

Chapter 1 : Dealing with Discrimination When You Have HIV | Johns Hopkins Medicine Health Library

Not only does HIV/AIDS affect the person who has the disease, it tends to have many impacts on the people in their life. There are many physical difficulties that will be faced as the disease progresses, but there are also many emotional problems that may develop.

Advances in research have made it possible to live with the disease, as people do with other long-term chronic illnesses. But the greatest challenge for many people is still the stigma that goes along with the illness. You may worry about what others will think about your diagnosis. Or you may fear coming out as gay or bisexual, or as an IV intravenous drug user. These worries and fears can encourage behaviors that put you and others at risk. These fears mean that many people are afraid to acknowledge their sexual orientation or HIV-positive status. These negative beliefs include the idea that addiction is a moral failing. These prejudices have slowed the availability of treatment centers for people who abuse drugs. This heavy burden can increase isolation, anxiety, distress, and depression among those who are HIV-positive. Taking action to overcome discrimination You have many ways to take action to reduce the stigma and discrimination you may be facing: Educate yourself and others. Discrimination against people with HIV is often rooted in a lack of understanding about the virus and how it spreads. Federal law protects people with disabilities, including those with HIV infection, from discrimination. One of the best ways to fight discrimination is to work to help change policies that prevent people with HIV from getting the care, housing, and respect they need. Consider being open with those you can trust. You can choose who to tell about your HIV status. Not all of your friends and loved ones have to know. You need to think about who can give you the support and comfort you deserve. It may be stressful to talk about your HIV status. But being able to confide in people you trust and getting the support you deserve will be a big relief. Prepare for possible negative reactions, at least at first. Studies show that people with strong social support are less likely to feel stigmatized than those who are isolated. They can help you find HIV support groups in your community. If you already have a close network, think about volunteering to give support to others with HIV.

Chapter 2 : Coping with HIV/AIDS: Mental Health

The Ryan White HIV/AIDS Program helps people with HIV/AIDS who have nowhere else to turn for the care they need. If you are living with HIV, you can get medical care and some other services “ even if you do not have health insurance or money to pay for health services.

Finding out you have HIV can be a shock. I went for a rapid test and never expected the answer to be that I was positive. I latched on to those words like a life vest those first few months. You may have questions about how you got the virus, and questions about what will happen to you. All of these emotions and questions are natural. Learning more about HIV will help to answer your questions. As well as healthcare staff, there are lots of HIV organisations, peer support groups and online forums that might provide you with support at this time. Talking to a trusted friend or family member can also help you process your feelings. You may have good days and bad days, but give yourself time to get used to the news of your diagnosis and to learn about what it means for you. I remember looking at the painting on the wall. I became instantly numb and everything became a blur. Sometimes different treatments interact with each other, so your healthcare professional needs to know what other drugs you might be taking. Do I need to start treatment? The latest guidelines recommend that all people who are diagnosed with HIV should start treatment straight away. Take your time to feel prepared and find out more about starting HIV treatment. I was speechless, frozen in time. It has been six years and my boyfriend “ now husband “ has stayed by my side. He is currently negative and we have four kids together. Take your meds and enjoy life. If you were tested in an HIV clinic , then you may be able to have your care in the same clinic. If you were tested somewhere else, they should make a referral to a specialist HIV clinic for you. You are not alone. Although finding out you have HIV is a big piece of news to come to terms with, remember that many people are living long, healthy and fulfilled lives with HIV. I am finally in a pretty good place in my life, with someone who loves me and wants to be with me, a good job, and just applied to school to go back to college! I hope all of you wonderful people out there never give up hope like I did for so long! Photos are used for illustrative purposes. They do not imply any health status or behaviour on the part of the people in the photo.

Overview: If you are diagnosed with HIV, your physical health is not the only issue you have to deal with. Along with the physical illness are mental health conditions that may come up, such as depression and anxiety.

