

HIV info

For Law Enforcement Officers



Q: What is HIV? What is AIDS?

A: HIV stands for the **Human Immunodeficiency Virus**. This is the virus that causes AIDS, the disease. On the other hand, AIDS stands for the **Acquired Immunodeficiency Syndrome**. AIDS is the medical condition caused by HIV. It is a condition that involves a severely weakened immune system—a system that can no longer fight off infections. Note that the “A” stands for acquired; people become infected only in several specific circumstances.

HIV is a virus. AIDS is a health condition. Remember this when you talk or write about them. You cannot “get” or “give” someone AIDS. You can, however, “contract” HIV. HIV may lead to AIDS without proper medical care over time. Your ability as a law enforcement officer to use these two terms properly will reflect well on you.

Q: How is HIV transmitted?

A: HIV is transmitted in very specific ways but you cannot become infected through the air, toilet seats, sharing a soda, or door knobs. There are two conditions that must be present for HIV transmission to take place. First, you must have contact with a bodily fluid that contains HIV. Second, the virus in the fluid must find a way to enter your blood stream.

Q: What body fluids transmit HIV?

A: There are FIVE body fluids that transmit HIV: Blood, semen, pre-cum, vaginal secretions, and breast milk.

“Prec-cum” is a small amount of semen and natural lubricant that appears on the head of the penis when a man is aroused—whether or not he ejaculates. Ejaculate also contains HIV if the man is HIV+. A male does not have to ejaculate to expose you to HIV. Pre-cum also contains HIV. Other bodily fluids such as sweat, saliva, tears, urine, and feces are not on this list and mere contact with these fluids cannot infect you, unless they contain blood.

Q: How does HIV enter the bloodstream?

A: If someone has had contact with an HIV+ person’s bodily fluid, then how does the virus get into the blood stream? Open cuts, sores, lacerations, open abrasions, inflamed urethra (interior of the penis), open blisters, using syringes.

Q: As a public safety worker, how can I protect myself from HIV and other life-threatening diseases?

A: Every agency has its own policies and procedures regarding “Universal Precautions.” You should consult your agency’s policies and procedures, or contact your agency’s Occupational Safety Hazard Administration (OSHA) representative. Another excellent resource is a newly formed non-profit group called the Public Safety HIV Support Network (www.pshsn.com). In general, street-level public safety workers must depend on basic protections, that can be carried on their person. Latex or other types of impermeable gloves, breathing masks and alcohol/bleach wipes are the most common types of protection carried by street-level public safety workers. These items are readily available at most hospitals, Fire/EMS stations and police supply stores.

Q: What else should I know?

A: “HIV antibody tests” are used to determine if you have been exposed to HIV. After a person is infected with HIV, it takes time for the person’s body to react and produce antibodies. The period between exposure/infection and the actual production of HIV antibodies by your body is called the window period. It is very important that you understand this concept so you know when to take an HIV test. The earliest you should be tested for HIV after presumed exposure is 21 days. Taking the HIV antibody test the day after you think you’ve been infected is a waste of time. This may produce a “false negative result.” You may have HIV, but the virus has yet to reproduce enough to be detected in your body. You must wait 21 days at a minimum to get tested for the results to be accurate.

Three months after exposure, 90-95% of people who have been infected will produce enough HIV antibodies to provide an accurate HIV antibody test. After six months, 99% of infected people will have a reliable test result.

The statistics from the District of Columbia are sobering: 1 out of every 20 adults in the city is thought to be HIV+, which is twelve times the national average. Four out of ten people who test positive in DC are already in the late stages of AIDS. One-third of those infected with HIV are unaware they even have it.

Last year, 11,000 people in the United States tested HIV+ *and never returned to the doctor to learn of their test results.*

GLLU factsheet

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May 2011

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