

INFORMATION
FOR
HETEROSEXUAL
PEOPLE LIVING
WITH HIV



napwa

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INTRODUCTION

Being HIV positive if you are straight can be a challenge. Finding the right information or appropriate and adequate support is not always easy. This fact sheet is designed to provide you with some basic information, to tell you where to find out more, and let you know where to go for support.

Over the past decade the number of new HIV diagnoses has steadily increased in Australia. In 2007 there were 1,051 new cases.¹ While the majority of these infections were transmitted through male-to-male sex, there were still a large number of infections through heterosexual intercourse. In Australia, approximately 1 in 5 new cases of HIV infection occurred in this way.

Heterosexual Australians living with HIV can sometimes feel isolated and alone. You may feel that only gay men become infected with HIV and find it difficult to find other (straight) people to talk to. However, HIV affects many heterosexuals in Australia—young and old; men and women; partnered and single; and people from all cultures—just about anyone you can think of.

Initially, when I first got diagnosed, my first thought was I was going to die sort of fairly soon, maybe within a couple of years or something. My second thought was that I would never be able to have sex again. And my third thought was I will never be able to have children. Nine years later I haven't died. I've had sex. And I have a child (Ellen, 43).²

TELLING PEOPLE YOU ARE HIV POSITIVE ('DISCLOSURE')

It is important that you have people who you can talk with about being HIV positive but it is a good idea to keep some control over where that information goes. Unfortunately, there is still a lot of ignorance about HIV and stigma attached to being HIV positive, so you may be concerned about how people will react.

When you are thinking about who to talk to, it may be helpful to consider the following questions:

- Can I trust this person with this information?
- Will they offer me support?
- Are they likely to judge me?
- Will they respect my privacy and keep this information confidential?

You may find it useful to discuss these issues with a counsellor or social worker. Some people decide to keep their HIV status fairly private but want to be able to discuss it with a few trusted friends. In this situation, it is a good idea to give anyone you tell permission to talk to another specific person. This is a practical way of keeping the information private, while recognising that the people you tell may also need some support.



THERE ARE PEOPLE YOU DO NOT HAVE TO TELL

If you are HIV positive, you do not have to disclose your HIV status to:

- your friends
- your employer (except in some cases such as the armed forces)
- your work colleagues
- doctors, dentists or other health care professionals

Having said that, it may be wise to tell any doctor treating you that you have HIV—particularly over the long term or for serious medical conditions. To help you make the best decisions about your health, your doctor will need as full a picture as possible.

It is also a good idea to tell your dentist, since HIV can affect the health of your gums.

If you do tell a doctor, dentist or any other health care provider, by law they cannot refuse to treat you or manage your care.

CIRCUMSTANCES IN WHICH THE LAW MAY REQUIRE DISCLOSURE

Generally, you are not obliged to tell anyone you are HIV positive. However, in some circumstances, the law may require that you disclose your HIV status.

- In some states, such as New South Wales and Tasmania, HIV-positive people are legally obliged to tell any sexual partner, even if they intend to have safe sex. In Tasmania, HIV-positive people are also legally obliged to tell any person with whom they share needles (when injecting drugs). At the end of this factsheet is an outline of relevant laws for the state or territory you live in or might visit.
- When you apply to join the armed forces

When applying for superannuation or life insurance you will probably need to answer questions about your HIV status. Insurance and superannuation companies are legally allowed to refuse to insure you if you are HIV positive

or if you refuse to tell them your HIV status. Your local AIDS council or PLWHA group may be able to give you information about HIV-friendly superannuation and insurance companies.

HIV VIRAL LOAD

HIV 'viral load' is the term used to describe the amount of the HIV virus present in your bloodstream. Knowing how much HIV is present is an important indicator of how much your immune system is at risk of damage, how well your treatments are working, or whether you should consider starting or changing treatments.

A viral load test is a simple blood test. The result of a test is given as the amount of virus per millilitre of blood. The amount of virus in your blood may range from a very small number of copies in your blood (usually measured down to 40 or 50 copies per millilitre of blood) to levels in the thousands, hundreds of thousands, or even millions.

Viral load tests tell you how much virus is in your blood but HIV is also present in other body fluids, including semen, vaginal fluids and CSF (cerebrospinal fluid)—the fluid which protects your brain. The amount of virus in your blood may be different from the amount in other body fluids. This difference can be caused by a number of factors, including having a sexually transmissible infection (STIs), a cold, or other infection. **Consequently, blood viral load tests should not be used to judge the likelihood of HIV transmission.** It is possible to have low or undetectable blood viral load but higher levels of HIV in semen or vaginal fluids.

