



Fundamentals of Teaching HIV Core Concept

HIV is preventable and, for the most part, a chronic manageable disease when medication is accessible. There is stigma around HIV that can prevent people from accessing the care they need.

RATIONALE

How do we teach, and why do we teach that way?

- Caring for one's sexual health includes understanding how to prevent, test, and get treatment for HIV.
- Reducing shame and stigma should be a primary focus of HIV education. This includes the careful use of language. For instance, using HIV instead of AIDS and "sex with a condom" instead of 'safer sex.'
- HIV education should address causes and impacts of disparities. See last bullet point.
- It is important to treat everyone with respect, including people living with HIV and those who may be at risk for contracting HIV.
- If you have time, watch this <u>4-minute HIV retrospective</u> <u>video</u> that shows how perceptions of HIV have changed over the past 40+ years. Insert Link to HIV retrospective video.

TALKING POINTS

What do we say?

- HIV can be prevented by:
 - 1. Avoiding fluid-to-blood or fluid-to-mucus membrane contact,
 - 2. Not sharing needles,
 - 3. Choosing sex behaviors that carry less risk of HIV transmission,
 - 4. Using condoms during penetrative sex with a penis or shared sex toy,
 - 5. PrEP, a pill taken daily, or an injection taken every 2 months for HIV prevention¹
 - 6. PEP, a medication taken after exposure to HIV to prevent infection,²
 - 7. A person who is HIV positive having a viral count so low that they cannot expose another person to HIV.
- Antiretrovirals can prevent transmission from parent to child during pregnancy, delivery, or breastfeeding.
- The only way to know if someone has HIV is to get tested.
- Condoms and PrEP are both highly effective at preventing sexual transmission of HIV.
- When a person with HIV has an undetectable viral load, they will not transmit HIV to sexual partners. This is called treatment-asprevention, Undetectable = Untransmittable, or U=U.³
- While anyone can contract HIV, there are larger disparities within the epidemic for people of color, men who have sex with men, and transgender women due to racism, lack of access to care and other forms of oppression. Individual behavior choices are not the main cause. For example, black men who have sex with men are more likely to use condoms than their white counterparts yet still experience higher rates of HIV infection.⁴

KNOW THE FACTS

FACT: HIV stands for Human Immunodeficiency Virus. HIV is a virus that attacks the body's immune system, making it harder for the body to fight off infection. A virus is treatable, but not curable.

FACT: People contract HIV from someone else who has it, usually through having sex or sharing needles. HIV can be transmitted through blood, semen, pre-ejaculatory fluid, rectal fluids, vaginal fluids, or breast milk.



FACT: During insertive sex with a penis, the receptive partner has a much higher risk of contracting HIV than the insertive partner. Receptive anal sex has the highest likelihood of sexual transmission of HIV.

FACT: There is little to no risk of transmission of HIV through oral sex.⁵ This includes the use of sex toys.⁶

COMMONLY ASKED QUESTIONS ABOUT HIV

What is the difference between HIV and AIDS?

 AIDS stands for Acquired Immune Deficiency Syndrome and is a term used to describe the illnesses and symptoms that happen in late-stage HIV disease. HIV stands for Human Immunodeficiency Virus. Instead of using the term "AIDS," medical and advocacy workers now generally refer to "HIV" or "HIV disease."

If you are gay does that mean you will get AIDS?

Nope! HIV is transmitted through certain body fluids, pregnant parent to child and sharing needles. Transmission happens based on these behaviors happening rather than the identity of a person. You may have heard this stereotype because of the AIDS epidemic in the 1980s. Gay and bisexual men and men who have sex with men are more impacted by HIV. This is partly due to discrimination like homophobia, HIV stigma, and limited access to health care. Discrimination towards gay men was particularly severe during the 1980s when HIV emerged in the US. Now we know a lot more about HIV, including the fact that being gay does not mean someone is HIV positive. If anyone is concerned about contracting HIV, they could talk to their health care provider about it. Remember, we now have a lot of great preventative options for HIV like condoms, PrEP, PEP, U=U, medications, and clean needle exchange programs. HIV medications have come a long way since the 80s!

Does everyone with HIV die young?

 Before development of medications, many people who tested positive for HIV developed AIDS. We now have a lot of great options to prevent contracting HIV such as condoms, PrEP and clean needle exchange programs. In addition, HIV medications have come a long way since the 1980's. Folks who are HIV positive but taking medication can have an undetectable viral load. So they can lead long and healthy lives, as well as a fulfilling sex life where they know the won't transmit HIV to a partner.

Where did HIV come from first?

 HIV originated from chimpanzees in central Africa and entered the human population between 1890 – 1920. The virus is believed to have been transmitted to humans through exposure to infected blood during hunting. More access to travel and increases in population density led to a more rapid spread of HIV in the 1980's⁷, similar to the spread of Covid in the 2020's.

To learn more, take the

Spark*ED Teaching STIs & HIV self-paced course

1 <u>Clinician's Quick Guide: What is Injectable HIV PrEP?</u> CDC, 2022.

2 The Basics of HIV Prevention. NIHUNAIDS, 2023

^{3 &}lt;u>Undetectable = Untransmittable</u>. CDC Global HIV and TB, 2024

⁴ What is HIV stigma? CDC, Let's Stop HIV Together, 2022

⁵ How Can You Prevent Transmitting HIV through Sex?, HIV.gov, 2024.

⁶ Sex toys and the risk of HIV transmission. aidsmap, 2024.

⁷ Origins of HIV and the AIDS Pandemic. National Institute of Health, 2011.