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Undetectable viral load without treatment

Undetectable hiv viral load without treatment. How to have an undetectable viral load.

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Hi, I was positive twice and both times my viral charge is not detectable before starting any ARVS. It's possible? And what does this mean? Thank you answer Hello, thank you for your email. It is very rare to have a non-detectable viral charge without treatment, but a very small percentage of seropositive people, known as elite controllers, has a non-detectable viral charge less than 50 copies / ml for years without treatment. This is very rare and only 1 out of 300 sieropositive people are elite controllers. It is important to continue to monitor the viral charge and check the CD4 count. CD4 counts Measure how strong your immune system is strong. Did you do this test? If the CD4 count is high and the viral charge remains not detectable, it is unlikely that you should take ARV right now, but it is important to continue to be monitored for any changes. Effective treatment for HIV reduces HIV quantity in body fluids. Once the quantity of HIV in bodily fluids is reduced to a level <not detectable', you can't transmit HIV during sex. This is what is meant with the slogan A «Undetectable equal untransmittable» (à € "u = u "). The quantity of HIV in bodily fluids is called viral load. Effective treatment for HIV (antiretroviral therapy) reduces the quantity of HIV in bodily fluids to the point that standard tests cannot detect HIV or find only a minimum track. The doctors call it «Virological suppressionA», but it is often known as A «Having a non-detectable viral chargeA» or A «Being not detectable.à €» Having a non-detectable viral charge does not mean that it has healed from the HIV. If it interrupts treatment, its viral charge will increase and will be detectable again. Having a non-detectable viral charge means that it is quite HIV in fluids To transmit HIV during sexual intercourse. In other words, you are not contagious. As long as the viral charge will not be detectable, the possibility of transmitting the HIV to a sexual partner will be zero. Like the The slogan says, "Undetectable equals Untransmittable" or "U=U." This fact sheet is written for people living with HIV. This topic is also covered by a page written for people who do not have HIV. Viral load at different stages During the first few weeks after someone gets HIV, the viral load is usually very high à typically several million viral copies per milliliter of bloodà (copies/ml). There is a significant risk of switching to HIV at this point. In fact, many people acquire HIV from someone who has acquired it recently (and doesn't know it). After this period of early infection, the viral load usually drops. A typical viral load in someone who does not treat can be 50,000 copies/ml. There is still a significant risk of passing HIV. After starting HIV treatment, your viral load usually falls rapidly. Within three or six months, the viral load of most people has become undetectable. Most clinics in the UK report an undetectable viral load if it is less than 20-50 copies/ml. However, if your viral load remains below 200 copies/ml (the cut-off used in all studies that provided evidence for U=U), there is no risk of passing HIV to your sexual partners. There is no need to worry if the viral load goes slightly above the detection limit of 20-50 copies/ml. A viral load level that is too low to be detected by the particular viral load test used or below an agreed threshold (such as 50 copies/ml or 200 copies/ml). An undetectable viral load is the primary objective of antiretroviral therapy. A measure of the amount of virus in a blood sample, reported as the number of HIV RNA copies per milliliter of blood plasma. Viral load is an important indicator of how HIV progresses and how well treatment works. U=U stands for Undetectable = Untransmittable. It means that when a person living with HIV is on regular treatment that lowers the amount of virus in their body to undetectable levels, there is no risk of passing on HIV to their partners. The low level of virus is described as an undetectable viral load. Although HIV can be sexually transmitted, the term is most often used to refer to chlamydia, gonorrhoea, syphilis, herpes, scabies, trichomonas vaginalis, etc. When viral load is detectable, this indicates that HIV is replicating in the body. If the person is taking HIV treatment but their viral load is detectable, the treatment does not work properly. There may still be a risk of HIV transmission to sexual partners. It is advisable to wait until you have had at least two undetectable results in a row, for a period of six months, before relying on it. If you have maintained an undetectable viral load for at least six months And continue to have a good grip, the British HIV Association says that there is no