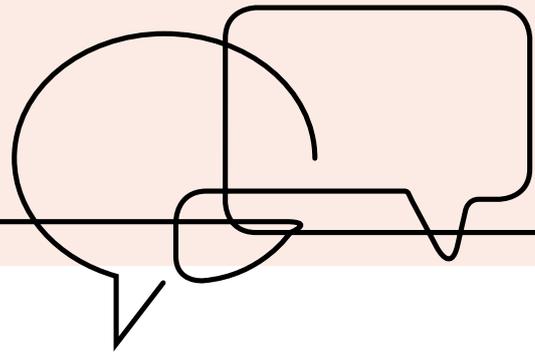




There is also a lot of information about HIV in the [information sheet](#) provided for Lesson 1 **HIV: The Facts** in this pack. If you can't find the information you're looking for here, make sure you check there.

# FAQS



## FAQS ABOUT HIV

### **Are HIV and AIDS the same thing?**

No. When someone is described as living with HIV (Human Immunodeficiency Virus), they have the HIV virus in their body. A person is considered to have developed AIDS (Acquired Immune Deficiency Syndrome) when the immune system is so weak it can no longer fight off a range of diseases with which it would normally cope.

### **How is HIV passed on?**

HIV can be passed on through some bodily fluids such as semen, vaginal fluids, blood, breast milk and rectal secretions. The most common way HIV is transmitted is through sex without a condom. It can be passed on through direct sharing of needles or other drug injecting equipment. Discarded needles are not considered an HIV risk as HIV does not survive well outside the body. A small number of people living with HIV in the UK acquired it before or soon after birth ('vertical' transmission), but this is preventable by treatment through pregnancy and so is very rare in the UK.

### **What is not an HIV transmission risk?**

HIV cannot be passed on through casual or day-to-day contact, or kissing, spitting, sharing a cup or plate. HIV is not passed on through mutual masturbation such as fingering or hand-jobs. HIV cannot be passed on through saliva, sweat or urine, because these bodily fluids do not contain enough of the virus to infect another person.

### **How is HIV transmission prevented?**

When used correctly, condoms worn on the penis or condoms worn in the vagina or anus are effective against HIV transmission when having vaginal or anal sex. A condom or dental dam can also be used during oral sex, although the risk of HIV transmission in oral sex is extremely low. Free condoms are available at sexual health clinics, which can be located via the [FPA website](#).

A person can also take Pre-Exposure Prophylaxis, or PrEP, to prevent themselves from acquiring HIV. PrEP is a medication which is highly effective at preventing HIV transmission, when used as directed.

Unlike condoms, PrEP does not protect against other STIs or pregnancy. PrEP is not yet routinely available on the NHS but some people can access it via the IMPACT trial or buy it online. Click [here](#) to read more about PrEP.

For injecting drug users, HIV transmission can be avoided by always using clean needles, syringes or any other injecting equipment.

### Who is at risk of HIV?

Anyone who has sex without a condom could be putting themselves at risk. However, some groups in the UK are disproportionately affected by HIV.

- Around 1 in 25 men who have sex with men (including gay men and bisexual men) is living with HIV compared to around 1 in 525 people in the UK population overall. This is because the likelihood of HIV transmission is higher through anal sex versus vaginal sex
- Among heterosexuals, black African and Caribbean women and men are disproportionately affected by HIV
- People who inject drugs are at risk of acquiring HIV if they share injecting equipment.

While it is important to understand the impact of HIV on specific groups, remember that **25% of people diagnosed with HIV in the UK are not in any of these groups.**

### Is the risk of HIV transmission always the same during sex?

There are varying degrees of risk in relation to HIV transmission, depending on the sexual activity and how much HIV is in the body of the person living with HIV (the 'viral load').

