The Coalition with Dr. Shani Belgrave: Beyond the Diagnosis-- HIV and AIDS with Travea McGhie, MD Transcript

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Introduction and Guest Welcome

Welcome to The Coalition. This is a talk show dedicated to discussing health, wellness, and inspiration. I'm your host, Dr. Shani Belgrave. Hello, everybody.

Welcome to The Coalition. I'm your host, Dr. Shani Belgrave. I am a bariatric and general surgeon in Atlanta, Georgia. You can learn more about me and get connected at www.drshanibelgrave.com.

I am excited to welcome to the show today, Dr. Travia McGee. Dr. Travia McGee is an infectious disease doctor and also is recognized as an Atlanta Magazine Top Doc in 2024 and 2025. She was also recognized by Castle Connolly Top Doctors in 2024 and 2025. Dr.

Travia McGee, thank you so much for joining the coalition. Dr. Belgrave, thank you for having me. Wonderful. And so before we get started, can you please tell us a little bit about who you are and what you do?

All right. Well, I am an infectious disease specialist, which means that I am a part of a group of physicians that specialize in infections. It could be HIV or staph infections.

And we basically help to diagnose, treat, and we aid in prevention of infections as well. Fantastic. So let's just jump right into it. What can you tell us about HIV and AIDS?

First of all, how are those conditions defined? Okay. HIV is short for human immunodeficiency virus. And this is a virus that patients contract through a variety of means, mainly by sexual encounters, but also by using needles.

Understanding HIV and AIDS

A long time ago, there were two, you know, via transfusions, but that isn't the case anymore because The blood in the United States is very well screened for any kind of infectious organisms before it's given to anyone else.

So currently, the main mode of transmission, meaning the main way it can be transmitted, is through sexual means. That is the main way. Of course, there are needles, syringes, and other injectable paraphernalia, but mainly bisexual intercourse.

In terms of AIDS, AIDS means acquired immunodeficiency syndrome, and that is advanced HIV. stage three of HIV, and that occurs when HIV is not treated.

OK. And so when you say HIV is the human immunodeficiency virus, can you explain to the viewers a little bit about the immune system and how this virus affects the immune system?

So HIV, when a patient contracts the virus, when they get the virus, it attacks their immune system. It attacks certain cells known as CD4 cells or also known as the T T cells.

And when that happens, the body is no longer able to fight the virus and other infections have an opportunity to come into the body and cause not only other infections, but also cancers, certain type of cancers as well.

And we see that in the age stage. Once again, the age stage is when you have untreated HIV infection that is advanced. When one contracts HIV through the means I discussed previously, Some people have no symptoms, but some people also have a fever-like syndrome, which is where they have fevers, chills.

Some people have weight loss, loss of appetite. And this can go on for weeks to months. There are some people that have no symptoms. And just remember that a lot of different viral infections or other conditions can present like that.

So the main thing to do is to get tested if you have risk factors. And so kind of what, how many people are affected in the United States? Like what are the numbers or the scope of the problem?

So based on the most comprehensive database from the CDC, approximately, and then the surrounding for the U. S., because I'm going to limit or talk to the U. S.

and its territories, approximately 38,000 people were diagnosed with HIV in one year. But, you know, fortunately, the incidence has gone down as people diagnosed with HIV than they have over the last 10 or 15 years.

And there are many factors for that. One of them is outreach and early detection. And not only early detection, but patients having access to HIV care and HIV medications and learning how to protect themselves and their loved ones from getting HIV.

And that has greatly influenced the incidence or the amount of people who have been diagnosed with HIV in the last few years. When it comes to HIV, one of the main ways that we discuss, one of the main ways that people can get it, we discuss a certain diagnosis, but it's important to get tested.

HIV Symptoms, Testing, and U.S. Impact

The CDC or other governmental organizations have recommended that initially they said between 13 and 64 get tested, and now they're having a trial that says 15 and above.

The main thing is that people should get tested at least once in their lifetimes. If you have risk factors, then you ideally should get tested whenever you think that you may have been exposed to someone with HIV.

And so what are some of those risk factors? One of the risk factors for HIV is unprotected sexual intercourse injection using needle syringes. Those are main risk factors here in the United States.

What they have found is that the main range of people who were diagnosed with HIV in the year that they received this comprehensive data was between 15 and 30, 34 to be exact.

So it's a younger population, but we've had patients that were diagnosed in their 50s. They thought they were in a monogamous relationship, and that wasn't the case.

As of today, there is no standardized cure for HIV. Once you have it, you have it for life. Fortunately, HIV therapies have progressed since the first medication for HIV was FDA approved in 1987, in the late 1980s, AZT, Zyrobidine.