HIV invades and destroys the T-cells or CD4 cells in the blood responsible for fighting off other viruses and bacteria, leaving the victim vulnerable to other infections and diseases. Someone with "AIDS" has lost almost all of their CD4 cells, or their immune system has been damaged enough that they are experiencing "opportunistic infections" or infection-related cancers. HIV is transmitted by certain bodily fluids, but not all of them. The following sections give you specific advice on how to avoid contact with these fluids in all situations, including sex. Note that saliva or phlegm do not contain the virus. This means that exposure is not possible through closed-mouth kissing, sneezing, or coughing, unless visible amounts of blood are mixed with the other bodily fluids. Even then, transmission through brief contact is highly unlikely. Choosing one or more of these sexual practices is an excellent way to reduce the chance of HIV transmission, especially when combined with condom use as described below. Have long-term sexual partners get tested for HIV before you have sex without a condom. A significant percentage of people with HIV do not know they have the virus. However, there are ways to reduce, but not eliminate, the chance of its transmission. Always use latex condoms or latex female condoms when having sex with a new sexual partner, any sexual partner who has not been recently tested for HIV, or during every sexual encounter if you have multiple sexual partners. When performing oral sex on a vagina or anus, use dental dams or non-lubricated, cut-open condoms for oral sex to prevent direct contact with the mouth. Polyurethane condoms may not prevent infection as effectively as latex condoms. Practice putting on and removing a condom or a female condom several times before you use one during sex for the first time. Follow these instructions as well for safest condom use: Apply a small amount of water-based lube to the condom if necessary to prevent it from drying out and breaking. Never use oil-based lubes or lotions, which can damage the condom. Penises with condoms should be pulled out from orifices before the erection is lost, as the condom may slip off when the penis is no longer hard. Store condoms inside their wrapper in a dark, dry location. Replace condoms that have been kept in your wallet or car for longer than one or two weeks. Learn the truth so you do not try to protect yourself with the wrong method. Understand that any form of sex with an HIV positive person carries the risk of infection, and that condoms are one of the most reliable ways to reduce that risk. You cannot prevent infection using any type of birth control besides condoms. You cannot eliminate the chance of infection through circumcision. There is no such thing as a special lube, anti-microbe medicine, or vaccination that protects against HIV. While no sexual activity that involves the vagina, penis, or anus is completely safe, some involve lower risks than other and may be preferable if you have decided to have sex with someone you know is HIV positive. Oral sex, especially mouth-on-vagina, carries less risk than other forms of sex, although studies are unclear on the exact level of risk. This can occur even if the needle appears clean. Because many injected drugs are addictive, it can be difficult to turn down an opportunity to inject, even if you know the needle is unsafe. Entering a substance abuse recovery program is highly recommended in this scenario. Use new, sterile syringes each time, or confirm with the tattoo artist that they are not re-using a needle. Make sure to receive your needles from a reputable source. Never reuse or share anything used to prepare or take drugs, including water as this could be contaminated with HIV-infected blood. After using, dispose of needles safely by throwing them away inside a closed bottle, preferably one with no recycling refund or collectible value. Search online for programs in your area. If stopping or finding a new needle are not possible, clean and disinfect a used needle before injecting. This does not make the needle safe; it only partially reduces the risk. First, fill the syringe with clean water, shake it to dislodge particles of blood, then empty. Repeat this process several times, until no more blood is visible. Next, fill the syringe with a disinfectant such as household bleach, and let sit for at least 30 seconds. Empty and rinse again with more clean water in order to remove the disinfectant. Health professionals or anyone who comes into contact with bodily fluids that can carry the virus should always be cautious at work. Never recap sharp objects syringes, lancets, etc. Always dispose of used sharp objects in a clear

