

## 愛滋病毒篩檢注意事項（英文版）

## HIV Pre-Testing Information

## 一、愛滋病毒的傳染途徑 How HIV virus transmits

## （一）性行為傳染 Sex：

任何無保護性（未全程正確使用保險套）之口腔、肛門、陰道等方式之性交，均有可能感染。HIV virus might transmit through unprotected oral, anal or vaginal sex (without the proper use of a condom)

## （二）血液交換傳染 Exposure to HIV-infected blood：

1. 共用注射針頭、針筒或稀釋液。Sharing needles, syringes or solution.

2. 使用或接觸被愛滋病毒污染的血液、血液製劑，如輸血、針扎等。

Using or being exposed to HIV-contaminated blood and blood products such as blood transfusion and needlestick.

3. 接受愛滋病毒感染者之器官移植。 Receiving an HIV donor's organs.

## （三）母子垂直感染 Mother-to-infant transmission：

嬰兒被已感染病毒的母親在妊娠期、生產過程或因授乳而感染。

Infants are infected during trimester, delivery or breastfeeding.

二、本項愛滋病毒抗體篩檢，需三天可知檢驗結果。篩檢結果與相關注意事項如下：This HIV test takes three days to get the test result. Test results and the relevant information are as follows:

## （一）篩檢呈陰性反應：HIV negative

1. 為了保護您與他人的健康，建議您仍需採取預防措施，避免透過以上途徑傳染愛滋病毒。For the health of you and others, it's advised that you take protective measures to prevent HIV infection through the above-mentioned transmission routes.

2. 可能處於空窗期，無法完全排除感染，建議您半年後再篩檢一次，期間並請避免捐血或發生危險性行為。There's a possibility of window period, meaning that the possibilities of being infected cannot be totally ruled out yet. It's suggested that you take another test six months later and refrain from donating blood or having high-risk sex.

## （二）篩檢呈陽性反應：HIV positive

1. 仍不能確認為愛滋病毒感染，須再做西方墨點法確認試驗。The possibility of HIV infection isn't 100% and a further confirmation by western blot is necessary.

2. 目前對於愛滋病毒感染者，可使用高效能抗病毒藥物治療（俗稱雞尾酒治療），治療後均能有效延長生命 10~20 年以上且大幅提升生活品質，只要您遵循醫囑，不必太過憂心。Now HIV patients can receive the treatment of HAART (a.k.a. cocktail therapy). With treatment, their life can be prolonged for 10~20 years and their quality of life can be significantly improved. As long as you follow the doctor's instruction, there's no need to worry.

三、本院對於您的檢驗結果及個人隱私，均會妥善保護，並負保密之責。Our hospital is dedicated to protecting the privacy of your personal medical information and will keep your test results confidential.

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## 篩檢同意書 Testing Consent Form

經過說明，本人已經了解愛滋病毒篩檢的方法與意義，以及愛滋病毒的傳染途徑，本次篩檢是具名保密檢驗，檢驗結果若為陽性，將以密件方式報告地方衛生機關，本人同意接受篩檢。

I have fully understood the methods of the HIV testing and the meaning of the test results as well as how HIV virus transmits. This test is onymous and confidential. If the test result is positive, it will be reported to local health authorities in a confidential way. I hereby agree to take this test.

立同意書人 Name: \_\_\_\_\_

國籍別 Nationality: \_\_\_\_\_

護照(或居留証)字號 Passport (ARC) number: \_\_\_\_\_

通訊地址 Address: \_\_\_\_\_

聯絡電話 Telephone number: \_\_\_\_\_

日期 Date: \_\_\_\_\_