LUMA RESOURCE SERIES | GUIDE 3

Testing and Treatment

Where to Get Tested, What Treatment Looks Like, and What Undetectable Means for Your Life

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INTRODUCTION: TESTING IS THE ENTRY POINT TO EVERYTHING

HIV testing is not just a medical procedure. It is the doorway through which everything else becomes possible. Knowledge of your HIV status allows you to protect your health, protect your partners, access treatment or prevention, and make informed decisions about your life.

In Nigeria, HIV testing rates among young people remain low. Many people are living with HIV without knowing it, which means they are not accessing treatment that would benefit their health and, crucially, they are at risk of unknowingly transmitting HIV to partners. The only way to know your status is to test.

This guide removes every barrier that is information-based. You will know exactly where to test, what to expect, how to understand your results, and what comes next regardless of what your result is.

CHAPTER 1: WHY TESTING MATTERS

Testing Gives You Power

Not knowing your HIV status does not protect you. It removes your ability to make informed decisions about your health and relationships. Testing restores that power.

If your result is negative, you know you do not have HIV and can access PrEP if you want additional prevention. If your result is positive, you can access treatment that will protect your immune system, allow you to reach undetectable status, and ensure you cannot transmit HIV to partners.

The anxiety of not knowing is almost always worse than knowing. Most people report feeling relief after testing, whatever the result, because uncertainty is replaced by information.

The Testing Gap in Nigeria

Nigeria has a significant testing gap: a large proportion of people living with HIV do not know their status. UNAIDS estimates that around 80% of people living with HIV in Nigeria have been diagnosed, but many were diagnosed late, after significant immune damage had already occurred.

Early testing and early treatment dramatically improve long-term health outcomes.

When to Test

If you have never tested for HIV, test. Once you know your baseline status, when and how often to test depends on your situation:

If you are not sexually active and do not inject drugs, periodic testing once a year or when circumstances change is appropriate.

If you are sexually active with partners whose status is unknown, testing every three to six months is recommended.

If you have had a potential HIV exposure (unprotected sex with a person of unknown status, shared needles, or other high-risk situation), test as soon as possible. Testing for HIV is recommended at the point of potential exposure, and again at six weeks, three months, and six months, as different tests detect infection at different stages.

If you are pregnant or planning a pregnancy, testing is essential to enable protection of the baby if you are living with HIV.

CHAPTER 2: TYPES OF HIV TESTS

Antibody Tests

These are the most common HIV tests. They detect antibodies that the immune system produces in response to HIV infection. The limitation of antibody tests is the window period: it takes the body two to eight weeks after infection to produce enough antibodies to be detected by most tests. Testing during this window period may give a false negative result.

Rapid antibody tests: Results available in 20 to 30 minutes. Require a finger-prick blood sample or oral fluid swab. Widely available at health facilities in Nigeria.

Laboratory antibody tests: Blood sample sent to a laboratory. Results take one to two days. More sensitive than rapid tests.

Combination (Antigen/Antibody) Tests

Also called fourth-generation tests, these detect both HIV antibodies and the p24 antigen, a part of the HIV virus itself. Because p24 appears in the blood before antibodies do, combination tests can detect HIV infection as early as 18 to 45 days after exposure. These are the most sensitive standard HIV tests available.

RNA (Viral Load) Tests

These tests directly detect HIV's genetic material in the blood. They can identify HIV infection as early as 10 to 33 days after exposure. RNA tests are primarily used to confirm infection in people with a reactive test result, to monitor viral load in people on treatment, and occasionally in

situations where early detection is critical (such as potential exposure through a needlestick injury).

Self-Testing

HIV self-test kits allow you to test for HIV privately at home using a finger-prick blood sample or oral swab. Results are available in 20 to 30 minutes. Self-testing is particularly valuable for people who feel anxious about testing at a health facility.

Important things to know about self-testing:

A reactive (positive) self-test result must always be confirmed by a healthcare provider using a different, laboratory-based test. Self-tests can occasionally give false positive results.

Self-test kits are available at some pharmacies and through NGOs in Nigeria. Ensure you are purchasing from a reputable source.

Self-testing is not a replacement for regular testing at a health facility with pre and post-test counselling.

Understanding the Window Period

The window period is the time between HIV exposure and when a test can reliably detect infection. Testing during this period may give a false negative result even if you have been infected. Here are the window periods for different tests:

Antibody-only tests: 23 to 90 days after exposure.

