

HIV & sex

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HIV & sex

This booklet is an introduction to sexual health for people with HIV. Part 1 looks at sexual health from a broad perspective and explains why having HIV needn't stop you having and enjoying sex. The booklet describes the ways that having HIV can affect how you feel about sex, and suggests ways to tackle problems or anxieties you may experience.

Part 2 explains why good physical sexual health is important for people living with HIV, and outlines the steps you can take to protect your own health and that of other people. There's also information on the impact of HIV treatment on your risk of passing on HIV. Part 3 provides information on specific sexually transmitted infections.

This booklet is not intended to replace discussion with your doctor or your healthcare team – but it might help you decide what questions you would like answered. You might also want to discuss some of the issues covered here with partners, friends and support agencies.

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Part I: HIV, sex and you

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Paying attention to sexual health when you have HIV doesn't just mean taking steps to prevent passing on the virus to someone else. It doesn't only mean avoiding any new sexually transmitted infections, either. Good sexual health is about more than just your physical health.

People with HIV want the same things as any other person – love, affection and the pleasure and satisfaction you can get (and give) by having sex.

Your sexuality is part of you; part of what makes you human. Having sex and relationships in your life is likely to be as important for you as it ever was. Living well and staying healthy with HIV means looking after yourself – and that

means your emotional self, too. Cutting yourself off from giving and receiving pleasure or from human contact and interaction isn't good for you. You may become isolated or depressed, and that could affect your health in a negative way.

It's fine to choose to be single or celibate – but it should be a choice you've made for positive reasons. And it doesn't need to be a permanent choice – you might decide not to have sex for a period while you come to terms with your HIV diagnosis, for example.

Some people feel they shouldn't have sex because they're anxious about passing on HIV, or because they think they're no longer desirable. But you don't have to stop having sex just because you have HIV.

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It is important to remember that HIV is only an infection – a virus, like the common cold, or flu. It is not a moral judgement, nor should it be seen as a punishment.

Sex can feel good, bring you closer to other people and satisfy a powerful desire. That is reason enough to continue to enjoy it as often as you wish. But there are other, well-documented health benefits too: sex helps you to relax and to sleep better; sex can be very good exercise; and sex can relieve pain, improve circulation and lower cholesterol levels.

For all of the above reasons, it's important to ask any questions or raise any anxieties that you may have as soon as you can. You can

raise sexual matters with your HIV doctor or the team at your treatment centre. You might worry that they will be shocked, or disappointed if you have had unprotected sex, for example. But they are there to help with these questions, provide information and, if they don't have the expertise to help, refer you to someone who does. You can also seek advice and help from care and support agencies about sexual matters, and you may find it helpful to talk to partners, friends and other people who have experienced the same issues.

HIV, sex and the law

If you know you are HIV-positive, *and* you have unprotected sex without telling your sexual partner about your HIV status, *and* your partner becomes infected as a result, it is possible you could have legal action taken against you.

This issue may affect how you approach your sex life after an HIV diagnosis.

Several people in the UK have been charged with committing grievous bodily harm (GBH) because they infected their sexual partners with HIV through unprotected sex, without having first told them they were HIV-positive. Some of them have been convicted and sent to prison. There have been many more arrests

and investigations, some of which have lasted months. They have had a serious impact on the lives of both the accused and the people making the complaint.

It is important to remember that condoms, when used properly, provide excellent protection against HIV and most other sexually transmitted infections. Lawyers think that if you use condoms every time you have sex, and for the entire duration of sex, you would have a good defence if transmission did occur. But this has not yet been tested in court.

The law is also not clear on your liability if you use a condom and it breaks. Advice is that you should tell your partner that you have HIV and

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advise them to seek treatment called post-exposure prophylaxis (PEP; see p.32).

Ultimately, it is your decision when and whether to tell your sexual partners that you have HIV. You may want to consider whether the kind of sex you are having involves a substantial risk of HIV transmission – unprotected anal and vaginal sex have the highest risk, but there is good evidence that there is also a (much smaller) risk from oral sex (see p.23). Properly used condoms can provide effective protection (see p.25).

If you do decide to tell your sexual partners, think through how and when you will do this. In many cases, it may be fine. However, some people will not want to have sex with

someone with HIV and in rare cases you could get an extreme reaction. It could be helpful to think in advance about what you will do if you are rejected, or if you are verbally or physically threatened or attacked. Staff at your HIV clinic or HIV support organisations can help you with developing techniques for disclosure. Talking to other HIV-positive people about ways they have told partners and dealt with responses may also help.

Often, sex happens in the heat of the moment. You may not feel that there is an opportunity to mention that you have HIV, or your partner might not want to discuss it. You may also find that your partner initiates unprotected sex. Think in advance about how you would respond to these situations. Don't assume,

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just because your partner doesn't want to talk about HIV or is willing or even eager to have unprotected sex, that he or she is HIV-positive.

Often HIV-negative people (or those who don't know their status) expect people with HIV to tell them before they have unprotected sex. They will then assume that, because there has been no mention of HIV and there has been unprotected sex, their partner is also HIV-negative.

Just as HIV-positive people have a responsibility to look after their own health and not to pass on HIV, HIV-negative people and people who don't know their HIV status have a responsibility to look after their own health and to protect themselves from HIV.

But the law as it now stands means that the balance of responsibility has shifted to people with HIV.

If you are being investigated, or you think that someone may make a complaint against you, it's important you get good advice and support from an HIV support organisation and that you find an experienced lawyer straight away, prior to making any statement. The Terrence Higgins Trust helpline, THT Direct, can help you find both these; you can speak to them in confidence on 0845 12 21 200. You may also want to speak to THT Direct or another support organisation if you are thinking of making a complaint.

For more information, NAM's resource *HIV & the criminal law* is available on our website at www.aidsmap.com/law.

How might you feel about sex after an HIV diagnosis?

Although it's not certain to happen, many people find that their feelings about sex change after they find out they have HIV. It could be that your interest in sex dips or disappears altogether for some or all of the time – or, conversely, that your interest in sex becomes stronger, more intense. Either of these changes could be due simply to natural fluctuations in your desire for sex, or your opportunities for having sex, of course. But such changes in your desire for sex might cause you problems, particularly if they make you unhappy or interfere with other aspects of your life.

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Finding out that you have HIV can make you feel differently about yourself. The diagnosis may come as a shock to you, and it could make you go off sex – at least temporarily. Some people with HIV say they feel less physically and sexually desirable than they did before, and that they have less confidence with their sexual partners.

Having HIV can make you look at yourself and sex in a negative light. It can make you feel bad about the kind of sex you had or are having, or angry with yourself, or the person or people who could have infected you.

An HIV diagnosis might feed wider negative feelings you have about who you are. HIV has, for example, been used as a reason to

stigmatise further some of the people most affected in this country – gay men, Africans and drug users.

You may feel anxious about infecting your sexual partners with HIV, and this can cause your desire to have sex or your sexual performance to drop.

The thought of telling your past, present or potential sexual partners that you have HIV can also cause anxiety. You need to decide for yourself whether you will tell none, some or all of your sexual partners.

Although many HIV-positive people have long-term partners or casual partners who are HIV negative, sometimes people are rejected

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because they have HIV. This can be very hurtful (or can even, in some circumstances, put your personal safety at risk). You might also be concerned about whether someone you tell will keep your status secret from other people. It is important that you develop strategies to help you cope if it happens to you.

You could discuss these issues with a member of your healthcare team, such as a health adviser or counsellor, with a sympathetic GP or with a support agency. They could help you think about how and when you might tell people that you have HIV, and how you would respond if any of them react badly. Good friends may also be able to help you think this through.

Some HIV-positive people choose only to have sex with people who also have HIV. Sometimes this is because they don't want to take any risk of infecting someone else. Another reason might be that they want to have sex without using condoms. This can be pleasurable and intimate, but there are still some health risks for you both, such as the risk of getting another sexually transmitted infection or hepatitis, for instance. These can have a negative effect on your health, and possibly on your HIV treatment. And there is also the risk, thought to be much smaller, of reinfection with another (and possibly drug-resistant) strain of HIV. These issues are discussed in greater detail in the following pages.

Dealing with sexual problems

The way you feel about sex, and your ability to have sex, are affected by a number of factors. These include psychological issues, such as how you feel about yourself and your sexuality, what you think others might think of you, your desire for children, or general anxiety and depression.

Physical factors can also affect sexual performance, including things such as:

- hormone levels
- disorders affecting the flow of blood to the genitals
- the natural ageing process

- side-effects from drugs taken for medical problems
- drug interactions
- pregnancy
- alcohol and recreational drugs
- physical disability.

If you're experiencing sexual problems, there may not be a single cause. Rather, a combination of the factors listed above, both physical and psychological, may be involved.

Although sexual problems (often called sexual dysfunction) can be a problem for anyone at different times in their lives, people living with HIV may be particularly affected. The loss of sexual drive or desire (libido) can have a significant impact on your quality of

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life, feelings of self-worth and relationships with your partners. They may contribute to emotional problems such as anxiety and depression.

