



You've fumbled with a condom or sweated through an HIV test – but what if that one-night stand actually came back positive?

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You're HIV-Positive, Now What?

I was sick and tired of Aids before I'd even had sex.

Watching a social worker slide a condom on a dildo in my first year of varsity put the lid on it. I'd seen it all before in high-school guidance. Safe sex. Long-term relationships.

Years of being unattractive. This is how I protected myself for the better part of a decade. So when my medical aid form pitches up I don't give it a second thought. I fill it in, get a blood test, tick that box about not having HIV and send it back. Two days go by – the form said I'd get feedback in 48 hours. I sit there wondering when they're going to sort this damn thing out. Isn't that what I pay my premiums for? I start telling the story to someone and realise that the medical aid folk wouldn't call me if there was a problem. They can't disclose that kind of information over the phone. Another day goes by and I start to think of any blood transfusions I might have had. Have I ever got someone else's blood in my mouth?

Then my mind turns to my current girlfriend – gorgeous, sexy, been dating for two years. I realise that there's nothing stopping her – except her word – from grinding away at my immune system over the years. Her ex-boyfriend still looks healthy, but there were ones before him, flings in-between.

By the next day I'm convinced I'm infected. This is it. Aids. I feel tired and edgy. I search my brain for facts: have they invented a cure? I heard of something in China. Can vitamins and a diet of vegetables help? My mind is literally fried with stress, blame and an urgency to do something. Most instinctively to mainline antiretroviral (ARV) sandwiches. What are ARVs exactly and where do I get them from? And what's the cost? I think back to my medical aid form. The box I ticked. For all my sex education, the speed-trials in condom application, there was no real contingency plan for when I actually ended up positive – kind of surprising seeing that our HIV rate is 29 percent and 64 percent of us admit to having unsafe sex without knowing our partner's sexual history.

Consider this article the black envelope you only open if all hell breaks loose. It's the battle plan for when you test HIV-positive, and want to know: now what?

BANG – YOU'RE DEAD

According to my own mistrust and paranoia, I've been HIV-positive for 20 minutes. I get in the car, skip the seat belt and drive to my GP. I've been tested before – never any outcome but a drunken celebration at the end



– but being HIV-positive has always represented an imminent, horrible, humiliating death. When I drive for that test I get obsessed with Tom Hanks in *Philadelphia* dying outrageously for his Oscar. I imagine denial. Or suicide. Or robbing banks until I get shot down in a blaze of glory.

The truth is medicines and availability are turning Aids into the new diabetes – in that it's a lifelong disease that dominates your life, but doesn't have to end it. "Get infected at 25, and you could still live to retirement," says Dr Ashraf Grimwood of the National Aids Coalition in South Africa. This is the kind of longevity we're looking at, but the implications are vast. On the one hand there's a possibility of a future where millions of HIV-positive South Africans roam around, living long with fragile immune systems – being forced to stay fit and manage their stress to remain alive and so becoming the healthiest folk on the planet. The other possibility is that no one takes the medication or can't get hold of it or doesn't follow the doctor's orders and millions of people die. Aids left the sex-ed class long ago. It's now about living with a whole generation of HIV-positive people. Perhaps you'll be one of them.

CLOAK-AND-DAGGER

If you haven't dismissed this article yet, you're probably about to. Or you'll browse it with that condescension of a bug in a Petri dish. You reckon HIV is for the impoverished and jobless. And you're right: 900 South Africans die of Aids every day and, to be honest, most of them are poor, and I haven't been friends with any of them. But here's the stat that kicked me in the bollocks and made me never want to use my manhood again. Seven percent of people with medical aid, that means they've got a job and spend their time in private medical care, have HIV in South Africa. Seven percent of the so-called privileged have this "disease for the poor". If you take just the predominantly white, elite, medical aid-using section of South Africa, there would still be an Aids epidemic. To compare: in Europe (and this includes all class groups), HIV infection varies from below 0.1 percent in parts of Central Europe (it's 0.2 percent in the UK) to above one percent in parts of the former Soviet Union. One percent at a push. So even if you live in a South African middle-class, expendable-income bubble (only having sex with similarly rich people) you're facing 45 times more risk than your average British person – no matter what your race or sexual preference.

This means millions of people are (and soon will be) wandering around your super-

market with HIV. Squeezing the avos for ripeness. Looking healthy. Not really how you imagined it? Well, if HIV-positive people live just as long and become health conscious then what about the stigma around the disease? Even as HIV becomes a societal norm this prejudice can still exist. HIV can be endured for 40 years, science progresses and drugs develop but the social stigma remains – it isn't considered on a socially-accepted par with other chronic diseases. People don't get beaten up by their neighbours and written out of wills for being diabetic. With HIV we're still playing the blame game.


