

HIV/ AIDS -

Information here is general in nature. You should always consult a health professional for health problems.

Things to know:

HIV stands for Human Immunodeficiency Virus.

AIDS stands for Acquired Immune Deficiency Syndrome

Getting the HIV virus will eventually lead to you having a *group of symptoms or diseases* caused by the breakdown of your own body's immune system. This condition is called a syndrome, the Acquired (you got it or acquired it from the HIV infection) Immune Deficiency (your immune system is now deficient and can't fight off other diseases) Syndrome, or AIDS.

So what is AIDS? It is when your body is at the point that it can no longer fight off infection from germs. Technically, no-one dies of AIDS itself. They die of one or more diseases that their body can't fight off any more. Often there are specific diseases that seem to attack people with an HIV infection that has gone on to become the condition of AIDS. Some of these are:

- a particular type of pneumonia called pneumocystis carinii
- Tuberculosis, a disease that affects the lungs and can also spread to lymph nodes, kidneys, bones, joints, and other parts of the body. Tuberculosis is contagious through coughing and sneezing, though usually a prolonged time near the patient is necessary to contract Tuberculosis.
- Karposi's Sarcoma, a skin cancer that that is often identified with AIDS but can affect anyone with a lowered immune system
- Meningitis, an infection and inflammation of the brain and spinal cord lining. Like Karposi's Sarcoma, it often strikes people with lowered immune systems. Meningitis is contagious through coughing and sneezing and through close contact.
- [Cervical cancer](#) in women

AIDS's origin is not known for sure, though there are plenty of rumours and misinformation flying around, sometimes tinged with racism. One of the most likely - but unproven - is that the virus mutated and crossed over from monkeys into humans. The theory is that the virus developed over a long time in the monkeys but they were not harmed by it. Monkeys may have been eaten by humans who got exposed, most likely from blood to blood contact during the killing or butchering.

There are similar concerns now about the so-called "Bird Flu" or Avian Influenza". Quite a few people have now died from being in close contact with the "bird flu" virus. Those people tend to live in backward (sanitation-wise) communities, who then slaughter infected birds, often chickens or ducks. Being exposed to the bird flu virus through blood, urine or feces, some people get sick because their immune system - in fact almost all humans' immune systems - have never seen this particular virus before and don't know how to defend against it. Most people who have contracted bird flu have died. Scientists are very worried that, like the HIV virus may have done,

the bird flu virus may mutate once it gets into some humans, and then - having become a "human" virus - become contagious between humans.

There are millions of people around the world who are infected with the HIV virus and/or have AIDS. Africa has been particularly hard hit because of a combination of poor or down-right wrong "information" being used to "educate" the populace about how HIV is spread and a lack of access to advanced drugs that can improve health. Nothing can cure AIDS though.

When AIDS first showed up in North America, there was wide spread mistrust and fear of anyone with the virus. So little was known about it that people with it were sometimes treated terribly. As well, since it first became noticed and wide-spread in groups of male homosexuals, it became known as the "Gay Disease" and many gay men in particular were double-outcasts in society. As the virus made its way into heterosexual groups through sex and through intravenous drug use, it took a long time for society in general to accept that AIDS no longer "only" attacked gay men. During that time, heterosexuals tended not to understand or believe that they could be at risk so HIV made its unwelcome entrance to the general population.

Fortunately, in many parts of the world we understand much better how HIV and AIDS work, though many places are still steeped in ignorance of the HIV facts. "Ignorance" simply means not knowing. We also know that we do not need to shun, or be afraid of people with AIDS. Someone with advanced AIDS may develop a disease like Tuberculosis or Meningitis for instance, which may need some precautions to be taken - against the Tuberculosis or the Meningitis, not AIDS. As you learn more about HIV and AIDS, you'll be more confident about how to [avoid exposure](#) (the Symptoms section is next) and you'll feel more confident about treating people with AIDS like normal people who could probably use an understanding friend or family member.

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How do you get infected with HIV?