container to avoid accidental contact. Wear the proper safety protection gloves, gowns, goggles, etc. Always treat all blood and body fluids as if they are infectious. See the section on taking action for more detail. If you know a sexual partner is HIV positive, work out a way to have an intimate relationship with minimum risk. Use condoms while having sex, or perform sexual acts that do not exchange bodily fluids, such as having one person use their fingers or sex toys instead of other body parts. See "reducing the risk of sexual transmission" for more detail. If a woman has HIV, consider a surrogate mother. It may also be recommended for long-term sexual partners of people who are at risk of HIV. It is important to take the drug every day in the instructed doses, or it will be much less effective. Instead, if there is an incident which may have transmitted HIV, ask a doctor about post-exposure prophylaxis immediately after the incident. If you have been exposed, or fear that you have been exposed, to infected fluids, you may be able to take post-exposure prophylaxis, or PEP, an antiretroviral drug. This medication, when taken immediately after exposure or up to 72 hours after can drastically reduce the chance of becoming infected. Abusing this drug can result in serious health risks. While this drug does not cure HIV, it can, if used properly, prevent someone who has just been exposed from contracting the virus. This is called ARS acute retroviral syndrome and is described as the "worst flu ever. These symptoms may last up to 4 weeks. Testing is the only way to actually know your status. When you get tested, you will most likely be given a blood test, although urine or a swab of fluid are also used. The results will come back in a few days or in as little as 20 minutes, depending on where and when you get tested. However, medical treatment is still vital for delaying the progress of the infection, which can eventually reach the more serious condition called AIDS. Find an infectious disease ID specialist in your area, or ask any doctor to refer you to a specialist. Be aware that, depending on your condition, he or she may ask you to see other doctors as well to address other aspects of your health. Make a list of any concerns, questions, symptoms and other medical conditions you have. This will help your doctor guide the conversation during your appointment. Certain medications are not compatible and the doctor may need to look over your medication regimen and your symptoms to ensure that you are maximizing the benefits of your medications. Also use the time before an appointment to write down any questions or concerns. Having an expert discuss these thoughts with you will decrease your stress levels, help you find valuable sources of information and set expectations for future problems that may arise. Be informed about your specific diagnosis. No question is unimportant. HIV is a life-changing disease and the more information you have, the better you will be able to cope with your condition. Like many other diseases, there is a trial and error process with finding the right medications. Be sure to be open with your doctor about any side effects you may be experiencing as these may be a sign of a more serious problem. Some of the side effects may be unpleasant, but modern medicine has greatly increased the overall health, well-being, and lifespan of HIV patients. Because HIV affects your immune system, this will exacerbate any other infections or diseases you may acquire. Be sure to take precautions during flu season or if you feel like you might be exposed to a virus. AIDS can be a deadly disease. Many people need help coping with the stress and uncertainty of their situation. Things like community support groups, open dialogue with family and friends, and counselors can all help you deal with the ups and downs of being diagnosed. Allow them to make their own informed decision about how best to proceed. Take all of your medications on time and do not skip any doses. By doing this, you ensure that your "viral load" in your body fluids is low. This will keep your body healthier and reduce the chance of infecting those around you. While there is no vaccine or cure for this disease, there are medications that can be taken to reduce the chance of a mother passing the virus to a baby throughout the pregnancy, during labor and through breast-feeding.

Chapter 4 : Newly diagnosed with HIV | AVERT

HIV/AIDS and some medications for treating HIV may affect your brain. When HIV itself infects the brain, it sometimes can cause problems with thinking, emotions, and movement. Symptoms of HIV-associated neurocognitive disorders (HAND) can include the following.

While there have been many advancements in the management of the HIV virus throughout the years, unfortunately, a lot of misinformation still exists about what it means to live with HIV. These experts treat people, educate medical students, and provide support to patients coping with the disease. Here are the top nine myths and misconceptions that they, and people living with the HIV virus or the AIDS syndrome, continue to combat: HIV is a death sentence. Adalja, a board-certified infectious disease physician, and senior scholar at the Johns Hopkins Center for Health Security. If an individual contracts the HIV virus, the symptoms are largely unremarkable. A person with an HIV infection might display symptoms that are similar to any other type of infection, such as a fever, fatigue, or general malaise. Additionally, the initial mild symptoms generally only last a few weeks. With the early introduction of antiretroviral medications, the HIV virus can be effectively managed. A person with HIV who receives antiretroviral treatment is relatively healthy and is no different than other individuals who have chronic health conditions. The stereotypical symptoms that people often associate with HIV are actually symptoms of complications that can arise from AIDS-related illnesses or complications. However, with adequate antiretroviral treatment and medications, those symptoms will not be present in an individual living with HIV. However, heterosexuals accounted for 24 percent of new HIV infections in , and about two-thirds of those were women. While the rates of African-American gay and bisexual men living with HIV has remained relatively the same in the United States, overall rates of new HIV cases have decreased since by 18 percent. Diagnoses among heterosexual individuals in general decreased by 36 percent, and decreased among all women by 16 percent. African-Americans face a higher risk of HIV transmission than any other race, no matter their sexual orientation. According to the CDC , the rate of HIV diagnoses for black men is almost eight times higher than white men and even higher for black women; the rate is 16 times higher in black women than white women, and 5 times higher than Hispanic women. African-American women contract HIV at higher rates than any other race or ethnicity. The most important thing that a woman living with HIV can do when preparing for pregnancy is to work with her healthcare provider to begin ART treatment as soon as possible. There are also ways for a mother who has HIV to lower the risk of transmission in the event that the HIV viral load is higher than desired, such as choosing a C-section or bottle feeding with formula after birth. Women who are HIV negative but are looking to conceive with a male partner who carries the HIV virus may also be able to take special medication to help lower the risk of transmission to both them and their babies. For males who have HIV and are taking their ART medication, the risk of transmission is virtually zero if the viral load is undetectable. AIDS is a syndrome of immune system deficiency that is the result of HIV attacking the immune system over time and is associated with weakened immune response and opportunistic infections. Richard Jimenez, professor of public health at Walden University. With all of the modern treatments, HIV is no big deal. Although there have been a lot of medical advancements in the treatment of HIV, the virus can still lead to complications, and the risk of death is still significant for certain groups of people. The risk of acquiring HIV and how it affects a person varies based on age, gender, sexuality, lifestyle, and treatment. The CDC has a Risk Reduction Tool that can help a person estimate their individual risk and take steps to protect themselves. PrEP pre-exposure prophylaxis is a medication that can prevent HIV infection in advance, if taken daily. Horberg, a recent study from Kaiser Permanente followed people using PrEP for two and a half years, and found that it was mostly effective at preventing HIV infections, again if taken daily. Those who test negative for HIV can have unprotected sex. Gerald Schochetman, senior director of infectious diseases with Abbott Diagnostics. Depending on the test, HIV positivity could be detected after a few weeks, or up to three months after possible exposure. Ask the person performing the test about this window period and the timing of repeat testing. Individuals should take a second HIV test three months after their first, to confirm a negative

