



Antiretroviral therapy for people living with HIV in Ireland

Effective HIV treatment
keeps you healthy and stops
transmission to others



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HSE Position on antiretroviral therapy

In July 2017, the HSE adopted the position that all people living with HIV attending HIV services in Ireland are offered antiretroviral therapy and informed of the benefits of antiretroviral therapy in improving their personal health and reducing HIV infectiousness.

What is HIV treatment?

HIV treatment is also known as antiretroviral therapy (ART), or highly active antiretroviral therapy (HAART).

Treatment with anti-HIV drugs is often called combination therapy because people usually take more than one drug, usually three, at the same time - often combined into one tablet.

Current HIV treatment is not a cure for HIV. It can keep HIV under control but it does not eliminate HIV. HIV treatment works by stopping the virus from reproducing in your body. It can reduce the amount of the virus (your viral load) to very low (undetectable) levels.

If you are taking HIV treatment regularly and have an undetectable viral load, this lets your immune system stay strong, and if it has been damaged by the virus, allows it to recover. Since antiretroviral therapy first became available in the mid 1990's enormous progress has been made in the treatment of people living with HIV such that, for many, life expectancy is similar to that of the general population.

If you are taking HIV treatment correctly, achieve and maintain an undetectable viral load, there is effectively no risk of passing HIV on to others.

Why is antiretroviral therapy beneficial?

HIV treatment is beneficial from an individual perspective, in that it keeps your immune system strong, prevents illness and improves your life expectancy. HIV treatment is also beneficial from a population perspective in that it prevents HIV being passed on to others. This is known as Treatment as Prevention (TasP).

What is the evidence?

Individual benefit

In August 2015, the findings of the START study were published. This clinical trial found that people living with HIV have a considerably lower risk of developing AIDS or other serious illnesses if they start taking antiretroviral treatment (ART) sooner, when their CD4 cell count is above 500, instead of waiting until their CD4 cell count drops below 350 (which is when people were previously advised to start treatment).

A study that monitors people living with HIV, published in the Lancet in May 2017, confirms that many people living with HIV can expect to live as long as their peers who do not have HIV. People who start HIV treatment and achieve CD4 counts over 350 by the end of their first year of treatment have life expectancies approaching normal.

Population benefit

In a large study called the PARTNER Study, people with HIV who were taking treatment with an undetectable viral load did not pass on HIV to their partner.

The first phase, PARTNER1, looked at several hundred gay and straight couples who were having sex without a condom and where one partner was HIV positive and one partner was HIV negative. Results, first presented in 2014, found that where the HIV positive partner was on treatment and had an undetectable viral load they did not pass on HIV to their partner. This applied to vaginal and anal sex without a condom.

The second phase, PARTNER2, recruited gay male couples only, to improve the level of evidence available for gay men. Overall several hundred gay couples were enrolled through PARTNER1 and PARTNER2. Results presented at the 22nd International AIDS Conference in July 2018, similarly found that the risk of HIV transmission when the HIV positive partner was on treatment and had an undetectable viral load was effectively zero. This research now provides a similar level of confidence for gay men as for heterosexual couples.

For many people living with HIV, the reduction of infectiousness and relief from anxiety about passing on HIV are very important benefits of HIV treatment.

If you want to stop using condoms with a HIV-negative partner, your viral load and likely infectiousness should be taken into consideration and it is a good idea to talk to your HIV doctor or nurse to make sure your viral load is undetectable. It is important to discuss this with your partner(s) and ensure they are also comfortable with the decision. Discussing what an undetectable viral load means with HIV-negative partners may help reduce their anxiety about HIV transmission. This information may be new to most people who do not have HIV so they may need some time to inform themselves and fully understand what it means.

It is important to remember that if you have sex without a condom, you may pick up other sexually transmitted infections (STIs) and pass these on. Sex without a condom can also result in pregnancy if you are not using another form of contraception.

When to start HIV treatment

Worldwide it is now recommended that everyone diagnosed with HIV starts treatment as soon as possible, regardless of their immune status (CD4 count).

In Ireland, the HSE Position on Antiretroviral Therapy for all People Living with HIV recommends that everyone with HIV is informed of the benefits of antiretroviral therapy and should start treatment as soon as possible.

Being ready to start treatment

It is normal to have questions or feel worried about starting HIV treatment. You should discuss with your doctor or nurse any concerns that you may have about starting treatment. There are a number of factors you might want to consider:

- > **Why should I start treatment now?**
- > **What would happen to me if I don't start treatment now?**
- > **How will I remember to take medication every day?**
- > **Are there other factors in your life that affect your ability to start taking HIV treatment?**

In addition to talking to your HIV doctor and nurse, you may find it helpful to talk to someone who has experience of taking HIV treatment. Your clinic can put you in touch with local community organisations and peer support groups.

How quickly will my viral load become undetectable?

Once treatment is started, people usually become undetectable within six months. During that time you may still be infectious, meaning you could pass HIV on to someone else.

Using condoms correctly and all the time reduces the risk of passing on HIV during that time. If you had a condom accident during that time, your partner might need post exposure prophylaxis (PEP).

Pre-exposure prophylaxis (PrEP) is another way of preventing HIV and your partner might benefit from PrEP before your viral load is undetectable.

It is always a good idea to know your viral load result when you are on HIV treatment. You should discuss your results and whether or not your partner would benefit from PEP or PrEP with your doctor or nurse.

HSE position on antiretroviral therapy for all people living with HIV

Available on:

<http://www.hpsc.ie/a-z/hivstis/hivandaids/guidance/>

and

<https://www.sexualwellbeing.ie/sexual-health/sexually-transmitted-infections/>

Community organisations and peer support groups

Positive Now: all-Ireland network of people living with HIV

<https://positivenow.ie/>

HIV Ireland

<http://www.hivireland.ie/living-with-hiv/newly-diagnosed/community-support-services/>

Where can I get more information about antiretroviral therapy?

Your HIV doctor and nurse

Aidsmap

<http://www.aidsmap.com/HIV-treatment/cat/1378/>

Terrence Higgins Trust

<http://www.tht.org.uk/myhiv>

Avert

<https://www.avert.org/living-with-hiv>

HIV i-Base

<http://i-base.info/hiv-positive/>

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www.healthpromotion.ie

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