



Media Reporting Guidelines

HIV

Advice and guidance for editors and journalists reporting on HIV in Ireland.



HIV
Ireland

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FOREWORD

This publication should serve as a useful guide and reference for anyone who wishes to understand and convey the facts about HIV in a manner that is consistent, accurate, accessible, inclusive, and informative. Facts, including the nature and causes of HIV; awareness of preventive measures and the impact of effective treatment; why we must end stigma and remove barriers to inclusion for people living with and vulnerable to HIV; how we should remember and memorialise those impacted by HIV; and what we must do, both individually and as a society, to end new HIV transmissions for the generations to come.

The role of the media in facilitating these conversations is paramount. Most people will learn about HIV from what they see and hear in broadcast media, what they read in print and what they view online. How we talk about HIV is, therefore, as important as when and where. The language we use to convey meaning and understanding about HIV can impact our levels of awareness as much as the tone and character of the conversation.

Unfortunately, the history of reporting on HIV is less than favourable, often characterised by the propagation of myths and misinformation, stigma and blame, hostility, and classism, and perhaps more than any other factor, a deep and abiding homophobia. This approach has, for many decades, served to confuse and obscure simple facts about HIV, alienate and denigrate people living with HIV, marginalise and exclude populations at increased vulnerability, and propagated irrational fear and panic about HIV leading to further division, misinformation, and hostility.

The evolution of HIV prevention and treatment coupled with evolving principles and standards guiding broadcast and print media reporting, grounded in anti-discrimination and fair representation, has helped to alleviate much of what was rotten in media reporting on HIV, though much work remains. In addition, the largely unregulated and often unfriendly landscape of social media, e-media and other online platforms compounds the continued proliferation of myths and misinformation concerning HIV which often circulate unchallenged.

These guidelines have been produced using up-to-date terminology and language to educate and inform writers and journalists, broadcasters and bloggers, commentators and academics, and anyone publishing on the topic of HIV and HIV-related matters. Our aim is to simplify and/or qualify the language and meaning of the many complex terms associated with HIV, to illustrate good practice and to underpin responsible, evidence-based reporting of HIV throughout Ireland's vibrant media landscape. This will facilitate enhanced knowledge, understanding and inclusion in any meaningful discussion of HIV and HIV-related matters.

Through its adoption of the Global Fast-Track Cities initiative and UN Sustainable Development goals Ireland has committed to ending HIV and HIV-related stigma by 2030. HIV Ireland works to further these commitments, promoting the rights of people living with and vulnerable to acquiring HIV to live free from stigma and discrimination in all aspects of their lives. In developing these guidelines, we aim to combat HIV-related stigma and discrimination and improve the integrity of media reporting on HIV in Ireland.

Together we can end HIV and HIV-related stigma.

Stephen O'Hare
Executive Director





Best Practice Tips for Reporting on HIV



BEST PRACTICE TIPS FOR REPORTING ON HIV

Media coverage can play an important role in educating the public and in reducing fear of, and stigma surrounding, HIV, yet coverage of this important health issue can be inconsistent, unpredictable, inaccurate, and sometimes sensationalist.

All audiences deserve full, accurate, and intelligent coverage of HIV and HIV-related issues which is easily understood. Those reporting on HIV should:

1. Understand the science of HIV. //

[Understand the basics about HIV](#) - how HIV is transmitted and how HIV is not transmitted, the difference between HIV and AIDS, developments in HIV testing and prevention, and developments in HIV treatment. Those reporting on HIV should familiarise themselves with key terms such as antiretroviral, CD4 count, viral load, the concept of U=U (undetectable = untransmittable), PEP (post-exposure prophylaxis), and PrEP (pre-exposure prophylaxis). See also the Glossary of terms on page 36.

2. Frame HIV as a health issue – like any other – and give it the same credence and attention as other health issues. //

Sexually transmitted infections (STIs) are often seen as different, less significant health issues because of their association with sex. HIV is often associated with behaviours, or with groups of people, deemed immoral. This is often reflected in the media, for example in the media's interest in how a person acquired HIV. HIV is a public health issue; framing HIV as a moral issue can be stigmatising.

3. Be mindful of appropriate language use and correct terminology. //

Language matters, and often the language used when reporting on HIV is outdated; this can contribute to increased stigma. Our [HIV Terminology Guidelines](#) can assist with the use of correct terminology.

HIV and AIDS are not the same and the terms are not interchangeable. Human Immunodeficiency Virus (HIV) is a virus that leads to the deterioration of the immune system. Acquired Immune Deficiency Syndrome (AIDS) occurs when there has been serious damage to a person's immune system and there is a presence of certain opportunistic infections or conditions. The term 'AIDS' should only be used when referring to a person with a clinical AIDS diagnosis.

Refrain from using language that is derogatory or that propagates stereotypes about HIV, people living with HIV (PLWHIV), or communities affected by HIV. Refrain from applying labels to people such as 'victim' or 'sufferer' which can be construed as patronising and imply that people living with HIV are powerless. Refrain from using language that attributes blame to people who acquire, or are more vulnerable to acquiring, HIV. Terms such as 'innocent victims' (often used to describe children with HIV) or 'medically-acquired HIV', imply that people who have acquired HIV in other ways are not innocent.

4. Ensure that HIV data is current and correctly interpreted. //

In Ireland, national HIV data reports are published by the [Health Protection Surveillance Centre](#) (HPSC).

Globally, HIV data is analysed and published by the [Joint United Nations Programme on HIV and AIDS](#) (UNAIDS) and released in the form of regular country, regional, and global reports.

The release of new data can stimulate media coverage. It is important to ensure that HIV data is current, correctly interpreted, and that commonly used terms are clarified in media reporting. Inaccurate reporting of HIV data can contribute to the stigmatisation of affected communities and can increase fears about HIV in the wider community.

The HPSC publishes data on 'new HIV notifications' in Ireland and should not be confused with 'new HIV diagnoses'. Broadly, reports published on new HIV notifications can be interpreted as either increasing or decreasing. Accurate reporting involves further analysis of data to determine a more precise interpretation. In recent years, some increases in new HIV notifications can be attributed to people who were previously diagnosed with HIV in another jurisdiction and who are now transferring their care to Ireland. Increased notifications can also be the result of increased testing which is to be welcomed.

Other terms which can be confused are 'incidence', 'prevalence', and 'newly diagnosed'. They do not have the same meaning and should not be used interchangeably.