If a person has recently acquired HIV, or is not aware or on treatment for another reason, the level of HIV in their body will be higher and the chances of passing HIV on to another person are therefore higher. If a person is diagnosed with HIV and is on treatment, the level of HIV in their body will be greatly reduced and in most cases will reach what is clinically referred to as an 'undetectable viral load'. This means they cannot pass on HIV, even during sex without a condom.

### What should someone do if they think they've been exposed to HIV?

If someone thinks they have been exposed to HIV, they should go and get a free and confidential test at their local sexual health clinic. They could also get a self-sampling kit or a self-testing kit if they would rather test at home. To find out more about HIV testing click [here](#).

If it is within 72 hours of possible exposure to HIV, they can ask for Post Exposure Prophylaxis (PEP) treatment from a sexual health clinic or A&E. PEP is not guaranteed to prevent HIV infection but the sooner it is taken the more effective it can be.

### How long does it take to get test results?

It is possible to get an HIV test with accurate results from 4 weeks after potential infection. Results can be returned between 60 seconds and 2 weeks, depending on the test type.

### Why is it important to get tested?

If someone thinks they have been exposed to risk of HIV, they should not wait— there are vital benefits to finding out they have HIV as soon as possible. Firstly, they will be able to start treatment as soon

as they need it, which makes it more effective in helping them live a long, healthy and active life. Secondly, if they know they have HIV they can take the right steps to prevent passing it on to others by practising safer sex. Once treatment has reduced their viral load to undetectable levels (this usually takes around six months) there is no longer any risk of them passing on HIV, even when having sex without a condom.

### **What are the benefits of HIV treatment?**

HIV treatment is known as anti-retroviral therapy (ART) and is extremely effective. An HIV positive person on treatment can lead a full and active life and, if diagnosed promptly, has a normal life expectancy.

HIV treatment also has preventive benefits. People who take HIV medication daily as prescribed can achieve an 'undetectable' viral load. Achieving and maintaining an undetectable viral load means they cannot pass the virus on to others, even if they are not using condoms. 96% of people living with HIV who are on treatment in the UK have an undetectable viral load. This has been really important in preventing the spread of HIV and reducing HIV stigma.

There may be some side effects from treatment, but these are less common with newer treatments and are increasingly well managed. Some people living with HIV also experience problems which cannot be helped by their HIV treatment (such as emotional and psychological difficulties). Those who do not know they have HIV until



they have had it for a long time are at a much higher risk of other long-term illnesses and mortality. This is why it's always best to know your HIV status and get tested if you feel you may have been at risk.

Treatment also prevents vertical transmission of HIV —in the UK today, most women with HIV will give birth to HIV negative babies because they are receiving HIV treatment during their pregnancy.

### **Why do some people find it difficult to tell others they have HIV?**

Not everyone wants to talk about their personal health information, and that includes some people with HIV. Unfortunately, in today's society there is also still a lot of stigma around HIV and many people hold myths and misconceptions about HIV and how it

is transmitted. Some people also hold prejudicial views about people living with HIV. This means many people living with HIV prefer not to tell others about their HIV status because they have fears about how people will react.

### **Can people with HIV still work?**

Effective HIV treatment means most people diagnosed nowadays with HIV are able to work just like everyone else. It is illegal to discriminate against someone in recruitment or employment because they are living with HIV.

People living with HIV can do almost any job, including working in the medical profession. However, because of the need to take regular medication people living with HIV cannot join the army, navy or air force. This also applies to a number of other long-term health conditions but the rules may change in the future.

### **Can people living with HIV have relationships with people who are HIV negative?**

There is no reason why an HIV positive person and an HIV negative person cannot enjoy a relationship together, and many do. HIV treatment is now so effective, most people living with HIV in the UK have an



undetectable viral load and cannot pass on HIV during sex, even when not using condoms. If someone living with HIV doesn't have an undetectable viral load, they can use condoms or their partner can take PrEP to prevent HIV transmission.

Both HIV negative and HIV positive people should also consider using condoms and undergo regular sexual health checks, particularly when embarking on new relationships, to protect against other STIs.