Sexual problems commonly arise during stressful life experiences – experiences such as receiving a positive HIV test result. This is likely to be a time of shock, worry, fear and disbelief, so it's not surprising that sexual desire and performance can be affected. Concerns about possibly infecting sexual partners can also affect a person's desire for sex and intimacy.

Three types of sexual problems are commonly reported. There are:

- Problems with desire: this usually involves a loss of interest in sex, but sometimes a person's sexual desires can increase to such an extent that they become problematic for them.
- Problems with arousal: difficulties obtaining or sustaining an erection for men; becoming relaxed and lubricated for women.
- Orgasm problems: not experiencing an orgasm at all or taking a long time to have one, or for men, premature ejaculation.

What causes sexual problems?

The way you feel about sex and about yourself can contribute to the development of sexual problems. The stigma attached to HIV

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infection, or other issues such as homophobia or disapproval of sex outside marriage for some people, often mean that people with HIV feel that their sexual behaviour is in some way abnormal or wrong.

The way you interact with your partner (or partners), and wider issues in your relationship(s), can also affect your sexual performance.

Physical issues may also be important. For example, sexual dysfunction among men can often be a result of decreased testosterone levels (hypogonadism), which can also lead to fatigue and loss of motivation and sexual desire. Lower-than-normal testosterone levels have been found in people with HIV infection – caused

by either the direct effects of HIV or of chronic ill health. Many men receive testosterone treatment to alleviate these problems. Men who use testosterone replacement therapy usually gain muscle mass and experience both an emotional 'lift' and an increase in their libido. It is a good idea to discuss this therapy with a member of your healthcare team before starting it. Hormone replacement therapy can increase women's libido after hormone levels have been affected by the menopause.

HIV, and some HIV treatments, can in some cases damage the nerves (a condition called neuropathy) and this can lead to erectile problems. Some anti-HIV drugs, such as the now rarely used ddl (didanosine, *Videx/Videx EC*), may cause numbness in the genital

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area, and this can make it difficult to obtain or sustain an erection. Protease inhibitors have also been reported to cause impotence on occasion. Sexual problems can also be a side-effect of other medicines. Many of the drugs commonly used to treat depression, e.g. fluoxetine (*Prozac*), can cause erectile problems or difficulty having an orgasm.

General ill health can also lead to the development of sexual problems, either causing a loss of interest in sex, or an inability to perform sexually.

Excessive intake of alcohol or recreational drugs can also affect both the desire and the ability to have sex. Smoking may also lead to erectile dysfunction.

Megestrol acetate (*Megace*), an appetite stimulant, has been shown to cause loss of libido.

If you find that your sexual problems are present all the time and in all situations (for example, both with any sexual partners and when trying to masturbate alone) then it's likely that physical factors, the effects of recreational drugs or alcohol, or treatment side-effects are responsible. If, on the other hand, you find that your problems only emerge in certain circumstances, for example with a particular partner, or when you're having sex in certain circumstances, then psychological factors are likely to be the cause.

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...and how to deal with them?

The first step is to recognise and accept that you have a problem. You don't need to be ashamed or embarrassed if you're not happy with the way you feel about sex, your sexual behaviour or about your sexual performance.

The next step may be to talk to your partner or a close and trusted friend about what you are feeling or experiencing. Your HIV doctor may be able to help or, if not, can refer you to a specialist, nurse, health adviser or counsellor who can.

It is also possible that your doctor might be able to refer you to a specialist HIV counsellor, so you can talk through with them your concerns and problems. In other cases, a

referral to psychosexual therapy (offered at your HIV clinic) or to a specialist mental health service might be appropriate. You may be offered a 'talking therapy', such as a course of cognitive behavioural therapy (CBT), to help you recognise and overcome your sexual problems.

If you have a GP, they may also be able to help you with these issues, offer counselling at the surgery or refer you to a local service offering talking therapies. You can find out more about the options available in NAM's information booklet, *HIV, mental health and emotional wellbeing*. HIV support agencies are another good place to seek information and help (see back page for contacts or visit www.aidsmap.com/e-atlas).

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If you're having problems with arousal or ejaculation, then it's important to identify exactly what kind of problems you are experiencing and what their cause or causes are. This may require an examination and some tests (such as simple blood tests to check hormone levels, or to look for other conditions that may be causing problems).

For men with erectile problems, a number of medicines may be able to help. If tests show that you have low levels of testosterone, then you might find that testosterone replacement therapy helps. Your HIV healthcare team should be able to provide you with advice on this.

If you have general erectile problems, both with your sexual partner or partners and by

yourself, then the drugs sildenafil (*Viagra*), tadalafil (*Cialis*) and vardenafil (*Levitra*) are likely to provide an effective treatment. They work by increasing blood flow to the penis.

However, these drugs should be taken with caution by people taking protease inhibitors, non-nucleoside reverse transcriptase inhibitors (NNRTIs), the anti-fungal drug ketoconazole (*Nizoral*), itraconazole (*Sporanox*) or the antibiotic erythromycin, because of possible drug interactions. People taking full-dose ritonavir (*Norvir*) should not use *Levitra* at all, and *Viagra* only in limited amounts.

It's important you tell any doctor prescribing one of these drugs about any other medication you are taking.

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Poppers (alkyl nitrites, also known as amyl nitrites), a recreational drug, cause a drop in blood pressure, as do the erectile dysfunction drugs *Viagra*, *Cialis* and *Levitra*. Advice is not to take these drugs at the same time as poppers.

Delayed ejaculation or orgasm can be a side-effect of medicines, particularly antidepressants. Tell your doctor if you are experiencing such side-effects, and are concerned about them, as there may be another drug available that is less likely to cause them. Some people feel that a reduction in sexual desire is outweighed by the benefits of effective treatment for depression.

Medical solutions for women with sexual problems are more limited. There are no *Viagra*,

Cialis or *Levitra* equivalents: research has suggested these might have some benefits for women but the evidence is not yet clear.

If you are experiencing problems, for any reason, it is always a good idea to discuss these issues with someone in your healthcare team. It's possible that a physical condition (for example, the effects of HIV, diabetes or general ill health) may be contributing to any sexual problem, as can factors such as medication side-effects, damage to the genital area or heavy drug or alcohol use.

For post-menopausal women, hormone replacement therapy may be helpful in increasing your libido and reducing vaginal dryness. Using a lubricant can also help with dryness.

Often, the types of sexual problems reported by women with HIV have underlying psychological or social causes (some of these causes can cause physical problems too). Talking through issues, counselling, CBT or psychotherapy can often help and may be available through your HIV clinic or GP. Ask about what help is available.

Relationships with an HIV-negative partner

Often, HIV-positive people have partners who are HIV-negative (these are sometimes referred to as 'serodiscordant' relationships).

Relationships between people of different HIV status are sometimes thought of only in terms of sex and the risk of HIV transmission.

Sex is important to many intimate relationships - but few relationships are based on sex alone in the longer term. The sexual side of relationships may change significantly over time and its importance may vary for partners.

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But one way or another, having HIV is likely to affect the way you and your partner feel about sex, and have implications for the type of sex you have. The presence of any illness in a relationship can affect sex. This is especially the case with HIV because it can be transmitted through sexual contact.

It therefore makes very good sense for you and your partner to talk about this. You may wish to discuss how you feel about having sex together when there's a risk of HIV being passed on, and how this may affect your intimacy, desire and sexual performance.

It also makes good sense to talk about ways of preventing your partner getting HIV.

Many people find it difficult to talk about sex, even with the person who is closest to them. If this is the case, you might want to discuss your concerns with someone at your HIV clinic, GP surgery or a support organisation. This may help you clarify your thoughts and what you'd like to say.

Sometimes, couples counselling can give you a chance to talk about difficult issues with your partner with the help of a trained counsellor. Your clinic or a local HIV organisation may be able to arrange this. If you're not sure where to start, you could contact the Terrence Higgins Trust helpline, THT Direct, on 0845 12 21 200 or visit www.aidsmap.com/e-atlas for information on local services and organisations.

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A good way of preventing HIV transmission is to use condoms – used properly and consistently, they also prevent the transmission of other sexually transmitted infections, and can prevent unplanned pregnancies (see p.25).

Using condoms well is a solution for some couples, but others find it difficult to use condoms all the time or at all, or choose not to.

You might resolve some problems with using condoms by talking to your partner about it. You might also find it helpful to talk to someone at your clinic, such as a health adviser. There may be practical problems with using condoms that are easy to resolve. For example, some people find that standard male

condoms break because they are too small, or slip off because they are too big, and trying different sizes of condoms might solve these problems. Using female condoms or different types of lubricants can vary and improve the experience of using condoms. Using female condoms can also give women more control over ensuring a condom is used.

If you are concerned that there may have been a risk of HIV exposure (perhaps a condom has broken or come off), post-exposure prophylaxis (PEP) is available (see p.32).

