



HIV/AIDS

Support and Care

Presented by John Sovec, MA, LMFT

Friday, October 26, 2018



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California Association of Marriage and Family Therapists

HIV/AIDS

Support and Care

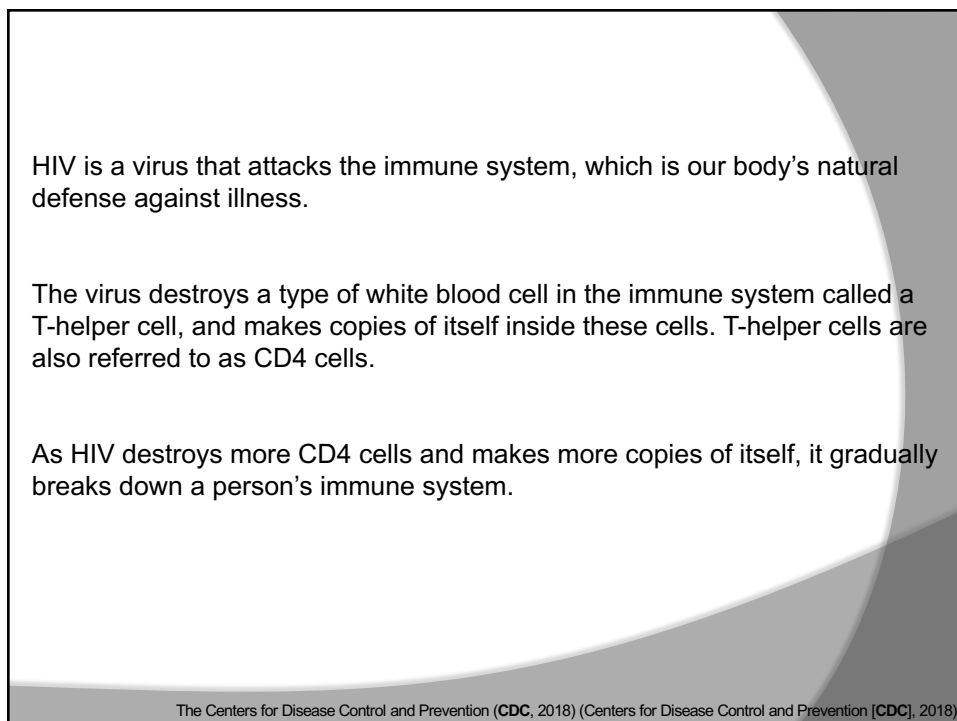
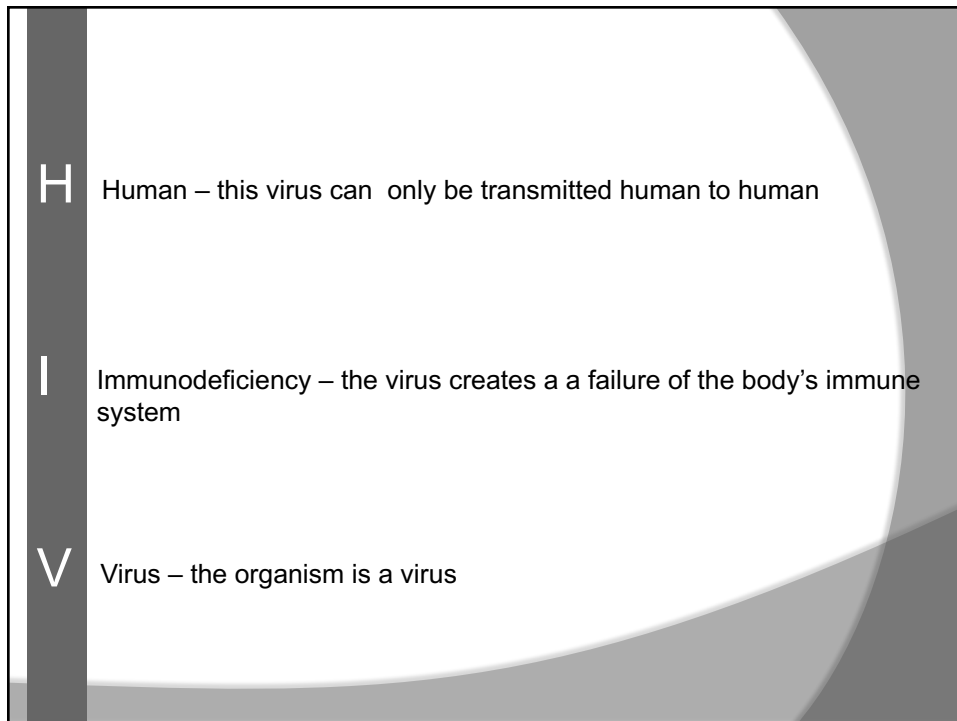
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Who am I?

Why are we here?

Our Journey today

- HIV/AIDS Definitions
- Progression of the Disease
- HIV Populations
- Cultural Competency
- Treatment
- Mental Health Issues
- Couples
- AIDS Life Cycle
- A Brief History of AIDS
- Community Impact
- Testing for HIV
- Prevention, PrEP and PEP
- Disclosure
- U = U



The earlier HIV is diagnosed, the sooner treatment can start – leading to better long term health.

If left untreated the speed HIV progresses will vary depending on age, health and access to services.

From a medical perspective, HIV is viewed as a chronic manageable disease.

The Centers for Disease Control and Prevention (CDC, 2018) (Centers for Disease Control and Prevention [CDC], 2018)

A acquired - condition one must acquire or get infected with; not something transmitted through the genes

I immune - because it affects the body's immune system, the part of the body which usually works to fight off bacteria and viruses

D deficiency -because it makes the immune system deficient (not work properly)

S syndrome - because someone with AIDS may experience a wide range of different diseases and opportunistic infections

A person is said to have AIDS when their immune system is too weak to fight off infection, and they develop certain defining symptoms and illnesses.

AIDS is defined as having a CD4 count of less than 200 cells/mL and/or a diagnosis of an AIDS-defining illness also classified as opportunistic infections.

A CD4 count measures the number of CD4 cells in a sample of blood. The CD4 count of a healthy person ranges from 500 to 1,600 cells/mm³.

The Centers for Disease Control and Prevention (CDC, 2018) (Centers for Disease Control and Prevention [CDC], 2018)

How is HIV Transmitted

Only certain body fluids from a person who has HIV can transmit HIV.

Blood

Semen

Pre-seminal fluid

Rectal fluids

Vaginal secretions

Breast milk

The Centers for Disease Control and Prevention (CDC, 2018) (Centers for Disease Control and Prevention [CDC], 2018)

HIV is NOT Transmitted by:

Mosquitoes, ticks, or other insects.

Saliva, tears, feces, urine or sweat that is not mixed with the blood of an HIV-positive person.

Hugging, shaking hands, sharing toilets, sharing dishes, or closed-mouth or “social” kissing with someone who is HIV-positive.

Other sexual activities that don't involve the exchange of body fluids.

HIV does not survive long outside the human body (such as on surfaces), and it cannot reproduce outside a human host.

The Centers for Disease Control and Prevention (CDC, 2018) (Centers for Disease Control and Prevention [CDC], 2018)

Transmission Risks

Certain behaviors and conditions that put individuals at greater risk of contracting HIV include:

Condomless anal or vaginal sex.

Having another sexually transmitted infection such as syphilis, herpes, chlamydia, gonorrhoea, and bacterial vaginosis.

Sharing contaminated needles and syringes when injecting drugs.

Accidental needle stick injuries, including among health workers.

The Centers for Disease Control and Prevention (CDC, 2018) (Centers for Disease Control and Prevention [CDC], 2018)

Extremely Low Risk Activities for HIV Transmission

Blood transfusions, blood products, or organ/tissue transplants that are contaminated with HIV. The risk is extremely small because of rigorous testing of the US blood supply and donated organs and tissues.

Contact between broken skin, wounds, or mucous membranes and HIV-infected blood or blood-contaminated body fluids.

Deep, open-mouth kissing if both partners have sores or bleeding gums and blood from the HIV-positive partner gets into the bloodstream of the HIV-negative partner. HIV is not spread through saliva.

Oral sex

The Centers for Disease Control and Prevention (CDC, 2018) (Centers for Disease Control and Prevention [CDC], 2018)

The chance that an HIV-negative person will get HIV from oral sex with an HIV-positive partner is extremely low.

Oral sex involves putting the mouth on the penis (fellatio), vagina (cunnilingus), or anus (anilingus). In general, there's little to no risk of getting or transmitting HIV through oral sex.

Among men who have sex with men, the per-act risk hovers at around 0.04%.

Factors that may increase the risk of transmitting HIV through oral sex are ejaculation in the mouth with oral ulcers, bleeding gums, genital sores, and the presence of other sexually transmitted diseases (STDs), which may or may not be visible.

The Centers for Disease Control and Prevention (CDC, 2018) (Centers for Disease Control and Prevention [CDC], 2018)

HIV Life Cycle

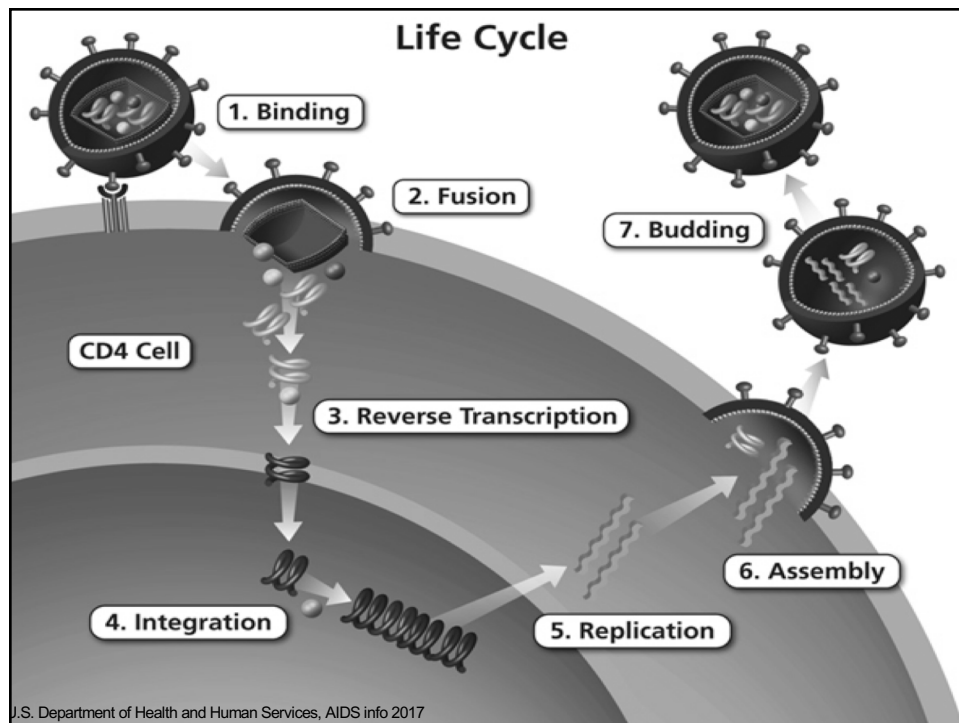
HIV Life Cycle

HIV cannot multiply, grow, or reproduce on its own.

HIV attaches itself to an immune system 'T-helper' cell, fuses with it, takes control of its DNA, replicates itself inside the cell, and then releases new HIV into the blood.

Different HIV treatment drugs stop the virus fusing, stop it integrating its genetic code, and stop it releasing new copies of itself into the bloodstream.