- **HIV incidence:** refers to the rate of HIV diagnoses identified during a specified time period (e.g. a year), usually expressed as a fraction of the population (e.g. x per 100,000). This term is also used to refer to the rate of 'newly acquired' HIV (e.g. within the past 12 months).
- **HIV prevalence:** is the estimated number of people living with HIV at a given point in time, regardless of when HIV was acquired. This is usually conveyed as a percentage of the whole population.
- **Newly diagnosed:** the number of people who have received an HIV diagnosis regardless of when they acquired HIV. Individuals may have been living with HIV for many years before testing and receiving a positive diagnosis.

5. Challenge myths and misinformation about HIV. //

After more than three decades since the onset of the HIV and AIDS epidemic, myths, and misinformation still exist about HIV, and particularly so about HIV transmission. Good media reporting can educate the public by dispelling myths and challenging misinformation.

For example, incidents of spitting are often reported. While these incidents cannot be condoned, reports can often be misleading. HIV cannot be transmitted through spitting.

Other myths about HIV transmission that still exist include from insect or mosquito bites, from toilet seats, and from kissing. HIV cannot be transmitted in these ways.

Misconceptions around HIV transmission drive stigma and discrimination. If people believe they can be casually infected with HIV, people living with HIV will continue to be feared and treated differently than those who are HIV negative or whose HIV status is not known.

6. Be sensitive and do not stigmatise. //

Good media reporting should focus on the human impact of an HIV diagnosis and refrain from making value judgements about how people acquire HIV. Value judgements can be implied through the use of stigmatising language. Our [HIV Terminology Guidelines](#) can assist with refraining from the use of inappropriate language.

The [most recent survey](#) about HIV-related stigma in Ireland was conducted in 2017, and can be used to understand more about the experiences of people living with HIV in Ireland.

7. Challenge stereotypes. //

People living with HIV are a diverse population. While there are communities and population groups that are more affected by, and more vulnerable to, HIV, it is incorrect to assume that everyone within a specific community is 'at-risk' of acquiring HIV.

Good media reporting should focus on why a community or population group may be disproportionately affected by HIV and examine the societal and/or environmental factors which can affect these groups.

8. Tell the stories of people living with HIV, seeking gender representation if possible. //

There are many misconceptions around living with HIV. One person's story does not reflect the experiences of all. Some people experience stigma and discrimination, others do not. Some people tell others they are HIV positive, others do not. While there are common themes in the lives of people living with HIV, everyone has a unique story to tell. Historically, many media stories have centred on the negative aspects of living with HIV without emphasising the positive aspects of living with this illness. Having a range of stories ensures a balanced approach to this topic.

9. Respect confidentiality. //

A person's HIV status should never be disclosed without his or her explicit permission unless it is already a matter of public record. It should always be considered whether the person's HIV status is relevant to the subject matter being reported.

Consider granting a space for the voices of people living with HIV to be heard under their specific terms, if relevant and appropriate.

10. Seek verification. //

Consult with a subject matter expert, such as an expert NGO or statutory body, to verify and confirm your understanding of a specific topic or issue.

11. Refer to support services. //

Good reporting should include referral information about where people can access support and further information. We encourage journalists to refer to the HIV Ireland website (www.hivireland.ie) where information on services is available.



HIV News in Focus



HIV NEWS IN FOCUS

While reporting on HIV and related issues is welcome at any time, there are key dates in the calendar year when HIV comes into focus:

- Irish AIDS Day (15th June annually)
- World AIDS Day (1st December annually)
- Zero Discrimination Day (1st March annually)



Significant scientific advancements have been made in the treatment and prevention of HIV in recent years which has seen the narrative change in relation to how HIV is reflected in media reporting. While challenges remain, particularly in how to address stigma and discrimination, we now have all the tools we need to end new HIV transmissions. Communities disproportionately affected by HIV need to know all HIV prevention options. Education is key to achieving this. Good media reporting can educate the public about successful developments and play a part in ending HIV transmissions. We encourage the media to include progressive messages when reporting on HIV, including:

- **HIV is a treatable, chronic condition.**

An HIV diagnosis is no longer terminal. Advances in medical treatment mean people living with HIV can, and do, live long, healthy, and full lives. These advances mean the majority of people diagnosed with HIV in Ireland do not advance to an AIDS diagnosis. With the right treatment and care, people living with HIV can expect to live as long as their peers who are HIV negative. This highlights the importance of timely testing, diagnosis, and access to treatment and care.

- **HIV cannot be transmitted through sex when a person living with HIV is on effective treatment.**

Successful medical treatment for HIV now also prevents the transmission of HIV (sometimes referred to as 'Treatment as Prevention' or TasP). The goal of HIV treatment is to suppress the virus to 'undetectable' levels and [major studies](#) have confirmed that there is zero risk of HIV being transmitted (untransmittable) through sex (including condomless sex) when a person's viral load is undetectable. This is sometimes referred to as U=U or Undetectable equals Untransmittable. This too highlights the importance of timely testing, diagnosis, and access to treatment to eliminate the chances of the onward transmission of HIV.

- **Testing reduces and prevents HIV transmission.**

The only way for a person to know their HIV status is to undergo an HIV test. Early testing is vital to improve the health outcomes for people who test positive, to decrease the chances of onward transmission of HIV from those who are unaware of their HIV positive status, and to provide [prevention options](#) and support to people who test negative but remain at risk of acquiring HIV.

It is estimated that [10% of people living with HIV in Ireland remain undiagnosed](#) and unaware of their HIV status. HIV tests are free at [public sexual health services](#) and at local HIV and Sexual Health community organisations across Ireland.

- **PrEP - taken before possible exposure to HIV - can prevent HIV acquisition.**

[PrEP](#), or pre-exposure prophylaxis, is a medication which prevents HIV infection by taking a pill on an ongoing basis before sex and continued after sex. It is taken by someone who is HIV negative to prevent them from acquiring HIV through sex, and is most often taken as a once-a-day-pill. [Studies](#) have shown PrEP to be safe and highly effective at preventing HIV acquisition.

[PrEP is available for free in Ireland](#) to anyone who has a substantial risk of acquiring HIV. A person must attend a sexual health service to discuss their needs with a doctor and meet clinical criteria to qualify for the free PrEP programme.

- **PEP - taken after the possible exposure to HIV - can prevent HIV acquisition.**

[PEP](#), or post-exposure prophylaxis, is an emergency treatment available to people after they have had a recent exposure to HIV. The medication works by preventing HIV establishing itself in the bloodstream. PEP must be taken within 72 hours of possible exposure to HIV and the sooner it is taken after the potential exposure, the more effective it is.

PEP is free in Ireland and is available in most sexual health clinics and hospital emergency departments. Individuals will be assessed by a doctor to establish if PEP is needed.

