TRANSFORMING THE UK'S RESPONSE TO HIV

NAT

Update: June 2009

Guidelines for Reporting HIV: Supplementary Information

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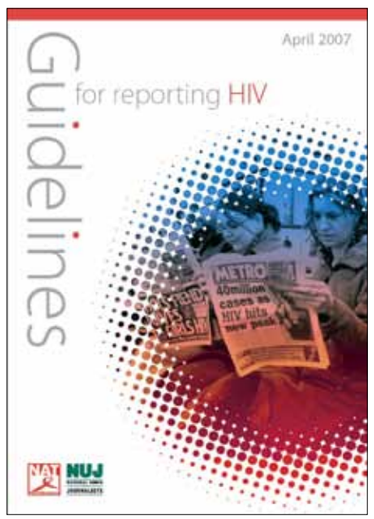
The NAT/NUJ *Guidelines for Reporting HIV*, published in April 2007, provide guidance to journalists reporting on HIV in the UK. This update is designed to be read in conjunction with the original guidelines.

Included in this update is:

- Expanded information on HIV risks, including information on the risks from spitting, biting and discarded needles, which continue to be exaggerated in the media.
- A new section on the myth of HIV health tourism which reflects latest evidence and corrects allegations made about HIV health tourism to the UK.

We recognise that journalists rely in good faith on a variety of sources when writing about HIV (including quoting from court proceedings). Unfortunately not all of these sources can provide up-to-date and correct information about HIV. HIV is a complex condition and there have been a number of recent advances in treatment and testing. These guidelines allow journalists and editors to check the facts and ensure that the final story is accurate.



Guidelines for Reporting HIV, April 2007 is available to download at www.nat.org.uk/News-and-Media.aspx

Testing and HIV

The usual HIV test is not a test for HIV itself but for the antibodies produced by the body as a response to infection. Producing antibodies usually takes 8 to 12 weeks after someone is infected with HIV. This process is called sero-conversion. The time in which sero-conversion takes place is often called the 'window period' because someone newly-infected with HIV could be infected without the antibodies being identifiable in their blood.

Early tests
There is no longer a need to wait for a three-month 'window period' after possible exposure before testing for HIV. Newer tests known as 'fourth generation assay tests' are available in the UK and can detect both antibodies and p24 antigens resulting from HIV infection. As p24 antigens are produced before antibodies, these new tests can reliably detect HIV from a month after exposure.

Writing about someone's 'agonising' three- or six-month wait before being able to test is misleading and can create unnecessary anxiety, as well as discouraging people from coming forward for early testing.

Other types of tests
Rapid HIV tests are available in many clinics across the UK and allow people to take a test and receive the result in one visit. Rapid HIV tests screen HIV antibodies so do require a 12-week 'window period' for an accurate result. Individuals concerned about recent risk would be advised to go to a clinic for a fourth generation assay test (see above) to get an earlier result.

Home sampling kits are also available to purchase in the UK. These require that a person take a saliva sample in their own home. The individual then mails the sample to a laboratory. If the test suggests possible HIV infection, the person is strongly advised to seek a confirmatory test in a clinic to diagnose HIV. Home sampling for HIV is legal in the UK.

Technology also exists for home testing kits, a rapid HIV test conducted by the person in their home giving results in minutes. These test kits are currently illegal in the UK.

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Misconceptions about needles, biting and spitting

Understanding the risk of HIV can be difficult. It is important that reporting of HIV presents accurate information on how HIV is transmitted and degrees of risk. The idea that HIV can be easily passed on feeds stigma and discrimination and can result in people living with HIV being treated inappropriately and unfairly (for example, children being excluded from school for fear of biting in the playground).

Risk of HIV from discarded needles

Injuries from discarded needles can cause a great deal of worry for the individual affected. However, the actual risk of acquiring HIV from a discarded needle is extremely low. The only cases of HIV infection from needle stick or other injuries have been in healthcare settings. These have involved puncture wounds or cuts that have been exposed to the fresh blood of HIV positive individuals. In the recorded cases of occupational infection after needle stick injuries, the injuries occurred seconds, or at most minutes, after blood was drawn from the HIV-infected patient.

In the UK, there have only ever been five cases of HIV infection being passed on to a healthcare worker accidentally by a needle. There have been no new cases since 1999.[1]

However, outside of healthcare settings, there have been no recorded cases of HIV infection resulting from a puncture wound that involves a discarded needle. For example, in 2008, paediatricians in Montreal looked at 274 cases of injuries in children from discarded needles. None resulted in HIV infection.[2]

For HIV infection to occur, a person must be exposed to infectious quantities of HIV.

