



# HANDBOOK

about HIV/AIDS, TB and Human Rights



**ARASA**  
AIDS & Rights  
Alliance  
for Southern Africa

## **Disclaimer**

This book has been reviewed by health care professionals and community advocates, but it cannot replace medical, counselling or legal professional services. Readers are encouraged to seek appropriate professional advice based on their individual needs and circumstances.



**A SIMPLIFIED  
POCKET HANDBOOK  
FOR LBT PERSONS ON  
HIV, TB AND HUMAN RIGHTS.**

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## Foreword

The HIV Program is the strongest initiative under the SRHR project of Freedom and Roam Uganda. The program advocates for LBT inclusive HIV programming on both a community and country level.

This programme is also crucial in FARUG in ensuring access to SRH and providing support, care and treatment for LBT/WSW living with or affected by HIV through referrals and linkages.

Our SRHR program is delighted to share this handy easy to carry guide on HIV/AIDS, TB and Human Rights. It has been designed to be a day to day informative read for our LGBT community. It targets not only LBT and PLHV but the entire LGBTI community, stake holders and the general public.

If we are to realise the UNAIDS 90 - 90 - 90 target as a strategy for fighting the HIV epidemic, we must ensure that no person is left out regardless of their sexual orientation and gender identity.

We hope that this booklet will be a very useful and practical reference point to every community member out there as we continue our fight against HIV and TB as well as provide information on human rights to all.



Ssenfuka J. Warry  
**EXECUTIVE DIRECTOR**

## Acknowledgments

FARUG would like to acknowledge the team that has worked tirelessly to see this book published. First, our members for fearlessly sharing their personal experiences on HIV/AIDS, TB and Human Rights violations.

To the FARUG Health Desk: Mr Mubiru Arthur (Nursing officer, community paralegal, human rights activist and ARASA TOT 2016 Alumni) and Ms Betty Ssali (Registered midwife and coordinator FARUG health desk) who ensured that this booklet became a reality;

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# CONTENTS

Abbreviations.....	5
Preface .....	6
1. THE HUMAN RIGHTS ASPECTS TO HIV/AIDS AND TUBERCULOSIS .....	10
1.1 What are human rights? .....	10
1.2 What you need to know about the right to health .....	10
1.3 The national legislative framework .....	13
1.4 The HIV and AIDS prevention and Control Act .....	17
1.5 What you need to know about HIV/AIDS, TB and Human rights .....	17
1.6 Gaps Identified and Suggestions.....	19
2. SCIENTIFIC FACTS ABOUT HIV/AIDS AND TB .....	21
2.1 Human Immunodeficiency Virus (HIV) .....	21
2.2 What causes HIV? .....	22
2.3 What are the symptoms of HIV? .....	23
2.4 HIV prevention? .....	26
2.5 HIV and Drug use .....	32
3.0 TUBERCULOSIS (TB).....	33
3.1 What causes TB .....	34
3.2 Signs and symptoms.....	35
3.3 Clinical features of TB in HIV infection.....	36
3.4 TB diagnosis and Treatment.....	37
4.0 SEXUALLY TRANSMITTED INFECTIONS (STDS)	
4.1 Transmission and methods of transmission.....	43
4.3 Trichomoniasis .....	44
4.4 Chlamydia .....	45
4.5 Gonorrhoea .....	45
4.6 Syphilis .....	46
4.7 Genital Herpes (Herpes Simplex Virus) .....	47
4.8 Hepatitis B virus (HBV).....	48
5.0 OPPORTUNISTIC INFECTIONS.....	54
5.1 What you need to know, how they differ.....	54
5.2 Common opportunistic infections.....	55



## ABBREVIATIONS



AIDS	- Acquired Immune Deficiency Syndrome
ARASA	- Aids and Rights Alliance for South Africa
ARS	- AIDS Reporting system -Antigen recognition Site
ART	-Anti-retroviral Therapy
ARV	- Anti-retroviral medicine
CSO	- Civil Society Organisation
FARUG	- Freedom and Roam Uganda
FtM	- Female-to-Male (transition)
HCT	- HIV Counselling and Testing
HIV	- Human Immunodeficiency Virus
KPs	- Key populations
LBT	- Lesbian, Bisexual and Transgender men
LGBTI	- Lesbian, Gay, Bisexual, Transgender persons and Intersex people
MARPs	- Most at risk populations
M.O.H	- Ministry of Health
NAP	- National Aids Policy
NSP	-National Strategic Plan
PrEP	- Pre- exposure prophylaxis
PLHA	- People living with HIV/AIDS
PWHA	- People with HIV/AIDS
SOGI	- Sexual orientation and gender identity
STDs	- Sexually transmitted diseases
TASO	- The AIDS Support Organisation
TB	- Tuberculosis
VCT	- Voluntary counselling and testing
VHT	- Voluntary HIV testing
WHO	- World health organisation

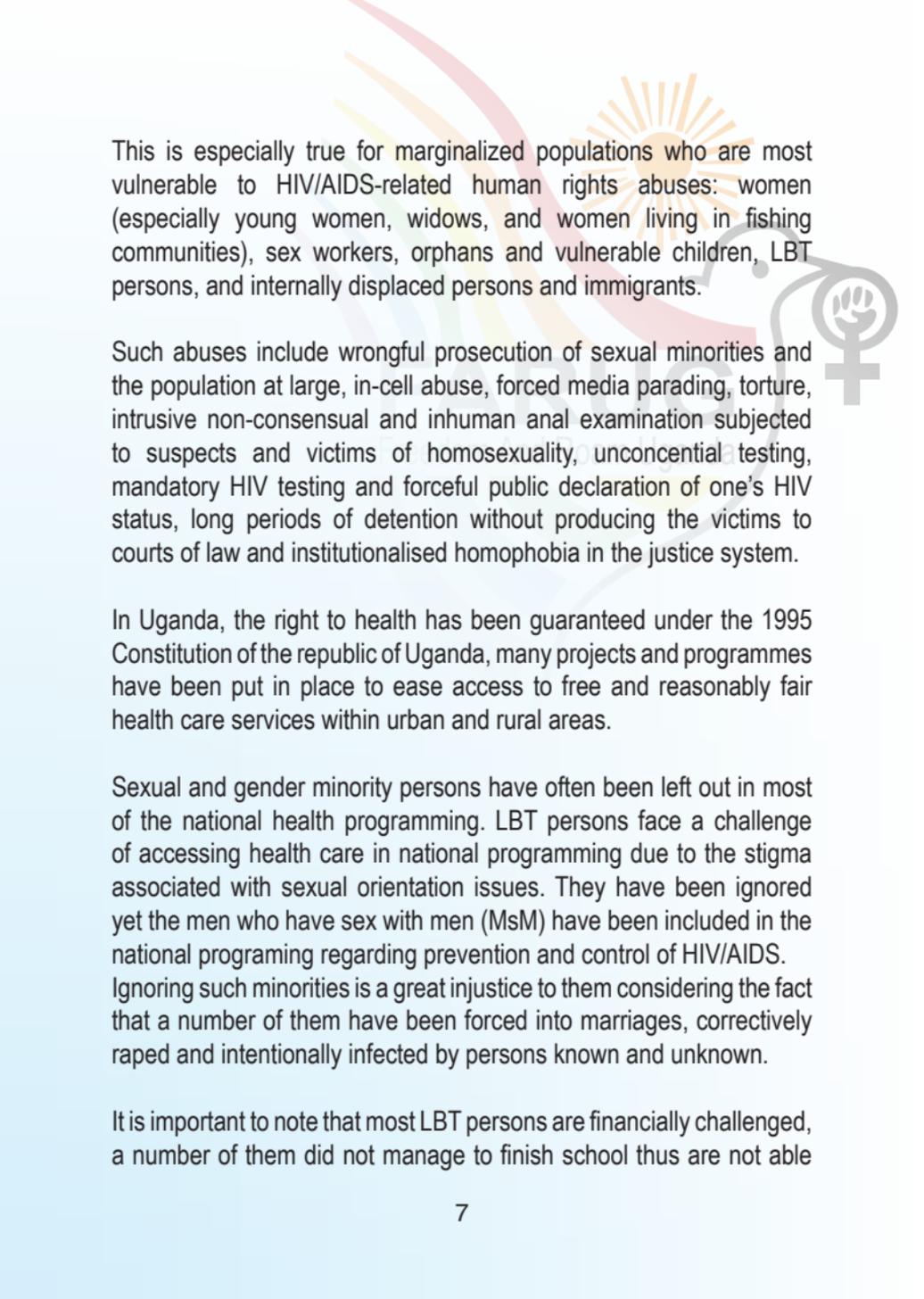
## PREFACE

Despite having various policies and laws relating to HIV/ AIDS, Uganda continues to face the challenge of continuous spread of HIV/ AIDS and related diseases such as TB yet abuses of human rights against people living with, affected by, and at risk of contracting HIV/ AIDS and TB have continued to rise with each passing day in silence.

Uganda as a nation was the 1st country to openly accept the reality about the virus and its related complications. It openly sensitized its population about the disease by preaching safe sex methods such as use of condoms, avoiding multiple sexual partners, not sharing sharp objects such as needles and razor blades, encouraging abstinence until marriage and eventually enacting laws that punish sex offenders who intentionally defile or rape anyone and intentionally infect them with the killer disease that has no cure besides being managed medically it has received international praise for its responses to the adverse medical effects of the epidemic.

It is however sad to note that Uganda has intentionally paid comparatively limited attention to the epidemic's legal and human rights implications on sexual minorities (LGBTI/Q) whose sexual practises may differ from those of the heterosexual persons because of this, LBT persons are not cattered for in the national health budget on reproductive health rights. This has led to systematic increase in the number of reported infections, death and poor health lifestyles due to ignorance. Also poor availability of health services, access to information on the killer virus as well as stigmatization from the general health service providers.

LBT persons thus suffer in isolation and silence filled with fear of being punished by the state because of their sexual orientation.



This is especially true for marginalized populations who are most vulnerable to HIV/AIDS-related human rights abuses: women (especially young women, widows, and women living in fishing communities), sex workers, orphans and vulnerable children, LBT persons, and internally displaced persons and immigrants.

Such abuses include wrongful prosecution of sexual minorities and the population at large, in-cell abuse, forced media parading, torture, intrusive non-consensual and inhuman anal examination subjected to suspects and victims of homosexuality, unconcealed testing, mandatory HIV testing and forceful public declaration of one's HIV status, long periods of detention without producing the victims to courts of law and institutionalised homophobia in the justice system.

In Uganda, the right to health has been guaranteed under the 1995 Constitution of the republic of Uganda, many projects and programmes have been put in place to ease access to free and reasonably fair health care services within urban and rural areas.

Sexual and gender minority persons have often been left out in most of the national health programming. LBT persons face a challenge of accessing health care in national programming due to the stigma associated with sexual orientation issues. They have been ignored yet the men who have sex with men (MsM) have been included in the national programming regarding prevention and control of HIV/AIDS. Ignoring such minorities is a great injustice to them considering the fact that a number of them have been forced into marriages, correctively raped and intentionally infected by persons known and unknown.

It is important to note that most LBT persons are financially challenged, a number of them did not manage to finish school thus are not able

to secure good careers or jobs with reasonable pay to even actually afford HIV/AIDS and TB drugs which sometimes run out of national health care centres, forcing them to resort to private health care providers which comes at a high cost.