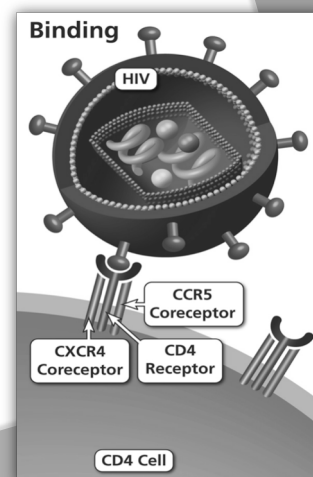
AIDS.gov (2016) HIV Lifecycle



Binding

The first of seven steps in the HIV life cycle

When HIV attacks a CD4 cell, the virus binds to molecules on the surface of the CD4 cell (T-Cell)

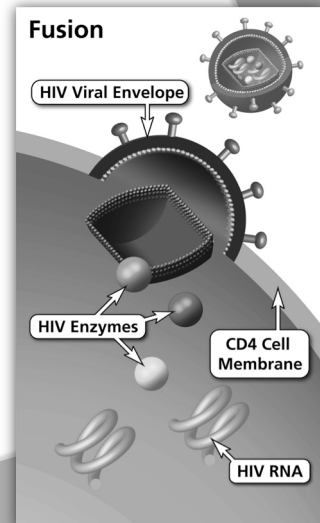


U.S. Department of Health and Human Services, AIDS info 2017

Fusion

The second of seven steps in the HIV life cycle

After HIV attaches itself to a host CD4 cell, the HIV viral envelope fuses with the CD4 cell membrane. Fusion allows HIV to enter the CD4 cell. Once inside the CD4 cell, the virus releases HIV RNA and HIV enzymes, such as reverse transcriptase and integrase.

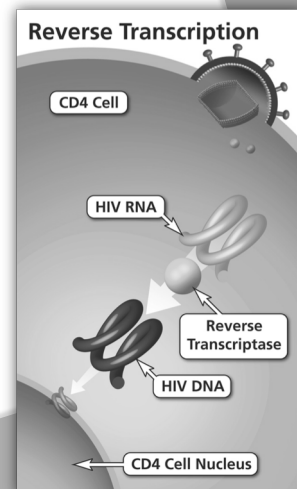


U.S. Department of Health and Human Services, AIDS info 2017

Reverse Transcription

The third of seven steps in the HIV life cycle

Once inside a CD4 cell, HIV releases and uses reverse transcriptase (an HIV enzyme) to convert its genetic material—HIV RNA—into HIV DNA. The conversion of HIV RNA to HIV DNA allows HIV to enter the CD4 cell nucleus and combine with the cell's genetic material—cell DNA.

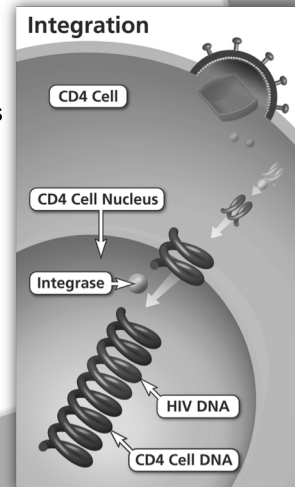


U.S. Department of Health and Human Services, AIDS info 2017

Integration

The fourth of seven steps in the HIV life cycle

Once inside the host CD4 cell nucleus, HIV releases integrase, an HIV enzyme. HIV uses integrase to insert (integrate) its viral DNA into the DNA of the host cell.

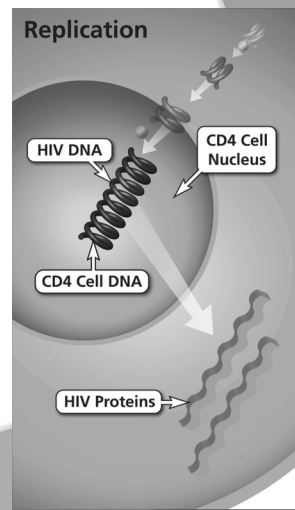


U.S. Department of Health and Human Services, AIDS info 2017

Replication

The fifth of seven steps in the HIV life cycle

Once HIV is integrated into the host CD4 cell DNA, the virus begins to use the machinery of the CD4 cell to create long chains of HIV proteins. The protein chains are the building blocks for more HIV.

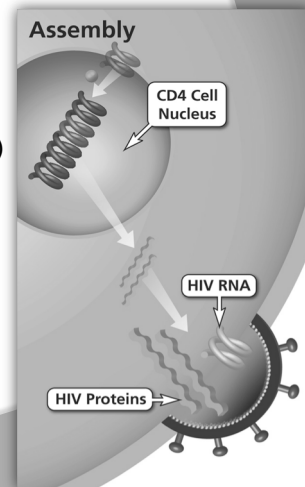


U.S. Department of Health and Human Services, AIDS info 2017

Assembly

The sixth of seven steps in the HIV life cycle

During assembly, new HIV RNA and HIV proteins made by the host CD4 cell move to the surface of the cell and assemble into immature (noninfectious) HIV.



U.S. Department of Health and Human Services, AIDS info 2017

Budding

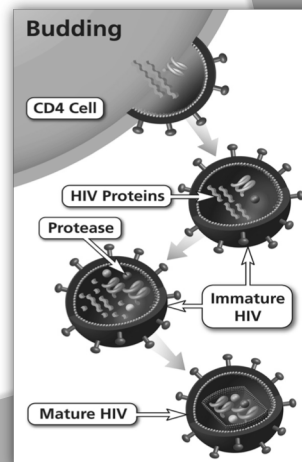
The final step of seven steps in the HIV life cycle

During budding, immature (noninfectious) HIV pushes itself out of the host CD4 cell.

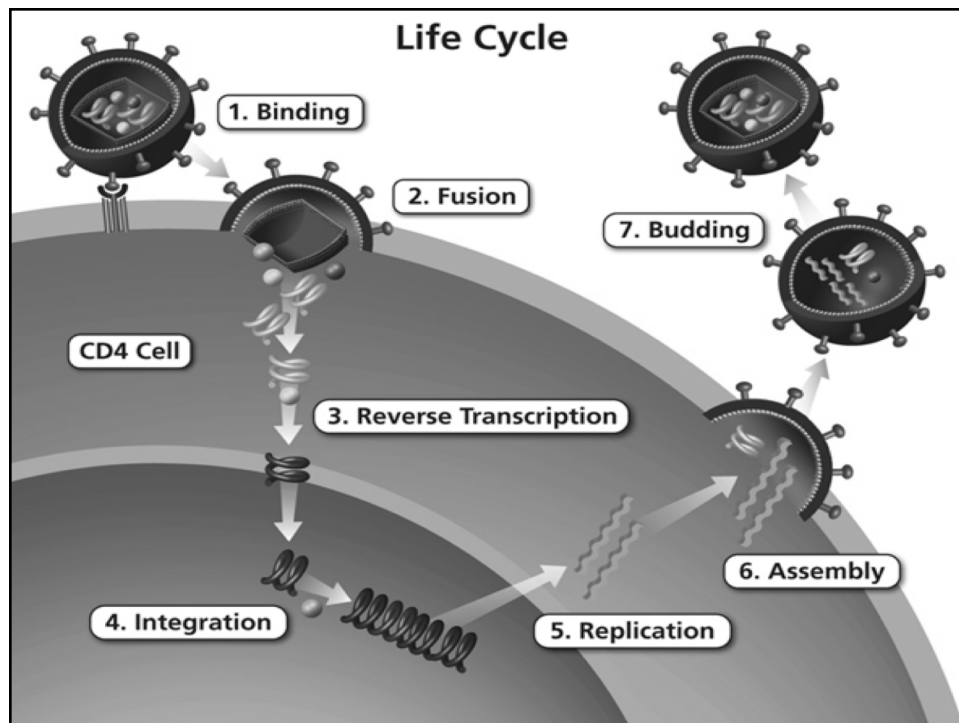
Once outside the CD4 cell, the new HIV releases protease, an HIV enzyme.

Protease acts to break up the long protein chains that form the noninfectious virus.

The smaller HIV proteins combine to form mature, infectious HIV.



U.S. Department of Health and Human Services, AIDS info 2017



Progression of the Disease

Initial Symptoms

Early infection is defined as HIV infection in the past six months (recent) and acute (very recent)

At this stage a person is highly infectious and can spread the infection to others

40% to 90% of people have flu-like symptoms within 2-4 weeks after HIV infection including:

- Fever
- Headache
- Rash
- Sore throat

As infection progresses:

- Swollen lymph nodes
- Weight loss
- Fever
- Diarrhea
- Cough

HIV.gov (2017)

Clinical Latency Stage

Also called “chronic HIV infection”

During this stage, HIV is still active but reproduces at very low levels. People with chronic HIV infection may not have any HIV-related symptoms, or only mild ones.

It's important to remember that people can still transmit HIV to others during this phase even if they have no symptoms.

People who are taking medicine to treat HIV, and who take their medications the right way, every day, may be in this stage for several decades because treatment helps keep the virus in check.

HIV.gov (2017)

Progression to AIDS

If HIV positive and not implementing medical care, eventually the virus will weaken the body's immune system and progress to AIDS (*acquired immunodeficiency syndrome*)

HIV.gov (2017)

Progression to AIDS

Symptoms can include:

- Rapid weight loss
- Recurring fever or profuse night sweats
- Extreme and unexplained tiredness
- Prolonged swelling of the lymph glands in the armpits, groin, or neck
- Diarrhea that lasts for more than a week
- Sores of the mouth, anus, or genitals
- Pneumonia
- Red, brown, pink, or purplish blotches on or under the skin or inside the mouth, nose, or eyelids
- Memory loss, depression, and other neurologic disorders

HIV.gov (2017)

Opportunistic Infections

Opportunistic infections (OIs) are infections that occur more frequently and are more severe in individuals with weakened immune systems, including people with HIV.

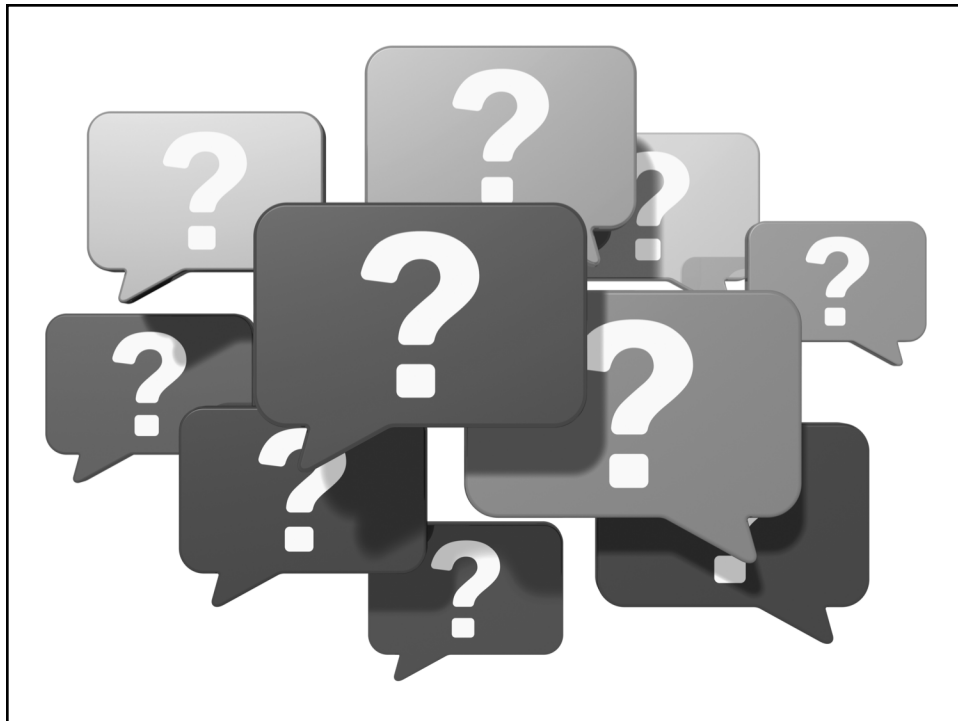
OIs are less common now than they were in the early days of HIV and AIDS because better treatments reduce the amount of HIV in a person's body and keep a person's immune system stronger.