You do not get HIV virus just by being near someone who has it. You do not have to be afraid of working with or living with a person who has HIV or AIDS. It is not passed on through ordinary day to day contact. You would have to have sexual contact, or have certain contact with an infected person's body fluids or share intravenous needles. You can only get HIV virus by getting the bodily fluids of an infected person into your body. The fluids that carry enough HIV virus to infect someone are:

1. Blood
2. [Semen](#)
3. male's prelubricating fluid, also called pre-ejaculate (slang: "pre-cum" or "pre-come") which is the fluid that seeps out of a penis when a male is sexually aroused but before he ejaculates ("cums")
4. female's vaginal fluids

5. breast milk

The ways to have infectious contact with these body fluids are:

- Vaginal intercourse (penis in the vagina) which can involve the first four fluids
- Oral sex (mouth to the other person's genitals) which can involve the first four fluids. This is generally considered lower risk **but not no-risk** contact.
- Anal intercourse (penis in anus or "bum hole") which can involve semen, a male's "pre-cum" (prelubricating fluid) and blood
- Intravenous drug use (Intravenous means into the vein) which can transfer blood from an infected person directly into an uninfected person. Not only is the needle cause for concern, but any of the "works" that intravenous drug users use, including the syringe, spoons, filters and water that is shared can harbour the HIV virus long enough to transfer it to the person sharing. So even if you used your own needle and syringe, you could be potentially infected by sharing the spoon or other "cooking" equipment.
- Blood transfusions (Blood, or course is the fluid involved. The supply of donated blood is much safer than it used to be in most parts of the world because donated blood is routinely tested)
- Breastfeeding (breast milk can pass the HIV virus on to a baby)
- Pregnant mother-to-baby (blood passes from the mother to the unborn baby.) Pregnant women with HIV can pass the virus on but it is more likely that they will not, (about a one in four chance that they will infect their baby) especially if they take a drug called zidovudine, which greatly improves the odds of not infecting the baby. However, there are no guarantees and there will be a tricky balancing act of drug therapies as well as a [cesarian section](#) delivery of the baby.
- Body piercings, including ears, or tattoos (again, blood is the fluid)
- There have been some rare cases where medical workers have been infected by accidentally getting stuck by infected needles, scalpels or other sharp objects that have HIV infected blood on them. Needle sticks in the medical profession are not that rare but HIV infection this way is. Usually an immediate preventative action called chemoprophylaxis will be taken to minimise the likelihood of infection. ("Prophylaxis" is just a fancy name for prevention.) Having a patient infected by a medical worker who is HIV positive would be extremely unlikely. Today, most health professionals wear protective gloves or masks or other devices to protect themselves and to protect their patients.

The two most common ways to contract the HIV virus are through sex with an infected person that is unprotected by a [condom](#), and through sharing of needles used with intravenous drugs.

According to "The Underground Guide to Teenage Sexuality" (Michael Basso), unprotected sexual intercourse is responsible for 70% of HIV infections in the USA. Using a condom if you have sexual intercourse of any type (vaginal, anal or oral) will provide good protection against HIV, in most cases. What about the other cases? The condom can break, or it isn't [used properly](#).

Sharing intravenous drug (including steroids) needles are responsible for about 25% of HIV infections. If you happen to be an intravenous drug user, besides the obvious bad effects of the drugs you are injecting inside your body, you run a high risk of getting the HIV virus if you share any part of your drug stuff (or "paraphernalia" or "gear"). If you are into intravenous drug usage try to find a local source of free, clean needles. There may be a needle exchange program in cities that have more enlightened and realistic politicians and health officials. If there is no official exchange program, phone your local health authorities and ask if they can help or have any recommendations. Use a clean needle every time and don't share it with even your closest friend. Ever. Not even once. Of course, don't use your friend's gear either. Obviously intravenous drug use is not the brightest thing to do but we need to be realistic. It occurs and it's a risk to the individuals and the wider community. You can get HIV through needles and pass it on to other people through sex.

If you absolutely must use intravenous drugs, some [sites](#) offer the advice to thoroughly clean your needle(s) and kit with full strength bleach (not diluted) for *at least* 30 seconds to kill any virus. While not an endorsement, this [site](#) has comprehensive instructions and cautions. It is important that you then rinse the full strength bleach well away with water, so you don't end up injecting any bleach into your veins. However, the several sites I checked all note that this advice seems to work well in a laboratory. How well it works in real life may be anyone's guess. There are no guarantees. Do you really need one more reason to stop IV drug use?

Here is an excellent site, [AVERT.org](#) for more information about HIV especially as well as otehr STDs. It is straightforward and blunt.

