Everything you need to know about HIV & AIDS
What is HIV?

**HIV stands for Human Immunodeficiency Virus.**
The virus is passed from person to person through bodily fluids, primarily semen and blood. Once HIV is in the blood stream, it begins to attack a person’s immune system and works to kill off healthy immune cells.

**There's currently no cure for HIV.** Once a person is diagnosed with the virus, it stays in their system for life. There are, however, many quality medications available to help people who live with HIV.

How does HIV work?

**HIV belongs to a group of viruses called retroviruses, which work by invading the genetic material of cells within the body where the virus continually reproduces itself.** Normally, the body’s immune system can control viral infections, but HIV stops this from happening by infecting CD4, or T-cells, which are the cells that fight off infections and some cancers.

What is AIDS?

**AIDS stands for Acquired Immune Deficiency Syndrome.** Not everyone who has HIV develops AIDS, due largely to advances in medication.

AIDS can develop when HIV weakens a person’s immune system enough that their body is no longer able to protect itself against infections and diseases in the way it could if the immune system was not damaged.

As a result, an HIV positive person may show symptoms of a number of different diseases, known as opportunistic infections, and cancers. When someone shows symptoms of one or more of these conditions, they are considered to have AIDS.

**Some people who are diagnosed with AIDS can regain their health as a result of treatment for HIV infection, but they will still be HIV positive and symptoms will return if treatment is stopped.**
How does someone get HIV?

HIV can only be transmitted through bodily fluids. There are only a handful of activities that put people at risk of contracting HIV.

These activities are: unprotected anal or vaginal sex; sharing needles and syringes; breastfeeding; and/or direct blood to blood contact with an HIV positive person.

Transmission from mother to child during pregnancy, though very rare in New Zealand, is also possible.

The risk for heterosexual men and women

Among heterosexuals in New Zealand, Africans remain the only ethnicity significantly and consistently overrepresented in HIV diagnoses.

A majority of heterosexual Africans who are diagnosed with HIV in New Zealand actually contracted HIV overseas, in countries where HIV is very prevalent, rather than in New Zealand.

However, there are still a number of heterosexual people who are infected in New Zealand so it is important to use condoms to keep safe.
The risk for gay & bisexual men

If you are gay or bisexual, you’re much more likely to get HIV than heterosexual men or women.

Here’s three reasons why 80 percent of HIV in New Zealand is among gay and bisexual men:

01. It is much easier to get HIV from anal sex

Anal sex is 18 times riskier than vaginal sex. There are two reasons for this; first, the cells in the anal tract are much more susceptible to HIV than cells in the vagina. Second, both semen and rectal mucosa (the lining of the anal tract) carry more HIV than vaginal fluid.

Combine this with the fact that gay and bisexual men have higher rates of anal sex than heterosexuals, and the risk increases.

02. There’s already a high number of gay and bisexual guys living with HIV

In a recent Auckland study, 1 in 15 gay and bisexual guys were found to have HIV. So, if you’re a guy having sex with other guys, you’re more likely to meet someone who has HIV (and according to that same study, there is a 20 percent chance that person with HIV doesn’t know it yet).

03. Gay and bisexual guys are more closely connected

There are less gay and bisexual guys than there are straight men and women. So when you’re a guy meeting another guy for sex, the pool of people you have to choose from is relatively smaller. This makes gay and bisexual guys much more closely connected, sexually, than the rest of the population. It also allows HIV and other STI’s to spread quicker.

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![The relative risk of HIV transmission for different sexual activities — 0 to 2000 times more likely](chart.png)
Condoms

**Condoms and lube are the best way to protect against contracting HIV during sexual intercourse.** When used consistently and correctly during sex, latex acts as a barrier that HIV can't pass through. Water or silicone-based lubricants also help by stopping the condom from ripping or coming off. It is important never to use oil based lubricants with condoms because they can damage latex and cause condoms to fail. Condoms also protect from exposure to other serious sexually transmitted infections (STIs) such a gonorrhoea, syphilis and chlamydia.

When condoms aren't used during sex the risk of HIV transmission increases dramatically. Compared to any other form of prevention, condoms are the most inexpensive, easy to access and easy to use.

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**Myths about HIV**

**Catching HIV**

“If someone is living with HIV, I might catch it from them just by being around them.”

No. HIV is not transmitted through ordinary social contact like shaking hands, hugging, kissing or sharing cups, toilet seats, showers or swimming pools.

**Knowing whether someone has HIV**

“I've had unprotected sex but I feel fine. I haven't got HIV.”

Sorry. Most people feel well for the first few years after HIV infection. The only certain way of knowing if you have HIV is to get tested.

