

A GUIDE TO
HIV
FOR MEDIA



Queensland Positive People



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HIV
FOR MEDIA

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HIV MYTHS AND FACTS



You can get HIV from sharing eating utensils, hugging, kissing or from contact with saliva.



FACT

HIV can come into the body through blood, semen, vaginal and rectal fluids, and breast milk.

Fluids like saliva and urine, and casual contact like touching, can't pass it on.



HIV only affects gay men.



FACT

In Australia, heterosexual sex makes up approximately 20% of all transmissions of HIV.

54% of all people living with HIV globally are female.

Even in countries with healthcare systems similar to ours like the United Kingdom, women make up 29% of new diagnoses, and approximately 45% of all transmissions are a result of heterosexual sex.



There is a vaccine for HIV available.



FACT

Unfortunately not yet.

However, there is an easy to take prevention drug called PrEP (pre-exposure prophylaxis). PrEP is available on the PBS, through a script from any GP in Australia, just like the contraceptive pill. It's extremely effective at protecting against HIV transmission.



If you are living with HIV, there are not many jobs or professions that you can work in.



FACT

In Australia, for someone living with HIV, and on effective treatment, there are very few professions that they can't work in, other than the military.

They could be a teacher, lawyer, chef, surgeon, barista, accountant, dentist, almost anything.

Like any other manageable illness, it's just a part of life, and doesn't define someone's life.



Getting a HIV diagnosis is a death sentence.



FACT

In Australia, effective treatment for HIV is available, accessible, and affordable. Most people living with HIV can and do live long, healthy, productive, and vibrant lives.

However, the stigma and discrimination experienced by people living with HIV all over the world is what gets in the way of people living a full life.

HIV is a virus, stigma is the deadly disease.



If you have sex with someone living with HIV without a condom, you will 100% get it.



FACT

HIV transmits by getting access to the blood stream where it makes copies of itself. Not every act of sex will cause this to happen, so the risk of transmission varies, and is often quite low.

More importantly though, most people in Australia that know they are living with HIV have an undetectable viral load (95%) because they take effective treatment. This means the risk of them passing on HIV through sex is **zero**.

There are people in Australia who don't know they are living with HIV yet, which is why using condoms and other prevention methods like PrEP are important, as is regular, appropriate testing for HIV.



You can't have healthy HIV negative children if either or both parents are HIV positive.



FACT

In Australia, the vast majority of HIV positive parents have healthy pregnancies and give birth to healthy HIV negative babies, even if the mother, or father, or both are living with HIV.

With the use of the current effective HIV treatments, mother to child transmission of HIV (also known as vertical transmission) is very rare in Australia, and is reduced to less than one percent, if people maintain their prescribed HIV treatment, and their HIV viral load remains at an undetectable level throughout the pregnancy.

ABOUT HIV

What is HIV?

Human Immunodeficiency Virus (HIV) is a virus that weakens the immune system and can make you prone to getting sick if left untreated.

Acquired Immunodeficiency Syndrome (AIDS) isn't HIV. AIDS occurs when you leave HIV untreated, and your immune system becomes so weak you become much more vulnerable to a range of illnesses or infections.

What is U=U?

Undetectable equals Untransmittable or U=U means that a person living with HIV with an undetectable viral load cannot pass on HIV through sex.

An undetectable viral load means that a person is living with HIV but the level of the virus is so low that we can't detect it in their blood. Generally, they've been taking treatment for 6 months and treatment stops HIV from making copies of itself, allowing the immune system to remove the virus.

There is ZERO risk of someone with an undetectable viral load passing HIV onto their partner through sex.

HIV GLOBALLY IN NUMBERS

84,200,000

Across the globe, there has been an estimated 84.2 million **HIV diagnoses since the start of the epidemic**. This figure reflects the immense impact that HIV has had on our global community, and that our resolve must be to continue to prevent every new diagnosis possible.

40,100,000

Globally, an estimated 40.1 million **people have died from an AIDS-related illness since the start of the epidemic**. This is a sobering number, and while we have virtually eliminated AIDS-related illness deaths in Queensland, many countries are still fighting to get HIV treatment to those who need it most.

