
HIV

Summary

- HIV is a virus that can damage the immune system and make it difficult for the body to fight off simple infections.
- HIV is not the same as AIDS. If left untreated, HIV can lead to AIDS. However, with highly effective HIV treatments now available, AIDS is extremely rare in Australia.
- HIV is spread through body fluids including blood, semen, vaginal fluids, anal mucus and breastmilk, and from mother to child.
- HIV cannot be spread through – saliva or kissing, hugging or shaking hands, toilet seats, insect bites, sharing cutlery or crockery or by eating food prepared by a someone who is HIV-positive.
- HIV transmission can be prevented by – using condoms during anal or vaginal sex, not sharing sterile injecting equipment or by taking pre-exposure prophylaxis (PrEP) – a medication that prevents HIV in people at greater risk of infection with the virus.
- People who are being treated for HIV and who achieve and maintain very low or undetectable levels of the virus cannot transmit HIV sexually. (This is known as U=U).
- Regular testing for HIV helps identify infection early to start treatment sooner. Not only does this protect your own health and wellbeing, but it also helps protect others from HIV.
- It is recommended that everyone who is sexually active get tested at least annually for HIV as part of routine health care.
- It is recommended that anyone with risk factors, such as multiple sexual partners, or is on PrEP, get tested for all sexually transmissible infections (STIs), including HIV, at least once a year or more frequently such as quarterly.

Human immunodeficiency virus (HIV) is a virus that can weaken the immune system to the point that it is unable to fight off some infections. HIV is not the same thing as AIDS.

AIDS (acquired immune deficiency syndrome) is the most advanced stage of HIV infection, when the immune system is at its weakest and a person has one or more specific illnesses.

AIDS is now very rare in Australia, as HIV treatments are highly effective at preventing the virus from multiplying and thereby protecting the immune system from the virus.

Most people living with HIV on effective treatment in Australia can expect to live long, healthy lives without ever developing AIDS.

How does HIV spread?

HIV is a blood-borne virus, which means it is carried in the blood and some body fluids. It can be spread from one person to another by:

- blood
- semen
- vaginal fluids
- anal mucus
- breastmilk.

Having another **sexually transmissible infection (STI)** can increase your chances of HIV transmission.

HIV transmission in Australia

In Australia, HIV is commonly transmitted through:

- Unprotected anal or vaginal sex – (that is not using condoms or other biomedical prevention methods).
- Sharing any needles, syringes, or other injecting equipment.
- **From mother to child during pregnancy, childbirth, or breastfeeding** –This can occur when the mother doesn't know she is HIV-positive, or is not on effective treatment.
- **Tattooing** or other procedures that involve unsterile or reused equipment.
- Needle stick injuries.

HIV transmission myths

HIV is **not** transmitted by:

- kissing, hugging, massaging, mutual masturbation and other body contact
- social interaction (such as shaking hands)
- sharing food, dishes, utensils, drinking glasses
- air, breath, or being coughed or sneezed on
- mosquito, insect or animal bites
- use of communal facilities (such as seats, computers or touch screens, toilet seats, drinking fountains, spas, pools or gyms).

It is perfectly safe to consume food and drinks prepared by someone who is HIV-positive even if they're not receiving treatment.

People with HIV who are on treatment and achieve and maintain an undetectable HIV viral load cannot transmit HIV sexually.

Preventing HIV transmission

There are many effective ways to prevent HIV. It is important to find the right prevention method (or combination of methods) that works for you and your sexual partners.

Practising safer sex is everybody's responsibility and enables us to have healthy sex lives.

Ways to prevent HIV include:

- Condoms used with lubricant.
- Having and maintaining an undetectable viral load (U=U).
- Taking HIV medications – **PrEP (pre-exposure prophylaxis)** and **PEP (post-exposure prophylaxis)**.
- Getting regular sexual health checks.
- Reducing risks associated with drug taking – such as chemsex and injecting drugs.

For people who do not have HIV, condoms are the easiest way to prevent HIV transmission.

For those at greater risk of HIV, PrEP (pre-exposure prophylaxis) is a medication that, when taken consistently as prescribed, is up to 99 % effective at preventing HIV.

Talk with your doctor, health worker or HIV organisation about how to practise safer sex.

Condoms

Using **condoms** and water-based lubricant (lube) during anal and vaginal sex can also prevent HIV.