HIV.gov (2017)

Opportunistic Infections

Candidiasis (thrush)	Isosporiasis
Cervical cancer (for women)	Kaposi sarcoma
Coccidioidomycosis	Lymphomas
Cryptococcosis	Mycobacterium avium complex (MAC)
Cryptosporidiosis	Pneumocystis pneumonia (PCP)
Cytomegalovirus (CMV)	Pneumonia, recurrent
Herpes simplex virus	Progressive multifocal leukoencephalopathy (PML)
Herpes zoster (shingles)	Salmonella septicemia, recurrent
Histoplasmosis	Toxoplasmosis
HIV dementia	Tuberculosis (TB)
HIV wasting syndrome	

HIV InSite, UCSF (2018)



History of HIV/AIDS

1981

- ◉ Rare lung infection called *Pneumocystis carinii pneumonia (PCP)* were found in five young, previously healthy gay men in Los Angeles.
- ◉ Reports of men in New York and California with an unusually aggressive cancer named *Kaposi's Sarcoma*.
- ◉ 270 reported cases of severe immune deficiency among gay men - 121 of them had died.

1982

- ◉ Syndrome was initially called gay-related immune deficiency (or GRID).
- ◉ In September, the CDC used the term 'AIDS' (acquired immune deficiency syndrome) for the first time.
- ◉ AIDS cases were also being reported in a number of European countries.
- ◉ AIDS-specific organizations began to be opened due to lack of government response.

1983

- ◉ In January, AIDS was reported among the female partners of men who had the disease suggesting it could be passed on via heterosexual sex.
- ◉ In May, doctors at the Pasteur Institute in France reported the discovery of a new retrovirus called Lymphadenopathy-Associated Virus (or LAV) that could be the cause of AIDS.
- ◉ In June, the first reports of AIDS in children probably directly acquired from their mothers before, during or shortly after birth.
- ◉ By September, the CDC identified all major routes of transmission and ruled out transmission by casual contact, food, water, air or surfaces.

1983

- ◉ The CDC also published their first set of recommended precautions for healthcare workers and allied health professionals to prevent "AIDS transmission".
- ◉ In November, the World Health Organization (WHO) held its first meeting to assess the global AIDS situation and began international surveillance.
- ◉ By the end of the year the number of AIDS cases in the USA had risen to 3,064 - of this number, 1,292 had died.

1984

- ◉ In April, the National Cancer Institute announced they had found the cause of AIDS, the retrovirus HTLV-III. In a joint conference with the Pasteur Institute they announced that LAV and HTLV-III are identical and the likely cause of AIDS.
- ◉ A blood test was created to screen for the virus.
- ◉ In July, the CDC states that avoiding injecting drug use and sharing needles "should also be effective in preventing transmission of the virus."
- ◉ By the end of 1984, there had been 7,699 AIDS cases and 3,665 AIDS deaths in the USA with 762 cases reported in Europe.

1985

- ◉ In March, the FDA licensed the first commercial blood test, ELISA, to detect antibodies to the virus. Blood banks began to screen the USA blood supply.
- ◉ In April, the U.S. Department of Health and Human Services (HHS) and the World Health Organization (WHO) hosted the first International AIDS Conference in Atlanta, Georgia.
- ◉ Ryan White, a teenager from Indiana, who acquired AIDS through contaminated blood products used to treat his haemophilia was banned from school.

1985

- September 18, 1985 Ronald Reagan mentions AIDS for the first time in a public forum.
- On 2 October, the actor Rock Hudson dies from AIDS - the first high profile fatality. He left \$250,000 to set up the American Foundation for AIDS Research (amfAR).
- By the end of 1985, every region in the world had reported at least one case of AIDS, with 20,303 cases in total.
- AIDS Memorial Quilt, is an enormous quilt made as a memorial to celebrate the lives of people who have died of AIDS-related causes.

1986

- In May, the International Committee on the Taxonomy of Viruses said that the virus that causes AIDS will officially be called HIV (human immunodeficiency virus)
- By the end of the year, 85 countries had reported 38,401 cases of AIDS to the World Health Organization.
- By region these were; Africa 2,323, Americas 31,741, Asia 84, Europe 3,858, and Oceania 395.

1987

- In February, the WHO launched The Global Program on AIDS to raise awareness of the disease.
- In March, the FDA approved the first antiretroviral drug, zidovudine (AZT), as treatment for HIV.
- In April, the FDA approved the western blot blood test kit, a more specific HIV antibody test.
- In July, the WHO confirmed that HIV could be passed from mother to child during breastfeeding.
- By December, 71,751 cases of AIDS had been reported to the WHO, with 47,022 of these in the USA. The WHO estimated that 5-10 million people were living with HIV worldwide.

1988

- WHO declared 1st December as the first World AIDS Day.
- The groundwork was laid for a nationwide HIV and AIDS care system in the USA that was later funded by the Ryan White CARE Act.

1989

- ◉ In March, 145 countries had reported 142,000 AIDS cases. However, the WHO estimated there were up to 400,000 cases worldwide.
- ◉ In June, the CDC released the first guidelines to prevent PCP - an opportunistic infection that was a major cause of death among people with AIDS.
- ◉ The number of reported AIDS cases in the USA reached 100,000.

1990

- ◉ On April 8, Ryan White dies of AIDS-related illness at the age of 18.
- ◉ On May 21, ACT UP (AIDS Coalition to Unleash Power) protests at the National Institutes of Health (NIH), demanding more HIV treatments and the expansion of clinical trials to include more women and people of color.
- ◉ In July, the U.S. Congress enacts the Americans with Disabilities Act (ADA). The Act prohibits discrimination against individuals with disabilities, including people living with HIV/AIDS.
- ◉ CDC adopts the HIV-prevention counseling model, a “client-centered” approach that focuses on the patient, rather than the disease.

1991

- The Visual AIDS Artists Caucus launches the Red Ribbon Project to create a visual symbol to demonstrate compassion for people living with AIDS and their caregivers.
- On November 7, American basketball star Earvin “Magic” Johnson announces that he is HIV-positive.

1992

- AIDS becomes the number one cause of death for U.S. men ages 25 to 44.
- On May 27, the U.S. Food and Drug Administration (FDA) licenses a 10-minute diagnostic test kit which can be used by health professionals to detect the presence of HIV-1.

1993

- ◉ In August, the Women's Interagency HIV Study and HIV Epidemiology Study begin; both are major U.S. Federally funded research studies on women and HIV/AIDS.
- ◉ On December 18, the U.S. Centers for Disease Control and Prevention (CDC) expand the case definition of AIDS, declaring those with CD4 counts below 200 to have AIDS.
- ◉ The film "Philadelphia" starring Tom Hanks as a lawyer with AIDS, opens in theaters. Based on a true story, it is the first major Hollywood film on AIDS.
- ◉ Over 700,000 people were thought to have the virus in Asia and the Pacific.
- ◉ By the end of 1993, there were an estimated 2.5 million AIDS cases globally.

1994

- ◉ AIDS becomes the leading cause of death for all Americans ages 25 to 44.
- ◉ In December, the FDA approved an oral HIV test - the first non-blood HIV test.

1995

- ◉ On February 23, Greg Louganis, Olympic gold medal diver, discloses that he is HIV-positive.
- ◉ In June, the U.S. Food and Drug Administration (FDA) approves the first protease inhibitor. This ushers in a new era of highly active antiretroviral therapy (HAART).
- ◉ Once incorporated into clinical practice HAART brought about an immediate decline of between 60% and 80% in rates of AIDS-related deaths and hospitalization in those countries which could afford it.
- ◉ By October 31, 500,000 cases of AIDS have been reported in the US.

1996

- ◉ The number of new AIDS cases diagnosed in the U.S. declines for the first time since the beginning of the epidemic.
- ◉ AIDS is no longer leading cause of death for all Americans ages 25-44, although it remains the leading cause of death for African Americans in this age group.
- ◉ The FDA approved the first home testing kit.

1997

- ◉ highly active antiretroviral therapy (HAART) becomes the new standard of HIV care.
- ◉ CDC reports the first substantial decline in AIDS deaths in the United States. Due largely to the use of HAART, AIDS-related deaths in the U.S. decline by 47% compared with the previous year.
- ◉ On September 26, the U.S. Food and Drug Administration (FDA) approves Combivir, a combination of two antiretroviral drugs in one tablet, which makes it easier for people living with HIV to take their medications.

1998

- ◉ CDC reports that African Americans account for 49% of U.S. AIDS-related deaths. AIDS-related mortality for African Americans is almost 10 times that of Whites and three times that of Hispanics.
- ◉ On April 24, CDC issues the first national treatment guidelines for the use of antiretroviral therapy (ART) in adults and adolescents with HIV.

1999

- ◉ WHO announced that AIDS was the fourth biggest cause of death worldwide and number one killer in Africa.
- ◉ An estimated 33 million people were living with HIV and 14 million people had died from AIDS since the start of the epidemic.

2000's

- ◉ In July, UNAIDS negotiated with five pharmaceutical companies to reduce antiretroviral drug prices for developing countries.
- ◉ 2001 - the United Nations (UN) General Assembly called for the creation of a "global fund" to support efforts to combat the spread of HIV through prevention, treatment and care including buying medication.
- ◉ 2002 - FDA approved the first rapid HIV test with 99.6% accuracy and a result in 20 minutes.
- ◉ 2003 - CDC calculates that 27,000 of the estimated 40,000 new infections that occur each year in the U.S. result from transmission by individuals who do not know they are infected.
- ◉ 2004 The Global Coalition on Women and AIDS to raise the visibility of the epidemic's impact on women and girls around the world.

- ◉ 2006 - June 5 marks 25 years since the first AIDS cases were reported.
- ◉ 2007 - WHO and UNAIDS issued new guidance recommending “provider-initiated” HIV testing in healthcare settings.
- ◉ 2010 - On January 4, the U.S. Government officially lifts the HIV travel and immigration ban.
- ◉ 2010 - NIH announce that a daily dose of HIV drugs reduced the risk of HIV infection among HIV-negative men who have sex with men by 44%, supporting the concept of pre-exposure prophylaxis (PrEP) in a targeted population.
- ◉ 2011 - FDA approved Complera, the second all-in-one fixed dose combination tablet, expanding the treatment options available for people living with HIV

- ◉ 2012 - The FDA approved PrEP for HIV-negative people to prevent the sexual transmission of HIV.
- ◉ 2013 - UNAIDS estimates that, worldwide, 2.3 million people were newly infected with HIV during the year, and 1.6 million people died of AIDS. Approximately 35.3 million people around the world are now living with HIV, including more than 1.2 million Americans.
- ◉ 2014 - European researchers announce the results of the first phase of the PARTNER Study. The study found that no HIV-positive partner who was undergoing antiretroviral therapy and had an undetectable viral load had transmitted HIV.
- ◉ 2015 – FDA announces it will lift its 30-year-old ban on all blood donations by men who have sex with men and institute a policy that allows them to donate blood, if they have not had sexual contact with another man in the previous 12 months.

