

Diagnosis HIV

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Abstract

Antiretroviral medicines are used to treat HIV. They work by stopping the virus replicating in the body, allowing the immune system to repair itself and preventing further damage. No cure exists for AIDS, but strict adherence to antiretroviral regimens (ARVs) can dramatically slow the disease's progress as well as prevent secondary infections and complications.

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Introduction

Antiretroviral medicines are used to treat HIV. They work by stopping the virus replicating in the body, allowing the immune system to repair itself and preventing further damage. These come in the form of tablets, which need to be taken every day. HIV is able to develop resistance to a single HIV medicine very easily, but taking a combination of different medicines makes this much less likely. Most people with HIV take a combination of medicines. It's vital these are taken every day as recommended by your doctor. The goal of HIV treatment is to have an undetectable viral load. This means the level of HIV virus in your body is low enough to not be detected by a test.

Diagnosis

HIV can be diagnosed through blood or saliva testing. Available tests include:

Antigen/antibody tests. These tests usually involve drawing blood from a vein. Antigens are substances on the HIV virus itself and are usually detectable — a positive test — in the blood within a few weeks after exposure to HIV.

Antibodies are produced by your immune system when it's exposed to HIV. It can take weeks to months for antibodies to become detectable. The combination antigen/antibody tests can take two to six weeks after exposure to become positive.

Antibody tests. These tests look for antibodies to HIV in blood or saliva. Most rapid HIV tests, including self-tests done at home, are antibody tests. Antibody tests can take three to 12 weeks after you're exposed to become

positive.

If you might have been exposed to HIV within the past few weeks, your doctor may recommend NAT. NAT will be the first test to become positive after exposure to HIV.

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But success has been variable by region, country and population; However, not everyone is able to access HIV testing, treatment and care. Notably, the 2018 Super-Fast-Track targets for reducing new paediatric HIV infections to 40 000 was not achieved. Given prior to the COVID-19 pandemic, reduction of new infections and deaths had plateaued; global 90/90/90 targets for 2020 are at risk of being missed unless rapid action is taken.

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