- **There is currently no evidence that people living with HIV on effective treatment are at an increased risk of acquiring COVID-19 or at higher risk of serious illness if they acquire COVID-19.**

The HSE has published a list of [people at higher risk of serious illness from coronavirus](#) which includes people who have a weak immune system. People living with HIV who are on effective treatment are not included on this list. As in the general population, older people living with HIV or people living with HIV with another medical condition such as heart or lung problems may be at a higher risk of acquiring the virus, and of becoming more seriously ill if they acquire COVID-19. The risk is greater for people with HIV who have a low CD4 cell count, and for those who are not on effective HIV treatment.



HIV: The Irish Context



HIV: THE IRISH CONTEXT

In Ireland, HIV is notifiable under the Infectious Disease Regulations since 2011. All medical practitioners, including clinical directors in diagnostic laboratories, have a statutory obligation to notify all newly confirmed diagnoses of HIV to the Director of Public Health. All cases are reported via the Computerised Infectious Disease Reporting (CIDR) system. The Health Protection Surveillance Centre (HPSC) is responsible for the collation and analysis of national data on HIV and AIDS in Ireland. Information and up-to-date data can be accessed at www.hpsc.ie.

Surveillance of HIV is vital for understanding and responding to the latest trends of the HIV epidemic in Ireland. Some key facts and features from recent epidemiological reports published by the HPSC include:

- The highest number of HIV notifications in Ireland in recent years are amongst gay, bisexual, and men who have sex with men (gbMSM).
- A high proportion of HIV notifications in Ireland in recent years occurs in people who have had a previous HIV diagnosis in another country before arrival in Ireland, many of whom are transferring their HIV care from abroad to Ireland. These notifications are included in national data and reports to assess the prevalence of HIV in Ireland and to measure the burden of disease. The majority of people reported to have had a previous HIV diagnosis are already on antiretroviral therapy (ART).
- The number of people who acquire HIV through injecting drug use has been declining in Ireland since the early 2000s. In 2014-2015, there was an outbreak of recently acquired HIV amongst people who inject drugs (PWID) in Dublin, largely associated with the introduction of a new injectable psychoactive substance, 'Snow blow'. Snow blow has been associated with more chaotic behaviours, more multi-person use of drug injection equipment, higher levels of disinhibition, and higher rates of condomless sex. PWID remain particularly vulnerable to HIV, and late HIV diagnosis is of concern amongst this population group as highlighted below.
- Reporting of data on gender identity was introduced in HIV surveillance in mid-2018 and includes data on trans men, trans women, and other gender identities reported.
- The proportion of people presenting late amongst some population groups is concerning. A CD4 cell count at HIV diagnosis can be an indication of how long a person has been living with HIV before being diagnosed. A late HIV diagnosis is defined as a CD4 cell count less than 350 cells/ul or an AIDS-defining illness at diagnosis. Late diagnosis of HIV is associated with a ten-fold increase in risk of short-term mortality (within a year of diagnosis) and an increased risk of onward transmission of HIV. According to the HPSC, groups more likely to present late are females, those aged 40 years and older, those born in sub-Saharan Africa, those living outside the HSE East region, and people who inject drugs.
- Unfortunately, despite significant medical advances, and the availability of free testing and free HIV medication in Ireland, death from AIDS related illnesses is still occurring, with some deaths reported at the time of HIV diagnosis.



Understanding HIV-related Stigma and Discrimination



UNDERSTANDING HIV-RELATED STIGMA AND DISCRIMINATION

There is a strong relationship between stigma and HIV; people who already experience stigma and discrimination are often marginalised, and more vulnerable to contracting HIV.

Advancements in HIV medications have been notable. The medications allow people to live long and healthy lives and they prevent the onward transmission of HIV. Despite this good news, HIV-related stigma and discrimination continue to remain issues which adversely and deeply affect many people living with HIV.

An HIV diagnosis can have a profound psychosocial impact on a person's life. In addition to medical care, many people require other supports, such as counselling or psychotherapy, to help them come to terms with a new diagnosis. Not everyone is able to discuss his or her diagnosis openly with family or friends. Some people experience the constant fear of disclosure and of being rejected by family, friends, and partners.

Stigma and discrimination are also major barriers to testing, treatment uptake, adherence to medication, and support.

What is HIV-related stigma? //////////////////////////////////////
HIV-related stigma is a negative attitude towards a person living with HIV, or a mark of disgrace or shame associated with a person solely because the person is living with HIV.

Examples:

- Believing that only people from certain groups can get HIV.
- Making moral judgements about how a person may have acquired HIV.
- Making moral judgements about the work done by individuals and agencies to prevent HIV transmission.
- Feeling that people living with HIV brought it on themselves.

What is HIV-related discrimination? //////////////////////////////////////
HIV-related discrimination is putting HIV stigma into action – treating someone living with HIV differently, or less favourably, because of these attitudes or perceptions.

Examples:

- A person living with HIV being refused a service from a healthcare provider or another service provider.
- A person living with HIV being refused a job, or a travel or educational opportunity, because that person is living with HIV.
- Ostracizing or deliberately isolating a person living with HIV.
- Refusing to engage socially or casually with a person living with HIV.

What is HIV-related self-stigma (internalised stigma)? //////////////////////////////////////
HIV-related self-stigma relates to how people living with HIV may perceive themselves as different to others because of their diagnosis.



The Irish Law and HIV



THE IRISH LAW AND HIV

In Ireland, HIV-related legal issues have centred on two specific subjects:

1. HIV non-disclosure and HIV transmission.
2. HIV-related discrimination.

1. HIV non-disclosure and HIV transmission

Currently, there is no specific law in Ireland which states that a person must disclose his or her positive HIV status to anyone; this includes to employers, medical professionals, and sexual partners. There are no specific HIV laws that criminalise the transmission of HIV, that is, which makes it a criminal offense to transmit HIV to a person. However, existing laws, under the Non-Fatal Offences Against the Person Act, 1997 (such as 'Endangerment' or 'Causing serious harm') can and have been used.

Examples:

- When a person intentionally or recklessly engages in conduct which creates a substantial risk of a person becoming HIV positive (regardless of whether that person acquires HIV).
- When a person who is HIV positive intentionally or recklessly causes harm by transmitting HIV to another person.

Since HIV medication today has high efficacy, HIV transmission can only occur if a person was diagnosed HIV positive and did not have access to medication or was not taking their medication as prescribed, or if the person was HIV positive and unaware of their positive HIV status.

