



CAN I TELL SOMEONE HAS HIV JUST BY LOOKING AT THEM?

No. A person living with HIV will look healthy and feel good just like you. A blood test is the only way a person can find out if they are living with HIV.

IS IT EVER COMPLETELY SAFE TO HAVE SEX WITH A HIV-POSITIVE PERSON?

There is **zero** risk of sexually transmitting HIV if the person living with HIV has undetectably low levels of virus in their blood because of adherence to anti-retroviral treatment. This is known as Treatment as Prevention (TasP). For more information visit preventionaccess.org

HOW EFFECTIVE ARE CONDOMS IN PREVENTING HIV?

Male and female condoms used with lubrication are effective in reducing sexually transmissible infections including HIV. Remember, condoms are not 100% safe. That is why it is called “safer sex”. Incorrect use, particularly lack of lubrication, can lead to condom slippage or breakage.

HOW CAN YOU LIMIT GETTING HIV THROUGH SEX?

When it comes to sex, mutual responsibility is the key for everyone. Some tips to reduce your risks:

- Correctly use male or female condoms with lubrication.
- Regularly test for HIV and other sexually transmissible infections (STI) if you have casual sex.
- Ask your prospective partner about their HIV status. If they have HIV ask about their treatment and viral load.
- If your prospective partner does not know or believes they do not have HIV ensure that you use condoms and lube if you are not taking PrEP – see *below*.
- Have fewer partners.

WHAT IS PrEP (PRE-EXPOSURE PROPHYLAXIS)?

Pre-exposure prophylaxis (PrEP) is anti-retroviral medicine taken by a person who doesn't have HIV to prevent transmission of HIV. It is available on the Pharmaceutical Benefits Scheme (PBS) or it can be imported from online pharmacies with a doctors prescription. For more information visit prepaccessnow.com.au

WHAT SHOULD YOU DO IF YOU THINK YOU HAVE BEEN EXPOSED TO HIV?

Immediately seek advice within 72 hours from a health service provider who may recommend counselling and testing for HIV or suggest post-exposure prophylaxis (see below). Treatment should start as soon as possible and is effective when starting up to 72 hours from exposure. It's important to remember that if you have recently acquired HIV you could be at a higher risk of transmitting HIV during this early stage.

WHAT IS POST-EXPOSURE PROPHYLAXIS?

Post-exposure prophylaxis, or PEP, is a course of anti-retroviral drugs prescribed within 72 hours of exposure to HIV to protect against contracting HIV. PEP is not 100% effective, even when started within 72 hours or sooner after exposure, so it is vitally important to try to take every measure to prevent transmission in the first place.

Call the PEP line on 1800 889 887 or go to getpep.info

HOW CAN MOTHER-TO-CHILD TRANSMISSION BE PREVENTED?

Transmission of HIV from an HIV positive mother to her child can occur during pregnancy, labour or after delivery through breastfeeding. The risk of mother-to-child transmission can be significantly reduced by:

- Anti-retroviral treatments administered to the pregnant mother ideally from conception onwards, during the birth and to the child after birth.
- Caesarean section birth.
- Advice from a health professional on breastfeeding strategies that minimise risk.

DOES MALE CIRCUMCISION PREVENT HIV TRANSMISSION?

Male circumcision reduces the likelihood of men transmitting or acquiring HIV in condomless sex. It only reduces, but does not eliminate, the risk of acquiring HIV through sex.

DOES HIV ONLY AFFECT CERTAIN GROUPS LIKE GAY MEN OR PEOPLE WHO USE DRUGS?

No. No. HIV can affect anyone. The most important thing you can do is know the HIV status of you and your partner. Anyone who has unprotected sex can become HIV positive. If HIV is present and someone shares injecting equipment, or has a transfusion with contaminated blood they can become HIV positive. Infants can become HIV positive from their mothers during pregnancy, during labour or after delivery through breastfeeding. Women and children are disproportionately affected by HIV globally.

HOW CAN PEOPLE WHO INJECT DRUGS REDUCE THEIR HIV RISK?

HIV, hepatitis B and C can be transmitted through the use of contaminated injecting equipment but there are certain steps that can be taken to reduce this risk:

- Use non-injecting drug use methods such as smoking or take the drugs orally.
- Never re-use needles and syringes. Use a new, sterile syringe to prepare and inject drugs each time that is obtained from a reliable source, like a pharmacist or a needle exchange programme.
- Do not share with other people needles, syringes, tourniquets or any other drug-preparation equipment.
- Use a fresh alcohol swab to clean the skin prior to injection.
- Dispose of used needles and syringes in a sharp-safe container.

CAN YOU GET HIV FROM A DISCARDED SYRINGE?

There has been zero confirmed cases of HIV transmission from discarded syringe injuries. In addition, the Department of Health and Human Services also claims there have been:

- **Zero** confirmed cases of HIV or Hepatitis B transmission anywhere in the world via injury from a discarded syringe/injecting equipment
- **Zero** confirmed cases of Hepatitis C transmission in Australia via injury from discarded syringe or injecting equipment. There has been only one case of Hepatitis C transmission in Spain, July 2015.

If you have a needle stick injury consult your doctor or call 1800 552 355.

WHAT IS THE RISK OF GETTING HIV THROUGH BODY PIERCING OR FROM A TATTOO?

A risk of HIV transmission exists if non-sterile equipment is used. Instruments that penetrate the skin should be sterilised, used once, then disposed of or sterilised again.

ARE MOSQUITO BITES A RISK OF INFECTION WITH HIV?

HIV is not spread by mosquitoes or other biting insects. Even if the virus enters a mosquito or another sucking or biting insect, it cannot reproduce in insects. Since the insect cannot be infected with HIV, it cannot transmit HIV to the next human it feeds on or bites.

WHEN DID HIV FIRST EMERGE?

HIV antibodies have been detected in blood samples from the 1920s with some research indicating HIV existed in the 19th century. As the virus mutates so quickly it evolved to become well adapted to humans by the 1980s.