

HIV and AIDS

Soatest.nl (Dutch)

www.soatest.nl is a fast and confidential way to get reliable, personal advice about whether it is necessary to have an HIV test and STI testing.

Hiv Vereniging Nederland

Telephone: 020-616 01 60, internet: www.hivnet.org

Hiv Vereniging Nederland switchboard (Servicepunt Informatielijn)

Telephone: 020-689 25 77

For legal and medical questions. And for questions about activities for and by people living with HIV. The switchboard is open from Monday to Friday, 2 to 10 p.m.

Schorer Gay & Lesbian Switchboard

Telephone: 020-623 65 65 or e-mail: helpdesk@switchboard.nl.

For questions about services for homosexuals with HIV/AIDS.

The switchboard is open Monday to Friday 12 to 6 pm;

Saturdays, Sundays and public holidays 4 to 6 pm.

www.schorer.nl; www.mantotman.nl (Dutch).

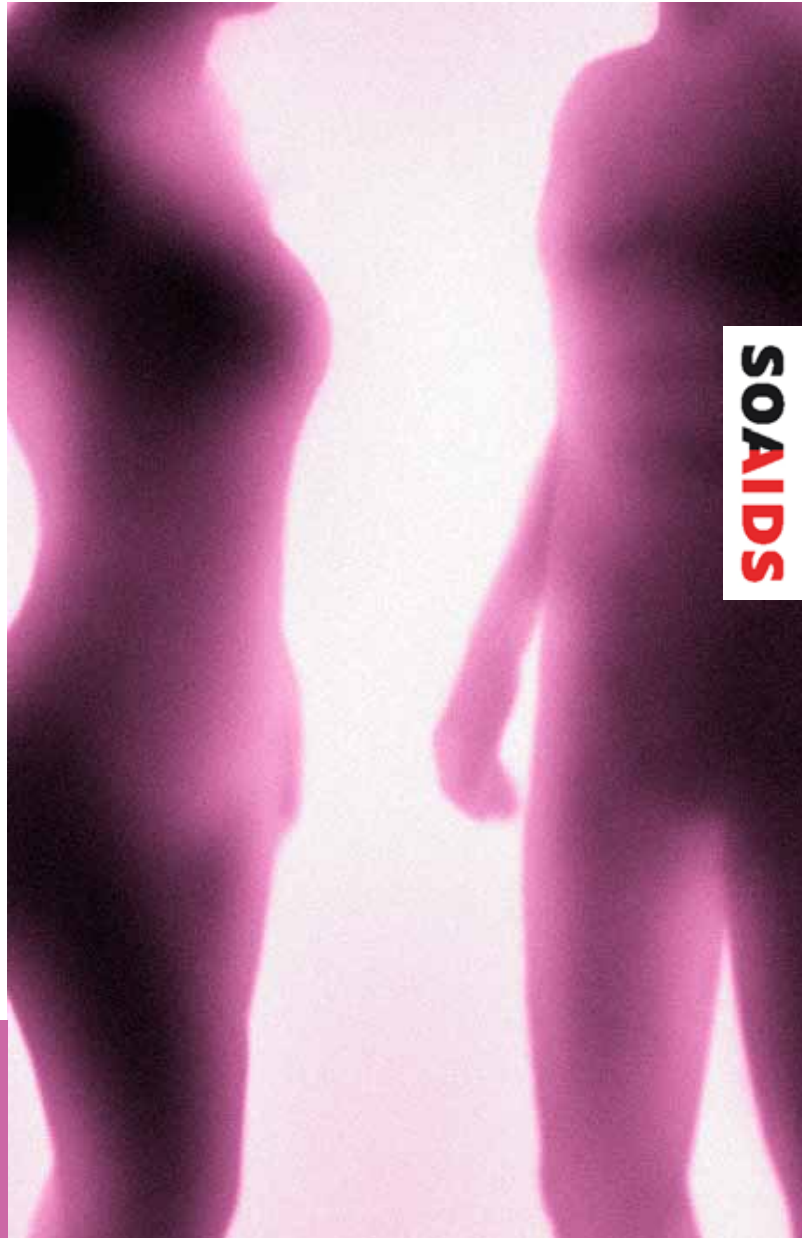
GGD STI clinics

Telephone numbers of the nearest GGDs are in the telephone book or local area guide. Addresses of all regional GGDs are on www.ggd.nl.

