INTRODUCTION
This booklet provides a brief overview on HIV and AIDS, including transmission, prevention, and testing information. Education is important in preventing the spread of HIV. Education also helps to improve the quality of life for people living with HIV and AIDS and reduce stigma and discrimination in the workplace and communities.

Business Responds to AIDS (BRTA) is a free public-private partnership initiative of the Centers for Disease Control and Prevention (CDC). BRTA supports businesses with tailored resources and tools for effective HIV workplace programs. A partnership with BRTA:

- Provides human resources departments with information on policies designed to reduce stigma and prevent discrimination against employees living with HIV
- Increases HIV awareness among the nation’s workforce
- Strengthens workplace-based testing, prevention, and treatment services
- Raises corporate social responsibility focusing on HIV efforts in the United States
What is HIV?

Human Immunodeficiency Virus (HIV) is the virus that can lead to acquired immunodeficiency syndrome (AIDS). HIV is a type of virus called a retrovirus. HIV is transmitted through certain body fluids that attack the body’s immune system, specifically the CD4 cells, often called T cells. The human body cannot get rid of HIV. That means that once you have HIV, you have it for life.

To learn more about the basics of HIV, visit cdc.gov/HIV.

What is AIDS?

Acquired Immunodeficiency Syndrome, or AIDS, is the most severe phase of HIV infection. People with AIDS have such badly damaged immune systems that they get an increasing number of severe illnesses, called opportunistic illnesses (infections).

Without treatment, people with AIDS typically survive about 3 years. Common symptoms of AIDS include:

- Chills
- Fever
- Sweats
- Swollen lymph glands
- Weakness
- Weight loss

People are diagnosed with AIDS when their CD4 cell count drops below 200 cells/mm or if they develop certain opportunistic illnesses. People with AIDS can have a high viral load and be very infectious.
TRANSMISSION
Only certain body fluids—blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk—from a person who has HIV can transmit HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to occur. Mucous membranes are found inside the rectum, vagina, penis, and mouth.

In the United States, HIV is transmitted mainly in these ways:

- Having anal or vaginal sex with someone who has HIV without using a condom or taking medicines to prevent or treat HIV.
  - Anal sex is the highest-risk sexual behavior. For the HIV-negative partner, receptive anal sex (bottoming) is riskier than insertive anal sex (topping).
  - Vaginal sex is the second-highest risk sexual behavior.
- Sharing needles or syringes, rinse water, or other equipment (works) used to prepare drugs for injection with someone who has HIV. HIV can live in a used needle up to 42 days depending on temperature and other factors.

Less commonly, HIV may be passed:

- From mother to child during pregnancy, birth, or breastfeeding. Although the risk can be high if a mother is living with HIV and not taking medicine, recommendations to test all pregnant women for HIV and start HIV treatment immediately have lowered the number of babies who are born with HIV.
- By being stuck with an HIV-contaminated needle or other sharp object. This is a risk mainly for health care workers.
- By having oral sex—using the mouth to stimulate the penis, vagina, or anus.
- Through contact between broken skin, wounds, or mucous membranes and HIV-infected blood or blood-contaminated body fluids.
- Through deep, open-mouth kissing if the person with HIV has sores or bleeding gums and blood is exchanged.

HIV does not survive long outside the human body (such as on surfaces). HIV is not passed by:

- Air or water
- Insects, including mosquitoes or ticks
- Saliva, tears, or sweat
- Donating blood
- Casual contact like shaking hands or sharing dishes
- Closed-mouth or “social” kissing
- Toilet seats

To learn more about HIV transmission, visit [cdc.gov/HIV](http://cdc.gov/HIV).
Today, more tools than ever are available to prevent HIV. Besides limiting the number of sexual partners, never sharing needles, and using condoms the right way every time you have sex, you may be able to take advantage of newer medicines like pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

Before having sex for the first time with a new partner, you and your partner should:

- Talk about your sexual and drug-use history
- Disclose your HIV status
- Consider getting tested for HIV (if you haven’t been tested)
- Learn the results

Options are available to reduce the risk of contracting or passing HIV:

- Using condoms
- Having low risk sex
- Having sex with a partner with the same HIV status
- Abstaining
- Using medicines to prevent HIV

**PrEP**

Pre-exposure prophylaxis (PrEP) is a prevention option for people who are at high risk of getting HIV. It’s meant to be used consistently, as a pill taken every day, and to be used with other prevention options such as condoms. To learn more about PrEP, go to [cdc.gov/HIV/PrEP](http://cdc.gov/HIV/PrEP).