- 2016 – CDC reports that only 1 in 5 sexually active high school students has been tested for HIV. An estimated 50% of young Americans who are living with HIV do not know they are infected.
- 2017 - Organizations around the world endorse “Undetectable = Untransmittable”(U=U). This anti-stigma slogan launched by the Prevention Access Campaign is based on robust scientific evidence that people who have adhered to treatment and achieved an undetectable viral load cannot pass the virus on.



HIV Populations



36.7 MILLION

people worldwide are currently living
with HIV/AIDS.

UNAIDS, July 17, 2018

2.1 MILLION CHILDREN

worldwide are living with HIV. Most of these children were infected by their HIV-positive mothers during pregnancy, childbirth or breastfeeding.



UNAIDS, July 17, 2018

Populations

- There were approximately 36.7 million people worldwide living with HIV/AIDS at the end of 2017.
- Of these, 2.1 million were children (<15 years old).
- 940 000 people died from AIDS-related illnesses in 2017
- An estimated 1.8 million individuals worldwide became newly infected with HIV in 2017 – about 5,000 new infections per day.
- This includes 160,000 children (<15 years). Most of these children live in sub-Saharan Africa and were infected by their HIV-positive mothers during pregnancy, childbirth or breastfeeding.

UNAIDS, July 17, 2018

Populations

- An estimated 1.2 million adults and adolescents were living with HIV in the U.S. at the end of 2017.
- Of those, 162,500 (15% or 1 in 7) had not received a diagnosis, so were unaware of their infection.
- Young people were the most likely to be unaware of their infection. Among people aged 13-24 who were living with HIV, an estimated 44% didn't know.

UNAIDS, July 17, 2018

Populations

- By race/ethnicity, **African Americans and Hispanics/Latinos** are disproportionately affected by HIV. In 2016:
- African Americans represented 12% of the U.S. population, but accounted for 44% (17,528) of HIV diagnoses. African Americans have the highest rate of HIV diagnoses compared to other races and ethnicities.
- Hispanics/Latinos represented about 18% of the U.S. population, but accounted for 25% (9,766) of HIV diagnoses.

UNAIDS, July 17, 2018

Populations

- Approximately 70% of people living with HIV globally were aware of their HIV status in 2016.
- The remaining 30% (over 11 million people) still need access to HIV testing services. HIV testing is an essential gateway to HIV prevention, treatment, care and support services.
- As of June 2017, 20.9 million people living with HIV were accessing antiretroviral therapy (ART) globally.
- 1 million people died from AIDS-related illnesses in 2016, bringing the total number of people who have died from AIDS-related illnesses since the start of the epidemic to 35.0 million.

UNAIDS, July 17, 2018

Populations

The vast majority of people living with HIV are in low- and middle-income countries.

In 2016, there were:

- 19.4 million people living with HIV (53%) in eastern and southern Africa
- 6.1 million (17%) in western and central Africa
- 5.1 million (14%) in Asia and the Pacific
- 2.1 million (6%) in Western and Central Europe and North America.

UNAIDS, July 17, 2018

Populations

- Despite advances in our scientific understanding of HIV and its prevention and treatment as well as years of significant effort by the global health community too many people living with HIV or at risk for HIV still do not have access to prevention, care, and treatment, and there is still no cure.
- The HIV epidemic not only affects the health of individuals, it impacts households, communities, and the development and economic growth of nations. Many of the countries hardest hit by HIV also suffer from other infectious diseases, food insecurity, and other serious problems.

UNAIDS, July 17, 2018

Community Impact

MALES

Men who have sex with men (MSM)

May self-identify as gay

Bisexual - men who feel sexually drawn to both men and women.

Pansexual - not limited in sexual choice with regard to biological sex, gender, or gender identity.

Heterosexual - men having sex with men as a purely physical act and not a reflection of innate sexual orientation.

Heterosexual – having sex with females

World Health Organisation (2011), 'Prevention and Treatment of HIV and Other Sexually Transmitted Infections Among Men Who Have Sex With Men and Transgender People'

MALES

No matter how they self-identify, condomless sexual contact puts MSM at risk for HIV

MSM need to know that condomless anal sex with a person who is HIV-positive is a common route of HIV transmission.

Hepatitis is more common amongst MSM

Heterosexual males often not focus of HIV education

Have regular sexual health check-ups to diagnose and treat sexually transmitted infections (STIs).

World Health Organisation (2011), 'Prevention and Treatment of HIV and Other Sexually Transmitted Infections Among Men Who Have Sex With Men and Transgender People'

Females

Woman who has sex with women (WSW) may not always identify as a lesbian, or bisexual.

Many WSW had their first sexual experience with a man, have had multiple experiences with men, or still have sex with men

HIV transmission *is* a risk between women through fingering/fisting, oral sex and sharing sex toys.

Heterosexual woman may not be exposed to education and safer sex guidelines

Sexually Transmitted Infections Journal, accessed via BMJ (2003) 'Sexual behaviour of lesbians and bisexual women'

Females

The risk for WSW is lower than sex involving a man because less bodily fluids are exchanged between women.

Sex is safer when none of partner's bodily fluids enter the body.

Access regular sexual health check ups for sexually transmitted infections (STIs) and HIV testing.

Sexually Transmitted Infections Journal, accessed via BMJ (2003) 'Sexual behaviour of lesbians and bisexual women'

Transgender

Transgender is a term for people whose gender identity or expression is different from their sex assigned at birth.

Gender identity refers to a person's internal understanding of their own gender.

Gender expression describes a person's outward presentation of their gender (for example, how they dress).

Transgender women describes people who were assigned the male sex at birth but identify as women.

Transgender men describes people who were assigned the female sex at birth but identify as men.

Transgender

Multiple factors put transgender people at risk for HIV infection and transmission - commercial sex work, mental health issues, incarceration, homelessness, unemployment, substance abuse as well as violence and lack of family support.

Many transgender people face stigma, discrimination, social rejection, and exclusion that prevent them accessing health care, education, employment, and housing.

Insensitivity to transgender issues by health care providers can be a barrier for transgender people diagnosed with HIV and seeking quality treatment and care services.

Youth

In 2016:

8,451 youth received an HIV diagnosis in the United States.

Eighty-one percent (6,848) of HIV diagnoses were among youth with infections attributed to male-to-male sexual contact.

African American youth accounted for 54% (3,719) of infections attributed to male-to-male sexual contact

Hispanics/Latino youth accounted for 25% (1,687)

Whites accounted for 16% (1,094)

Additional races/ethnicities accounted for 5%.

CDC, 2016

Youth

Inadequate Sex Education. The status of sexual health education varies throughout the United States and is insufficient in many areas

Some of the highest STI rates are among youth aged 20 to 24, especially youth of color.

The presence of another STI greatly increases the likelihood that a person exposed to HIV will become infected.

Gay and bisexual high school students may engage in risky sexual behaviors and substance abuse because they feel isolated and lack support.

Vital Signs: HIV infection, testing, and risk behaviors among youths—United States. MMWR 2012;61(47):971-6.

Older Adults

Increases in the number of HIV/AIDS cases among middle-aged and older individuals

Medical system doesn't test older people who may not consider themselves to be at risk of HIV infection

Medical system may mistake HIV symptoms for those of normal aging and not consider HIV as a cause

Older people in the United States are more likely than younger people to have late stage HIV infection at the time of diagnosis

National Institute on Aging. HIV, AIDS, and older people. Bethesda, MD: National Institutes of Health; 2016. Accessed September 14, 2017.

Older Adults

Lack of HIV education targeted at older adults.

Older adults who begin dating again after a divorce or the death of a partner may not use condoms if they are unaware of the risk of HIV.

Age-related thinning and dryness of the vagina may increase the risk of HIV infection in older women.

No longer concerned about pregnancy may not use a condom during sex.

National Institute on Aging. HIV, AIDS, and older people. Bethesda, MD: National Institutes of Health; 2016. Accessed September 14, 2017.

Sex Workers

Most vulnerable to HIV infection, given the coexisting features of poverty, homelessness, history of childhood sexual abuse, and alcohol and drug dependence.

Sex workers are often stigmatized, marginalized and criminalized by societies increasing factors that contribute to their vulnerability to HIV.

Stigma that sex workers face can make it hard for them to access healthcare, legal, and social services.

Sex workers are often powerless to negotiate safer sex.

Effective HIV prevention for sex workers are those that account for the contexts in which they work and the particular risks they face.

UNAIDS (2018)

Exploring HIV Cultural Competency

Cultural Competency

Developing culturally competent approaches to engage hard-to-reach populations vulnerable to HIV infection in care remains a paramount concern.

More than 50,000 new infections occur every year, most of them among young people under the age of 30 and in communities of color.

Racial and ethnic minorities have been disproportionately affected by HIV/AIDS and represent the majority of new HIV infections, people living with HIV disease, and deaths among people with HIV.

Many factors influence why HIV/AIDS prevention messages might be resisted by African-Americans, LatinX communities.

Kaiser Family Foundation, The HIV/AIDS Epidemic in the United States, 2014

Economic Issues

African-Americans and LatinX communities experience higher rates of unemployment, poor housing, poor health, early death and inadequate medical insurance than others.

Fewer community resources create a lack of access to HIV care and education.

Seeking medical intervention only for acute needs, rather than preventative care

hivplusmag.com/treatment/prevention/2013

Government Distrust

Distrust of public health system and programs.

When public health officials start telling people to change private sexual behaviors to prevent HIV/AIDS it is understandable why the safer sex messages might be resisted.

In many ways, the private realm of sexuality is the last area in which they feel a sense of control and power.

Denial of the threat of HIV/AIDS is not unique to African-American and LatinX communities.

Cultural Background for HIV/AIDS Prevention, Advocates for Youth

Religion

Churches in the African American and LatinX community play similar roles as moral guidance, spiritual comfort and serving as a community resource in time of need.

There are several ways in which religious beliefs have an impact on HIV/AIDS prevention education.

- Homosexuality is seen as immoral, unnatural, sinful and evil.
- AIDS is punishment from God for immoral behavior.
- Expectation of procreation and raising a family.

Cultural Background for HIV/AIDS Prevention, Advocates for Youth

Gender Roles

Gender role expectations held by African-Americans and LatinX communities can be a significant barrier for HIV/AIDS prevention work.

Denial of African-American or LatinX homosexual behavior is common.

African-American and LatinX gay/lesbian/bisexual people face at least two struggles:

- acceptance as gay people in their own communities
- acceptance as people of color in the gay community

Direct sexual talk in public and private is still basically unacceptable and clinicians may startle and offend their clients by talking about taboo sexual subjects.

HRSA CARE Action 2013

Cultural Competence

The effectiveness of HIV/AIDS treatment depends largely on the ability to communicate effectively about treatment options and protocols.

Effective treatment depends upon community trust in their providers, willingness to follow recommended protocols, and ability to understand clinical recommendations.

A clinician's cultural competence is critical for eliciting these responses.

hiv/aids and cultural competency - Clear Health Alliance

Cultural Competence

Clinicians engaged in culturally competent care tailor their services to the individual, social, cultural, and linguistic needs of their clients.

Cultural competency is a multi-faceted approach to community connection.

Culturally competent HIV/AIDS care reflects an understanding of clients' unique worldview, particularly as it relates to their perception of health, which may be reflective of their cultural background and norms, their health literacy, and their ability to access services.

HRSA CARE Action 2013

Cultural Competency Skills

Being aware of your own culture and values.

Respecting differences.

Being aware of, and working at, controlling your own biases and how they affect interactions with others.