Addresses and telephone numbers of the GGD STI clinics are on www.soaids.nl.

Your doctor

Your doctor can provide you with information on HIV infection and other STIs and also refer you to a specialist.



SOAIDS



How common is it in the Netherlands?

The estimated number of people with HIV in the Netherlands is 21,500. About 40 per cent of them do not know about their infection. Not knowing your status is damaging their health. They may also be infecting others without realising it, by having unsafe sex for example.

What is HIV and what is AIDS?

HIV is the virus that causes AIDS. The virus can enter the body in various ways. Once it is in someone's body, it will start to damage the immune system. Normally, the immune system helps the body fight off harmful bacteria and viruses, protecting it against illnesses. If HIV has weakened the immune system, bacteria and viruses have the opportunity to cause serious illnesses. That's when it is called AIDS.

AIDS is an illness that is caused by infection with the HIV virus. If someone has AIDS, their body's immune system (its natural resistance) doesn't function properly. People with AIDS develop rare diseases, such as certain kinds of pneumonia, intestinal infections or cancer.

A person who is infected with HIV will probably not notice much at the beginning, if at all. Sometimes there may be a short period of flu-like symptoms (the 'acute HIV infection' phase). After a while, sometimes years later, more serious symptoms may appear. By then, HIV has badly damaged the immune system. The body is no longer able to fight off illnesses that people who are not infected with HIV rarely or never get. We then call it AIDS. Taking anti retroviral drugs (medicines against HIV) at an early stage allows someone with HIV to live a normal life for a long time without having any symptoms. The diagnosis AIDS can then be prevented, or at least postponed for a long period. Because of these antiretroviral drugs, the Western world now classifies HIV infection as a chronic illness.

How is HIV passed on?

There are several ways of becoming infected with HIV. In normal everyday life the risk of getting infected is minimal. And although the virus is found in blood, saliva, semen, pre-cum, vaginal fluid and breast milk, it is through unsafe behaviour with regard to blood and semen that someone passes on the virus or becomes infected with HIV.

Through unsafe sex

HIV is usually transmitted through unsafe sex. The virus is found in semen, pre-cum and vaginal fluid, and can be passed on by contact between mucous membranes (lining of the body).

Unprotected vaginal and anal sex (without a condom) is particularly unsafe.

Although it is a lower risk, HIV can also be transmitted during oral sex (licking and sucking). It is easier for the virus to be passed on if there are any damages to the mucous membrane. If someone has an STI that has damaged the skin or mucous membrane of the penis, vagina or anus, then HIV will find it particularly easy to enter the body.

Safe sex is the best way to prevent infection. Condoms give the best protection against infection during vaginal and anal sex. Sucking (fellatio) is unsafe if semen is ejaculated into the mouth.

Instructions for using condoms:

- Make sure you always have them with you.
- Check the expiry date. This date is on the pack.
- Only use reliable condoms – they have a CE mark of approval on the pack.
- Never wear one condom over another. That doesn't make sex any safer. On the contrary, the condoms are more likely to tear.
- Be careful with teeth, fingernails and jewellery to prevent any damage.
- Use plenty of lubricant for anal sex.
- Use condoms for sex toys like dildos.

When is sex without a condom safe?

Sex without a condom is only safe when you are certain that both partners are not infected with the HIV virus. And you can only be certain by having an HIV test.

HIV is not detectable in blood until three months after infection. That's why you can only decide whether you can have sex without a condom three months after the last time you had unsafe sex. And to be certain, neither of the partners should have had unsafe sex with someone else after the HIV test was done.

Through blood to blood contact

HIV can be transmitted by blood. This can occur during a blood transfusion, by using a needle previously used by someone infected with HIV (e.g. for injecting drugs) or an accidental prick with an infected needle.

The risk of becoming infected with HIV from blood (via a blood transfusion) in a hospital in the Netherlands is very low. In Europe and the United States, all blood is checked for HIV. Infected blood is not used. But not all countries check their blood. Blood transfusions in many countries do pose a risk of HIV infection.

Some people have a higher risk of becoming infected with HIV through blood to blood contact while at work. Examples of this are bites (police and guards) and needlestick accidents (doctors and laboratory staff). Regulations to reduce the risk of infection vary per work situation. Dentists, for example, wear gloves to lower the risk.

