

# Get sure

**TESTING FOR HIV  
— WHY, HOW  
& AFTERWARDS**

**Swedish Physicians against AIDS  
Noah's Ark-Red Cross Foundation**

To the memory of  
Thomas Scott Croxson, MD.

Lars Moberg

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## TESTING FOR HIV – WHY, HOW AND AFTERWARDS

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## *What is the use of HIV tests?*

**H**UMAN IMMUNODEFICIENCY virus, the virus that causes AIDS and which we usually call HIV, causes a long-term infection. For a number of years following the infection, an HIV infected person has few, if any, obvious symptoms. There is only one way to find out for certain whether a person is infected: that is by taking an HIV test.

What we usually mean by the term “HIV test” is a laboratory analysis that shows whether or not there are antibodies to HIV in the person’s blood. Using other methods, it is possible to identify antibodies against HIV in the saliva or urine, but such tests are not in regular use – at least not in Sweden. There are yet other methods with which one may find particles from the virus, or its genome. These methods will be discussed later in the pamphlet.

### **Why get tested?**

The most general answer to this question, for several reasons is probably: because it is important to know whether one is infected with HIV or not. It is important for those who are infected and it is important for others, since it will help reduce the spread of HIV.

If the test shows that you are not infected, you do not have to worry about the possibility of being infected so far. Instead, there is every reason to start thinking about how to avoid becoming infected. Advice on this subject can be found in the related pamphlet entitled *Keep it safe – protecting oneself and others against HIV infection*. If it has been established that you are infected, you have particular reasons to protect your partner(s) from becoming infected. Again, advice on this subject can be found in the *Keep it safe* pamphlet. By following the advice given in *Keep it safe*, you may avoid being infected by HIV and other sexually transmitted diseases.

If you find out you are infected with HIV, you should consult a doctor to receive the proper follow up and management of the infection. Being aware that one is infected makes it possible to get early treatment, which will help prevent complications and may slow the advance of the infection. The rapid development of combination treatment of HIV during the past decade, in which usually three or more medicines are used together, has made it more important to be aware of a possible HIV infection than it used to be. This is because treatment initiated at the proper time may prevent the devastating destruction of the immune system that is gradually caused by the HIV infection in the absence of treatment. Individuals with significantly hampered immune systems due to HIV can also benefit from important immune system reconstitution through effective treatment. This is discussed in more detail in the pamphlet entitled *To treat*.

### **The benefits of HIV testing**

The main beneficiary of HIV testing is the person infected with HIV. To be aware of one's HIV infection today in our part of the world, where there is access to proper treatment, means that the risk of the various disease states known as AIDS is practically eliminated. Proper treatment at the right time protects or reconstitutes the immune system.

In addition to the abovementioned advantages for the individual, the benefits of such tests can be seen from a wider perspective as a part of society's battle against the HIV epidemic. Everyone understands why blood donors are tested for HIV. The same goes for donors of transplanted organs, of plasma and semen, as well as pregnant

women. In fact, the majority of HIV tests are performed on people belonging to these groups.

However, it is also important that other people, who for various reasons think they should be tested, are tested. Since the risk of an HIV infected person passing on the virus to others is likely to be substantially reduced if he or she is aware of being infected, it is of the utmost importance that as many of those infected as possible should be identified.

The extent to which HIV testing will help reduce the risk of a person who is aware of his or her HIV infection passing the virus on to others depends on that person's future decisions, particularly concerning sex. Still, HIV testing could hypothetically increase the risk of further transmission of HIV, if those who have been tested and found negative (that is, not infected with HIV) interpret the test result as a warrant to carry on taking risks – if they have been doing so.

### **The HIV test**

The HIV test itself consists of a simple blood sample, generally taken from a vein in the arm, in the same way that one might take a sample to test sedimentation rate. The sample is then analyzed at a laboratory to test for the presence of antibodies to HIV. Antibodies are complex proteins produced by the body in response to foreign substances – for instance pathogens like bacteria or viruses. The time it takes for a person to develop antibodies to an infection varies depending on a number of different factors, such as the type and quantity of pathogen and the state of the immune system, etc.

