**Yorkshire MESMAC HIV podcast transcripts**

*What is HIV?*

Hello and welcome to Yorkshire MESMAC’s short talks on HIV. In this one, we are talking about “what is HIV?” and hopefully this will answer a few questions for you. HIV stands for Human Immunodeficiency Virus. This means that only a human being can transmit HIV to another human being and the virus can only survive within the human body. HIV is transmitted through the exchange of bodily fluids like blood, semen, vaginal fluid and breast milk. There are similar illnesses to HIV in monkeys and cats, which cannot be transmitted to humans.

Everybody has an immune system, which is your body’s defence against infection by germs. Immunodeficiency means that your immune system is not working properly and lacks the ability to fight off infections. Germs can be bacteria, viruses, fungi or parasites. Germs can be something like measles or a common cold virus which you are normally able to recover from, thanks to your immune system. A virus needs a body to make more copies of itself, so it needs to get inside your bloodstream to make more of itself. Once HIV gets inside your body, it attacks your immune system and makes it harder for you to fight off any other infections.

If a person has HIV in their blood, they are described as being HIV positive. A person without HIV in their blood is described as being HIV negative. This does not mean they are immune from getting HIV, it means they have an opportunity to avoid HIV through practising safer sex by using condoms. There is no way of knowing if someone has HIV unless they have been tested for HIV.

If someone with HIV doesn’t have access to anti-HIV medication, they may progress to AIDS. AIDS means Acquired Immunodeficiency Syndrome and only a doctor can say you have AIDS. AIDS is a late development stage of untreated HIV, which happens when your immune system is too weak to fight off two or more opportunistic infections. Opportunistic infections are caused by germs which are normally kept under control by the immune system and anti-HIV medication. A syndrome is a collection of opportunistic infections and cancers, which doctors use to diagnose AIDS.

If someone with HIV has access to anti-HIV medication and takes their medication regularly, then HIV can be managed and your immune system can become stronger. With anti-HIV medication, your immune system is better able to fight off other common germs. With anti-HIV medication, a patient at the AIDS stage can recover back to being HIV positive, but this takes time. Anti-HIV medication works by increasing the body’s defences, also known as CD4 count, and by reducing the virus’ ability to copy itself, thereby keeping the viral load under control.

If you would like to ask any questions about HIV, ring the do it right information and advice line, which can take calls in your language. Their number is 0800 0967 500. This is a free number, except from mobile phones.

*How is HIV transmitted?*

Hello, welcome to Yorkshire MESMAC’s short talks on HIV. In this one, we are talking about “how is HIV transmitted?” and hopefully this will answer a few questions for you. HIV is transmitted through the exchange of bodily fluids, either through sex without a condom, blood to blood transmission routes such as sharing needles or from breast milk. To transmit HIV from one person to another, one of the people involved must be HIV positive.

HIV can be present in blood, vaginal fluid, cum, pre-cum and breast milk in high enough concentrations to transmit to someone without HIV. There is not enough HIV in saliva, tears or sweat to transmit it. You would have to drink a bucket of saliva to be at risk of transmission. There is no HIV present in urine, faeces or vomit, even if there is blood present as well. HIV can only survive at body temperature ranges and within the body. The virus doesn’t like extremes of heat or cold, doesn’t like being exposed to air, chemical disinfectants or changes in chemical alkalinity or acidity. When HIV infected blood has completely dried out, it is no longer infectious. If you have any specific examples you’d like to ask questions about, please contact your medical specialist.

Sex without a condom is a major transmission route for HIV infection. For women, the vagina has cells inside the vaginal wall which easily absorb the HIV virus during unprotected sexual intercourse, increasing the risk of HIV infection. For both men and women, unprotected anal penetration is higher risk than vaginal sex. The cell wall inside the anal canal is very delicate and in a similar way to the vagina, can absorb the HIV virus into the bloodstream during unprotected penetrative sex. The risk of bleeding inside the anal canal can be increased by piles or anal fissures, Sexually Transmitted Infections, sex toys, fingering or fisting, poppers and not using enough lubrication. Even if none of these risks occur, anal intercourse can still cause bleeding and tiny cuts inside the bottom.

Correct use of condoms and water based lubrication is the only way of reducing the risk of HIV transmission. For men, the head of the penis is a very sensitive and absorbent muscle. The HIV virus from blood, vaginal fluids and anal mucus produced during sexual intercourse can be absorbed this way. The pumping action of sex can also create a slight vacuum effect up the inside of the penis, drawing inside any blood or vaginal fluid, which may contain HIV.