However, difficulties with using condoms are sometimes more connected to feelings about HIV, trust and intimacy, and talking through your feelings with your partner, or

a professional such as a health adviser or counsellor might help in these situations.

If you are not using condoms, it's important that you both understand and accept the possible risks and have considered the impact on both of you if your partner were to contract HIV. There's a lot of debate at the moment about how infectious people with HIV are if they are taking HIV treatment and have an undetectable viral load. The section on infectiousness (see p.29) covers this topic in detail.

If your partner is HIV-negative your clinic may be able to provide a starter pack of post-exposure prophylaxis (PEP) for use if a condom breaks or comes off. See p.32 for more information on PEP.

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Anal sex

Unprotected (i.e. without a condom) anal sex is one of the highest-risk means of passing on HIV.

The chances of a man passing on HIV during unprotected anal sex is greatest when he is the active, or insertive, partner during sex. The risk is particularly high if you have a high viral load, if you have an untreated sexually transmitted infection (as these can cause inflammation or damage to tissue in the genital area), if you ejaculate inside your partner, or if you have sex that causes tissue damage.

Using poppers during sex significantly increases the chance of the receptive partner

becoming infected (these seem to increase blood flow to tissue in the rectum).

Similarly, if an HIV-negative person has an untreated sexually transmitted infection, their chances of contracting HIV from you during unprotected sex are increased.

If you are the receptive, or passive, partner during sex, the risk that you will pass on HIV is reduced, but there is still a risk – especially if you have a high viral load or an untreated sexually transmitted infection.

Vaginal sex

Vaginal sex without condoms is a high-risk route for passing on HIV for both the man and the woman. The risk is greater for the woman, probably because of the type of tissue inside the vagina and cervix. However, the risk of an HIV-positive woman passing on HIV to her male partner during unprotected vaginal sex is also high.

Sexually transmitted infections in either partner can increase the risk (as these can cause inflammation or tissue damage in the genital area), as can other causes of damage to tissue in either partner's genital area. The risk is also increased if the HIV-positive partner has a high viral load or if the HIV-positive

partner is the man and he ejaculates into his partner.

Unprotected vaginal sex can also result in pregnancy. If you have had unprotected sex and are concerned about the possibility of you or your partner becoming pregnant, emergency contraception is available from clinics and from pharmacies without prescription. It may also be appropriate for the HIV-negative partner to take post-exposure prophylaxis (PEP, see p.32).

Oral sex

The risk of transmitting HIV by oral sex is much less clear.

The Health Protection Agency, which monitors HIV in the UK, estimates that about 1 to 3% of all sexual transmissions of HIV are due to oral sex. And a review of all the scientific literature on the risk of HIV transmission from oral sex concluded that this was very unlikely, but not zero.

It is widely accepted that the risk of passing on HIV from oral sex is much smaller than the risk during unprotected anal or vaginal sex. Giving oral sex to a man is higher risk than receiving it.

The following are thought to increase the risk

of passing on HIV during oral sex:

- the person being given oral sex having a very high viral load or an untreated sexually transmitted infection
- if an HIV-positive man ejaculates in the mouth of the person giving oral sex
- if an HIV-positive man has cuts, sores or rashes on his penis
- bleeding gums, sores or wounds in the mouth of the person giving oral sex
- a sore throat, inflammation or untreated infection in the mouth of the person giving oral sex.

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The risk of transmission from an HIV-positive woman to someone giving her oral sex is thought to be extremely small. However, the levels of HIV in vaginal fluid vary. They are likely to be highest around the time of your period, when HIV-bearing cells shed from the cervix are most likely to be found in vaginal fluid, along with blood. Oral sex will therefore be more risky for the person giving oral sex around the time of menstruation and if they have bleeding gums, sores or wounds, or a sore throat, inflammation or untreated infection in the mouth. You can reduce the risk further by using a dental dam (a sheet of latex) or using a piece of latex cut from a condom, as protection.

Other sexual activities

There are plenty of sexual activities that are completely safe. Kissing and caressing present no risk of passing on HIV, for example. A partner masturbating you carries no risk unless there is an open cut, sore or other wound on their hand.

Some activities pose very little risk of passing on HIV themselves, but can carry the risk of doing damage to tissue in the rectum or vagina, which makes other activities riskier. For example, fisting (putting a hand into the rectum or vagina) is very low risk, but might cause tissue damage - which then increases the risk of infection during unprotected anal or vaginal sex.

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HIV can be transmitted by sharing sex toys, unless they are covered with condoms or disinfected between use with different people. They can also cause tissue damage.

Some of the activities with a low risk of passing on HIV can carry a higher risk of passing on other sexually transmitted infections (see information on STIs in part three on p.36).

Condoms

Condoms and female condoms provide excellent protection against HIV and most other sexually transmitted infections. To be effective, they need to be used correctly.

Most male condoms are made of latex, a form of rubber. Some people are allergic to latex, and polyurethane (a type of plastic) condoms are a safe alternative. Female condoms are usually made of polyurethane or nitrile rubber; a more recent version is made of latex.

Where possible, choose a condom with a quality kitemark.

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Don't use old condoms or ones that have been left in direct sunlight for any length of time.

Using a male condom correctly:

- Condoms come in a plastic or foil wrapper. When opening the wrapper be careful not to tear the condom.
- Put the condom on after the penis is hard, but before penetration begins. Once the penis is hard, unroll the condom down the shaft of the penis, right the way to the bottom.
- Condoms come with a teat or a plain end. In either case, it is important to allow enough room for the semen to be able to fill the end of the condom. Make sure there is no air in the condom, by holding the teat or end

between your thumb and forefinger as you roll the condom on. If you leave air in the end of the condom, it may break when you ejaculate into it.

- Using a lubricant with condoms makes breakage less likely and can also increase the comfort of the person being penetrated. Apply a lubricant to the outside of the condom. Reapply during sex if necessary. A water-based lubricant should be used with condoms, as oil-based ones, such as baby oil, petroleum jelly (*Vaseline*) or body lotion, can weaken condoms very quickly, making breakages more likely.
- If you lose your erection, the condom may slip. This is the biggest single cause

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of condom failure. Holding the base of the condom will help it stay in place.

- If the condom slips or breaks, withdraw immediately and use a new one.
- After ejaculating, withdraw the penis promptly, before it goes soft. Hold on to the base of the condom as you withdraw.
- Never re-use condoms. Don't use two condoms at once, as the friction between them may cause them to split.
- If you are having penetrative sex for a long time, the risk of the condom breaking increases. It is safest to change the condom every 30 minutes.

- In the UK and some other countries, HIV prevention professionals used to recommend extra-strong condoms for anal sex, but recent research has found that standard-strength condoms work as well.

The female condom is a plastic pouch that you insert before sex. It has two flexible rings: the ring at the closed end holds it in place in the vagina. The ring at the open end should remain outside the vagina during sex. Sexual health clinics and HIV clinics provide female condoms for free, although they are not as widely available as male condoms. You can also buy them from a pharmacy or from websites.

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Some women prefer the female condom because they can be in control of both contraception and protecting themselves and their partner from HIV. You can put a female condom in several hours before having sex. Some people also prefer them because of their thinness and sensitivity, which can improve sensation.

Using a female condom correctly:

- To insert it, find a comfortable position. You can stand with one foot on a chair, sit on the edge of a chair or bath, lie down, or squat.
- Squeeze together the sides of the inner ring at the closed end of the female condom and insert it into the vagina like a tampon.
- Putting a finger inside the female condom, push the inner ring into the vagina as far as it can go.
- Pull out your finger and let the outer ring stay outside the vagina during sex.
- Use your hand to guide your partner's penis into the female condom (make sure his penis doesn't slip between the condom and the side of the vagina).
- The female condom is loose-fitting and will move during sex. That's fine as long as the penis stays inside it.
- You don't have to take it out immediately after sex. When you do remove it, squeeze

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and twist the outer ring to keep semen inside the pouch. Gently pull it out of the vagina.

Don't flush used condoms down the toilet, as this can cause blockages in the sewerage system.

HIV and sexual health clinics provide free male and female condoms, and, in some cities, free condoms can also be obtained from gay venues.

Undetectable viral load and infectiousness

The goal of HIV treatment is an undetectable HIV viral load. This does not mean that you have been cured of HIV, but that the combination of drugs you are taking has so reduced HIV's ability to reproduce that it can only be detected in very low levels in your blood.

HIV treatment also lowers the amount of virus in other body fluids, including semen and vaginal fluids.

There is a lot of debate about how infectious somebody taking HIV treatment who has an undetectable viral load is to their sexual

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partners. In early 2008, some senior HIV doctors in Switzerland issued a statement saying that a person taking HIV treatment with an undetectable viral load in their blood should not be considered sexually infectious provided:

- Their viral load had been undetectable for at least six months.
- They did not have a sexually transmitted infection.
- They took their HIV treatment properly.

This was quite a controversial statement and there have been few researchers or doctors prepared to back it publicly. It's also been

pointed out that the research supporting the statement was conducted in heterosexual couples, looking at vaginal sex, and that there isn't much evidence about viral load, HIV transmission and anal sex.

