



New Zealand AIDS Foundation
Te Tūāpapa Mate Āraikore o Aotearoa

Everything you need to know about HIV & AIDS

Ngā Whakamāramatanga o Te Whakaruhi
Ma Te Ārai me te Mate Ārai Kore





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What are HIV and AIDS?

Te Whakaruihī Ārai Mate a Te Mate Ārai Kore

HIV

Whakaruihī Ārai Mate

HIV stands for Human Immunodeficiency Virus.

HIV attacks a person's immune system by getting into the blood stream and working to kill off healthy immune cells.

Passing from person to person through bodily fluids, the virus is primarily found in semen and blood.

How does HIV work?

HIV belongs to a group of viruses called retroviruses, which work by invading cells within the body then begins to continually reproduce itself.

Normally, the body's immune system can control viral infections, but HIV stops this from happening by infecting the cells that fight off infections and some cancers - CD4 cells, CD4 lymphocytes or CD4 T-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 enable people living with HIV to live healthy lives.

AIDS

Te Mate Ārai Kore

AIDS stands for Acquired Immune Deficiency Syndrome.

Today, the majority of people living with HIV, who are on treatment, will never develop AIDS - due 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.

As a result, a person living with HIV 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 successful HIV treatment but symptoms will return if treatment is stopped.



How does someone get HIV?

Ka pēhea te tangata e whiwhi i te Whakaruhi Ārai Mate?

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
- Direct blood to blood contact with a person living with HIV

Although transmission from mother to child during pregnancy or childbirth is possible, with effective treatment it is very rare.

People are not at risk of contracting or transmitting HIV if they hug or kiss someone, or share cups, drink bottles or utensils. Bodily fluids like saliva, sweat or urine do not contain enough of the virus to infect another person.

Early symptoms of HIV infections

Ngā tohu tōmua o te Whakaruhi Ārai Mate

Around 10-60% of people living with HIV won't have obvious symptoms.

There are no unique symptoms that everyone will experience when they first become infected with HIV.

In some people, symptoms may occur from two to four weeks after HIV infection and may include flu-like symptoms that are easily confused with other infections.

Some commonly reported symptoms are:

- Fatigue
- Fever
- Headache
- Joint and muscle pain
- Loss of appetite
- Nausea
- Night sweats
- Skin rash
- Sore throat
- Swollen glands

These symptoms usually last less than two weeks, although they can last as long as 10 weeks. This period is called acute retroviral syndrome and it indicates seroconversion (which is the period when the body starts producing HIV-specific antibodies). Sometimes seroconversion is associated with the syndrome.

Symptoms of early HIV infection resemble much more common seasonal infections, and there is no way to distinguish them other than by performing specific blood tests.

If you are experiencing any of these symptoms and you believe you have been at risk of contracting HIV, consider discussing testing options with your healthcare provider or sexual health service.

The risk for gay & bisexual men

Ngā tūraru mo te hunga tāne moe tāne

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

Here are three reasons why 89% of HIV transmission in New Zealand is among gay and bisexual men:

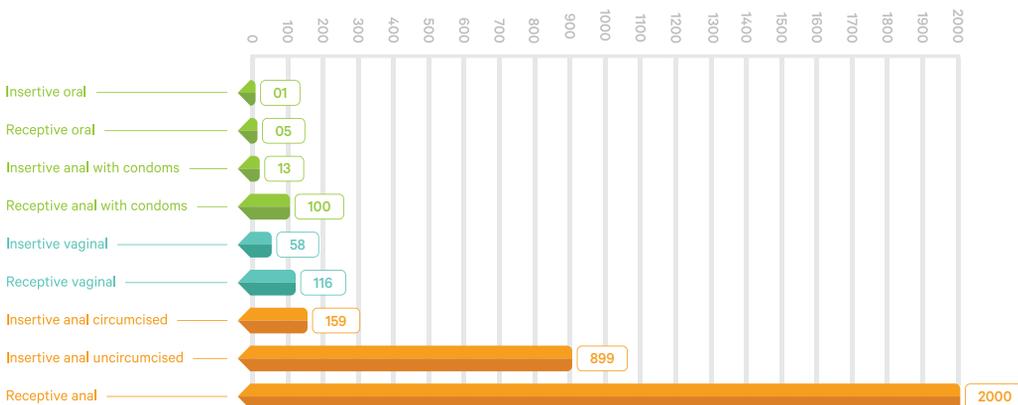
1 It is much easier to get HIV from anal sex.

HIV transmission is around 18 times more likely through receptive anal sex without a condom than receptive vaginal sex without a condom.

There are two key reasons for this. Firstly, there are more cells susceptible to HIV in the anal tract than in the vagina – the rectal mucosa (the lining of the anal tract), specifically, is more susceptible. Secondly, both semen and rectal fluids carry more HIV than vaginal fluids.

