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## HIV – KEY FACTS FOR POLICE

### HIV – SIX IMMEDIATE THINGS YOU NEED TO KNOW

1. You cannot get HIV from someone through everyday contact. There is absolutely no need for gloves, masks or any form of additional protection or precaution for normal interaction. For spillages of body fluid or handling of sharps, universal precautions apply as usual.
2. It is unlawful to discriminate against someone with HIV. This can include abusive or judgemental comments whether around HIV, sexual behaviours, sexual orientation or race. All communication should be respectful and supportive.
3. Use the word 'HIV' – avoid using the term 'AIDS'
4. If someone tells you they are worried they may have been infected in the previous 72 hours, you must advise them to go immediately to either an open sexual health clinic or the nearest hospital Accident and Emergency Department to ask for PEP, which can prevent HIV infection.
5. If someone tells you that they or someone else has HIV, take care to protect the confidentiality of the HIV positive person.
6. If someone is in custody with HIV it is essential to find out whether they are taking drugs for their HIV treatment, and, if they are, ensure that they have continuing and uninterrupted access to their medication.

### 1. What is HIV?

HIV stands for Human Immunodeficiency Virus. HIV attacks the body's immune system – the body's defence against disease – so that it can no longer fight off certain infections and diseases. When someone is diagnosed as having HIV in their body they are described as being HIV positive, or living with HIV.

You should not say that someone with HIV has 'AIDS'.

Whilst the virus can be treated, there is still no cure or vaccine for HIV.

## **2. Can you tell if someone has HIV?**

You cannot tell from how someone looks that they have HIV. Only an HIV test can determine whether or not someone has HIV (see below). People can live for many years with HIV without any symptoms of infection.

## **3. What is the difference between HIV and AIDS?**

The terms 'HIV' and 'AIDS' do not mean the same thing. 'AIDS' should not be used to refer to HIV.

AIDS is a medical term, often misused, for advanced HIV disease and has a very exact meaning.

When the immune system becomes weak following HIV infection, it gradually becomes unable to fight off certain infections and diseases (for example, TB, Non-Hodgkin's lymphoma, one type of pneumonia). Some infections or diseases are on an official medical list of 'AIDS-defining illnesses'. Most people with HIV do not have an AIDS-defining illness and will never get one - and most people who get AIDS – defining illnesses fully recover from them.

## **4. How is HIV transmitted?**

HIV is transmitted through blood, semen, vaginal or anal fluid secretions, and breast milk. HIV doesn't live for more than a few moments outside the body and to be transmitted must find a way quickly into another person's bloodstream. There is no risk of HIV transmission from ordinary social contact.

The main routes of HIV transmission are:

- Unprotected anal or vaginal sex with someone who has HIV.
- Sharing needles (for injecting drugs, tattooing or piercing).
- From a mother to her child during pregnancy, birth or breastfeeding. However, with treatment and care, this risk is reduced to less than one per cent.
- In some countries HIV may be transmitted through infected blood products. In the UK all blood is screened to ensure this does not happen
- Oral sex poses a much smaller but still identifiable risk that is increased if ejaculation in the mouth takes place and/or there are open sores in the mouth.

## **5. and how is it not transmitted .. ?**

HIV is NOT transmitted by –

- Kissing or touching
- Sitting on toilet seats
- Sharing cutlery, mugs, razors or toothbrushes
- Picking up discarded needles and syringes
- Using swimming pools
- Spitting or sneezing
- Insect or animal bites
- Sharing eating utensils

#### *Injuries from needles*

There has never been an attested case of someone being infected with HIV by an attack with a needle or through being injured by a discarded needle outside a healthcare setting. There is a risk of other infections in these circumstances.

#### *No gloves or masks*

Universal precautions in first aid or for dealing with spillages are sufficient to deal with any minimal risk of HIV transmission in these circumstances. It is unnecessary and unacceptable for a police officer to use gloves, masks or any other additional form of protection when dealing with someone with HIV which would not otherwise be required in relation to an uninfected or undiagnosed person.

