



Joint statement from the [British HIV Association \(BHIVA\)](#), [British Association of Sexual Health and HIV \(BASHH\)](#), [NAT \(National AIDS Trust\)](#), [Terrence Higgins Trust](#), and [HIV Scotland](#) regarding reports of discrimination against people with HIV from some providers of cosmetic treatments and tattooing.

1. To refuse to tattoo or provide a cosmetic treatment to a person on the basis of their HIV status is illegal under the Equality Act 2010.

Refusing to tattoo or to provide a cosmetic or routine beauty treatment (*footnote 1*) to a client on the basis of their HIV status cannot be justified. To do so would constitute discrimination under the Equality Act 2010. The Equality Act 2010 prohibits discrimination against a range of protected characteristics. In the Act, any person with HIV is protected under the category of disability.

Collecting information about HIV status must be justifiable, as per current data protection legislation (Data Protection Act 2018 and General Data Protection Regulation 2018,) and is unnecessary in the context of tattooing, piercing and cosmetic or routine beauty treatments.

HIV and HIV treatment are not contraindications to tattooing, piercing or cosmetic procedures so it is not necessary to collect information on HIV when assessing clients prior to these.

2. Universal precautions should be applied by all service providers of tattooing, piercing and other cosmetic treatments

All service providers carrying out tattooing, piercing and other cosmetic and routine beauty treatments should implement universal precautions with all clients in accordance with licensing requirements.

Universal precautions treat each and every client as though they may have an undiagnosed blood-borne virus and eliminate the risk of a blood-borne virus being passed from one client to another.

Examples of universal precautions include:

- New and sterilised equipment and new disposable gloves must be used on each and every person.
- Any needles or other sharp instruments (known as sharps) must be disposed of in a sharps bin with suitable arrangements in place for safe collection and disposal.
- New ink must be used for each and every person.
- Jewellery that pierces the skin must never be shared or re-used.
- Standard procedures must be followed if needle-stick injury occurs.

In the event of a needle-stick injury, tattooists and cosmetic treatment providers should follow standard procedures, including seeking medical advice. If required, post-exposure prophylaxis (PEP) should ideally be taken within 24 hours of possible exposure to HIV to prevent transmission, and up to 72 hours if access to PEP is delayed. An example of a standard needle-stick procedure is provided in Appendix Five of the Chartered Institute of Environmental Health, *Tattooing and Body Piercing Toolkit*, 2013.

Reassuringly, an analysis of needle-stick injuries in the NHS between 2004 and 2013 found that there was no recorded HIV infection resulting from any needle-stick incident analysed (*footnote 2.*)

3. Effective medication prevents HIV transmission

Around 90 per cent of the estimated 101,600 people living with HIV in the UK today are diagnosed and on effective medication (*footnote 3.*) This means that the virus is not detectable in their blood and that there is **zero risk** of HIV transmission sexually (*footnote 3*), and very low risk from needle-stick injuries, such that national guidelines do not recommend PEP in this situation (*footnote 4*). Conversely, someone who is living with undiagnosed HIV, or someone not on effective treatment, could be at risk of passing HIV on to others. This underlines the need for universal precautions.

4. Cosmetic surgery

Standard sterilisation precautions prevent transmission of HIV and other blood borne viruses between patients during all surgical procedures, including cosmetic surgery. Before any surgery, to ensure patient safety, a full medical history should always be taken. Cosmetic surgeons in the UK and globally operate on HIV positive patients on a regular basis. In the event of needle-stick injury standard procedures should be applied.

People living with HIV who experience difficulties accessing tattooing, piercing or any other cosmetic treatment, should contact NAT (National AIDS Trust) by emailing info@nat.org.uk or calling +44 (0)20 7814 6767 or HIV Scotland by emailing info@hiv.scot or calling +44 (0) 131 558 3713.

Ends

Additional sources of information:

- Chartered Institute of Environmental Health, *Tattooing and Body Piercing Toolkit*, 2013.
- Health Protection Scotland & Royal Environmental Health Institute of Scotland, *The Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006 – Local Authority Implementation Guide*, 2018.
- NHS choices (<https://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/what-should-i-do-if-i-injure-myself-with-a-used-needle/>)
- Royal Society for Public Health, "Skins and Needles," June 2019 link <https://www.rsph.org.uk/uploads/assets/uploaded/97c182fb-3d70-472c-90ef36ded8da1b63.pdf>

For further information and interviews: please contact Jo Josh, BHIVA Communications Officer, on +44 (0) 7787 530922 or jo@commsbiz.com.

Editor's Notes:

1. **Cosmetic and routine beauty treatments:** such as electrolysis, hair removal, eyebrow shaping, semi-permanent eyeliner, Botox and fillers, as well as standard facials, manicures, pedicures, waxing, massage, laser hair removal and tanning services. Beauty practitioners requiring further information should contact BHIVA via Jo Josh at jo@commsbiz.com or bhiva@bhiva.org.

2. **Eye of the Needle: United Kingdom Surveillance of Significant Occupational Exposures to Bloodborne Viruses in Healthcare Workers. 2014:** The likelihood of infection from sharps (needles, knives or sharp instruments) is illustrated by an analysis of risk in the NHS. In the period from 2004 to 2013 there were 3,396 significant sharps injuries of staff reported to the NHS occupational health services from patients known to be infectious: no cases of HBV or HIV transmission occurred. Source: Public Health England.
[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385300/EoN_2014 - FINAL CT 3 sig_occ.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385300/EoN_2014_-_FINAL_CT_3_sig_occ.pdf)
3. **HIV in the United Kingdom, 2018 report, Public Health England.** In 2017, 92% of the estimated 101,600 people living with HIV infection in the UK were diagnosed, 98% of people diagnosed were receiving treatment and 97% of people receiving treatment were virally suppressed. Overall, 87% of people living with HIV in the UK were estimated to have an undetectable viral load and therefore unable to pass on the infection. Progress towards ending the HIV epidemic in the United Kingdom, 2018 report, Public Health England. Available at:
<https://www.gov.uk/government/publications/hiv-in-the-united-kingdom>
4. **PARTNER 1 and PARTNER 2 studies:** Rodger A et al. *Sexual Activity Without Condoms and Risk of HIV Transmission in Serodifferent Couples When the HIV-Positive Partner Is Using Suppressive Antiretroviral Therapy*, JAMA July 2016.
5. **UK guideline for the use of HIV Post-Exposure Prophylaxis Following Sexual Exposure, 2015:** F Cresswell et al. *British Association for Sexual Health and HIV (BASHH) guidelines for HIV post-exposure prophylaxis following sexual exposure (PEPSE)*.