Although **oral sex** is already very low risk for HIV transmission, using condoms on penises or dental dams on vulvas and anuses can reduce the risk of HIV and other STIs (like **gonorrhoea**, **chlamydia**, and **syphilis**) from being passed on.

Water or silicone-based lubricants can help to reduce the chance of condoms breaking. They can also increase sexual pleasure.

Condoms come in a range of different sizes, shapes, styles, colours and flavours to suit personal preferences. Investigate what works best for you and your partner. Don't assume that your partner(s) will feel confident about

using condoms. Make sure you know how to use them correctly.

Female, (or internal) condoms are also an excellent way to prevent HIV and STI. Internal condoms can be used for either vaginal or anal sex.

Condoms are widely available at most pharmacies (chemists), supermarkets, or from your nearest sexual health or family planning clinic.

Undetectable viral load (or U=U)

Undetectable viral load (or U=U) means a person with HIV who is receiving treatment achieves and maintains very low levels of the virus in their body. This is sometimes referred to as 'treatment as prevention' (TasP) or promoted as '**Undetectable = Untransmittable**' or **U=U**.

People are unlikely to transmit the virus if their viral load is undetectable. For people with HIV, starting treatment as soon as possible helps your viral load become undetectable faster, preventing HIV transmission.

The viral load of most people with HIV becomes undetectable with antiretroviral treatment, but may take 6 months from commencing treatment.

Even if a person doesn't reach the strict threshold for undetectable viral load (less than 200 copies/ml for TasP), a significant reduction in their viral load (the amount of virus in their body) will reduce (but not eliminate) the risk of HIV transmission and will be associated with improvement in their health.

It is important to wait until viral load suppression occurs before engaging in condom-less sex or other risky behaviour. Your treating HIV specialist will let you know when the risk of transmission of HIV to others has become negligible.

Remember, being on HIV treatment and having and maintaining an undetectable HIV viral load does not protect you from other STIs. If you are having casual sex, it's best to use condoms and lube.

It is recommended that you test for STIs and check your viral load regularly.

More information about the science behind U=U can be found from:

- **[Living Positive Victoria – UequalsU](#)**
- **[Prevention Access Campaign – Frequently asked questions](#)**.

PrEP

PrEP (pre-exposure prophylaxis) is an anti-HIV medication used to prevent HIV. It can be taken by people who do not have HIV but are at risk of infection with the virus.

PrEP is up to 99% effective when taken consistently as prescribed.

It does not provide protection against other STIs.

PEP

PEP (post-exposure prophylaxis) is an anti-HIV medication that can be prescribed after someone has had a known or suspected exposure to HIV.

It must be taken for 28 days, and started within 72 hours of a possible exposure to HIV.

Reasons for taking PEP may include:

- Having sex without a condom with someone who is HIV-positive and not on treatment or you are unsure of their HIV status.
- Sharing needles or other injecting equipment.

Reducing HIV risks from chemsex and drug use

Some people use drugs – such as **ice (or crystal meth)**, **GHB**, **ecstasy (or MDMA)**, ketamine and **cocaine** to enhance their sexual experiences (known as 'chemsex'). Chemsex can make you lose your inhibitions and be risky if you:

- Inject drugs.
- Have sex without condoms.
- Forget to take your HIV medications.
- Are taking PreP – it can be less effective if it is mixed with other drugs.

Practise safer injecting

If you inject drugs, always use clean injecting equipment (such as sterile needles and syringes) for protection against HIV and other blood-borne viruses (like hepatitis B and hepatitis C).

Never share or re-use injecting equipment - needles, syringes, spoons, swabs, filters, water, ties, or tourniquets.

Sterile injecting equipment is available from **needle and syringe program (NSP) sites throughout Victoria**, including most pharmacies. Many of these sites can offer more information about HIV and hepatitis, safer injecting, and referrals to doctors.

Get tested regularly for HIV and STIs

Regular testing for HIV and other STIs can help find infections earlier, get them treated sooner, and prevent them from being transmitted to others.

Some practices don't reduce your risk of HIV

Some people use unreliable methods to reduce their risk of HIV. These include:

- Serosorting – choosing your sexual partner based upon them having the same HIV status as you.
- Strategic positioning – where an HIV-negative partner penetrates an HIV-positive partner.
- Withdrawal – when the 'insertive' partner pulls out before ejaculating (coming).