reading. Other tests, known as HIV combo tests, can detect the virus earlier. Studies have shown that a person living with HIV who is on regular antiretroviral therapy that reduces the virus to undetectable levels in the blood is NOT able to transmit HIV to a partner during sex. At the same time, the current thinking is that if a person can maintain viral suppression, then HIV will not progress and will thus not destroy the immune system. There are data that support a slightly shortened lifespan for people with viral suppression compared with people without HIV. Though the number of new HIV cases has plateaued, according to the CDC , there are still an estimated 50, new cases each year in the United States alone. What does this mean? Vulnerable populations should be reached out to for testing and treatment. Every year, 50, more Americans are diagnosed with HIV. This has caused them to engage in risky behaviors, leading to high rates of infection in young men who have sex with other men.

Chapter 5 : 6 Ways to Avoid HIV and AIDS - wikiHow

Myth #1: HIV is a death sentence. "With proper treatment, we now expect people with HIV to live a normal life span," says Dr. Michael Horberg, national director of HIV/AIDS for Kaiser.

Carla Andrews, Atlanta, Ga. All you have to do is take it to the good Lord. Put God first and go to the clinic and everything will be all right. Everything happens for a reason. James Nicacio, Selma, Calif. Take it day by day. Everybody handles it a little differently. Some people are able to accept it and some people are not. The most important thing would be to probably find somebody to talk to, whether it be a family member, a doctor, a nurse, a peer advocate. Talk to somebody, work through some issues, ask all the questions that come to your mind, educate yourself and really learn about what HIV is and learn about what you can do to stay healthy. Learn how important it is to stay adherent to your medications so that you can lead a full life. I have a firm belief that health begins with your state of mind. First of all, keep a good state of mind. Stay on top of meds. Live life like you would and protect yourself and your partner. Butch Thompson, Atlanta, Ga. You can live and have a productive life with HIV. Trevalle Ambrose, Atlanta, Ga. Just do what you have to do! If you have to take medicines, be in compliance about taking your medicine. There are support groups coming up all over the place. You can look in the yellow pages, you can look in the Gay Yellow Pages , you can get on the Internet. I wholeheartedly support these groups. What do these meds do? Where can I go to get food from the food bank? Where can I get help with my medication? I spoke to people that were infected and they were like, "You can go here for medications. If you need food, you can go to this food bank. You have no answers. You have many questions, but you still cannot understand what questions those are and you have no answers. This is a new beginning. Please do not hesitate if you have anything, call me and I will do whatever I can to fulfill your request. Give me the opportunity to talk about my experience from day one -- which is being recently diagnosed. I hope by telling you my story, you will find some answers through my story. That would be the best help I could ever give to anyone. Bernadette Berzoza, Denver, Colo. If somebody reaches out to you, accept their support. Because people that reach out to you really do want to help. That was my determination. I was going to be here for my kids in the beginning. I need to be here. I want to be alive. I want to see my kids grow up. I want to see my grandchildren. I want to see them get married. You know, I wanted to do all those things. I want to be here. I think the scary part about it is the unknown. That was my big thing. Be who you are! It took me a long time to struggle and get to this point. There are other people out there that are trying to do the same thing. I said to him, "Baby, I give you back exactly the way I found you, because I have never put you at risk. Protection, love and care. People with HIV are like negative people: We need love around us. I would say to someone just diagnosed to reach for help. To see that he or she is not alone. That we are so many people who are positive navigating together in this. When he or she finds that group of people, it will be completely another game and it will be very positive, very supportive. He or she will find love and support; and, more than anything, the health that he or she needs. I ask them to open up. Open up and look for help. Because the help is there, the love is there and the compassion is there. God will do the rest. Download Audio Joseph, Hayward, Calif. I love to go hunting, I love go backpacking, I love to travel.

