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PROJECT

POSITIVE
AGEING
SERIES

#1

HIV BASICS

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Written and compiled by Suzi Quixley & Steven Moran.

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Further copies available from: Positive Life SA, PO Box 117, BLACK FOREST SA 5035; (08) 8293 3700; reception@hivsa.org.au

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How *HIV Literate* Are You?

Take this *test* and find out!

There have been many myths about HIV over the years and some are still heard today. The following questions/statements will warm up your brain and test your HIV general knowledge. But don't panic, you're not expected to have (ALL) the answers ... well, at least not until you've completed some training!

Please complete the following exercise on your own.

Myth or Fact?

Please answer TRUE or FALSE to the following statements:

1. HIV can be transmitted through mosquito (or other insect) bites.
2. HIV can be transmitted through skin to skin contact (e.g. hugging, shaking hands or helping someone shower).
3. HIV can be transmitted through saliva (e.g. kissing, spitting or sneezing).
4. HIV can be transmitted through sharing eating utensils, therefore people living with HIV should have their own cutlery that should be regularly sterilised.
5. HIV can be transmitted when cleaning up spills of blood (or other body fluids).
6. You can tell if someone has HIV by looking at them.
7. HIV can be cured.

8. What is "HIV"?

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9. What is “AIDS”?

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10. How many people live with HIV
in South Australia? in Australia?
How many of these are aged or ageing?

11. When are HIV-positive people legally required to disclose their HIV
status?

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12. How is HIV transmitted?

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13. What precautions should aged care services take to reduce the risk of HIV
transmission?

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14. Is it illegal for people living with HIV to have sex? Why?

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15. What is “antiretroviral therapy” (ART)?

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16. What is an “undetectable viral load” (UVL)? How does this affect the risk of HIV transmission?

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17. What is the life expectancy of someone living with HIV? Why?

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18. How is being HIV-positive different to having other infections or diseases?

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19. What is the most irrelevant question you can ask a person living with HIV?

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My Questions

HIV Literacy Test

The Answers

Myths & Facts

1. Can HIV be transmitted through mosquito (or other insect) bites?

NO. HIV cannot be transmitted through mosquito bites for a number of reasons. The main reason is that the mosquito delivers salivary fluid through one passage and draws blood up through another – that is, the blood flows in one direction only. Therefore the blood from the last person the mosquito bit is not injected into the next person it bites.

2. Can HIV be transmitted through skin to skin contact (e.g. hugging, shaking hands or helping someone shower)?

NO. Unlike VRE or MRSA, HIV cannot be transmitted through these types of skin to skin contact, or any other normal social interaction. HIV cannot pass through healthy, unbroken skin.

3. Can HIV be transmitted through saliva (e.g. kissing, spitting or sneezing)?

NO. HIV is not passed on by kissing, spitting, sneezing or coughing. There are no recorded cases anywhere in the world of HIV being transmitted through saliva, unless there is also a large amount of blood present; nor is airborne transmission possible.

4. Can HIV be transmitted through sharing eating utensils? Should people living with HIV have their own cutlery that should be regularly sterilised?

NO, and NO. HIV cannot be transmitted through sharing eating utensils. Again this is because HIV is not passed on through saliva.

5. Can HIV be transmitted when cleaning up spills of blood (or other body fluids)?

NO. There is no recorded case anywhere in the world of someone contracting HIV as a result of cleaning up bodily fluids. Estimates of

how long the virus lives outside the body vary enormously – from seconds to days - so it remains important to exercise *standard precautions* (previously called *universal precautions*) when cleaning up fluid spills. Unlike VRE, HIV cannot be transmitted through contaminated surfaces.

6. Can you tell if someone has HIV by looking at them?

NO. Basing judgment of a person's HIV status on physical appearance is very likely to be incorrect. Whilst the majority of people with HIV in SA are gay men, many heterosexual men, many women and a few children also have HIV. People with HIV come from a wide variety of professions and cultural backgrounds, and many are parents and grandparents.