There is a consensus, however, that HIV treatment can reduce the risk of HIV being passed on. But some researchers believe that a risk of transmission can still be there even if a person is taking treatment and has a low viral load.

It is highly likely that there will be a lot more discussion focusing on this controversial area. You can find reports on the latest research into viral load and infectiousness on NAM's website, aidsmap.com.

Reinfection

In addition to sexually transmitted infections, unprotected sex can carry other health risks for HIV-positive people. There have been cases reported where a person with HIV has been reinfected (or superinfected) with another subtype or strain of HIV that is resistant to certain anti-HIV drugs.

It is not known how common reinfection (or superinfection) with HIV is. Although reinfection appears to be rare, there seem to be some factors that might increase the risk of it happening. Nearly all the reported cases of reinfection occurred in the first few years after infection, and in people who were not on HIV treatment. However, there have been some

case reports of reinfection in people who had long-term HIV infection.

In some cases, reinfection has resulted in the person's HIV viral load increasing and CD4 cell count falling. In addition, their treatment options have been limited because the type of HIV they were reinfected with was resistant to some or all of the anti-HIV drugs they were taking, as well as to others they had never taken. But generally, reinfection does not seem to cause serious health problems for most people with HIV.

Using anti-HIV drugs to prevent infection - PEP and PrEP

If a person is exposed to HIV during sex, many sexual health (GUM) and HIV clinics can provide them with a short course of anti-HIV drugs to try to prevent infection, if there has been significant risk. This is called post-exposure prophylaxis, or PEP for short, and it is becoming more widely available. PEP is not thought to be 100% effective and may have side-effects.

PEP may also be considered in cases of rape and sexual assault where there is thought to have been a risk of HIV transmission.

It is important to get and take PEP as soon as possible after potential exposure to HIV – ideally within four hours, and certainly within 72 hours.

If you are taking anti-HIV drugs and have unprotected sex with a person who is HIV-negative or whose HIV status you do not know, or if there is a condom accident during sex, you may be tempted to offer them some of your anti-HIV drugs in an attempt to reduce the risk of them becoming infected with HIV.

This is not a good idea. Some anti-HIV drugs work better as PEP than others, and a full PEP course should last a month. It could be risky as some HIV drugs, particularly abacavir (*Ziagen*), nevirapine (*Viramune*) and etravirine (*Intelence*), can cause an allergic reaction or

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severe side-effects that can be fatal. There is also a chance that the person you are giving your HIV drugs to could already be infected with HIV and not know it. In this case, taking a few doses of your HIV medicine could give the HIV in their body a chance to develop resistance to those drugs. This would limit their future treatment options.

The thought that you may have exposed somebody to the risk of HIV infection may be worrying. If you do think that PEP might be appropriate, encourage them to go to their local sexual health clinic as soon as possible. If it is closed, they should go to the accident and emergency department of their local hospital and ask for PEP. Staff there should contact the on-call HIV doctor.

Studies are underway to see if taking HIV treatment before risky sex can stop an HIV-negative person becoming infected with HIV.

The use of anti-HIV drugs in this way is called pre-exposure prophylaxis (PrEP). It is not yet certain if PrEP is effective and safe and at the moment it's only being provided in clinical trials. For the same reasons as PEP, it's important that you don't give an HIV-negative partner your anti-HIV drugs.

Contraception, conception and pregnancy

Properly used male and female condoms are highly effective at preventing pregnancy, as well as the transmission of HIV and most sexually transmitted infections (see p.25).

Several anti-HIV drugs and antibiotics interfere with the way some hormonal contraceptives work, and the contraceptive may not be as effective as usual. You should ask your healthcare team about your options if you are considering a hormonal contraceptive. You can also read more about this in the NAM booklet *HIV & women*.

If you are HIV-positive and thinking of becoming pregnant, or are pregnant and diagnosed with HIV, it is very important to discuss your options with members of your healthcare team.

HIV can be transmitted from an HIV-positive woman to her baby. However, with effective HIV treatment and care, the risk of this happening is very low. The likelihood of an HIV-positive woman giving birth to an HIV-negative baby is greatly increased by:

- Taking HIV drugs during the pregnancy and achieving an undetectable viral load.
- Having a managed delivery. This means either having a planned caesarean section

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or, if you have an undetectable viral load, having a vaginal delivery under close medical supervision.

- Choosing not to breastfeed.

The booklet *HIV & women* in this information series covers these issues in more detail, and also provides information on ways of conceiving safely if one or both partners are HIV-positive.

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Remaining free of sexually transmitted infections is important for everyone's health, but it is especially important if you have HIV. This is because sexually transmitted infections can not only cause illness (in some cases, more so in people with HIV), but also increase the risk that you will pass on HIV during unprotected sex, even if blood tests show that you have an undetectable viral load. Sexually transmitted infections can raise the amount of virus in your sexual fluids to a very high level, possibly making you much more infectious. There's more about this in the section on undetectable viral load and infectiousness (see p.29).

Although sexually transmitted infections other than HIV can seem a minor issue, they can and do cause unpleasant symptoms. If left untreated, some can cause severe health problems. In the very long term, some can cause irreversible damage to your health or, in extreme cases, be fatal.

Some sexually transmitted viral infections, such as herpes simplex virus (HSV, normally just called herpes), and HIV, of course, cannot be cured, although their symptoms can be reduced or treated.

Hepatitis B is very easily passed on during sex, and hepatitis A and C can also be transmitted during sex. Hepatitis A, B and C can make you ill in the short term, and hepatitis B and C can

both cause long-term liver disease, which can make you very ill. Liver disease caused by these two viruses is now a major cause of death in people with HIV (see p.48 for more information on hepatitis or NAM's booklet *HIV & hepatitis*).

In some cases, people have been reinfected (this is sometimes called superinfected) with different or drug-resistant strains of HIV. There's more on this in the section on reinfection (see p.31).

Sexual health check-ups

If you are sexually active, it is important to have regular sexual health check-ups. These are free and confidential. Many HIV clinics have sexual health clinics (sometimes called GUM clinics) attached, and many HIV clinics now include sexual health screening as part of their routine HIV care. You can choose which sexual health clinic you go to, and it need not be the one nearest your home or the one linked to your HIV clinic.

Most people with HIV in the UK have been diagnosed through sexual health clinics, so you may already know what services they provide.

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Visits to sexual health clinics normally involve seeing a doctor or nurse who will ask you about the kind of sex you are having and whether you have any symptoms of a sexually transmitted infection (STI) before examining you. It is important to be honest about the types of sex you have had, so you can be given the appropriate tests. Sexual health clinics are very used to seeing all the communities affected by HIV in the UK.

Most people are happy with their treatment at sexual health clinics, but if you are not treated in a professional and non-judgemental manner, you have a right to raise this or make a complaint.

Examinations for sexually transmitted infections vary depending on your symptoms.

Often, swabs will be taken from the tip of your penis or from inside your vagina and from the mouth and throat and anus if you have had oral or anal sex. Blood samples are taken and checked for infections. You may also be asked to provide a urine sample. These swabs and samples are then examined under a microscope or sent to a laboratory to look for evidence of infection.

Some results can be given to you at your visit, but it may be necessary to wait for a text message, telephone the clinic or come back a week or so later for some other results.

All treatment at NHS sexual health clinics is free of charge (even if you are not entitled to free NHS care) and confidential. The

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clinic will need a record of your postcode for administration purposes. Your GP will not be informed without your consent.

If it turns out that you have a sexually transmitted infection, you may be offered the opportunity to see a health adviser. Health advisers can give you information about sexually transmitted infections and how to avoid them and can help you contact your sexual partners, if this is possible or practical, so they can also be tested and treated. Health advisers can also offer referrals to other specialist services.

Some GPs and their practice nurses now offer sexual health screens and the high street chemist, Boots, offers free chlamydia

testing and treatment for people aged 16 to 24, as does the National Chlamydia Screening Programme (see www.chlamydiaSCREENING.nhs.uk for details of local services).

Sexually transmitted infections

This section contains a brief explanation of how common sexually transmitted infections (STIs) are passed on, their symptoms and their treatment.

Sexually transmitted infections can be caused by bacteria, viruses or parasites.

Bacterial infections can be cured with antibiotics, antiviral drugs can be used to treat some viral infections and lotions can clear infestations of parasites such as scabies or pubic lice (sometimes called crabs).

Chlamydia

Bacteria called *Chlamydia trachomatis* cause chlamydia.

Transmission and avoiding infection

The bacteria can be transmitted during anal, oral and vaginal sex if no condom is used, and can affect the anus, penis, cervix, throat and eyes. They can be transmitted to a baby during birth, resulting in eye and chest infections. Also see the entry on LGV (which is caused by specific types of *Chlamydia trachomatis*), below.

Chlamydia can be avoided by using a condom during vaginal or anal sex, using a condom or dental dam during oral sex and not sharing sex toys.

