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Aids and hiv pdf

Before the discovery of new treatments for AIDS, most people living with HIV eventually developed full-blown AIDS, and most of them died of the disease. However, there are some strains of HIV that are not as deadly as others, and scientists are trying to understand the differences in the virus and the immune system's ability to respond to a viral infection. As the name of HIV suggests, the disease is known to be caused by a specific virus. Viruses are a curious type of phenomenon. In a sense, they are only partial organisms in that they have to live within another organism or host. Otherwise, they doze off. Moreover, their entire existence is focused on spreading from one host to another and on reproduction of themselves. Advertising When HIV enters the human body, it tends to search for and attack a certain group of white blood cells, commonly known as T-assistant cells. These cells are part of the body's immune system. When the body invades the pathogen, there is a rapid increase in the production of T4 cells, which is the body's signal that the pathogen is present and the immune response should be set to protect. Unfortunately, HIV interferes with this process. When HIV collides with T4 inside the blood system, it attaches and inserts its genetic code into T4. Thus, T4 is transformed into a biological factory, which begins to produce a new HIV. Eventually, the T4 cell bursts, releasing a new virus into the bloodstream, and they, in turn, are looking for other T4 cells to invade. In the process of its own reproduction, HIV destroys the body's ability to fight infection, leading to illness and possible death. HIV/AIDS has caused considerable controversy. Since the disease was first diagnosed in homosexual patients, some people have speculated that it was some particularly homosexual disease, possibly a consequence of sexual or other practices common among homosexual men. This turned out to be completely inaccurate. HIV is a blood-borne disease, which means that human blood is the natural environment of the virus. Any behavior that leads to blood and other bodily fluids, such as sperm or breast milk, transmitted from one person to another, can transmit the virus between people. Written by Mary Ellen Ellis on January 13, 2014

