**HIV/AIDS** Fact Sheet

The **human immune deficiency virus (HIV)** attacks the body’s immune system by destroying certain types of white blood cells that help the body fight infection. A person with HIV infection may appear and feel healthy for many years. Most people infected with HIV eventually develop acquired immune deficiency syndrome (AIDS). Research suggests that the average incubation period from infection with HIV to the development of AIDS is approximately 10 years.

The Centers for Disease Control and Prevention (CDC) consider persons to have AIDS if they are HIV-infected and have one or more of 26 clinical conditions, which are often opportunistic infections that do not usually affect healthy people. If someone has AIDS, these infections can be severe and sometimes fatal as their immune system is unable to resist certain bacteria, viruses, fungi, parasites and other microbes. In addition, all HIV-infected persons with fewer than 200 CD4 lymphocytes (blood cells that aid the body’s immune system) per milliliter of blood are defined as having AIDS.

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HIV is transmitted through infected blood, semen, vaginal secretions, or breast milk. The three most common modes of transmission of HIV are heterosexual contact, injection drug use, and male-to-male sexual contact. Blood centers began testing donated blood for HIV in 1985, making the risk of transmission through blood transfusion in high-income countries extremely low. HIV and AIDS disproportionately affect young adults. American racial and ethnic minorities also have disproportionately high rates of HIV and AIDS.

Antiretroviral drug treatment is the main type of treatment for HIV or AIDS. It is not a cure, but it can stop people from becoming ill for many years. The treatment consists of drugs that have to be taken every day for the rest of a person’s life. The aim of antiretroviral treatment is to keep the amount of HIV in the body at a low level. This stops any weakening of the immune system and allows it to recover from any damage that HIV might have caused already.

In Indiana all cases of HIV infection, including confirmed cases of AIDS, shall be reported to the Indiana State Department of Health. Certain cases of HIV infection are exempt from being reported by name: those enrolled in a formal research project, those tested anonymously at a designated testing site, and those tested by a health care provider who is permitted to use a number identifier code. (IC 16-41-2-3)

In Indiana consent is required before an HIV test can be performed unless under emergency circumstances and the test is medically necessary to diagnose or treat the patient; or the test is performed on blood collected anonymously as part of an epidemiologic survey; a court order is issued as the patient poses a threat to others (IC 16-41-6-1); or the mother of a newborn has not been tested for HIV, refuses the test for her newborn, and a physician believes testing the newborn is medically necessary. (IC 16-41-6-4) **Indiana law requires the primary prenatal care provider to test each pregnant woman for HIV, unless the woman refuses the test in writing**. (IC 16-41-6-5, IC 16-41-6-8)

**HIV CONSENT FORM**

I have been offered the blood test for detection of antibodies to the Human Immunodeficiency Virus (HIV) performed by an outside laboratory. I understand that this test may not be conclusive because a positive result means additional tests may be needed and a negative result does not necessarily eliminate consideration of Acquired Immune Deficiency Syndrome (AIDS). I have also been informed that the results of this blood test will only be released to those healthcare personnel and insurance companies providing medical care and coverage to me as allowed by federal and state law. I understand that these test results will be a part of my medical record and will be released if I have signed an authorization for release of medical information. I understand that not all health insurance plans will pay for HIV testing. Should my insurance company decline coverage I understand that I will be expected to pay for it myself.

My health care provider has answered any questions I have about HIV/AIDS. I have been provided information with the following details about HIV testing:

* HIV is the virus that causes AIDS and can be transmitted through unprotected sex (vaginal, anal, or oral sex) with someone who has HIV; contact with blood as in sharing needles (piercing, tattooing, drug equipment including needles), by HIV-infected pregnant women to their infants during pregnancy or delivery, or while breast feeding.
* There are treatments for HIV/AIDS that can help an individual stay healthy.
* Those with HIV/AIDS can adopt safe practices to protect uninfected people in their lives from becoming infected or being infected themselves with other strains of HIV.
* Testing is voluntary and can be done anonymously at a public testing center.
* The law protects the confidentiality of HIV test results and other related information.
* The law prohibits discrimination based on an individual’s HIV status and services are available to help with such consequences.
* The law allows informed consent for HIV related testing to be valid for such testing until such consent is revoked by the subject of the HIV test or expires by its terms.

**1. I hereby give my consent for the performance of the HIV blood test and to the release**

**of results as outlined above.**

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Client Signature Printed Name Date

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Witness Date

**2. I decline the opportunity for the HIV blood test at this time.**

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Client Signature Printed Name Date

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Witness Date