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Symptoms

Symptoms of chlamydia normally occur between one and three weeks after infection. However, many people who have chlamydia are unaware that they have it. It is thought that as many as 75% of women and 50% of men with chlamydia have no symptoms.

Where symptoms do occur, in men they usually consist of a milky discharge from the penis, particularly in the morning, and a burning sensation when urinating. The testicles can swell and be very painful. Women with chlamydia may notice a milky discharge from the vagina and/or lower abdominal or back pain, or pain when having sex. There may be vaginal bleeding during sex and bleeding between periods, or pain when urinating.

If a person has been infected anally, there may be soreness around the anus and a discharge.

If chlamydia is left untreated, it can lead to pelvic inflammatory disease (PID) in women, which can cause ectopic pregnancy and infertility. Men can also become infertile as chlamydia can cause epididymitis, an inflammation of the epididymis (the tube connecting the testes with the vas deferens); in rare cases, the blood supply to the testicles can be cut off. Men and, more rarely, women may develop Reiter's syndrome, a reactive condition, leading to arthritis, urethritis and eye inflammation.

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Diagnosis

Chlamydia is diagnosed by taking a swab from the penis, cervix, anal area or vagina. The swabs can be a little uncomfortable but are usually very quick to take. Some clinics will examine a urine sample for evidence of infection with chlamydia.

It can, however, take at least a week for tests to show if chlamydia is present. It is important to contact your clinic for the result of your test, so that you can be given treatment if the infection has been detected.

Treatment

Chlamydia is treated with antibiotics. Normally this consists of a seven-day course of doxycycline, or a single dose of azithromycin.

It's important to take all your tablets to ensure that the infection is eradicated from your body. It's also important to ensure that your partner receives treatment before you have sex again. Symptoms may persist for a few days after taking azithromycin, as the antibiotic takes time to work.

You will be advised not to have sex (even with a condom) until your treatment period is finished. This is to prevent reinfection with chlamydia.

Genital and anal warts

Genital and anal warts are caused by the *human papillomavirus* (HPV). HPV is one of the most common sexually transmitted infections in the UK.

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Transmission and avoiding infection

The virus can be transmitted during unprotected anal, vaginal or oral sex, or simply by close physical contact. Condoms may reduce the risk of transmission, but this is not always the case.

Symptoms

Genital warts look just like the warts that may appear on other parts of the body – usually small lumps on the skin with a slightly rough texture. Some people who contract the wart virus do not have visible warts or do not notice them. Warts may appear anywhere in the genital area.

Some forms of HPV are associated with an increased risk of cervical or anal cancer, and

this risk might be increased further in people with HIV.

Diagnosis

Genital warts are diagnosed by visual and manual examination of the genital and anal area.

Cervical screening is a procedure designed to detect pre-cancerous cellular changes (called dysplasia) in a woman's cervix – before the cancer develops. Cervical screening is sometimes also referred to as a Pap smear or a cervical smear. It involves taking a small sample of cells from the cervix. When these cells are examined in the laboratory, it is possible to see if there are any changes in the cells that suggest a risk that cancer could develop in the future.

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HIV-positive women are recommended to have a cervical screen soon after they are first diagnosed with HIV, six months later, and then once a year. If you are not automatically offered screening at these points, it's important you ask your healthcare team to arrange them. Do not wait to be invited for screening by your GP or family planning clinic. If they are unaware of your HIV status, they will assume you only require the standard screening offered every three years.

The value of screening the anal canal for pre-cancerous cells is being studied. You may find some HIV clinics start to offer anal screening as a matter of routine practice in the future.

Treatment

Infection with the genital wart virus can be cured by your own immune system, although this can take a long time. There are various treatments to remove any visible warts, including using a chemical to remove them, freezing, laser surgery or a self-applied cream. These procedures may feel a little uncomfortable.

Vaccines against the types of *human papillomavirus* thought to cause anal and cervical cancer and genital warts have been developed. At the moment, the vaccine against the cancer-causing strain is only provided to girls in their early teens. The vaccine that protects against genital warts is only available privately.

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Studies are underway to see if the vaccines are safe and have any benefit for people with HIV. Some private doctors are providing the vaccine to people with HIV, but it is expensive and unlikely to be of benefit if you already have the strain of HPV prevented by that vaccine. If you are considering paying for the vaccine, talk to your HIV doctor about the benefits and disadvantages.

Gonorrhoea

Gonorrhoea is a bacterial, sexually transmitted infection.

Transmission and avoiding infection

Gonorrhoea can be passed on during anal, vaginal, oral, and mouth-to-anus (rimming) sex. Gonorrhoea can affect the anus, penis, cervix and throat.

Untreated gonorrhoea can make a person with HIV more infectious. Having gonorrhoea can also make it more likely that an HIV-negative person will be infected if they are exposed to HIV.

Gonorrhoea can be passed on from mother to baby during childbirth (in a vaginal delivery), and can cause infection in the baby's eyes, with a high risk of blindness if left untreated. It can also spread through the bloodstream, causing sepsis (a severe reaction to infection in the body) and, possibly, meningitis.

Gonorrhoea can be avoided by using a condom during vaginal or anal sex, using a condom or dental dam during oral sex and not sharing sex toys.

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Symptoms

In men, symptoms usually consist of a yellowish discharge from the penis and burning when passing urine. The testicles may also hurt and swell.

Symptoms in women can include a burning sensation when passing urine and a discoloured or bloody discharge from the vagina. If the infection is rectal, both men and women may notice a mucus-like, or bloody, discharge from the anus, pain in the anus, or pain when having anal sex. Gonorrhoea in the throat usually has no symptoms.

Symptoms of gonorrhoea usually appear between two and ten days after infection, but it can take up to three weeks. However,

some people may not realise they have the infection, as symptoms may not always be present, or may be very mild.

If left untreated, gonorrhoea can cause more serious health problems, including pelvic infections in women that can result in pain, infertility, and ectopic pregnancy, and testicular problems and narrowing of the urethra in men.

Untreated gonorrhoea can spread to the bloodstream, leading to fevers, and can also affect the joints, causing arthritis and swelling. It may also cause skin problems and a form of meningitis.

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Diagnosis

There are several ways to test for gonorrhoea. If you have symptoms, a swab may be taken from the tip of the penis, the anus, urethra, throat or cervix. The swabs can be a little uncomfortable. A urine sample may be taken if you have no symptoms, and sent off for analysis. In someone with symptoms, it is usually possible to tell immediately from examination of the swabs if gonorrhoea is present in the genital area, but gonorrhoea in the throat can only be diagnosed later.

However, whatever the site of infection, it can take up to seven days for testing to provide conclusive results. It is important, therefore, to contact your clinic for the result of your test.

Treatment

Gonorrhoea is treated with antibiotics. Because gonorrhoea can be resistant to some antibiotics, swabs will be sent to the laboratory to check the sensitivity to the antibiotic you are given.

It is very important not to have anal, oral or vaginal sex for seven days after treatment, as you may be reinfected with gonorrhoea, or pass the infection to your partner. Your recent sexual partners should be seen by a sexual health clinic for testing and treatment.

Hepatitis A

Hepatitis A is a virus that affects the liver.

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Transmission and avoiding infection

Hepatitis A is transmitted through contact with infected faeces (excrement, shit), normally in contaminated food, for example, shellfish.

It can be passed on during sex, particularly oral-anal contact (rimming). There have been outbreaks of hepatitis A among gay men in several cities in recent years. Once you have had hepatitis A, you cannot get it again, but some people do have relapses.

Good personal hygiene can prevent the transmission of hepatitis A – washing your hands after going to the toilet and before preparing or eating food.

Vaccination

Unlike most infections considered in this section, a vaccination against hepatitis A is available and everyone living with HIV is recommended to have it if they do not already have natural immunity to the infection.

The vaccination consists of two injections, given six months apart, and gives immunity for about ten years. These vaccinations are usually given at GP clinics rather than sexual health clinics.

Symptoms

Hepatitis A can cause a short-term mild illness, and symptoms can include a yellowing of the skin and eyes (jaundice), extreme tiredness, weight loss, vomiting, diarrhoea, dark urine and pale stools. Symptoms can be made worse

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by drinking alcohol, tea or coffee and eating fatty food. People normally get better in a couple of weeks.

Diagnosis

A blood test can show present or prior hepatitis A infection. Sexual health clinics do not routinely test for hepatitis A, but you may have been screened at your HIV clinic.

Treatment

Treatment for hepatitis A consists of rest, drinking fluids, and avoiding alcohol and recreational drugs. It's also important not to take paracetamol while you are recovering from hepatitis A. Hepatitis A can last longer and be more severe in people living with HIV or weakened immune systems. If you get

hepatitis A, it might be necessary for you to stop taking anti-HIV drugs for a time. This is because the liver does most of the work of breaking down drugs in the body, and when it is inflamed, it doesn't work so well, and this can make any side-effects your treatment causes worse.

For more information, see the booklet *HIV & hepatitis* in this information series.