As such many have been lured into practices that expose them to high risks of getting infected with HIV/AIDS and TB. Many LBT persons are still afraid to obtain services from public hospitals due to the stigma associated to sexual and gender identity issues and the processes involved in registration and exposure of one's sex with questions such as; what is your gender? i.e female or male, who is your partner and when found that your partner is of the same sex, the feedback after answers are given is often discouraging to LBT persons. This leads to low turn up for treatment and medication and in other cases death.

Despite all the challenges faced by LBT people in seeking quality and accessible health care services, many organisations, individuals and activists have not stopped advocating for changes in services regarding HIV/AIDS. FARUG is continuously carrying on the advocacy in various ways including sharing information regarding HIV/AIDS, TB and human rights on health guaranteed under national and international laws.

## **THE HUMAN RIGHTS ASPECTS TO HIV/AIDS AND TUBERCULOSIS**

### **What are human rights?**

Human rights are the basic rights and freedoms that belong to every person in the world, from birth until they die irrespective of their



*Community engagement, on women's day 2016, FARUG in partnership with Queer Youth Uganda visited a women's maximum prison where they distributed sanitary pads to the inmates while MARPI team carried out Cervical and breast cancer screening, health talk and general health care.*

nationality, place of residence, sex, national or ethnic origin, colour, religion, language or any other status. (Other status includes sexual minorities) as per the universal declaration of human rights of 1948 which Uganda ratified to and included in its domestic laws such as; the Constitution of the Republic of Uganda 1995.

### **What you need to know about the Right to Health.**

#### **"The right to health is a fundamental human right"**

It is defined as the right to the highest attainable standard of physical and mental health. The right to health includes other underlying determinants of health such as:-

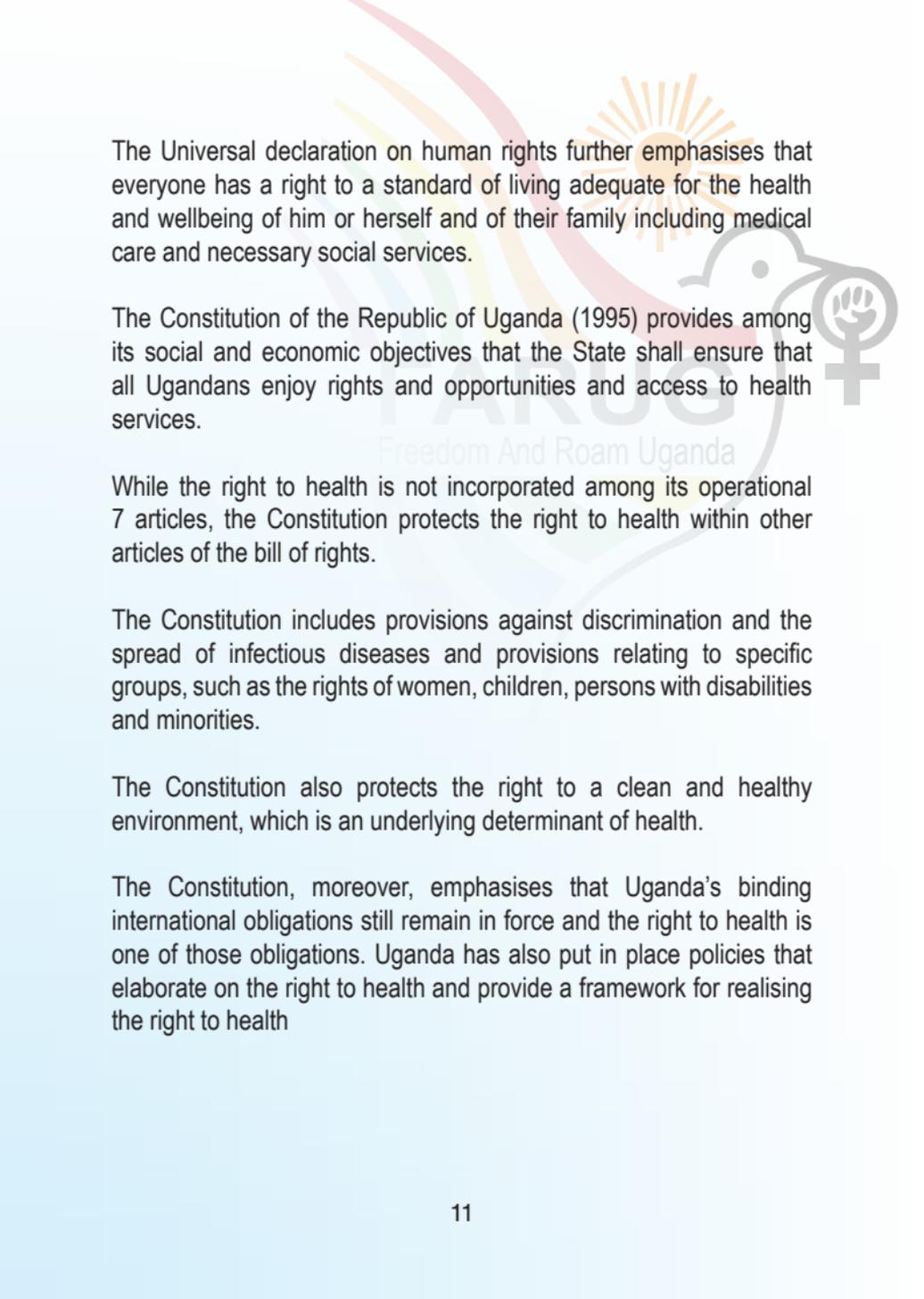
- The right to a clean and healthy environment.
- Access to shelter.
- Access to safe water.
- Safe food and nutrition.
- Healthy occupational and environmental conditions and health related education and information.

It requires participation of the population in all health-related decision-making at the community, national and international levels.

It is linked with principles of equality and non-discrimination and prioritises the needs of the poor and vulnerable groups.

The right to health is linked with the realization of all other rights and forms the basis for enjoyment of other rights.

The world health organisation constitution of 1946 under article 25 defines health broadly as "a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity. It also guarantees equitable dissemination of medical knowledge and its benefits including government provided social measures to ensure adequate health.



The Universal declaration on human rights further emphasises that everyone has a right to a standard of living adequate for the health and wellbeing of him or herself and of their family including medical care and necessary social services.

The Constitution of the Republic of Uganda (1995) provides among its social and economic objectives that the State shall ensure that all Ugandans enjoy rights and opportunities and access to health services.

While the right to health is not incorporated among its operational 7 articles, the Constitution protects the right to health within other articles of the bill of rights.

The Constitution includes provisions against discrimination and the spread of infectious diseases and provisions relating to specific groups, such as the rights of women, children, persons with disabilities and minorities.

The Constitution also protects the right to a clean and healthy environment, which is an underlying determinant of health.

The Constitution, moreover, emphasises that Uganda's binding international obligations still remain in force and the right to health is one of those obligations. Uganda has also put in place policies that elaborate on the right to health and provide a framework for realising the right to health

## Is there a specific law on HIV/AIDS and TB nationally and internationally?

Uganda has ratified a wide range of international and regional human rights treaties related to the enjoyment of the highest attainable standard of physical and mental health ('right to health'), including:

- I. The International Covenant on Economic, Social and Cultural Rights (ICESCR);
- II. The Convention on the Elimination of All forms of Discrimination against Women (CEDAW);
- III. The Convention on the Rights of the Child (CRC);
- IV. The African Charter on Human and Peoples' Rights (ACHPR).

International commitments to human rights, including the right to health, provide a guiding framework for 6 legislation policies and programming at the national level. These instruments provide for progressive realisation so state parties have to move as expeditiously and effectively as possible towards full realisation of the right. States are also required to guarantee non-discrimination in the realisation of the right to health.

The Protocol to the African Charter on the Rights of Women in Africa deserves special attention. It is the only treaty to specifically address women's rights in relation to HIV/AIDS, and to identify protection from HIV/AIDS as a key component of women's sexual and reproductive health rights. Apart from providing women a right to protection from sexually transmitted infections, including HIV/AIDS, the Protocol guarantees women's rights to adequate, affordable, and accessible health services. It also confers a duty on the State to protect girls and women from practices and situations that increase their risk of infection, such as child marriages, wartime sexual violence, and female genital mutilation.

## **The National Legislative Framework**

Although the draft of the National Aids Policy (NAP) and National strategic plan (NSP) seek to ensure a legal response to HIV and AIDS in conformity with international and regional human rights standards, Uganda still lacks explicit legislation regarding HIV/AIDS. However, a number of laws and policies have a direct bearing on the human rights of people living with, affected by, and at risk of HIV infection.

### **(i) National Health Policy (2010)**

The goal is to attain “a good standard of health for the people of Uganda.” The priority areas are:

- Strengthening the health system in line with decentralisation;
- Reconceptualising and organising supervision and monitoring of health systems at all levels;
- Establishing a functional integration within the public and private sector;
- Addressing the human resource crisis;
- Universal Access to Uganda National Minimum Health Care Package, which includes promotive, preventative, curative, rehabilitative and palliative care.

### **(ii) The Constitution of the Republic of Uganda (1995)**

The Constitution lacks explicit reference to HIV/AIDS and TB despite the country having recognized the disease 10 years prior to the Constitution’s passage.

Under Chapter 4 Article 21, the Constitution provides for equality and freedom from discrimination. This includes equality before and under the law in all spheres, equal protection under the law, and prohibition of discrimination on grounds of sex, race, colour, ethnic origin, tribe, birth, creed or religion, social or economic standing and political

opinion or disability. Although health status is not among the grounds enumerated, some have argued that HIV/AIDS and TB constitutes a disability that could be envisaged under the article. It is also possible to argue for a broader interpretation of Article 21 based on Article 45, which effectively imports all other human rights, duties, and freedoms not specifically mentioned in Chapter 4.

Other rights guaranteed under Chapter 4 include protection of the right to life (Art.22), personal liberty (Art.23), respect for human dignity and protection from cruel, inhuman and degrading treatment or punishment (Art.24), protection from deprivation of property (Art.26), right to privacy of person, home and other property (Art.27), right to a fair hearing (Art.28), right to education (Art.30), and family rights (Art.31).

### **(iii) Equal Opportunities Act 2007**

The Equal Opportunities Act of 2007 gives effect to Articles 32(2) and 33(4) of the Constitution, making the Equal Opportunities Commission (EOC) the last constitutional body to be established more than 10 years after the enactment of the 1995 Constitution.

The EOC Act is significant in that it explicitly provides a legal basis for people living with HIV/AIDS and those affected to challenge discrimination in any field, including law and policy.

This is clear from the Act's preamble, its definitions of "discrimination" and "marginalization," and its Section 14 on the functions of the Commission. The definition of discrimination includes "Health status," while marginalization relates to limitations on the rights guaranteed under the Constitution.

#### **(iv) Health Sector Development Plan 2015/16-2019/20**

It outlines a broad plan to realise the right to health for 2015/16-2019/2020 and defines the long and medium term agenda for health.

Health Sector development priorities include:

- Strengthening the national health system including governance;
- Disease prevention, mitigation and control;
- Health education, promotion and control;
- Curative services;
- Rehabilitation;
- Palliative care services;
- Health infrastructure development.

#### **(v) The Employment Act (2006)**

The field of employment constitutes a major site of discrimination and oppression for people living with HIV in Uganda. Discrimination occurs in recruitment, termination of employment, deployment and transfers, grievance resolution and disciplinary measures, and payment of benefits.

Section 6 of the Employment Act of 2006 prohibits discrimination on the basis of HIV/AIDS status among other grounds.

The prohibition of sexual harassment under section 7 creates legal protection particularly for female employees who are at risk of contracting HIV/AIDS through demands for sex by their employers.

