



culoses drugs were also administered. In about two weeks, I started recovering and gaining weight. I started talking, recognizing people, including my relatives, the nurses and the doctor. It pains me that my relatives did not take a snap of my picture when I was on the wheel chair; the picture above is when I started recovering.

Shortly, I realized that I was getting better; I could stand without support, but I had lost a lot of weight. Three weeks into OI [opportunistic infection] treatment, doctors conducted a CD4 test, which turned out to be 58. [The normal CD4 count is somewhere between 500 and 1500 cells per cubic millimeter of blood]. Then, I was introduced to ART [anti-retroviral-HIV-treatment] followed by ARV [anti-retroviral] drugs. After the preparation, I was placed on ARV regimen. Two weeks into the treatment, I experienced some adverse side effects, but they counseled me to continue taking the drug promising that the side effect will eventually subside. Even though I lost my pregnancy because of the drugs, my health improved. My current situation is excellent.

I'm happy that my CD4 count increased to 347 and improving after four months of strict adherence to drugs. My husband and I have received periodic counseling and are now planning for a baby. For all this, we say a big thank you to CAMP [Counseling, Care, and Antiretroviral Program is a PEPFAR-supported program in Delta State].

Over the past 10 years, PEPFAR has supported HIV/AIDS treatment to more than 90 per cent of people living with HIV/AIDS in Nigeria. Out of the 612,000 men, women, and children on treatment in 2013, more than 540,000 were supported by PEPFAR funding.

Doctors Said:

It Was Too Late for Me!

“A severe chest pain forced me to go to Ekpan General Hospital, Warri during my pregnancy. At the hospital, a nurse told me that they have carried out different tests to determine the cause of my sickness. Can we also run HIV test for you, she asked? Yes you can since that will help me, I responded. After pre-test counseling, HIV test was carried out and I tested positive. I felt bad, I felt like dying; I refused to eat or communicate with anybody. I was referred to University of Benin Teaching Hospital (UBTH) for treatment and care.

My uncle called me and said that he knew somewhere I can go for treatment. When they brought me on wheel chair to Assumption Clinic and mMaternity Center, I was close to death. My CD4 [body defense cell count] was 12. The doctor said it's too late; there is nothing he could do.

“Doctor, please try, everyone begged.” Soon, I received blood transfusion. Opportunistic infection and tuber-



You Need to Know

How to Take an Active Role in Your Own Care (2)

It is important to maintain personal hygiene, eat balanced diet including, properly washed fruits and vegetables and ensure that foods are properly cooked. In addition, quitting smoking, avoiding alcohol or the use of recreational drugs will generally improve health outcomes.

Furthermore, the individual must prevent a re-infection or spreading of infection to others by not sharing sharp objects, abstaining from sex (if not sexually active) or practicing safe sex (using a condom).

With regards vaccination, HIV-positive individuals that are already on HIV medication, with well-controlled HIV levels and high body defense cell counts (CD4 counts), may receive indicated live-virus vaccines such as measles, mumps, rubella (MMR) and varicella; but these vaccines should be avoided in patients with high HIV levels and low body defense cell counts.

In medical parlance, HIV-infected persons with HIV RNA levels and CD4 counts of >200 cells/ μ L (or $\geq 15\%$) may receive the indicated live-virus vaccines, but it could be dangerous if HIV-infected persons with CD4 counts of <200 cells/ μ L receive such vaccines.

Dr. Solomon Odafe, a staff of the U.S. Mission contributed the story.



LeaderSpeak

(Quotes on PEPFAR)



"I'm most grateful to God and the United States President for the PEPFAR program. I have been on drugs since 2006, and in my last clinic, my CD4 count was 1,110. My four kids are all [HIV] negative and I am living my normal life. Well done and may God be with you all!" – *Elijah Iyakwo Patience, AIDS Activist.*

News & Titbits

Dr. Deborah Birx was sworn in April 4, 2014 as the new Ambassador at Large and U.S. Global AIDS Coordinator. Ambassador Birx now oversees implementation of PEPFAR, the largest commitment by any nation to combat a single disease in history, as well as all U.S. Government engagement with the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Ambassador Birx is a renowned medical expert in the field of HIV/AIDS. For over three decades, her career has focused on HIV/AIDS immunology, vaccine research, and global health. In 2005, she served as Director of the Division of Global HIV/AIDS at the U.S. Centers for Disease Control and Prevention (CDC). Prior to the CDC position, Ambassador Birx, a proud Army Veteran, having risen to the rank of Colonel in the US Army, served at the Department of Defense as Director of the U.S. Military HIV Research Program at the Walter Reed Army Institute of Research.

History: An HIV Time Line

June 2013:

WHO issues new HIV recommendations calling for early treatment. Recent evidence indicates that early antiretroviral treatment, when the immune system is still strong, helps HIV-infected persons to live longer, healthier lives, and substantially reduce the risk of transmitting the virus to others.

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