Hepatitis B

Hepatitis B is a type of viral hepatitis, causing inflammation of the liver.

Transmission

Hepatitis B is passed on by contact with the blood, semen, saliva, or vaginal fluids of an

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infected person. It is easily passed on during unprotected sex and from a mother to her baby during delivery. It is many times more infectious than HIV.

Hepatitis B can be avoided by using a condom during vaginal or anal sex, using a condom or dental dam during oral sex and not sharing sex toys.

Vaccination

People with HIV, unless naturally immune, are recommended to receive hepatitis B vaccination. This consists of a course of three injections, given over several months. People with HIV can lose their immunity to hepatitis B if their immune system weakens, and should have their level of immunity checked regularly.

Symptoms

When someone first becomes infected with hepatitis B, they may develop jaundice (yellowing of the eyes and skin), lose their appetite, have pain in the abdomen, malaise, nausea, vomiting, muscle and joint aches or fever. These symptoms can be very serious or, in very rare cases, even fatal. However, most people do not notice any symptoms.

Early in the infection, most people will develop protective immunity. However, in about 10% of adults, hepatitis B continues to reproduce in the body long after infection. These people become chronically infected with hepatitis B, meaning that they will be infectious for the rest of their lives, although they may not experience any symptoms themselves.

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Some chronic hepatitis B carriers eventually develop chronic liver inflammation and have, therefore, increased risk of liver disease (cirrhosis) or cancer of the liver.

HIV-positive people who develop hepatitis B are more likely to become chronically infected with hepatitis B than people without HIV.

Levels of hepatitis B in the body fluids of HIV-positive people may be higher than those seen in HIV-negative people. This is because their immune systems are not so efficient at clearing the hepatitis B from the body – so HIV-positive carriers of hepatitis B may be more infectious than their HIV-negative counterparts.

Diagnosis

Blood tests can detect the presence of hepatitis B antibodies, which show that you have been exposed to, and have cleared, the virus. If you have been exposed and have not developed any protective antibodies, then fragments of the virus itself, called hepatitis B surface antigen (HBsAg), will persist in your blood. This means that you are a chronic carrier and are capable of infecting other people. A sub-group of carriers also test e-antigen positive and this means that their hepatitis infection is highly infectious to others.

Treatment

During the initial period of infection with hepatitis B, it's important to take lots of rest,

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drink plenty of fluids, and to avoid alcohol and recreational drugs.

If you are HIV-positive and have chronic hepatitis B infection, then you must receive care from a doctor skilled in the treatment of both HIV and hepatitis.

Several drugs are currently available for the treatment of hepatitis B. Some anti-HIV drugs are also active against hepatitis B.

If you are co-infected with hepatitis B, you should talk to your doctor about how it might affect your anti-HIV treatment options.

For more information, see the booklet *HIV and hepatitis* in this patient information series.

Hepatitis C

Hepatitis C is a type of viral hepatitis, causing inflammation of the liver.

Transmission and avoiding infection

Hepatitis C is normally transmitted by blood-to-blood contact. However, there has recently been an increase in the number of HIV-positive gay men who have tested positive for hepatitis C, with the only risk factor being unprotected sex.

Other factors that seem to be associated with sexual transmission of hepatitis C are group sex, injecting or snorting drugs, anal administration of drugs and the presence in either person of other sexually transmitted infections, especially syphilis (see p.66) or LGV infection (see p.59).

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When used correctly, condoms can reduce the risk of sexual transmission of hepatitis C. If you are fisting, wear latex gloves and do not share pots of lubricant. Do not share sex toys. This should reduce the risk of hepatitis C being passed on.

There is no vaccine for hepatitis C. Unlike hepatitis A and B, having hepatitis C once does not mean you are then immune from getting it again. It is possible to be reinfected with the hepatitis C virus.

Symptoms

The effects of infection with hepatitis C vary. Less than 5% of people who contract the virus develop acute hepatitis symptoms such as jaundice and nausea at the time of infection,

and a significant minority may experience no symptoms at any stage. For those who do, common symptoms include extreme tiredness and depression.

Diagnosis

A blood test for antibodies to hepatitis C can tell you whether you have been exposed to the virus, but as these tests can give false negative results (especially in the early stages of infection), a PCR (viral load) test may be used to confirm infection.

Liver function tests may give an indication of whether hepatitis C has damaged your liver, but to be sure of this, doctors will normally do one of two tests. The first of these is a liver biopsy, in which a small sample of liver tissue

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is removed for examination. The second, now available at many centres, involves a simple blood test or a type of scan (*FibroScan*).

In people with HIV, the diagnosis of hepatitis C can be more difficult, as the infection may not show up on their antibody tests.

Treatment

As with hepatitis B, treatment should be provided in a clinic with experience of managing HIV and hepatitis C co-infection.

The goals of treatment are to 'cure' hepatitis (to eradicate the hepatitis C virus from the body), to normalise liver enzymes (a marker of liver function), to improve liver inflammation, to prevent progression to cirrhosis or liver

cancer and to reduce transmission of the virus.

Treatment for hepatitis C is not lifelong and usually lasts 24 or 48 weeks. Antiviral drugs are approved for hepatitis C. The British HIV Association recommends that hepatitis C be treated with a combination of pegylated interferon and ribavirin.

Side-effects may be very severe, though they tend to lessen as treatment goes on, and include high fevers, joint pain, hair loss, depression and low white cell count.

It is important that sperm from a man on ribavirin treatment is prevented from starting a pregnancy and that ribavirin is not allowed to reach an unborn child. Couples who have been

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treated with ribavirin should avoid pregnancy (and unprotected sex) for at least six months after the completion of treatment.

Treatment for hepatitis C doesn't always work. The best results are seen in people who are treated soon after they are infected with the virus.

If you are co-infected with hepatitis C, then you are especially encouraged to start HIV treatment when your CD4 cell count is around 350.

For more information, see the booklet *HIV & hepatitis* in this information series.

Herpes

Herpes is caused by a common virus called herpes simplex virus (HSV).

An episode of herpes involves painful sores or ulcers that can affect the mouth, genitals or anus.

Once you are infected, the virus stays in nerve cells for life. You may not know that you are infected with HSV. Most of the time it is dormant and causes no symptoms. From time to time flare-ups can occur, especially if you have a weakened immune system. Even among people who do not have HIV, stress, a common cold or exposure to strong ultra-violet light (for example, during a holiday) can cause an episode of active herpes.

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There are two main types of HSV, both of which can cause oral and genital infection. HSV-1 usually causes oral herpes or cold sores – tingling or painful spots on the edge of the lip where it meets the skin of the face. These can occasionally develop on the nostrils, on the gums or on the roof of the mouth. It can also cause genital infection.

Painful genital or anal ulcers, sometimes accompanied by fever, headache, muscle ache and malaise can be caused by both HSV-1 and HSV-2. Herpes lesions often start as numbness, tingling or itching. This feeling indicates that the virus is travelling up a nerve to the skin. There it causes small bumps that rapidly develop into small, inflamed, fluid-filled blisters. These burst and crust

over, and typically take one or two weeks to heal in people whose immune systems are functioning well.

Transmission and avoiding infection

The virus can be passed from person to person by contact between the ulcers and mucous membranes, for example by kissing and anal, vaginal or oral sex.

You should avoid sexual contact during an active episode of herpes.

Herpes may also be transmitted when sores are not present. The virus can still be present and be shed from the skin or, more likely, from mucous membranes. This is known as 'asymptomatic shedding'. HIV-positive

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people may experience such shedding more frequently. Condoms do not always protect against HSV as a condom won't cover all the affected areas.

Having genital herpes increases the risk of passing on HIV (and for someone who doesn't have HIV, genital herpes increases the risk of becoming infected with HIV).

In people with HIV, herpes episodes can be frequent, severe and long lasting. Sometimes the lesions can become infected with other bacteria or fungi. As well as causing large oral and genital lesions, herpes can occasionally affect the throat and the eyes.

Diagnosis

HSV is diagnosed by detecting the virus from a swab taken from a lesion, or by using a fluorescent screening test. Herpes in the oesophagus (gullet) or colon may be examined using fibre-optic instruments.

Treatment and preventing recurrence of episodes

Herpes infections are treated with aciclovir (*Zovirax*). Other treatments for herpes include valaciclovir, known by the brand name *Valtrex*, and famciclovir (*Famvir*).

Aciclovir taken in tablet form (200 to 800mg five times a day for five to ten days) can reduce the severity of episodes of oral herpes and genital or anal lesions. It can be given as

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an intravenous drip for very severe cases. Aciclovir has very few side-effects.

Aciclovir may also be taken on a daily basis to reduce the frequency and severity of subsequent episodes of herpes (400mg twice daily).

Aciclovir cannot eliminate HSV, so herpes episodes may recur. Aciclovir cream is available from chemists to treat cold sores; however, many doctors question how effective it really is. Some people find that salt baths, ice packs (wrapped in a towel), lidocaine gel, painkillers and rest help relieve symptoms.