While research suggests an undetectable viral load reduces the risk of HIV transmission, an undetectable viral load has not yet been proven to completely eliminate the risk of transmitting the virus. **The use of viral load in prevention is not a substitute for safe sex.**

For further information on viral load tests and monitoring please refer to AFAO's Understanding "Viral Load" factsheet at http://www.afao.org.au/library_docs/resources/AFAO_factsheet_viralload.pdf.

SEX AND HIV

Finding out that you are HIV positive may raise many questions about sex and what will happen to your sex life. Every person has the right to pursue a happy, safe and fulfilling sex life, including people with HIV. That means being free to enjoy a range of sexual activities, and being free to not have sex, with the partner or partners of your choice.

Protecting your sex partners from HIV is an obvious concern for everyone who has HIV. Using condoms and water-based lubricant when you have vaginal or anal sex remains the best way to prevent transmission.

Using condoms and lubricant also protects you and your partner(s) from some STIs that can damage your health and may affect your fertility. Many STIs like chlamydia, gonorrhoea or even syphilis can show no symptoms, so a person may have an STI and pass it on without knowing. If either you or your partner does have an STI the risk of HIV transmission is increased. If *you* have an STI it may increase the levels of HIV in your vaginal fluids or semen. If *your partner* has an STI, his or her body's immune system may inflame areas of the genitals or rectum increasing the chance of HIV infection taking place.

Being on HIV treatments can lower your HIV viral load to the point where it is undetectable by current testing technologies. As noted above, having an undetectable viral load can reduce the risk of passing on HIV when you have unprotected sex—although this is not guaranteed so is not a substitute for practicing safe sex. Undetectable viral load has been shown to reduce the risk of HIV infection from mother to unborn babies.

LUBRICANT AND CONDOMS

Although not all straight people use water-based lubricant for sex, you may want to consider trying it. Water-based lube can significantly reduce the chance of condoms breaking and can also increase your pleasure during sex.

You should NEVER use oil-based products like Vaseline, pawpaw cream or hand cream as sexual lubricants with latex condoms as these can weaken the latex. Oil-based lubricants also tend to lose their slipperiness and gum up quickly, increasing the chance that the condom will tear or break. In addition, oil-based lubricants are generally not

good for the lining (mucosa) of the vagina, as they can clog its self-cleansing mechanisms and cause inflammation.

Although you may think that you need to be extra careful during sex, NEVER use two condoms at once. Doing so can cause friction and make condom split or tear.

ORAL SEX AND HIV TRANSMISSION

The risk of HIV transmission during oral sex (where you use your mouth on your partner's genitals) is very low but not zero. It is not possible to make accurate estimates of the transmission risk through oral sex at a population level, however; a small number of cases of HIV transmission through oral sex have been reported.³

Vaginal fluids have relatively low HIV concentration levels, and the mouth has very good protective immune mechanisms, including saliva, so the risk of HIV transmission through cunnilingus (oral sex on a woman) is therefore very low. Semen can contain a high concentration of HIV—particularly in people who are not on HIV treatments. This means that HIV can be passed on through oral sex if you have cuts or sores in your mouth. You can reduce the risk further by avoiding semen in the mouth. It's important to remember that STIs such as chlamydia, syphilis, herpes and gonorrhoea, can be transmitted through oral sex and that these STIs can increase the chance of HIV being passed on to your partner.

Condoms or latex sheets known as dental dams (or condoms slit length-ways) are not generally considered necessary when performing oral sex on a HIV-positive partner because of the very low risk of transmission. However these prophylactic devices can of course be used to eliminate the risk completely.

The risk of an HIV-negative partner getting HIV if you perform oral sex on him or her is very unlikely except in extremely unusual circumstances.



MENSTRUATION AND SEX

Menstrual fluid is made up of blood, uterine tissue and other substances, and it does contain HIV, although there has been little research about the levels of virus present. It is possible that there are increased risks of HIV transmission during menstruation, so barrier protection such as condoms and water-based lubricant are particularly important. You should also consider:

- using a dental dam during oral sex;
- using a diaphragm to prevent menstrual blood entering the vagina;
- using a tampon or a sea sponge when having oral sex during your period, but bear in mind that there may be traces of blood present.