#### **(vi) The Penal Code Act**

Section 129 of the Penal Code was amended in 2006 with the offence of defilement being classified into two categories, the second one being “aggravated defilement”.

The circumstances for aggravated defilement include: where the victim is less than 14 years of age and where the offender to his or her knowledge is infected with HIV/AIDS; where the offender is a parent or guardian or person in authority over the victim; and or where the offender is a serial offender. Although this provision effectively criminalises deliberate or wilful transmission of HIV, in violation of international guidelines on this issue, the amendment has not generated significant debate on its implications for public health or human rights.

This may be attributed to the limited information on the amendment within the public, the limited appreciation of its implications, and the limited number of organisations or groups working on HIV- related legal and human rights advocacy.

The amendment also broadens protection beyond girls under 18 to cover 'persons below the age of 19 years; and further provides for compensation to victims of defilement. This means that the law of defilement protects both boys and girls below 18 years of age.

Section 145, which categorises same sex sexual behaviour as conduct against the order of nature for which one is liable to imprisonment for life. Lesbian, gay, bi-sexual, transgender (LGBTI) persons are among the most at risk populations for contracting HIV/AIDS, due to factors such as unprotected sex, inaccessible health services, gender-based violence, and deep social marginalization.

The risk for lesbians is aggravated when they are subjected to rape and other forms of sexual violence as part of efforts to make them "straight", which they endure in silence for fear of exposing their sexual orientation, while justice eludes them. At the same time, the

invisible lives that LGBT persons live cut them off from information and services related to HIV/AIDS. Many gay and bisexual men in Uganda believe that HIV cannot be transmitted through anal intercourse, while there is a myth among lesbians in Uganda that they cannot “catch AIDS.”

#### **(vii) The Public Health Act Cap 281**

The Public Health Act consolidates Ugandan law regarding the preservation of public health. The Act defines an infectious disease as one that can be communicated directly or indirectly by any person suffering from it to another such as HIV and TB.

#### **(viii) The HIV and AIDS Prevention and Control Act, 2014**

This act was put in place for the prevention and control of HIV/AIDS. It includes the protection, counselling, testing, care of persons living with HIV/AIDS, the establishment of the HIV/AIDS Trust fund and other related matters.

#### **What you need to know about HIV, TB and Human Rights.**

Stigmatization and discrimination trigger a wide range of human rights abuses for which the great majority of those affected have not sought justice.

Among the abuses documented by Human rights awareness and promotion forum (HRAPF) Annual report 2015 include: discrimination on the basis of real or perceived HIV status, violations of the right to medical privacy, forced HIV testing, criminalization of marginalized social categories, barriers to employment on the basis of HIV status, denial of education on the basis of HIV status or having HIV in the family, discrimination in gaining access to medical care and lack of access to justice. Access to justice for all of these abuses is hindered not only by the lack of a supportive legal framework and standard mechanisms for

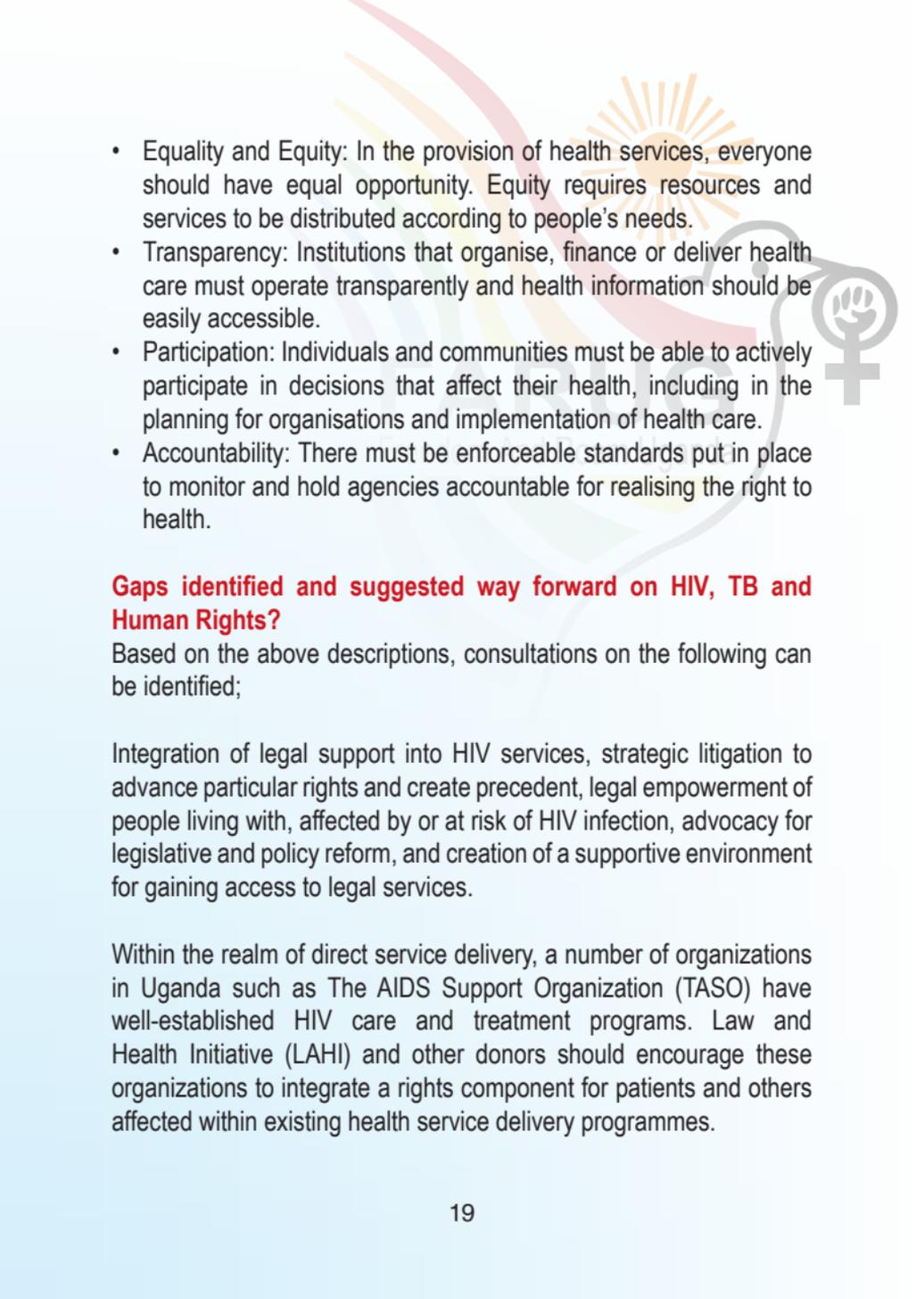
redress, but also by context-based factors such as limited knowledge of rights among people with HIV, judicial corruption, inability to identify perpetrators, limited access to and affordability of legal aid services, and the stigmatization, discrimination and powerlessness that stem from being a member of a socially marginalized group.

Meeting the demand for timely and affordable legal services is critical to stemming HIV-related human rights abuses in Uganda. In Uganda, legal services are often inaccessible, ineffective, and disproportionately accessible. While there are some attempts in Uganda to provide legal services for people living with HIV, legal services targeting those affected by HIV are disproportionately fewer. Interventions by the Law and Health Initiative (LAHI) and other donors should attempt to fill this gap.

All these forms of discrimination, stigma, inequality, limited realisation of basic rights has led to a number of deaths. HIV positive persons fear to come out to their partners a thing that exposes their partners to being infected, bribes for fear of deportation and failure of getting a job for immigrants, denial of education and sometimes even killing of children who are HIV positive. All these vices contribute to the setback of HIV infected persons achieving equal rights in Uganda.

### **What you must know about the Right to Health**

- Non Discrimination: Health care must be accessible and provided without discrimination on account of health status, race, ethnicity, age, sex, sexuality, disability, language, religion, national origin, income, or social status.

- 
- Equality and Equity: In the provision of health services, everyone should have equal opportunity. Equity requires resources and services to be distributed according to people's needs.
  - Transparency: Institutions that organise, finance or deliver health care must operate transparently and health information should be easily accessible.
  - Participation: Individuals and communities must be able to actively participate in decisions that affect their health, including in the planning for organisations and implementation of health care.
  - Accountability: There must be enforceable standards put in place to monitor and hold agencies accountable for realising the right to health.

### **Gaps identified and suggested way forward on HIV, TB and Human Rights?**

Based on the above descriptions, consultations on the following can be identified;

Integration of legal support into HIV services, strategic litigation to advance particular rights and create precedent, legal empowerment of people living with, affected by or at risk of HIV infection, advocacy for legislative and policy reform, and creation of a supportive environment for gaining access to legal services.

Within the realm of direct service delivery, a number of organizations in Uganda such as The AIDS Support Organization (TASO) have well-established HIV care and treatment programs. Law and Health Initiative (LAHI) and other donors should encourage these organizations to integrate a rights component for patients and others affected within existing health service delivery programmes.

Limited awareness among people living with, affected by, and at risk of HIV of their rights and entitlements under law is a major barrier to effective enforcement of these laws. Support should therefore be given to disseminating these rights and entitlements. Examples include the HIV/AIDS Work place Policy, the Employment Act, and the Equal Opportunities Commission Act.

Litigation is another strategy through which the protective provisions within existing laws can be brought to life. This would involve defending particular HIV related rights in court through test cases. Freedom and Roam Uganda can work hand in hand with legal consultants to utilise test cases as strategy, F or example Freedom and Roam can bring test cases relating to abuse of the Right to Health for LBT persons.

Support mechanisms such as research and the development of tools and resource guides to assist communities in providing legal services are also an important part of the work being done in Uganda to advance HIV and human rights.

## SCIENTIFIC FACTS ABOUT HIV/AIDS AND TB

### WHAT YOU NEED TO KNOW ABOUT "HIV"

- HIV stands for human immunodeficiency virus. If left untreated, HIV can lead to the disease AIDS (acquired immunodeficiency syndrome).
- Unlike some other viruses, the human body can't get rid of HIV completely. So once you have HIV, you have it for life.
- HIV attacks the body's immune system, specifically the white blood cells called CD4 cells (T cells), which help the immune system fight off infections. If left untreated, HIV reduces the number of CD4 cells (T cells) in the body, making the person more likely to get infections or infection-related cancers.
- Over time, HIV can destroy so many of these cells that the body can't fight off the person has AIDS, the last state of HIV infection.
- No effective cure for HIV currently exists, but with proper treatment and medical care, HIV can be controlled. The medicine used to treat HIV is called antiretroviral therapy or ART. If taken the right way, every day, this medicine can prolong the lives of many people with HIV, keep them healthy, and greatly lower their chance of transmitting the virus to others.
- Today, a person who is diagnosed with HIV is treated before the disease is far advanced, they stay on treatment for life and can live nearly as long as uninfected persons.
- The only way to know for sure if you have HIV is to get tested. Testing is relatively simple. You can ask your health care provider for an HIV test. Many medical clinics, substance abuse programs, community health centres, and hospitals offer them too. You can also buy a home testing kit at a pharmacy or online.