It appears that the majority of those who become infected with HIV develop measurable amounts of antibodies within three to eight weeks. After 12 weeks, it would be extremely unusual if an infected individual had not developed antibodies detectable by current HIV tests.

For this reason, the time that should have elapsed between the occasion of possible transmission until reliable testing can be performed is generally considered to be 12 weeks.

The small number of HIV infected individuals who do not develop antibodies within twelve weeks of infection, will develop an antibody response within a few more months. Only when so-called post exposure

prophylaxis (PEP) has been given, is it necessary to prolong the follow-up period to six months. The term PEP stands for prophylactic treatment with drugs against HIV, generally for one month, following for instance a needlestick incident in medical care, or when a condom has ruptured during sexual intercourse with an HIV positive partner – and obviously also after unprotected sexual intercourse with an HIV positive partner.

To sum up, most persons infected with HIV develop antibodies within three months of infection, and the majority of these within 3-8 weeks.

### **When should you have the test?**

It should be clear from the above that what a person does on a Saturday night will not leave any detectable traces in an HIV test on Monday. Yet, for many of those who contemplate having an HIV test, there is little point in postponing the decision, since most of them have been exposed to risks of HIV infection on more than one occasion. Thus, it may be a good idea to have a test as soon as possible and then to repeat the test when sufficient time has passed since the latest risk occurrence.

If you wish to take an HIV test, you should make an appointment at a suitable clinic – or go to a clinic that offers drop-in HIV testing.

### **Where should you get tested?**

A suitable clinic is a clinic where, in addition to being able to take the test, you can also be tested for other sexually transmitted infections such as gonorrhoea, chlamydia, syphilis etc. There should also be time for a proper consultation. Once you have made up your mind to take an HIV test, the waiting period should not be too long - a couple of days at most. Once the blood sample has been taken, the test result should be available within a few days or a maximum of one week.

There are a number of institutions that specialize in HIV testing, such as dermato-venerology and infectious diseases policlinics. However, other kinds of care centres may also offer good counselling and testing. The important thing is that there are people at the clinic who take an interest in and have adequate knowledge of HIV testing.

The AIDS Helpline at Noah's Ark-Red Cross Foundation (Aidsjouren på Noaks Ark-Röda Korset) provides information about suitable clinics in various parts of Sweden. Anyone who would like such information can call the AIDS Helpline at phone number 020-78 44 40 (within Sweden only).

### **The test result**

A negative HIV test result means that there are no antibodies to HIV in the sample and that the person tested is not infected, provided that a sufficient time has elapsed since possible exposure to the virus. However, a negative test does not necessarily mean that one's previous lifestyle is a safe one with regard to the risk of HIV infection. Becoming infected – once or repeatedly – with other sexually transmitted diseases is an important indicator of a risk of contracting HIV. This is particularly true for syphilis.

A positive HIV test means that there are antibodies to HIV, and that the person tested is infected or HIV positive. The following pages deal with what this implies for the infected person.

### **Being HIV positive**

Most people infected with HIV are not aware of their infection, until a test shows that they are infected. Some, however, may have suspected it for various reasons. Up until the moment when a person is informed of the test result, they have been living their usual life, just like everyone else. Why should they let a positive test result change this? In fact, most things in life are not affected by a positive test result.

Initially, however, for many people, a positive HIV test result causes a psychological crisis. Help is available in this situation, and should be offered by clinics that do HIV tests. If this is not the case, the AIDS Hot Line at Noah's Ark can provide the appropriate contact information. HIV infection is no longer a lifethreatening disease. However, there are concerns other than AIDS for those diagnosed with HIV; such as prejudice concerning the modes of HIV transmission, social stigma, scapegoating and moralizing.

