

Should I Get an HIV Test?

Who should get tested?

The CDC recommends **everyone** between the ages of 13 and 64 **get tested for HIV at least once**.

People with certain risk factors should get tested more often. **You should get tested at least once a year if:**

- You are a man who has had sex with another man.
- You have had anal or vaginal sex with someone who has HIV.
- You have had more than one sex partner since your last HIV test.
- You have shared needles, syringes, or other drug injection equipment (for example, cookers).
- You have exchanged sex for drugs or money.
- You have been diagnosed with or treated for another sexually transmitted infection.
- You have been diagnosed with or treated for hepatitis or tuberculosis (TB).
- You have had sex with someone who has done anything listed above or with someone whose sexual history you do not know.

Before having sex for the first time with a new partner, talk about your sexual and drug-use history, disclose your HIV status, and consider getting tested for HIV together.

If you are a sexually active gay or bisexual man, you may benefit from more frequent testing (every three to six months). Talk to your healthcare provider about your risk factors and what testing options are available to you.

HIV testing options:

HIV tests are very accurate, but no test can detect the virus immediately after infection. How soon a test can detect HIV depends on the type of test you use. There are three types of HIV tests: antibody tests, antigen/antibody tests, and nucleic acid tests (NAT).

- **Antibody tests** look for antibodies to HIV in a person's blood or oral fluid. Antibody tests can take 23 to 90 days to detect HIV after exposure. Most rapid tests and the only FDA-approved HIV self-test are antibody tests. In general, antibody tests that use blood from a vein can detect HIV sooner after infection than tests done with blood from a fingerstick or with oral fluid.
- **Antigen/antibody tests** look for both HIV antibodies and antigens. When exposed to viruses like HIV, a person's immune system produces antibodies. Antigens are foreign substances that cause a person's immune system to activate. If a person has HIV, their immune system produces an antigen called p24 before antibodies develop. Antigen/antibody tests are recommended tests done in labs and are common in the United States. An antigen/antibody test performed by a lab on blood from a vein can usually detect HIV 18 to 45 days after exposure. There is also a fingerstick rapid antigen/antibody test available. Antigen/antibody tests done with blood from a fingerstick can take 18 to 90 days after exposure.



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- **NATs** look for the actual virus in the blood. This test is best for people who have had recent or possible HIV exposure with early symptoms and have tested negative with an antibody or antigen/antibody test. A NAT can usually detect HIV 10 to 33 days after exposure.

An initial HIV test will usually be an antigen/antibody test or an antibody test. If the initial HIV test is a rapid or self-test and it is positive, you should see a doctor for a follow-up test. If the initial HIV test is a lab test and it is positive, the lab will usually conduct follow-up testing on the same blood sample as the initial test. Although HIV tests are generally accurate, follow-up tests allow the healthcare provider to confirm the result.

When should I get tested?

No HIV test can detect HIV immediately after infection. That is because of the window period, the time between HIV exposure and when a test can detect HIV in your body. The window period depends on the type of HIV test.

- **Antibody tests** can usually detect HIV 23 to 90 days after exposure. Most rapid tests and self-tests are antibody tests.
- A **rapid antigen/antibody test** done with blood from a fingerstick can usually detect HIV 18 to 90 days after exposure.
- An **antigen/antibody lab test** using blood from a vein can usually detect HIV 18 to 45 days after exposure.
- A **nucleic acid test (NAT)** can usually detect HIV 10 to 33 days after exposure.

If you get an HIV test after a potential HIV exposure and the result is negative, get tested again after the window period for the test you took.

Why get tested?

Knowing your HIV status gives you powerful information to keep you and your partner healthy.

- **If your test result is positive**, you can take medicine to treat the virus. HIV treatment reduces the amount of HIV in your blood (viral load). Taking HIV treatment as prescribed can make the viral load so low that a test cannot detect it (undetectable viral load). Getting and keeping an undetectable viral load (or staying virally suppressed) is the best way to stay healthy and protect others. Research shows that suppressing HIV to undetectable levels virtually eliminates transmission of the virus to sexual partners.
- **If your test result is negative**, you can take actions to prevent HIV, such as abstinence (not having sex), never sharing needles, and using condoms the right way every time you have sex. You may also be able to take advantage of HIV prevention medicines such as pre-exposure prophylaxis (PrEP).

Where can I get tested?

There are probably several locations in your city or county where you can get tested for little or no cost. Many local health departments, family planning clinics, substance abuse programs, and other organizations offer HIV testing sponsored by the Department of State Health Services (DSHS). These locations offer confidential (where you give your real name) or anonymous testing (where you do not). Some agencies offer at-home test kits. You may also ask your doctor. To find an HIV testing site near you, call 2-1-1.

What happens when I go for an HIV test?

At DSHS testing sites, a counselor will discuss taking the test. The counselor will ask you to

talk about your concerns. Why do you think there is a chance you have HIV? The type of test determines how long it will take for the results to be ready.

