comfortable with, s/he may be able to continue as you primary physician while consulting with specialists a s necessary -- an especially good option if you live far from an "AIDS doctor".

During your first clinic visit after testing positive, the health care provider will do a thorough physical examination and take an exhaustive medical history. S/he will be looking for any signs of illnesses which may be related to immune suppression. One of the most important parts of the exam will be blood drawing for testing -- the blood work-up will usually include a complete blood count, testing for other infectious diseases (like syphilis and hepatitis), and a basic immunological work-up. Other tests, such as a chest x-ray, may also be recommended. A number of tests will help give a picture of how your immune system is working. While they may seem confusing now, before long you'll be conversing fluently about t-cells and CD4s and CD8s and a host of other arcane medical terms. The count you may hear most often is your CD4 level, which is usually above 800 in healthy person, and below 400 in a person with serious immune suppression. Remember that these counts are only a part of the overall picture of your health status. These measures of the function of your immune system play a key role in decisions about possible treatments. If your immune system shows signs of weakening, your physician may prescribe medication.

There are two distinct modes of treatment that your provider may suggest if certain measurements have declined. Anti-viral drugs (AZT, DDI, DDC) work to prevent replication of HIV in your system, and are now suggested for consideration when CD4 counts are around 500. Other drugs are used to fight off specific infections that become life-threatening to a person with a damaged immune system. For example, therapy to prevent pneumocystics carinii pneumonia is highly effective, and recommended for anyone with CD4' below 200. Perhaps even more than anti-viral drugs, treatments to prevent specific opportunistic infections are making a major day-to-day difference in the health and life of people with HIV and immuno-suppression. Other drugs may be recommended to prevent tuberculosis, CMV-related illness, and other serious infections.

The decision to start any of these drugs is ultimately in your hands. While your physician may suggest or actively encourage their use, it is your right to decide for yourself. You'll hear lots of things, especially for or against AZT, and unfortunately there are not definitive easy answers; since this is an evolving epidemic, you'll be making your decision based on the incomplete information and studies we have so far. In making decisions of this magnitude, you'll need to be a complete partner in your own health care, developing a relationship that makes the most of your health care provider's medical expertise and your expertise as the person whose body this is all happening to. Establish early on that you expect your provider to take the time to answer questions, to explain, to listen, and to discuss you concerns with you. Virtually everyone working in AIDS agrees on one thing: the folks who do the best are the ones who aren't passive about it, but instead take an involved active role in dealing with their infection. A positive attitude doesn't guarantee you won't get sick, but it can make a difference.

Now that you know you're HIV positive, it's up to you to decide how you're going to deal with it -- who you're going to tell, what kind of attitude you're going to have, what kind of treatment you want, and what role it will play in your life. It is hard to think of a more difficult or important set of decisions you will ever have to make. But by facing them directly and honestly, you'll be able to make the best ones you possibly can.

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