650,000

An estimated 650,000 **people died from AIDS-related illnesses worldwide in 2021**. Despite advancements in combating HIV, people are still dying from AIDS today, reminding us that more needs to be done to ensure all people living with HIV receive the life-saving treatments they need.

38,400,000

Approximately 38.4 million **people worldwide are living with HIV**. Not everyone has access to the effective HIV treatments available. We must strive for equitable access to healthcare and treatment for all.

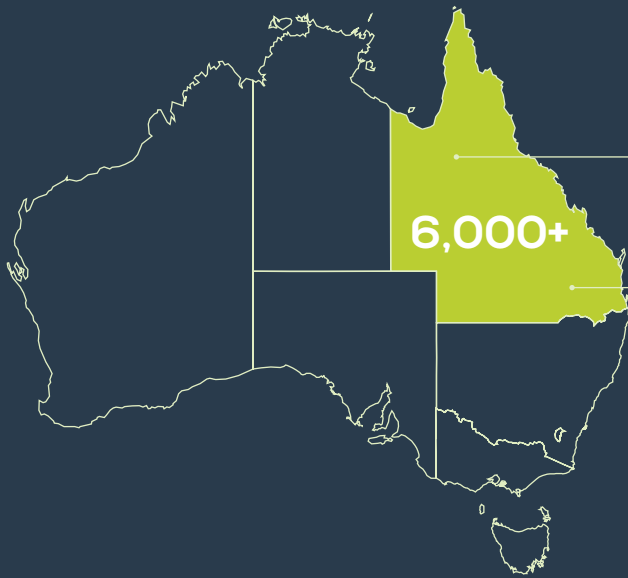
1,500,000

Around the globe, 1.5 million **people were diagnosed with HIV in 2021**. Testing is crucial to connecting people to medical care while also reducing the onward transmission of HIV.

28,700,000

In 2021, there were 28.7 million **people receiving HIV treatment, worldwide**. This equates to a global average of about 75% of HIV positive people receiving treatment and represents a promising increase when compared with statistics over the past couple of years.

HIV IN QUEENSLAND

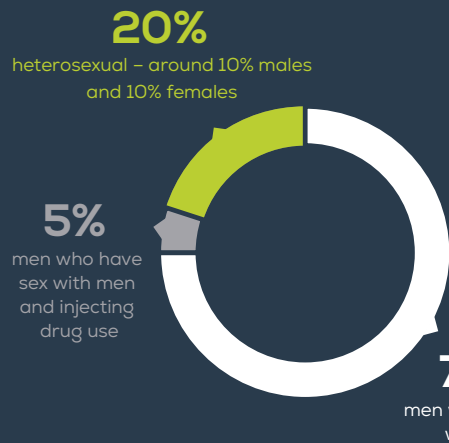


It is estimated that there are over 6,000 people living with HIV across Queensland.

Approximately 50% of people living with HIV live in regional and rural areas.



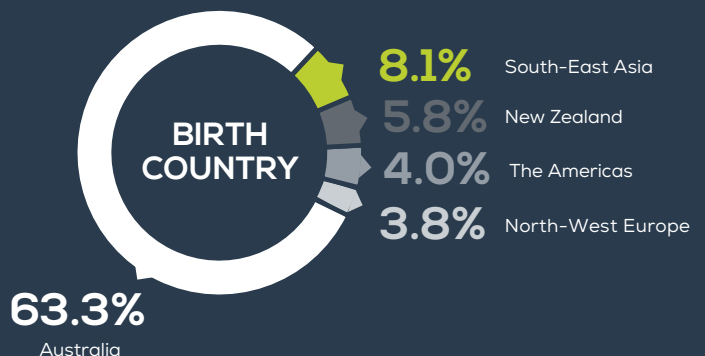
Data on transgender and gender diverse people, non-binary, fluid identities are not well collected or published.