None of these strategies are reliable, so you are at risk of HIV transmission.

Having sex only with people who have the same HIV status can be very risky. For example, a person may think they are HIV-negative, but may have been exposed to HIV since their last test, or may never have been tested at all.

Using a combination of proven, reliable strategies – like condoms, PrEP, and undetectable viral load – is the best way to prevent HIV transmission.

HIV symptoms

You may not know you have HIV, because some of the symptoms of HIV are like other illnesses. Also, not everyone shows symptoms when they become infected with HIV.

Symptoms of HIV can include:

- **flu-like symptoms (runny or blocked nose, sore throat, cough, fever)**
- extreme and constant tiredness
- **fevers**, chills, and night sweats
- rapid weight loss for no known reason and decreased appetite
- swollen lymph glands in the neck, underarm, or groin area
- continuous coughing or a dry cough
- **diarrhoea**.

If you think you have been exposed to HIV, and have any symptoms see your doctor.

Symptoms usually occur between 1 and 3 weeks after exposure to HIV.

Where to get tested for HIV

Getting an HIV test is easy. Tests for HIV and other STIs are confidential and available from your local doctor (GP), or a sexual and reproductive health clinic.

It is a good idea to have some pre-test counselling. Before the test, talk with your doctor, nurse, or peer tester about any concerns, your level of risk, whether you are likely to be HIV-positive and what a positive result may mean.

How often do you need to get tested for HIV?

How often you should get tested depends on your personal practices, risk behaviours, and how often you engage in them.

For most people, it is important to have a full sexual health test at least once each year. This testing includes:

- HIV
- **chlamydia**
- **gonorrhoea**
- **syphilis**.

Even if you always use condoms, it is recommended you get tested annually as condoms don't provide 100% protection against HIV and STIs.

Get tested regularly if you are at greater risk of HIV

If you are at greater risk of HIV get tested regularly.

Gay, bisexual, trans and other men who have sex with men should get tested every 3 months (or 4 times each year). This may vary depending on how many sexual partners you have during the year.

Talk with your doctor or sexual health specialist for advice. They can also provide information about how to reduce your risk for HIV and other STIs.

HIV is detected with a blood test

Blood tests are the most common and reliable tests for HIV. The virus is detected by taking a sample of your blood – either with a conventional blood test or a rapid test (a pin prick).

There is a short period of time between exposure to HIV and the ability for tests to detect HIV or its antibodies. This is often referred to as the 'window period' – between 2 and 12 weeks.

Most tests used in Australia can detect HIV as early as 2 to 4 weeks after infection.

If your blood test shows that HIV or its antibodies are present, you are HIV-positive.

If you have no antibodies in your blood you are HIV-negative. Sometimes negative results might also mean you are in the window period, so you might need a follow-up blood test to make sure.

How much do HIV tests cost?

Unlike rapid tests, blood tests for HIV are covered by **Medicare**, which means your doctor can order the test free of charge for you.

If you are not eligible for Medicare, you may also be able to claim some of the testing costs through **private health insurance**. Check with your provider to see if you're eligible.

Rapid tests for HIV

Rapid HIV tests are a convenient method for people at greater risk of HIV who need to test more frequently.

The test involves taking a drop of blood from a finger prick, and can provide results in about 20 minutes.

For most people, however, standard blood tests are the best choice for regular testing.

Rapid tests aren't as reliable as blood tests, and have a longer window period. This is because they only detect antibodies to HIV, which take longer to be produced and become detectable in blood, compared with the standard blood test you have when seeing a health professional.

The blood test detects both parts of the virus AND antibodies against the virus. For this reason, your doctor will give you a blood test to confirm the rapid HIV test result is accurate.

In Australia, rapid HIV tests are not currently subsidised under Medicare. A limited number of doctors and other health providers may offer rapid testing for a small fee.

In Victoria, **Thorne Harbour Health** (formerly the Victorian AIDS Council) runs a free rapid HIV testing service called **PRONTO!**. PRONTO! is a peer-based service site for people at high risk for HIV (primarily gay, bisexual, and other men who have sex with men).

Getting your HIV test results

Most HIV test results are available within a week.