LGV

LGV (lymphogranuloma venereum) is a form of chlamydia.

LGV was once termed a 'tropical infection', occurring mainly in Africa, Asia, South America and parts of the Caribbean. With the introduction of antibiotics in the 1940s, LGV became very rare in the UK and Europe.

However, outbreaks of LGV have been reported in gay men in the Netherlands, France, Germany, the US and Sweden. In the UK, measures have been introduced to detect and monitor infections.

Transmission and avoiding infection

The outbreak of LGV in Europe has mostly

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involved gay men, many of whom have also been HIV-positive, and often had another sexually transmitted infection such as gonorrhoea, syphilis, herpes, hepatitis B or C. It is thought to be linked to certain sexual behaviours – those more likely to cause tissue damage, such as fisting.

However, LGV can affect both men and women, regardless of their HIV status. LGV can affect the penis, vagina and anus, and can be passed on during anal, oral and vaginal sex.

Condoms are very effective at preventing the transmission of sexually transmitted infections, including chlamydia, of which LGV is a form.

If you are fisting, wear latex gloves and do not share pots of lubricant with other people. This should reduce the risk of LGV and other sexually transmitted infections being passed on.

Symptoms

LGV can cause very unpleasant symptoms. In the recent outbreak, the most common symptom was pain and inflammation in the anus and rectum (proctitis). In some cases, this was accompanied by swollen glands in the groin, and often by a discharge of mucus or blood from the rectum, as well as a change in bowel habit.

If left untreated, LGV can cause general swelling of the lymph glands and genitals, and ulcers. It can also affect the bowels.

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Diagnosis

If you go for a general sexual health check-up, you will be screened for a number of sexually transmitted infections. If you are found to have chlamydia in the rectum, the clinic should send the sample for tests to see if it is LGV.

If you are concerned that you might have LGV, make sure that you tell the doctors or nurses at the clinic you are attending.

Treatment

LGV can be cured using a 21-day course of the oral antibiotic doxycycline. This antibiotic is also used to treat other sexually transmitted infections (and some other infections), but in shorter courses.

You should avoid sexual activity during treatment, and any recent sexual partners should also be treated.

Non-specific urethritis (NSU)

Transmission

Non-specific urethritis (NSU) is an inflammation of the urethra, the tube that through which urine (and in men, semen) passes. This inflammation can be caused by a sexually transmitted infection, such as chlamydia. However, very rarely it can have a different cause, such as friction during sex or irritation caused by soap.

Symptoms

Symptoms of NSU normally develop within a week or so of infection. Where NSU is caused

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by some irritants, such as soap, symptoms can occur almost immediately. However, many people with NSU show no symptoms at all.

When symptoms do occur, they normally consist of pain or a burning sensation when passing urine, more frequent urination and a white or cloudy discharge that may be particularly noticeable first thing in the morning.

Diagnosis

In men, NSU is diagnosed by taking a swab from the penis. This can be very briefly uncomfortable. In many cases it will be possible to tell instantly if NSU is present, but it can take up to a week for tests to show if chlamydia is present.

NSU is more difficult to diagnose in women. Usually, swabs will be taken from the genitals (e.g. the vulva, vagina or cervix) to see if an STI is present.

Treatment

NSU is treated with antibiotics, usually either a seven-day course of doxycycline or a single dose of azithromycin. It is important to take all your tablets to ensure that the infection has been eradicated from your body. Symptoms may persist for a few days after taking azithromycin, as the antibiotic takes time to work.

You will be advised not to have sex (even with a condom) until your treatment period has finished. Any partners, wherever possible,

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should also receive treatment, even if they have no symptoms.

Pubic lice

Pubic lice, also called 'crabs', are small parasites that resemble crabs because of their claws, which allow them to hold on to hair. Although crabs are particularly fond of pubic hair (body hair near the genitals and anus), they can live in hair in other parts of the body, particularly the armpits, and even in the eyebrows and eyelashes, although this is uncommon.

Transmission

Crabs are normally picked up and passed on during sex, though any form of intimate bodily contact can be enough to pass them on. They

can also be picked up from sharing towels, bedding or clothing, but this is less common.

Symptoms and diagnosis

Some people notice the infestation within hours, but others do not become aware that they have crabs for several weeks. Crabs are very small and can be very difficult to see, but symptoms usually include an intense itching in the groin, and some people notice the lice eggs firmly attached to pubic hair. Small spots of blood may appear on underwear or sheets.

Treatment

Lotions for eradication of crabs – such as malathion (*Derbac-M*) – are available from chemists, without prescription, or free of charge from sexual health and GUM clinics.

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It is important to follow the instructions properly, as improper use could mean that you fail to clear the infestation, and using too much could provoke an allergic reaction. Do not use *Derbac-M* or similar lotions after a hot bath.

Once you start treatment, it is important to wash all the clothes, towels and bedding you have used since you were infected with crabs – on a hot cycle. You should also ensure that your partner, or anyone else with whom you have had intimate bodily contact or shared a bed, and anyone else in the household, has been treated at the same time as you, to avoid reinfection.

Scabies

Scabies is a skin infection caused by a mite that burrows under the skin, causing intense itching, usually most noticeable at night.

Transmission

It is easy to pick up the scabies mite, through prolonged skin contact with an infected person, or by sharing towels or bedding.

Symptoms

The mites themselves are invisible to the naked eye, but their burrowing often leaves red 'track marks' in the skin. These are often seen in the webs of the fingers, on the backs of the hands, around the tummy, on wrists, elbows, armpits, the genitals, breasts, buttocks and feet.

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People whose immune systems aren't fully functioning (and having HIV is only one possible cause of this) may develop a widespread rash with thick scaling and intense itching. This is called crusted, or Norwegian, scabies.

Treatment

The same lotions used to treat pubic lice infections are also effective against scabies mites, although it may be necessary to leave the lotion on the body for longer (usually 24 hours). It should be applied to the whole body, except the face and scalp, and needs to be reapplied to the hands after washing.

After treatment, the itch can get worse temporarily. In this case, hydrocortisone

cream can be applied, and the itch should not be scratched. Do not use scabies treatment after a hot bath.

Clothing, towels and bedding should be washed on a hot cycle to avoid infecting others or yourself. As with pubic lice, it is important that anyone who has been in intimate contact with you treats him/herself at the same time as you, to avoid reinfection.

Neither scabies mites nor pubic lice can pass on HIV. People with long-standing pubic lice and scabies infections can feel generally unwell (which is the origin of the term 'lousy') and, if left untreated, scabies can cause severe skin irritation.

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Syphilis

Syphilis is a bacterial infection. The number of cases in the UK and many other countries has increased dramatically in recent years. There are two main stages of the disease: early and late infection. In the early stage, the infection is highly contagious.

Transmission and avoiding infection

Syphilis can be contracted easily during unprotected anal, oral or vaginal sex. It can also be transmitted by close physical contact. Syphilis can also be transmitted from mother to baby.

The risk of getting syphilis can be reduced by using a condom during vaginal or anal sex, using a condom or dental dam during oral sex and not sharing sex toys.

Untreated early syphilis can make a person with HIV more infectious. An HIV-negative person who has syphilis is much more likely to be infected with HIV if they are exposed to it.

Symptoms

Syphilis can cause a range of symptoms or none at all. In the early stage of the disease, symptoms may be easily missed. Syphilis can progress more quickly and severely in people with HIV, and may present slightly different symptoms.

Shortly after becoming infected with syphilis (primary syphilis) a small sore, spot or ulcer (called a chancre) may appear at the site of infection, usually on the penis, or in or around the anus, vagina or mouth. Often the chancre

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does not hurt, heals quickly, and can be accompanied by swollen glands.

Secondary syphilis can cause a rash on the body, palms and soles, swollen glands, fever, muscle pain, headache, ringing in the ears, and, in rare cases, meningitis. The rash and sores are highly infectious. Secondary syphilis normally develops within six months of exposure.

When these symptoms disappear, the condition becomes latent syphilis. Latent syphilis can still be passed on during the first year of this stage, usually through sexual or close physical contact. However, after a couple of years, it is difficult to pass the infection to others, even though you remain infected.

If left untreated, tertiary syphilis can develop, sometimes years later. This stage can cause damage to the heart, the brain, the bones and the skin. Without treatment, syphilis can cause death.

Diagnosis

A general sexual health check-up will include a blood test for syphilis, and any sores will be swabbed. Many HIV clinics now test for syphilis as part of their routine HIV care. It can take up to three months for the body to develop evidence of syphilis infection, so a test taken shortly after exposure may not detect infection.

There is some evidence to suggest that tests for syphilis are not as reliable in HIV-positive people.

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If brain involvement is suspected, a lumbar puncture (often called a 'spinal tap') may be carried out to assess the extent of disease.

Treatment

Syphilis is usually treated with penicillin injections. People who are allergic to penicillin are given a course of doxycycline tablets. To ensure that the syphilis is completely cured, it is vital to have all your prescribed injections or take all your tablets and to attend for follow-up blood tests. To avoid infecting other people with syphilis, or being reinfected with the bacteria, it is important to avoid sex altogether until treatment has been completed and you have been given the all clear.