New diagnoses of HIV reported in Queensland in 2022 (n=102)

- 75%** 20–49 years of age
- 25%** 50 years of age or older
- 17%** Women
- 5%** First Nations people

Region of birth of those diagnosed in Queensland in 2015–2020



HIV AUSTRALIA IN NUMBERS

29,460

In 2021, there were an estimated 29,460 **people living with HIV in Australia**. Of those, an estimated 91% had received an HIV diagnosis. Of those diagnosed, 92% were receiving antiretroviral therapy (ART). Of those receiving ART, 98% had a suppressed viral load (making up 82% of all people with HIV in Australia).

552

There were 552 **new HIV diagnoses in Australia in 2021**, a 48% decline in notifications since 2012 (1068 notifications) largely due to the uptake of PrEP. Male to male sex reported for 378 (68%) HIV notifications in 2021. Heterosexual sex reported for 148 (27%) notifications, and injection drug use for 9 (less than 2%) notifications.

2,630

There were an estimated 2,630 (9%) people living with HIV in Australia in 2021 who were **unaware of their HIV status** (undiagnosed). The estimated proportion with undiagnosed HIV was higher in people reporting heterosexual sex (15%) and lower among men with male-to-male reporting male-to-male sex (7%).

48%

In 2021, 48% of **HIV notifications in Australia were classified as late diagnoses** (having a CD4+ cell count of less than 350 cells/ μ L), the highest proportion in the past 10 years. These diagnoses are likely to have been in people who acquired HIV at least four years prior to testing and diagnosis.

11.6%

In 2021, there were 552 HIV notifications in Australia: 488 (88.4%) among males, and **64 (11.6%) among females** and 17 (3%) among Aboriginal and Torres Strait Islander peoples. Just under a fifth of all notifications (107) were classified as newly acquired.

29.8%

In HIV Futures 2021-22, 36.6% respondents reported at least one experience of HIV-related stigma or discrimination in the past 12 months in everyday life. 29.8% reported that they had been **treated differently by a healthcare worker due to their HIV in the past 12 months**

HIV PREVENTION AND TESTING



Pre-Exposure Prophylaxis (PrEP) is a medicine you can take every day to prevent HIV. It works the same way as HIV treatment: by stopping HIV from making copies of itself. And when HIV can't do this, PrEP can prevent HIV from establishing itself in your body. PrEP has been available on the PBS since 2018 from any GP in Australia.

There are many different ways you can test for HIV in Australia. All GP's can offer a sexual health screen which may include an HIV test, but not always so it's **important to check**.

Sexual Health Clinics operated by most state and territory health departments offer laboratory HIV testing.

Some organisations operate free clinics (QPP's is called RAPID) using on-site rapid tests which only take about 20 minutes to give a result.

There are now HIV self test kits, which can be done anywhere. These are available free through www.rapid.org.au, or for a small fee at some pharmacies and online. A national HIV home testing program is starting soon, mailing out free test kits no matter where they are in Australia.



HIV DOESN'T DISCRIMINATE

For many heterosexual Australians, HIV is far from their mind. It is common for people without a connection to healthcare or the LGBTIQ+ community to have no contemporary knowledge of HIV, only historical knowledge based around fear and death, or in many cases simply just assuming that HIV doesn't exist anymore.

In our state and national health strategies, heterosexuals are not considered an 'at risk' or 'priority' population. However, that doesn't mean there is no risk. We know HIV globally affects millions more heterosexual people than any other population, of which more than half are women.

We know that in Australia HIV transmission has occurred primarily in men that have sex with men (MSM). Through targeted public health approaches and community awareness, we have welcomed a strong decrease in new diagnoses over the past decade (52%). For heterosexual people however, the number of new diagnoses of HIV in Australia has remained steady over the same period, with drop in 2019-20 attributed to the impacts of the COVID-19 pandemic.

In the United Kingdom, which has a similar HIV transmission pattern to Australia, HIV amongst heterosexual people has increased to almost half (49%) of the total new diagnoses in 2020. A worrying trend.

27%

Of all HIV diagnoses in Australia in 2022 were acquired from heterosexual sex.

5%

Of young heterosexuals in 2021 attending a general practice clinic received a HIV test in the last 12 months, contrasted against 66% of MSM.