"Black men think only black women get it. White men think only black men get it. Indian men think that everyone but Indians get it," says Fatima Hassan, a senior attorney and former deputy head of the Aids Law Project. "According to either their age, race or gender they assume that they're not at risk," Hassan says. Me included.

While writing this story I've been having blood-mares: nightmares involving strangers' blood. There's a car accident, I have a tiny cut on my finger and... someone else's blood gets in. As much as I've dreamt about it, I have never come into contact with anyone else's blood, HIV-infected or not. Furthermore, there's a perception that HIV-positive people are carrying litres of deadly fluid in their bodies. Like the aliens (in *Aliens*) with acid for blood. This is not true. Once the substance (either blood or even tears) has dried, the HIV can't survive. Even in a wet state it doesn't last when exposed to heat, detergents or disinfectants. So the chances of my nightmare coming true are remote. Still, I've never had a dream where I eat chocolate cake and drop into an inescapable diabetic coma, even though my gran and uncle went blind and died from diabetes. So my subconscious is irrationally afraid. The question is why?

I don't think sex helps. "It's the sexual nature in which this disease is contracted which keeps it rooted in stigma," says Grimwood. There's still a conservative attitude towards sex in South Africa anyway, and Aids in my mind is far less easy to talk about mainly because of that immediate sex association. That is, until you get infected yourself.

YOU'VE TESTED POSITIVE. NOW WHAT?

The virus is in you. If you're showing up HIV-positive then the infection happened at least three months ago. That's how long it takes after infection to show up on a test. Earlier on if you suspect you've been infected you can get Post Exposure Prophylaxis (or PEP). As long as you start PEP within 72 hours



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of the incident (the sex or the accident) then there's a good chance that you won't contract HIV. It's a course of tablets with extreme side effects – and of course there's no way of telling if you actually are infected because if you show up as infected it's already too late for PEP. So there's a chance you'll endure the side effects for nothing – probably worth it, though. For the state to administer PEP, you need to prove you were raped. If you're on medical aid, you'll get it as soon as you see your doctor. Denial stops most people acting this fast.

If you wait until you've been confirmed positive, then you need to get your CD4 (cluster of differentiation four) count checked. If life was a computer game: this would be your health meter. "The CD4-count test is really to find out how much damage the HIV has done to your immune system," says Gregg Gonsalves at the Aids Rights Alliance for Southern Africa. The average guy who isn't infected has a CD4 count of 1 000. A guy who needs immediate antiretroviral treatment has a CD4 count below 250. So there are 750 immunity points and possibly 10 years in-between these extremes to play around with. How quickly this drops depends on the strain of HIV that you've contracted.

CHANGE FOR THE BETTER

There are two types of HIV and one type is less easily transmitted, and the period between initial infection and illness is longer. But it's rarely found outside of West Africa. The other factor that'll affect your CD4 count is your lifestyle.

So you watch your immune system like a broker watching the stock market. You need your doctor to manage you from day one, long before you go on medication.

THE IMMUNITY SMOOTHIE

No food or nutrient can destroy the HI-virus, but a healthy eating pattern will strengthen the immune system no matter what your status. Here's a top smoothie from *Men's Health* nutrition editor Megan Pentz-Kluytz. Chuck the ingredients into a blender, hit the start button and enjoy a glassful of health.

ORANGES (X2)

What you're after
Vitamin C

Why The most famous immune booster, it'll maintain your blood vessels and lower your cholesterol.

CARROTS (X2)

What you're after
Vitamin A

Why Besides maintaining your eyesight, vitamin A helps regulate the immune system and produce barriers to bacteria, stopping infection.

WATERMELON (A BIG CHUNK)

What you're after
Vitamin B6

Why Vitamin B6 is helpful in creating neurotransmitters in the nervous system. This is good for normal cell transmission and helps with depression.

MILK

(A FULL GLASS)