When people use sex toys, it is recommended not to share them if protection is not being used, as there still may be tiny traces of blood, vaginal fluid, pre-cum or cum on them. If people do use them, using a condom and water based lubrication will reduce the risk of HIV or STI transmission. The best way to clean sex toys is with warm, soapy water but water should be kept away from batteries or electrical parts.

Oral sex is very low risk for HIV transmission. Make sure you don’t have any cuts in your mouth or gums for HIV to get into your blood. So it’s best to check for sores, mouth ulcers or bleeding gums before engaging in any oral sex activities. Brushing your teeth is best done an hour before or after oral sex. This is because brushing can cause cuts in your gums, which in turn give HIV or other STIs a route of entry into the body.

If you have been at risk of HIV in the last 72 hours, you can go to the sexual health clinic or accident and emergency and ask for PEP, Post Exposure Prophylaxis. This is a post exposure treatment for HIV, which best works if taken immediately after possible exposure. PEP is anti-HIV medication, which if used in the first 72 hours of exposure, may prevent the virus progressing. PEP needs to be taken for 28 days for it to work properly. It works by preventing the HIV virus from making copies of itself inside the body early enough, arming your body to get rid of HIV. It is not always guaranteed to work but is worth getting. There may be some temporary side effects such as headache or feeling sick. The best way to prevent HIV is using condoms and plenty of water based lubrication, to prevent the condom breaking or condom failure.

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*Getting tested for HIV*

Hello, welcome to Yorkshire MESMAC’s short talks on HIV. In this one, we are talking about “getting tested for HIV” and hopefully this will answer a few questions for you. Testing for HIV is the only way to know if you have HIV or not. There are many reasons why knowing your HIV status is good for you. A lot of people say that they feel better knowing what their HIV status is as it means they are better able to plan their life with the information that they have.

If you find out that you are HIV positive, you will be able to get anti-HIV medication to help you stay healthy and live longer. In the UK less people are dying of AIDS due to the anti-HIV medication being more powerful. But if someone has had HIV for a long time without being treated, it is difficult to get them healthy again, so it is important to find out if you are HIV positive as soon as possible. If you find out that you are HIV negative, it doesn’t mean that you are immune from HIV, but that you have an opportunity to avoid HIV in the future through safer sex by using condoms.

Accessing an HIV test can be done in two ways, either through Yorkshire MESMAC, or at your local sexual health clinic. In both of these places, your sexual health record is kept separate from your medical record that your GP or other NHS staff may be able to access. The reason for this is because the law says your sexual health records must be kept separate from your medical record. This is because if an HIV test is recorded in your medical record, when you apply for a mortgage, life insurance or even a job, the bank or the employer may be able to look at your medical record and this might affect your ability to get them.

We recommend that you test at Yorkshire MESMAC or a sexual health clinic. The two main HIV tests used in West Yorkshire both need you to wait a certain period of time so they can identify possible HIV infection. This is called the window period. If you’ve been at risk of HIV exposure within the window period the test may not find anything.

The first test is a finger prick test which uses a tiny bit of blood to look for your body reacting to HIV infection and for HIV itself. This test can find out if you’ve been exposed to HIV after 8-12 weeks. You can access this test at Yorkshire MESMAC or the sexual health clinic. The results normally come back in 15 to 20 minutes, which shows up in lines. One line means that the test has worked and you are HIV negative. Two lines means that the test has found something which could be HIV. When this happens, another test is needed to confirm if it’s HIV.

The HIV test used at the sexual health clinic uses a sample of blood to be sent for testing at a laboratory. This test can find out if you’ve been exposed to HIV after 4 weeks. The test looks for the same indicators as the finger prick test but takes longer than the finger prick test to yield results. The results normally come back within 1-2 weeks. If you have been at risk of possible HIV exposure within 1-12 weeks of taking the test, the test may not find any HIV infection, so your health worker may ask you to come back again to check for HIV in your blood. The HIV testing service will not share information about your HIV status with anyone else, unless you give them permission to do so.

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*HIV and medication*

Hello, welcome to Yorkshire MESMAC’s short talks on HIV. In this one, we are talking about “HIV and medication” and hopefully this will answer some questions for you. Just because you are HIV positive, it doesn’t mean that you’ll automatically go on medication straight away. This will depend on how healthy you are and how high your CD4 count is.

CD4 cells organise the immune system to fight off infections and the count itself is measured by how many cells are available in the blood per cubic millimetre. In the UK, if your CD4 cell count is close to being under 350, your doctor will start talking to you about taking medication, and start you on them when you are ready. Once you start taking anti-HIV medication, you have to take them for the rest of your life. It may not be the treatment course you start with as there may be new anti-HIV medications coming out in the future, which will be stronger, have less side effects and will be more suitable for your life.