- *AIDS stands for acquired immunodeficiency syndrome. AIDS is the final stage of HIV infection, and not everyone who has HIV advances to this stage.*
- *AIDS is the stage of infection that occurs when your immune system is badly damaged and you become vulnerable to opportunistic infections. When the number of your CD4 cells falls below 200 cells per cubic millimetre of blood (200 cells/mm<sup>3</sup>), you are considered to have progressed to AIDS. (The CD4 count of an uninfected adult/adolescent who is generally in good health ranges from 500 cells/mm<sup>3</sup> to 1,600 cells/mm<sup>3</sup>.) You can also be diagnosed with AIDS if you develop one or more opportunistic infections, regardless of your CD4 count.*
- *Without treatment, people who are diagnosed with AIDS typically survive about 3 years. Once someone has a dangerous opportunistic illness, life expectancy without treatment falls to about 1 year. People with AIDS need medical treatment to prevent death.*

LBTI persons are not exempted from these causes.

### What causes HIV?

- HIV infection is caused by the human immunodeficiency virus.
- You can get HIV from contact with infected blood, semen, or vaginal fluids.
- Most people get the virus by having unprotected sex with someone who has HIV.
- Another common way of getting it is by sharing drug needles with someone who is infected with HIV.
- The virus can also be passed on from a mother to her baby during pregnancy, birth, or breastfeeding

HIV doesn't survive well outside the body. So it can't be spread by casual contact like kissing or sharing drinking glasses with an infected person.

### **Warning signs and symptoms of HIV**

- HIV may not cause symptoms early on. People who do have symptoms may mistake them for the flu or mono. Common early symptoms include:
  - Fever
  - Sore throat
  - Headache
  - Muscle aches and joint pain.
  - Swollen glands (swollen lymph nodes)
  - Skin rash
- Symptoms may appear from a few days to several weeks after a person is first infected. The early symptoms usually go away within 2 to 3 weeks.
- After the early symptoms disappear, an infected person may not experience any symptoms again for many years to come. After a certain point, symptoms reappear and remain. These symptoms usually include:
  - Swollen lymph nodes
  - Extreme tiredness
  - Weight loss
  - Fever

HIV testing is carried out in most private clinics, public health clinics, hospitals and planned antenatal clinics.

### Lies about HIV among LGBTI persons

- There is no special sexual style that can prevent the infection or transmission of HIV.
- When you sleep with a gay man you don't get infected with HIV
- You can have many partners without risking infection
- You cannot get infected through oral sex.



VCT carried out during women's day celebrations 2015. FARUG invited LBT persons from different LGBTI organisations and the medical and health services where conducted by Most at risk Populations initiative Mulago (MARPI)



## WHAT YOU NEED TO KNOW ABOUT HIV TREATMENT

- The standard treatment for HIV is a combination of medicines called antiretroviral therapy, or ART.
- Antiretroviral medicines slow the rate at which the virus multiplies. Taking these medicines can reduce the amount of virus in your body and help you stay healthy.
- It is now recommended that one begins treatment for HIV as soon as they know that they are infected.
- To monitor the HIV infection and its effect on your immune system, a doctor will regularly do two tests:
  - Viral load, which shows the amount of virus in your blood.
  - CD4+ cell count, which shows how well your immune system is working.



After you start treatment, it's important to take your medicines exactly as directed by your doctor. When treatment doesn't work, it is often because HIV has become resistant to the medicine. This can happen if you don't take your medicines correctly.



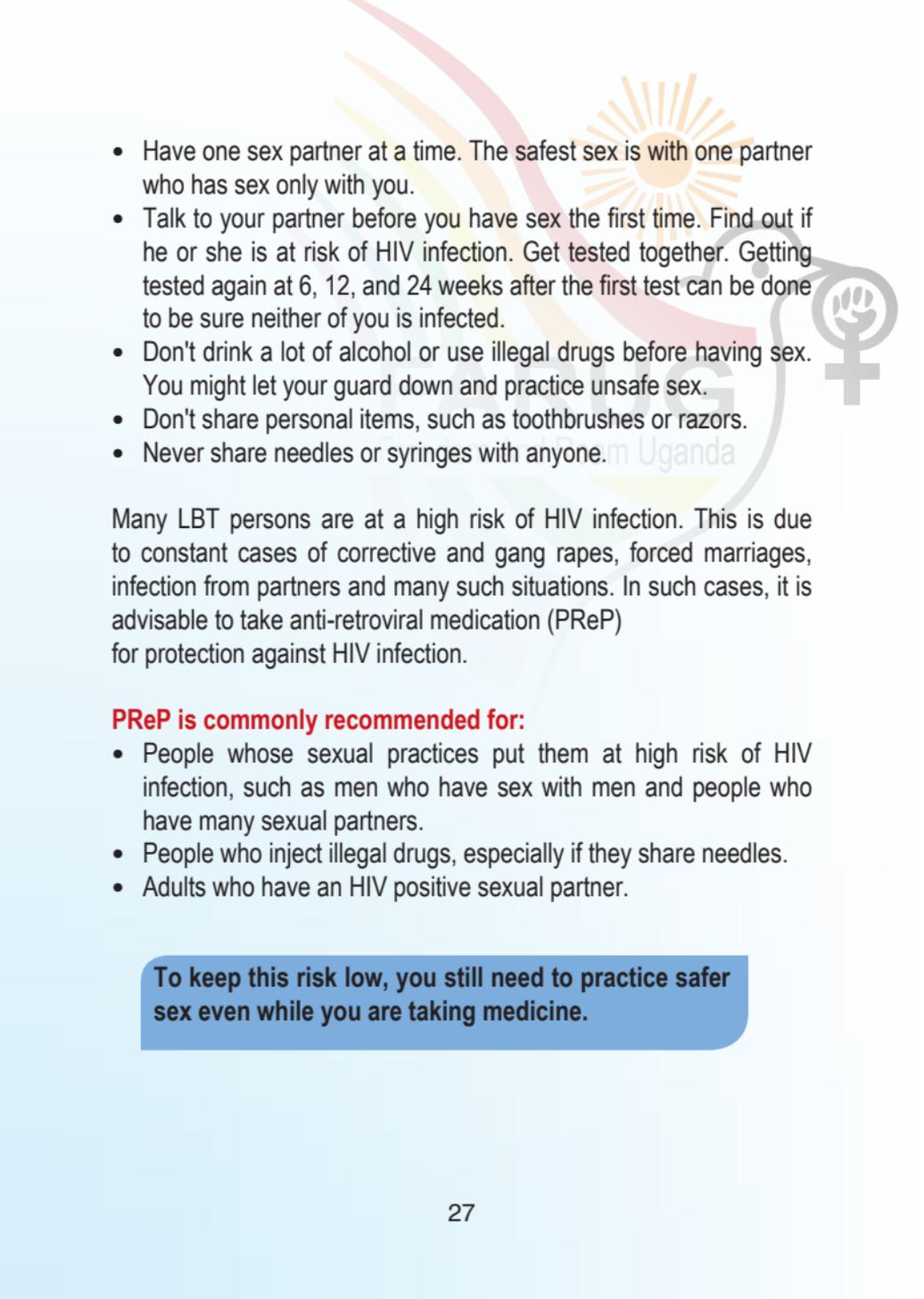
*Left: Mr Arthur M. Facilitating an awareness creation session to health service providers from Mbale hospital about the health needs of LBT people*

*Below: Attending the ARASA T.O.T 2016 programme on HIV, TB and Human Rights that took place in Johannesburg South Africa*

HIV is often spread by people who don't know they have it. LBT people in most cases do not know they have HIV and they think that their sexual behaviours are not prone to HIV infection. This is a total lie. LBT persons can be exposed to HIV through their sexual practices. So, it's always important to protect yourself and others by taking these steps:

### **What you can do to prevent HIV;**

- Practice safer sex. Use a condom, dental dam every time you have sex (including oral sex) until you are sure that you and your partner aren't infected with HIV or other sexually transmitted infections (STIs).

- 
- Have one sex partner at a time. The safest sex is with one partner who has sex only with you.
  - Talk to your partner before you have sex the first time. Find out if he or she is at risk of HIV infection. Get tested together. Getting tested again at 6, 12, and 24 weeks after the first test can be done to be sure neither of you is infected.
  - Don't drink a lot of alcohol or use illegal drugs before having sex. You might let your guard down and practice unsafe sex.
  - Don't share personal items, such as toothbrushes or razors.
  - Never share needles or syringes with anyone.

Many LBT persons are at a high risk of HIV infection. This is due to constant cases of corrective and gang rapes, forced marriages, infection from partners and many such situations. In such cases, it is advisable to take anti-retroviral medication (PReP) for protection against HIV infection.

**PReP is commonly recommended for:**

- People whose sexual practices put them at high risk of HIV infection, such as men who have sex with men and people who have many sexual partners.
- People who inject illegal drugs, especially if they share needles.
- Adults who have an HIV positive sexual partner.

**To keep this risk low, you still need to practice safer sex even while you are taking medicine.**

### Knowledge corner

- Medicines used to treat HIV are called antiretrovirals. Several of these are combined for treatment called antiretroviral Therapy-ART.

When choosing medicines, your doctor will think about:

- How well the medicines will reduce the viral load.(amount of HIV virus in an infected person)
- How likely it is that the virus will become resistant to a certain type of medicine.
- The cost of medicines.
- Medicine side effects and your willingness to live with them.
- Medicines for HIV may have some unpleasant side effects. They may sometimes make you feel worse than you did before you started taking them. Talk to your doctor about your side effects. He or she may be able to adjust your medicines or prescribe a different one.
- You may be able to take several medicines combined into one pill. This reduces the number of pills you have to take each day.
- ARVs need to be adjusted differently for different patients. Don't self medicate or share medications

**NOTE: Blood products in Uganda are checked for HIV. A person's risk of getting infected from blood transfusion in Uganda is extremely low.**

## What to know about HIV Drug resistance

Resistance to HIV medicines may occur if:

- There is a change in the way your body absorbs the medicine.
- There are interactions between two or more medicines you are taking.
- The virus changes and no longer responds to the medicines you are taking.
- You have been infected with a drug-resistant strain of the virus.
- You have not taken your medicines as prescribed by your doctor.
- Using antiretroviral therapy (ART) reduces your risk of developing resistance to HIV medicines.

## What you need to know about Treatment failure

- If your viral load doesn't drop as expected, or if your CD4+ cell count starts to fall, your doctor will try to find out why the treatment didn't work.

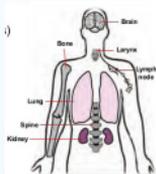
There are two main reasons why treatment could fail:

- The virus that causes HIV has become resistant. The medicine no longer works to control virus multiplication or protect your immune system. Tests can show if resistance has occurred. You may need a different combination of medicines.
- You did not take your medicine as prescribed. If you have trouble taking the medicines exactly as prescribed, talk with your doctor.

Did you know the difference between HIV and AIDS?