risk of moving forward of HIV. The "Undetectable Equals Unransmittable" campaign (U = U) is supported by the British Association of HIV (Bhiva), which is the professional association for La la and other healthcare professionals working in HIV in the UK. BHIVA says that consistent use of HIV treatment to maintain undetectable viral load is a highly effective way to prevent HIV sexual transmission. BHIVA says health professionals should share this information with all people living with HIV. It is recommended for health professionals to explain the scientific evidence behind U=U, underlining the importance of an excellent adherence to HIV treatment and underlining that U=U depends on the maintenance of a non-detectable viral load. The scientific evidence The first major study that indicates that people with low viral loads are not infectious came from a study of 415 heterosexual couples in 2000. This found that no seropositive partner with a viral load of less than 1500 copies/ml transmitted HIV. In 2011, a major scientific process called HPTN 052 concluded that HIV treatment reduced the risk of switching to HIV to a regular heterosexual partner of 96%. The only reason why it was not 100% is that a person in the process acquired HIV, but this happened within a few days from their partner to begin treatment. During the four-year study, not a single person with undetectable viral load passed HIV to their partner. The final results of the PARTNER 1 and PARTNER 2 studies were announced in 2016 and 2018. Between the two, they recruited 972 gay couples and 516 heterosexual couples where one partner had HIV and the other not. In the course of the study, gay couples had 77,000 unpreserved penetrative sex acts and heterosexual couples 36,000 acts. The PARTNER studies found no single HIV transmission from a seropositive partner who had unnoticed viral load (over 200 copies/ml). In 2017, a similar study of 343 gay couples of men, Opposites Attract, found no transmission from partners with unobserved viral load in 17,000 acts of anal sex without condom. Among the three studies, no HIV transmission from a sexual partner with a non-recognisable viral load was seen in almost 130,000 acts of penetrative sex without condom. This means that the risk of transmission by a partner with an undetectable viral load is statistically equivalent to zero. Some of the HIV negative partners in these studies have acquired HIV. But, using genetic testing, researchers were able to demonstrate that all these infections come from other people and not their main partner. What does that mean to me? "Undetectable equals Untransmittable" has been a constantly evolving result for many people living with HIV. It means that if you are in effective treatment with an undetectable viral load, you do not have toto switch to HIV through sex, even if you don't use a condom. This has helped many people living with HIV have a more satisfying sex life and less anxiety around sex. Knowing that "Undetectable equals Untransmittable" is especially helpful for people who want to have a baby. Couples in which Person has hiven hiv and the other is HIV's negative can have unprotected sex to conceive. However, the HIV law may not consider science. In some countries, sex without condoms without revealing your HIV status is a criminal crime, regardless of HIV transmission probability. For information on specific countries, visit our page on criminalization laws worldwide. "If your viral load remains unnoticed, your possibility to move to HIV to a sexual partner is zero." How do I explain it to a sexual partner? If you have sexual partners who do not live with HIV, explain U = u to them it is likely to be mutually beneficial. If you had previously relied on other means to prevent HIV transmission (such as the use of condoms or prep), you can jointly decide that these methods are no longer necessary due to U = u. You may want some time for a negative partner for HIV to accept the message u = u and to rely on it as the only method to prevent HIV. Some negative people from HIV can reject the message or deny accuracy. It may be useful to address your partner to information resources that explain the accuracy and meaning of U = U. NAM has also produced a page for people who do not have HIV to help them understand the impact of a non-detectable viral load on HIV transmission. Another option could be for your partner to hear about U = u from a healthcare professional or another reliable and reliable source. Despite sharing this information, some people may still not accept that u = u. In this type of situation, it is important to find a balance between providing your partners information and take care of yourself. While remains unnecessary is a way you can ensure that you don't pass HIV, your sexual partners can also have other sexual partners and it is important to be aware of how they could contract HIV outside the Your relationship, perhaps by someone