

HIV as a long term condition

The development of effective treatment means HIV is now a long term condition. People diagnosed with HIV today can expect a near normal life expectancy if they start treatment early and take it correctly.

Research published in the Lancet in 2008 showed that a patient diagnosed today at 20 can expect to live to nearly 70. At 35, the average age of diagnosis in the UK, life expectancy is over 72. And it is believed that life expectancy will only continue to improve.

The tolerability of treatments has also dramatically improved. Complex regimes with many side-effects have been replaced with just one or two pills, with fewer side-effects. One pill a day is now the initial treatment for someone newly diagnosed with HIV. This means that today someone who is diagnosed early and responds well to treatment will have a very different experience to someone who has been living with HIV for some time and gone through many different treatment options.

Some people with HIV do suffer treatment side-effects including nausea, diarrhoea and prolonged headaches. Others experience changes in body shape, depression and mental health issues.

A cure for HIV?

There is no cure for HIV but work continues to develop a vaccine and microbicide (barrier product) to prevent HIV.

From time to time individuals or organisations emerge with claims that their particular research, product or discovery offers hope of a 'cure' for HIV. Sometimes patently ridiculous claims can be given inappropriate credence by media reporting. This creates false hope and confusion.

Claims of a 'cure', or other major scientific breakthrough around HIV, should be met with great caution. Scientific claims arising from Phase 3 randomised control trials, or published in reputable medical journals, are of course worth reporting.

Inflated claims elsewhere are worth first checking thoroughly with reputable experts or trusted HIV organisations.

Working with HIV

Many people with HIV work and there are very few jobs people with HIV cannot do. In a 2009 NAT survey into the experience of HIV positive gay men in the workplace, the majority of respondents said they had not made any changes to their working lives because of their HIV status. Although one in ten people noted side-effects from drugs had had some impact, over a third had not taken any days off to attend HIV clinic appointments in the previous 12 months. The health effects of HIV are having little impact on those who are in work and protections in the Equality Act make it unlawful for employers to discriminate against someone with HIV and for employers to ask questions about HIV status prior to a job offer. However stigma, fear of discrimination and international travel restrictions remain barriers to people with HIV in the workplace.

Having a family

There are many women with HIV who have had healthy children. Modern drugs are highly effective at preventing HIV transmission during pregnancy, labour and delivery. With appropriate interventions, the vast majority (over 98 per cent) of HIV positive women give birth to healthy, uninfected babies.

The British HIV Association (BHIVA) reports that an increasing number of HIV positive women and couples are requesting assistance with conception. Of particular concern for people living with HIV who wish to conceive is 'serodiscordancy' in their relationship: that is, when one partner is HIV positive and the other HIV negative. The standard recommendation for serodiscordant couples is

to practice safer sex to prevent HIV transmission from one partner to the other – but of course this is not helpful for those who wish to conceive. However, there are a range of options available to assist couples to conceive safely, including self-insemination, donor sperm and sperm-washing.

Ageing and HIV

One in six people with HIV in the UK are over 50. This is due to people with HIV growing older as well as new infections occurring in this age group. Research suggests that people with HIV are more

susceptible to conditions associated with ageing such as cardiovascular disease, cancers, dementia and osteoporosis. Research into the relationship between HIV and the long term impacts of anti-retroviral treatment is still developing. As more research is conducted into this area we will have a better understanding of how HIV affects the ageing process.

Further information

NAT - Working with HIV, 2009 - www.nat.org.uk/Our-thinking/Every-day-issues/Employment.aspx

Who is affected by HIV?

HIV is a virus and can infect anyone. However, the epidemic has developed in different ways in different regions and countries of the world.

With increasing movement of people around the world, the epidemiology of HIV is complex. It is always important to find out more information on the HIV epidemic in the particular country or region on which you are reporting and in which your report will be read. For example, the epidemic in Ukraine began through the sharing of injecting equipment by injecting drug users, although it has now become more generalised. In sub-Saharan Africa, however, the epidemic began mainly through heterosexual sex and HIV continues to be transmitted mainly heterosexually.

The two groups most affected in the UK are gay and bisexual men and black African heterosexuals. Three-quarters of people diagnosed in 2008 were among these two groups. Migration of people to the UK who were infected with HIV overseas, particularly in Africa, is one of the reasons for high rates of HIV among black

Africans in the UK. There is also increasing heterosexual transmission occurring in the UK. It is important not to assume that HIV only happens to 'other people'. HIV transmission amongst people who are not gay and bisexual men or black African heterosexuals in the UK is increasing, albeit from a low base.

Over 70 per cent of people with diagnosed HIV in the UK are over 34 years old. It is a misconception to assume HIV in the UK predominantly affects young people.

HIV statistics

UNAIDS publishes detailed information for each country of the world at www.unaids.org

Statistics on HIV in the UK are updated annually by the Health Protection Agency www.hpa.org

Statistics can also be found on the NAT website www.nat.org.uk/HIV-Facts.aspx