## FAQS ABOUT TEACHING WITH THIS RESOURCE

### Is it likely that I will have a student living with HIV in my class?

There are just under 1,000 children living with HIV in the UK. The number of children affected by HIV – i.e. they have a family member living with HIV – is estimated to be much higher, at around 25,000. So it is certainly possible that you may have a student living with or affected by HIV in your class. A survey of paediatric HIV health teams in 2015 showed that in 89% of cases, schools had not been informed that they had a pupil living with HIV. It is therefore important when teaching RSE to be aware that there may be students living with or affected by HIV in the room and to ensure the correct information is provided in a non-stigmatising manner.

### What should I do if a student tells me that they or a family member has HIV?

Firstly it is important to be aware that a child living with HIV in a school:

- Poses no risk
- Presents no additional insurance issues
- Requires no additional resources.

What they do face is a high level of stigma.

It is important to be aware of the impact that this stigma can have on their well-being, and the additional complications that managing a long-term health condition may present to a family.

The first time you think about how to deal with a student telling you that they or a family member have HIV should not be the first time it happens. The CHIVA guidance on '[HIV in schools](#)' gives useful information on the processes that should be in place to respond to this kind of situation, including: establishing consent if the information has been shared by a third party; holding a meeting to discuss the student's support needs; and drawing up a support plan.

### I'm worried I might get inappropriate questions from students if I teach about HIV, what should I do?

You can create a safe learning environment for all pupils and ensure questions are answered appropriately by establishing a group agreement with your class. The DO... lesson guidance has a section on [group agreements](#) which is replicated in this pack on page 16. If a question is appropriate, but you don't know the answer, it's absolutely okay to say you don't know but you can help them to find out. You can also field difficult questions by responding with other, more open questions, or by having an anonymous question box for students which gives you more time to review and think of a suitable answer.

### I'm not an expert on HIV, is it ok for me to teach it?

Absolutely! You don't need to be an expert to teach about HIV. This pack will give you plenty of the information needed to teach about HIV and related areas, such

as stigma and discrimination, and if you'd like to know more you can check out the resources below:

- **NAT** – browse our 'We Inform' section for information and policy reports about HIV-related issues
- **NAM Aidsmap** – has a range of booklets and information pages providing accessible, comprehensive and accurate information about HIV

- **UNAIDS** – provides useful information and data on HIV in the international context.

Training can also help you become a more confident teacher and it's a great opportunity to meet other teachers who are in the same place as you. Take a look at the [DO... 'Further training'](#) page to see what the members of the DO... collaboration can offer you.

## WHAT ARE KEY THINGS TO REMEMBER WHEN TALKING ABOUT HIV?

■ <b>DO</b> say HIV and, if relevant, HIV and AIDS.	■ <b>DON'T</b> say AIDS (unless you really mean it) or HIV/AIDS.
■ <b>DO</b> refer to 'people living with HIV' and to HIV as a long-term condition, remembering that people diagnosed with HIV in good time have the same life expectancy as anyone else.	■ <b>DON'T</b> refer to 'HIV sufferers' or 'HIV victims' or to HIV as a 'death sentence' or a 'terminal disease'.
■ <b>DO</b> say 'acquisition' and 'acquired' when referring to HIV transmission.	■ <b>DON'T</b> say 'infected' or 'contracted' when talking about HIV transmission.
■ <b>DO</b> remember lots of people living with HIV are heterosexual (roughly half in the UK) and that HIV disproportionately affects groups that face wider prejudice such as gay and bisexual men, trans people and people from BAME groups.	■ <b>DON'T</b> imply that only gay men can acquire HIV.
■ <b>DO</b> emphasise that people living with HIV can't pass it on if they're on effective treatment. But underline the importance of condoms in preventing all other STIs.	■ <b>DON'T</b> say that people living with HIV must always use condoms if they want to have sex.