Combination antigen/antibody tests: 18 to 45 days after exposure.

RNA (viral load) tests: 10 to 33 days after exposure.

If you test during the window period and get a negative result, test again after the window period has passed to confirm the result. If you are unsure which test your facility uses, ask.

CHAPTER 3: WHERE TO GET TESTED IN NIGERIA

Campus Health Centres

Many Nigerian university health centres offer HIV testing and counselling services. The quality and comprehensiveness of these services varies significantly between institutions. At some campuses, you can receive a full HIV test with counselling in a single visit. At others, you may need to be referred elsewhere.

When visiting your campus health centre for an HIV test:

Ask specifically for an HIV test and counselling. Staff may not offer this proactively.

Ask about the type of test being used and the window period.

Confirm that the test is confidential and that your results will not be shared without your consent.

Ask about the availability of test results and whether you can receive them on the same day.

Government Primary Healthcare Centres

Nigeria's network of primary healthcare centres (PHCs) provides HIV testing and counselling services across the country. These services are free in most PHCs and are confidential. PHCs are a good option if you want to test away from your campus.

State Government and Federal Hospitals

State and federal government hospitals provide comprehensive HIV testing and counselling services. They typically have dedicated HIV or sexual health clinics with trained counsellors. They also have access to a wider range of tests including combination tests and can quickly link positive patients to treatment.

PEPFAR-Supported Clinics

The US President's Emergency Plan for AIDS Relief has supported a network of HIV clinics across Nigeria. These clinics typically offer high-quality HIV testing, counselling, and linkage to treatment. They often have shorter waiting times and more comprehensive services than general hospitals. Search for PEPFAR-supported clinics near your location.

Non-Governmental Organisations

Several NGOs operate HIV testing services in Nigerian cities, sometimes through mobile testing units that come to university campuses. These services are often free and may offer greater anonymity than facility-based testing. Ask LUMA about organisations operating in your area.

Private Laboratories

Private laboratories offer HIV testing for a fee. While more expensive, they sometimes offer greater privacy and faster results. If you use a private laboratory, ensure they are using accredited tests and providing counselling alongside the test.

CHAPTER 4: WHAT HAPPENS WHEN YOU TEST

Before the Test: Pre-Test Counselling

Before taking an HIV test at a facility, you will typically have a counselling session with a trained healthcare worker. This session covers:

Why you are testing and what motivated your decision.

How the test works and what to expect.

The window period and what it means for interpreting results.

What a positive result would mean and what support is available.

What a negative result means and how to stay negative.

Your rights to confidentiality.

Pre-test counselling is confidential. You can share as much or as little as you feel comfortable sharing about your reasons for testing. The counsellor is not there to judge you.

The Test Itself

For a rapid test, a healthcare worker will take a small sample of blood, usually from a finger-prick, or ask you to provide an oral fluid swab. The sample is applied to a test strip. You wait approximately 20 to 30 minutes for the result. The process is quick and, for most people, the anticipation is the hardest part.

Receiving Your Result

Your result will be given to you with a post-test counselling session. This session explains what the result means and what next steps are appropriate.

If Your Result Is Negative

A negative result means the test did not detect HIV antibodies or antigens in your blood sample at this time. This is good news, with the important caveat of the window period. Your counsellor will:

Confirm what the result means.

Discuss the window period and whether you need to retest.

Provide information about staying HIV-negative, including PrEP if appropriate.

Discuss other sexual health considerations.

If Your Result Is Reactive (Positive)

A reactive result means the test detected evidence of HIV. For rapid tests, a reactive result requires confirmation with a second, different test before an HIV diagnosis is confirmed. Your counsellor will:

Explain what a reactive result means and what happens next.

Arrange or refer you for confirmatory testing.

Provide immediate emotional support.

Discuss treatment options and how to link you to care.

Address any immediate questions or concerns you have.

A reactive rapid test result is not a confirmed HIV diagnosis. Always wait for confirmatory testing before drawing conclusions.

CHAPTER 5: HIV TREATMENT IN NIGERIA

Linking to Care

If your HIV test is confirmed positive, the most important next step is to link to HIV care as quickly as possible. Modern HIV guidelines recommend starting ART as soon as possible after diagnosis, regardless of your CD4 count or how you feel. Early treatment leads to better long-term outcomes.

Your healthcare provider will conduct a baseline health assessment before starting you on treatment. This includes:

CD4 count: Measures your immune system's current strength.

