

Prevention for Positives

What is prevention for positives?

HIV+ individuals deserve to have "...as full and satisfying sexual and emotional lives as anyone else" (*The Denver Principles*, 1983). Prevention for positives aims to inform people living with HIV on: 1) how to avoid infecting others with HIV and 2) how to avoid getting sexually transmitted diseases (such as herpes, gonorrhea, chlamydia, etc.) and other blood-borne illness (for example, hepatitis C and hepatitis B).

Why is prevention for positives important? What does it matter if the other person already has HIV?

Prevention for positives helps people living with HIV to avoid becoming infected with other illnesses (co-infections), especially sexually transmitted diseases (STDs). These other illnesses may put a strain on the immune system, especially if it is weaker because of HIV. In addition, HIV+ people can get infected with another strain of HIV that may be different from the strain they already have. Certain "mutations" (genetic changes) in HIV can make it resistant to some HIV medications. These drug-resistance mutations can be transmitted from one HIV+ person to another. Why does this matter? Because some HIV treatments might not work even *before* a person has taken them. Prevention for positives is also very important to slow the spread of new HIV infections.

Is prevention for positives only about sexual behavior?

No. Prevention for positives focuses on two main areas: 1) sexual behavior and 2) injection drug use. However, HIV+ individuals should practice general prevention for *all illnesses* including chronic (long-lasting) diseases, such as diabetes and hypertension, and acute (lasting for a short time) illnesses such as the flu or chicken pox—just like HIV-negative people. It is important for people with HIV to be aware that any health/prevention messages for the general public may be extra important for themselves because of the status of their immune system.

What actions should an HIV+ person NOT take?

(1) HIV+ people should not have unprotected, penetrative sex (oral, anal, or vaginal) with another person. This includes fisting, handballing, or fingering. In addition, several scientific studies have shown that men who are uncircumcised can get HIV easier than men who are circumcised. This is because the foreskin provides additional access for HIV to enter the body. Therefore, HIV+ men who are uncircumcised should be extra careful during sex, using protection to prevent re-infection with HIV.

(2) HIV+ people who use recreational drugs should not share drug-works (e.g., needles, crack pipes, cocaine straws, etc.) with other people. Shared drug-works can contain even small amounts of blood from other individuals that may contain hepatitis B, hepatitis C, or HIV. (IMPORTANT: Positive people should get tattoos only from individuals or businesses using a clean needle AND a clean ink pot AND fresh ink.)

How can an HIV+ person make sex "safer"?

Research studies have shown that viral load plays a part in how likely a person will transmit HIV to someone else through sex. An HIV+ person can also reduce transmission risk by keeping her or his viral load as low as possible through the use of HIV medications. But, other research studies have shown that the viral load found in the blood can often be different from the viral load that is in the genital tract and fluids. Often, the viral load in the genital tract can actually be higher than that found in the blood, which is where HIV viral load is usually measured. Therefore, it is still important that a person with HIV always practice safe sex with his or her partner(s). Low or "undetectable" viral load is just another layer of protecting sexual partners by reducing risk of transmission.

Sexual contact with another person can be made safer in the following ways:

- *Anal Sex* – Correctly using a latex condom with a water-based lubricant (for example, K-Y Jelly) and using a new condom with each new partner *and* with each new act of intercourse (penetrative sex)
- *Vaginal Sex* – Correctly using a latex condom with a water-based lubricant (for example, K-Y Jelly) and using a new condom with each new partner *and* with each new act of intercourse (penetrative sex)
- *Oral Sex* – Using a dental dam (small piece of plastic that can be bought at sex shops or dental supply stores) OR **non-microwavable** plastic wrap (which can be bought at the grocery store) OR a latex condom cut lengthwise (from the opening to the tip) for oral sex on a woman or anal sex. Use an intact male condom for oral sex on a man.
- *Other penetrative sex (fisting, handballing, or fingering)* – Using a latex glove and, if necessary, a water-based lubricant (for example, K-Y Jelly)
- *Sex Toys/Other* – Cleaning sex toys with soap and water after each person uses them, and not performing sexual activities that will result in either person bleeding

How can an HIV+ person make using drugs “safer”?

An HIV+ person can make using drugs safer by doing the following:

- (1) Using only clean needles OR needles that have been and will be used only by the same person
- (2) Using clean cotton swabs and other drug works
- (3) Hiding drug equipment so others cannot use it when no one is looking
- (4) Getting into a rehab program to stop using drugs completely

What are barriers to prevention for HIV+ people?

The following are major barriers to prevention for HIV+ people:

(1) Disclosure (telling others about HIV status) – HIV+ people can prepare themselves for disclosure to others by practicing (by themselves or with a friend) ways to tell others they have HIV. People can also get ideas on ways to disclose from counselors, support groups, and their healthcare givers.

(2) Access to condoms/dental dams/lubricants – Condoms may be difficult for individuals to find in the “heat of the moment” so **ALWAYS BE PREPARED** by buying condoms the day before you expect to have sex. You can also prepare by buying condoms and keeping them in your home just in case you want to have sex. Free condoms can usually be gotten from local health department STD clinics or community-based organizations that work with people who have STDs or HIV. To find these places, check the phone book, ask a friend, or ask a healthcare provider.

(3) Access to clean needles for injection drug use – Some places provide “harm-reduction” services for injection drug users. While these services may be controversial, they do provide injection drug users with clean needles and, in some cases, testing for STDs. Contact local community-based organizations or drug treatment centers to find out more information about local harm reduction programs.

What if my HIV-negative partner is accidentally exposed to my HIV?

In 2005, the Centers for Disease Control and Prevention (CDC) recommended that “post-exposure prophylaxis” or PEP be offered to individuals who have been accidentally exposed to HIV in non-work-related situations. (PEP for work-related exposures, such as a needle-stick injury in a healthcare worker, has been recommended for several years).

PEP is simply HIV therapy taken by an HIV-negative person who has been exposed to HIV. If taken soon enough, PEP may prevent that person from getting HIV. PEP requires that a person start taking HIV medications **within 72 hours** (3 days) after the possible exposure to HIV. A person on PEP must take 2 or 3 HIV medications for at least 1 month. These HIV medications often have side effects that might make it difficult to continue therapy. However, a person should always check with his or her healthcare provider before stopping PEP therapy.

To get PEP, it is probably easiest for a person to visit his or her local emergency center, however some clinics or healthcare providers are now also offering PEP.

Helpful Links

AIDSmap – www.aidsmap.org/en/docs/AB0BE0C9-DEAB-48D8-BD49-E9BB2C84ED71.asp

Project Inform – www.projectinform.org

AIDS InfoNet – www.aidsinfonet.org

The Body – www.thebody.com

The Well Project – thewellproject.com/

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