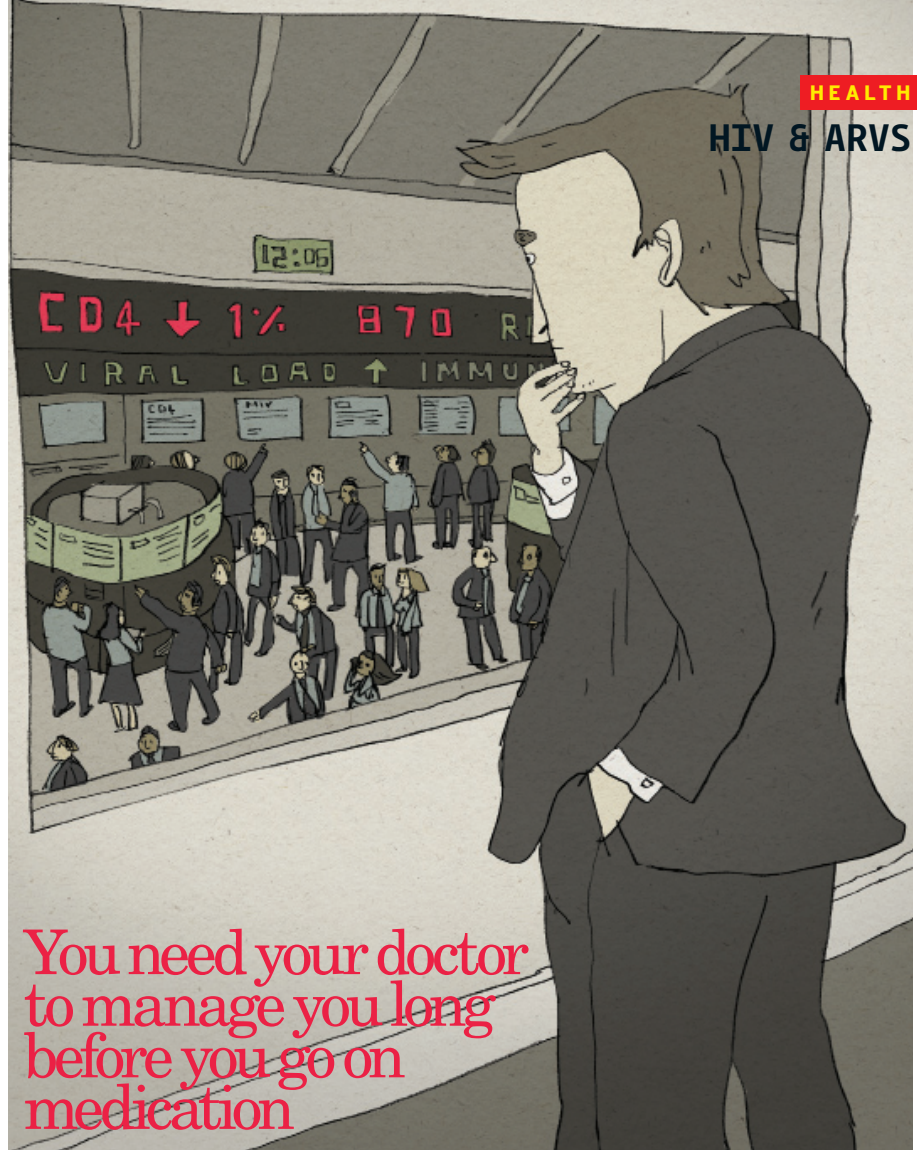
What you're after
Selenium and protein

Why Selenium activates your T-cells (a crucial part of your immune system) and protein helps with a rapid production of cells.

PEANUT BUTTER (A TABLESPOON)

What you're after
Zinc

Why Zinc is great for healing wounds (which can lead to infection) and helps with your absorption of iron (to prevent anaemia).



Watch your stress. "It's stressful to be HIV-positive. It's also stressful living in a country where HIV is so prevalent," says Gonsalves. But there might be a perverse comfort in knowing that you can't escape it anywhere on the planet. Cut out alcohol and drugs; do regular exercise. These changes to lifestyle are a necessity, but after a point it's

not a substitute. "ARVs are still the only proven substance that combats HIV," says Gonsalves. Not garlic, beetroot or the African potato. In fact, even though garlic is good for your immune system when you're HIV-negative, if you take loads of the stuff while on ARVs it actually lowers the concentration of certain ARVs in the blood – heightening your risk to the HI-virus, according to Brent Murphy, specialist in the research and development of complementary medicines and dietary supplements.

The same goes for vitamin C, it isn't going to save your life. Nutrition guru Patrick Holford claimed in his book *The New Optimum Nutrition Bible* that vitamin C in huge quantities can be a substitute for AZT (an anti-HIV drug). He promoted this statement while he was in South Africa recently but has since said he meant "in vitro" not "in vivo", which means the theory holds up in a test tube but not in a human body. With this reasoning: you can pour bleach on HIV and you'll kill the virus in a second. That doesn't mean you can inject it into your veins. You have to watch everything that goes into your body and be selective with whose advice you follow. The same goes with what comes out...