- HIV is a virus while AIDS is a more advanced condition or syndrome that develops in HIV positive patients.
- Patients can have HIV without AIDS but everyone with AIDS already has HIV

CLINICAL STAGE	CLINICAL CONDITION /SYMPTOM	PICTURE
Primary HIV infection	<ul style="list-style-type: none"> <li>• Asymptomatic</li> <li>• Acute retroviral syndrome (primary infection before the body creates antibodies)</li> </ul>	No visual signs
Clinical stage 1	<ul style="list-style-type: none"> <li>• Asymptomatic</li> <li>• Persistent generalised lymphadenopathy (enlargement of the lymph nodes)</li> </ul>	
Clinical stage 2	<ul style="list-style-type: none"> <li>• Moderate unexplained weight loss (&lt;10% of presumed or measured body weight)</li> <li>• Recurrent respiratory infections (sinusitis, tonsillitis, otitis media, and pharyngitis)</li> <li>• Herpes zoster</li> <li>• Angular cheilitis</li> <li>• Recurrent oral ulcerations</li> <li>• Poplar purity eruptions</li> <li>• Seborrheic dermatitis</li> <li>• Fungal nail infections</li> </ul>	

<p><b>Clinical stage 3</b></p>	<ul style="list-style-type: none"> <li>• Unexplained severe weight loss (&gt;10% of presumed or measured body weight)</li> <li>• Unexplained chronic diarrhoea for &gt;1 month</li> <li>• Unexplained persistent fever for &gt;1 month (&gt;37.6°C, intermittent or constant)</li> <li>• Persistent oral candidiasis (thrush)</li> <li>• Oral hairy leukoplakia</li> <li>• Pulmonary tuberculosis (current)</li> <li>• Severe presumed bacterial infections (e.g., pneumonia, bone or joint infection, meningitis)</li> <li>• Acute necrotizing ulcerative stomatitis, gingivitis, or periodontitis</li> <li>• Unexplained anaemia</li> </ul>	
<p><b>Clinical stage 4</b></p>	<ul style="list-style-type: none"> <li>• Any or All Opportunistic Infections</li> <li>• Chronic Herpes</li> <li>• Extra Pulmonary TB</li> <li>• Central Nervous System</li> </ul>	 

**These words mean,**

**Clinical:** The observation and treatment of actual patients based on presenting symptoms

**Immunology:** the study of the immune system and how it behaves.

### What you need to know about HIV and Drug Use.

- HIV can be passed on through shared needles and other drug equipments i.e. sharing needles and other drug equipment is very risky.
- Protect yourself and the people you do drugs with. If you use drugs there are things you can do to protect yourself and use drugs in a safer way which is called "**Harm reduction**"

### To practice safer drug use;

- Use a clean new needle and syringe every time you use drugs
- Use your own drug equipments e.g. pipes, bill, straws, cookers, water every time. Never share equipment not even with your sex partner
- Get new needles and supplies from your local harm reduction program, needle exchange or community health centre.
- Get tested for HIV, if you know that you have HIV you can take steps to protect yourself and others.





### What is TB?

Tuberculosis (TB) is a bacterial infection spread through inhaling tiny droplets from the coughs or sneezes of an infected person.

It mainly affects the lungs, but it can affect any part of the body, including the tummy (abdomen), glands, bones and nervous system.

### What causes TB?

- TB is a bacterial infection. TB that affects the lungs (pulmonary TB) is the most contagious type, but it usually only spreads after prolonged exposure to someone with the illness.
- In most healthy people, the body's natural defence against infection and illness (the immune system) kills the bacteria and there are no symptoms.
- Sometimes the immune system can't kill the bacteria, but manages to prevent it spreading in the body.
- You won't have any symptoms, but the bacteria will remain in your body. This is known as latent TB. People with latent TB aren't infectious to others.
- If the immune system fails to kill or contain the infection, it can spread within the lungs or other parts of the body and symptoms will develop within a few weeks or months. This is known as active TB.
- Latent TB could develop into an active TB disease at a later date, particularly if your immune system becomes weakened.

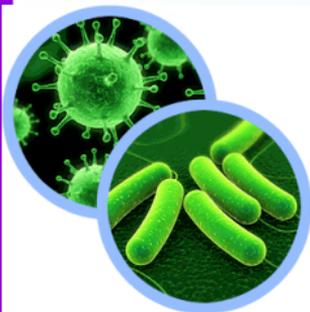
## WARNING SIGNS



### Common TB Symptoms

- Productive prolonged cough
- Chest pain
- Haemoptysis (coughing up blood)
- Fever and chills
- Night sweats
- Fatigue
- Loss of appetite
- Weight loss (Commonly seen in cases of pulmonary TB)

### What you need to know about the clinical features of TB in HIV



- In earlier stages of HIV infection, clinical presentation is similar to that of HIV negative individuals
- As CD4 count drops, TB is more atypical (uncommon) and there is an increased risk of extra-pulmonary disease
- Diagnosis is quite difficult (more smear-negative)
- Prominent weight loss
- Prominent night sweats
- Less coughing up blood

### Can TB be treated? YES.

- With treatment, TB is curable. A course of antibiotics will usually need to be taken for six months.
- Several different antibiotics are used because some forms of TB are resistant to certain antibiotics.
- If you're infected with a drug-resistant form of TB, treatment with six or more different medications may be needed.

- If you're diagnosed with pulmonary TB, you'll be contagious for about two to three weeks into your course of treatment.

You won't usually need to be isolated during this time, but it's important to take some basic precautions to stop the infection spreading to your family and friends.

You should:

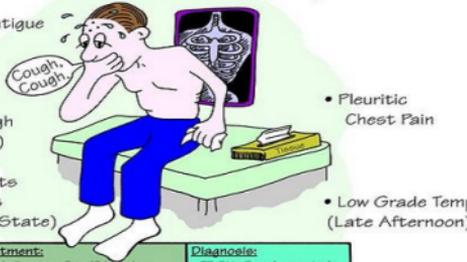
- stay away from work, school or college until your TB treatment team advises you it's safe to return
- always cover your mouth when coughing, sneezing or laughing
- carefully dispose of any used tissues in a sealed plastic bag
- open windows when possible to ensure a good supply of fresh air in the areas where you spend time
- avoid sleeping in the same room as other people
- If you're in close contact with someone who has TB, you may have tests to see whether you're also infected. These can include a chest X-ray, blood tests, and a skin test called the Mantoux test.

Can TB be vaccinated? YES.

- a) The BCG vaccine offers protection against TB, and is recommended for babies, children and adults under the age of 35 who are considered to be at risk of catching TB.
- b) The BCG vaccine isn't routinely given to anyone over the age of 35 as there's no evidence that it works for people in this age group.

## When to take quation ....

**TUBERCULOSIS (TB)**



- Progressive Fatigue
- Malaise
- Anorexia
- Wt. Loss
- Chronic Cough (Productive)
- Night Sweats
- Hemoptysis (Advanced State)
- Pleuritic Chest Pain
- Low Grade Temp (Late Afternoon)

Treatment:	Diagnosis:
TB Medications @ to 12 Months Decreased Activity Resp Isolation Until Negative Sputum Frequently Out-PT Basile	TB Skin Test (screening) Chest X-Ray Sputum Studies (3 specimens collected on different days)

## How lab technicians check for TB (Diagnosis of TB)

- Sputum smear microscopy
- Sputum Culture
- Chest x-ray
- Drug susceptibility testing (for drug-resistant TB)
- Nucleic Amplification Acid Tests e.g. Line Probe Assay (LPA) and GeneXpert

## Smear microscopy [i]

- Detects presence of acid-fast bacilli (AFB) - all mycobacterium are acid-fast
- Cornerstone of TB diagnosis
- Detects the most infectious cases of pulmonary TB
- Feasible in resource poor areas
- Relatively fast
- High specificity (excluding negative cases), but lower sensitivity (confirming positive cases) - especially in HIV co-infection



## Sputum Collection

- Good quality sputum is needed for a true diagnosis
- Sputum must be spat up from lungs (NOT saliva!)
- Repeated deep inhalation and exhalation of breath followed by cough from as deep inside the chest as possible
- The best time to collect sputum is first thing in the morning.
- Nebulisation with 5% saline solution can aid in production of sputum
- Should not be done in an enclosed area. It should be done out in open air and away from other people



## How and why a TB culture is grown?

Sometimes, in order to get an even more accurate test result, a TB culture is grown.

- TB bacilli are grown in a laboratory from sputum or other extra pulmonary samples in a suitable medium for 6-8 weeks.
- Advantages: It is the "Reference standard" for TB testing; It can trace small amounts of bacilli that are not evident in smear microscopy; it is a more accurate TB test
- Disadvantages: takes long (6-8) weeks, more expensive, more skills and resources are required, there is a greater risk of contamination if samples are handled incorrectly.

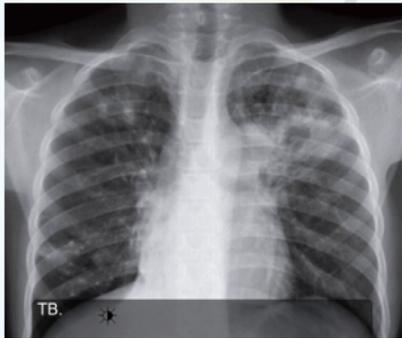
## Smear Negative TB

- It is common in HIV+ persons due to their suppressed immunity
- Higher mortality rates than of smear positive

- New Diagnostic Algorithm for (smear microscopy Pulmonary TB (SM- PTB) in high HIV prevalence settings:
- Initial HIV DTC at first visit, together with at least 2 sputa for AFB smears
- One positive smear is sufficient for diagnosis of smear+ PTB in HIV+ persons
- Two negative AFB smears are sufficient for diagnosis of SN PTB in HIV+ persons if accompanied with compatible x-rays and symptoms (cultures if available)
- Less delay in treatment, less visits required for diagnosis

### CHEST X-RAY

- Lung structure changes as a result of inflammation and damage from granulomas: visible on x-ray
- Not an effective diagnostic method on its own:
- No chest X-ray pattern is absolutely typical of TB
- 10-15% of culture-positive TB patients (HIV negative) are not diagnosed by X-ray
- In HIV+ persons, infection is often atypical - x-ray will not always reflect



### Who's most at risk?

Anyone can get TB, but those at greatest risk include people:

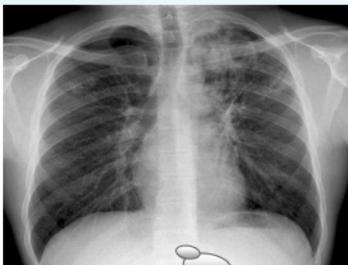
- Who live in, come from, or have spent time in a country or area with high levels of TB
- in prolonged close contact with someone who's infected
- living in crowded conditions

- with a condition that weakens their immune system, such as HIV
- having treatments that weaken the immune system, such as chemotherapy or biological agents
- who are very young or very old. The immune systems of people who are young or elderly tend to be weaker than those of healthy adults
- In poor health or with a poor diet because of lifestyle and other problems, such as drug misuse, alcohol misuse, or homelessness.

### An HIV positive person is given a Chest X-Ray when,

- Sputum results are negative but there still remains strong clinical suspicion of TB remains (if HIV positive)
- Sputum results are negative but strong clinical suspicion of TB remains after course of antibiotics (HIV negative)
- When only one of three required pre-treatment smears is positive
- If a child is suspected of having TB (TB is one of 6 killer immunisable diseases in infants)

### Can you see the grainy white patches?

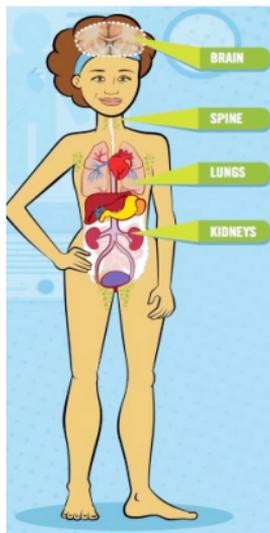


- Chest x-ray of a 25 year old male patient with TB.
- Lung (dark areas) show grainy white patches which are the affected areas.

Not every person who has TB is infected with HIV.

TB can be cured using proper medication while the HIV virus is suppressed on persistence and adherence to antiretroviral therapy.

