the immune system and advance to AIDS.

You can't get HIV by shaking hands or hugging a person who has HIV. You also can't get HIV from contact with objects such as dishes, toilet seats, or doorknobs used by a person with HIV. HIV is not spread through the air or in water or by mosquitoes, ticks, or other blood-sucking insects.



What are the symptoms of HIV/AIDS?

Within 2 to 4 weeks after infection with HIV, some people may have flu-like symptoms, such as fever, chills, or rash. The symptoms may last for a few days to several weeks. During this earliest stage of HIV infection, the virus multiplies rapidly.

After the initial stage of infection, HIV continues to multiply but at very low levels. More severe symptoms of HIV infection, such as signs of opportunistic infections, generally don't appear for many years. (Opportunistic infections are infections and infection-related cancers that occur more frequently or are more severe in people with weakened immune systems than in people with healthy immune systems.)

Without treatment with HIV medicines, HIV infection usually advances to AIDS in 10 years or longer, though it may advance faster in some people.

HIV transmission is possible at any stage of HIV infection—even if a person with HIV has no symptoms of HIV.

How is AIDS diagnosed?

Symptoms such as fever, weakness, and weight loss may be a sign that a person's HIV has advanced to AIDS. However, a diagnosis of AIDS is based on the following criteria:

- A drop in CD4 count to less than 200 cells/mm³. A CD4 count measures the number of CD4 cells in a sample of blood.
- OR**
- The presence of certain opportunistic infections.

Although an AIDS diagnosis indicates severe damage to the immune system, HIV medicines can still help people at this stage of HIV infection.

What is the treatment for HIV?

Antiretroviral therapy (ART) is the use of HIV medicines to treat HIV infection. People on ART take a combination of HIV medicines (called an HIV treatment regimen) every day.

ART is recommended for everyone who has HIV. ART prevents HIV from multiplying, which reduces the amount of HIV in the body (called the viral load). Having less HIV in the body protects the immune system and prevents HIV infection from advancing to AIDS. ART can't cure HIV, but HIV medicines help people with HIV live longer, healthier lives.

ART also reduces the risk of HIV transmission. A main goal of ART is to reduce a person's viral load to an undetectable level. An **undetectable viral load** means that the level of HIV in the blood is too low to be detected by a viral load test. People with HIV who maintain an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative partner.

How do HIV medicines work?

- HIV attacks and destroys the infection-fighting CD4 cells of the immune system. Loss of CD4 cells makes it hard for the body to fight off infections and certain HIV-related cancers.
- HIV medicines prevent HIV from multiplying (making copies of itself), which reduces the amount of HIV in the body (also called the viral load). Having less HIV in the body gives the immune system a chance to recover. Even though there is still some HIV in the body, the immune system is strong enough to fight off infections and certain HIV-related cancers.

- By reducing the amount of HIV in the body, HIV medicines also reduce the risk of HIV transmission. A main goal of ART is to reduce a person's viral load to an undetectable level. An undetectable viral load means that the level of HIV in the blood is too low to be detected by a viral load test.

When is it time to start taking HIV medicines?

- People with HIV should start ART as soon as possible. In people with the following conditions, it's especially important to start ART right away: pregnancy, AIDS, certain HIV-related illnesses and coinfections, and early HIV infection. (Early HIV infection is the period up to 6 months after infection with HIV.)
- Read the AIDS *info* When to Start Antiretroviral Therapy fact sheet to learn more about why it's important for people with these conditions to start ART as soon as possible.

What HIV medicines are included in an HIV regimen?

- There are many HIV medicines available for HIV regimens. The HIV medicines are grouped into seven drug classes according to how they fight HIV. A person's initial HIV regimen usually includes three HIV medicines from at least two different HIV drug classes.
- Selection of an HIV regimen depends on several factors, including possible side effects of HIV medicines and potential drug interactions between medicines. Because the needs of people with HIV vary, there are several HIV regimens to choose from.



HIV and African Americans

Blacks/African Americans account for a higher proportion of new HIV diagnoses and people living with HIV, compared to other races/ethnicities. In 2017, blacks/African Americans accounted for 13% of the US population but 43% (16,694) of the 38,739 new HIV diagnoses in the United States and dependent areas.

- Seventy-three percent (12,237) of adult and adolescent blacks/African Americans who received an HIV diagnosis were men and 26% (4,397) were women.
- In 2016, there were 6,804 deaths among blacks/African Americans with diagnosed HIV in the US. These deaths may be due to any cause.

For Every 100 Blacks/African Americans With HIV In 2015:



Prevention Challenges

- 1 in 7 blacks/African Americans with HIV are unaware they have it. People who do not know they have HIV cannot take advantage of HIV care and treatment and may unknowingly pass HIV to others.
- Stigma, fear, discrimination, and homophobia may place many African Americans at higher risk for HIV.

The poverty rate is higher among African Americans than other racial/ethnic groups. The socioeconomic issues associated with poverty—including limited access to high-quality health care, housing, and HIV prevention education—directly and indirectly increase the risk for HIV infection and affect the health of people living with and at risk for HIV. These factors may explain why African Americans have worse outcomes on the HIV continuum of care, including lower rates of linkage to care and viral suppression.