WOMEN, PREGNANCY & CHILDBIRTH

Many women with HIV both in Australia and worldwide are choosing to become mothers. You are able to reduce the chances of your baby acquiring HIV significantly by careful planning before conception right through early infancy.

HIV can be transmitted from mother to infant in the womb, during delivery or after delivery.

To reduce the risk of mother-to-child transmission, you should consider the following:

- before conception, taking antiretroviral therapy (also referred to as 'ARV therapy', or 'HAART', for Highly Active Antiretroviral Therapy) to reduce your viral load, and continuing these treatments throughout your pregnancy;
- having elective caesarean delivery, which will reduce the amount of blood the newborn comes in contact with;
- treating your child with AZT for 6 weeks after birth; and
- not breastfeeding your child, as HIV can be present in breast milk.

If you are planning a pregnancy it is important to first talk to a doctor and/or obstetrician experienced in HIV. Your doctors can explain in detail the strategies and technologies that are available to you to minimise the risk of infecting both your sex partner and your unborn baby.

PREGNANCY CHECK LIST

- Have your viral load tested.
- Get screened for any genital infections and, if necessary, treated. Repeat at 28 weeks if you are sexually active and your partner/s haven't been treated.
- Learn about your treatment options and make a plan, with different options according to how well your viral load is controlled during your pregnancy.
- Learn about your delivery options and get a referral to a doctor and obstetrician with experience in HIV and pregnancy.
- Make a delivery plan including different options according to how well your viral load is controlled during pregnancy.



THE LAW AND HIV TRANSMISSION

There are numerous laws and regulations in place to address instances of people who put others at risk of HIV transmission. These laws vary between states and territories, however, in every state and territory two systems apply: public health and criminal law.

PUBLIC HEALTH

Every state and territory has a public health system designed to help people understand what they need to do to avoid putting others at risk of HIV infection. These systems, which usually start with advice from a doctor and sometimes also a counsellor, are designed to be supportive. Doctors and public health counsellors understand there are many challenges involved in always behaving in ways that prevent HIV transmission and can provide excellent advice and support. Such support has proven very effective in the vast majority of cases, however, in unusual cases of a person not managing their behaviour and putting others at risk of HIV infection, states and territories are able to make public health orders. Although infrequently used, these orders may include restrictions on a person's behaviour and, in rare instances, may include detention.

Additional to public health orders, there are specific public health laws that may be applied to any person who transmits HIV or exposes another person to HIV transmission. The wording (and consequently the requirements) of these public health laws and the penalties imposed vary considerably from state to state. Depending on the circumstances of the case and the state in which the offence occurred, a person convicted of such an offence would be liable for a fine of between \$1,000 and \$40,000 or imprisonment.

PUBLIC HEALTH LAWS

ACT	There are no specific laws obliging HIV-positive people to disclose their status before having sex, however, public health regulations state that a person who knows or suspects they have HIV, or knows or suspects they are a contact of a person with HIV, must take reasonable and appropriate precautions against transmitting the virus. 'Reasonable precautions' include precautions taken on the advice of a doctor or an authorised officer.
NSW	A person who knows they have HIV is guilty of an offence if he or she has sexual intercourse with another person unless, before intercourse takes place, the other person has been informed of and voluntarily accepts the risk of contracting HIV.
NT	There are no general public health laws dealing with HIV transmission or disclosure of HIV status in the Northern Territory, however, there are departmental guidelines that may be applied to people identified as putting others at risk of infection. If people fail to follow public health orders, they may be prosecuted.
QLD	Queensland law makes it an offence to recklessly transmit HIV or put someone at risk of contracting HIV, however, it is a defence if the person knew the accused was infected with HIV and voluntarily accepted the risk of infection.
SA	Although the law does not specifically require a person with HIV to disclose their HIV status to a prospective sexual partner, it states that an HIV-positive person must take all reasonable measures to prevent transmission of the disease to others.

PUBLIC HEALTH LAWS

TAS A person who is aware of being HIV positive must inform in advance any sexual contact or person with whom needles are shared of that fact. HIV-positive persons are also required to take "all reasonable measures and precautions" to prevent the transmission of HIV to others, and must not knowingly or recklessly place another person at risk of contracting the disease, however, it is a defence if the other person knew of, and voluntarily accepted, the risk of contracting HIV.