Any recent sexual partners should also be tested and treated.

Follow-up blood tests will be carried out at intervals to ensure the infection has gone. This is particularly important in people with HIV as the syphilis infection is more likely to recur.

Trichomonas

Trichomonas vaginalis is a common sexually transmitted infection caused by a tiny parasite.

Transmission and avoiding infection

Trichomonas is spread by unprotected sex. You can avoid infection by using a condom during vaginal or anal sex, using a condom or dental dam during oral sex and not sharing

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sex toys. Women should also use a dental dam when rubbing their genital area (vulva) against their female partner's vulva.

Symptoms

In women, symptoms can include a heavy vaginal discharge, vaginal itching, lower back pain, pain during sex and a frequent need to urinate. Often men have no symptoms, but when they do, a discharge from the penis, a burning pain when urinating and an increased need to urinate are most common.

Diagnosis

Swabs taken from the vagina or penis are examined for the presence of trichomonas under a microscope, and it is often possible to tell immediately if infection is present. Swabs

can also be cultured, with results available in a week.

Treatment

Trichomonas is treated with antibiotics. It is important to take all prescribed tablets to ensure that the infection has been eradicated from your body. You will be asked to return a week later for a test to see that you have been cured. You will be advised not to have sex (even with a condom) until your treatment period has finished and any recent partners have received treatment. This is to prevent reinfection.

Other infections

Other infections can also be transmitted during sex. Any sex that involves contact with faeces, even in microscopic amounts, such

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as rimming, anal sex or fisting, can lead to infection with gut infections such as giardia and cryptosporidiosis. These can cause bad diarrhoea and vomiting which needs to be treated with antibiotics.

Summary

- Sexual health is about more than freedom from sexually transmitted infections. Good sexual health also involves being happy about your sexuality, your choices and opportunities, and the sex you have.
- Continuing to enjoy sex and relationships after an HIV diagnosis is good for your mental and physical health.
- Having HIV is likely at some time to affect the way you feel about sex. You might like to seek support from partners, friends, or professionals to deal with concerns and problems.
- Sexual problems can have both psychological and physical causes. There is help and support available for both.
- Knowingly passing on HIV to a sexual partner without disclosing your status first is a criminal offence. Advice and support are available to help you with disclosure. It's important to get expert advice immediately if you have a complaint made against you.
- HIV-positive people can pass on HIV during anal or vaginal sex, but properly used condoms can prevent HIV – and other sexually transmitted infections – being passed on.

Summary

- There is a risk that HIV can be transmitted by oral sex, but the risk is low.
- Taking HIV treatment lowers viral load and there is a lot of debate about how infectious people taking HIV treatment correctly are.
- There have been rare cases of people with HIV being reinfected with other strains of HIV.
- It is useful to take advantage of free and confidential services such as regular sexual health check-ups, treatments and vaccinations in order to stay healthy, and to reduce the effects of HIV and the likelihood you might pass it on.
- There are many sexually transmitted infections and most can increase your chances of passing on HIV during sex, as well as potentially causing health problems.

Glossary

adherence The act of taking a treatment exactly as prescribed.

antibody Protein substance produced by the immune system in response to a foreign organism.

antiretroviral A substance that acts against retroviruses such as HIV.

antiviral A substance that acts against viruses.

bacteria Single-celled microorganisms; some bacteria can cause infection and illness.

biopsy A small sample of tissue that can be examined for signs of disease.

CD4 A molecule on the surface of some cells onto which HIV can bind. A CD4 cell count roughly reflects the state of someone's immune system.

celibate To go without sex, either willingly or not.

co-infection Having more than one infection at the same time. This can make one or both conditions worse and treatment more complicated.

disclosure In this booklet, telling someone else that you have HIV.

Glossary

hepatitis Inflammation of the liver.

immune system The body's mechanisms for fighting infections and eradicating dysfunctional cells.

libido Sexual desire.

lubricant A substance used to reduce friction between two objects or bodies; in this case, during sex.

NNRTI Non-nucleoside reverse transcriptase inhibitor, the family of antiretroviral drugs that includes efavirenz, nevirapine and etravirine.

NRTI Nucleoside reverse transcriptase inhibitor, the family of antiretroviral drugs that includes AZT, 3TC, FTC and abacavir.

parasite An organism that needs to live in or on another organism to survive.

protease inhibitor Family of antiretroviral drugs that target the protease enzyme. Includes atazanavir, darunavir, lopinavir, ritonavir.

resistance A drug-resistant HIV strain is one that is less susceptible to the effects of one or more anti-HIV drugs.

Glossary

undetectable viral load A level of viral load that is too low to be picked up by the particular viral load test being used.

viral load Measurement of the amount of virus in a sample of blood or other body fluid. HIV viral load indicates the extent to which HIV is reproducing in the body.

virus A microscopic germ that reproduces within the living cells of the organism it infects.

This booklet is part of NAM's information series for HIV-positive people. The whole series is freely available on our website, **www.aidsmap.com**, as well as our other resources, news, FAQs, and information on HIV services.

The screenshot shows the NAM Aidsmap website homepage in a browser window. The browser address bar shows <http://www.aidsmap.com>. The website header features the NAM Aidsmap logo and the tagline "HIV & AIDS - sharing knowledge, changing lives". A search bar is located in the top right corner. Below the header is a navigation menu with links for Home, News, HIV Basics, Topics, Resources, Translations, E-atlas (beta), About us, and a Donate button with a ribbon icon. A secondary navigation bar includes "Low graphics", "Text only", and a refresh icon. The main content area starts with a mission statement: "NAM works to change lives by sharing information about HIV and AIDS. We believe independent, clear and accurate information is vital in the fight against HIV and AIDS. More about us >". To the right of this statement are links to "Subscribe to our email newsletters" (with an envelope icon) and "Connect with NAM" (with Twitter and Facebook icons). Below this is a carousel of four featured articles: 1. "Aid AIDS Day 2010" with a ribbon icon and text "Wednesday 1st December is World AIDS Day, what will you do?"; 2. "Bridging the divide" featuring a photo of a woman speaking, with text "Report from a recent debate on how HIV programmes can contribute to health system strengthening"; 3. "Results from the IPIEx study" with a graphic showing a 44% reduction in HIV infection, and text "Anti-HIV drugs prevent HIV infection, trial shows - if you take them."; 4. "Global report from UNAIDS" with a graphic that says "GLOBAL REPORT" and text "UNAIDS reports real evidence progress in global response to HIV". Below the carousel is a "Customise your aidsmap homepage" button. At the bottom, there are three columns of news: "aidsmap HIV & AIDS news" (with a snippet about HIV in the UK), "HIV & AIDS news from other sources" (with a snippet about changing gay men's attitudes), and "E-atlas (beta)" (with a world map icon).

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Has this booklet helped you make decisions about your health and treatment?

Yes, very much

Yes

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No

Has this booklet made you feel more informed about key issues?

Yes, very much

Yes

A little bit

No

Has this booklet made you feel more confident when talking to your healthcare team/doctor/GP?

Yes, very much

Yes

A little bit

No

Please turn over 



In your own words tell us how this booklet has helped you



Are there other topics that booklets like this should cover?
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This questionnaire is anonymous and confidential.

NAM is a charity, returning this form is a simple and easy way for you to support our work so in turn we can continue to support you and others with free, useful, independent information. Thank you for taking the time to help us.

Please tear off this page and post it for free to: **NAM, FREEPOST, LON17995 London, SW9 6BR**



HIV helplines

THT Direct

From the Terrence Higgins Trust

Telephone 0845 1221 200

Opening hours Monday-Friday, 10am-10pm

Saturday & Sunday, 12pm-6pm

African AIDS Helpline

Telephone 0800 0967 500

Opening hours Monday-Friday, 10am-6pm

HIV i-Base Treatment Phonenumber

Telephone 0808 800 6013

Opening hours Monday-Wednesday, 12pm-4pm

NAM information series for HIV-positive people

The booklet series includes:

- Adherence & resistance
- Anti-HIV drugs
- CD4, viral load & other tests
- Clinical trials
- HIV & children
- HIV & hepatitis
- HIV, mental health & emotional wellbeing
- HIV & stigma
- HIV & TB
- HIV & women
- HIV therapy
- Nutrition
- Side-effects

More from NAM

aidsmap.com

NAM's website aidsmap.com hosts a huge range of useful resources on key HIV topics. With booklets, factsheets, frequently asked questions about HIV, news and developments, you can keep up to date and find information to support the decisions you make about your treatment and health. It is a reliable source of independent information that you can trust.

HIV Health Support Service

NAM supports THT in providing one-to-one and group skills sessions on health and treatments to people living with HIV. Call THT Direct for details.

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Call NAM on
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About NAM

NAM is a charity that works to change lives by sharing information about HIV & AIDS. We believe that independent, clear, accurate information is vital to those living with HIV.

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