- With a **rapid antibody test**, usually done with blood from a fingerstick, results are ready in 30 minutes or less.
- It may take several days to receive your test results from a **NAT** or **antigen/antibody lab test**.

Talk to your counselor about when you are to come back and make sure you return for your results.

What does a negative result mean?

A negative test result means there were no HIV antibodies or antigens found at the time of the test.

A negative result does not necessarily mean that you do not have HIV. That is because of the window period — the time between HIV exposure and when a test can detect HIV in your body.

- If you get an HIV test after a potential HIV exposure and the result is negative, get tested again after the window period for the test you took.
- If you test again after the window period and had no possible HIV exposure during that time, and the result is negative, you do not have HIV.

Talk to your counselor honestly about when you may have been exposed and when you might need to come back to get tested again. **A negative HIV test does not mean you are immune from HIV.** If you have condomless sex or share needles, you could still acquire HIV in the future.

What does a positive result mean?

If you use any type of antibody test and have a positive result, you will need a follow-up test to confirm your results.

- If you test in a community program or take an HIV self-test and it is positive, you should go to a healthcare provider for follow-up testing.
- If you test in a health care setting or a lab and it is positive, the lab will conduct follow-up testing, usually on the same blood sample as the first test.

If the follow-up test is also positive, it means you have HIV.

People with HIV can live in good health for many years with no signs of illness. Your counselor will encourage you to see a doctor and begin treatment as soon as possible. Taking HIV medicine can reduce the amount of HIV in the blood (called viral load). HIV medicine can make the viral load very low (called viral suppression). Viral suppression is having less than 200 copies of HIV per milliliter of blood. HIV medicine can make the viral load so low that a test cannot detect it (called an undetectable viral load). Getting and keeping an undetectable viral load (or staying virally suppressed) is the best thing you can do to stay healthy. Having an undetectable viral load also prevents transmission to others. If you have an undetectable viral load, you will not transmit HIV to your sex partner. Most people can get the virus under control within six months.

If you test positive, your counselor or another public health professional will talk to you about how to tell your sex or needle-sharing partners. While this can be hard to talk about, your partners need to know about possible exposure to HIV. Public health professionals are skilled at telling partners confidentially (that is, without letting them know **anything** about you). You may want to use this service instead of telling your partners yourself.

How do I prevent HIV and protect others?

If you take HIV medicine and get and keep an undetectable viral load, you will not transmit HIV to your sex partner. Having an undetectable viral load likely reduces the risk of HIV transmission through sharing needles, syringes, or other drug injection equipment (for example, cookers), but we do not know by how much.

Getting and keeping an undetectable viral load is the best thing you can do to stay healthy and protect others. Some people face challenges that make it hard to stick to a treatment plan. A few people cannot get an undetectable viral load even though they take HIV medicine as prescribed. If your viral load is not undetectable or does not stay undetectable, you can still protect your partners by using other prevention options.

Encourage Your Partners to Take PrEP

- PrEP (pre-exposure prophylaxis) is a type of HIV prevention medication.
- If taken as prescribed, PrEP is highly effective for preventing HIV from sex and injection drug use.

Use Condoms the Right Way Every Time You Have Sex

- Condoms are highly effective in preventing HIV and other sexually transmitted infections (STIs), like gonorrhea and chlamydia.
- Use water-based or silicone-based lubricants to help prevent condoms from breaking or slipping during sex.

Choose Sexual Activities with Little to No Risk

- Choose sex that is less risky than anal or vaginal sex. There is little to no risk of getting HIV through oral sex.
- You cannot transmit HIV through sexual activities that do not involve contact with body fluids (semen, vaginal fluid, or blood).

Get Tested and Treated for Other STIs

- If you get and keep an undetectable viral load, getting an STI does not appear to increase the risk of transmitting HIV. But STIs can cause other problems.
- If you have a detectable viral load, getting tested and treated for other STIs can help lower your chances of transmitting HIV.

Talk to Your Partner About PEP If You Think They May Have Been Recently Exposed to HIV

- PEP (post-exposure prophylaxis) is medicine people take to prevent HIV after a possible exposure (for example, if the condom breaks during sex and you do not have an undetectable viral load).
- Your partner must start PEP within 72 hours of possible exposure. The sooner your partner starts PEP, the better. Every hour counts.

Never Share Needles, Syringes, or Other Drug Injection Equipment

- Use new, clean syringes and injection equipment every time you inject.
- Many communities have syringe services programs (SSPs) where you can get new needles and syringes and safely dispose of used ones. SSPs can also link you to substance use disorder treatment, testing, and care and treatment for infectious diseases.
- Some pharmacies sell needles without a prescription.

For more information about PrEP, please visit, dshs.texas.gov/hivstd/prep/.



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DSHS HIV/STD Program | 737-255-4300 | dshs.texas.gov/hivstd

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