



HIV and AIDS

Last update: 2025-03-18

Key facts

- HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). AIDS is the most severe stage of HIV.
- There is no cure for HIV infection. However, with increasing access to effective HIV prevention, diagnosis, treatment, and care, people living with HIV can lead long and healthy lives.

Transmission

- The main route of transmission is the exchange of body fluids from infected people, such as blood, breast milk, semen, and vaginal secretions.
- Transmission is possible from a mother to her child during pregnancy and delivery.
- Individuals cannot become infected through ordinary day-to-day contact such as kissing, hugging, shaking hands, or sharing personal objects, food or water.

Most vulnerable to severe consequences

- Children
- Pregnant women
- People living with underlying conditions such as diabetes or hypertension.

Most vulnerable to contracting the disease

- HIV can affect anyone regardless of sexual orientation, race, ethnicity, gender, age, or where they live.
- Certain groups of people are more likely to get HIV than others because of the marginalization and criminalization of their gender identities and expression, sexual orientation, livelihoods and behaviours. HIV prevention services for those groups are unequally accessible or entirely absent in many parts of the world. These include:
 - Men who have sex with men
 - People who use injectable drugs

- Sex workers
- Prisoners and other incarcerated people
- Transgender people

Symptoms

- The symptoms of HIV vary depending on the stage of infection.
- In the first few weeks after initial infection people may experience no symptoms or an influenza-like illness including fever, headache, rash or sore throat.
- As the infection progressively weakens the immune system, they can develop other signs and symptoms, such as weight loss, fever, diarrhoea and cough.
- Though people living with HIV tend to be most infectious in the first few months after being infected, many are unaware of their status until the later stages.
- People with AIDS have badly damaged immune systems. They get an increasing number of severe illnesses, called opportunistic infections. Opportunistic infections include: [Tuberculosis](#), Herpes, Salmonella, Candidiasis (thrush), etc.

What can you do to prevent and control an epidemic?

Prevention and control

- Male and female condom use.
- Testing and counselling for HIV and sexually transmitted infections (STIs).
- Voluntary medical male circumcision.
- Use of antiretroviral drugs (ARVs) for prevention (oral pre-exposure prophylaxis (PrEP) and long-acting products)
- Harm reduction actions such as the distribution of sterile syringes and education to people who inject drugs.
- Strategies to eliminate mother-to-child transmission of HIV such as access to antiretroviral drugs for mothers.
- HIV is not transmitted if a person's sexual partner is virally suppressed on antiretroviral therapy, so increasing access to testing and supporting linkage to ART is an important component of HIV prevention.

Treatment and management

- The treatment for HIV is called anti-retroviral therapy (ART). ART involves taking a combination of HIV medicines every day.
- ART is recommended for everyone who has HIV. People with HIV should start taking HIV medicines as soon

as possible.

- ART cannot cure HIV, but HIV medicines help people with HIV live longer, healthier lives.
- ART also reduces the risk of HIV transmission.

Social mobilization and behaviour change

- Develop and disseminate key preventive messages appropriate to each context
- Identify and tackle rumours related to HIV

Mapping and community assessment

- How many people are HIV positive in the community?
- What is the general knowledge of the community on HIV/AIDS? What are the community's beliefs regarding HIV/AIDS?
- How many people have died from HIV/AIDS?
- How many people have access to treatment and prevention services, like condom distribution, screening programs, case management services, medication assistance, sterile equipment and syringes for people who use drugs, etc.?
- What barriers to accessing HIV/AIDS prevention or treatment services do people report? What challenges do you identify concerning people staying in treatment? What could make the process easier for them?
- Where are the local health facilities and services? Do people have to walk long distances to reach them?
- Who and where are the vulnerable groups?
- Are those seeking HIV health services facing any kind of stigma and discrimination?
- Is a social mobilization or health promotion programme in place?
- Which sources of information do people use most?
- Are rumours or is misinformation about HIV/AIDS spreading in the community? What are these rumors?