**PEP**

Post-exposure prophylaxis (PEP) is the use of antiretroviral drugs after a single high-risk event to stop HIV from making copies of itself and spreading through your body. PEP must be started as soon as possible to be effective—and always within three days of a possible exposure. If you think you may have been exposed to HIV very recently, see a doctor as soon as possible.

To learn more about HIV prevention, go to [cdc.gov/HIV](http://cdc.gov/HIV).
The only way to know for sure whether you have HIV is to get tested. Knowing your status is important because it helps you make healthy decisions to prevent getting or transmitting HIV. If you find out that you have HIV, you can get early medical care. It can help to slow the disease, support your immune system, help you live a longer, healthier life, and you could prevent giving the virus to others.

CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care. People with certain risk factors should get tested more often. If you were HIV-negative the last time you were tested and answer “yes” to any of the following questions, you should get an HIV test because these things increase your chances of getting HIV:

- Are you a man who has had sex with another man?
- Have you had sex—anal or vaginal—with an HIV-positive partner?
- Have you had more than one sex partner since your last HIV test?
- Have you injected drugs and shared needles or works (for example, water or cotton) with others?
- Have you exchanged sex for drugs or money?
- Have you been diagnosed with or sought treatment for another sexually transmitted disease?
- Have you been diagnosed with or treated for hepatitis or tuberculosis (TB)?
- Have you had sex with someone who could answer yes to any of the above questions or someone whose sexual history you don't know?

You should be tested at least once a year if you keep doing any of these things. Sexually active gay and bisexual men may benefit from more frequent testing (for example, every 3 to 6 months).

If you're pregnant, talk to your health care provider about getting tested for HIV and other ways to protect you and your child from getting HIV. Also, anyone who has been sexually assaulted should get an HIV test as soon as possible after the assault and should consider taking antiretroviral medicines or PEP after being potentially exposed to HIV to prevent becoming infected.
What Can I Expect from an HIV Test?

A health care professional will take your sample (blood or oral fluid), and you may be able to wait for the results if it’s a rapid HIV test. If the test comes back negative, and you haven’t had an exposure for three months, you can be confident you’re not infected with HIV.

If your HIV test result is positive, you may need to get a follow-up test to be sure you have HIV.

Your health care provider or counselor may talk with you about your risk factors, answer questions about your general health, and discuss next steps with you, especially if your result is positive.

Where Can I Get Tested?

To find a site for confidential HIV testing near you:

- Visit the [cdc.gov/ActAgainstAIDS](http://cdc.gov/ActAgainstAIDS) and enter your ZIP code.
- Text your ZIP code to KNOWIT (566948), and you’ll receive a text back with a testing site near you.
- Call 1-800-CDC-INFO (232-4636) to ask for free testing sites in your area.
- Get a home HIV testing kit from a drugstore or online.
- Ask your health care provider to give you an HIV test.
TREATMENT AND CARE
About 1.1 million people in the United States are living with HIV. Early linkage to and retention in HIV care are central to managing HIV and promoting health among all people living with HIV.

HIV treatment involves taking medicines that slow the progression of the virus. HIV is a type of virus called a retrovirus, and the drugs used to treat it are called antiretrovirals (ARVs). These drugs are always given in combination with other ARVs; this combination therapy is called antiretroviral therapy, or ART. If you have HIV, it is important that you get in care and start HIV treatment, or ART right away. ART is recommended for all people with HIV, regardless of how long they’ve had the virus or how healthy they are.

ART reduces the amount of virus (or viral load) in your blood and body fluids. Although a cure for HIV does not yet exist, ART can keep you healthy for many years, and greatly reduces your chance of transmitting HIV to your partner(s) if taken consistently and correctly.

To learn more about HIV treatment, go to cdc.gov/HIV.