3,630

The approximate number of women living with HIV in Australian 2022. This includes the approximately 300 women who don't know yet they are living with HIV.

15%

Estimated proportion of all undiagnosed people in Australia who are heterosexual.

58%

Proportion of heterosexuals with a late HIV diagnoses in 2021, These diagnoses are likely to have been in people who acquired HIV at least four years prior to diagnosis, leading to possible negative longer term health outcomes.

It is critical that we normalise HIV testing, reduce the stigma surrounding HIV, and encourage everyone in Australia to test appropriately for HIV no matter their sex, sexuality or gender. Know your HIV status.

HIV STIGMA AND ITS IMPACT

What is HIV stigma?

HIV stigma is a complex issue that manifests itself in many ways. It can stem from fear combined with a lack of knowledge or understanding of HIV.

Stigma is any act that treats people living with HIV (PLHIV) as less than or different because of their HIV positive status.

Stigma isn't just present in interpersonal relationships, it occurs frequently and is often most impactful when observed in healthcare settings, or in the workplace.

Stigma doesn't just affect PLHIV, it can also be directed to and impact their partners, friends, families, and the broader community.

The stigma of HIV impacts the everyone's willingness to engage in testing, making it harder to ensure that everyone living with HIV in Australia can be diagnosed and take control of their health and protect the community from further transmissions.

Types of HIV Stigma

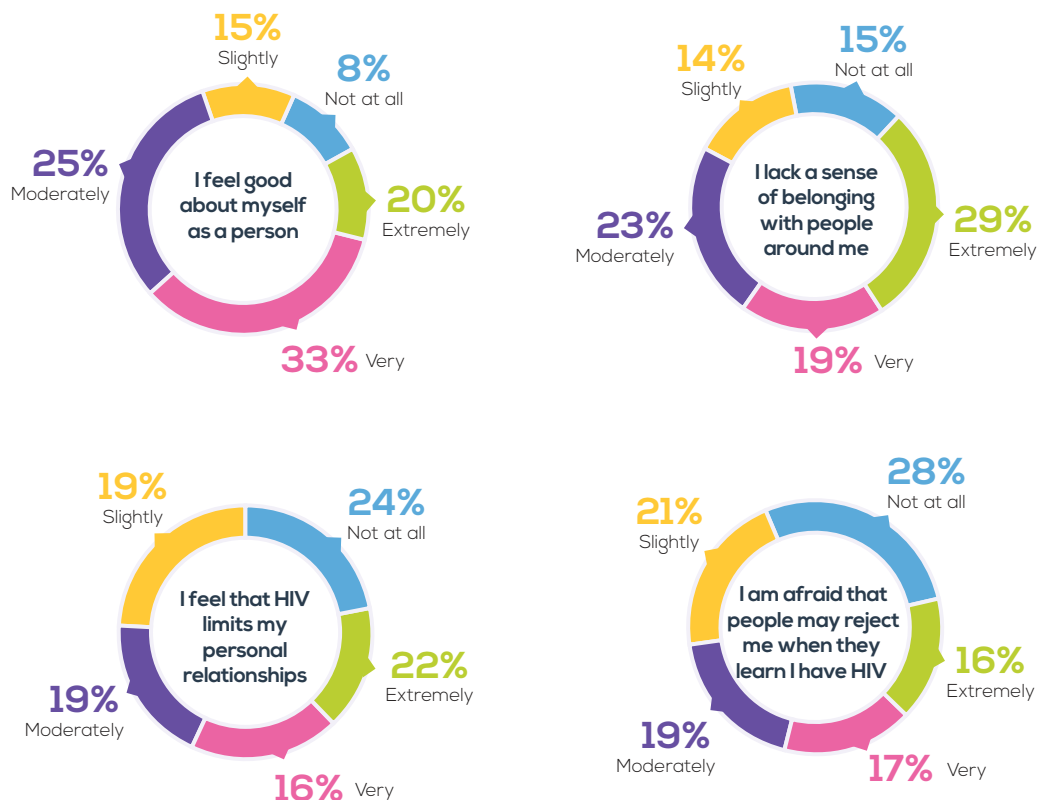
HIV stigma affects people living with HIV in more ways than one.