## Diagnosis of Extrapulmonary TB



- Extrapulmonary TB occurs when the bacteria infect parts of the body, other than the lungs
- The most common types of extrapulmonary TB affect the lymph nodes and kidney. But TB can also infect the brain, bones, abdomen and area surrounding the heart, and reproductive organs.
- It's more common in HIV+ persons

Some of the tests include;

- Aspiration of fluid from cavity to test for lymphatic, pleural, abdominal TB etc
- Blood cultures - test for miliary TB
- Lumbar puncture - for TB meningitis, spinal TB
- X-rays

<p><b>Pulmonary TB</b> (TB of the lungs)</p> <p><b>Pleural effusion TB</b> (TB of the space between the lungs and ribs)</p> <p><b>Pericardial effusion TB</b> (TB of the space around the heart)</p> <p><b>Abdominal TB</b> (TB of the tummy)</p> <p><b>Spinal TB</b> (TB in the backbone)</p> <p><b>Miliary TB</b> (TB in the blood)</p> <p><b>TB meningitis</b> (TB of the space around the brain)</p>	
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## SEXUALLY TRANSMITTED INFECTIONS (STIs)

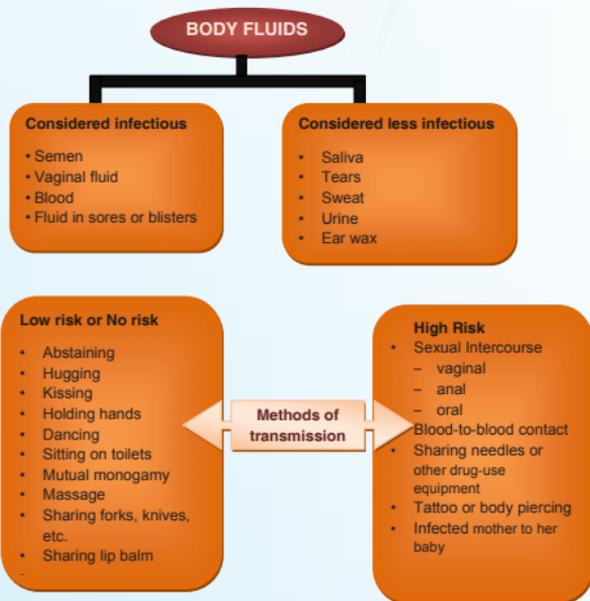
STIs are Infections that are most commonly passed through sexual contact:

- Oral
- Vaginal
- Anal
- Skin-to-skin

### How STIs are transmitted.

In order for transmission to occur, it is necessary to have:

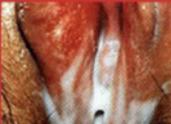
- A body fluid with the germ in it
- A way of spreading the germ from one person to another (transmission method)



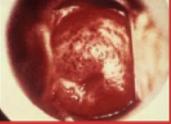
### What you need to know about Trichomoniasis

- Causative Agent: Trichomonas Vaginalis (single-celled protozoan parasite), Trichomonas Vaginalis. The vagina is the most common site of infection in girls and women, and the urethra (urine canal) in boys and men.
- Symptoms:
  - Abnormal Discharge
  - Pain & itching
  - Discomfort in lower abdomen
  - Pain during sex
- Diagnosis: Test urethra /or vagina for abnormal discharge (PAP smear will confirm)
- Treatment: Metronidazole prescribed by qualified physician (Trichomoniasis may persist for years)

**TRICHOMONIASIS**



**FEMALE**



**DISCHARGE**

**REVEAL THE REAL**



Trichomoniasis in men

## WHAT YOU NEED TO KNOW ABOUT CHLAMYDIA

- It is the most common bacterial STI
- The greatest number of infections are found in people aged 15 to 24 years
- If left Untreated, it can affect the cervix and urethra, and occasionally the rectum, throat and eyes
- 50% of men and women have NO signs or symptoms
- Treatment: Doxy, Ofloxacin or Erythromycin as prescribed by a qualified physician.



## DID YOU KNOW THAT GONORRHEA

- Is the 2nd most common bacterial STI
- Most common in people aged 15 to 29
- Can affect the cervix, urethra, rectum, throat, and occasionally the eyes
- Treatment: Antibiotics Doxycycline, Metronidazole, Ciprofloxacin as prescribed by a qualified physician.
- Often NO symptoms, especially in females

### Warning signs and symptoms of gonorrhea

#### Female

- Increased vaginal discharge
- Painful urination
- Lower abdominal pain
- Bleeding after sex and in between periods
- Pain during sex

#### Male

- Thick, yellowish-green discharge from penis
- Painful urination
- Testicular pain or swelling
- Rectal pain, discharge or itching

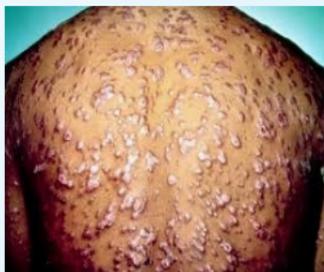


### What you need to know about syphilis

- A bacterial infection that progresses in stages
  - Primary stage: (3 days - 3 months) starts as a small, painless sore called a chancre; goes away on its own
  - Secondary stage: (2 - 24 weeks) rash on the body, palms of hands & soles of feet, hair loss, feeling sick
  - Latent stage: lesions or rashes can- recur

### Take note that;

- Untreated syphilis may lead to tertiary syphilis, which can damage:
  - The cardiovascular system (heart & blood vessels)
  - The neurological system
  - Other major organs of the body
  - Complications may lead to death
  - Treatment: penicillin injection



Administered by a qualified physician

## GENITAL HERPES

### (HERPES SIMPLEX VIRUS - HSV)

- There are two types: HSV-1, which causes cold sores, and HSV-2, which causes genital herpes
- It is a viral infection causing outbreaks of painful sores and blisters
- Its spread through direct vaginal, oral or anal sexual contact with an infected partner
- It's also transmitted by receiving oral sex from a partner with a history of cold sores
- THERE IS NO CURE
- Symptoms can be treated with acyclovir (Zovirax), Famciclovir (Famvir), and valacyclovir (Valtrex) prescribed by qualified physician

### Genital Herpes - Signs & Symptoms

- Prior to an outbreak, the person may feel a tingling or burning sensation where the virus first entered the skin
- Painful sores (external or internal)
- Inflammation and redness of the affected area
- Fever
- Muscular pain
- Tender lymph nodes



## WHAT YOU NEED TO KNOW ABOUT HEPATITIS B VIRUS (HBV)

- Hepatitis B is a virus that infects the liver  
Most infected people (90%) naturally produce antibodies to fight the disease, (Most adults who get it have it for a short time and then get better. This is called acute hepatitis B). But some develop chronic HBV and will carry the virus for the rest of their lives, (Chronic hepatitis B)
- Chronic infection can lead to liver damage, cirrhosis, and cancer
- You can have hepatitis B and not know it. You may not have symptoms. If you do, they can make you feel like you have the flu. But as long as you have the virus, you can spread it to others.

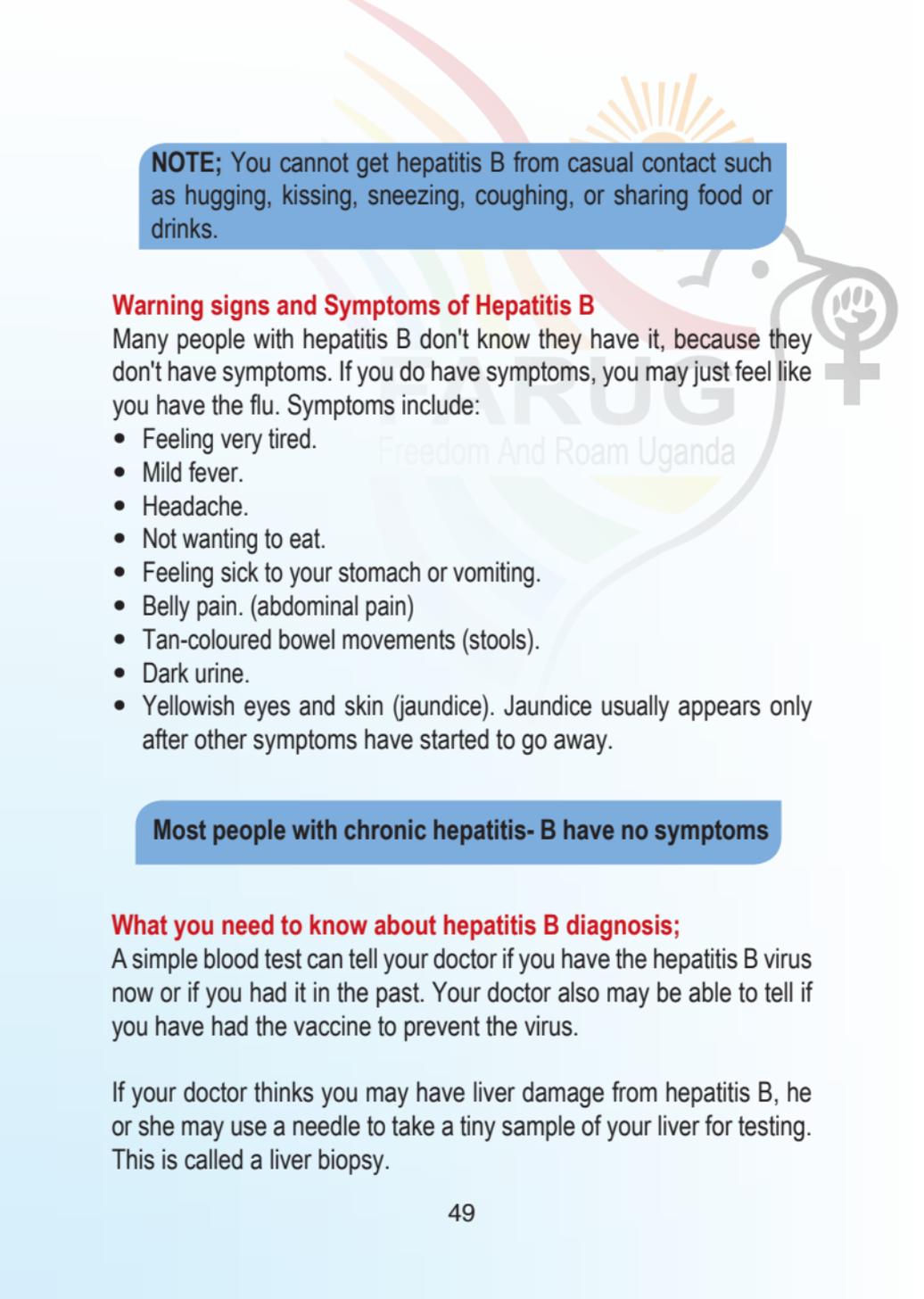
Worldwide 2 billion people are exposed to hepatitis B infection; 350 million have chronic infection, 65 million in sub-Saharan Africa are infected. Uganda is highly endemic with 10% national prevalence of hepatitis B infection, rates varying across the country from 4% in the southwest and 25% in the Northeast. Childhood vaccination was rolled out in 2002, the effect of which on the burden of hepatitis B has not been examined

## DID YOU KNOW WHAT CAUSES HEPATITIS B?

It's caused by the hepatitis B virus. It is spread through contact with the blood and body fluids of an infected person.

You may get hepatitis B if you:

- Have sex with an infected person without using a condom.
- Share needles (usually when injecting illegal drugs) with an infected person.
- Get a tattoo or piercing with tools that are not sterilized.
- Share personal items like razors or toothbrushes with an infected person.



**NOTE;** You cannot get hepatitis B from casual contact such as hugging, kissing, sneezing, coughing, or sharing food or drinks.