Several organisations perform HIV related counselling, either as support to those who are HIV positive or as part of a preventative program, or both. Organisations working with both support and preventive work

include the Noah's Ark-Red Cross Foundation in Stockholm and its branches in other parts of Sweden. Some organisations offer peer support, whereas others are staffed by professionals with varying levels of qualification. At the end of this pamphlet, there is a list of such organizations.

### **Telling others**

Some people who find themselves HIV positive feel a strong need to talk to others about what has happened to them. This is only natural and in many ways a positive thing. However, it is a good idea to think before one tells other people about one's infection. Today, HIV infection is not just any disease, and it may never be, at least not until a cure has been found. As a result, an infected person may easily be hurt by other people, unknowingly or even deliberately.

There is at least one person - or persons - who must be informed about your infection: your sex partner(s). He, she or they should also take the test. It can be quite difficult to tell one's partner. However, not telling your partner is deceitful and dishonest and will jeopardise your relationship. Since a person can be HIV infected for many years without symptoms, previous partners from long ago should also be tested. Several factors influence the decision about how far back previous partners should be traced, for instance whether the HIV infected person has had a test done before that was negative. Such contact tracing is best done in collaboration with a counsellor. Previous partners may be called to testing without disclosure of the identity of the HIV positive person, in the same way that is done when tracing contacts in connection with other sexually transmitted infections.

Who should know about one's HIV infection naturally varies from person to person. The most important point of this section is this: immediately after finding out that one is HIV positive, it is wise to wait a while before telling colleagues and others. When some time has passed, it is easier to decide who you really want to tell and when.

### **Assuming responsibility**

For most people, a certain level of autonomy is vital for their quality of life. A serious disease is often a threat to

this autonomy, particularly if one feels sick and weak and is dependent on the help of others. Since most HIV positive persons feel healthy and can be expected to do so for a long time, they have a good chance of maintaining their autonomy. This is even more so the case today, since current treatment powerfully inhibits viral replication, and therefore is capable of improving even a greatly damaged immune system. Ten years ago, HIV infection was a disease that gradually destroyed the immune system of the majority of those afflicted. This led to various diseases and subsequent death. This is still the case for those who do not have access to treatment. However, with present day treatment, it is reasonable, all else remaining equal, to expect a roughly similar lifespan for an HIV infected individual and one who is not.

One way of taking responsibility for one's life and one's future is to learn as much as possible about HIV infection. This is in order to be able to participate in a dialogue on HIV treatment, to be empowered and partake in decisions. This does not mean that one should become preoccupied with HIV. However, one should keep oneself informed so that one can take part in a discussion. As more drugs against HIV infection become available over time – and until there is a cure for the HIV infection – people infected with HIV should have an ongoing discussion with their treating physician about what medical alternatives are available.

### **Living with HIV**

Everybody knows that people die from HIV. Not as many know that people may also live for a long time with HIV infection. Only through the recent advances in the treatment of HIV infection has this become more generally recognised.

Like any other person, an HIV positive person can lead a good or bad life. HIV is not necessarily an obstacle to self-realisation. The less one allows HIV to affect one's spirits and one's self-esteem – at least in a negative sense – the greater are the chances that one will get the best out of life.

A person who is HIV positive has more reasons than others to take good care of him or herself. It is important to eat nutritious food. Fruit and vegetables contain important vitamins and minerals. Varied and whole-

some food of the sort that is good for everyone reduces the risk of relative deficiencies of various nutrients. Vitamin and mineral supplements are inexpensive and available at most food stores. The treatment of HIV infection can cause elevated blood lipids, and a certain tendency to develop metabolic syndrome, including high blood pressure, decreased insulin sensitivity and lipid disturbances. When this is the case, eating right and exercising properly is even more important. Being overweight is hazardous for practically anyone. In combination with a number of drugs against HIV, a lack of exercise and being overweight can be more hazardous than usual.

Smoking increases the risk of respiratory tract infections by damaging the cilia in the respiratory passages. This can be particularly problematic if one's immune system is not functioning optimally. Furthermore, smoking is a risk factor for several forms of malignant diseases (cancers), some of which are more common in people who are HIV positive.