Once you are infected, you can transmit the virus to other people even though you may have no symptoms.

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How do you **NOT** get infected with HIV?

I heard my cousin say his friend got AIDS from a toilet seat...can that be true?

HIV/AIDS is a really scary disease and it usually gets transmitted, among other ways, by a very popular method. Sex. (Of course there are other ways, noted above.) And a lot of young people especially like to party and may make some less-than-wise choices. As well, HIV can be complicated to understand. So there have been a lot of myths and mistakes around HIV and AIDS. Many of them seem scary.

Here is how you do NOT get HIV:

- Casual contact. What does that mean? You can live with, work with, go to school with and hang out at the mall with HIV infected people. You can hug them and give them a kiss and brush their hair and share food. Sharing drinking glasses, cutlery, plates, pipes, bong, cigarettes or joints will not result in HIV infection. However - and experts seem to disagree on this - those things generally should not be shared with anyone, HIV infected or not, because, *though they are usually low risk*, other diseases can be transmitted through saliva. Or not, depending on the expert! But why risk even a common cold?
- Kiss someone with HIV? Small numbers of the HIV virus can be detected in an infected person's saliva and tears but there is not enough to infect another person. Casual kissing will not be a problem. Theoretically if an infected person were giving deep, wet ("French" or "tongue") kisses *and* they had some infected blood in their mouth as well, there *might* be enough virus to infect you if you also had open sores in your mouth. Avert.org notes *one* documented instance of that likely happening. But experts disagree on whether this is possible, impossible or only slightly possible. Best to keep your passionate kisses for someone who's been tested!

As well, you cannot get HIV from:

- Using the same gym equipment
- Going to the same school
- Mosquitoes
- Masturbating
- Cats with Feline Immunodeficiency Syndrome (sometimes called Feline AIDS) or apes/monkeys with Simian Immunodeficiency Virus. These viruses simply are no threat to humans.
- Needle sticks from needles found in public parks, on movie theatre seats, in vending machines etc....well this is *extremely unlikely* though the Centers for Disease Control admit that in extraordinarily rare circumstances it is *theoretically* possible, if the needle had viable (still live) HIV virus and had it in sufficient amounts to cause an infection. But *think* about it- it is rare that a needle stick injury in a medical setting results in an infection, where the source would be a live person with lots of viable HIV in their blood. Since the HIV virus is very fragile outside the body, once the blood had dried (and probably before) the virus would have died within minutes. There are a lot of myths and hoaxes about HIV. The CDC has some interesting reading [here](#).
- And (drum roll...) toilet seats are safe from HIV transmission

There are some "iff-y" situations that you may think about. There is some more [interesting reading](#) at AVERT.org (Web page is <http://www.cdc.gov/hiv/resources/qa/hoax1.htm>)

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Symptoms :

After first being infected, a person may have no symptoms for a long time. Sometimes though, within approximately two to a few weeks, they'll get what they may think of as just some kind of "flu". Such symptoms tend to be a fever, headache, a rash, sore throat, and swollen lymph glands. Since, if they get these "flu"-type symptoms, they'll usually happen between *two to six weeks after they actually get infected*, most people would not connect what they think is a regular "flu", to being infected with HIV.

Once you are infected, you can transmit the virus to other people even though you may have no symptoms.

You can remain symptom-free for many years. This is good news for you, bad news for any people you may also infect because you didn't know you were infected. As the HIV virus starts to multiply more and destroy your "Helper T cells", you will start to get early symptoms like these.

- *Swollen lymph nodes* .(The Mayo Clinic has more information about Lymph Nodes or Lymph Glands [here](#). **Note though that other conditions can give you swollen lymph nodes too.**)
- *Diarrhea*
- *Weight loss*
- *Fever*
- *Cough and shortness of breath*

These symptoms, of course, are common to your ordinary run-of-the-mill "flu" though, so often people don't associated such symptoms shortly after exposure to the possibility of HIV exposure.

"T-cells" or "T4 Cells", (also called *CD4 Cells*, or *T-lymphocytes*, pronounced: "Tee-LIM-fosites" or *CD-4* or *Helper T cells*) are the white blood cells that co-ordinate your entire immune system.