But since then, in the 1990s, we developed a combination therapy, and today we have injectable therapy. So we've come a long way in terms of HIV treatment.

in certain areas of the country, there's still a stigma. Some patients, you know, don't want to get tested, or if they're in a small community, they don't want to go to their local because they may know someone local clinic who may know their information.

And we have some patients that come from different areas of the South to see us for those reasons. But one thing to remember is that there is HIPAA, which means that patient information is protected by law wherever you go in the United States.

Therefore, we recommend that our patients, they get tested. um if working with anyone if they're not a patient yet um that they get tested so they can know their status um and once you get on therapy the earlier you get on therapy is the better your outcome will be because the most recent data has shown that patients who have access

and take their therapy for HIV get to live long healthy lives number one and they also protect their partners number two and there is a subset that go on to have children and those children do not get HIV.

So if we have access and if we take our meds, then we can live long, healthy lives with HIV. As of now, there's no standardized cure for HIV.

Treatment Advances and Living with HIV

Well, that is really good information. Thank you so much for helping get this out to the public. In terms of you know, people living long, healthy lives.

Can you give a little bit of information on the viral load and kind of what that means for patients as they are being treated? So when a patient is diagnosed with HIV, there are certain tests that need to be performed in order to give them the optimal care.

One of those tests is to determine the CD4 count, also known as a T cell, and another test to determine the viral load, also known as RNA, The viral load basically tells us how much virus is replicated in the bloodstream because we now have data that the virus can be elsewhere in your body, which is why we know that you have it for life.

But the viral load tells the amount of virus in your bloodstream. And what studies have shown is that when you're undetectable, that doesn't mean that you are cured.

It just means that the virus is not detectable in your bloodstream at the time that you took the test. And studies have shown when you're undetectable, You are not able to transmit the virus as someone who has a detectable viral load and having an undetectable viral load is the one of the goals of HIV therapy.

Okay. And so you mentioned that things have come a long way with treatment over the years. Can you kind of describe what has led to that advancement? Was it research or what are the things that have happened over the years that have made treatment new and different?

Our research, when AZT was first FDA approved in the 1980s, It was just one therapy. And over time we've found that combination therapy helps. Research has shown that combination therapy has been beneficial in lowering the CD4 count faster and keeping it low as long as the patient takes their meds.

And then we have newer therapies. We used to have multiple pills that patients have to take to achieve a certain level of, to get their viral low decrease.

But now we have other therapies that have shown that the virus can be lowered. with those medications. So we no longer have to take multiple pills. Now there's one pill a day, unless you have certain resistances, because there are different strains, one might say, of HIV, and certain strains can become resistant to medications, in which case patients would need sometimes multiple medications to keep their viral load undetectable or to keep their virus under control.

So to answer your question, research has helped. It's helped tremendously. We've come so far with HIV, but once again, we don't have a standardized cure and more research would be helpful in that regard.

More vaccine and more research would be helpful in that regard as well. Absolutely. Thank you so much for sharing that insight. So what can you tell us about PrEP?

What is PrEP and who is it recommended for? Okay, so PrEP is pre-exposure prophylaxis, which is different from post-exposure prophylaxis, PrEP versus PEP.

Now, PrEP is something we prescribe to patients in order to help them protect themselves and their partners. And that's PrEP. Keep in mind that PrEP helps to reduce the transmission of HIV from one person to another.

However, it does not protect the person who takes it from getting other STDs. A condom is the best way to help prevent from getting HIV and other STDs.

So PrEP is specifically for HIV. For example, a patient on PrEP, the PrEP doesn't protect them from getting herpes, for example, or chlamydia or gonorrhea.

A condom is the best way to prevent everything all at once.

PrEP, PEP, and Prevention

So a patient who believes they may be exposed to someone with HIV for a number of reasons, then they take PrEP and there are different forms of PrEP and there are guidelines for that.

Before a patient starts PrEP, They're required to get certain testing done to make sure they do not have HIV because PrEP is not the equivalent of HIV therapy.

We have different goals when we prescribe PrEP versus when we prescribe HIV therapy. Some of the medications for PrEP can be used for HIV therapy, but the goals are different when you're treating someone for HIV in a therapeutic standpoint versus when you're trying to prevent them from getting HIV.

PEP is different, it's post-exposure prophylaxis, and there are different areas when a patient gets post-exposure prophylaxis, that's after you've been exposed.

PEP is before you're exposed, and the PEP, which is post-exposure prophylaxis, is after you're exposed. And there are different environments when a patient can be exposed.

For example, healthier workers at work, or it can be traumatic experiences such as a sexual assault, or it can be an encounter that you didn't plan on with consent and then you get exposed.

