

# HIV WHAT WORKERS NEED TO KNOW

A briefing for those who work with people at risk of HIV transmission from injecting drug use

Revised and updated

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This edition was printed in  
February 2019.



## Introduction

There has been an increase in HIV diagnoses in people who inject drugs in Glasgow.

Since 2015, there have been over 130 new diagnoses. Previously the number of newly diagnosed cases of HIV in this population group averaged ten a year or less.

This resource aims to assist frontline staff to better understand HIV and support people affected, both within the outbreak area and across Scotland.



## What is HIV?

Human Immunodeficiency Virus (more commonly known as HIV) is a blood borne virus which attacks the immune system and weakens the body's ability to fight infections.

HIV was identified in the 1980s; it used to be considered a terminal illness but advances in treatment mean that it is possible to live a long and healthy life with HIV and have a similar life expectancy as people who do not have HIV.

Treatments reduce the amount of HIV (viral load) in the body. The effectiveness of current treatments mean that very few people living with HIV in Scotland, who take their medication, go on to develop HIV-related illness.



## Your key messages

Here are five key messages that should be communicated to individuals who are at risk of HIV transmission.

### 1 Never share or re-use equipment

If injecting drugs, do not share any equipment used to prepare or take drugs. Support should emphasise the importance of using a new set of sterile injecting equipment for every injection.

Sharing is not just about needles: people sharing other equipment are also at risk, so reinforce messages about using new equipment for every injecting episode. This includes spoons, filters and unopened water for injection. Information should be given on where to get new injecting equipment.

### 2 Alternatives to injecting

Injecting drugs is the route of transmission that increases the risk of blood borne virus infection more than other routes such as smoking. Talk through the benefits of stopping injecting.

- Reduced risk of BBVs (HIV, hepatitis B and hepatitis C)
- Reduced overdose risk
- Maintain health of veins
- No more missed hits

Foil is available from IEP services.

### 3 Always use a condom for sex

Unprotected anal and vaginal sex are the most common ways that people get HIV. Condoms should be used for anal and vaginal sex as they provide excellent protection against HIV transmission. Staff should direct clients to where they can access free condoms. Condoms also prevent other sexually transmitted infections, as well as HIV.

### 4 Get tested regularly

People can be HIV positive for a number of years before they develop any symptoms. Getting a test is the only way to find out whether a person is HIV positive.

People who inject drugs should be encouraged to get tested for HIV at least yearly - this should be more frequent in an outbreak situation like Glasgow, where every three months for testing is encouraged.

A negative test once is not a guarantee people won't get HIV in the future. When people continue to take risks they also need to continue to be tested regularly.

Unprotected sex is also a reason to go for an HIV test, regardless of injecting history - many people affected in the Glasgow Outbreak also have sexual transmission as a risk factor.

## 5 People live well with HIV

It is important to remind people that if HIV is diagnosed and treatment is started and continued - the prognosis is excellent. Early diagnosis is ideal, but treatment is still life-saving if the diagnosis is late.

Women and men who are living with HIV can have children. They will receive specialist input before and after conception and throughout pregnancy which means there is almost no risk of the child being born with HIV.

Local patient forums and peer-support opportunities exist throughout Scotland. Contact your local healthboard or service to find out what is available and highlight these to people living with HIV.



**HIV is a protected characteristic under the Equality Act 2010, it is therefore unlawful for services to discriminate against any person - including refusal of service - due to their HIV status.**



## How can I support people who are at risk of HIV or living with HIV?

### Supporting people on diagnosis

People can feel a range of emotions when they receive a diagnosis and may need support at this time. Workers should consider carrying out a risk assessment and ensure appropriate support is provided.

### Supportive and non-stigmatising services

Ensure that you have up to date information on HIV and that your service displays information. Discuss HIV with people at risk and ensure that all attitudes in your service are non-stigmatising - this will enable people to come forward for testing and support.

Normalising attitudes and discussions around HIV is one of the key ways you as a worker can support people at risk, or living with HIV.





## How is HIV transmitted?

- Vaginal or anal sex without using a condom
- Sharing needles and syringes
- Sharing water, spoons, filters and other paraphernalia used to inject drugs
- From a HIV positive mother to her child during pregnancy, birth or by breast feeding



The most common way to get HIV is from unprotected sex.

### You cannot get HIV from:

- Sweat
- Urine
- Sneezing or coughing
- Social contact such as sharing food, sharing cooking or eating utensils, kissing, shaking hands, or hugging, massage, or using the same toilet.
- Being in the same place as someone with HIV, or by sharing household items such as crockery, cutlery or bed linen.

# HOW CAN HIV BE TRANSMITTED VIA INJECTING DRUG USE?

1

Sharing of injecting equipment - needles and syringes

2

Through sharing or re-using flush water

3

Via sharing or re-use of other paraphernalia, such as spoons or filters



By sharing we mean direct sharing between people injecting drugs, and the re-use of injecting equipment and paraphernalia used by another person.



People who inject drugs are also at risk of HIV through sexual transmission.



## Signs and Symptoms HIV

Most people who are infected with HIV experience a short, flu-like illness that occurs two to six weeks after infection. This is known as *seroconversion illness* and can last for one or two weeks. However, in some people the illness is so mild that it passes without much notice or is mistaken for something else. This is because the most common symptoms are fever (raised temperature), sore throat, body rash, tiredness, joint and muscle pain and swollen glands.

After these initial symptoms disappear, HIV often does not cause any further symptoms for several years, perhaps as long as 10-15 years. During this period, known as *asymptomatic HIV infection*, the person will still be infectious. They may feel well, but the virus continues to be active and causes progressive damage to the immune system unless treated.

Eventually as the immune system is weakened, people might present with a variety of health issues.



