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# Help for people with HIV or at risk of being infected

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## Where can I get tested for HIV?

Most public health facilities test for HIV. The test is free. These [ones](#) are known to offer testing. Most private doctors also do HIV tests. To find a private doctor in your areas with HIV expertise, [email](#) or phone (011 341 0162) the [Southern African HIV Clinicians Society](#). Here is a [list of doctors](#) providing HIV services. The quality of the list cannot be guaranteed.

Before being tested, you will be counselled. You will also be counselled when the result comes back irrespective of whether you are HIV-positive or HIV-negative. In most facilities two tests are done and it takes about 20 minutes to get the result. In some complicated cases, a sample of your blood might have to be sent to a laboratory in which case it could take a few days to get your result back. HIV tests are very accurate.

## I have HIV. Where can I get help?

The AIDS Helpline number is 0800 012 322.

[HIV911](#) is an organisation that has a comprehensive directory of HIV services in South Africa. Their number is 0860 448 911.

If you are depressed and need to talk to someone, LifeLine's number is 0861 322 322.

TAC does not offer professional counselling, but we do our best to help. Contact our national office during work hours on 021 422 1700, contact one of our provincial [offices](#) or [email](#) us.

## I have been discriminated against because I have HIV. Where can I get help?

[ProBono.org](#) offers free legal services to people with discrimination cases who cannot afford legal assistance. Email address is [info@probono-org.org](mailto:info@probono-org.org). Tel: 011 336 9510 Fax: 011 336 9511. Although they are based in Johannesburg they work with partners across the country and will attempt to assist you wherever you are based.

## I have just been diagnosed with HIV. What medical help must I get?

There are a few things you should and should not do:

- You need to go to a public health facility or private doctor with expertise in HIV/AIDS. Here is a list of [South African public health facilities](#) that treat HIV/AIDS. To find a private practitioner in your area [email](#) or phone (011 341 0162) the Southern African HIV Clinicians Society. Once you are satisfied that you have a nurse or doctor with whom you are comfortable, you should have regular checkups to monitor the progression of your

HIV infection.

- You will need to have your CD4 cells and viral load counted at least twice a year. This should be done for free at [these public health facilities](#). To learn more about what this means, read this [pamphlet](#) about CD4 tests.
- Almost everybody infected with HIV (about 97%) will eventually get an HIV-related disease. These are known as opportunistic infections. Most HIV-related illnesses can be treated using proven medicines. Here is a [guide to opportunistic infections](#).
- HIV can not be cured but for most people it can be treated as a chronic manageable disease. Medicines known as **antiretrovirals** now help people with HIV live nearly normal lives. However, you only need to start taking antiretrovirals when you develop a serious HIV-related illness (known as an opportunistic infection) or when your CD4 count drops below 350. For most people with HIV this happens on average eight to ten years after infection, but there are many exceptions. Antiretrovirals are available free at the public health system. Read this [pamphlet on antiretroviral treatment](#). Read this [simple summary](#) of just some of the extensive evidence that antiretrovirals are effective.
- There is [some evidence that a daily multivitamin supplement slightly slows progression to AIDS](#). Public health facilities are supposed to provide vitamin supplements to people with HIV for free. However, be aware that most of the claims made about vitamin supplements are exaggerated, often grossly so. It is unclear if vitamin supplements are of any benefit to people who eat enough and healthily. If you do not get free vitamin supplements from the public health system and you can afford to eat healthily, you might prefer to spend your money on something else. [Read this pamphlet on nutrition](#). Also [see this TAC statement](#).
- You need to find out more about HIV. We call this treatment literacy. TAC has excellent treatment literacy materials [here](#). We recommend you start off by reading this [pamphlet on nutrition](#), this pamphlet on [antiretroviral treatment](#). Then consider reading the booklet called *HIV in Our Lives* on TAC's [treatment literacy](#) webpage. [HIV i-Base](#) is a useful internet site with reliable simply conveyed information.
- We recommend that you **DO NOT** put your trust in one of the numerous people and organisations offering cures and treatments for HIV/AIDS. Many people with HIV are taken advantage of by unscrupulous charlatans or well-intentioned but uninformed people. Learn the science and trust the science. HIV is a manageable chronic disease if you follow sound medical advice. It is deadly if you do not.