VIC Until 31 December 2009, the law requires HIV-positive persons to take necessary measures to ensure others are not unknowingly placed at risk of infection. The law does not specifically require an HIV-positive person to disclose their HIV status before having sex, however, it is a defence to a charge of infecting a person, if the other person knew of and voluntarily accepted the risk of infection

From 1 January 2010, the law will change. Although public health laws will no longer include the specific requirements listed above, departmental guidelines may be applied to people identified as putting others at risk of infection. If people fail to follow public health orders, they may be prosecuted.

WA Western Australia's public health laws have little bearing on HIV as they deal with diseases transmitted through casual contact or inadequate public sanitation, however, departmental guidelines may be applied to people identified as putting others at risk of infection. If people fail to follow public health orders, they may be prosecuted.

CRIMINAL LAW

In certain instances, an HIV-positive person who exposes another person to HIV or transmits HIV may be found guilty of a criminal offence. There have been relatively few criminal prosecutions for HIV exposure or transmission (some 22 to date), although there is some evidence that people may be being prosecuted more frequently than a decade ago.

Relevant criminal laws vary greatly between states, and in each state, possible charges differ according to the circumstances involved. Consequently, it is not feasible to list the range of possible offences in this factsheet. In summary, generally criminal law offences carry far weightier punishment than public health offences even though they may be applied to similar behaviours. In most instances, charges are not HIV specific but relate to a person having acted dangerously (e.g. 'reckless conduct that places or may place another person at risk of serious injury' [Vic]) or having caused injury or harm (e.g. inflicting grievous bodily harm with intent [NSW]). Charges and penalties vary depending on the circumstances involved and particularly, whether the act occurred intentionally, recklessly or negligently. Maximum penalties vary between states and territories but are generally from some two years imprisonment (for acts that are negligent) to 15 years to life (for acts considered intentional).

PUTTING IT ALL TOGETHER

Relationships, intimacy, the law and disclosure

Disclosure can, in some circumstances, be beneficial, serving as a way of accessing support, of minimising depression and isolation, of improving physical health, and regaining a sense of control of your life. Deciding how and when to tell someone you are HIV positive is a personal and sometimes difficult decision. Talking to a counsellor or a friend on how to approach disclosure can be helpful.

USEFUL CONTACTS AND RESOURCES

When I did get help it turned my life right around. It was the greatest thing that could have happened—to be able to talk to somebody who understood and cared (Carlos, 37)²

To obtain the necessary support and information you may want to contact one of the following organisations:

National

National Association of People Living With HIV/AIDS (NAPWA)

02 8568 0300

www.napwa.org.au

Australian Federation of AIDS Organisations (AFAO)

02 9557 9399

www.afao.org.au

Australasian Society for HIV Medicine (ASHM)

02 8204 0700

Services for HIV positive heterosexuals

New South Wales

Heterosexual HIV/AIDS Service (Pozhet)

Health promotion, client centred services, training, research and advocacy.

02 9395 0444 or 1800 812 404

www.pozhet.org.au

Multicultural HIV/AIDS & Hepatitis C Service

Bilingual/bicultural support, advocacy for people from non-English-speaking backgrounds.

9515 5030 or 1800 108 098

www.multiculturalhivhepc.net.au

Victoria

Positive Women Victoria

03 9276 6918

www.positivewomen.org.au

Straight Arrows

03 9276 3792

www.straightarrows.org.au Email sarrows@bigpond.net.au

For all other states and territories please contact your local AIDS council or PLHIV organisation.

Contact details can be found on the contact factsheet.

Acknowledgement

This factsheet draws upon information contained in *Get It Straight: HIV and Heterosexuals. A factsheet for HIV-positive heterosexuals and their partners and families*. Available from Dr Asha Persson at the National Centre in HIV Social Research, the University of New South Wales. <http://nchsr.arts.unsw.edu.au/pdf%20reports/StraightpozFactsheet2.pdf>

References:

[1] National Centre in HIV Epidemiology and Clinical Research. *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2008*. The University of New South Wales: Sydney. p.9.

[2] National Centre in HIV Social Research. (2008). *Get It Straight: HIV and Heterosexuals. A factsheet for HIV-positive heterosexuals and their partners and families*. The University of New South Wales: Sydney. Available at: <http://nchsr.arts.unsw.edu.au/pdf%20reports/StraightpozFactsheet2.pdf>

[3] Baggaley RF et al. (2008). Systematic review of orogenital HIV-1 transmission probabilities. *International Journal of Epidemiology* 37: 1255–1265.