It is important to remember that compared to most other countries the UK has an extremely low rate of HIV prevalence amongst injecting drug users. Figures released by the UK Health Protection Agency in November 2008 showed that just 1.1% of injecting drug users in the UK are HIV positive.[3]

Even if a discarded needle is exposed to HIV infected blood, the likelihood of infection will be affected by a number of factors.

“Reports on discarded needles outside of healthcare settings should not give prominence to HIV risk, either in the headline or in the story, given the fact there has never been a single example of infection from such a source anywhere in the world.

These include the quantity of HIV in the source individual’s blood. This is highest for the short period just after a person is first infected with HIV and during late-stage HIV. Treatment lowers the amount of HIV in the blood to extremely low levels, significantly reducing any risk of infection.

Furthermore, the infectiousness of any HIV on a discarded needle falls dramatically after exposure as the blood will have dried and because of environmental temperatures. HIV is a very fragile virus and is highly susceptible to temperature.[4] A study published in 1998 reported that no HIV could be detected on discarded needles and syringes recovered from “shooting galleries”.[5]

As a precaution, someone who is accidentally injured by a discarded needle may be offered an HIV test. But post-exposure prophylaxis (PEP) is not normally recommended for incidents such as these as the risk is so low.

Too often fear of HIV infection is used in the headline or first paragraph of a story about discarded needles for sensational effect, when, in fact, risk of other infections is vastly greater.

Reporting the risks of discarded needles accurately will help avoid the anxiety people who are injured can experience.

Reports on discarded needles outside of healthcare settings should not give prominence to HIV risk, either in the headline or in the story, given the fact there has never been a single example of infection from such a source anywhere in the world.

Risk of HIV from attack with a needle

Reports occur in the media of people threatening others or actually assaulting them with needles. Sometimes the attacker may also tell their victim they have HIV or ‘AIDS’.

There is not a single recorded case anywhere in the world of someone being infected with HIV through such an attack.

In the vast majority of cases there is no reason to believe the attacker is actually infected with HIV, even when they make such a claim.

Such attacks are clearly a serious criminal matter, but it does not help the victim to exaggerate the risk of HIV infection. Reports should also avoid giving credence to claims by attackers of HIV infection which are not substantiated by a diagnosis.

“There is not a single recorded case anywhere in the world of someone being infected with HIV through such an attack.

Risk of HIV from biting

Because of the ability to draw blood with a bite, there can be considerable anxiety over the likelihood of HIV being transmitted in this way. There are two scenarios that can result in concern over transmission:

- An HIV positive person bites an HIV negative person
- An HIV negative person bites an HIV positive person

However, the risk of HIV transmission from biting is very low. In order for transmission to take place there would need to be both exposure to blood and a route into the body for that blood. In both scenarios, for transmission to occur blood from both individuals would need to be present, as HIV is not transmitted through saliva alone.

With over 60 million people infected with HIV worldwide over 25 years, there have been no cases of HIV transmission from an HIV negative person biting an HIV positive person and only ever two reports of HIV being transmitted from an HIV positive person biting an HIV negative person. The first was reported in 1996, the second was published in 2004. Both instances occurred in extremely specific and unusual circumstances, in which the HIV positive person had advanced HIV disease and blood in their saliva.

It is important to stress, however, that there have been numerous reports where a bite by somebody with HIV did not result in HIV infection. For example, in 1989 doctors reported that a 36-month old HIV positive child bit four cousins on the face and the extremities. There were no cases of HIV transmission. In 1993 investigators published a case series looking at the outcome of 13 individuals who were bitten by someone with HIV. No HIV infections were recorded.

Reporting of biting incidents involving HIV positive individuals should therefore avoid using language that suggests there is a real risk of HIV transmission occurring via this route. As with discarded needles, this will only serve to cause unnecessary anxiety and add to the stigma surrounding HIV.

Risk of HIV from spitting

There has never been a case of HIV infection resulting from spitting. HIV is only present in saliva in very low quantities, making infection from saliva impossible. There is therefore no risk of acquiring HIV from being spat at.

The only time a risk becomes theoretically possible is when there is significant blood present in the saliva. But there has never been a recorded case of this happening. Saliva has an inhibitory effect on HIV that may be present in blood. There has never been a recorded case of HIV infection after the mucus membranes in the eye or nose were exposed to HIV-infected blood. There is no risk of HIV infection from blood contact on unbroken skin.

Reports that suggest HIV can be transmitted by saliva are therefore misleading and inaccurate and should never be made.

Myth of HIV health tourism

Migration has been one of the most seriously debated issues in UK politics recently. As such, it is vitally important to separate out the facts and evidence around migration from the fears and misinformation.