Understanding institutional barriers that prevent access to resources.

Building strong cross cultural team relationships.

The Power of Diversity 3rd Edition, New ways of Learning and Teaching through Learning Styles, Barbara Prashnig

Cultural Competency Skills

Advocating for individuals who are different from yourself.

Using effective communication skills across differences.

Acknowledge any discomfort, hesitation, or concern.

Being flexible.

The Power of Diversity 3rd Edition, New ways of Learning and Teaching through Learning Styles, Barbara Prashnig



Testing

Basics

HIV testing shows whether a person has HIV.

HIV testing can detect HIV infection, but it can't tell how long a person has been infected with HIV or if the person has AIDS.

Testing for HIV status is a powerful tool in preventing transmission.

General informed consent for medical care notifies the patient that an HIV test will be performed unless the patient declines (opt-out screening).

Basics

Talk to health care provider about risk of HIV infection and how often testing for HIV is advised.

No HIV test can detect HIV immediately after infection.

The time between when a person gets HIV and when a test can accurately detect it is called the *window period*. The window period varies from person to person and also depends upon the type of HIV test.

Who Should Get Tested

CDC recommends that everyone 13 to 64 years old get tested for HIV at least once.

People at high risk for HIV infection should get tested each year.

Sexually active gay and bisexual men may benefit from getting tested more often, such as every 3 to 6 months.

If a person has been sexually assaulted, they should get tested for HIV as soon as possible after the assault.

CDC recommends that all pregnant women get tested for HIV as early as possible during each pregnancy.

Women who are planning to get pregnant should also get tested.

Types of HIV Tests

Antibody tests.

Check for HIV antibodies in blood or fluids from the mouth.

HIV antibodies are disease-fighting proteins that the body produces in response to HIV infection.

It can take 3 to 12 weeks for a person's body to make enough antibodies for an antibody test to detect HIV infection.

The window period for antibody tests in most people is somewhere between 3 to 12 weeks from the time of infection.

Types of HIV Tests

Combination tests (antibody/antigen tests)

Detect both HIV antibodies and HIV antigens (a part of the virus) in blood.

A combination test can detect HIV infection before an HIV antibody test.

It can take 2 to 6 weeks for a person's body to make enough antigens and antibodies for a combination test to detect HIV infection.

Combination tests are becoming more common in the United States.

Types of HIV Tests

NAT (**nucleic acid test**)

Look for HIV in the blood.

NATs can detect HIV infection about 7 to 28 days after a person has been infected with HIV.

NATs are very expensive and not routinely used for HIV screening unless the person had a high-risk exposure or a possible exposure with early symptoms of HIV infection.

HIV Tests for Home Use

Two HIV tests approved by the U.S. Food and Drug Administration (FDA) for home use. Both are HIV antibody tests.

The Home Access HIV-1 Test System:

Home collection kit, which involves pricking the finger for a blood sample, sending the sample to a lab for testing, and then calling the lab for results as early as the next business day.

If the result is positive for HIV, the lab will do a follow-up test on the same blood sample to confirm the initial HIV-positive test result.

HIV Tests for Home Use

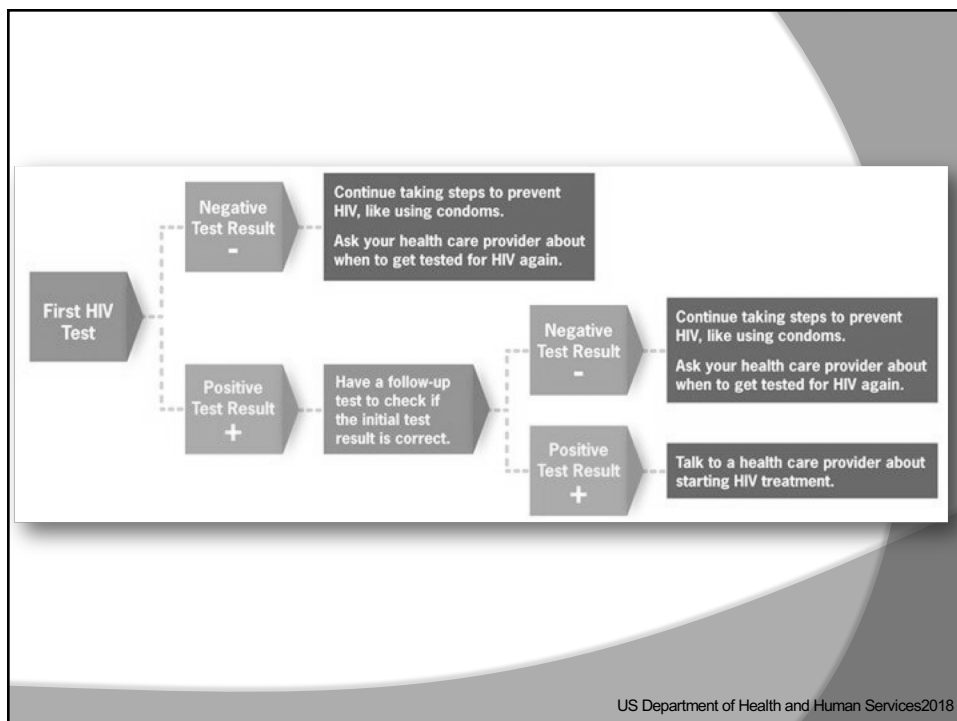
The OraQuick In-Home HIV Test:

Comes with a test stick and a tube with a testing solution.

The test stick is used to swab the gums to get a sample of oral fluids.

Test stick is inserted into the test tube. Test results are ready in 20 minutes.

A positive result on this home HIV test must always be confirmed by additional HIV testing performed in a health care setting.



Where to Get Tested for HIV?

Personal health care provider can give an HIV test.

HIV testing is also available at many hospitals, medical clinics, community health centers, and AIDS service organizations.

Confidential testing means that HIV test results will include name and other identifying information, but only people allowed to see medical records will see test results.

Health departments remove all personal information (including names and addresses) from HIV test results before sharing the information with CDC and local or state health departments.

Anonymous testing means patients don't have to give name when they take an HIV test. When they take the test, they receive a number. To get HIV test results, patient gives the number instead of name.

CDC, 2018

Treatment

Treatment

- HIV treatment involves taking medicines that slow the progression of the virus in your body.
- HIV is a type of virus called a retrovirus, and the combination of drugs used to treat it is called antiretroviral therapy (ART).
- Previous treatment protocol was known as highly active antiretroviral therapy (HAART).
- ART is recommended for all people with HIV, regardless of how long they've had the virus or how healthy they are.

Treatment

- ART reduces the amount of virus (or viral load) in the blood and body fluids.
- ART protects the immune system.
- ART prevents HIV from progressing to AIDS.
- Reduces the risk of HIV transmission.
- ART is usually taken as a combination of 3 or more drugs to have the greatest chance of lowering the amount of HIV in the body.
- Current treatment often finds multiple drugs combined into 1 pill.

Nucleoside Reverse Transcriptase Inhibitors

NRTIs block reverse transcriptase, an enzyme HIV needs to make copies of itself.

Non-Nucleoside Reverse Transcriptase Inhibitors

NNRTIs bind to and later alter reverse transcriptase, an enzyme HIV needs to make copies of itself.

Protease Inhibitors (PIs)

PIs block HIV protease, an enzyme HIV needs to make copies of itself.

Combination HIV Medicines

Combination HIV medicines contain two or more HIV medicines from one or more drug classes.

Current Medications

Genvoya
Prezista
Norvir
Truvada
Descovy
Triumeq
Tivicay
Stribild
Isentress

Treatment Side Effects

As with all medication, starting to take ARVs can cause some side-effects, particularly in the first few days of treatment. Some common side effects of ART can include:

- Nausea and vomiting
- Diarrhea
- Difficulty sleeping
- Dry mouth
- Headache
- Rash
- Dizziness
- Fatigue
- Pain

Treatment

It is now recommended that people living with HIV start antiretroviral treatment straight away

Current HIV treatment has to be taken every day for the rest of a patients life

HIV medicines can interact with other medicines, vitamins, nutritional supplements, and herbal products

Alcohol and recreational drugs weaken the immune system and can have interactions with treatment medications

Factors that can affect readiness include other high-risk behaviors, substance abuse, social support, mental illness, other chronic diseases, economic factors (such as unstable housing), medical insurance status and other factors

Prevention, PrEP, and PEP

Prevention

- Get tested and know your partner's HIV status.
- Talk to your partner about HIV testing and get tested before you have sex.
- Have less risky sex.
- HIV is mainly spread by having anal or vaginal sex without a condom or without taking medicines to prevent or treat HIV.
- Use condoms.
- Use a condom correctly every time you have sex.

Prevention

- If you have more than one sexual partner, get tested for HIV regularly.
- Get tested and treated for STIs.
- Insist that your partners get tested and treated too.
- Having an STI can increase your risk of becoming infected with HIV or spreading it to others.
- Talk to your health care provider about pre-exposure prophylaxis (PrEP).
- Don't inject drugs. But if you do, use only sterile drug injection equipment and water and never share your equipment with others.

Safer Sex

- Use a barrier to prevent contact with blood or sexual fluid.
- Be sure to use water-based lubricants.
- Oil-based lubricants like Vaseline, oils, or creams can damage condoms and other latex barriers.
- Oral sex has low risk of transmitting HIV.

Safer Sex

- Phone Sex
- Mutual Masturbation
- Solo Masturbation
- Hand jobs
- Water Sports. Urine does not transmit HIV.
- Kissing
- Body Massage, Hugging, Rubbing
- Frottage. body-to-body rubbing

PrEP

- Pre-exposure prophylaxis - HIV medicines taken daily to lower their chances of getting infected.
- Combination of two HIV medicines (tenofovir and emtricitabine), sold under the name Truvada® (pronounced tru vâ duh)
- Approved for daily use to help prevent an HIV-negative person from getting HIV from a sexual or injection-drug-using partner who's positive.
- Studies have shown that PrEP is highly effective for preventing HIV if it is used as prescribed.

PrEP

- The anti-HIV drugs in PrEP stop the virus replicating.. If you are exposed to HIV but have been taking PrEP correctly, there will be high enough levels of the drugs to prevent you from getting HIV.
- PrEP is much less effective when it is not taken consistently.
- PrEP can cause side effects like nausea in some people, but these generally subside over time.
- No serious side effects have been observed, and these side effects aren't life threatening.

PrEP

- PrEP can be prescribed only by a health care provider.
- PrEP doesn't give you any protection against other STDs, like gonorrhea and chlamydia.
- In people who are HIV-negative and have taken PrEP for up to 5 years, no significant health effects have been seen.
- While taking PrEP, regular checkups with a healthcare professional are recommended(at least every three months).