We do not know a lot about how alcohol affects HIV infection. Used in moderation, however, it does not appear to entail any increased risks for HIV infected people. Concerning the practice of "safer sex", it is obvious that an excessive intake of alcohol can impair anyone's good judgement, regardless of whether one is HIV positive or not. Actually, the use of alcohol and some other recreational drugs, probably play a very important role in the spread of sexually transmitted infections. For HIV positive people who also have chronic hepatitis B or C, the intake of alcohol is more damaging to the liver than for others.

Physical exercise seems to be beneficial for almost everyone. Physical training adapted to one's state of health may enhance a person's sense of physical well-being and may also have other positive effects on the HIV positive person's health. Some adverse effect of the drugs used for the treatment of HIV can, to a certain extent, be counteracted by physical exercise. Also important is that physical training has been shown to reduce tension and stress and even to prevent and alleviate depression.

A person who engages in physical exercise only occasionally will feel reluctant to embark on a training session and will feel stiff afterwards. Consequently, regular exercise is recommended.

## **Body and soul**

Opinion is divided as to how worry, stress and depression may affect the immune system and its ability to protect the body from tumours and infections. Until we have learned more about this, we can only guess. Needless to say, a person feels better if he or she is not stressed, worried and depressed. What people may not know, however, is that to a certain extent one can control one's psychological well-being.

One way is to examine one's lifestyle, alone or together with somebody, to find out what it is that may be causing the psychological discomfort that one feels.

Sometimes a relationship with another person may be improved or changed. Sometimes one can do something to change or improve one's own attitudes and one's way of relating to what is happening in life – to life itself – or one's approach to life.

For some people, sophisticated relaxation techniques of varying levels of difficulty may be useful. There is a wide range of such exercises: learning how to breathe deeply, calm down and reduce one's stress level maybe a help to some; whereas others might benefit from learning a meditation technique that can help them come to terms with existential issues.

If the cause of stress or worry is about being HIV positive, individual or group therapy may be of great use. Many find it a great help to meet others who are in similar situations as themselves.

## **The desire to have children**

The fact that many HIV positive individuals are young people means that they may want to have children. HIV infection makes having children more complicated, since the virus can be transmitted from a mother to her child in the womb, at birth or through breastfeeding. In our part of the world, breastfeeding can be avoided. However, the risk that a woman might infect her child during pregnancy or delivery remains. The risk of transmission from mother-to-child when the woman does not receive any treatment for HIV infection appears to be approximately 15-25%, depending on when the woman was infected, and the status of her immune system. The risk may be even greater if the woman becomes infected with HIV during pregnancy. In a relationship where one partner is infected and the other

is not, every act of unprotected sexual intercourse that may result in pregnancy may also result in HIV infection.

Since the middle of the 1990s, we know that treatment of the mother and the newborn child with zidovudine (AZT=Retrovir®) can decrease the risk of mother-to-child transmission of HIV by approximately two thirds. Combination treatment involving several drugs has been shown to be even more effective, if one can avoid drugs that are associated with harmful effects to the foetus. If combination drug treatment of the mother during the latter part of the pregnancy is combined with a caesarean section delivery and an avoidance of breastfeeding, the risk of mother-to-child HIV transmission can be reduced to less than one percent. Caesarean section may not be an alternative in many developing countries, but drug treatment to avoid mother-to-child transmission should be an option in resource-poor settings and is actually available in some places.

Pregnant women are offered the opportunity to have an HIV test at maternity clinics and at some abortion clinics.

Nowadays parenthood is feasible for HIV positive men and women. "Sperm washing" and in vitro fertilisation are methods that can be and are used.

### **The Swedish Communicable Disease Act**

Since HIV infection in Sweden is one of the diseases listed in the Swedish Communicable Disease Act, a pamphlet on HIV testing has to include some reference to this legislation. Moreover, there are a few issues in connection with HIV infection that should be discussed no matter what kind of answers the law may provide.