### **Warning signs and Symptoms of Hepatitis B**

Many people with hepatitis B don't know they have it, because they don't have symptoms. If you do have symptoms, you may just feel like you have the flu. Symptoms include:

- Feeling very tired.
- Mild fever.
- Headache.
- Not wanting to eat.
- Feeling sick to your stomach or vomiting.
- Belly pain. (abdominal pain)
- Tan-coloured bowel movements (stools).
- Dark urine.
- Yellowish eyes and skin (jaundice). Jaundice usually appears only after other symptoms have started to go away.

**Most people with chronic hepatitis- B have no symptoms**

### **What you need to know about hepatitis B diagnosis;**

A simple blood test can tell your doctor if you have the hepatitis B virus now or if you had it in the past. Your doctor also may be able to tell if you have had the vaccine to prevent the virus.

If your doctor thinks you may have liver damage from hepatitis B, he or she may use a needle to take a tiny sample of your liver for testing. This is called a liver biopsy.



### How is Hep-B treated?

In most cases, hepatitis B goes away on its own. You can relieve your symptoms at home by resting, eating healthy foods, drinking plenty of water, and avoiding alcohol and drugs. Also, find out from your doctor what medicines and herbal products to avoid, because some can make liver damage caused by hepatitis B worse.

Treatment for chronic hepatitis B depends on whether your infection is getting worse and whether you have liver damage. Most people with chronic hepatitis B can live active, full lives by taking good care of themselves and getting regular checkups done. There are medicines for chronic hepatitis B, but they may not be right for everyone. Work with your doctor to decide if medicine is right for you.

Sometimes, chronic hepatitis B can lead to severe liver damage. If this happens, you may need a liver transplant.

### Treatments include:

- Antiretroviral medications. Several antiviral medications – including lamivudine (Epivir), adefovir (Hepsera), telbivudine (Tyzeka) and entecavir (Baraclude) provided by a qualified physician can help fight the virus and slow its ability to damage your liver. ...
- Treatment: Alpha-interferon injection administered by a qualified physician
- Can also be treated with antiretroviral drugs like 3TC (lamivudine)
- Liver transplant.

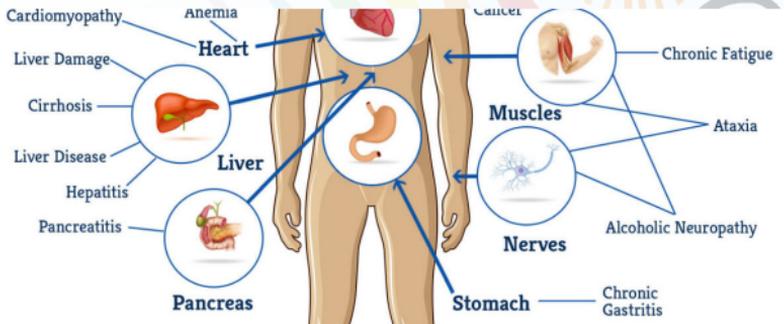
### HOW DO I PREVENT HEPATITIS - B?

- The hepatitis B vaccine is the best way to prevent infection. The vaccine is a series of 3 or 4 shots. Adults at risk and all babies, children, and teenagers should be vaccinated.
- A combination vaccine (Twinrix) that protects against both hepatitis B and hepatitis A also is available.

To avoid getting or spreading the virus to others:

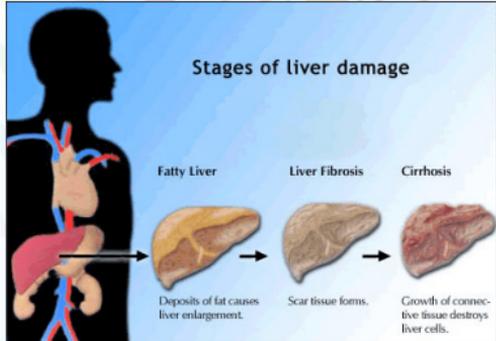
- Use a condom when you have sex.
- Don't share needles.
- Wear latex or plastic gloves if you have to touch blood.
- Don't ever share toothbrushes or razors.
- Don't get a tattoo, or make sure that the needles used have been cleaned properly and are sterile.

## Organs of the body that are affected by Hepatitis-B and the complications caused.



### Clinical Terms

- ❖ **Hepatitis:** inflammation of liver
- ❖ **Acute Viral Hepatitis:** symptoms last less than 6 months
- ❖ **Acute Hepatic Failure:** is the appearance of severe complications rapidly after the first signs of liver disease (such as jaundice), & indicates that the liver has sustained severe damage (loss of function of 80-90% of liver cells). Massive hepatic necrosis with impaired consciousness within 8 weeks of onset of illness.
- ❖ **Chronic Hepatitis:** Inflammation of liver for at least 6 months
- ❖ **Cirrhosis:** Replacement of liver tissue → fibrosis (scar tissue). These changes lead to loss of liver function.
- ❖ **Fulminant Hepatitis:** severe impairment of hepatic functions or severe necrosis of hepatocytes in the absence of preexisting liver disease.

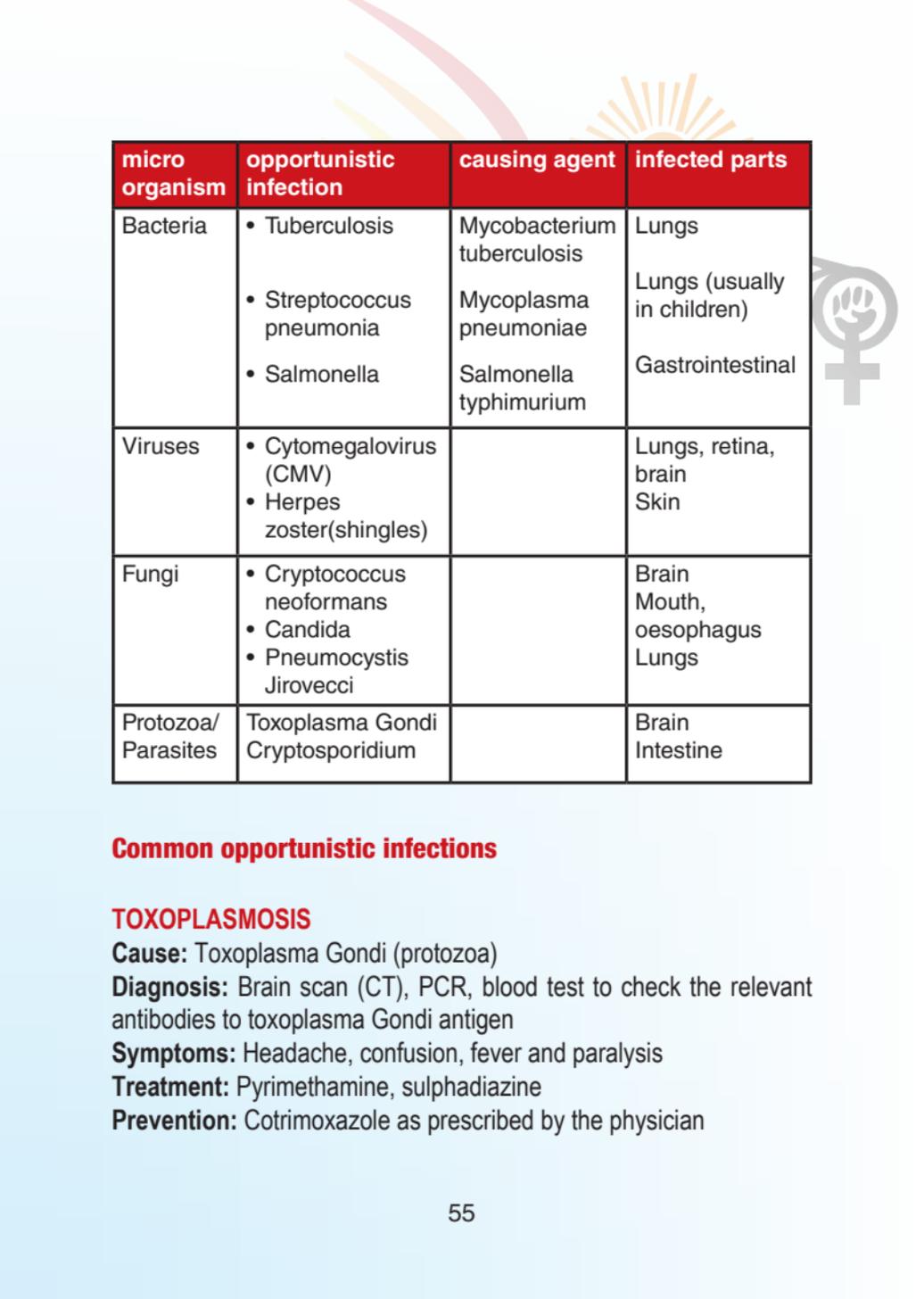


*All the hepatitis-B vaccination exercises are conducted by health service providers, and counsellors from Mengo hospital. We as FARUG would like to extend our sincere gratitude to Mengo Hospital for accepting and offering their services to us LGBT persons. At Mengo, members are safe.*

## OPPORTUNISTIC INFECTIONS

### What you need to know

- Opportunistic infections are caused by micro-organisms that do not normally become harmful, in the presence of a healthy immune system (because the healthy immune system will kill them).
- When the immune system is unable to defend the body because it is being destroyed by HIV, infections take the opportunity to attack the body successfully, (hence the name)
- There are different types of germs, each causing a different illness from the other.
- Our immune system has to find special weapons to attack each type of germ. Generally, germs are grouped into four (4) groups.



micro organism	opportunistic infection	causing agent	infected parts
Bacteria	<ul style="list-style-type: none"> <li>• Tuberculosis</li> <li>• Streptococcus pneumonia</li> <li>• Salmonella</li> </ul>	<p>Mycobacterium tuberculosis</p> <p>Mycoplasma pneumoniae</p> <p>Salmonella typhimurium</p>	<p>Lungs</p> <p>Lungs (usually in children)</p> <p>Gastrointestinal</p>
Viruses	<ul style="list-style-type: none"> <li>• Cytomegalovirus (CMV)</li> <li>• Herpes zoster(shingles)</li> </ul>		<p>Lungs, retina, brain</p> <p>Skin</p>
Fungi	<ul style="list-style-type: none"> <li>• Cryptococcus neoformans</li> <li>• Candida</li> <li>• Pneumocystis Jirovecci</li> </ul>		<p>Brain</p> <p>Mouth, oesophagus</p> <p>Lungs</p>
Protozoa/ Parasites	<p>Toxoplasma Gondi</p> <p>Cryptosporidium</p>		<p>Brain</p> <p>Intestine</p>

## Common opportunistic infections

### TOXOPLASMOSIS

**Cause:** Toxoplasma Gondi (protozoa)

**Diagnosis:** Brain scan (CT), PCR, blood test to check the relevant antibodies to toxoplasma Gondi antigen

**Symptoms:** Headache, confusion, fever and paralysis

**Treatment:** Pyrimethamine, sulphadiazine

**Prevention:** Cotrimoxazole as prescribed by the physician

## **KAPOSI SARCOMA (CANCER)**

**Causes:** Human herpes virus 8

**Diagnosis:** Clinical appearance, biopsy confirmation)

**Treatment:** Highly active antiretroviral therapy (HAART), chemotherapy, radiotherapy

**Symptoms:** Red or purple spots on white skin, brownish or black on dark skin, hard lumps especially in the mouth, nose, back

**Prevention:** not clear how it spreads, it might be through sexual activity or deep kissing keep your immune system strong, use a condom