7. Can HIV be cured?

NO. Currently there's no cure or vaccination for HIV. There has been, and continues to be, lots of research into possible cures. Current treatments mean that many people with HIV are living long and healthy lives, but they do not cure HIV.

8. What is "HIV"?

HIV stands for *Human Immunodeficiency Virus*. This virus was identified in the 1980's and belongs to a group of viruses called *retroviruses*. This virus can be detected by an *HIV test*, and can be passed on to others. HIV attacks the immune system (the body's system that fights diseases) and gradually causes damage throughout the body. HIV-positive people in aged care settings may be vulnerable to other infections such as MRSA, particularly if they have reduced immune function as a result of HIV.

9. What is "AIDS"?

AIDS stands for *Acquired Immune Deficiency Syndrome*. AIDS is caused by HIV. You can't develop AIDS without first having HIV, therefore you can't *catch* AIDS and there is no *AIDS test*. AIDS is the name used to describe a collection of potentially life-threatening infections and diseases, which can develop when someone's immune system has been weakened by HIV (e.g. particular forms of pneumonia or skin cancer). With modern HIV treatment, few people in Australia end up progressing to AIDS. For those

who do, it is usually because they are not on HIV treatment at the time. In most cases, commencing treatment leads to recovery from AIDS.

10. How many people live with HIV - in South Australia? Australia? How many of these are aged, or ageing?

It is estimated that in December 2013:

- 900-1,300 people were living with HIV in SA.
- 24,500-30,900 people in Australia were living with HIV (of whom approximately 14% were undiagnosed).

There are approximately 1,000 to 1,200 new HIV diagnoses in Australia each year – including people in their 60's and 70's. 50% of HIV-positive Australians are expected to be aged over 50 by 2020, so most aged care services can expect to have HIV-positive clients over the next few years.

11. When are HIV-positive people legally required to disclose their HIV status?

There are very few situations in which people are legally required to disclose their HIV status. For example, HIV-positive people are not obliged to disclose their status to aged care services, if they don't want to. HIV-positive people sometimes choose to disclose their status to improve the quality or appropriateness of the services they receive (e.g. telling their doctor to reduce the risk of adverse drug interactions). It is illegal for any health or community service to discriminate against clients or staff on the basis of their HIV status.

12. How is HIV transmitted?

Only 5 types of body fluids can contain enough HIV to infect someone: blood, semen, rectal fluids, vaginal fluids and breast milk. The main ways HIV can be passed on to someone else are:

- during unprotected anal and vaginal sex,
- by sharing injecting equipment, and
- from a mother to her baby during pregnancy, birth or breastfeeding.

This highlights the importance of access to condoms and clean needles for clients in residential settings.

13. What precautions should aged care services take to reduce the risk of HIV transmission?

HIV-positive people are not required to disclose their HIV status because there is no need for service providers to know. The *Standard Precautions* that staff already take with all clients already protect against HIV transmission and meet duty of care requirements. (In fact, HIV is less infectious and less easily transmitted than MRSA and VRE.) Aged care staff are not at risk of HIV transmission if they implement Standard Precautions and do not engage in unprotected sex or share injecting equipment with clients.

14. Is it illegal for people living with HIV to have sex? Why?

NO. It is not illegal for people living with HIV to have sex in Australia. Under South Australian law, everyone shares responsibility for their own sexual health – whether or not they have HIV, or any other sexually transmissible infection. This is important because it is estimated that about 1/3 of all new infections happen where the HIV-positive person hasn't been tested, so aren't even aware they have HIV! In SA, people with HIV are responsible for taking all *reasonable precautions* when they have sex with someone. (Courts have not determined what *reasonable precautions* are, however it is likely that using condoms and lubricant will constitute *reasonable precautions*.) This underlines the importance of making sexual health information available in aged care residential settings. (NOTE that the laws about HIV and sex are different in each Australian state and territory.)