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Approximately ten years after infection, the body's immune system has been so damaged, or "compromised", that it can no longer fight off many infections that otherwise you might not even know you had gotten! There is a medical definition of AIDS, the condition itself, which marks it as different from just being infected with HIV (or "HIV positive"). **If your body starts getting infections that are "opportunistic", then you are in the AIDS phase.** "Opportunistic" basically means that the infection likely would not have had a chance to develop in you except that it had the opportunity, to enter the body of a person who can no longer fight off diseases. Also, if your T4 cell count is 200 or less, you are in the AIDS phase. The normal count is between 600 and 1,000 per cubic millimeter (less than a drop) of blood.

These are the typical symptoms after you have entered the AIDS stage. There can be other diseases that have the opportunity to attack your body, but these are common:

- *Night sweats*
- *Shaking chills or*
- *100 F/ 38 C or higher fever for weeks*
- *Dry cough and shortness of breath*
- *Chronic (frequently recurring or constant) diarrhea*
- *Persistent white spots or unusual lesions (an infected patch of skin) on your tongue or in your mouth*
- *Headaches*
- *Blurred and distorted vision*
- *Weight loss*

At some point you will experience these symptoms:

- *Persistent, unexplained fatigue. You may also experience headaches and dizziness/light-headedness*
- *Weight loss of at least 10 pounds that is not due to diet or exercise*
- *Thick, whiteish coating of the tongue or mouth, sometimes with a sore throat. This is called "Thrush" and is a yeast infection that has attached itself to you.*
- *Purplish or other discoloured growths on the skin or inside the mouth*
- *Unexplained bleeding from skin growths, from mucous membranes or from any body cavity (opening)*
- *Soaking night sweats*
- *100 F/ 38 C or higher fever for weeks for several weeks*
- *Swelling or hardening of lymph glands located in your throat, armpit, or groin, for three months or longer . [Lymph nodes](#) (or glands) are all over your body. The ones you are likely most familiar with are under your chin, below your ears.*
- *Chronic (frequently recurring or constant) diarrhea that lasts a long time*
- *Unusual and frequent skin rashes*
- *Persistent headaches*
- *Easy bruising*
- *Continued dry cough and worsening shortness of breath*
- *Numbness or pain in hands or feet, lost muscle control , paralysis or loss of muscle strength*
- *Change in personality, mental deterioration*
- *Depression*
- *AIDS will often result in several cancers growing, some of which are identified mainly with AIDS, especially Kaposi's sarcoma, cervical cancer and lymphoma (cancer of the lymph nodes)*
- *Women may also have severe or frequent vaginal infections, chronic [Pelvic Inflammatory Disease](#) or herpes zoster (usually called "Shingles", a rash of blisters)*
- *Children with AIDS will grow slowly and get sick more often than uninfected children*

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Testing:

"I don't want my parents to find out I had sex and I'm afraid the doctor will tell them if I go for an STD test."

In most or all places in N. America or Europe or other enlightened societies, confidential testing and treatment of STDs is offered. If you are under-aged, it should be confidential. If you are ever in doubt of that, simply phone the doctor's office or the clinic and ask about the policy about confidentiality and STD tests. In all, or most cases, depending on where you live, you will likely find that tests and your visit remain confidential. Health authorities are more interested in stopping the spread of STDs than in getting your parents upset by having a doctor tell them you came to her or him about an STD. That's why it is so important that these visits are confidential.

The most common tests for HIV are the [ELISA](#) (link courtesy of [medlineplus.gov](#)) blood test and the [Western Blot](#) (link courtesy of [medlineplus.gov](#)). The ELISA test is the usual first test. If it comes back positive, the Western Blot test is performed to check if the ELISA test was correct. Sometimes other factors, including Lyme Disease, Lupus and Syphilis can cause a false positive from the ELISA test (it wrongly says that you are infected). Usually you need to wait for between 6 weeks and 6 months after being exposed before there are enough antibodies to trigger a positive test (positive meaning, yes, you have the HIV anti-bodies in you). A positive test at 3 months is reliable in most but not all cases. So if you test negative for HIV at 3 months you probably are negative but you can't be 100% certain until a test is also done at 6 months.

There are other HIV tests that can be done depending on your circumstances. For instance, a **PCR test** (Polymerase Chain Reaction test)/ RNA test can be done between 9 and 11 days after exposure. However, RNA tests are not available everywhere and are much more expensive than ELISA tests. Avert.org has a detailed page about HIV testing [here](#) that is worth reading.

