

### HIV/AIDS

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**HIV** (Human Immunodeficiency Virus) is the virus that causes HIV disease and can lead to **AIDS** (Acquired Immune Deficiency Syndrome). HIV can severely weaken the immune system, making it difficult for an HIV infected person to fight disease and illness. For some individuals, symptoms may not appear for several years.

HIV is primarily spread through four body fluids in which the concentration of HIV is high: blood, semen/pre-ejaculation fluid, vaginal fluids, and breast milk. Although HIV has been detected in other fluids, its viral concentrations are not sufficient to transmit HIV. There are several modes for transmitting the virus:

- through unprotected intercourse (vaginal, anal, oral);
- through sharing injection drug equipment;
- from an HIV infected woman to her fetus (during pregnancy or birth) or by breast feeding;
- through other direct exposure to infected blood or needle sticks (occupational transmission), open cuts or sores, or other breaks in the skin that would facilitate direct blood-to- blood exposure.

HIV can be detected through an HIV antibody test. These antibodies are produced by the body's immune system when infected with HIV. A person may be diagnosed as HIV antibody positive or negative.

- *HIV positive* means the individual is infected with the virus and is capable of passing the virus.
- *HIV negative* means that the individual is not infected with HIV.

### HIV ANTIBODY TESTING

The most common way for a person to find out whether or not (s)he is infected with HIV is by taking an HIV antibody test. This test checks for the presence of antibodies to HIV, which a person's immune system produces only if (s)he has been infected with HIV. Doctor and clinics often offer HIV antibody tests, but health departments and local AIDS Service Organizations also offer HIV antibody tests (often for free) through voluntary counseling, testing, and referral programs (CTR).

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### CONFIDENTIAL OR ANONYMOUS

Depending on a person's state of residence, (s)he may have the option of getting an HIV antibody test confidentially or anonymously.

When someone tests confidentially, (s)he is required to provide her or his name before taking the test. "Confidential" refers to the policy that only medical personnel or state health departments may have access to the test results. In order for

the test results to be released to others, there must be written permission from the person getting the test. If a person has a positive HIV test, her or his name may be reported to the respective state health department. In some states, a unique identifier code is reported to the health department instead of a person's name.

An alternative to a confidential HIV test is an anonymous HIV test. Currently, about 40 states offer anonymous HIV testing. For anonymous HIV testing, the person getting the test is not required to give her or his name. Instead, the testing center will provide a number or code for the person to get the test results.

### TYPES OF HIV ANTIBODY TESTS

Whether you take a confidential or anonymous HIV test, there are several options for how the HIV antibody test specimen may be collected. Not all options may be available in your area.

- **Standard blood test:** This was the first HIV antibody test that was developed and made available, and it is the most widely used. It involves taking a sample of blood, usually from an arm.
- **Oral mucosal transudate test:** This painless testing method is often referred to as an "oral test" or "Orasure test." A small, specially-treated pad is placed in the person's mouth between the lower cheek and gum for a few minutes. The pad collects an oral fluid that will contain HIV antibodies if a person has been infected with HIV. This test does not check for the presence of HIV in saliva.
- **Urine HIV antibody test:** This is a painless option for getting an HIV antibody test, but it is often only available through a medical doctor who must special order the test kit.
- **Rapid HIV antibody test:** Also known as "Oraquick". Unlike the other tests, the rapid test gives results within an hour. A small fingerstick sample of blood is taken for this test. If the test shows the presence of HIV antibodies, then the result must be confirmed with either a standard blood test or an Orasure test.

### LAB ANALYSIS

Except for the rapid HIV antibody test, it usually takes about two weeks to get results for an HIV antibody test. At least two different types of laboratory tests are conducted before a positive test result is given. Combined, the two tests are accurate about 99.5% of the time.

It normally takes about 3 weeks to 2 months after getting infected with HIV for a person's body to start producing HIV antibodies. About 5% of people take longer than two months to produce antibodies. During this "window period", a person can transmit the virus to others if (s)he is infected with HIV even though her or his HIV antibody test may be negative.

*NOTE: Some of the information in this issue brief is based on documents from the National Association of People With AIDS and from The Body.*

## BARRIERS TO HIV TESTING

HIV testing plays a critical role in comprehensive HIV prevention programming by linking behavioral interventions (and other HIV prevention services) with HIV care and treatments services

However, there are cultural, linguistic, economic and legal barriers to HIV prevention, HIV testing, and HIV/AIDS care among Asian Americans and Pacific Islanders (AAPIs). Cultural avoidance of discussing issues of sexual behavior, illness, and death can prevent AAPIs from obtaining necessary information and services.