The World Health Organisation (WHO), UNAIDS, and the European Centre for Disease Prevention and Control (ECDC), have unanimously agreed that criminalising the transmission of HIV serves no purpose and is ineffective policy. HIV specific laws stigmatise vulnerable populations and have no effect on reducing HIV transmissions. Such laws are thought to possibly increase HIV transmission in the community by serving to limit a person's access to medical and support services. While these health authorities agree that the criminalisation of HIV transmission should only occur when people deliberately transmit HIV to others with the intent of harming them (and in these cases, existing laws should be used), they also note that:

- Criminalising the transmission of HIV would not reduce the spread of HIV.
- Criminalising the transmission of HIV contributes to the fear and stigma surrounding HIV.
- Laws criminalising HIV transmission can be applied unfairly and selectively.
- Placing the full responsibility of prevention on people living with HIV undermines the message that sexual health is a shared responsibility.
- People have the right to take a legal case against someone for the transmission of HIV.

The criminalisation of HIV transmission has long been a sensationalist topic in the media and assumptions have often been made in relation to a person's intention. People have been found guilty of intentionally transmitting HIV to another person; however, these cases are extremely rare worldwide. Responsible and educated reporting is of utmost importance to ensure that both parties – the accuser and the accused – are not stigmatised before, during, or after any potential court case. Also, negative and sensationalist statements send a message to those living with HIV that the illness they live with is somehow dangerous and unsavoury.

Each potential legal case should be treated as a separate case. The vast majority of ‘cases’ have personal and unique stories behind the individuals involved. These stories are particularly nuanced when sexual intimacy has occurred. Viewing every alleged HIV transmission case as the same or as sensational and dramatic is not fair, and only serves to propagate HIV-related stigma and discrimination.

Case Studies in Ireland

In 2018, [in the first case of its kind in Ireland](#), a man living with HIV was found guilty at the Dublin Circuit Criminal Court of intentionally or recklessly causing serious harm to two women. Both women tested HIV positive following a sexual relationship with the man in 2009 and 2010. The man was sentenced to ten years.

2. HIV-related discrimination

In Ireland, under the Employment Equality Acts 1998-2015 and the Equal Status Acts 2000-2018, it is illegal to discriminate against someone who is HIV positive.

The Acts state that Disability is one of nine grounds for discrimination. Chronic illnesses, like HIV, are considered to be a disability. Therefore, HIV-related discrimination cases are taken on this ground. Discrimination is described in the Equal Status Acts as “a person treated less favourably than another person is, has been, or would be treated in a comparable situation”. Equality rights are also extended to people in the asylum system (Direct Provision) and to those who may reside illegally in Ireland.

Case Studies in Ireland

There are two major misconceptions around HIV-related discrimination. One is that discrimination does not occur now because people are doing well on their HIV medications and therefore HIV is no longer an issue. Another is that discrimination could only be enacted by those who do not have medical knowledge or experience. HIV Ireland’s experience with supporting service users is to the contrary.

The vast majority of HIV-related discrimination complaints which are made in Ireland, are made against healthcare professionals who have refused a service to someone living with HIV or who have treated a person living with HIV differently to others who are HIV negative or whose HIV status is not known. Telling the stories of people who have experienced HIV-related discrimination will help correct these misconceptions and educate the general public.

The following are some case studies of discrimination experienced by service users of HIV Ireland.

CASE STUDY 1: Equal Status Acts 2000 to 2008

James Goulding – v – Michael Doherty
Decision Number: DEC-S2009-073
Ground: Disability

In November 2009, a landmark HIV discrimination case was won in Ireland when James Goulding was deemed to have experienced discrimination as a result of being refused primary care treatment by a chiropodist (Michael Doherty), solely because of his HIV positive status.

Issue: Mr Goulding claimed that he was treated less favourably by Michael O’Doherty on the grounds of his disability when Mr O’Doherty refused to treat his foot complaint and advised him to seek treatment with another chiropodist.

Outcome: In its ruling, the Equality Tribunal stated that incorrect and outdated perceptions resulted in the complainant being viewed and treated less favourably than a person who is without HIV (or not known to have the infection) would be treated in similar circumstances.

The Equality Officer awarded the complainant €6,000 for the effects of the discrimination and the humiliation and hurt caused. In her decision the Equality Officer stated that the amount was to reflect the seriousness of the discrimination experienced by the complainant and to emphasise the importance of a person’s right to receive health care in a non-discriminatory manner.

(Equality Authority Legal Casework Activity 2009, www.ihrec.ie)



CASE STUDY 2: Equal Status Acts 2000-2018

A Service User -v- A Dentist and A Dental Clinic Ground: Disability

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In 2019, the Irish Human Rights and Equality Commission provided legal advice and representation to a woman in bringing her case, under the Equal Status Acts, to the Workplace Relations Commission (WRC).

Issue: A woman who had let the dental clinic know of her HIV status in advance of an appointment, having been injected with anaesthetic while seated in the dentist's chair, was then refused treatment by the dentist.

Outcome: Resolved through mediation. The dental clinic apologised and made payment of €10,000 to her. It also implemented a company equality policy and provided equality and diversity, including HIV, training to its employees.

(Annual Report 2019, Irish Human Rights and Equality Commission, www.ihrec.ie)



CASE STUDY 3: Employment Equality Acts 1998-2015

A Prospective Employee -v- A Recruitment Agency Ground: Disability

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Issue: The offer of employment to a man living with HIV was withdrawn because of his medical condition.

Outcome: Resolved through mediation.

(Annual Report 2019, Irish Human Rights and Equality Commission, www.ihrec.ie)





Key HIV and AIDS Milestones



1981

A cluster of Pneumocystis pneumonia (PCP) is reported in five gay men in Los Angeles, and a rare cancer (Kaposi's sarcoma) is reported in 41 gay men in New York City and San Francisco. These opportunistic infections become known as GRID (gay-related immune deficiency).

1982

The term AIDS (acquired immune deficiency syndrome) is proposed, as evidence shows the infections are not gay specific.

1984

Scientists discover the retrovirus that causes AIDS. It is named HTLV-III (human T-lymphotropic virus type III), and subsequently named human immunodeficiency virus (HIV) in 1986.

1985

The first commercially available test for detecting HIV in blood is approved – the ELISA test.

1987

- AZT is approved as the first medication to treat AIDS.
- FDA declares HIV prevention as a new indication for male condoms.
- The Western blot blood test is approved as a new, more specific test, for HIV antibodies.

1988

World AIDS Day is observed for the first time on 1st December. The global theme is 'Join the Worldwide Effort'.

1990

Post-exposure use of AZT comes under consideration to manage occupational exposure to HIV.

1991

The Red Ribbon becomes the international symbol of AIDS awareness.

1993

The female condom is approved.

1994

AZT is recommended for pregnant women living with HIV to reduce the risk of perinatal transmission.

1995

The first protease inhibitor is approved commencing a new era of highly active antiretroviral therapy (HAART).

1996

- UNAIDS (the Joint United Nations Programme on HIV/AIDS) is established.
- The first HIV home testing kit, and a viral load test, are approved in the U.S.