PrEP is recommended for:

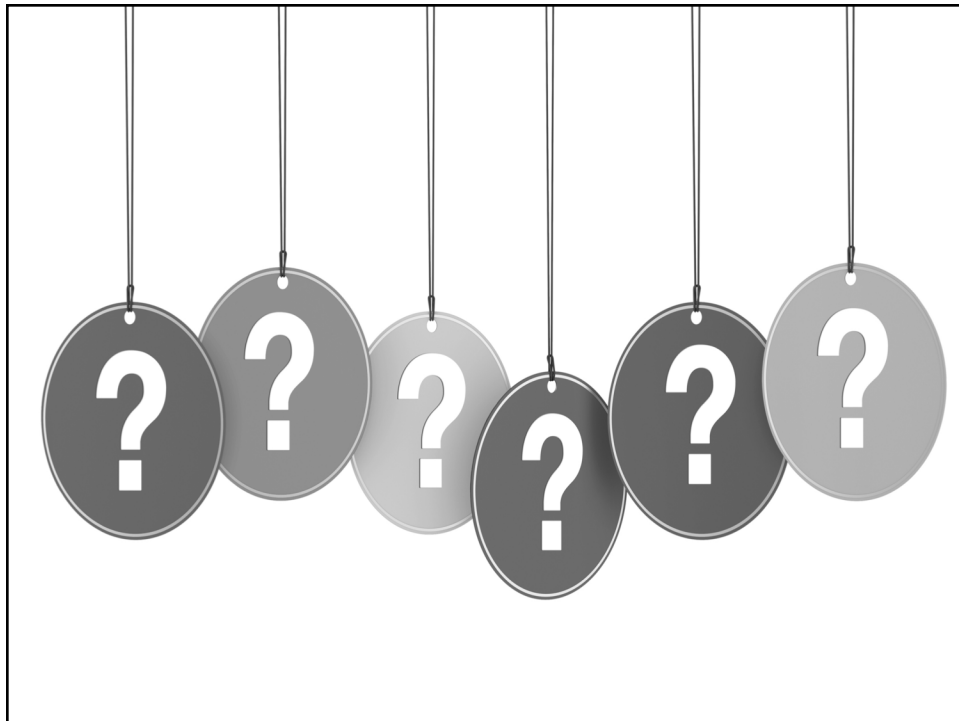
- People in an ongoing sexual relationship with a partner living with HIV whose HIV is not well controlled.
- MSM who has multiple casual sexual encounters and don't always use condoms.
- Gay or bisexual man in a new sexual relationship but not yet aware of sexual partners HIV status and not using condoms.
- Not using condoms with partners of the opposite sex whose HIV status is unknown.
- People who share injecting equipment or have been in a treatment program for injecting drug use.

PeP

- PEP stands for post-exposure prophylaxis and involves taking HIV medicines very soon after a possible exposure to HIV to prevent becoming infected with HIV.
- PEP might be prescribed for you if you are HIV negative or don't know your HIV status, and in the last 72 hours you:
 - Think you were exposed to HIV during your work, for example from a needlestick injury
 - Think you were exposed to HIV during sex
 - Shared needles or drug preparation equipment ("works")
 - Were sexually assaulted

PeP

- PEP must be started as soon as possible to be effective and always within 72 hours (3 days) after a possible exposure to HIV.
- PEP involves taking HIV medicines every day for 28 days.
- PEP is not the right choice for people who may be exposed to HIV frequently



Newly Diagnosed

Everyone reacts differently when they find out they have HIV, but common feelings include:

- ✓ shock
- ✓ anger
- ✓ fear (including fear of illness or dying)
- ✓ worry
- ✓ concern about what other people will think
- ✓ guilt
- ✓ shame
- ✓ embarrassment
- ✓ sadness

Newly Diagnosed

People who find out that they are HIV positive often deal with the news by denying that it is true.

Roller Coaster ride.

Many questions about exposure to the virus, and about what will happen next.

Most people gradually come to terms with having HIV, although some aspects of being HIV positive can still make them feel anxious or distressed.

Encourage honesty with healthcare providers to plan and manage care appropriately.

Grief Process

In the past, for people living with HIV/AIDS, grief and bereavement typically refer to the loss of life felt in the HIV community.

Changes in HIV treatments and longer life expectancies, allow care providers to view HIV grief in a way that considers physical, social, and emotional loss.

Often experience Kubler Ross stages.

Grief Process

Denial

- ✓ Test is incorrect
- ✓ Get multiple tests
- ✓ Keep diagnosis secret

Grief Process

Anger

- ✓ Feeling betrayed by self and others
- ✓ Self-destructive behaviors
- ✓ Substance Use
- ✓ Unprotected sex

Grief Process

Bargaining

- ✓ Feelings of regret
- ✓ Promises of better behavior
- ✓ Shut down to relationships

Grief Process

Depression

- ✓ Feeling hopeless
- ✓ Worries of future
- ✓ Dirty
- ✓ Unworthy of love or relationship

Grief Process

Acceptance

- ✓ Acknowledgement of diagnosis
- ✓ Future planning
- ✓ Hope for relationship and love
- ✓ Education

Ongoing Mental Health

- ✓ Having a serious illness, like HIV, can be a source of major stress.
- ✓ Living with HIV can challenge a sense of well-being or complicates existing mental health conditions.
- ✓ Every one-unit higher depression or anxiety score independently raised odds of imperfect medical adherence.
- ✓ Some people who experience mental health problems have trouble taking their HIV treatment correctly and may miss doses, skip appointments or not practice self care.

The Body Pro, 2017

Anger

- ✓ Anger is common and natural feeling related to being diagnosed with HIV.
- ✓ Many people are upset about how they got the virus or angry that they didn't know they had the virus.
- ✓ Ways to deal with feelings of anger include the following:
 - ✓ Talk about feelings with others, such as people in a support group, or with a counselor, friend, or social worker.
 - ✓ Try to get some exercise--like gardening, walking, or dancing--to relieve some of the tension and angry feelings you may be experiencing.
 - ✓ Avoid situations--involving certain people, places, and events--that cause you to feel angry or stressed out.

Depression

- ✓ People living with HIV are twice as likely to have depression compared to those who are not infected with HIV.
- ✓ Limits quality of life and can often affect ability to care for health.
- ✓ Depression can lead to greater HIV mortality.
- ✓ Link between depression and poor medical adherence appears to grow stronger as depression deepens.
- ✓ Treating depression improves medical adherence and efficacy.
- ✓ Medications can influence levels of depression

National Institute of Mental Health (2016). HIV/AIDS and Mental Health from <https://www.nimh.nih.gov/health/topics/hiv-aids/index.shtml>

Depression

Ways to deal with feelings of depression include the following:

- ✓ Encourage access to services
- ✓ Local support groups
- ✓ Proper diet and rest
- ✓ Address changes in self-perception
- ✓ Explore use of medications
- ✓ Spend time with supportive people, such as family members and friends

Anxiety

- ✓ Symptoms of anxiety can include sweating, breathlessness, a racing heartbeat, agitation, nervousness and headache.
- ✓ Both physical and psychological effects.
- ✓ Forms of anxiety include: panic disorder, generalized anxiety disorder, obsessive-compulsive disorder, and PTSD.
- ✓ Anxiety can occur with depression.
- ✓ Treating anxiety improves medical adherence and efficacy.

Anxiety

Ways to deal with feelings of anxiety include the following:

- ✓ Individual therapy
- ✓ Group therapy
- ✓ Medication
- ✓ Meditation
- ✓ Accessing support services
- ✓ Nutrition and sleep hygiene
- ✓ Learn about HIV

Dementia

The symptoms of dementia in people with HIV resemble those seen in older people with senile dementia and include:

- ✓ Difficulties in thinking or understanding
- ✓ Forgetfulness
- ✓ Loss of memory
- ✓ Severe problems concentrating
- ✓ Confusion
- ✓ Problems planning and organizing
- ✓ Withdrawing from other people
- ✓ Agitation
- ✓ Loss of interest
- ✓ Childish behavior.
- ✓ Problems with movement and co-ordination
- ✓ Loss of balance or strength

NAM Aidsmap, 2016

Dementia

- ✓ It is important to remember that there can be many other causes of the symptoms listed above, not only dementia.
- ✓ Symptoms may mimic depression or anxiety.
- ✓ Co-ordinate care with HIV doctor to report symptoms and explore causes.

NAM Aidsmap, 2016

Stress

Stressors that can contribute to mental health problems for people living with HIV/AIDS, include:

- ✓ Having trouble accessing services
- ✓ Loss of social support, resulting in isolation
- ✓ Loss of employment or worries about job performance abilities
- ✓ Having to tell others about HIV diagnosis
- ✓ Managing doctor visits and HIV medicines
- ✓ Changes in physical appearance or abilities due to HIV/AIDS
- ✓ Dealing with loss, including the loss of relationships or even death
- ✓ Facing the stigma and discrimination associated with HIV/AIDS

Manage Stress Related to HIV Diagnosis

List Making

Resources
Who or what can help
How to get available services

Breathe — Share techniques to focus on breath and slow it down.

Relax — Uncover techniques that assist client to relax, massage, yoga, baths.

Talk about fears — Keeping fears bottled up makes them worse. Make space to talk about clients fears and worries.

Live in the here and now — Life with HIV can be all about living in the past with regrets or in the future with worry about what lies ahead.

Addiction and substance use

- ✓ People living with HIV have high rates of past or current history of alcohol or substance use disorders (SUDs).
- ✓ Nearly 50% of persons living with HIV/AIDS reporting current or past histories of drug or alcohol disorders.
- ✓ 24 percent report receiving treatment for SUDs.
- ✓ HIV seropositive drug users have higher age matched morbidity and mortality when compared to non-drug using HIV seropositive cohorts.
- ✓ Frequently observed was an intensification of drug use in the face of an HIV diagnosis.

NAM, Aidsmap, 2016

Addiction and substance use

Those who are under the influence of drugs are more likely to engage in dangerous behavior, such as condomless sex with partners who could be carrying the virus.

People with HIV who drink alcohol are more likely to miss doses of their treatment than those who don't.

Adhering to the antiretroviral treatment (ART) that suppresses HIV and maintaining a healthy lifestyle are critical to controlling the disease.

Excessive substance use can weaken the immune system increasing the risk of more side effects from HIV medications.

NAM, Aidsmap, 2016

Recreational drugs and HIV meds

Certain HIV medications can boost the level of recreational drugs in the system in unexpected and potentially dangerous way.

There is much less medical research on drug interactions with illicit drugs.

HIV drugs and some recreational drugs are metabolized (processed) by the same pathways in the body. This can alter the effect of one or both drugs when they are combined.

CATIE, 2015

Recreational drugs and HIV meds

The interaction may increase the intensity of the effect of the recreational drug, sometimes to unpleasant or dangerous levels.

A dangerous interaction is possible between ritonavir (*Norvir*) or cobicistat (*Tyboost*) and several recreational drugs:

- Crystal methamphetamine (crystal, tina, meth)
- MDMA (ecstasy, X, mandy)
- Mephedrone (miaow miaow, plant food, bath salts)
- Ketamine (K, vitamin K, special K)
- Erectile dysfunction drugs (*Viagra*, *Cialis*, *Levitra*)
- Benzodiazepines (benzos, *Valium*, *Xanax*)

CATIE, 2015

HIV and injection drug use

Sharing a needle or any equipment when injecting drugs is dangerous and increases exposure risk for HIV and hepatitis.

Risk reduction for injection:

- Never reuse or "share" syringes, water, or drug preparation equipment.
- Use a new, sterile syringe each time to prepare and inject drugs. If this is not possible, sterilize syringe and other equipment with bleach.
- Use sterile water to prepare drugs; otherwise, use clean water from a reliable source (such as fresh tap water).
- Clean the injection site with a new alcohol swab prior to injection.
- Safely dispose of syringes after one use.

NAM, Aidsmap, 2016

Disclosure

Disclosure

One of the most challenging emotional processes facing HIV positive people.

Even with the advances in prognosis and treatment, HIV/AIDS still carries stigma to general population.

Each new experience of disclosure for HIV positive person can be traumatizing.

Fear of judgment, marginalization, and rejection are often at the forefront of any disclosure experience.



