

## Inside Edition...

The Big Test

The Epidemic: The 90s

HIV Testing Clinic Test Dates

*How much do I really know... Quiz*

Open to the Public

## HIV Testing Day

**FREE HIV Testing at Student Health Services on June 26th, 2008 from 5:30-8:30 pm**

The expo will include BEAT AIDS, San Antonio AIDS Foundation, Mujeres Unidas, Planned Parenthood, SACADA, COSA, Viral Load Zer0, Counseling Services, Student Health Services, Pregnancy Care Center, Prevention Resource Center and Project Worth and snacks compliments of COSTCO.

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HIV NEWS is published monthly. Printed copies can be obtained at Health Education at Student Health Services. For more information contact Howaida M. Werfelli at [Howaida.werfelli@utsa.edu](mailto:Howaida.werfelli@utsa.edu) or 210.458.6428

## The Big Test

by Jerry Mata, SHADES Peer Educator

Getting an HIV test is uncommonly heard of because of the stigma associated with such a test. Then, of course, you have to worry about where to go get tested. But the most important contributing factor as to why so few risk the chance of getting an HIV test is because of the test itself. People are afraid of having a syringe draw blood from them and leaving nasty bruises on their arms. But, I am here to say, that this is not always the case. As society has progressed so has its methods of testing for diseases and viruses. Getting an HIV test does not always have to be from a blood draw sample. A lot of the times you don't even have to give blood to get tested. Now, all you have to do is open wide and let a trained practitioner take a swab sample of your gum lining and you could have results within 20 minutes! It's that easy, and it's that pain free!

The enzyme-linked immunoassay (ELISA) test is one of the tests used in determining if someone has become infected with HIV. This test involves the use of a person's blood sample combined with lab chemicals to determine if the person's blood has developed antibodies to fight off the HIV. If the presence of antibodies are detected, the person may be infected with HIV.

Another test administered in the search for an HIV infected person is the Western blot test. This test is done by obtaining a blood sample. Once attained, the blood cells are broken in order to extract the proteins and placed on a slab of gel. After, electrophoresis is done to separate the proteins and then transferred to a membrane. The proteins that are not washed away are then called enzyme linked antibodies and those are crucial in determining someone's HIV status. The enzyme linked antibodies attach to the person's antibodies and from there comes the determination of which HIV proteins a person develops antibodies to.

One of the tests that is gaining popularity as it is administered more and more throughout clinics in the nation is the OraQuick Advance test. This test is a non-invasive, rapid, 99.7% effective test. This is the test most commonly used here at Student Health Services at the University of Texas San Antonio. OraQuick Advance is a twenty minute test that is administered by a health practitioner and can give you peace of mind as to knowing your HIV status. One of the many pros to this test is that it can give you no false negative, which means if the oral swab reads negative then you really are negative. The con to such a test would be that it cannot detect the presence of HIV within the last three months. If you have come in contact with the virus, whether through unprotected sex or sharing needles with someone infected with HIV, the OraQuick Advance test will read negative if tested within three months of exposure.



*A doctor holding an earlier form of an HIV test in Africa. Photo from World Health Organization.*

# The Epidemic: The 90s

by Howaida M. Werfelli, MPH, Health Education Coordinator

The HIV/AIDS rollercoaster ride of the 80s was decorated by much confusion and many lows, whereas the 90s can easily be described as a decade of mixed emotions and great strides.

Our look at the 90s begins with the death of Ryan White, a nineteen year old, white, heterosexual, middle class teenager from Indiana who died on April 8, 1990 of AIDS. White had contracted AIDS from blood products while undergoing treatment for hemophilia. He came to public attention after being expelled from school for being a health risk. Afterwards, his family moved to Cicero, Indiana, where he was received at Hamilton Heights High School as a celebrity by people there.

At the age of sixteen, White testified before the President's Commission on AIDS, under the Reagan administration. On August 18, 1990, a few months after Ryan's death, the U.S. Congress passed Public Law 101-381, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act "to assist local health care delivery systems in providing care for people with AIDS, who do not have adequate health insurance or other resources" ([www.library.findlaw.com](http://www.library.findlaw.com)). By 1998, the Ryan White CARE Act had allowed for the appropriation of more than \$6.4 billion in federal funding and the yearly rendering of aid and service to approximately 500,000 individuals with HIV/AIDS.

By the time the January 25, 1991 issue of the CDC's MMWR was published, the number of Americans having died of AIDS had surpassed 100,000 that elevated as the 2nd leading

cause of death among American men aged 25-44 years of age. AIDS had climbed the ranks to surpass heart disease and cancer.

Earvin "Magic" Johnson's November 7, 1991 announcement that he had contracted HIV shocked the nation into awareness about the AIDS epidemic and helped put HIV into the public eye. Johnson has since become a great advocate for HIV/AIDS education and treatment. The birth of Johnson's son, Earvin Johnson III, also shocked the nation and raised much needed awareness about mother to child transmission of HIV/AIDS. Mother to child transmission and AIDS rates in newborns peaked in 1992, leveled in 1993 and began to decrease in 1994.

A time of new hope and discoveries was the theme that best describes 1996. Discoveries of the potential of protease inhibitors in the treatment of HIV, how HIV binds to host cells and the development of a new HIV tests were just few of the successes of that year. The discoveries of 1996 were remarkable enough and significant enough to be named by the editors of *Science* magazine as "the Break-through of the Year."

The 1999 headline *Origin of HIV-1 Discovered* (appeared in *Nature* magazine) raised hopes even higher that a treatment and cure for AIDS was not far behind, when University of Alabama researchers found that the HIV-1 virus originated in chimpanzees found in the West African region.

Also in 1999, as the world waited to ring in Y2K, the CDC released the epidemics latest figures: 733,374 AIDS cases since 1981 (81 percent males; 18 percent females; 1 percent children); the numbers were increasing among women, particularly Hispanic and African-American women, and decreasing among homosexuals. The report went on to relay that 425,000 individuals had died of AIDS related illnesses to date.

## How much do I really know...

1. What is the difference between HIV and AIDS?
  - a. HIV is a virus and AIDS is a bacterial disease
  - b. There is no difference between HIV and AIDS
  - c. HIV is the virus that causes AIDS
2. Which HIV subtype is most common in the Western world?
  - a. A
  - b. B
  - c. C
3. In heterosexual sex, who is more likely to become infected with HIV from an HIV positive partner?
  - a. The man
  - b. The woman
  - c. Both partners
4. HIV can be transmitted from mother to child through...
  - a. Delivery/Breastfeeding
  - b. Sharing food or drink
  - c. using the same toilet

\*Questions were extracted from quizzes found on [avert.org](http://avert.org)  
\*\*answers found in next month's issue

For students only



**HIV** **FREE**  
**Testing Days**

## Student Health Services

July 2008 Schedule

**DT Campus**

**BV 1.308**

July 9, 23

**1604 Campus**

**RWC 1.500**

July 3, 10, 17, 24, 31

By appointment only

**Call 458-6428**

For students only