HIV antibodies- What are those? First, a quick lesson on the human immune system: Every day we have a battle waged inside our bodies against invaders. Viruses, bacteria, fungi and protozoa all get in and try to reproduce and make us sick. Sometimes they succeed ...that's when we actually get sick. But eventually our immune system beats back the horde of invading and reproducing "germs" in our body and we return to health. If we fail to stop the invaders, our body's defence system, the immune system, will be overwhelmed and we will get sicker and then die. But we only get sick when the invading germs temporarily get the upper hand. Most of the time we don't get sick because our immune system has taken out the germs before we know it!

Cool. Here's how it happens. When germs (viruses, bacteria etc.) get into our bodies, they usually end up in our bloodstream at some point. We have "white blood cells", also called T-lymphocytes, (pronounced: Tee-LIM-fo-sites) or just "T-cells or T4 Cells ", roaming around the bloodstream looking for germs to kill. (There are different kinds of "T-cells" but generally when talking about the immune system we just refer to T-cells as the white blood cells.) When T-cells identify a germ in the bloodstream they will surround it and try to destroy it before it multiplies and creates an infection that makes us sick. Now, while T-cells are good little soldiers, they aren't all that bright when it comes to recognising the germ. So while the T-cells are attacking a few germs that they recognise as intruders, there may be many more germs sweeping by and not being "recognised" as a threat by the T-cells. **Call in the Antibodies!** When the first inkling of an infection is sensed, the body creates antibodies which are specialists at recognising the "bodies"

of the germs. The antibodies rush around and act like little red flags around the germ cells, and the T-cells use the antibodies to help the T-cells locate, surround and attack the invading cell. We don't get sick when there are lots of antibodies and T-cells to clobber the invading germs. If the invaders have enough numbers, or they have mutated - changed in some way - so antibodies have a hard time recognising them, then we get sick until the body produces enough antibodies and T-cells to find, identify and kill the invaders.

HIV (Human Immunodeficiency Virus) is sneakier than most viruses. Before I go further, let me remind you that, if you were thinking, "Just throw a heavy dose of antibiotics at the HIV virus", it won't work. Antibiotics do not work against viruses. Any virus. Antibiotics only work on some bacteria.

Back to HIV, that sneaky little virus. Here's how things go in that war in your bloodstream if you get the HIV virus in there. The HIV virus enters the bloodstream like any nasty virus worth its salt. The body eventually produces antibodies to identify the HIV virus as an intruder. This is when and how HIV tests can tell if you've been infected- your body makes antibodies against the HIV virus. If the HIV antibodies show up in the blood test, you have the HIV virus in your blood too. Otherwise, your body would never have created antibodies. OK, so far, so good. The HIV are in the blood, here come the antibodies and the T-cells to attack the HIV virus. Yea! Hooray for the T-cells!

Now remember the T-cells have the job of destroying all the "bad guy" germs in your body over your whole lifetime. What happens next is the nasty, tricky part. The HIV virus is a "Retrovirus". (If you've taken high school biology you'll remember [RNA](#) and [DNA](#).) Retroviruses can turn their RNA into DNA which can then attach itself to the DNA of the chromosomes of *our* cells, in this case-our white blood cells, that we are calling the T-cells. To do this, instead of our T-cells attacking and destroying the HIV virus cells, **the HIV virus can actually get inside our T-cells and change their DNA!** Worse yet, the *HIV virus starts reproducing inside our T-cells*, and when there are enough of them, they literally burst the wall of our T-cell, killing it and dumping all the **new T-cells that were just created with the HIV DNA**, into our bloodstream. Of course they do the same dastardly trick to our other T-cells. Eventually, enough T-cells are destroyed that the body's immune system can no longer destroy germs of other types. So we get this germ... or that illness, and then another one and another...and sooner or later, we die of some illness caused by infection that our T-cells could not cope with.

HIV tests tend to cost anywhere from nothing to about \$40-50.00. In Canada, public health insurance should cover it. If you live in the Waterloo Region, and probably in many other places in Canada, your local public health service offers free, confidential and anonymous HIV testing. In Waterloo Region, call 519-883-2251 and it is important to understand that you do not even need to bring your health card with you and you do not need to give your name. Free counselling is also available and the atmosphere at the [Waterloo Regional Public Health](#) Clinic is respectful and friendly towards everyone regardless of sexual orientation or profession.