ReviewIt can be easily confusing HIV and AIDS. These are different diagnoses, but they go hand in hand: HIV is a virus that can lead to a disease called AIDS, also known as stage 3 HIV infection. At one time, the diagnosis of HIV or AIDS was considered a death sentence. Through research and development of new treatments, people with HIV are living long and productive lives at any stage. AN HIV-positive person who adheres to regular antiretroviral treatment can expect normal life expectancy. HIV is a virus that can degrade the immune system. The term HIV means Virus. The title describes the virus: Only humans can contract and it attacks the immune system. As a result, the immune system is not able to work as effectively as it should. Our immune system can completely cleanse many of our body's viruses, but this is not the case with HIV. Medications can control HIV very successfully by interrupting its viral life cycle, however. Although HIV is a virus that can cause infection, AIDS (which is a reduction from acquired immunodeficiency syndrome) is a condition. HIV infection can lead to the development of AIDS. AIDS, or stage 3 HIV, develops when HIV causes serious damage to the immune system. It is a complex condition with symptoms that vary from person to person. Stage 3 HIV symptoms are associated with infections that can develop in humans as a result of damage to the immune system, which also cannot fight them. Known collectively as opportunistic infections, they include tuberculosis, pneumonia and others. Some cancers become more likely when the immune system works less efficiently as well. Commitment to antiretroviral therapy can prevent the development of stage 3 HIV infection. HIV is a virus, and AIDS is a condition the virus can cause. HIV infection does not necessarily progress to stage 3. In fact, many people living with HIV have been living for years without AIDS. Through advances in treatment, people living with HIV can expect almost normal life expectancy. While a person may have HIV infection without AIDS, anyone diagnosed with AIDS has already contracted HIV. Since there is no cure, HIV infection never goes away, even if AIDS never develops. Because HIV is a virus, it can be transmitted between people, like many other viruses. AIDS, on the other hand, is a condition that a person acquires only after he has contracted HIV. The virus is transmitted from one person to another through the exchange of bodily fluids. HIV is most often sexually transmitted without condoms or common needles. To a lesser extent, the mother can transmit the virus to her child during pregnancy. HIV usually causes flu-like symptoms about two to four weeks after transmission. This short period of time is called an acute infection. The immune system puts the infection under control, leading to a period of delay. The immune system cannot completely eliminate HIV, but it can control it for a long time. During this delay period, which can last for many years, a person with HIV may not experience any symptoms at all. Without antiretroviral therapy, however, that a person may develop AIDS and as a result will experience many symptoms associated with the condition. When HIV is transmitted, the immune system produces antibodies Virus. A blood or saliva test can detect these antibodies to determine if the virus is present. It may take several weeks after the test for HIV antibodies to return positive. Another test for antigens, which are proteins produced by the virus and antibodies. This test can detect HIV a few days after infection. Both tests are accurate and easy to manage. AIDS is the late stage of HIV infection. Health professionals are looking for several factors to determine whether HIV delay has reached stage 3 HIV. Because HIV destroys immune cells called CD4 cells, one way to diagnose AIDS is to count these cells. A person without HIV can have 500 to 1,200 CD4 cells. When the cells have dropped to 200, a person with HIV is considered to be HIV-positive at stage 3. Another factor signaling that stage 3 HIV infection has developed is opportunistic infections. Opportunistic infections are diseases caused by viruses, fungi or bacteria that do not make a person with intact immune systems sick. If HIV develops into Stage 3 HIV, life expectancy will be significantly reduced. It is difficult to repair damage to the immune system at the moment. Infections and other conditions, such as some cancers, resulting from severe immune system disorders are common. However, with successful antiretroviral therapy and some recovery of the immune system, many people with stage 3 HIV infection live long lives. With modern HIV treatments, people can live with HIV and never develop with AIDS. It is also important to note that successful antiretroviral treatment and a sustained undetectable viral load significantly reduce the risk of transmission of the virus to a partner. If HIV weakens the immune system sufficiently, aids will develop in humans. The diagnosis of AIDS means that a person experiences immunodeficiency. Their body can no longer effectively fight many different types of infections or conditions that have previously been easily solved by the immune system. AIDS itself does not cause many symptoms. With AIDS, a person will experience symptoms of opportunistic infections and diseases. These are infections and conditions that use a decrease in the body's immune function. Symptoms and signs of common opportunistic conditions include: Specific symptoms will depend on which infections and complications affect the body. If a person experiences any of these symptoms and either has HIV or thinks they may have been exposed to it in the past, they should seek immediate medical attention. Opportunistic infections and diseases can be life-threatening if left untreated quickly. Some opportunistic conditions, such as Kaposi's sarcoma, are extremely rare in people without AIDS. The presence of one of these diseases may be the first sign of HIV in people who have not been tested for the virus. Many people do not have any symptoms when they are first infected with HIV. It may take only a few weeks for a minor symptoms to show or as long as 10 years or more for more serious symptoms. People aged 50 and over may not recognize HIV by themselves, because they think what they are feeling and experiencing is part of normal aging. Symptoms may include: headache, chronic cough, diarrhea, swollen glands, lack of energy, loss of appetite and weight loss, frequent fevers and sweats, frequent yeast infections, skin rashes, pelvic and abdominal cramps, ulcers on some parts of the body, and short-term memory loss. Anyone can get HIV and AIDS. Regardless of your age, and especially if you are 50 or older, you may be at risk for HIV if any of the following is true: If you are sexually active and do not use a male latex condom. You can become infected with HIV/AIDS from having sex with someone infected with the HIV virus. The virus moves from an infected person to another through the exchange of bodily fluids such as blood, sperm and vaginal fluid. HIV can enter your body during sex through any hole, such as a tear or cut in the lining of the vagina, vulva, penis, rectum or mouth. If you don't know your partner's history of sexual and drug life. Has your partner been tested for HIV/AIDS? Did he have several different sexual partners? Is your partner injecting drugs? If you inject drugs and share needles or syringes with other people. Drug users are not the only people who can share needles. People with diabetes, for example, who inject insulin or make blood to check glucose levels, can share needles. If you have a common needle for any reason, or if you have had sex with someone who has, you should be tested for HIV/AIDS. If you had a blood transfusion between 1978 and 1985, or a blood transfusion or surgery in a developing country at any time. If any of the above are true, you should be tested for HIV/AIDS. Check your local phone directory to your hospital or medical center number where you can get a list of test sites. In most states, the tests may be confidential (you call your name) or anonymous (you don't give your name). There are many myths about HIV/AIDS. Examples below: You cannot get HIV through casual contacts, such as shaking hands or cuddling a person with HIV/AIDS. You can't get HIV from using a public phone, drinking fountain, toilet, pool, jacuzzi, or Jacuzzi, or Jacuzzi. You can't get HIV from drinking or coughing or sneezing on a person with HIV/AIDS. You can't get HIV from blood donation. You can't get HIV from a mosquito bite. Is HIV/AIDS different in older people? The number of older people living with HIV/AIDS is on the rise. In 2014, about 17% of all people diagnosed with AIDS in the United States - about 44,000 Americans - are age 50 or older. Because older people don't pass on HIV/AIDS on a regular basis, there may be even more cases than we know. How did this happen? Because older Americans know less about HIV/AIDS than younger age groups: how it spreads; The importance of condom use and non-sharing needles; Needles; Testing is important the importance of talking to your doctor. Because health workers and educators neglect the average age and the elderly in terms of HIV/AIDS education and prevention. Because older people are less likely than young people to talk about their sex life or drug use with their doctors. Because doctors do not tend to ask their elderly patients about sex or drug use. It is more difficult for doctors to recognize the symptoms of HIV/AIDS in older people. Doctors should talk to their patients about specific behaviour that puts them at risk of HIV/AIDS. Older people often take symptoms of HIV/AIDS because of the pain and pain of normal aging, so they are less likely than young people to be tested for HIV/AIDS. They may be ashamed, ashamed and afraid to be tested for HIV/AIDS, a disease associated with sex and injecting drugs. People aged 50 and over may have had the virus for years before being tested. By the time they are diagnosed with HIV/AIDS, the virus may be at its most advanced stages. Older people diagnosed with HIV/AIDS do not live as long as young people infected with the virus. It is important to be tested at an early stage. The sooner you start treatment, the more likely you are to work longer. Many older people living with HIV/AIDS live in isolation because they are afraid to tell family and friends about their illness. They may have more severe depression than young people. Older people are less likely to join support groups. Older people with HIV/AIDS need help to cope with the disease, both emotionally and physically. As the infection progresses, they will need help to get around and take care of themselves. Older people with AIDS need support and understanding from their doctors, family, friends and community. HIV/AIDS affects the elderly in another way. Many young people living with HIV/AIDS turn to their parents and grandparents for financial support and care. Many older people take care of their own children with HIV/AIDS, and then their orphaned and sometimes HIV-infected grandchildren. Caring for others can be mentally, physically and financially depleting. This is especially true for older caregivers. Caring for a person with HIV/AIDS can be very stressful and difficult. Sources: IMAGES PROVIDED BY: REFERENCES: Medical Review by Robert Bargar, MD, Certification of the Council on Public Health and General Preventive Medicine August 18, 2017 CDC: HIV among people age 50 and older. The above information was provided courtesy of the National Institute on Aging (. (.

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