15. What is “antiretroviral therapy” (ART)?

ART (or HIV treatment) involves taking a combination of anti-HIV (antiretroviral) drugs. These powerful medications stop the virus from reproducing and allow the immune system to strengthen and fight infections effectively. ART is available to everyone with HIV in SA. It is particularly important that ageing HIV-positive clients on ART maintain their treatment regime.

16. What is an “undetectable viral load” (UVL)? How does this affect the risk of HIV transmission?

Viral load is the term used to describe the amount of HIV in blood. Once the level is very low, a *standard* test can no longer reliably detect HIV. This is called having an *undetectable viral load* (UVL). The aim of HIV treatment is to reach and maintain an UVL. Having an UVL significantly reduces the risk of HIV transmission.

17. What is the life expectancy of someone living with HIV? Why?

Without treatment, people with HIV will almost always become ill, and their lives may be shortened. With modern HIV treatment, many people with HIV are living long and healthy lives. In fact, doctors predict that most people with HIV will live as long as HIV-negative people of a similar age. Therefore, HIV-positive people are increasingly likely to need aged care services.

18. How is being HIV-positive different to having other infections or diseases?

Actually, there is no difference between HIV and other infections or diseases which are relevant in an aged care setting. However, there has been much fear and hysteria about HIV and a long history of discrimination against people living with HIV. Many HIV-positive people continue to experience discrimination in health care settings, employment, access to housing, the law, and even when commencing relationships. That’s why many HIV-positive people choose to keep their HIV status private.

19. What is the most irrelevant question you can ask a person living with HIV?

How did you get HIV? Many HIV-positive people are justifiably concerned that disclosing how they became HIV-positive may lead to further discrimination. How someone got HIV should not affect the way aged care staff interact with HIV-positive clients.

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HIV Basics

Further Resources

IMPORTANT NOTE: Do not rely on information about the legalities of HIV from outside South Australia. Laws that refer to HIV differ from state to state within Australia, and from country to country around the world.

www.hivsa.org.au - Positive Life SA is the only service driven by HIV-positive people, for HIV-positive people, in SA. This website includes information about the realities of living with HIV in SA; links to state and national HIV resources; and more about our programs and services, including the Positive Speakers Bureau.

www.sahealth.sa.gov.au – The SA Health webpage on HIV (Google search “SA Health HIV”) is a useful source on the medical aspects of HIV – signs/symptoms, diagnosis, incubation period, infectiousness, etc.

kirby.unsw.edu.au/surveillance/Annual-Surveillance-Reports – Each year since 1997, The Kirby Institute has produced a report detailing diagnoses for HIV, viral hepatitis and sexually transmitted infections in Australia. This is the authoritative source for factual information about the epidemiology of HIV in Australia.

halc.org.au – The HIV/AIDS Legal Centre (HALC) in Sydney has produced a series of (very readable) guides on HIV and the law, covering areas such as disclosure (in different Australian states), employment, superannuation, criminalisation, migration and travel.

www.aidsmap.com - This United Kingdom site is an independent, clear and accurate source of detailed information about HIV and AIDS. The site includes substantial resources (www.aidsmap.com/resources), including over 100 very practical and accessible fact sheets (www.aidsmap.com/factsheets).

www.catie.ca – This Canadian site is another useful source of HIV information, including good quality information about the impact of HIV on women.

www.thewellproject.org/hiv-information - The Well Project aims to inform, support, and advocate for women and girls affected by HIV throughout the world. Worldwide, women and girls form the majority of people living with HIV, however limited resources have focused on their particular issues and needs. (NOTE that approximately 10% of the people living with HIV in Australia are women.)

www.thebody.com and www.poz.com – These United States sites are targeted at HIV-positive people. Both include factual HIV information, and provide an opportunity to view HIV through the eyes of people living with HIV.

My Notes