HIV stigma can be perceived based on past and current experiences, such as people using terms like "clean only" reinforcing the mis-held view that PLHIV are 'dirty' in some way. It can also be experienced where someone is treated differently, such as a healthcare worker using excessive precautions for a simple procedure.

These perceptions of HIV stigma can then lead to stigma being anticipated, meaning it is expected to occur, whether it is grounded in truth or not. This can lead to feelings of anxiousness or isolation.

At its worse, HIV stigma can become internalised, whereby a person might start to believe some of these stigmatising messages about themselves. This leads to increased risk of anxiety, depression, social isolation and suicidality.

The impact of HIV stigma



In 2021, QPP conducted a survey to capture the perspectives of people living with HIV (PLHIV) in Queensland about QPP and its services, and also included a quality of life tool to gain further insights into the social, functional, psychological and physical health needs of PLHIV across the state.

These results suggest that PLHIV generally enjoy life and are optimistic about the future. However, when compared to their PLHIV peers across the country, people living with HIV in Queensland are quite worried about rejection due to their HIV status and how their status may limit their social relationships.

This data reveals the corrosive impact of HIV stigma on the quality of life of people living with HIV, and highlights it as a leading concern in Queensland. It also suggests that they are especially vulnerable to loneliness and isolation.



HIV DOESN'T
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PEOPLE DO

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HOW TO TALK ABOUT HIV

Accurate and sensitive reporting is critical to telling the story of HIV effectively. Care needs to be taken to ensure that both the social experience and the complex science of HIV are clearly conveyed. HIV has changed in the last 40 years, so it's important that how it's reported relays the current science and is contextual to the Australian experience.

Inaccurate or insensitive reporting can have the unintended consequence of further stigmatising communities affected by HIV, including people with HIV.

HIV isn't AIDS

The distinction between HIV and AIDS is often misunderstood. HIV (human immunodeficiency virus) is the virus that can lead to the condition called AIDS (acquired immune deficiency syndrome).

Although these conditions are linked, the terms refer to specific and separate diagnoses and should not be used interchangeably.

The conflation of HIV with AIDS is partly a hangover from the early years of the epidemic, when people who contracted HIV often progressed quickly to an AIDS diagnosis, and had a poor life expectancy.

Avoid stereotyping

People living with HIV in Australia are diverse, and come from all walks of life.

The notion that HIV only affects people belonging to 'high-risk groups' is wrong and potentially damaging to public health measures aiming to educate the public about high-risk practices.

Everyone has a responsibility to minimise the risk of HIV transmission. It is important to avoid making value judgments about how people acquire HIV and instead focus on reporting on its impact, including the impact of stigma.

Respect confidentiality

People with HIV routinely experience discrimination – and sometimes violence – due to their HIV-positive status.

A person's HIV status should not be disclosed without their explicit permission unless it is already a matter of public record (for example, in court proceedings) – and even then it is important to consider whether the person's HIV status is at all relevant to the matter.

If permission to disclose a person's HIV status is being sought, the journalist has a responsibility to ensure that the person understands the potential repercussions of the disclosure.

Understand the science

HIV needs to be reported in a way that is accurate and easily understood, yet the science can seem complex to those unfamiliar with the commonly used terms.

- Understand the basics, such as how HIV is transmitted, developments in HIV treatment and HIV prevention, the lifecycle of the virus and how it affects the body, and the difference between HIV and AIDS
- Use correct terminology (e.g., 'antiretroviral treatment' or 'HIV medication', rather than 'AIDS drugs'). See our HIV language guide for more.
- Familiarise yourself with key terms such as antiretroviral, CD4 count, viral load, post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP)
- Consult with a subject matter expert, like QPP, to confirm your understanding of a topic or issue.