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

Chart: The relative risk of HIV transmission for different sexual activities – 0 to 2000 times more likely.



Insertive partners (tops) are still at risk, as penile tissue is susceptible to HIV infection – it's just that receptive partners are at more risk.

2 There's already a high number of gay and bisexual guys living with HIV

In a published 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% chance that a person with HIV doesn't know it yet).

3 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 STIs to spread quicker.

The risk for heterosexual men & women

Ngā tūraru mo te hunga tāne moe wahine, wāhine moe tāne

The transmission rates for heterosexuals in New Zealand are extremely low – with only four locally acquired heterosexual transmissions in 2017.

The majority of heterosexuals who are diagnosed with HIV in New Zealand, actually contracted HIV overseas, in countries where HIV is more common.

Heterosexual individuals are often diagnosed much later after initial infection. Therefore it is important to use condoms consistently, keep safe and talk to your GP about regular screening.

A key risk for heterosexual people in New Zealand is likely the perceived lack of risk. It's important to remember that HIV doesn't discriminate and can affect anyone.



Staying safe

Kia Haumaru

Condoms

Pūkoro ure

Condoms and lube are an effective way to protect against HIV and STIs during sex.

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 tearing 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 lower the risk of contracting other serious sexually transmitted infections (STIs) such as gonorrhoea, syphilis and chlamydia.

Condoms are the most inexpensive, easy to access and easy to use form of prevention.



Order free condoms at endinghiv.org.nz

PrEP

Rongoa i mua te huranga

Pre-exposure prophylaxis or PrEP refers to the use of certain HIV medications by an HIV negative person to prevent contracting HIV. When taken on a daily basis, taking PrEP ensures there is enough of the medication in the system to significantly reduce the risk of contracting (up to more than 99%) if exposed to HIV during unprotected sex. Also, PrEP is now funded here in NZ – see the link on page 21 for more information about PrEP and whether you meet the funding criteria.

There are a few key things to be aware of when it comes to PrEP:

- PrEP works by maintaining a certain concentration of drug in the body that can prevent HIV establishing an infection. This means that people must take the pill every day to maintain this drug concentration. Studies have shown that if it is taken every day as prescribed it reduces the risk of getting HIV by at least 92% and up to 99%.
- It's important to test for HIV before starting PrEP and every three months while a person is on it – if someone uses PrEP when they already have HIV it can cause the virus to develop resistance and reduce their options for HIV treatment.
- PrEP can affect kidney function, and has other potential side effects. People on PrEP need to have their kidneys checked before they go on PrEP and regularly once they start the medication.

Staying safe *continued*

PEP

Rongoa i muri te huranga

Post-exposure prophylaxis or PEP is a short course of anti-HIV medication that may be able to prevent infection of someone who has recently been exposed to HIV. PEP is accessed by visiting the emergency department of your local hospital and needs to be taken within 72 hours of exposure to be effective.

The sooner it is taken after exposure, the more effective it is.

U=U/UVL

Māheahea te nui o te korakora huaketo

If you are living with HIV and are taking your medication as prescribed, you may achieve an undetectable viral load. Evidence shows that if maintained for more than six months, there is no risk of HIV transmission through sex. HIV treatments are very effective at suppressing the HIV virus when taken daily as prescribed, although it is important not to assume that you are undetectable just because you're on treatment. Getting a regular viral load test is important for your own health and that of your sexual partners.

When considering the role of undetectable viral load in preventing HIV it is important to remain consistent in taking medications and continue to keep your specialist appointments. This ensures you are equipped with the knowledge and confidence to make these decisions.

Superinfection

Pokenga Nui

When a person living with HIV is infected again through exposure to a different strain, it is known as superinfection. This may sometimes lead to the person becoming resistant, or not responding, to the combination of anti-retroviral HIV treatments they're on. This reduces their options for treatment. Risk factors for superinfection are a detectable viral load, having a concurrent sexually transmitted infection and, most of all, unprotected sex.

STIs

Mate Paipai

STIs are infections that are transmitted from person to person through anal, vaginal and oral sex. Research has shown that infection with an STI may also increase the likelihood of HIV being acquired or transmitted.

Condoms may reduce your risk of contracting other STIs, while PrEP and U=U do not – so keep that in mind when making your prevention decisions.

When should someone get tested?

Ngā wā kia whakamātauhia

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

The frequency of testing depends on who you have sex with and what type of sex you have. Anyone who is sexually active and practising safe sex should get tested twice a year as a regular sexual health check-up including other STIs. If you do not use condoms every time you have casual sex, consider testing every three months.

If you are experiencing any symptoms around your genital area – make an appointment with your doctor as soon as you can.

If you've had sex without a condom or think you may have been exposed to HIV some other way, get tested and consider commencing PEP immediately.