HIV/AIDS-- A Deadly Disease HIV and AIDS are a silent killer virus that many people have today, and even more that do not even know they have it. With the millions of viruses and diseases in the world, HIV and AIDS are the two that struck the world by surprise, becoming one of the most serious and most common diseases not just in the United States, but also around the world.

Resources Overview If you are diagnosed with HIV, your physical health is not the only issue you have to deal with. Along with the physical illness are mental health conditions that may come up, such as depression and anxiety. Many people have strong reactions when they find out they are HIV positive, including feelings such as fear, anger, and a sense of being overwhelmed. Often people feel helpless, sad, and anxious about the illness. These feelings are normal. With time, hopefully, these feelings will fade--although we are not able to cure HIV we do have excellent treatments, and people with HIV can lead long and full lives. But HIV can have a major impact on many parts of your life. People with HIV and those close to them are subject to many things that may affect their mental health. Some things to keep in mind about your feelings: No matter what you are feeling, you have a right to feel that way. There are no "wrong" or "right" feelings; feelings just are. Feelings come and go. You have choices about how you respond to your feelings. You may experience some, all, or none of these feelings, and you may experience them at different times.

Denial People who find out that they are HIV positive often deal with the news by denying that it is true. You may believe that the HIV test came out wrong or that there was a mix-up of test results. This is a natural and normal first reaction. At first, this denial may even be helpful, because it can give you time to get used to the idea of infection. However, if not dealt with, denial can be dangerous--you may fail to take certain precautions or reach out for the necessary help and medical support. It is important that you talk out your feelings with your health care providers or someone you trust. It is important to do this so that you can begin to receive the care and support you need.

Anger Anger is another common and natural feeling related to being diagnosed with HIV. Ways to deal with feelings of anger include the following: Talk about your feelings with others, such as people in a support group, or with a counselor, friend, or social worker. Try to get some exercise--like gardening, walking, or dancing--to relieve some of the tension and angry feelings you may be experiencing. Avoid situations--involving certain people, places, and events--that cause you to feel angry or stressed out.

Sadness or depression It is also normal to feel sad when you learn you have HIV. You may be depressed. Symptoms of depression can include the following, especially if they last for more than 2 weeks: Feeling sad, anxious, irritable, or hopeless Gaining or losing weight Sleeping more or less than usual Moving slower than usual or finding it hard to sit still Losing interest in the things you usually enjoy Feeling tired all the time Feeling worthless or guilty Having a hard time concentrating Thinking about death or giving up To deal with these symptoms, you may want to: Talk with your doctor about treatments for depression, such as therapy or medicines Get involved with a support group Spend time with supportive people, such as family members and friends If your mood swings or depression get very severe, or if you ever think about suicide, call your doctor right away. Your doctor can help you. Finding the right treatment for depression takes time; so does recovery. Instead, talk to your health care provider and seek help for depression. You also may be afraid of telling people--friends, family members, and others--that you are HIV positive. Fear can make your heart beat faster or make it hard for you to sleep. Anxiety also can make you feel nervous or agitated. Fear and anxiety might make you sweat, feel dizzy, or feel short of breath. Ways to control your feelings of fear and anxiety include the following: Learn as much as you can about HIV. Get your questions answered by your doctor. Talk with your friends, family members, and health care providers. Join a support group. Help others who are in the same situation, such as by volunteering at an HIV service organization. This may empower you and lessen your feelings of fear.