### **The provisions of the Communicable Disease Act**

On November 1, 1985, HIV infection was included in the general legislation in Sweden concerning communicable diseases. The law is a framework law, which is accompanied by directions issued by the National Board of Health and Welfare. A physician treating an infected person is obliged by law to give the patient instructions, which, like the Communicable Disease Act in its entirety, are aimed at reducing the further spread of the communicable disease, in this case HIV. The directions issued by the National Board of Health and Social

Welfare state what kind of instructions the doctor should provide. These include that an HIV positive person:

- 1 may not donate blood, plasma, sperm or organs.
- 2 must inform each sex partner about his or her infection and must use a condom when having sexual intercourse.
- 3 must not transfer used injection tools to others.
- 4 must inform medical care staff prior to, for instance, blood sampling, surgical or dental procedures, where there is a risk of blood-borne infection.

Other instructions may also be given. If this is the case, such instructions should be given to the local Medical Officer for Infection Control, when the patient, whose name remains confidential, is reported to the Medical Officer for Infection Control in the county in question.

In practice, however, it is usually the above mentioned instructions that are given to the patient. These may seem simple, clear and reasonable. Yet they are interpreted in different ways by different people, and not everybody will agree that they are reasonable. Furthermore, it is stated in the Communicable Disease Act that any person with whom a person infected with HIV claims to have had sexual contacts with is obliged to see a doctor to take a HIV test, in the same way as with diseases like gonorrhoea, chlamydia or syphilis.

If there is reason to assume that a person to whom the provisions of the Act apply is putting others at risk, the Medical Officer responsible for communicable diseases is obliged to take action to stop this person from doing so. In extreme cases, a person may be subjected to isolation under the provisions of the Act. In practise, this applies only to HIV positive people, since most other sexually transmitted diseases can be cured relatively easily.

### **The decisive question**

The decisive question is: how can we achieve an optimal reduction of the spread of HIV infection, both by those who are not aware of their infection and by those who are? The Communicable Disease Act says virtually nothing about the spread of HIV by those who are

unaware that they are infected. It is true that Act prescribes that anyone who has reason to believe that he or she is infected with a pathogen listed in the Act is obliged to see a doctor for testing and treatment, but nothing is said about what constitutes reasonable grounds for suspecting that one is infected. The usual interpretation of this provision is that it concerns only those who have been notified that a previous partner has been diagnosed with for example gonorrhoea, chlamydia, syphilis or HIV. The disease control provisions related to HIV infection apply only to people who have been tested and found to be HIV positive or until the person who has allowed him or herself to be tested has been informed that the test result is negative.

### **Increasing people's awareness of HIV**

A basic prerequisite for the prevention and control of the spread of the HIV infection is that the general public is aware of the existence of HIV and that it knows how the virus is spread. The most important piece of knowledge in this connection is that HIV is spread through vaginal, anal and oral intercourse. Unprotected anal intercourse carries the highest risk, and oral sex the least – much lower than both anal and vaginal sex.

An accurate and reasonable assessment of the risk of becoming infected with HIV should be made for various groups and environments in Sweden and abroad. Exaggeration serves no purpose in the battle against HIV. At the same time, it is important that people understand that an infection like HIV with its long period of incubation has to be counteracted long before the number of infected people is so large that everyone knows someone who is ill from HIV.

This is one of the greatest problems in the fight against HIV: the negative consequences that openness about the infection usually entails for HIV positive people makes them understandably reticent about their illness. As a result, many people think that they do not know an HIV positive person when in fact they do. For many years, the number of unrecorded cases has been considered low in Sweden. This assumption has to some extent been justified. The number of unrecorded cases, however, may increase. If, for example, the frequency of HIV testing in a high-risk group, such as intravenous drug users,

declines, as has been the case during the late 1990s and early 2000s. As a result, the drug users no longer know who is infected and therefore who should be the last to inject, if injection tools are being shared. This is a risk management strategy that has demonstrably been used by Swedish intravenous drug users, most of whom, in the 1980s and early 90s, were tested – often and thoroughly.