But just remember that when a patient contracts HIV, there are a lot of factors involved. the source, which is the person with HIV, are they undetectable?

Meaning, do they have enough virus in their bloodstream to transmit to the other person? And what parts of the body were exposed? So it's a lot of different factors that come into consideration when one is determining their exposure risk.

But once again, condom is the main thing, one of the main ways to protect yourself. PrEP is another thing we have in our arsenal to help us protect ourselves as well.

So with PrEP, who is prescribing that? Is that the PCP or who's deciding when somebody should get on that? So what I've learned is that there are some programs online where a patient can get fills out a form and, you know, since there have been a lot of ways of getting assistance with prep without actually coming to the office.

However, what I'd recommend is the patients see their primary care physician or if they're referred to an infectious disease physician, you get a comprehensive evaluation to see if PrEP is right for you and what form of PrEP is right for you and make sure you don't have other STDs.

So I always recommend a formal evaluation by a healthcare provider. If you're unable to do so and you still want PrEP, there are programs online. I don't have any stocks in them.

I won't say them, but there are reputable programs that can help you to get tested and to get prepped. Okay. Well, this has been really insightful. What would be your takeaway message for people watching?

What would you want everyone to remember about HIV and AIDS? Know your risk factors. Know your risk factors for acquisition for getting the virus. And if you have a slight suspicion, get tested.

They're home tests, but I'd recommend getting tested by your primary care physician or even the health department. Get tested. And then if you are found to have HIV, take your meds.

because you can still live a long, healthy life, but you have to take your meds. And that's on a personal level. On a professional level, one of my take-homes to anyone who's listening is to advocate and support your local health department.

Your local health department not only helps with infectious diseases such as HIV, but they help with a variety of other infections and they help to protect you, your family and your community.

So advocate and support your local health department in all their efforts because they are there to help, you know, the public, help the public maintain their health in many ways.

Some of the ways we are not, the lay person isn't even aware of. All good information. So thank you so much, Dr. Trevia McGee, infectious disease specialist for joining the coalition.

Of course, you have an open invitation to come back any time. Now, as an infectious disease doctor, you already know I have to ask you a question about things that I've seen in the news.

What is your take on the measles outbreak? Measles.

Measles Outbreak and Vaccination

is a virus that is transmitted by direct contact with the infected droplets and also airborne. What that means is that some studies have shown that if a patient has measles, you know, after they leave a room, the measles virus may still be in the air after they leave for up to an hour or so thereafter, according to the most recent data.

Now, in terms of the outbreak that's going on in Texas, studies have shown that a large proportion of those patients, especially the children, were not vaccinated.

And a lot of people aren't aware, but in 2000, United States measles was considered eradicated. That has changed. For example, in 2024, the total number of measles cases was in the 200s.

Now it's up to 600s. And that includes Texas and New Mexico, for example, and other little hotspots there in the United States. What I tell patients, because we get calls, ask them, are you vaccinated?

Is your child vaccinated? The studies have shown that the two recommended vaccines for measles, mumps, and rubella can give you a lasting protection from childhood and beyond.

The mumps component, you may have waning immunity, meaning decrease in antibodies to that virus, but the measles has shown that you still have protection for a prolonged period of time after you get the vaccine.

So it is concerning because a large proportion of these patients are children. And remember, measles is not only the rash, it can also affect the lungs, it can affect the brain.

um so it's it's concerning because it's something that is preventable and another thing with the vaccines is that remember that there's such a thing as herd immunity which is um when a number of patients a number of people are are vaccinated and if there's someone in the community that is not vaccinated they they they help to prevent that that person from contracting the virus.

It's called herd immunity and it's important for a neighbor or if you have an older grandma who has a condition and they cannot take MMR because it's a live vaccine.

If everyone in the house is vaccinated, then you're protecting grandma. If it's a young child, a baby who has not yet reached the age to get the vaccine, if everyone in the house is vaccinated, you're protecting the baby.

So that's the take home with that. I know there are different perspectives on that, but the data has shown that the vaccine is effective at preventing measles or at least decreasing the risk of contracting the virus.

Thank you so much, Dr. Trevia McGee, for sharing your expertise and sharing that data with us. Thank you for joining the coalition.

Closing Remarks

We'll see you another time. Thank you so much for having me. Well, everybody, thank you so much for tuning into another impactful episode of The Coalition.

I'm your host, Dr. Shani Belgrade. You can stay connected with me at www.drshanivalgrave.com. Very special thank you to Dr. Trevia McGee, infectious disease specialist.

Thanks everybody for watching. We'll see you next time. Make sure that you share this episode with at least one person to raise awareness on HIV and AIDS.