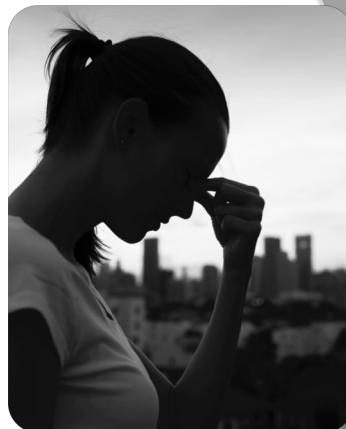
Shame

- I should have known better
- People will look at me differently
- I am sick



Guilt

- I should have known better
- I am now damaged
- I can pass this disease to others
- I will let down the people who depend on me



Fear

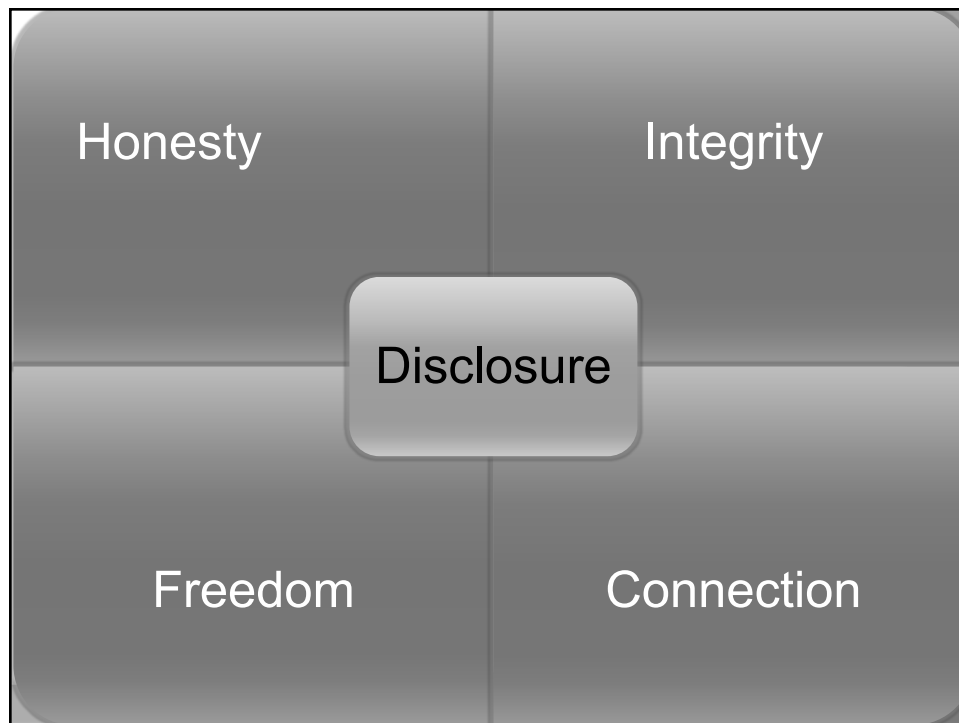
- I will be discriminated against
- I don't know who to trust
- If I disclose I will lose my:
 - Job
 - Friends
 - Family
 - Spiritual home
 - Community



Rejection

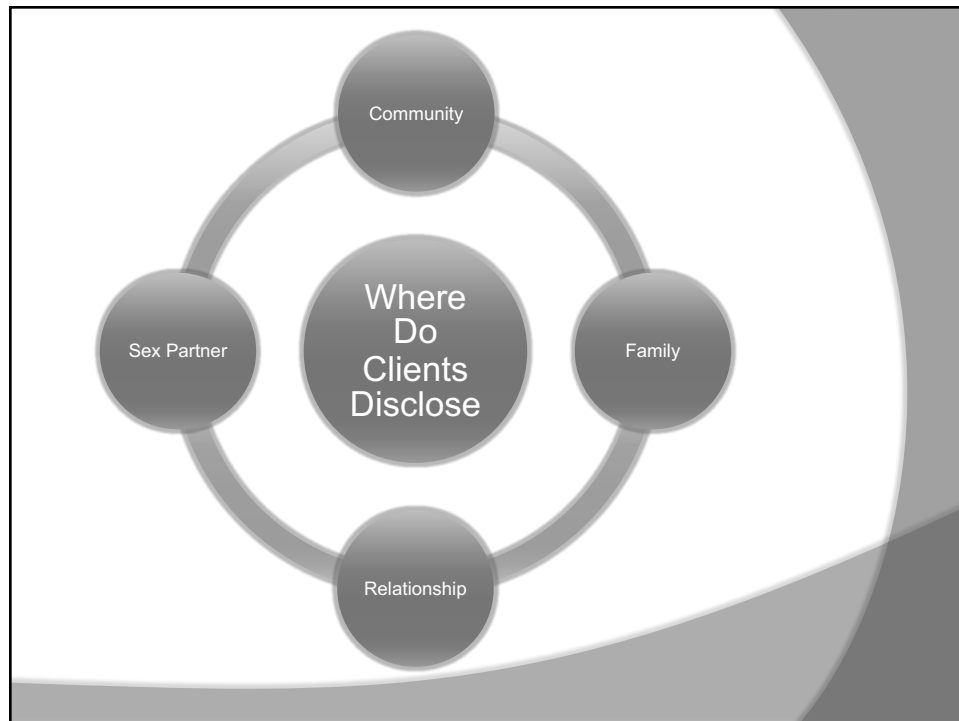
- My family will turn away from me
- No one will want to date me
- I am damaged goods





Benefits of Disclosure

- Improved psychological well being
- Access to resources
- Physical support
- Emotional support
- Lessen the stigma of HIV/AIDS
- Reassurance of ones value
- Worthiness of being loved



Styles of Disclosure

- Tell and Kiss
- Kiss and Tell
- Sex and Tell
- Forced
- Explosive

A black and white photograph of a man in a dark suit and white shirt. He is holding his right index finger up to his lips in a universal gesture for silence or secrecy.

Tell and Kiss

- Disclosing almost immediately
- + Less emotional attachment in anticipation of possible rejection
- - Larger number of people are made aware of HIV status



Kiss and Tell

- Wait to disclose after a few dates
- + Maintains privacy, no need to disclose to every date
- - “ Why didn’t you tell me” reaction



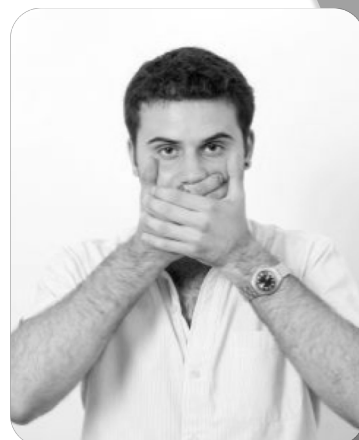
Sex and Tell

- Not sharing HIV status until after a sexual encounter
- + Avoiding possible rejection and emotional connection
- - High Risk
 - Danger to others
 - Damages trust
 - Potential violence during disclosure



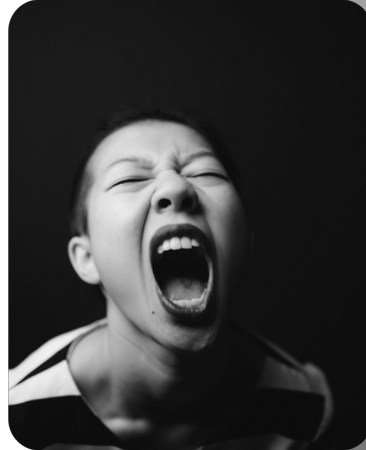
Forced/Outed

- Information released by trusted source
- Accidental disclosure
- Revenge disclosure
- Situational disclosure



Explosive

- Can not hold on to secret any longer
- Risk of holding secret bigger than risk of disclosing
- Emotional stress and anxiety



Disclosure for Women

- Outside the norm of the HIV/AIDS story
- Limited resources
- Questioning of morality
- Family and child bearing repercussions



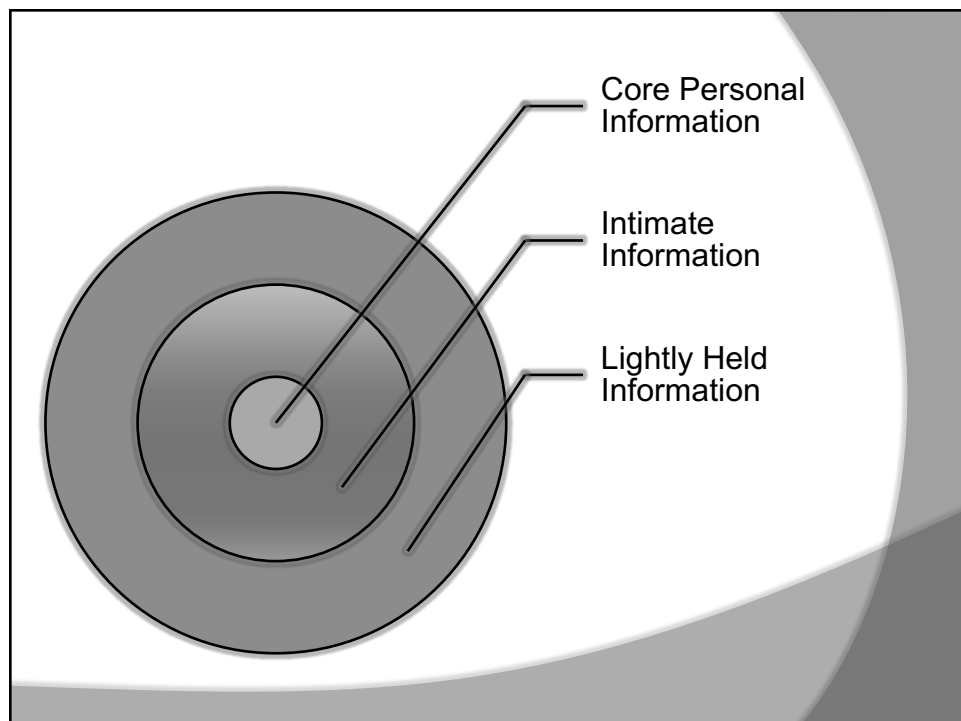
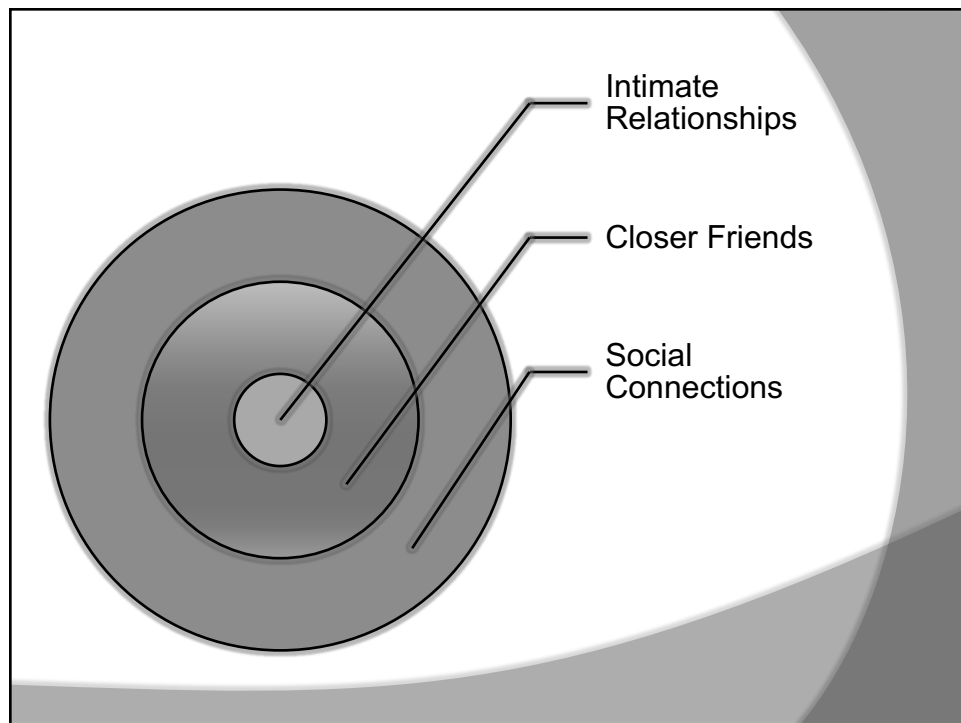
Disclosure for MSM