## **I have AIDS. How do I get treatment?**

Many people only find out they have HIV after they have become sick with AIDS. If this has happened to you, you need to talk to your nurse or doctor about starting antiretroviral treatment. You also need to find a treatment supporter. This is a friend or family member who will help remind you to take your medicines on time everyday and offer you emotional support.

## **I think I may be at risk of HIV because:**

## ***I was raped***

It is government policy to provide a 28 day course of antiretrovirals to people who have been raped in order to prevent the transmission of HIV. This is known as post-exposure prophylaxis. If you choose to use post exposure prophylaxis you need to do so within 72 hours of being raped. It is only of use if you were HIV-negative before you were raped.

[Click here for a list of facilities that provide post-exposure prophylaxis for rape survivors.](#)

Contact one of the following rape crisis numbers for assistance:

Bloemfontein: 051 447 6678

Cape Town: 021 447 9762

Durban: 031 312 2323

East London: 043 743 7266

Johannesburg: 011 728 1347

Kimberley: 053 831 1715

Mafekeng: 018 384 4870

Nelspruit: 013 755 3606

Polokwane: 015 297 7538

Port Elizabeth: 041 484 3804

Pretoria: 012 342 222

## ***I had unprotected vaginal or anal sex***

Government health facilities only provide post-exposure prophylaxis (a 28 day course of antiretrovirals to prevent HIV transmission) if you have been raped. If you had unprotected anal or vaginal sex you can only get post-exposure prophylaxis through a private doctor or health facility.

If you choose to take post-exposure prophylaxis then you need to start doing so as soon after you had unprotected sex as possible, and definitely within 72 hours.

You should have an HIV test before starting post-exposure prophylaxis. If you are already HIV-positive, there is no point in starting post-exposure prophylaxis and doing so will endanger your future treatment options.

Many people who take post-exposure prophylaxis experience side-effects and find it very unpleasant. Post-exposure prophylaxis should **DEFINITELY NOT** be seen as a standard way to prevent HIV transmission. It is something to be done only in exceptional circumstances. Using a condom or femidom during sexual intercourse is the standard way to prevent HIV transmission.

## ***I had oral sex***

The risk of HIV transmission from oral sex without ejaculation in the mouth is very low. With ejaculation in the mouth it is higher, but still unlikely. If you are concerned that you might have been infected by swallowing ejaculate, you can discuss the possibility of post-exposure prophylaxis (a 28 day course of antiretrovirals to prevent HIV transmission) with your doctor within 72 hours of having had oral sex. However, in most cases the disadvantages of side-effects from post-exposure prophylaxis after oral sex arguably outweigh the risk of HIV transmission.

## ***I shared a needle when using injectable recreational drugs***

Government health facilities only provide post-exposure prophylaxis (a 28 day course of antiretrovirals to prevent HIV

transmission) if you have been raped. If you shared a hypodermic needle you can only get post-exposure prophylaxis through a private doctor or health facility.

If you choose to take post-exposure prophylaxis then you need to start doing so as soon after you had used the needle as possible, and definitely within 72 hours.

You should have an HIV test before starting post-exposure prophylaxis. If you are already HIV-positive, there is no point in starting post-exposure prophylaxis and doing so will endanger your future treatment options.

Many people who take post-exposure prophylaxis experience side-effects and find it very unpleasant. Post-exposure prophylaxis should **DEFINITELY NOT** be seen as a standard way to prevent HIV transmission. It is something to be done only in exceptional circumstances. If you use injectable recreational drugs, using a clean needle is the only consistent way to prevent HIV transmission.

### *I work as a nurse or doctor and pricked myself with a hypodermic needle*

All health facilities, public and private, should provide post-exposure prophylaxis (a 28 day course of antiretrovirals to prevent HIV transmission) free of charge to any employees or patients who are inadvertently pricked with a hypodermic needle that has been exposed to HIV.

- [Treatment Literacy](#)
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