Thinking about an HIV Test?

**Summary:** If you wait just a little while after engaging in a risky behavior, you can then get a reliable HIV test. Wait three weeks, and a negative HIV test result is highly reliable; wait three months, and it’s virtually 100% accurate. Some local health departments require a person’s name for testing, which is kept in confidential files. Others provide anonymous testing services; no one knows your name; you get an identification number to bring back for your results.

**How do the tests work?** Each year, 25 million Americans are tested for HIV antibodies. Only certain sites are authorized to perform anonymous tests. The most common way to test involves drawing a small sample of blood. Some providers can also do a test with just a swab that collects saliva and mucosa from your mouth. It’s important to remember that saliva does not transmit HIV. These tests are measuring your body’s counterattack on HIV (antibodies), not actually finding HIV particles.

All tested fluids are first checked using an inexpensive test, such as the ELISA or Synthetic Peptide test. If the test produces a positive reading, this result is double-checked with a much more specific test, such as the Western Blot.

**Are those tests really accurate?** You may have heard about problems with early versions of HIV tests, which gave many people inaccurate test results. But tests have been improved. In 1990, 1.5 out of every 100 tests gave a “false positive” result, meaning that the test thought you had HIV when in fact you did not! But newer tests have dropped the false positive rate to less than 5 out of every 100,000 ELISA tests, and the Western Blot would rule out even those few false results.

**What is the “window period of uncertainty”?** Many people send me e-mails saying they tested negative once, and they wonder if they can stop worrying. Standard “ELISA” HIV tests work by detecting your own body’s immune response (called “antibodies”) against HIV. If the test doesn’t find antibodies, it usually means you haven’t been exposed to HIV. But it could mean that you’ve been exposed so recently that your body hasn’t recognized the viral invader yet. We call this time of uncertainty the “window period.”

The introduction of the ELISA III test in 1995 shortened the window period by 20.3 days, which is why the old six-week/six-month waiting time is usually not necessary anymore. Generally, a test conducted three-to-four weeks after taking a risk gives you good idea of your status. But you should follow up with a repeat test at three months to approach 100% accuracy. And whatever the test result, if you have symptoms of infection, then you might be one of those very rare people who will still need a six-month test.

**Can I feel it if I’m HIV infected?** HIV silently attacks the immune system. Most people experience no symptoms for several years, except for flu-like symptoms when they’re first infected. Between 52% and 90% of HIV infected people develop symptoms (fever, night sweats, inexplicable fatigue, swollen lymph nodes or sudden weight loss), usually two-to-six weeks after their exposure. If it’s been over a month since your risk and you haven’t had any symptoms, there’s a pretty good chance you’re
HIV negative. On the other hand, if you have felt ill, you might have just been making yourself sick with worry. The predictive value of symptoms only works in one direction.

Newer technology offers less intrusive HIV tests (oral swabs are available instead of blood draws) or speedier tests (rapid tests, approved for limited use last year, can return results in half an hour). Whichever test you use, if your result comes back HIV negative, use this good news to step back from the temptations that lead you to slip up sometimes.

Do I even want to know if I’m HIV infected? Lots of people tell me that they’d rather not know if they’re HIV infected because the stress would make them sick. While an HIV diagnosis is obviously alarming, most people seem to recover from the shock, and focus on what they can do to stay healthy. If you’re HIV+, monitor your blood work, and consider effective HIV treatment. New treatments have slowed HIV’s progress in dragging a person’s immune system down to AIDS level, and have doubled life expectancy after an AIDS diagnosis.

Sources:


275,000 HIV+ don’t know it yet: CDC. “Guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome.” MMWR 1999;48(No. RR-13):1–28.