The only way to know if a person has HIV is to get a test.



Most HIV transmission takes place before someone has been diagnosed with HIV - **early testing saves lives.**



## What do HIV tests involve?

HIV testing is widely available and pre-test counselling is no longer required. All that is needed is a discussion to check people understand what they are being tested for, when the results will be available and how they should be contacted with their result.

It can take up to 12 weeks after being infected with HIV for the test to show positive - this is known as the window period. Most tests are accurate after four weeks, but if the result is negative, it is best to be tested again, three months after the last risk taking behaviour.

1. **Dry Blood Spot Test (DBST)** – A few drops of blood from a finger are dropped onto a testing card that is then sent to a laboratory for processing. DBST is particularly useful in outreach situations or for testing people with poor vein access.
2. **Venous blood samples** – Most NHS services use a venous blood sample (a small sample of blood that is usually taken from an arm) which is then sent away to a laboratory for testing.
3. **Point of Care (PoC) Testing** - Some services now offer a finger-prick test that will give you a result within minutes (sometimes called rapid or instant testing). PoC testing involves a small amount of blood. If a PoC test is reactive (shows a positive result), the person will require an additional blood test to be sent to the lab for confirmation. If the result is negative, the person can be assured this is accurate.



If you are working with people who inject drugs, offer support to enable people to engage with testing.



## What is the treatment?

Treatment is known as antiretroviral medication or HAART (Highly Active Antiretroviral Therapy) or Combination Drug Therapy.

Most people take a combination of two to three drugs combined into one or two pills taken once or twice a day. Thanks to HIV treatment, people with HIV can live a long and healthy life.

**All people who are diagnosed with HIV should be supported to begin treatment as soon as possible.**



## Why get treatment?

There is no cure for HIV, however, there are very effective treatments that control the virus and keep people healthy and prevent onward transmission of HIV.

Everybody should get started on treatment as soon as they are diagnosed regardless of route of transmission or other life circumstances. Treatment is important to keep people healthy and prevent damage to the immune system.

The amount of HIV in the body is called viral load. HIV treatment suppresses the amount of HIV in your body to the point where tests are unable to detect any HIV. The aim of HIV treatment is for people to have an *undetectable viral load*.

When people living with HIV are on treatment, engaged in care, and have an ongoing undetectable viral load, they are not able to pass the virus onto their sexual partners.



Having an undetectable HIV viral load prevents HIV transmission to sexual partners. This is called *Undetectable = Untransmittable or U=U*.

HIV specialists are confident that the virus will remain undetectable as long as people with HIV take their medication every day as prescribed and have their viral load checked regularly.

When the virus is undetectable there is no risk of transmitting HIV to sexual partners. There is currently not enough evidence to state there is no risk of transmission from sharing injecting equipment. However, any risk is greatly reduced when people living with HIV take their medication as prescribed.



## Other ways that can prevent transmission of HIV

*Post Exposure Prophylaxis (PEP)* - PEP is a combination of HIV drugs taken after a person has put themselves at risk of HIV transmission. PEP is not guaranteed to work and is an emergency measure to be used as a last resort, for example, if a condom fails during sex.

PEP must be taken within 72 hours (three days), and ideally should be taken within 24 hours.

You can be assessed for PEP at sexual health clinics. Over the weekend or outside of office hours it is also available at Accident and Emergency departments.

*Pre Exposure Prophylaxis (PrEP)* - PrEP is a course of medicine taken by people who are HIV negative to lower their risk of getting HIV from sexual transmission. PrEP is available to people over the age of 16 who live in Scotland, are at high risk of acquiring HIV through sexual transmission and meet certain criteria.

PrEP does not protect against any STIs other than HIV and it only protects the person taking PrEP. Condoms are still the best way to prevent STIs.

PrEP must be taken as prescribed, and you must also have an HIV test every three months. It is not currently available to prevent HIV transmission from injecting risk.

For more information on PrEP visit [www.prep.scot](http://www.prep.scot) or encourage the patient to speak to their local sexual health team.



## Where to get more information

Aids Map	<a href="http://www.aidsmap.com">www.aidsmap.com</a>
BASSH Guidelines	<a href="http://www.bashh.org/guidelines">www.bashh.org/guidelines</a>
BHIVA Guidelines	<a href="http://www.bhiva.org/guidelines">www.bhiva.org/guidelines</a>
Drug Services Directory	<a href="http://www.scottishdrugservices.com">www.scottishdrugservices.com</a>
Hepatitis Scotland	<a href="http://www.hepatitisscotland.org.uk">www.hepatitisscotland.org.uk</a>
HIV Scotland	<a href="http://www.hivscotland.com">www.hivscotland.com</a>
Needle Exchange Directory	<a href="http://www.needleexchange.scot">www.needleexchange.scot</a>
NHS Choices	<a href="http://www.nhs.uk/conditions/hiv-and-aids">www.nhs.uk/conditions/hiv-and-aids</a>
PrEP.Scot	<a href="http://www.prep.scot">www.prep.scot</a>
Scottish Drugs Forum	<a href="http://www.sdf.org.uk">www.sdf.org.uk</a>
Terrence Higgins Trust	<a href="http://www.tht.org.uk">www.tht.org.uk</a>
Waverley Care	<a href="http://www.waverleycare.org.uk">www.waverleycare.org.uk</a>

*Free condoms* are available in every health board across Scotland. For more information visit your local NHS board website or contact your local sexual health service.

*Scottish Drugs Forum* offers training around HIV, other blood borne viruses and sexual health.

Contact us to find out more by emailing [enquiries@sdf.org.uk](mailto:enquiries@sdf.org.uk)



**SDF**  
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Forum

## Scottish Drugs Forum

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ISBN: 978-1-903483-16-9

FEB 19