who doesn't know they have HIV. In these cases, prevention methods such as condoms or prep can still have more sense to someone who is HIV-negative. Many people find it difficult to talk about sex, even with the person who is closer to them. If this is the case, you might want to discuss your concerns with someone at your HIV clinic, a sexual health clinic or a support organization. This can help you clarify your thoughts and what you want to say. What about sexually transmitted (STIS) infections? It is important to remember that while the treatment of HIV will protect your partners from your HIV, it does not protect them or you from other sexually transmitted infections (STIS). For this reason, regular health checks They are recommended. Using condoms help prevent diseases. Another concern is whether to have a TSI could lead to an increase in viral load. This happens to people with HIV that are not taking treatment: for example, syphilis can double the viral load, HIV's negative partners are even more inclined to get HIV if if have a sti. but it is not the case of people who take the treatment of the hiv that have an undetectable viral load. in the partner and opposites attract studies, there was no single transmission of the hiv even though many people had sts. if you maintain a good adherence to the treatment of hiv, catching a sti will not increase your viral load from à€ «undetectable»€™ to à€ –detectable»€™. Effective treatment prevents the sexual transmission of the hiv even if there are other sti. if i have a viral load à€ «blip»€™, could i pass the hiv? people with a viral load not detectable sometimes experience what are called "Blips" TM in their viral load. their viral load increases from undetectable to a low but detectable level before becoming undetectable again on the next test. For example, the viral load may temporarily pass to 60 copies/ml or 150 copies/ml. this should not be cause of concern. remember that in the partner and opposites attract studies, "undetetable" TM was defined as under 200 copies/ml. These studies showed that the transmission does not occur below this level. However, a blip may indicate a problem if it occurs around the same time of lost or late doses of drugs, or if the viral load remains above detectable on two consecutive tests. is it not the viral load in sperm, vaginal fluids or the most important rectum of the viral load in the blood? the viral load in blood and other body fluids is usually very similar - if the hiv in the blood is not detectable, it is likely that it is unobservable elsewhere. Occasionally people have undetectable hiv in blood and have low hiv levels in other bodily fluids, but very rarely at infectious levels. Does hiv treatment always work? about one in six people on their first hiv treatment regimen never has undetectable viral load or their treatment stops working in the first year. during the second year on treatment, the possibility of your therapy that ceases to work is about one in twenty years and this further decreases the next decade to about one of the fifty failures in each year. so, longer was on a particular hiv therapy, the less likely it is to stop working. almost all those who continue to a second or third regime reduce their viral load to an undetectable level. if the treatment of someone does not involve the viral load that becomes undetectable, this is usually because they are having trouble taking their treatment as prescribed, i.e. they do not take all their pills at the right time, without missing doses. Occasionally missing a dose of drugs is unlikely that your viral load would become detectable again, but missing doses frequently can lead to a detectable and viral loadbe avoided. If you are having problems sticking with your treatment, talk to your doctor and may be able to find a combination of drug that fits best. U = do you apply to all kinds of sex? A non-detectable viral load will prevent you from passing HIV during oral sex, vaginal sex and anal sex. Condoms are not prevent the transmission of HIV when the viral load is undetectable. Does U=U apply to non-sexual transmission of HIV? This page is about HIV transmission during sex. But an undetectable viral load is also crucial for conception, pregnancy and birth. If you maintain an undetectable viral load during pregnancy, the risk of passing HIV to your baby is only 0.1%, or one in a thousand. While breastfeeding, an undetectable viral load greatly reduces the risk of passing HIV, although it does not completely eliminate this possibility. In the UK and other countries where clean water and sterilization equipment are available, bottle feeding formula milk is the safest way to feed your baby. If you use injection drugs and share needles or other equipment, taking HIV treatment and having an undetectable viral load greatly reduces the risk of passing HIV, but we don't know for how long.

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