Passing HIV to a baby during pregnancy, birth or breastfeeding

A woman with HIV can pass the virus on to her child during pregnancy or birth. This can also happen during breastfeeding. That's why all pregnant women in the Netherlands are tested for HIV, unless they say that they don't want this to be done.

If a pregnant woman has HIV, she can be given anti retroviral drugs during her pregnancy. These make sure that the amount of virus in the blood is reduced, so that the risk of the baby becoming infected during pregnancy or birth is much lower. A caesarean delivery to reduce the risk of infection is usually unnecessary. As a precaution, the child is given anti retroviral drugs for four weeks after birth. The mother is also advised not to breastfeed her baby, as the virus can be passed on in breast milk. If all these measures are taken, then the chance of a baby becoming infected is less than 1 per cent.





No risk of infection?

Saliva, toilet seats, everyday objects, skin to skin contact, breath, coughs, sneezes, insects (mosquitoes or ticks), food, swimming pools and saunas – what they have in common is that none of them carry a risk of HIV infection. Nor do mouth-to-mouth (deep, French) kissing, shaking hands or hugging give someone HIV.



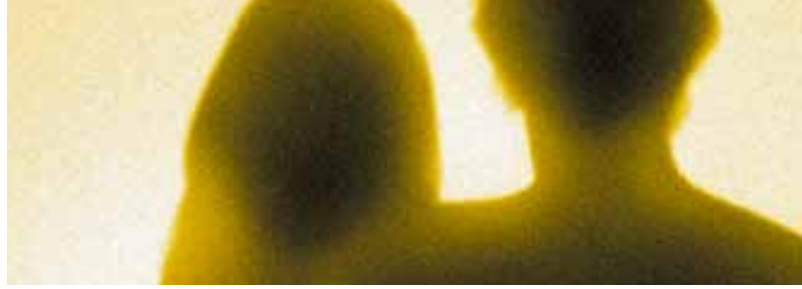
What someone should do if they may have been infected?

After having had sex with someone infected with HIV – either without a condom or the condom has torn – or if you’ve accidentally pricked yourself on an infected needle, there is a risk of transmission.

If this just happened, less than 24 hours ago, it’s worth talking to a doctor about having so-called PEP treatment (Post Exposure Prophylaxis: preventive treatment with anti retroviral drugs after possible exposure to the virus). As long as PEP treatment is started in time and the drugs are taken as prescribed, HIV infection is usually prevented.

The PEP treatment is a month’s course of anti retroviral drugs. It needs to be started as soon as possible – definitely within 72 hours, but preferably within a couple of hours after possible infection (the moment the virus entered the body).

If someone has taken a risk, they should get in touch with their local GGD health centre or doctor as soon as possible. Most GGDs have a 24-hour emergency service. A hospital emergency department is also often able to assess the risks and start PEP treatment if necessary.



Help for people who have taken risks or are worried they might have done

For people who are worried about whether they have run the risk of HIV infection, there are the following ways for them to find out more:

Call the AIDS STI Infoline

Expert staff at the AIDS STI Infoline can assess the risk involved. They advise people on the best place for them to go for a test or treatment. The AIDS STI Infoline telephone number is 0900-204 20 40. You can reach them 24 hours a day and a call costs 10 cents per minute.

On Mondays, Tuesdays and Wednesdays from 10 a.m. to 8 p.m. and on Thursdays and Fridays from 2 to 8 p.m., the call will be answered by a member of staff. At all other times, information on HIV and STIs is available via an interactive answering system. The Infoline also gives the addresses of services where people can go for further help or advice.

The AIDS STI Infoline has an e-mail service too. Send any questions about safe and unsafe sex, STIs and HIV to infolijn@soaaid.nl.

Go to a doctor or the GGD STI clinic in your area.

Making an appointment with the doctor or a GGD STI clinic in the area is another possibility. Addresses and telephone numbers of these clinics can be found on www.soaaid.nl. Personal and confidential advice on testing is available on the Dutch website www.soatest.nl.

An HIV test: why, where and when?

Why have a test done?

It can take years before people who are infected with HIV develop any symptoms or get ill. But all that time they could be passing the virus on to others and their own illness could become more serious. So it's important to know at an early stage if a person has been infected with HIV, to prevent it spreading further and to have the opportunity to start treatment in time.