## **PNEUMOCYSTIS CARINI PNEUMONIA (PCP)**

**Causes:** Pneumocystis Jirovecci (fungus)

**Diagnosis:** Chest x-ray, symptoms

**Treatment:** Cotrimoxazole (and as prophylaxis) prescribed by a qualified physician

**Symptoms:** breathing, fever, night sweats, chest tightness, fatigue, weight loss

## **HERPES ZOSTER**

**Cause:** Varicella zoster (virus)

**Symptoms:** itching, rash of blisters occurring on one side of the body following the nerve bundles.

**Treatment:** Acyclovir, Famciclovir or valaciclovir. Prescribed and monitored by the physician.



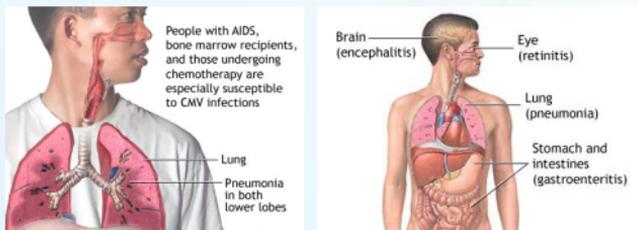
## CYTOMEGALOVIRUS (CMV)

**Cause:** cytomegalovirus (virus)

**Symptoms:** can cause loss of sight, blind spots, blurred vision  
If it affects the gastro intestinal system, stomach bowel and colon it causes diarrhoea and bleeding

**Diagnosis:** Eye examination, biopsy of other organs

**Treatment:** valaciclovir, Famciclovir, foscarnet



## DEMENTIA

**Cause:** HIV virus

**Treatment:** HAART

**Diagnosis:** Lumbar puncture, to relieve pressure in the brain and also as a diagnosis

**Symptoms:** loss of interest in activities, loss of concentration, confusion, memory loss, forgetting words, asking questions repetitively

**Prevention:** HAART

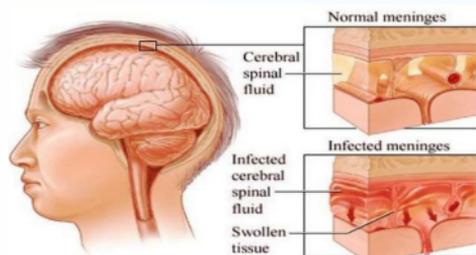
## CRYPTOCOCCAL MENINGITIS

**Cause:** Cryptococcal neoformans (fungus)

**Diagnosis:** Spinal tap detects antigen, culture

**Treatment:** Amphotericin B, Flucytosine Fluconazole, HAART

**Symptoms:** Severe headache, fever, fatigue, stiff neck, blurred vision, vomiting, confusion, sensitivity to bright light



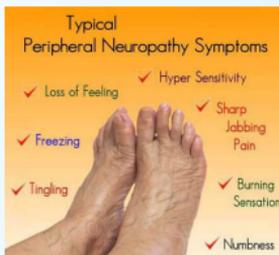
AYESHA FAREED  
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## PERIPHERAL NEUROPATHY

**Symptoms:** pins and needles or numbness.

**Cause:** Can be caused by HIV itself

**Treatment:** pyridoxine (vitamin B6), Amitriptyline (to repair damaged nerves) Very difficult to deal with



## OESOPHAGEAL CANDIDAISIS

**Cause:** Candida

**Symptoms:** Chest pain, difficulty when swallowing, sometimes goes to the stomach.

**Treatment:** Fluconazole tablets, Nystatin syrup



*Do you know what comes out from HIV +immune system + opportunistic infections?*

- *HIV attacks the immune system which in turn becomes weak and allows opportunistic infections to become prominent.*
- *It is important to monitor the health of an individual living with HIV and is not on ARVs or a late diagnosis*

## Directory to Referral Clinics, Hospitals and Organisations

HEALTH FACILITY	SERVICES OFFERED	TIME OF WORK	COST OF SERVICES	LOCATION	CONTACT NUMBERS
MARPI Clinic Mulago	<ol style="list-style-type: none"> <li>HIV Testing &amp; counselling</li> <li>STD diagnosis &amp; Management</li> <li>Referral services</li> <li>Safe male circumcision</li> </ol>	8:30am-4:30pm Monday-Friday	Free services	Mulago	+256712816175 +256782601752
Reach out Mbuya parish HIV/AIDS Initiative	<ol style="list-style-type: none"> <li>HIV Testing &amp; counselling</li> <li>STD diagnosis &amp; Management</li> <li>Referral services</li> <li>Safe male circumcision</li> <li>Outreaches</li> </ol>	8:30am-4:30pm Monday-Friday	All HIV positive patients receive all services for free. Others pay a subsidised price	Our Lady of Africa Mbuya Parish	+256702648470
TASO-Mulago	<ol style="list-style-type: none"> <li>Counselling, CD4, Treatment for STIs NAD art;</li> <li>Prevention activities (PrEP), Holistic package lab, STI screening, STI given treatment at site</li> <li>Care and support for HIV counselling medical services, TB management, home visits, PMTC, PHDP outreaches</li> <li>Safe male circumcision</li> </ol>	Tuesdays Wednesdays Thursdays are clinic days 8:30am to 5:00pm Registration stops at 1:00pm	Free services	Mulago	

Naguru Hospital	<ol style="list-style-type: none"> <li>1. HIV Testing &amp; counselling</li> <li>2. STD diagnosis &amp; Management</li> <li>3. Referral services</li> <li>4. Safe male circumcision</li> <li>5. Scanning services</li> <li>6. Laboratory services</li> </ol>	8:30am-4:30pm Monday-Friday	HIV services are free others are for a Subsidised price	Naguru behind Shoprite supermarket	+256713263836 +256702263836 +256772672273
AIDS Information centre	<ol style="list-style-type: none"> <li>1. HCT care, support, and referral services</li> <li>2. TB management</li> <li>3. Safe male circumcision</li> <li>4. Information dissemination and education</li> </ol>	8:30am-4:30pm Monday-Friday	Free services	Mengo kisenyi	+256414231528 +256414347603
Komamboga health centre	<ol style="list-style-type: none"> <li>1. HIV counselling and testing</li> <li>2. STD diagnosis and management</li> <li>3. Referral services</li> <li>4. Scanning services</li> <li>5. Safe male circumcision</li> <li>6. Laboratory services</li> </ol>	8:30am-4:30pm Monday-Friday	Free services	Komamboga central zone off Gayaza road Mpererwe	+256702567874 +256793567874 +256712833383
Kawempe health Centre	<ol style="list-style-type: none"> <li>1. HIV Testing &amp; counselling</li> <li>2. STD diagnosis &amp; Management</li> <li>3. Referral services</li> <li>4. Safe male circumcision</li> <li>5. Scanning services</li> <li>6. Laboratory services</li> <li>7. Teenage centre</li> </ol>	8:30am-4:30pm Monday-Friday	Free services	Kawempe after Kawempe police station	+256791452505 +256791452505
Kisugu health centre	<ol style="list-style-type: none"> <li>1. HIV Testing &amp; counselling</li> <li>2. STD diagnosis &amp; Management</li> <li>3. Referral services</li> <li>4. Safe male circumcision</li> </ol>	8:30am-4:30pm Monday-Friday	Free services	Kisugu	+256772448655 +256772682365

Kireka SDA	<ol style="list-style-type: none"> <li>1. HIV Testing &amp; counselling</li> <li>2. STD diagnosis &amp; Management</li> <li>3. Referral services</li> <li>4. Safe male circumcision</li> </ol>	8:30am-4:30pm Monday-Friday	Subsidised prices	Kireka	+256783104844
Kiswa H/C	<ol style="list-style-type: none"> <li>1. HIV Testing &amp; counselling</li> <li>2. STD diagnosis &amp; Management</li> <li>3. Referral services</li> <li>4. Safe male circumcision</li> </ol>	8:30am-4:30pm Monday-Friday	Free services	Kiswa	+256712742403
Reproductive Health Uganda Bwaise	<ol style="list-style-type: none"> <li>1. HIV Testing &amp; counselling</li> <li>2. STD diagnosis &amp; Management</li> <li>3. Referral services</li> <li>4. Safe male circumcision</li> </ol>	8:30am-4:30pm Monday-Friday	Subsidised prices	Bwaise	+256712742403 +256782279337
Ice Breakers Uganda clinic	<ol style="list-style-type: none"> <li>1. HIV Testing &amp; counselling</li> <li>2. STD diagnosis &amp; Management</li> <li>3. Referral services</li> </ol>	8:30am-4:30pm Monday-Friday	Free services	Salama road Makindye	+256701791412
Farug Mini clinic	<ol style="list-style-type: none"> <li>1. HIV Testing &amp; counselling</li> <li>2. STD diagnosis &amp; Management</li> <li>3. Referral services</li> <li>4. First aid care</li> <li>5. Breast and cervical cancer screening and management</li> </ol>	9:00am-4:00pm	Free services	Ntinda	+256778152190 +.....



Freedom And Roam Uganda

## Glossary of terms

**Asymptomatic** – Having no symptom of a disease. For example persons who carry a disease and are usually Capable of transmitting the disease but who do not exhibit symptoms of the disease are said to be asymptomatic.

**Bisexual** – a person who experiences romantic love and/or sexual attraction to both females and males.

**Discrimination** – The unjust or prejudicial treatment of different categories of people on the grounds of race, age, sex, sexual orientation, gender (including gender identity, expression, and presentation).

**Gay** – A sexual identity and orientation; a man attracted to other men, romantically and/or sexually.

**Gender** – Socially constructed or assigned characteristics that may vary according to the times, the society or group one belongs to. They can either be learned or assigned.

It is a broader concept than biological differences between males and females. It also includes masculine, feminine and androgynous traits.

**Gender Identity** – Refers to a person's innate, deeply felt psychological identification as a man, woman, or sometimes in between, which may or may not correspond to the person's body or sex assigned at birth. An internalized representation of gender roles and awareness from infancy which is reinforced during adolescence.

**Heteronormativity** – Is the belief that people fall into distinct and complementary genders (male and female) with natural roles in life. It assumes that heterosexuality is the only sexual orientation or only norm, and that sexual and marital relations are most (or only) fitting between people of opposite sexes.

**Heterosexuality** – Romantic attraction, sexual attraction or sexual behaviour between members of the same sex or gender.

**Homonormativity** – Is defined as: norm that takes it for granted that everybody with any lesbian, gay, bisexual or transgender (homosexual) connection is and act as if they were homosexual. Homonormativity is described as any person illustrating any homosexual norm or stereotype to be homosexual

**Homophobia** – Fear, discrimination or hatred against homosexuals, lesbians and gay men, sometimes leading to acts of violence and expressions of hostility.

**Homosexuality** – romantic attraction, sexual attraction or sexual behaviour between members of the same sex or gender.

**Lesbian** – a homosexual female, a female who experiences romantic love and/or sexual attraction to other females.

**Queer** – an umbrella term for sexual and gender minorities to define their identities that are neither heterosexual nor cisgender. In activism, academia and radical identity politics queer also refers to the way of thinking and living that tries to escape normativity in all forms (heteronormativity as well as homonormativity).

**Transgender** – an umbrella term that in an Anglo-American context encompasses a diverse range of gender-variant subjectivities and experiences such as transvestism, transsexuality, gender queer, female and male drag etc.

It also describes those people whose gender identity does not match the biological gender assigned to them at birth and who usually opt for medical procedures in order to "Transition" to the opposite sex (both medically and legally).

**Transsexual** – a term that describes people whose gender identity does not match the biological gender assigned to them at birth and who usually opt for medical procedures in order to "transition" into the opposite sex (both medically and legally).

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