In recent years, allegations have been made about health tourism to the UK both in general and in relation to HIV specifically. 'Health tourism' generally describes the practice of choosing to travel abroad in search of medical treatment that is either unavailable or too expensive to access at home. 'HIV health tourism' refers in particular to the claim that foreign nationals are leaving their home country with the main and sole purpose of receiving free HIV care in the UK.

These claims were first made in a series of newspaper articles that portrayed HIV positive migrants – including asylum applicants – as 'HIV health tourists'. Although unsubstantiated, these allegations gained widespread currency in media commentary and politics, affecting both popular perception and Government policy.

HIV health tourism to the UK is a myth. There is no evidence to demonstrate that HIV health tourism to the UK exists. In fact, there is much evidence to the contrary.

Recent data from the Health Protection Agency show that the average time between a migrant infected with HIV arriving in the UK and their diagnosis was almost five years. Levels of HIV amongst migrants to the UK are significantly below HIV levels in their countries of origin. Home Office reports state there is no evidence to suggest asylum applicants have detailed knowledge of the UK's asylum policies, welfare benefits or entitlement to treatment prior to arriving in the UK.

"HIV health tourism to the UK is a myth. There is no evidence to demonstrate that HIV health tourism to the UK exists. In fact, there is much evidence to the contrary.

Claims in the UK media of HIV health tourism are contradicted by the facts. Journalists should ensure accuracy in their reporting on migration to the UK and not suggest that HIV health tourism is taking, or has taken place.

References

1: Health Protection Agency (2008) *Eye of the Needle, United Kingdom Surveillance of Significant Occupational Exposures to Bloodborne Viruses in Healthcare Workers* November 2008 www.hpa.org.uk

2: J. Papenburg et al. 'Pediatric injuries from needles discarded in the community: epidemiology and risk of seroconversion', *Pediatrics* 122 (2008), 487-492.

3: Health Protection Agency (2008) *Shooting up: Infections Among Drug Users in the United Kingdom 2007 An Update October 2008.* www.hpa.org.uk

4: N. Abdala et al. 'Survival of HIV-1 in syringes: effects of temperature during storage', *Subst Use Misuse 35* (2000), 1369-83.

5: A.B.Zamora et al. 'Detection of infectious humanimmunodeficiency virus type 1 virus in discarded syringes of intravenous drug users', *Pediatric Infect Disease 17* (1998), 301-06.

Further Information

NAT

(National AIDS Trust)

NAT is the UK's leading charity dedicated to transforming society's response to HIV.

Reports including *The Myth of HIV Health Tourism* and *Primary HIV Infection* are available from the NAT website. Latest statistics are also available.

www.nat.org.uk

BHIVA

(British HIV Association)

BHIVA is the leading UK professional association representing professionals in HIV care.

The UK National Guidelines for HIV Testing 2008 are available from the BHIVA website.

www.bhiva.org

HPA

(Health Protection Agency)

HPA monitor HIV prevalence and new diagnoses in the UK. Visit the HPA website for the latest statistical information about HIV in the UK.

www.hpa.org

NAM

NAM is an award-winning community-based HIV information provider. NAM's website contains the summaries of the latest news and reports on HIV.

www.aidsmap.com

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NAT is the UK's leading charity dedicated to transforming society's response to HIV. We provide fresh thinking, expert advice and practical resources. We campaign for change.

SHAPING ATTITUDES
CHALLENGING INJUSTICE
CHANGING LIVES

Our vision:

Our vision is a world in which people living with HIV are treated as equal citizens with respect, dignity and justice, are diagnosed early and receive the highest standards of care, and in which everyone knows how, and is able, to protect themselves and others from HIV infection.

Our strategic goals:

All our work is focused on achieving four strategic goals:

- effective HIV prevention in order to halt the spread of HIV
- early diagnosis of HIV through ethical, accessible and appropriate testing
- equitable access to treatment, care and support for people living with HIV
- eradication of HIV-related stigma and discrimination.

How we work:

- We believe we make the most lasting and positive impact on the greatest number of lives by changing attitudes, behaviour, decisions and policies - and we seek to influence those whose actions have the biggest impact on the lives of people affected by HIV in the UK.
- We listen to people living with, and affected by, HIV and those who support them and we put the needs and rights of HIV positive people at the heart of everything we do.
- We pride ourselves on being independent and evidence-based. We are committed to partnership working and we work in a collaborative and productive manner with a range of partner organisations to share experience and knowledge and make the greatest collective difference.

Our thanks

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These guidelines are endorsed by the National Union of Journalists and the Society of Editors.

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