### **The price of the delay**

The price of the relative invisibility of the HIV epidemic is paid on several levels. Society at large tends to underestimate the threat posed by HIV. On an individual level, people are tempted to make light of their own infection risks. Compare this with the argument above, concerning HIV testing and unrecorded HIV cases. Both individuals and society are characterised by a tendency to disregard even very obvious risks, the consequences of which will be seen only in the relatively distant future. The risk of quite trivial inconveniences tomorrow, not to mention today, is often considered far more threatening than dire consequences in the future.

### **Classic disease control**

Ever since the days of the plague, whether we think of the plague of Athens in approximately 430 BC (whatever infection might have caused it, maybe an influenza like the Spanish flu at the end of the First World War) or the Black Death of the Middle Ages – classic disease control has always been aimed at isolating infected people from uninfected people. This was done partly intuitively, and partly based on experience, even though the real cause of the epidemic, in the form of an infectious agent, was in most cases unknown. In the case of a sexually transmitted infection, there is no need for this, provided that the pathogen can be held separate from those who are not infected.

It is an illusion to believe that this can be done without sacrifice or, more correctly, without behavioural adaptations – on the part of most people. If a person is leading a life where the risk of catching or spreading HIV is great and the person refuses to adapt, this is a violation of our joint responsibility. A society that does not make it absolutely clear that HIV is a social problem is guilty of furthering such violations.

At the time of revising this pamphlet, in the spring of 2007, the case is still the same as it has been throughout the history of the Swedish HIV epidemic - HIV is primarily spread within two risk groups: men who have sex with men and intravenous drug users that are infected through shared injection tools or when having sex with HIV infected drug users. Lately the term “core group” is increasingly used instead of “risk group”, both to emphasize that HIV is primarily spread in these groups, but also to mark that it can be transmitted to persons outside of these groups.

The negligence shown by Swedish authorities for approximately the past fifteen years concerning preventive measures against HIV transmission among intravenous drug users is highly worrisome. Every new generation of intravenous drug users, and every new generation that comes of age sexually, must have access to information on HIV and other sexually transmitted and blood-borne infections. This applies in particular to men who have sex with men, since the prevalence of sexually transmitted diseases that cannot be cured – such as HIV and viral hepatitis – is considerably higher in this group. This fact should provide an impetus for increasing the preventive measures among men who have sex with men – both against HIV and against other sexually transmitted diseases. In fact, however, the only specialist polyclinic targeting this group is threatened with closure. During the long asymptomatic phase of the HIV infection (which given the treatment available today should be the only phase apart from the acute, primary HIV infection), the concomitant presence of HIV and other sexually transmitted diseases is probably a major factor causing HIV transmission. This probably also applies to patients with effective HIV therapy; a local genital infection with ulceration or discharge may increase the amount of HIV virus in the genital tract without any changes in the blood levels. For this reason, screening for sexually transmitted diseases must be easily accessible for HIV positive as well as HIV negative individuals – and obviously for men who have sex with men, as well as for heterosexual men and women. Only testing when there are signs or symptoms of disease may save money in the short term, but it is a strategy that may have momentous long-term consequences.

## **Adaptation is necessary — but for whom?**

It would be quite surprising if the number of HIV infected people in Sweden did not turn out to be greater than the number of known HIV positive people. This is definitely the case regarding the HIV situation globally. Regardless of whether this is also true for Sweden, one cannot place the responsibility for prevention of the spread of HIV solely on those who are aware that they are infected. Even people who believe, or know that they are HIV free, have a definite responsibility to keep the HIV virus away from themselves and others that are not infected.

Various ways in which this can be done are described in the second pamphlet of this series – *Keep it safe; protecting oneself and others against HIV infection*, the title of which points to an important aspect of HIV control: we must assume responsibility for ourselves and others.