1997

Highly Active Antiretroviral Therapy (HAART) becomes the new standard of HIV care.

2002

The first rapid diagnostic HIV test is approved for use.

2005

- First generic antiretroviral drugs are approved.
- PEP (post-exposure prophylaxis) is recommended for use by people exposed to HIV from sexual assaults, accidents, unprotected sex and unsafe drug using practices.

2006

TasP (treatment as prevention) is proposed as HIV control strategy.

2008

The Swiss statement is published with leading HIV doctors saying that people living with HIV taking antiretroviral therapy (ART) with an undetectable viral load could not pass on HIV to their sexual partners.

2009

Attia meta-analysis shows ART prevents transmission of HIV.

2010

Positive results from PrEP trials from the iPrEx study amongst HIV-negative men who have sex with men increase hopes for treatment as prevention.

2011

HPTN052 study proves that ART blocks transmission of HIV.

2012

Truvada for pre-exposure prophylaxis (PrEP) is approved in the U.S.

2014

Results of the first phase of the PARTNER study are announced showing zero transmissions of HIV from HIV-positive partners who are on treatment with an undetectable viral load.

2015

The World Health Organisation announces new treatment recommendations for all people living with HIV irrespective of CD4 cell count. WHO also recommends daily oral PrEP as an additional prevention option for those at substantial risk of acquiring HIV.

2016

The U=U (Undetectable = Untransmittable) consensus statement is published declaring that the risk of HIV transmission from a person living with HIV on effective treatment with an undetectable viral load is “negligible to non-existent”.

2018

Results from the PARTNER2 study amongst gay male couples reaffirm the U=U message.



Ethics and Principles for HIV Reporting

ETHICS AND PRINCIPLES FOR HIV REPORTING

In Ireland, there are a number of professional codes and standards that advise and inform journalists and broadcasters about standards of practice to be observed to sustain independent and impartial journalism that is fair and objective and that set a benchmark for the highest professional and ethical standards.

These include:

- The Code of Practice for Newspapers and Magazines.
- The Code of Fairness, Objectivity & Impartiality in News and Current Affairs.
- The Code of Programme Standards.

The [Code of Practice for Newspapers and Magazines](#) sets out the principles and standards of professional practice by which journalists can assess their reporting, and is administered and upheld by the Office of the Press Ombudsman and the Press Council of Ireland. The most relevant sections of this Code of Practice in the context of this publication are:

- **Principle 1: Truth and Accuracy**

In reporting news and information, the press shall strive at all times for truth and accuracy. When a significant inaccuracy, misleading statement or distorted report or picture has been published, it shall be corrected promptly and with due prominence. When appropriate, a retraction, apology, clarification, explanation or response shall be published promptly and with due prominence.

- **Principle 4: Respect for Rights**

Everyone has constitutional protection for his or her good name. The press shall not knowingly publish matter based on malicious misrepresentation or unfounded accusations and must take reasonable care in checking facts before publication.

- **Principle 5: Privacy**

Privacy is a human right, protected as a personal right in the Irish Constitution and the European Convention on Human Rights, which is incorporated into Irish law. The private and family life, home and correspondence of everyone must be respected. Readers are entitled to have news and comment presented with respect for the privacy and sensibilities of individuals. However, the right to privacy should not prevent publication of matters of public record or in the public interest. Sympathy and discretion must be shown at all times in seeking information in situations of personal grief or shock. In publishing such information, the feelings of grieving families should be taken into account. This should not be interpreted as restricting the right to report judicial proceedings. Public persons are entitled to privacy. However, where people hold public office, deal with public affairs, follow a public career, or have sought or obtained publicity for their activities, publication of relevant details of their private life and circumstances may be justifiable where the information revealed relates to the validity of their conduct, the credibility of their public statements, the value of their publicly expressed views or is otherwise in the public interest. Taking photographs of individuals in private places without their consent is not acceptable, unless justified by the public interest.

- **Principle 8: Prejudice**

The press shall not publish material intended or likely to cause grave offence or stir up hatred against an individual or group on the basis of their race, religion, nationality, colour, ethnic origin, membership of the travelling community, gender, sexual orientation, marital status, disability, illness or age.

The [Code of Fairness, Objectivity & Impartiality in News and Current Affairs](#), prepared by the Broadcasting Authority of Ireland (BAI) in accordance with specific sections of the Broadcasting Act 2009, sets out the minimum standards and practices that are expected of broadcasters in their treatment and broadcast of news and current affairs content. The principles underpinning this Code are:

- **Fairness:** The BAI is committed to ensuring that, through the implementation of this Code, individuals and organisations that are the subject of news and current affairs content, or persons who contribute to news and current affairs programmes or items, are treated fairly and honestly.
- **Objectivity & Impartiality:** The principles of objectivity and impartiality are concerned with ensuring that news and current affairs content is compiled, produced and presented in a manner which is and can be seen as independent, unbiased, and without prejudgement.
- **Accuracy & Responsiveness:** Audiences are entitled to, and do, trust that the news and current affairs content they access from the broadcast media is accurate. Accurate information enables citizens to participate more fully in a democratic society. Accuracy is therefore a fundamental principle associated with the broadcast of news and current affairs content and should always take priority over the speed with which content can be delivered.
- **Transparency & Accountability:** The principles of transparency and accountability are concerned with ensuring that practices and procedures adopted by broadcasters in sourcing, compiling, producing and presenting news and current affairs are visible, open to scrutiny, robust and accessible. This is particularly the case where a decision to broadcast may impact on an individual's privacy.

The [Code of Programme Standards](#), prepared by the Broadcasting Authority of Ireland (BAI), aims to promote responsible broadcasting, advise viewers on the standards they can expect from broadcasting services and enable viewers and listeners to hold broadcasters to account in the event they believe that a broadcaster has behaved irresponsibly. This Code gives expression to the statute of the Broadcasting Act 2009.

There are seven guiding principles underpinning this Code and the most relevant in the context of this publication is:

- **Principle 5: Respect for Persons and Groups in Society**
The manner in which persons and groups in society are represented shall be appropriate and justifiable and shall not prejudice respect for human dignity. Robust debate is permissible, as is the challenging of assumptions, but programme material shall not stigmatise, support or condone discrimination or incite hatred against persons or groups in society, in particular on the basis of age, gender, marital status, membership of the Traveller community, family status, sexual orientation, disability, race, nationality, ethnicity or religion.

Appendices



APPENDIX 1: HIV POLICY FRAMEWORKS

There are a range of policy frameworks, strategies, and political commitments that guide and drive the HIV response nationally, regionally, and globally. The main policies are outlined below.