For more information on PEP, you can visit nzaf.nz/pep to find out more.

Our HIV rapid tests detect antibodies and, while 85% of people produce antibodies within four weeks of exposure, others can take up to three months. This is known as the 'window period'.

Is there a cure for HIV?

He whakaoraora mo te Whakaruhi Ārai Mate

Treatment and medication are used to manage HIV so that people can lead healthy and 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.



Myths and facts about HIV

Ngā kōrero rūkahu mo te Whakaruhi Ārai Mate

It's important to distinguish between myths and facts about HIV. The statements in red are common myths, followed by the facts that debunk each myth.

'Catching' HIV *I hopuhopu te Whakaruhi Ārai Kore*

"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.

Insertive vs. Receptive Anal Sex

He moe Whakauru, whakaareare rānei

"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 taking preventative measures (condoms, PrEP, U=U). HIV can still enter the body through vulnerable skin cells under the head of the penis or through the urethra. HIV can also enter through openings in the skin, ulcers, warts and sores from other STIs and infections.



Knowing whether someone has contracted HIV

I whakamohio ana i te Whakaruhi Ārai Kore

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

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



Fact: 1 in 5 gay kiwis with HIV don't know it yet.

Oral Sex *Ai ā waha*

"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)

Whāwhā me te titoitoi

"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. Sex-workers in New Zealand have incredibly low levels of HIV. Largely thanks to the prevalence of consistent protection use, regular testing and organisations providing education and support for sex workers.

Myths and facts *continued*

Pre-Exposure Prophylaxis

Rongoa i mua te huranga

“There’s no way a pill could prevent HIV.”

PrEP is an HIV prevention method where HIV negative people take a pill to reduce their risk of contracting HIV.

PrEP contains two antiretroviral medicines that are also used to suppress the virus in people who are living with HIV:

- Tenofovir
- Emtricitabine

You may know this medicine by a brand name Truvada, however there are generic forms of the drug with the same active ingredients - such as the Teva generic funded in New Zealand.

PrEP should be taken every day to be most effective. As it works by building up levels of the medication in your system, missing doses may reduce the effectiveness of the medication.

If you do choose to take PrEP differently - it’s absolutely essential that your doctor is in the loop and making recommendations accordingly. You should also never take PrEP from someone else’s supply or without a prescription.

PrEP is not a vaccine and only provides protection from HIV so long as you continue to take it as prescribed. However, unlike condoms, PrEP does not protect you against other sexually transmitted infections like syphilis or gonorrhoea.

As of 2018, PrEP is now a funded medicine in New Zealand. That means it can be accessed on prescription by anyone who meets criteria developed by PHARMAC. If you are eligible for publicly funded healthcare in New Zealand, and you meet the PHARMAC criteria, then your PrEP pills will be funded. You’ll only need to pay \$5 per three-month supply at your local pharmacy.

If you are not eligible for publicly funded healthcare (for example, if you’re an international student), or you don’t meet the PHARMAC criteria, then you will have the option to self-fund your PrEP pills. This involves purchasing the medication from a pharmacy directly, or from a reliable overseas supplier and importing it into New Zealand. You will still need a prescription to purchase PrEP.

For further information on PrEP visit endinghiv.org.nz/PrEP



Myths and facts *continued*

Undetectable Viral Load (UVL/U=U)

Māheaha te nui o te korakora huaketo

“If I’m living with HIV I won’t be able to have sex without a condom ever again.”

An undetectable viral load is when the amount of HIV in a person’s blood is no longer able to be measured in a standard blood test. For people living with HIV who are able to reach this status by taking their medication as prescribed, HIV isn’t transmitted sexually.

Research of serodiscordant couples (couples with different HIV status), where the partner living with HIV had an undetectable viral load, (in the Opposites Attract, PARTNER and PARTNER 2 studies) reported no cases of HIV transmission in over 126,000 cases of condomless sex with their HIV-negative partners.

These results support those of previous studies with similar findings and have resulted in organisations such as UNAIDS and the World Health Organisation supporting the message that *Undetectable equals Untransmittable (U=U)*.

U=U refers to HIV transmission risk that is “so small or unimportant as to be not worth considering; insignificant”. Put simply, there is effectively no risk of HIV transmission. It is important to remember, having an undetectable viral load does not protect you against other sexually transmitted infections like syphilis or gonorrhoea.

Sexually Transmitted Infections (STIs)

Mate Paipai

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

This isn’t true. The presence of another STI can substantially increase the risk of contracting HIV.

This is because the immune system is already considerably compromised by either local inflammation and/or weakened mucous membranes in the form of sores and ulcers.

Therefore a person is more vulnerable to both HIV acquisition and transmission. Which means regular testing for STIs is an important part ensuring you aren’t at risk of HIV.

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



Have any more questions? Get in touch with us

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