Treating HIV at the moment relies on using three different anti-HIV therapies which attack HIV in different ways to reduce how much HIV is in your body. There are over 20 approved anti-HIV medications in the UK for your doctor to choose from. You might have been infected by someone with the type of HIV that does not work with some anti-HIV medications. So your doctor will check and find out if the HIV you have is easily treated by some of the anti-HIV medication. This will affect which anti-HIV medication you may be on.

The key thing to remember with side effects is that everyone is different, so they may react to HIV medication differently. How you see someone reacting to anti-HIV medication is not going to be the way you may react. There may be side effects with the medicine, but side effects can happen with any medication, not just anti-HIV medication. Side effects are usually the most powerful in the first few weeks and as your body gets used to the medication, they will not be felt as much. Your doctor will monitor any side effects you may have and if they get worse or don’t go away, then your doctor will talk about changing the medication to something you are better able to cope with.

Every 3-6 months while you are on anti-HIV medication, you will have tests to check how effective the medication is and how it may be affecting your liver and kidney function. Taking your anti-HIV medication as prescribed is very important so that HIV does not get the chance to adapt to the anti-HIV medication. If HIV does adapt, that could mean that your anti-HIV medication will not work properly and that your current medication regime will have to be changed.

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*Being positive and visiting the clinic*

Hello, welcome to Yorkshire MESMAC’s short talks on HIV. In this one, we are talking about “being positive and visiting the clinic” and hopefully this will answer a few questions for you. When your HIV test comes back and it is confirmed that you are HIV positive the sexual health clinic will support you with your decisions and advise you on what you can do next.

You will not automatically go on to taking anti-HIV medication straight away. The sexual health clinic will help you with telling your partner, if you have one, and will help you with as much information as you need about living with HIV. The health worker that you will see will be able to answer questions that you have and if she or he doesn’t know, they will find out for you. Being positive is not a death sentence. People living with HIV and taking their medication properly live as long as someone without HIV.

There are some tests that the sexual health clinic will do to get information to keep you as healthy as possible and live longer. The two main tests with HIV are your viral load test and your CD4 count test. Your viral load test finds out how much HIV you have in your body. A high viral load result means that you have a lot of HIV in your body and that your doctor needs to reduce this. A low or undetectable viral load means that there is not a lot of HIV in your body that can be easily found, which is good. Doctors want to keep your viral load low or undetectable so that it is easier to be healthy and to control HIV. The result may go up and down depending on how well you are or if you are ill with something else.

Your CD4 count looks for how many CD4 cells you have in your body to fight HIV. They are a good sign of how strong your immune system is at fighting off other infections. If you have a lot of CD4 cells, it means your immune system is healthy and can cope with normal life. If you have a low CD4 cell count, this means that your doctor will want to make sure that you are well looked after so that you can get healthy again. At the moment, if your CD4 count is at 350 cells per millilitre of blood or below that, doctors will advise you to start taking anti-HIV medication to help increase your body’s ability to stay healthy and fight off infections.

Once you start you will be on medication for the rest of your life so it’s important that you and your doctor are happy for you to start taking the anti-HIV medication. Before taking the anti-HIV medication there will be checks to see what anti-HIV medication will be most effective with your HIV type. You may have been infected by someone who had a version of HIV that does not work with some anti-HIV medications, so your doctor will check and find out if our HIV is easily affected by some anti-HIV medications. This in turn will affect which anti-HIV medication you will be on.

Your doctor will ask how often you eat, what your normal routine is and if you have any problems taking medication. This is to find out which anti-HIV treatment is suitable for you. For example, if you eat regularly they will look into giving you anti-HIV medication which best works with food. It is important to talk with your doctor about your daily life including any alcohol, tobacco or any other anti-HIV medication you might be taking. This will help the doctor to give you the right information and avoid giving you medication that doesn’t work well with other medications that you might be on. Your doctor will also carry out some tests once you are on the anti-HIV medication to make sure that your body is coping will with the anti-HIV medication, so they will check for your kidney and liver functions.

After your viral load test says you have a low viral load and your CD4 cell count is high enough, the doctor will see you less often and you may only visit every 3-6 months as long as you take your anti-HIV medication properly. Taking your anti-HIV medication at the right time is very important so that HIV does not get a chance to adapt to the anti-HIV medication. If HIV does adapt, that could mean that your anti-HIV medication is not working as well as it should do and your viral load might suddenly go up. Your doctor will look into changing your medication to try and find something else that will control HIV in your body.

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