Viral load: Measures how much HIV is in your blood.

Full blood count and other blood tests: Checks your overall health.

Hepatitis B and C screening.

Tuberculosis screening: TB and HIV co-infection is common in Nigeria and requires specific management.

Kidney function tests: Important for monitoring the effects of some ART medications.

Starting ART in Nigeria

Nigeria's national ART programme provides HIV treatment free of charge at accredited treatment facilities. The current first-line regimen recommended for most adults in Nigeria is a single daily tablet containing dolutegravir, tenofovir, and lamivudine (or emtricitabine). This combination is highly effective, well-tolerated, and has a high barrier to resistance.

When you start ART, your healthcare provider will:

Explain the specific medications you are taking and how they work.

Discuss potential side effects and what to do if you experience them.

Explain the importance of adherence and strategies to support it.

Schedule follow-up appointments for monitoring.

Connect you with additional support services including counselling if available.

Monitoring Your Treatment

Regular monitoring is an essential part of HIV treatment. Your healthcare provider will check:

Viral load: At three months after starting or changing treatment, and then every six to twelve months once stable. Goal: undetectable.

CD4 count: Less frequent once you are stable and undetectable, but important in the early stages of treatment.

Kidney function: Important for monitoring the effects of tenofovir.

Liver function.

Full blood count.

Treatment Access for University Students

Managing HIV care while studying creates specific challenges. Here are practical considerations:

You are entitled to access HIV care at any accredited facility, not just in your home state. If you move for university, you can transfer your care.

Request a transfer letter or care summary from your current provider before moving to a new location.

Find out where the nearest HIV treatment facility is to your university before you need it.

Plan medication supply around exam periods and holidays. Ask for extended supplies when you know your schedule will be disrupted.

Explore whether your university health centre can support some aspects of your care, such as prescription collection, even if your primary care is elsewhere.

CHAPTER 6: LIFE ON TREATMENT

What Changes

For most people, starting effective HIV treatment brings significant improvements in physical wellbeing, often within weeks. Energy levels typically improve, and any HIV-related symptoms begin to resolve. As viral load drops and CD4 count rises, the immune system's ability to fight off infections improves.

Day-to-day life on modern ART is, for most people, largely unchanged from life before HIV. You take a pill once a day, you attend monitoring appointments every three to six months, and you live your life. Work, study, relationships, sport, travel, parenthood: all of these are fully available to people on effective HIV treatment.

What Stays the Same

Your academic goals and potential.

Your relationships and capacity for intimacy.

Your ability to have children if you want to.

Your career options. HIV is not a legal barrier to any career path in Nigeria.

Your right to be treated with dignity and respect.

Reaching Undetectable Status

Most people on effective ART reach an undetectable viral load within three to six months of starting treatment. Reaching undetectable status is the goal of HIV treatment and is achievable for the vast majority of people who take their medication consistently.

Undetectable means:

Your viral load is too low to be measured by standard blood tests.

Your immune system is protected from further HIV-related damage.

You cannot transmit HIV to sexual partners (U=U).

Your long-term health outlook is comparable to that of someone without HIV.

Long-Term Health

People living with HIV on effective long-term treatment may have slightly higher risks of some conditions associated with chronic inflammation, including cardiovascular disease. Healthcare providers managing HIV long-term are aware of these risks and monitor for them as part of comprehensive care. Healthy lifestyle choices, including not smoking, regular exercise, a balanced diet, and moderate alcohol consumption, significantly reduce these risks.

TESTING AND TREATMENT: YOUR STEP-BY-STEP GUIDE

If You Have Never Tested

- ■ Find your nearest HIV testing facility (campus health centre, PHC, government hospital, or PEPFAR clinic)
- ■ Go and ask specifically for an HIV test with counselling
- ■ Understand the window period and whether you need to retest
- ■ Receive your result with post-test counselling

If Your Test Is Negative

- ■ Understand the window period and retest if needed
- ■ Ask about PrEP if you are at risk of HIV
- ■ Plan regular retesting appropriate to your circumstances
- ■ Use condoms consistently

If Your Test Is Reactive

- ■ Wait for confirmatory testing before drawing conclusions
- ■ Receive post-test counselling and emotional support
- ■ Link to HIV care and start ART as soon as possible

- Attend all monitoring appointments
- Work toward reaching undetectable status
- Connect with the LUMA Peer Circle for peer support

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