**Insertive vs. Receptive Anal Sex**

“I'm never the receptive partner, so I'm not at risk, right?”

Wrong. Although unprotected receptive anal sex carries the highest risk, it is still possible to contract HIV if you are the insertive partner and you are not wearing a condom. HIV can enter the body through vulnerable skin cells under the head of the penis or through the urethra.

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Order free condoms at [lovemycondom.co.nz](http://lovemycondom.co.nz)
A pill to stop HIV

“I can take a pill to stop HIV, right?”

Not quite. There has been a lot of international discussion of Pre-exposure prophylaxis or PrEP. PrEP refers to the use of HIV medication (namely Truvada) by people who are not living with HIV, in order to reduce their risk of HIV infection. PrEP is not currently available in New Zealand. It is only available overseas in the USA where it is funded by some health insurers. The cost of PrEP is high and there are still questions around how it works on a community wide scale. The science around PrEP is developing rapidly and NZAF is engaging with medical and other stakeholders about how it might be used in New Zealand in the future.

Undetectable Viral Load

“Some people say that if they are on HIV medication and have an undetectable viral load, it’s safe for them to have unprotected sex.”

Unprotected sex is never completely safe. While there is evidence that HIV treatment, resulting in an undetectable viral load, will significantly reduce a person’s risk of passing on HIV, it is still possible for HIV transmission to occur. A viral load test is usually a measure of HIV in the blood rather than in sexual fluids or fluids in the anal tract. While treatment can also lower the viral load in sexual fluids, a viral load test does not directly measure this. A person’s viral load can also fluctuate and increase significantly in the presence of another STI. Undetectable viral load offers no protection against other STIs.

Consistent use of condoms and lube, especially for anal sex, remains the most effective way to prevent sexual transmission of HIV.
**Oral Sex**

“If I have unprotected oral sex with an HIV positive person, I’m at risk of being infected.”

Not necessarily. The risk of HIV transmission via oral sex is extremely low. The enzymes in saliva act as a natural defence to HIV. The risk of contracting HIV increases if there are open sores or cuts in the mouth. Unprotected oral sex does expose you to the risk of other STIs like syphilis and gonorrhoea.

**Touching, rubbing and masturbating (wanking)**

“I received a full body massage from a sex worker. I might be at risk of HIV.”

No. HIV cannot be transmitted via skin to skin contact.

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**Sexually Transmitted Infections (STIs)**

“If I have another STI, it doesn’t affect my risk of HIV.”

This isn’t true. The presence of another STI substantially increases the risk of contracting HIV. This is because the immune system is already considerably compromised in the presence of an existing STI, therefore a person is more vulnerable to both HIV acquisition and transmission.

Gay and bisexual men are especially vulnerable to many STIs because anal sex is a very effective way for infections to enter the body.
When should someone get tested?

If someone is concerned or thinks that they have been at risk of HIV then it is a good idea to get tested.

The ideal time to test is between two and four weeks after someone thinks they may have been exposed to HIV. Our HIV rapid tests measure antibodies and antigens in the blood stream and, while 85% of people produce antibodies two to four weeks after exposure, the other small proportion of 15% take up to three months. Because of this potential delay, also known as the ‘window period’, we always recommend a retest at the three month mark.

It’s important to note that a person with HIV is most infectious during the few weeks immediately following infection, often before they have been tested.

The more partners someone has, the more often they should test for HIV and other STIs. It’s a simple and easy process. Anyone can book a rapid test online at nzaf.org.nz or by calling us on 0800 802 437.

Is there a cure for HIV?

Treatment and medication are used to manage HIV so that people can lead productive lives. But, as yet, there is no cure for HIV.

Latent reservoirs of HIV are established in the body during the earliest stage of HIV infection. Antiretroviral therapy (ART) can reduce the level of HIV in the blood to an undetectable level. However, the reservoirs of HIV continue to survive in the body. When an infected cell in a reservoir is reactivated, the cell begins to produce HIV again. For this reason, current medication cannot cure HIV.
Have any more questions? Get in touch with us

0800 802 437 — nzaf.org.nz

**NZAF Burnett Centre**
- 09 309 5560
- contact.burnett@nzaf.org.nz
- 35 Hargreaves Street, St Mary’s Bay, Auckland 1011

**NZAF Āwhina Centre**
- 04 381 6640
- contact.awhina@nzaf.org.nz
- Level 1, 187 Willis Street, Wellington 6011

**NZAF Te Toka**
- 03 379 1953
- contact.tetoka@nzaf.org.nz
- 185 Peterborough Street, Christchurch 8013

**NZAF National Office**
- 09 303 3124
- contact@nzaf.org.nz
- 31 Hargreaves Street, St Mary’s Bay, Auckland 1011