- **National Sexual Health Strategy 2015-2020**

Published by the Department of Health, the [National Sexual Health Strategy](#) is a strategic framework to address the sexual health and wellbeing of the Irish population and to reduce negative sexual health outcomes. The three key goals of the strategy are: 1) to ensure that everyone has access to appropriate sexual health education and information; 2) to ensure that high quality sexual health services are available and affordable; 3) to ensure that good quality data is available to guide the service.

The HSE Sexual Health and Crisis Pregnancy Programme (SHCPP) is responsible for leading the implementation of the majority of actions within this Strategy, and the Health and Wellbeing Programme in the Department of Health is responsible for monitoring the implementation of the Strategy and reporting to the Minister for Health on its progress.

- **Healthy Ireland - A Framework for Improved Health and Wellbeing 2013-2025**

The National Sexual Health Strategy is closely aligned with the guiding principles and goals of the [Healthy Ireland Framework](#), a national framework for action to improve the health and wellbeing of the Irish population. The four key goals of this framework are: 1) to increase the proportion of people who are healthy at all stages of life; 2) to reduce health inequalities; 3) to protect the public from threats to health and wellbeing; 4) to create an environment where every individual and sector of society can play their part in achieving a healthy Ireland.

- **National LGBTI+ Inclusion Strategy 2019-2021**

Published by the Department of Justice and Equality, the [National LGBTI+ Inclusion Strategy](#) aims to promote inclusion, protect rights and to improve quality of life and wellbeing for LGBTI+ people enabling them to participate fully in Ireland's social, economic, cultural, and political life. The strategy includes four thematic pillars that provide a vision of an Ireland where LGBTI+ people are (1) Visible and included; (2) Treated Equally; (3) Healthy; and (4) Safe and Supported.

Outcomes to be achieved associated with the HIV response nationally include:

- People living with HIV in Ireland are supported and not stigmatised.
- The LGBTI+ community, particularly the men who have sex with men population, are made aware of the risks of HIV and other STIs and of the importance of regular testing.
- Sexual health services are adequately resourced and available throughout Ireland including in rural locations.
- Health policy takes consideration of the needs of all population groups including the LGBTI+ community.
- Healthcare providers and practitioners are trained to understand the identities and needs of their LGBTI+ patients and to avoid making heteronormative assumptions.

- **Reducing Harm, Supporting Recovery 2017-2025**

Published by the Department of Health, [Reducing Harm, Supporting Recovery – a health lead response](#)

[to drug and alcohol use in Ireland](#) sets out the Government's strategy to address the harm caused by substance misuse in our society. The strategy advocates a harm reduction approach, places greater emphasis on supporting a health-led response to drug and alcohol use in Ireland, and is strongly linked with the over-arching context of the Healthy Ireland Framework to contribute towards improving the health and wellbeing of the population of Ireland. Five strategic goals have been identified to realise the vision of the strategy, and strategic actions to be achieved associated with the HIV response nationally are included in Goal 1 – Promoting and protecting health and wellbeing and Goal 2 – Minimising the harms caused by the use and misuse of substances:

- Continue to expand Harm Reduction Initiatives focused on people who inject drugs including expanding needle exchange programmes, increasing the availability of screening and treatment for blood borne viruses and communicable diseases, and increasing the uptake of hepatitis C treatment.
- Strengthen early harm reduction responses to current and emerging trends and patterns of drug use (including chemsex).
- Improve the capacity of services to accommodate the needs of people who use drugs and alcohol from specific communities including the Traveller community, the LGBTI+ community, new communities, sex workers, and homeless people; and consider the need for specialist referral pathways for specific groups who may not otherwise attend traditional addiction services (i.e. those who engage in chemsex).
- Establish a pilot supervised injecting facility and evaluate the effectiveness of the initiative.

- **Second National Intercultural Health Strategy 2018-2023**

Published by the National Social Inclusion Office, HSE, the [Second National Intercultural Health Strategy](#) provides a comprehensive and integrated approach to addressing the health and support needs experienced by people of diverse ethnic and cultural backgrounds who live in Ireland. The strategy is strongly aligned with existing relevant policies and strategies including the Healthy Ireland Framework and the National Sexual Health Strategy.

Goal 2 of the strategy aims to address health inequalities in relation to sexual health, and actions aligned with the HIV response in Ireland include working with ethnic groups to reduce the risks of HIV and other STIs, and providing sexual health education programmes to minority ethnic groups, refugees and asylum seekers.

- **90-90-90**

The [90-90-90](#) strategy is a concept introduced in 2013 by UNAIDS. 90-90-90 is a set of goals which have been set for achievement globally by 2020:

- 90% of all people who are living with HIV will be diagnosed and know their status.
- 90% of all people who are diagnosed will be on antiretroviral treatment (ART).
- 90% of those receiving sustained ART will be virally suppressed.

The strategy is an attempt to get the HIV epidemic under control and is based on the principal of universal testing and treating. The central idea of the “test and treat” approach is to identify people early on in their infection and to start treatment as soon as possible so that they become virally suppressed. Viral suppression is when a person's viral load – or the amount of virus in an HIV-positive person's blood – is reduced to an undetectable level. This keeps people healthy, prevents the onward transmission of the virus, and reduces HIV incidence at a population level.

- **Fast-Track Cities**

The HIV [Fast-Track Cities](#) initiative is a global partnership between almost 300 cities in collaboration with UNAIDS and the International Association of Providers of AIDS Care (IAPAC) and was launched in Paris in 2014.

In most parts of the world, HIV is largely concentrated amongst key populations, the majority of whom live in cities. 60% of the global population is expected to live in cities by 2030. The key aim of the Fast-Track Cities initiative is to accelerate local HIV responses to end AIDS by 2030; achieving this will be determined in large part by the response of cities.

Mayors, politicians, and other city and district officials designate their cities as Fast-Track Cities by signing the [Paris Declaration](#), which commits cities to attain the three 90-90-90 targets by 2020 (see above). The Paris Declaration was updated in 2018 to establish attainment of the three 90 targets as the starting point on a trajectory towards getting to zero new HIV transmissions and zero AIDS-related deaths. The fourth, and equally important target, is achieving zero stigma and discrimination.

In June 2019, supported by An Taoiseach and the Minister for Health, [Ireland signed the Paris Declaration](#) with Dublin, Cork, Limerick, and Galway designated as Fast-Track Cities. This will see a collaboration between locally elected officials, community organisations, clinical and service providers, and people living with HIV, to optimize the HIV prevention and care continuum by using data-driven strategies to ensure no one is left behind in urban and national HIV responses.