#### *Biting*

There have been well over 60 million cases of HIV transmission across the globe but only two examples worldwide where a bite might have passed on HIV, neither of which occurred in the UK. In both cases the person had high levels of HIV in their blood because of advanced HIV-related disease, unusually there was blood in their saliva, and the bite broke the skin. This combination of very exceptional circumstances is not all likely during any police investigation.

### **6. How likely is HIV transmission during sex?**

Unprotected sex with someone with HIV does carry a risk of HIV transmission, but HIV is much less infectious than most people think. HIV infection is not inevitable from any act of sex and depends on a number of factors including the kind of sex, the stage of infection of the HIV positive person, whether the HIV positive person is on successful treatment, and of course whether a condom was used.

For example, without condoms or successful treatment, the risk of HIV transmission during vaginal sex for an uninfected woman is 1 in 1,250 (or 0.08%) and for an uninfected man it is 1 in 1,666 (or 0.06%).<sup>1</sup>

The proper use of condoms and being on effective treatment both reduce the transmission risk during sex to extremely low levels.

### **7. How can HIV transmission be prevented?**

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<sup>1</sup> The risk will be different if the HIV positive person has him/herself been infected very recently or if the HIV person has AIDS.

Where condoms are used properly and without breaking or slipping, they are very effective at preventing HIV transmission, with rates of well over 90% usually quoted for preventing transmission. When condoms do slip or break, and a person's sexual partner has or may have HIV, immediate treatment with PEP is advisable (see below).

Effective HIV treatment reduces the amount of virus in an individual's blood to very low levels – so low they are termed 'undetectable'. When HIV is 'undetectable' it is extremely unlikely that the individual will transmit HIV. Although medical advice in the UK is still to use condoms even where treatment has reduced the virus to an undetectable level, it is important to be aware of the impact of treatment in reducing infectiousness.

## **8. Emergency HIV Prevention - PEP (Post Exposure Prophylaxis)**

If someone was exposed to the risk of HIV infection within the last 72 hours, PEP (Post Exposure Prophylaxis) must be considered. This reduces the chance of any HIV exposure becoming an HIV infection.

Refer the person immediately either to the nearest open sexual health clinic or, if the clinic is closed, to the nearest hospital Accident and Emergency Department, with advice to ask for PEP. The person will be advised by the clinic/A&E whether PEP is necessary.

PEP has to be taken daily for a month and can cause unpleasant side effects.

For those who are complaining of an incident in the last 72 hours provision of PEP is always preceded by an initial HIV test to ensure the individual has not previously been infected with HIV. If this test is positive there can be no charge of criminal HIV transmission re any incident in the last 72 hours

## **9. What tests are available for HIV infection?**

There are a number of different tests for HIV. The most common tests do not test directly for the virus itself but for the antibody created in response to HIV infection. Such antibodies are usually detectable 2 to 8 weeks after infection. If someone believes they have possibly been infected recently, they will be advised to have a second confirmatory test three months after the possible exposure to HIV.

But there are now newer tests which in addition to testing for the antibody also test for a protein called 'p24 antigen' – this is produced by the body at an earlier stage of infection and so these tests (sometimes called 'fourth generation tests' or 'combined p24 antigen/antibody tests') can reliably test for HIV one month after exposure.

HIV tests are available at all sexual health clinics and this is usually the best place to refer someone for an HIV test. Most tests are of a blood sample, which is then sent to a laboratory for analysis, and a result is provided in a few days.

### *Rapid tests*

There are now rapid tests which can test anywhere for HIV through either a finger-prick blood sample or a saliva sample.<sup>2</sup> The result is available in less than 30 minutes. If someone tests positive in a rapid test it will still be necessary to have a confirmatory laboratory test because these tests can sometimes produce false positive results. Rapid tests should not be used for people who believe they may have recently been infected.