Where can you go for a test?

An HIV test can be done:

- by the doctor or general practitioner
- at a GGD STI clinic: addresses on www.soaaid.nl
- by buying a kit to do a home self-test
- via the Schorer Test lab on the Dutch site www.mantotman.nl

The HIV self-test:

HIV tests are on sale on the internet. These can be used to test for HIV antibodies with your blood or saliva. Self-tests have several disadvantages:

- Some of them are quite complicated. You might make a mistake while doing the test.
- If the result is HIV positive, a doctor will still need to confirm that, because the self-test result is not 100 per cent reliable.
- When someone does an HIV test at home, they are not given the support and advice available at the GGD STI clinic or from the doctor.

Instructions for using a self-test.

- Read the instruction leaflet very carefully.
- Wait at least three months from the last risk of HIV infection before doing the test.
- Choose a good moment to do the test. If it shows that you have HIV, it's important to have someone you can go to for support and advice. Many services that could help are closed at the weekend. That's why the weekend is not a particularly good time to do a self-test.

How does an HIV test work?

If someone is infected with HIV, their body produces 'antibodies'. So a doctor will look for HIV antibodies in the blood. If antibodies have been made, it proves that HIV has entered the body. We call this HIV positive.

When should a test be done?

It takes a while, sometimes up to three months after infection, before antibodies are produced. That's why someone who has had unsafe sex once is usually advised to wait three months before having a test done. Only then can they say for sure whether the person has been infected. It is, of course, a very long time to wait if you're worried. In the meantime, help and advice is available from the doctor or GGD nurse.

If during that period the person notices any symptoms which may be signs of an acute HIV infection (fever, swollen lymph glands, flu-like symptoms), they should definitely go back to their doctor and not wait until the three months have passed.

If someone has been having unsafe sex regularly for longer than three months, he or she has a higher risk of HIV. An HIV test is then usually done immediately rather than waiting three months.

If there might have been a risk: get tested

If someone is in any doubt about a risk of infection, they can get advice from their doctor, a GGD STI clinic or the AIDS STI Infoline. Or they can go to www.soatest.nl for personal advice on testing (in Dutch).

An HIV test puts an end to all uncertainty: you know whether you are infected with HIV or not. It can be a real relief for someone to find out that they are not infected with HIV. It is also better to know if the result is HIV positive (which means that there is an HIV infection), because you can start seeing a doctor about it. He or she can then regularly monitor the person's state of health, decide whether treatment is necessary and, if so, start treatment as soon as possible.

Getting help when the test result is positive

The result could be HIV positive. This means that HIV has entered the person's body. Someone who has been given this result will obviously be anxious and have many questions: What will my future be like? Should I tell people or keep it secret? How will my friends and family react? What effect will the HIV infection have on my relationship?

If the result is HIV positive, there may be consequences. It could, for example, have an effect on the person's work or insurance policies. HIV Vereniging Nederland has a switchboard (Servicepunt Informatielijn) where they can provide more information and answers to many questions – their telephone number is 020-689 25 77.

HIV test: the procedure

For an HIV test, the doctor or nurse will take a blood sample. This is tested in a laboratory for the presence of HIV antibodies. It usually takes about a week to 10 days before the result is available.

If it is a rapid test, then the result will often be ready after an hour. But a rapid test is not standard procedure. You cannot have rapid testing done everywhere. How someone will be given the result is arranged beforehand. The doctor or nurse will often tell you the result of the test face-to-face. If HIV is found in the blood during a test, a second test is always done to be 100 per cent certain that someone is infected with HIV.

During the visit to the doctor or nurse, they will give you advice about how to prevent taking risks in the future, both for yourself and others. Doctors and nurses are bound to confidentiality. That means that he or she may not pass the result on to anyone else. They may only do so with the person consent.

Testing for other STIs

If there was a risk of HIV transmission through sex, then there was also a risk of other STI's, so this should be tested straight away too. Other STIs are much more common than HIV.

Test result: HIV negative or HIV positive

The result is HIV negative.

That's good news: no HIV has been found in the blood. As long as the person tested didn't take any risks during the three months before the test, then it is certain that they do not have HIV.

The result is HIV positive.