- **Dublin Declaration on Partnership to fight HIV and AIDS in Europe and Central Asia**

In 2004, against the backdrop of the global HIV and AIDS epidemic, representatives of states and governments from Europe met in Dublin, Ireland, for the conference 'Breaking the Barriers – Partnership to fight HIV and AIDS in Europe and Central Asia' which resulted in the Dublin Declaration. This was the first in a series of regional declarations which emphasised HIV as an important political priority for the countries of Europe and Central Asia.

The Declaration states the commitment of all signatories to act collectively in tackling the HIV and AIDS epidemic, to closely monitor and evaluate the implementation of the actions outlined in the Declaration, to establish adequate forums and mechanisms including the involvement of civil society and people living with HIV to assess progress at regional level, and to report every second year to the European Centre for Disease Prevention and Control (ECDC). The ECDC assesses and [reports on the implementation of the Dublin Declaration](#) through a series of thematic reports and evidence briefs.

- **Sustainable Development Goals**

In 2015, world leaders agreed to 17 [Global Goals](#) (officially known as the Sustainable Development Goals or SDGs). These goals have the power to create a better world by 2030, by ending poverty, fighting inequality, and addressing the urgency of climate change.

The Global Goal for worldwide Good Health and Wellbeing (SDG3) promotes healthy lifestyles, preventive measures, and modern, efficient healthcare for everyone. There are 13 targets for action to promote health and wellbeing for all, including ending the AIDS epidemic by 2030 (Target 3.3).

In the run-up to the General Election 2020, HIV Ireland published a [HIV Manifesto](#) calling on the next Government to deliver on key policy and strategic commitments to end new HIV transmissions, combat stigma, and improve services for people living with HIV.

APPENDIX 2: THE GLOBAL CONTEXT

The Joint United Nations Programme on HIV and AIDS (UNAIDS) spearheads the world's most extensive data collection on HIV epidemiology and programme coverage and publishes the most authoritative and up-to-date information on the HIV epidemic. UNAIDS is mandated by the United Nations General Assembly to work with all countries to collect and analyse data on their HIV and AIDS responses which is used to monitor responses and guide strategic and policy development. Global, country, and regional data reports can be accessed at www.unaids.org.

According to UNAIDS, HIV is one of the world's leading public health challenges. It is estimated that since the epidemic began, over 78 million people globally have acquired HIV. The population groups most vulnerable to HIV globally are sex workers, people who inject drugs, gay, bisexual, and men who have sex with men (gbMSM), transgender people, and prisoners. The partners of individuals in these groups are also considered vulnerable. HIV thrives where there are inequalities and power imbalances, and where there is violence, marginalisation, stigma, and discrimination.

Some key facts on the global HIV epidemic:

- The global rate of new HIV transmissions continues to decrease, but there is concern that this decline is slowing year on year.
- The global number of AIDS-related deaths is declining and has decreased by 33% since 2010.
- The global number of people living with HIV who are accessing antiretroviral therapy is increasing; however huge barriers exist which limit people's access to this life changing treatment.
- According to UNAIDS the risk of acquiring HIV is:
 - 22 times higher amongst gbMSM.
 - 22 times higher amongst people who inject drugs.
 - 21 times higher for sex workers.
 - 12 times higher for transgender people.
- UNAIDS data estimates that around 6,000 young women aged 15–24 years acquire HIV every week. In sub-Saharan Africa, four in five new HIV acquisitions amongst adolescents aged 15–19 years are in girls, and young women aged 15–24 years are twice as likely to be living with HIV than men of that age.

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INJECT DRUGS

21 TIMES
HIGHER
FOR SEX
WORKERS

12 TIMES
HIGHER FOR
TRANSGENDER
PEOPLE

APPENDIX 3: ADDITIONAL INFORMATION AND RESOURCES

▶ Social Media

Follow @HIVireland on [Twitter](#) and [Facebook](#) for all the latest news and developments.

▶ HIV Services

See www.hivireland.ie for information on services provided by HIV Ireland and www.hivservices.ie for information on services around Ireland.

▶ HIV Testing

This [online testing locator map](#) provides information on the availability of free public HIV and STI testing clinics around Ireland.

▶ HIV Data and Reports

- Ireland: available at www.hpsc.ie including [annual reports and trends](#) and [weekly reports](#) of HIV notifications.
- Europe: available at www.ecdc.europa.eu.
- Global: available at www.unaids.org.

▶ HIV and Stigma – Research and Guidance documents

- [HIV in Ireland 2017 – Findings from the National HIV Knowledge and Attitudes Survey and the People Living with HIV Stigma Survey](#), HIV Ireland, 2017
- [Evidence for eliminating HIV-related stigma and discrimination](#), UNAIDS, 2020
- [People Living with HIV Stigma Index](#)

▶ HIV and gbMSM - Research and Guidance documents

- [EMIS-2017 Ireland: Findings from the European Men who have sex with Men Survey \(Ireland\)](#), Health Protection Surveillance Centre, 2019
- [MSI 2015: Findings from the Men who have sex with Men Internet Survey](#), Health Protection Surveillance Centre, 2017
- [Action Plan: Response to the national increase in HIV and STIs in men who have sex with men](#), National MSM HIV/STI increase response group interventions subgroup, June 2017

▶ **HIV and Sex Work -**
Research and
Guidance documents

- [HIV Ireland written submission to the Department of Justice, 2020 Review of the Operation of Part 4 of the Criminal Law \(Sexual Offences\) Act 2017.](#)
- HIV Ireland Report - [Sex worker lives under the law: A community engaged study of access to health in Ireland](#), September 2020
- HIV Ireland Report - [Potential impact of the Swedish model on rates of HIV and AIDS among sex workers and their access to healthcare](#), 2015
- [UNAIDS Guidance Note on HIV and Sex Work](#), April 2012
- [Sex Workers Alliance Ireland](#)

▶ **HIV, Human Rights,
and the Law**

- [Evidence Brief on HIV and Law and Policies in Europe](#), European Centre for Disease Prevention and Control, 2017
- [Sexual health, human rights, and the law](#), World Health Organisation, 2015
- [Ending overly broad criminalization of HIV non-disclosure, exposure, and transmission: critical scientific, medical, and legal considerations](#), UNAIDS Guidance Note, 2013
- [Global HIV Criminalisation Database](#), The HIV Justice Network

▶ **COVID-19 and HIV**

- [HIV and COVID-19](#): information for people living with HIV, HIV Ireland, 2020
- [COVID-19 and Sexual Health](#): information for gay, bisexual, and men who have sex with men, HIV Ireland, 2020
- [Sex and Coronavirus \(COVID-19\)](#), HSE Sexual Health and Crisis Pregnancy Programme, 2020