HIV LANGUAGE GUIDE

Stigmatising Language ("Try not to use")	Preferred Language ("Use this instead")
HIV-infected person HIV or AIDS patient, AIDS or HIV carrier Positives or HIVers	Person living with HIV; person with HIV; PLHIV <i>Never use 'infected' when referring to a person</i>
Died of AIDS, to die of AIDS	Died of AIDS-related illness, AIDS-related complications, end-stage HIV
AIDS virus	HIV (AIDS is a diagnosis, not a virus; it cannot be transmitted)
Full-blown AIDS	There is no medical definition for this phrase; simply use the term AIDS, or Stage 3 HIV
HIV virus	This is redundant; simply use the term HIV
Zero new infections	Zero new HIV transmissions; zero new HIV cases
HIV infection	HIV case; HIV acquisition; diagnosed with HIV
HIV infected	Living with HIV or diagnosed with HIV
Number of infections	Number diagnosed with HIV; number of HIV acquisitions
Became infected with HIV	Contracted or acquired HIV; diagnosed with HIV
HIV-exposed infant	Infant exposed to HIV; infant born to a person living with HIV
Serodiscordant couple	Serodifferent, magnetic, or mixed-status couple
Mother-to-child HIV transmission	Vertical HIV transmission or perinatal HIV transmission
Victim, innocent victim, sufferer, contaminated, infected	Person living with HIV; survivor; warrior <i>Never use the term 'infected' when referring to a person</i>
AIDS orphans	Children orphaned by loss of parents/guardians who died of AIDS-related complications
AIDS test	HIV test (AIDS is a diagnosis; there is no AIDS test)
Catch AIDS, contract AIDS, transmit AIDS, catch HIV	AIDS diagnosis; developed AIDS; acquire HIV (AIDS is a diagnosis and cannot be passed from one person to the next)
Compliant	Adherent
HIV risk, at risk for HIV	HIV relevance; reasons for HIV prevention; vulnerable to HIV; chance of acquiring HIV; likelihood of acquiring HIV
Prostitute or prostitution	Sex worker; sale of sexual services; transactional sex
Promiscuous	Having multiple sex partners <i>('Promiscuous' is a value judgment and should be avoided)</i>
Down-low man; on the down-low	Man who has sex with women and men; bisexual or pansexual man; same-gender-loving man (depends on individual identity)
Unprotected sex	Sex without barriers or treatment-as-prevention methods, Condomless sex with PrEP, Condomless sex without PrEP, Condomless sex
Death sentence, fatal condition, or life-threatening condition	HIV is a chronic and manageable health condition when people are able to access care and treatment
"Tainted" blood; "dirty" needles	Blood containing HIV; used needles
Clean, as in "I am clean, are you"	Referring to yourself or others as being "clean" suggests that those living with HIV are dirty. Avoid this term.
A drug that prevents HIV infection	A drug that prevents the transmission or acquisition of HIV
End HIV, End AIDS	End HIV transmission, end HIV-related deaths

HIV COMMON TERMS

HIV response

The terms 'AIDS response', 'HIV response', 'response to AIDS', and 'response to HIV' are often used interchangeably to mean the response to HIV globally or in a specified region.

Antiretroviral therapy or antiretroviral treatment (ART) or HIV treatment

It is better to spell out 'antiretroviral therapy' or 'antiretroviral treatment' and avoid this acronym since it can be confused with ARV, AZT, etc. Either term is acceptable, but should be used consistently within a document. The term antiretroviral therapy refers to a triple or more antiretroviral drug combination. Suboptimal regimens are monotherapy and dual therapy.

HIV-related disease

Symptoms of HIV infection may occur both at the beginning of HIV infection and after immune compromise sets in, and if untreated, leading to AIDS. During initial infection with HIV, when the virus comes into contact with mucosal surfaces, it finds susceptible target cells and moves to draining lymph nodes, where massive production of the virus ensues. This leads to a burst of high-level viraemia (virus in the bloodstream) with wide dissemination of the virus. Some people may have flu-like symptoms at this stage, but these are generally referred to as symptoms of primary infection or acute infection rather than HIV-related disease. The resulting immune response to suppress the virus is only partially successful and some virus escapes and may remain undetectable, sequestered in reservoirs for months to years. If left untreated, as crucial immune cells, called CD4+ T cells, are disabled and killed, their numbers progressively decline. In this manner, HIV-related disease is characterised by a gradual deterioration of immune function. Eventually high viral turnover leads to destruction of the immune system, sometimes referred to as advanced HIV infection, which leads to the manifestation of AIDS.