AAPIs do not tend to proactively seek out preventative health services/testing, but instead tend to seek out doctors as a last resort.<sup>1</sup> Furthermore, one study found that approximately 50% of the Asian American population may be medically underserved.<sup>2</sup>

Even if they are inclined to seek out HIV testing, lack of access to culturally and linguistically appropriate HIV testing services can be a barrier. For example, many AAPI monolingual clients will only access services where they can communicate with the providers in their own languages.<sup>3</sup>

Additionally, some community members may fear that their residence in the U.S. may be placed in jeopardy if they test positive for HIV.<sup>4</sup> Immigrants may be denied permanent residency if they are considered by the Immigration and Naturalization Service (INS) to be potential "public charges."

AAPI women face several barriers in particular in accessing HIV testing. AAPI women may feel that they cannot discuss issues of sexual health with their families. They may also have difficulty in finding physicians that are sensitive to both gender and cultural issues.<sup>5</sup> Their doctors often do not identify them as an at-risk population for HIV and thus do not offer them HIV testing.<sup>4</sup>

Within AAPI communities, there are several subpopulations that have been found to underutilize HIV testing resources.

- Compared to other women, API women have the lowest HIV testing rates of any ethnicity.<sup>6</sup>
- A study of AAPI transgender male-to-females in San Francisco also found low rates of HIV testing among the study's participants.<sup>7</sup>
- AAPI men who have sex with men (MSMs) frequently choose anonymous HIV testing over confidential in publicly funded facilities. This indicates that MSMs have high levels of concern about the confidentiality of their test results.<sup>8</sup>

Compared to other racial and ethnic groups, API men and women comprise the largest proportion of HIV testing in anonymous sites, which is usually not accounted for in national surveillance reports. Due to these low rates of HIV testing is that Asian and Pacific Islander communities may suffer higher rates of HIV infection than current surveillance data indicates. Many health departments and HIV prevention community planning groups base their funding priorities on this surveillance data. Thus, AAPIs are rarely included in these priorities.<sup>9</sup>

## WHAT IS NEEDED?

Federal agencies, health departments, and HIV prevention community planning groups need to prioritize funding for comprehensive HIV prevention strategies for at-risk and underserved/underreported populations such as AAPIs.

- HIV Counseling Testing and Referral programs need to be integrated as part of a comprehensive strategy for HIV prevention.
- Behavioral interventions, social marketing, as well as other community- and structural- level interventions must be funded to support ongoing, sustained HIV prevention in the community.
- Issues affecting access and utilization of HIV testing programs (including stigma and other cultural barriers) by AAPIs and other communities of color need to be addressed through these efforts.
- Additionally, comprehensive, culturally-competent services must be available to those who test positive for HIV.
- In some cases, comprehensive HIV/AIDS strategies can be implemented by health departments. However, many AAPI community based organizations have strong ties and connections in the communities they serve and can best develop and implement these strategies.

While it is important to make HIV testing a part of routine medical care, it is equally important to ensure that those who are uninsured or do not seek out routine medical care also have access to HIV counseling and testing resources.

## AAPI HIV TESTING RESOURCES

For more information on HIV testing and AAPIs:

- Asian & Pacific Islander Wellness Center, San Francisco, CA 415-292-3400 TTY 415-292-3410 [www.apowellness.org](http://www.apowellness.org)
- Asian & Pacific Islander Coalition on HIV/AIDS, New York, NY 212-334-7940 [www.apicha.org](http://www.apicha.org)
- Asian Health Coalition of Illinois, Chicago, IL 773-878-3539 [www.asianhealth.org](http://www.asianhealth.org)
- Asian Pacific AIDS Intervention Team, Los Angeles, CA 213-553-1988 [www.apaitonline.org](http://www.apaitonline.org)
- Maui AIDS Foundation, Wailuku, HI, 808-242-4900 [www.mauiaids.org](http://www.mauiaids.org)

## REFERENCES

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- <sup>4</sup> Maldonado, M. "HIV/AIDS and Asians and Pacific Islanders." National Minority AIDS Council, 1999.
- <sup>5</sup> Asian Pacific Islander Partnership for Health. Focus group findings: Needs for HIV/AIDS prevention among Asian & Pacific Islander Women. 1999.
- <sup>6</sup> Sy FS, Chng CL, Choi ST, et al. Epidemiology of HIV and AIDS among Asian and Pacific Islander Americans. AIDS Educ Prev 1998; 10 (Suppl A):4-18.
- <sup>7</sup> Nemoto T, Operario D, Keatley J, Takenaka M, Soma T, Hashimoto M. HIV Risk Behaviors among Asian and Pacific Islander Male-to-Female Transgenders in San Francisco. Poster session presented at 6th International Congress on AIDS in Asia and the Pacific, Melbourne, Australia, October 2001.
- <sup>8</sup> CDC. HIV testing among populations at risk for HIV infection--nine states, November 1995-December 1996. MMWR 1998;47:1086-91.
- <sup>9</sup> Bau I. Asians and Pacific Islanders and HIV Prevention Community Planning. AIDS Educ and Prev. 1998; 10 (Suppl A): 77-93.