"Quick HIV Tests": I found some information on the **OraQuick Rapid HIV-1 Antibody Test**. The CDC, Centers for Disease Control in the U.S. have [this information](#). You need to read it carefully to determine the reliability of this test.

The general consensus on quick tests seems to be that the rapid result tests are only slightly less accurate than the more common ELISA. A "positive" ELISA test will require a more accurate Western Blot followup test. So while the quick test manufacturers contend that there is near 100% accuracy, in "field use", it appears that false positives and false negatives do occur and **in any case, the rapid test should be followed up with an Elisa** and perhaps Western Blot test. So, a quick test needs to be followed up with more reliable testing. The quick test will give a high margin on accuracy- just not 100%

Other manufacturers offer a rapid test too: [Reveal](#), [UniGold](#), and [Multispot](#). **Note that the test results are quick- it does not mean that you can take the test shortly after possible exposure and get accurate results.** Your body would still need time to build up enough HIV antibodies to be detected by the test.

When should you get tested?

The "window period" is the time between when an HIV infection actually occurs and when the HIV antibodies show up in an HIV test. At the least, there will be about six weeks when you could actually be infected with HIV but the test will be negative - that is, it will say you have not been infected. Unfortunately, people who have been exposed but test negative in this window period can pass on the virus because they thought they were "clean". The window period can also be as long as six months. If you become infected, you can immediately infect other people even if you tested negative ("clean") within the window period. Often, a fairly reliable test can be done at 3 months and most people who are HIV-positive will test positive at that point. But a small percentage of infected people may not test positive until the 6 month point.

Where to get tested for HIV?

NOTE: There may often be a concern that your health records, including a positive HIV test, will be available to your insurance company. If you give them permission to see your doctor's records- which you will likely have to do to get a policy - then your policy could be turned down, cancelled or some other "reason" to cancel it might come up later. This may or may not be a legal practice depending on where you live. As well, if you do not have public health insurance, your insurance company may find out because they paid the doctor's and/or Lab bill. So you may want to try hard to find anonymous HIV testing depending on where you live and the laws there.

Depending on where you live, you will have different supports for anonymous testing available. If you aren't sure where to ask, you can call your doctor's office, hospital, public health unit or any AIDS organisation. You can even get the location from your public library!

In the United Kingdom, you can also go [here](#) and enter your postal code to locate a clinic near you.

In the United States, you can get more information about HIV from the National HIV, AIDS, and Sexually Transmitted Disease Hotline at 1-800-342-AIDS (or 1-800- 342- 2437).

You can call CDC-INFO at 1-800-CDC-INFO (232-4636), 1-888-232-6348 (TTY). CDC is the Centers for Disease Control. A TTY is a device used by deaf people to communicate over the phone lines.

In Canada, call your local Public Health Unit. They are probably in the blue pages of the phone book. Your Provincial Member of Parliament/ MLA or, in Quebec, MNA, and your public library will also likely have the information. You do not need to give your name just to get information. Or of course, you can just go to your family doctor; there is no cost for the test. If you are under-aged, it should be confidential. If you are ever in doubt of that, simply phone the doctor's office or the clinic and ask about the policy about confidentiality and STD tests. In all, or most cases, depending on where you live, you will likely find that tests and your visit remain confidential. Health authorities are more interested in containing STDs than in getting your parents upset by having a doctor tell them you came to her or him about an STD. That's why it is so important that these visits are confidential.

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Treatment

There is no cure for AIDS. Depending on the particular strain of the HIV virus and their general health and access to medications, some people will last only a few months after AIDS develops but most will last several years, sometimes even decades. Generally though, once they've developed AIDS people tend to die from some disease that their immune system can't handle, within one to three years.

There are anti-viral drugs that interfere with the HIV virus' ability to spread and therefore to weaken a person's immune system. There are drawbacks to these medications though.

HIV/AIDS medications :

- are very expensive so not everyone with AIDS can afford them
- tend to lose their effectiveness over time
- can have some bad side effects
- do not protect other people from getting the virus from you

There are many web sites that can you more specific information on AIDS treatment. Here is one of the best of them: Avert.org. You can also call your local health authorities.