APPENDIX 4: GLOSSARY

- ▶ **AIDS (Acquired immunodeficiency syndrome):** the most advanced stage of HIV infection, AIDS is a collection of specific illnesses and conditions which occur because the body's immune system has been damaged by HIV.
- ▶ **Antiretroviral therapy (ART):** antiretroviral drugs and therapies are used in the treatment of retroviruses, primarily the human immunodeficiency virus (HIV).
- ▶ **Adherence:** taking medications or treatment exactly as prescribed (not missing doses, taking doses at the right time, taking the correct amount, and following any instructions about food). The benefits of strict adherence to an HIV regimen include sustained viral suppression, reduced risk of drug resistance, improved overall health and wellbeing, and decreased risk of HIV transmission.
- ▶ **CD4 Cells:** the primary white blood cells of the immune system which signal to other immune system cells how and when to fight infections. HIV weakens the immune system by destroying CD4 cells (also known as T cells or T helper cells).
- ▶ **CD4 Cell Count or CD4 Count:** a laboratory test that measures the number of CD4 cells in a sample of blood and reflects the state of the immune system. In people living with HIV, the CD4 count is the most important laboratory indicator of immune function and the strongest predictor of HIV progression. The CD4 count is also used to monitor a person's response to antiretroviral therapy (ART). The CD4 cell count of a person who is HIV negative can be anything between 500 and 1500. When the CD4 count of an adult falls below 200, there is a high risk of opportunistic infections and serious illness.
- ▶ **Criminalisation of HIV transmission:** refers to legal jurisdictions which prosecute people living with HIV who have – or are believed to have – put others at risk of acquiring HIV (exposure to HIV). Other jurisdictions criminalise people who do not disclose their HIV status to sexual partners regardless of whether or not HIV transmission has occurred.
- ▶ **Effective treatment:** the treatment effect is the additional benefit provided by the treatment. Effective treatment for HIV is used to describe suppression of the virus to an undetectable level so that there is zero risk of passing the virus on to others.
- ▶ **Epidemic:** a widespread outbreak of a disease in a large number of individuals over a particular period of time either in a given area or amongst a specific group of people.
- ▶ **HIV (Human immunodeficiency virus):** the virus that causes AIDS, HIV is a retrovirus transmitted through direct contact with HIV-infected body fluids (blood, semen, vaginal or rectal fluids, or breast milk). There are two variants or subtypes: HIV-1 (the most common worldwide) and HIV-2.
- ▶ **HIV disclosure:** the act of telling another person that you are HIV positive.
- ▶ **HIV incidence:** refers to the rate of HIV diagnoses identified during a specified time period (e.g. a year), usually expressed as a fraction of the population (e.g. x per 100,000). This term is also sometimes used to refer to the rate of 'newly acquired' HIV (e.g. within the past 12 months).
- ▶ **HIV medication:** see Antiretroviral Therapy.
- ▶ **HIV prevalence:** the estimated number of people living with HIV at a given point in time, regardless of when HIV was acquired. This is usually conveyed as a percentage of the population.
- ▶ **HIV status:** HIV positive or HIV negative.

- ▶ **HIV transmission:** the transfer of a disease or infection from person to person. HIV is transmitted mainly by having condomless sex or sharing drug injection equipment with someone who is HIV positive. HIV can be also passed from mother to child during pregnancy, labour or delivery, or breastfeeding (through breast milk).
- ▶ **HIV treatment:** see Antiretroviral Therapy.
- ▶ **Late HIV diagnosis:** defined as a CD4 cell count less than 350 cells/ul or an AIDS-defining illness at diagnosis. Late diagnosis of HIV is associated with a ten-fold increase in the risk of short-term mortality (within a year of diagnosis) and an increased risk of the onward transmission of HIV.
- ▶ **Newly diagnosed:** the number of people who have received an HIV diagnosis regardless of when HIV was first acquired. Individuals may have been living with HIV for many years before receiving a positive diagnosis.
- ▶ **Post-exposure prophylaxis (PEP):** HIV PEP is a short-term antiretroviral preventive treatment to reduce the likelihood of HIV infection after potential exposure.
- ▶ **Pre-exposure prophylaxis (PrEP):** a medication taken before exposure or possible exposure to HIV to prevent the acquisition of HIV.
- ▶ **Stigma:** negative beliefs and attitudes associated with a specific situation, characteristic, condition, or person. HIV-related stigma is a negative attitude towards a person living with HIV, or a mark of disgrace or shame associated with a person solely because the person is living with HIV.
- ▶ **Test and treat:** a public health strategy in which widespread HIV testing is facilitated in an attempt to identify people early on in their infection and to encourage the immediate commencement of treatment for those diagnosed with HIV to suppress the virus.
- ▶ **Timely or early testing:** encouraging people to get tested regularly, particularly if a person has been at risk of acquiring HIV. Identifying HIV infection as early as possible is vital to improve the health outcomes for people who test positive, to reduce the risk of the onward transmission of HIV, and to provide prevention options and support to people who test negative but remain at risk of acquiring HIV.
- ▶ **Transfer of care:** moving one's HIV medical care to a new jurisdiction or country.
- ▶ **Treatment as Prevention (TasP):** A term that describes the prompt provision of antiretroviral treatment in people with HIV to lower a person's viral load to undetectable levels to reduce the risk of HIV being transmitted to others.
- ▶ **U=U:** stands for Undetectable = Untransmittable and means that when a person living with HIV is on regular treatment which lowers the amount of virus in his or her body to undetectable levels, there is zero risk of passing on HIV to others. The low level of virus is described as an undetectable viral load.
- ▶ **Undetectable viral load:** when the amount of the virus (HIV) is too low to be detected by the viral load test. An undetectable viral load is the primary goal of antiretroviral therapy.
- ▶ **Untransmittable:** zero risk of passing on HIV to another person.
- ▶ **Viral load:** measurement of the amount of virus (HIV) in a sample of blood. Viral load is reported as the number of HIV RNA copies per millilitre of blood plasma (e.g. 50 copies/ml). Viral load is an important indicator of HIV progression and how well treatment is working.
- ▶ **Viral suppression:** halting of the function or replication of a virus. With HIV, optimal viral suppression is when antiretroviral therapy reduces a person's viral load to an undetectable level.



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Acknowledgements

HIV Ireland wishes to acknowledge the following people for their input, advice and feedback during the development of these guidelines: Órla Ryan, Journalist, thejournal.ie; Kate O'Donnell, Health Protection Surveillance Centre, HSE; Michael McFarland Campbell; and Jeanne McDonagh, HIV Ireland Board Member.

These Guidelines were compiled by Susan Donlon, Prevention Education and Training Manager, HIV Ireland. The information provided in this resource is not a replacement for medical advice.



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