The first viral load will be taken at 6 months, then again at 12 months. After that you will get a viral load yearly as part of the routine follow up of HIV+ patients on ART.

If your viral load is high, it is taken again 3 months later. During those 3 months you will work on your adherence with your counsellor and clinician.

“What is the best way to know my treatment is working: a CD4 count or a viral load test?”

A viral load test.
We check whether your treatment was working by taking a CD4 count. A CD4 count measures the amount of soldiers in your blood and shows how strong your immune system is.
Now we have a better way of checking if your treatment works, which is the viral load test.

“Can unprotected sex be a reason for my high viral load?”

Unlikely.
There is only a very small chance that you may be infected with a resistant HIV virus through unprotected sex.
The most likely reason for a high viral load is an adherence problem. It remains however important for you to use condoms to avoid passing HIV to others.
A high viral load is a viral load of more than 1000 copies/ml. It means that there is too much HIV in the blood.

This is because you don’t have enough ARVs in your blood or the ARVs are not working. When this happens HIV is able to make more HIV in your body. The most common reason for this is when you have problems taking your medication, also called poor adherence. By solving your adherence problems early, you can get your viral load to go down below 1000 copies/ml.

What is the goal of your ARV treatment?

When you take your ARVs every day, they stop your HIV multiplying and stop HIV from attacking the soldiers of your body, also called CD4 cells.

Therefore, when taking ARV’s, the quantity of HIV in your body will decrease.

How to know if your ART treatment is working?

By doing a viral load test.

A viral load test measures the amount of HIV in your blood and is done by drawing blood.

What does a low or undetectable viral load result mean?

A low or undetectable viral load is a viral load of less than 1000 copies/ml. It means that you have very little HIV in your blood.

This is because the drugs you are taking are working well and the multiplication of the virus has been stopped by the ARV treatment.

A low or undetectable viral load does not mean you no longer have HIV. It just means it can hardly be measured with the tests we have.

YOU HAVE YOUR HIV UNDER CONTROL!

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Why is it important to adhere well and have a low or undetectable viral load?

• You will not get sick

If you do not have enough ARVs in your blood to fight the HIV, HIV will multiply again and will start to destroy the soldiers of your body (CD4 cells). This means you cannot fight off illness and will get sick.

• You will not develop resistance

If the level of the ARVs in the blood is too low, the virus is able to transform itself and will start to multiply again. This means the HIV virus has become resistant and that the ARVs are no longer able to attack your HIV.

• You are less likely to pass HIV to your child or your partner

If there is a lot of HIV in your blood, there is a much higher chance of passing HIV to your baby during pregnancy, delivery or breast feeding. The chance of infecting your partner with HIV through unprotected sex is also a lot higher when you have a high viral load.