## **Is there such a thing as shared responsibility?**

Every decent society has a responsibility to ensure that those who, despite the risk of negative consequences such as discrimination at the workplace and stigmatization in society at large, have had an HIV test and know that they are HIV positive are not discriminated against. However, in any sexual relationship that such a person may engage in, he or she has information which a person who thinks or knows that he or she is not infected does not have. A person who is aware that he or she is infected knows that HIV infection is a real risk rather than a theoretical or possible risk. By telling his/her partner about the HIV infection, the HIV positive person ascertains that both partners in the relationship have access to the same information – that here and now HIV infection is a tangible risk. If both partners have this knowledge, they can both take the precautionary measures necessary to avoid HIV infection. Shared knowledge is shared responsibility. It should be remembered that shared responsibility is joint responsibility. Whether HIV positive or HIV negative, a person can never evade the responsibility to protect oneself and one's partner.

## **Pamphlet series**

With this series of pamphlets, we wish to contribute to HIV information and education. Each pamphlet deals with a different aspect of HIV.

- The first, *Get Smart*, deals with the general aspects of the epidemic.
- The second pamphlet, *Keep it Safe*, is about what we can do as individuals to protect ourselves and others against HIV infection.
- The third pamphlet – the one you are currently reading – deals with the importance of HIV testing for individuals and society.

*To treat* is another stand-alone pamphlet about the treatment of HIV infection.

This is the seventh edition of this pamphlet, in a series of pamphlets.

LARS MOBERG

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The research fund sponsors HIV research.

# Learn more about HIV

Below is a list of telephone numbers to several organisations in Sweden that provide information about HIV and support for people who are HIV infected or undergoing testing. The list is not complete. Through the organizations listed below, you can receive help in finding other organisations and public authorities that can help you.

The AIDS Helpline at Noah's Ark-Red Cross Foundation (Aidsjouren på Noaks Ark-Röda Korset) in Stockholm 020 78 44 40

A call to a 020-number is free of charge. The AIDS Helpline at Noah's Ark will answer questions in Swedish and English about HIV and other sexually transmitted infections and can refer you to other organisations and authorities. They can also tell you where you can have an HIV test. You can also order other informative material through the AIDS Helpline at Noah's Ark.

## INFORMATION, TRAINING, SUPPORT AND AID

**Noah's Ark-Red Cross Foundation** [www.noaksark.redcross.se](http://www.noaksark.redcross.se)

Eriksbergsgatan 46, S-114 30 Stockholm. +46-(0)-700 46 00,

fax +46-(0)-700 46 10 E-MAIL [info@noaksark.redcross.se](mailto:info@noaksark.redcross.se)

International programme ..... +46-(0)8-700 46 50, FAX 700 46 51

NOAKS ARK-ASSOCIATIONS:

Noaks Ark **Malmöhus**.....tel +46-(0)40-611 52 15,

fax +46-(0)40-611 29 58 E-MAIL [info@noaksark.org](mailto:info@noaksark.org)

Noaks Ark **Nordvästra Skåne**.....tel +46-(0)42-24 31 00,

E-MAIL [noaksark.hbg@telia.com](mailto:noaksark.hbg@telia.com)

Noaks Ark-Röda Korset **Kronoberg**.....tel +46-(0)470-193 81,

fax 0470-458 99 E-MAIL [noaksark@minmail.net](mailto:noaksark@minmail.net)

Noaks Ark-Röda Korset **Gävleborg**.....tel +46-(0)76-225 99 97,

E-MAIL [noaksark@gavle.to](mailto:noaksark@gavle.to)

Noaks Ark Barents **Luleå**.....tel +46-(0)920-23 06 50

E-MAIL [noaksark-barents@telia.com](mailto:noaksark-barents@telia.com)

Hiv-Sverige (HIV-Sweden) .....tel +46-(0)8-714 54 10,

fax +46-(0)8-714 04 25 E-MAIL [info@hiv-sverige.se](mailto:info@hiv-sverige.se)

Information about other organizations for HIV positive people can be obtained through Hiv-Sverige or the AIDS Helpline at Noah's Ark – Red Cross.

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at Noah's Ark-Red Cross*