Stress If you are HIV infected, you and your loved ones may have to deal with more stress than usual. Stress is unique and personal to each of us. When stress does occur, it is important to recognize the fact and deal with it. Some ways to handle stress are discussed below. As you gain more understanding about how stress affects you, you will come up with your own ideas for coping with stress.

When you are nervous, angry, or upset, try exercise or some other kind of physical activity. Walking, yoga, and gardening are just some of the activities you might try to release your tension. Take care of yourself. Be sure you get enough rest and eat well. If you are irritable from lack of sleep or if you are not eating right, you will have less energy to deal with stressful situations. If stress keeps you from sleeping, you should ask your doctor for help. It helps to talk to someone about your concerns and worries. You can talk to a friend, family member, counselor, or health care provider. A good cry can bring relief to your anxiety, and it might even prevent a headache or other physical problem. Taking some deep breaths also releases tension. When HIV itself infects the brain, it sometimes can cause problems with thinking, emotions, and movement.

People living with HIV (PLWH) and their families are subjected to prejudice, discrimination and hostility related to the stigmatization of AIDS. This paper examines how PLWH cope with HIV-related stigma in the five southern African countries of Lesotho, Malawi, South Africa, Swaziland, and Tanzania.

This time, a co-worker at my firm lost her twin brother a week before their 40th birthdays. Although no one from my office passed away from this illness, my workplace was deeply affected. The funeral took me back to another August funeral, in , after the death of my best friend from AIDS-related complications. As a business person and an employment attorney aiding employers, it remains a workplace and legal issue as well. Despite the advent of promising treatments, AIDS remains among the top killers of Americans between the ages of twenty-five and forty-four, the same age group that comprises over half the workforce. While death rates decline, HIV-infection rates are once again increasing, with approximately 40, new infections in the U. Every large business has been or will be affected, and most small businesses will follow suit. These infections diversify into all segments of the population. The complexity of managing HIV stems from the evolving nature of how HIV affects the infected individual, as well as the unpredictable manner in which it affects others in the organization. Employers also confront a new phenomenon from improved AIDS treatments: Medical advances underscore the challenge to address both ongoing accommodations of employees and acceptance of those employees by the workforce. From a legal perspective alone, organizations must continue to take proactive measures in the context of their general non-discrimination and diversity programs to address this increasingly pervasive issue, and avoid the dangerous attitude of complacency. Cases implicate the three main pillars of the ADA: Yet, in , one court of appeals found that an individual with HIV did not have a "disability" as defined under the ADA because he did not show that his HIV status substantially limited his major life activity of reproduction, particularly because he and his spouse had decided not to have any more children. It is not clear from this case whether the individual presented much argument or evidence to show a substantial limitation in any other major life activities, or whether this case Blanks v. The lesson from these cases is that most persons with HIV will likely maintain protection under the ADA, and that employers who do not effectively address the issue risk liability and disruption. For example, in another recent case involving an HIV-positive plaintiff, an appeals court confirmed that the ADA permits an action for disability-based harassment under a hostile environment theory. Southern Regional Physician Svs. Recent news accounts of a small grocery store terminating a bagger with AIDS, supposedly "for his own good," rekindles the notion that even now, many workplaces still do not "get it. The ADA recognizes that an employer may defend a charge of disability discrimination by proving that the hiring or retention of a disabled employee poses a substantial risk of serious injury to others. This seldom works in HIV cases. Courts are reluctant to find the risk of co-worker infection to be a legitimate, nondiscriminatory reason for discharge unless the employer can demonstrate from objective evidence that there is a clear risk that HIV or AIDS would be transmitted by one or more of the limited medically proven methods of transmission. Valley Forge Dental Associates, Inc. But see Holiday v. City of Chattanooga upholding disability discrimination claim of police applicant with HIV where there was evidence that offer was withdrawn because of fears that plaintiff would transmit HIV on the job ; Doe v. Attorney General of U. As with any condition treated by medication, however, employers should also be mindful of side effects of medication that may cause an objective threat to safety. Any decision to exclude an employee must still be based on objective medical evidence. Generally, "customer preference" is not a valid defense to denial of a job under any employment discrimination laws. Pan American World Airways. Reasonable Accommodations Persons with disabilities recognized under the ADA are also entitled to "reasonable accommodations. A reasonable accommodation gives an otherwise qualified person with a disability an equal opportunity to work, and perform the essential functions of their job. Accommodations are not tantamount to paternalism or abandoning performance expectations to which other employees are held. Refusing to make or attempt a reasonable accommodation for an employee with a disability exposes the employer to ADA liability and, sometimes, increased damages. The accommodation concept is flexible and