If the test result is negative, you may receive your results within a few days.

If the initial test result is positive, then additional testing to confirm the result needs to be performed in a reference laboratory and this can take up to a week to get a result.

What happens if I test positive for HIV?

If your initial test is positive for HIV antibodies, then additional testing is required to confirm that the first one was accurate. Sometimes this involves a second blood test.

When you are first diagnosed you will probably experience strong emotions. During this time, do not try to cope on your own. Seek support by speaking with your doctor, or contact your local community organisation. They have trained peer workers available to help you through the initial stages of a positive diagnosis, but also through your journey of living well with HIV.

Part of testing best practice includes pre- and post-test counselling. Post-test counselling is important, regardless of the outcome. If you test positive, counselling can provide emotional support, further information about living with HIV, and referrals to support services.

If the test is negative, counselling can provide education about HIV and how to reduce your HIV risk in the future.

Living Positive Victoria and **Positive Women** are community organisations that provide support and advocacy for people with HIV. Peer workers are also available to help you navigate living with HIV.

If you have recently been diagnosed with HIV, visit **Next Steps** and the **HIV Hepatitis STI Education and Resource Centre** for more information.

HIV testing and your rights

Testing for HIV is voluntary and can only be done with your informed consent, except in exceptional circumstances.

Before you are tested, you will be provided with information about what is involved, what the results might mean for you, and how to prevent HIV transmission in the future. All people who request an HIV test must receive this information from the test provider.

Under Australian and Victorian law, it is unlawful to discriminate against anyone who has HIV. Test results, and details on whether someone has been tested are strictly confidential. It is illegal for any information about a person being tested or a person with HIV to be disclosed without their permission.

Letting partners know you have HIV

If you have just been diagnosed with HIV, it will likely be a difficult time. You might still be struggling to come to terms with diagnosis.

During this time, it is important to let any sexual or injecting partners know they may have been exposed to HIV as soon as you can, so they can be tested and offered PEP if appropriate.

You do not have to do this alone. Your doctor or the Department of Health and Human Services Partner Notification Officers can help you through this process and ensure your identity is not revealed.

The **Letting your partner know** resource contains more information for people newly diagnosed with HIV. You can also get support from **Living Positive Victoria** or **Positive Women**. Both groups can provide information, support, and guidance for people living with HIV.

How is HIV treated?

Australians can live well with HIV. Treatments have changed over time, dramatically improving the quality and length of life for someone who is HIV positive.

It is also important to have a strong support network. Evidence suggests that involving others (such as partners, doctors, counsellors, peer support workers and loved ones) can improve your mental health and wellbeing and help you maintain treatment.

ART (antiretroviral treatment)

HIV treatments are medications that reduce the amount of virus in a person's body by preventing it from making copies of itself (multiplying). This is sometimes referred to as ART (or antiretroviral treatment).

ART treatment has transformed HIV into a manageable chronic condition (like [high blood pressure](#) or [diabetes](#)), and enables people to live long and healthy lives.

Treatment can reduce the amount of virus in a person's body to such low levels that it is undetectable on the blood tests used to measure the amount of virus in the blood – which means the person cannot transmit HIV to others.

The sooner treatment begins after diagnosis, the greater impact it will have on controlling HIV. You are also less likely to experience illnesses related to HIV and able to reach and maintain undetectable virus levels sooner.

HIV treatment usually involves taking several different medications that target the virus in different ways. Many medications can be combined into a single tablet that is taken once or twice a day.

Work with your doctor to determine which treatment is best for you.

If you are unable to take your HIV medication as prescribed, the virus can multiply again and become resistant to the antiretroviral medication you are currently taking and so will not be as effective. If this happens, you may then need to change to a different combination of medications.

There is currently no cure for HIV. Daily treatment is currently the only way for people with HIV to remain well. Injectable antiretroviral treatment given every 4 or 8 weeks will soon be available, and may be a good option for many people.

Stopping treatment (even for short periods of time) can cause the virus to become resistant to medication, or damage your immune system. Do not change your treatment without talking to your doctor first.

The [Victorian HIV Service](#) at the Alfred Hospital has services for people living with HIV, such as getting support with taking their medications.

Side effects of HIV treatment

People on current HIV treatments may experience mild side effects including:

- tiredness and fatigue
- nausea and digestive discomfort
- diarrhoea
- difficulty sleeping
- headaches
- weight gain
- skin rashes.