HIV & ARVS



Like a kid. If a woman is HIV-positive there's a 35 percent chance of passing it on to her baby without treatment and zero chance if she takes the proper drugs. But for a guy, your sperm is more complicated. There is a technique called intracytoplasmic sperm injection, which aims to achieve pregnancy with a low risk of HIV transmission. Your boys are washed to remove infected fluid and cells. A number of the woman's eggs are surgically removed and a single sperm injected into each. The fertilised eggs are then implanted back into the woman. There is still a risk that she and the baby will be infected. But the sooner you do it the better, because even with a meticulously healthy lifestyle your CD4 count will drop eventually. The body can't keep up as the number of functioning T-cells decreases. As more and more CD4 cells become damaged, your immune system becomes weaker. "As soon as your count drops to below 200 you're open to opportunistic infections.

WHAT IS AN ARV? ISN'T THAT THE NAME FOR A BIG CAR?

An ARV is a pill – one you take every day like a multivitamin. When you understand what the drug does you realise how ridiculous it is to think that beetroot could do the same.

It attaches itself to your cells, waiting for the virus to attach and then, much in the same way HIV pretends to be a cell that can't be detected by the immune system, the ARV makes a fake surface for the virus to latch on to. "The ARV mimics the 'building blocks' that the HIV preys on," says Grimwood. Then, once the HIV is attached, it breaks away from the cell and prevents the virus from replicating. Sorted. It beats the virus at its own game.

The drawback is once you go on ARVs, that's it. There's no leeway for forgetting your pills, or leaving them someplace for the weekend. You're not going to spend another day without popping one of these pills. The other big problem is tolerance. For years you'll be on "first-line" – a combination of simple drugs. You might need to chop and change at the beginning to get fewer side effects.

The sliver of light around HIV is that one of planet's biggest diseases can give you a drive for good health

Later on there's a chance (especially if you forget to take a pill on the odd day) you'll build up a tolerance. Then you go on "second-line" – drugs that are more expensive, harder to come by and have more side effects. If you need to go on a "third-line" you could probably cobble something together, but you'll be recycling drugs that you've already become tolerant to.

The tablets today are advanced – they contain three different drugs in one, so they work like a Shaka Zulu attack: at least one of them will cut the virus down. Back in the Eighties the drugs were simpler and it was easier for the HI-virus to hop over the attack. "The difference between what you take today compared to what guys were taking in the past is remarkable," says Gonsalves. If these advanced tablets sound expensive: don't worry, you're probably already paying for the treatment without knowing.

YOUR MEDICAL AID LOVES YOU

For the bumper package of help, counselling and general disease management, go no further than your trusty medical aid. No really. In 2004 the government made it mandatory for all medical aid schemes to supply HIV treatment as a basic component of all their packages. "HIV is a prescribed minimum benefit," says Hassan. So as long as you pay the premium no one in the country can be excluded. Here's the killer though: of that seven percent of South Africans who have HIV and medical aid, less than one percent are actually claiming assistance for the disease. So even though people can get free access on their medical aid, they aren't. There are a bunch of reasons and if you

COMMON QUACKERY

There are plenty of quacks out there. The best you're going to get away with is just wasting your money. The worst could be toxic chemicals like industrial solvents that are going to hasten your decline. "The danger we're facing is a drove of con artists promising more than doctors, but not delivering anything," says Fatima Hassan, a senior attorney and former deputy head of the Aids Law Project. "They're really selling nothing but false hope." Here's why these firm favourites can't replace ARVs.

BLOOD LETTING

The theory One of the oldest medical practices involving the withdrawal of often large quantities of blood in a hope to cure disease.

Why it doesn't work The most it can do is relieve blood pressure but it falls into the category of human desperation arguing that it's better to do something rather than nothing.

THE AFRICAN POTATO

The theory Also known as *Hypoxis rooperi*, this root has been around for centuries.

Why it doesn't work It boosts the immune system, but doesn't fight HIV. The University of Stellenbosch's Nutrition Information Centre has cautioned against it in Aids patients as a cause of bone marrow suppression.

BEETROOT

The theory Beetroot was eaten in pre-modern times to cool the blood and help fever.

Why it doesn't work It's a beetroot. It's low fat and a great source of fibre. That's it.

ask what you would do in the same situation, you probably already know the answers.

"People are worried their boss will find out," says Hassan. There is a general idea that it's confidential. But the same was said about email. "The truth is your HIV status is completely confidential. It's not even filed under your ID number. Your boss can never find out," says Hassan. Whether you choose to go through your medical aid scheme or not, early management needs to happen. Your doctor will check your CD4 count regularly, keep you off the drugs for as long as possible and get you counselling.

The sliver of light around HIV, however, is that one of the planet's biggest diseases can give you a drive for good health. "I don't want to have combatted Aids and then get killed by something else," says Gonsalves, who's HIV-positive and determined to live for decades (he's 43). He's conscious of heart disease, cancer, hypertension – he's on the lookout for everything. There's also a whole generation of HIV-positive people coming up behind him – with better drugs, education and hopefully a bit less grief from the people around them.

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