People living with HIV (PLHIV)

Avoid the expression 'people living with HIV and AIDS' and the abbreviation PLWHA. With reference to those living with HIV, it is preferable to avoid certain terms: 'AIDS patient' should only be used in a medical context (most of the time a person with AIDS is not in the role of patient); the term 'AIDS victim' or 'AIDS sufferer' implies that the individual in question is powerless, with no control over his or her life. It is preferable to use 'people living with HIV' since this reflects the fact that an infected person may continue to live well and productively for many years. Referring to people living with HIV as 'innocent victims' (which is often used to describe HIV-positive children or people who have acquired HIV medically) wrongly implies that people infected in other ways are somehow deserving of punishment. It is preferable to use 'people living with HIV' or 'children living with HIV'. The term 'people affected by HIV' encompasses family members and dependents who may be involved in care giving or otherwise affected by the HIV-positive status of a person living with HIV.

Post-exposure prophylaxis (PEP)

Post-exposure prophylaxis refers to antiretroviral medicines that are taken after exposure or possible exposure to HIV. The exposure may be occupational, as in a needle stick injury, or nonoccupational, as in unprotected sex with a partner where their HIV status is unknown.

Pre-exposure prophylaxis (PrEP)

Pre-exposure prophylaxis (PrEP) refers to antiretroviral medicines prescribed before exposure or possible exposure to HIV.

HIV MEDIA RESOURCES

HIV Media Guide	www.hivmediaguide.org.au
ASHM U=U Media Guide	https://bit.ly/ashmuequalsu
Positive Women Media Guide	https://bit.ly/pwmediaguide
UN AIDS Terminology Guidelines	https://bit.ly/unterminology
Kirby Institute HIV Data	https://data.kirby.unsw.edu.au/hiv
Queensland Positive People	www.qpp.org.au
NAPWHA	www.napwha.org.au
Health Equity Matters	www.healthequitymatters.org.au

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LIVING WELL WITH HIV



There's no cure for HIV, but there are highly effective treatments for HIV called antiretrovirals (ARVs). It's often just one tablet a day, and now injectable options are available that can last up to two months. Regardless of the type, they all work by stopping the virus multiplying. This helps protect the immune system from damage caused by HIV. By taking ARVs regularly, people living with HIV can live long, healthy lives.

With an early diagnosis, and access to modern HIV treatment, most people live an entirely normal life with some rather uneventful visits to an HIV specialist for monitoring of your blood and any possible side effects of treatment.

For other people, who may have been living with HIV a long time, some medical problems may exist as a result of early treatment side effects, or living for long periods of time, undiagnosed with a high level of virus in their blood. Every individual is unique, but support is available for everyone in Australia.



About Queensland Positive People

Queensland Positive People (QPP), is a peer-led, community-based organisation committed to improving the lives of all people living with HIV and help reduce new infections of HIV and STIs across Queensland. QPP offers the following services:

- Peer-led HIV & other STI point of care testing, prevention and education
- Online HIV home testing kits
- Community development and peer support
- Peer navigation to navigate the complex environment of HIV diagnosis, treatment and care
- Case management providing practical assistance with accessing medications, clinical services, food, housing and other essential support services
- Aged Care Navigation
- Legal support and referral for stigma, discrimination, migration and the law
- Emergency funding support
- Advocacy and policy development
- Research
- World AIDS Day awareness campaign
- Public health campaigns



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Statistics and Data

Information and data featured in this document have been compiled from research bodies and government agencies including:

Queensland Health, The Kirby Institute, Australian Department of Health, Latrobe University, University of Queensland, Joint United Nations Programme on HIV/AIDS, National Association of People with HIV Australia, Health Equity Matters (formerly AFAO), The Peter Doherty Institute for Infection and Immunity, Australian Research Centre in Sex, Health and Society, National AIDS Trust UK, UNSW Centre for Social Research in Health

Contact us for more information and links to studies used within this document.

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