## **10. Modern HIV treatment really works**

Treatments for HIV have now transformed the lives of people with HIV in the UK. With modern treatments HIV is NOT a death sentence but a long-term manageable condition. The drugs do not cure HIV, but people can now expect to live into their 70s.

The treatment is known as Anti-Retroviral Therapy, or ART (more rarely now it can be referred to as HAART, or Highly Active Anti-Retroviral Therapy).

Someone infected with HIV only needs to begin treatment once their immune system has deteriorated to a certain level as a result of HIV infection. Some people will be able to continue for a number of years without treatment whilst others start almost immediately after diagnosis. About 3 out of 4 people diagnosed with HIV are now on HIV treatment. Currently HIV treatment continues for life.

HIV treatment can cause side-effects, for example diarrhoea, tiredness, nausea and vivid dreams, though there has been significant progress recently in reducing and managing such impacts of treatment.

## **11. People with HIV must take their treatment**

It is extremely important that people with HIV who have started treatment can continue to take it every day, on time, without fail. HIV treatment must be taken at least once a day, sometimes twice or three times a day, depending on the drugs. If someone misses a dose of their treatment there is a possibility that HIV in that person's body will become drug-resistant and the treatment will no longer work. The fewer treatment options open to someone with HIV the more at risk they are of no longer having drugs available which will work for them. Failing to take HIV treatment properly leads to avoidable early deaths.

With HIV treatment people must take almost all their pills as prescribed. This means missing no more than one dose a month if someone is taking once-daily therapy, or two doses a month if someone is taking twice-daily therapy. With HIV treatment doctors insist on 'treatment adherence' of 95%.

## **12. Can scientific evidence tell us who infected someone with HIV?**

It can be very difficult to know who infected someone with HIV. That is why the Crown Prosecution Service demands strong scientific evidence to support an allegation that someone is responsible for another person's infection. It is NOT enough for a person to 'admit guilt' – they cannot know for sure they gave the infection to another.

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<sup>2</sup> Whilst HIV is present in saliva and detectable by tests, it is not present in sufficient quantities to make it possible to infect someone through saliva.

Most HIV infections come from people who didn't know they had HIV when they passed it on. Just because someone has been diagnosed does not mean they are necessarily the source of infection – the source could be someone who has not yet tested.

There is a form of scientific test known as 'phylogenetic analysis' which can assess how closely related is the HIV in two particular individuals. If the two virus samples are not closely related this proves that HIV transmission did **not** take place between the two individuals.

If the two virus samples are closely related this shows that transmission **could have** taken place between the two individuals. It does not provide any information on which of the two infected the other. Nor does it prove that HIV transmission occurred between the two individuals – there are other possibilities, for example that both individuals were infected by the same third person. Additional evidence will be necessary to establish for the purposes of a prosecution for HIV transmission that an individual was responsible for someone else's HIV infection 'beyond reasonable doubt'.

### **13. What does the law say on discrimination against people with HIV?**

Under the Disability Discrimination Act 2005 it is unlawful to discriminate against someone with HIV in employment, housing, education and training, provision of goods and services, and trade union membership.

Discrimination against someone with HIV includes treating someone less favourably than others without HIV. The law is currently being changed so that it will also outlaw harassment which is defined as 'violating a person's dignity' or 'creating an intimidating, hostile, degrading, humiliating or offensive environment' for that person.

### **14. Why is it important to take great care to respect confidentiality with respect to someone's HIV positive status?**

Unfortunately stigma and discrimination continue to exist in relation to HIV, although attitudes are changing. As a result some people with HIV do not feel able even to tell people close to them that they are HIV positive. This means that some people with HIV are understandably concerned about breaches of confidentiality and privacy, which could possibly have very harmful consequences. People can be shunned, evicted, insulted and harassed, assaulted, denied access to family or children. Even though discrimination is unlawful, there can be serious consequences, for example, for employment or for children in school.

Investigators must take great care must therefore be taken not to disclose an individual's HIV status to third parties except in those limited and permitted circumstances where it is absolutely necessary for the purposes of the investigation.