If you are on treatment, see your doctor every 3 to 6 months.

Regular blood tests are necessary to make sure your treatment is working and not causing serious side effects. It is recommended that you also get tested for STIs and talk to your doctor about your sexual health and overall wellbeing. Ensure you are having routine screening for cancers and keeping your vaccinations up to date.

HIV-positive women - contraception choices

Women who have HIV and are sexually active, should check with their HIV treating doctor about their **contraceptive choices**.

Some contraceptives (including drugs or medical devices containing hormones) may cause interactions with your HIV treatment.

Other medications can also interact with hormonal contraceptives, so it is important that whoever provides your contraception and HIV medical care knows about any other medication you take (including over-the-counter medicines and herbal remedies).

When considering your contraceptive choices, things to think about include:

- Whether a contraceptive is compatible with your HIV treatment.
- How well a contraceptive method will suit your lifestyle.
- How often you will use a contraceptive.
- Any **pregnancy plans**.
- How to protect yourself and partner(s) from infections.
- Possible side-effects of different contraceptives.

HIV – stigma and discrimination

HIV can prompt intense feelings in people, regardless of their HIV status. It is sometimes viewed with a sense of unacceptability or disgrace. A person with HIV may feel shame and despair about their status. An HIV-negative person may be fearful or angry when they discover someone has HIV. The relationship of these feelings to HIV is referred to as stigma.

'Felt stigma' (or internalised stigma) refers to deep feelings of shame and self-loathing, and the expectation of discrimination. It can have serious negative impacts on the health and wellbeing of people living with HIV by discouraging them from getting tested, receiving support, or taking treatment. It may also lead people to engage in high-risk behaviours that harm their health, and contribute to new HIV infections.

'Enacted stigma' is the experience of unfair treatment by others. For people living with HIV this can be in the form of being treated differently and poorly, or through rejection, abuse, or discrimination.

HIV stigma is particularly harmful when it overlaps with other factors that are stigmatised – such as if a person uses drugs, is a sex worker, is trans or gender diverse.

Breaking down stigma is a community response where:

- Doctors and health care providers ensure their services are free from stigma, and support people with HIV to build resilience against it.
- People with HIV have access to organisations like **Living Positive Victoria** or **Positive Women** to address their internal stigma, and get the support they need in order to live well with HIV.

If you have experienced stigma or discrimination from a health care provider, and are unable to resolve your complaint with them directly, contact the **Health Complaints Commissioner (1300 582 113)** for assistance.

Where to get help

- Your **GP (doctor)**
- Your local community health service
- **Family Planning Victoria** – comprehensive sexual and reproductive health services for people of all ages. Tel. **1800 013 952** or **(03) 9257 0100**
- **Melbourne Sexual Health Centre** Tel. **(03) 9341 6200** or **1800 032 017** or TTY (for the hearing impaired) **(03) 9347 8619**
- **Get PEP** If you believe you may have been exposed to HIV. Tel. **1800 889 887**
- **Living Positive Victoria** Tel. **(03) 9863 8733**
- **Positive Women Victoria** Tel. **(03) 9863 8747**

- **Victorian HIV Service, Alfred Health** Tel. **(03) 9076 5436**
- **Positive Living Centre** Tel. **(03) 9863 0444** or **1800 622 795** (for country callers)
- **Multicultural Health and Support Service**, Centre for Culture, Ethnicity and Health Tel. **(03) 9418 9929**
- **Thorne Harbour Health** (formerly Victorian AIDS Council) Tel. **(03) 9865 6700** or **1800 134 840**
- **Equinox Gender Diverse Health Centre** Tel. **(03) 9416 2889**
- **PRONTO!** Tel. **(03) 9416 2889**
- **Ballarat Community Health Sexual Health Clinic** Tel. **(03) 5338 4500**
- **Bendigo Community Health Sexual Health Clinic** Tel. **(03) 5434 4300** Or **(03) 5448 1600**
- **Gateway Health Clinic 35**, Wodonga Tel. **(02) 6022 8888** or **1800 657 573**
- **Sunraysia Community Health Services** Tel. **(03) 5022 5444**
- **Barwon Health Sexual Health Clinic** Tel. **(03) 5226 7489**

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