elusive, without cookie-cutter solutions. Some recent cases remind employers that if an accommodation is not working, additional dialogue, geared toward developing different accommodations, may be needed. In most cases, accommodations are relatively inexpensive, and may involve adjusting schedules, relocating certain workstations, granting reasonable leaves of absence, possible reassignments, or providing needed equipment. The difficulty with accommodations, for employers, is drawing an appropriate line between accommodation and paternalism, deciding when, if ever, an accommodation becomes unreasonable or results in an "undue hardship," and managing the attitudes of others curious about or even resentful of the adjustments made for a co-worker. When an employer employs an individual with HIV, the employer must take steps to protect the confidentiality of the person or the employer may be sued for ADA violations, defamation or invasion of privacy. The NLRA protects the right of employees to engage in "concerted" activity for mutual aid and protection. This protection extends to work stoppages in protest over terms and conditions of employment. See *Colorado Forge Corp.* However, a refusal to work based on imminent danger to health and safety must be grounded in a good faith belief and be objectively reasonable. The NLRA protects protesting an unsafe working condition, but only if the employees have a good faith, reasonably held belief that an unsafe condition exists. Even if uninfected employees do not assert any legal claims, the practical consequence of a group of fearful and discontented employees, uneasy with working with a colleague with HIV, provides temptation to break the law and isolate the perceived "problem" -- the infected employee. This situation can be avoided through workplace education. Even though many assume that "we know better now, and we can handle it when it comes up," preparedness, in the form of policies and workplace education at both management and organization-wide levels, is as important today as it was in the early stages of the ongoing epidemic. The foregoing piece is a modified excerpt from Mr.

Chapter 8 : Dealing with HIV / AIDS - Symptoms and Treatments - GoMentor

People may connect HIV and AIDS with behaviors they think are shameful, such as men having sex with men, or injecting drugs. They may believe that the illness is the result of a moral weakness or.

Atopic dermatitis can be treated with corticosteroid creams, skin-repairing creams known as calcineurin inhibitors, antibiotics for infections, or anti-itch medications. Eosinophilic folliculitis Eosinophilic folliculitis is characterized by itchy, red bumps centered on hair follicles in the scalp and upper body. This form of dermatitis is found most frequently in people in later stages of HIV progression. Photodermatitis Photodermatitis occurs when UV rays from sunlight cause rashes, blisters, or dry patches on the skin. In addition to skin outbreaks, you might also experience pain, headaches, nausea, or a fever. This condition is common during antiretroviral drug therapy, when your immune system becomes hyperactive. Prurigo nodularis Prurigo nodularis is a condition in which lumps on the skin cause itchiness and a scab-like appearance. It mostly appears on your legs and arms. This type of dermatitis affects people with extremely compromised immune systems. Itching can become so severe that repeated scratching causes bleeding, open wounds, and further infection. You can treat prurigo nodularis with steroid creams or antihistamines. In severe cases, your doctor may recommend cryotherapy freezing the lumps. You may have to take antibiotics for infections caused by intense scratching. Warts Warts are growths on the top layer of skin. They are caused by the human papillomavirus. They usually resemble bumps with black dots on them known as seeds. These are commonly found on the back of your hands, your nose, or the bottom of your feet. Warts can be treated with a few procedures, including freezing or removal via minor surgery. However, HIV makes it much harder for your immune system to get rid of warts and prevent them in the future. A number of bacterial, fungal, viral, and parasitic infections affect people with HIV. The most commonly reported infections include: Herpes zoster Herpes zoster is caused by the same underlying virus as chickenpox. It can lead to shingles, in which painful skin rashes and bumps appear. Treatment often involves antiviral drug regimens. Molluscum contagiosum Molluscum contagiosum is characterized by pink or flesh-colored bumps on the skin. This highly contagious skin virus often affects people with HIV. You may need repetitive treatments to completely rid your body of these unwanted bumps. Bumps caused by molluscum contagiosum are usually painless and tend to appear on the:

Chapter 9 : Dealing with Stigma - RHIhub Rural HIV/AIDS Toolkit

But there is still discrimination against people with HIV/AIDS. Advances in research have made it possible to live with the disease, as people do with other long-term (chronic) illnesses. But the greatest challenge for many people is still the stigma that goes along with the illness.