That's bad news: the tested blood contains the virus. The infected person may not yet notice anything at all. Their doctor will regularly monitor their general health and the development of the illness. This doctor is usually an HIV specialist at the hospital who can give support and information, for example about the HIV treatment that is available.

'Risk groups'

Some groups of people have a higher risk of becoming infected with HIV than others. In the Netherlands, for example, HIV is more common among men who have sex with men, drug users, people who are paid to have sex, and people from certain ethnic groups. People from these groups can have a free test at the GGD STI clinic.

Anonymous testing

Anonymous testing means that an HIV test is done without the person's name being made available. The test tube with blood is then given a number instead of a name. This means that their doctor or health care insurance will not know that the person has had a test done. Anonymous testing cannot be done by a doctor or at a hospital. At a GGD STI clinic it will only be done anonymously if specifically requested.

The result is confidential

The result of a test is always confidential. The doctor is not allowed to pass on the result. And a person who is tested at the GGD can specify whether or not they want the result sent to their doctor.

Testing is not mandatory in the Netherlands

In Dutch law it says that HIV testing is voluntary and an individual's choice. Nobody can be forced to have a test, unless there is a possible crime involved. And no one is obliged to tell their employer the result of an HIV test.

Some mortgage and life insurance applications require HIV testing. If this condition is not met, it may mean that the person won't be able to get the mortgage or insurance.

HIV Vereniging Nederland has a switchboard (Servicepunt Informatielijn) where they can provide more information on this – their telephone number is 020-689 25 77.

Living with HIV and combination therapy

There is no cure for HIV infection. The virus remains in the body, but the development of the illness can be slowed down by treatment with so-called antiretroviral drugs. This involves taking a combination of three or more drugs. These anti-retroviral drugs stop the virus being active and multiplying in the body. This allows the immune system to function better. The person having treatment has fewer symptoms, or sometimes none at all, which people who are not being treated for HIV would have.

The difficulty of anti-HIV treatment is that people have to take the drugs at regular times, once or twice a day, every day, their whole life. This 'adherence' (sticking to the treatment regime) is vital for successful treatment.

The drugs may have side effects, such as nausea and changes in body fat distribution. They can also have an adverse effect on the liver and kidney function so these need to be regularly monitored.

If a test has shown there to be HIV in the blood, that doesn't necessarily mean that treatment will start immediately. An HIV specialist will be involved in this decision, basing his or her assessment on guidelines used by all HIV specialists.

It is important to start combination therapy at the right time, before there are any signs of illness. The strength of someone's immune system determines whether he or she needs to start with combination therapy. That's why the person with HIV will need to see a doctor regularly for their immune system to be tested.

Thanks to combination therapy, a person with HIV can live a relatively normal life. Without treatment, they would get ill sooner and would be more likely to die from HIV-related illness.

Health insurance

Basic health insurance in the Netherlands (Basisverzekering) covers combination therapy. For people who are uninsured, treatment would be much too expensive. Yet, if people are not insured, they may still not be refused treatment that they cannot pay for. If you have any questions about HIV infection and an illegal stay in the Netherlands, ask the HIV Vereniging Nederland switchboard (Servicepunt Informatielijn) for advice. Their telephone number is 020-689 25 77. The switchboard is open from Monday to Friday, 2 to 10 p.m. You do not have to give your name.

Warning partners

People should tell as many of their sexual partners as possible – from the recent and distant past, but particularly all their regular partners since the last negative HIV test – so they too can be tested for HIV antibodies.



Further information

Soa Aids Nederland (STI AIDS Netherlands) is a centre of expertise for HIV infection and other STIs. The www.soaids.nl website gives detailed information on HIV and other STIs. Young people can visit the Dutch information site www.sense.info.

AIDS STI Infoline

Telephone: 0900-204 204 0 (10 cents per minute). You can reach the AIDS STI Infoline 24 hours a day. On Mondays, Tuesdays and Wednesdays from 10 a.m. to 8 p.m. and on Thursdays and Fridays from 2 to 8 p.m., the call will be answered by a member of staff. At all other times, information on HIV and STIs is available via an interactive answering system. The Infoline also gives the addresses of services where people can go for further help or advice. The AIDS STI Infoline has an e-mail service too. Send any questions about safe and unsafe sex, STIs and HIV to infolijn@soaids.nl.