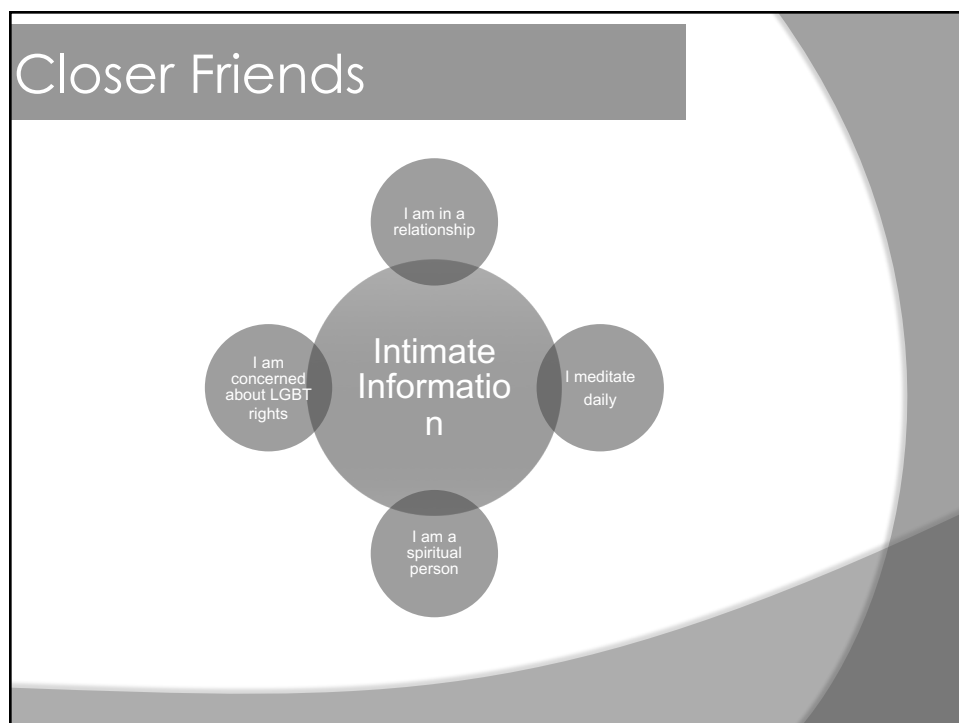
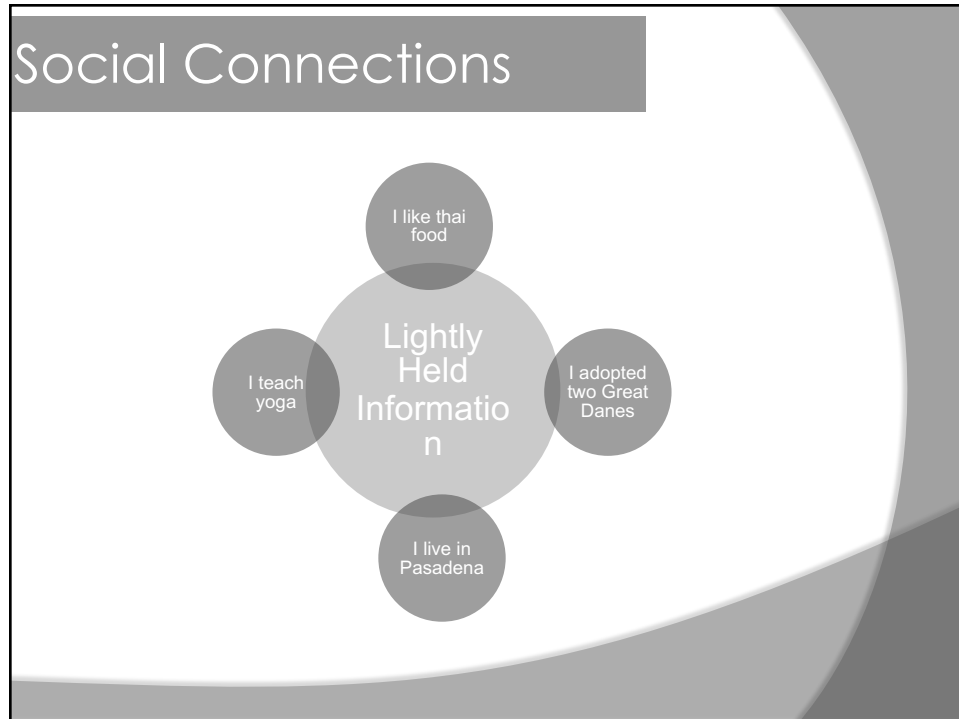
- Do not identify as gay
- Sex is on the DL
- Perceived large scale repercussions
- Less willing to access resources

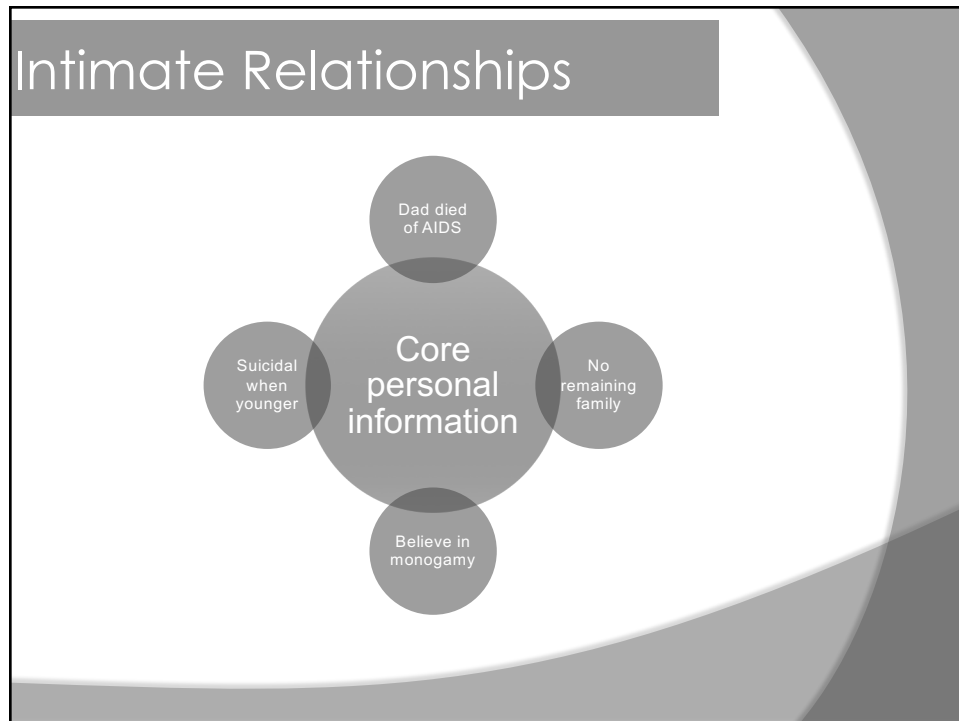


Personal Trust Model

- We all have things that we disclose
- Learn to qualify layers of disclosure
- Strength of relationship influences depth of disclosure







Couples

Couples with one person who is HIV-positive and one who is HIV-negative are sometimes called “serodiscordant”, “mixed serostatus” or “serodivergent”.

Many serodivergent couples have powerful and successful relationships.

HIV can be a constant presence in the life of serodiscordant couples.

Couples

HIV isn't the first topic that comes up when most couples start dating.

May not know the HIV status of their partner.

Might not even have been tested themselves.

It can be very difficult to talk about HIV status.

Positive Partner

HIV and HIV medications can cause physical changes in the body.

HIV medications may have unpleasant side effects.

This might give the HIV-positive partner negative feelings about their body and their health.

It may be difficult to feel attractive and have a normal romantic relationship.

Positive Partner

Negative self image can interfere with sexual desire.

The HIV-positive partner might focus on not infecting their partner.

Fear of transmitting HIV can cause an excess of caution.

This might even stop all sexual activity.

Negative Partner

May experience a lack of support and validation from family and friends, who often question why they're getting into or continuing a relationship full of risks like HIV transmission.

Fears of partners illness and death, which an HIV diagnosis can make more palpable.

Assumption by public that negative partner is already are or will eventually be positive.

Placing too much emphasis on caring for partner.

Supporting Serodivergent Couples

For new couples, testing for HIV together and receiving counseling with partner can create a strong foundation of trust.

Makes it easier to disclose HIV test results to one-another.

Help partners to cope more effectively if one or both receive a positive result.

Makes planning for the future a shared responsibility.

Supporting Serodivergent Couples

For all couples, learn to share about each partner's emotional well-being.

Sharing information about medical issues as they arise, for both partners.

Discussing the stress of caregiving.

Encourage and support the HIV-positive partner's adherence to medication.

Discuss PrEP for negative partner.

Issue of disclosure—who among friends and family gets to know about the HIV-positive status.

Supporting Serodivergent Couples

Foster an open and honest communication about sex between partners.

Talking about each partners sexual needs.

What forms of sexual contact feel safest.

What are their sexual likes and dislikes.

Focus on how the couple can find ways to keep their sex life active and intriguing.

$$U = U$$

Undetectable = Untransmittable

On September 27, 2017 the CDC's Division of HIV/AIDS Prevention released the following:

People living with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners.

No HIV transmissions to an HIV-negative partner were observed when the HIV-positive person was virally suppressed.

This means that people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner.

On July 25 2018, British researcher Alison Rodger at the 22nd International AIDS Conference (AIDS 2018) in Amsterdam presented research from a four year study that HIV-positive men who have sex with men (MSM) who were virally suppressed had zero risk of transmitting HIV to their partners.

This study provides the most definitive conclusion yet that antiretroviral treatment is an extremely powerful tool in preventing HIV transmission -- and that the concept of U=U (undetectable equals untransmittable) can be applied reliably to gay men and heterosexuals.

Rodger A et al. Risk of HIV transmission through condomless sex in MSM couples with suppressive ART: The PARTNER2 Study extended results in gay men. AIDS 2018, 23-27 July 2018, Amsterdam.

In the four-year (2014 to April 2018) observational study the researchers assessed 783 couples who contributed 1,596 couple-years of follow up including 76,991 individual acts of condom-free sex.

Every six to 12 months, both partners completed questionnaires about their sexual behavior; the HIV-negative partner received an HIV test; and the HIV-positive partner received a viral load test.

The couples had condomless sex with each other; the HIV-negative partner reported no use of pre- or post-exposure prophylaxis; and the HIV-positive partner had maintained a viral load below 200 copies/mL throughout the prior 12 months.

The findings affirm that there is no risk of HIV transmission when a person's HIV viral load is suppressed on treatment.

Rodger A et al. Risk of HIV transmission through condomless sex in MSM couples with suppressive ART: The PARTNER2 Study extended results in gay men. AIDS 2018, 23-27 July 2018, Amsterdam.



Final Thoughts

Our duty as clinicians

- ◆ Stay informed
- ◆ Constantly evolving story
- ◆ Explore own personal biases and agendas
- ◆ Share with community
- ◆ Examine material in context of our own lives