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# Positive or negative?

**Z**AIMAH Husin swiftly opens the rapid test kit and places the drop of blood she has just obtained from the woman's finger on the panel.

"It takes just two drops of reagent," says the HIV counsellor at the Raja Perempuan Zainab II Hospital in Kota Baru, Kelantan. "You can get the results very quickly."

The test to detect whether a person is infected with HIV may be quick and painless, but there are a multitude of factors to be taken into account regardless of whether the result comes out positive or otherwise.

This is where individuals like Zaimah, who is fondly known as Kak Mah, and infectious diseases specialists, come into the picture.

Their role, amongst others, is to help calm troubled minds and provide support to countless Malaysians who have been tested, regardless of whether it was done on a mandatory or voluntary basis.

"Even if the blood test is negative, people shouldn't take it for granted that they are not infected because there is an incubation period," she reminds.

"You need to have a follow-up test in the next six months and go for a test every year."

She also recommends those in the high risk category and their contact persons to be tested every six months.

Zaimah cautions that even the testing method needs to be done by someone who is properly trained in order to get an accurate result. This includes waiting for an appropriate time for the reagent to react and this will depend on the brand of rapid test kit used. In addition, the person carrying out the test has to be "gentle" when dropping the blood on the panel and must employ the proper technique when placing the reagent.

HIV testing is normally carried out at government and private hospitals and health clinics throughout Malaysia. At infectious diseases clinics like the one at Zaimah's hospital, those who come in are referrals.

Zaimah says it was important to have a proper place where patients are given pre- and post-counselling. "This is to make the patient relaxed," she explains. "You cannot have him in a group. It has to be one-to-one."

She adds that one of the testing approaches in Malaysia is voluntary counselling and testing (VCT) where individuals themselves make the effort to be tested.

This could be those who feel they are at risk (see Norlela's story) or practise high-risk behaviour.

There is an average of about 40 patients who are referred to the clinic monthly, with a slight spike in April and June. "Maybe it's the

school holidays and people like the adolescent group come in for testing," she quips.

It could also be that awareness programmes being held by non-governmental organisations during that period for teenagers leads to the increase in numbers who go for testing.

Once someone tests positive, he undergoes post-test counselling with Zaimah and is tested again by way of the Elisa test, and another one is conducted as soon as possible after the result of the first test comes back. Then there are baseline investigations such as CD4 and CD8 counts to determine the severity of the

problem. There are also checks for opportunistic infections like tuberculosis.

They are given more counselling when they come in for the second time.

"By the time they come in for the second test, they have normally accepted their status," she says.

"We also give them hope that treatment, if needed, is available in the hospital."

Zaimah, who has a motherly and caring aura about her, says that it is very important for patients to change their lifestyles so that they will be less vulnerable to opportunistic infections. Some examples include not having pets, removing carpets from their homes, and avoiding crowded areas.

"You also can't eat too much preserved or fast foods because of the chemicals in them. And do not eat food that is not fully cooked, like *ulam*, because of the possibility of worms," she says.

She also reminds that women are recommended to go for a PAP smear every six months to check for conditions like cervical cancer while men needed to have their prostate checked for the possibility of cancer.

"It is also important to have good personal hygiene or there might be increased risk of skin infections," she says.

Kak Mah also says that people living with HIV (PLHIV) in states bordering Thailand like Kelantan, Perlis, and Kedah are also vulnerable to an air-borne bacteria, *Penicillium men-*

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neffil, that can cause puss-filled boils, which are very painful.

The friendly face of Kak Mah gets a tad stern when she starts talking about anti-retroviral treatment and those who need to receive them. This is because any default, such as not taking the medication at the right time, may result in severe side effects or having to go on a different regime of drugs.

"They must have 100% commitment," she says.

Dr Anilawati Mat Jelani, an infectious diseases physician in-training, says the clinic also accepts those who are tested in the wards and need to have follow-ups done.

She adds that VCT remains low at the hospital's outpatient department and the clinic mainly carries out VCT on persons found from contact tracing. Up to June last year, Kelantan had 9,592 HIV/AIDS cases with 297 new infections.

A combination of medication and counselling is important in the management of HIV, she stresses.

"NGOs in Kelantan like Prihatin also help a lot, not only in terms of counselling, but providing shelter to women who have been chased out by their families or in-laws," she adds. "You cannot start any treatment until they are in a stable environment and are settled down somewhere so that follow-up and treatment can start. It is not easy."

Dr Anilawati adds that a patient's social history is also very important as it helps to look for connections the person has had in the past. This facilitates the search for contacts who might be infected with the virus.

However, such tracing can become complicated when a person remarries or the spouse moves out of the state, she adds.

"Then there are those who live far away in places like Gua Musang and they do not have money to come to Kota Baru, which is about three hours away," she relates. "Or they have side effects from the medication and end up throwing it away. And the medication is wasted when it could be used for someone else." – **By Audrey Edwards**



HIV counsellor Zaimah Husin ... We give them hope that treatment, if needed, is available in the hospital. – photo by Sazuki Embong