Primary Care
Women's Health Society

THIS RESOURCE IS INTENDED FOR UK HEALTHCARE PROFESSIONALS ONLY

TOP TIPS

HIV

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This resource has been produced on behalf of the PCWHS. Remember that this is guidance and to please use your clinical judgement on a case-by-case basis.

This guidance was correct at the time of publication in February 2025 and is due review in February 2028. The guidance is for use by healthcare professionals only. For further information, please contact: admin@PCWHS.co.uk

Top Tips HIV

1.

Don't forget the history of HIV and watch your language.

Human immunodeficiency virus (HIV) was first seen in 1981; progression to advanced immunodeficiency syndrome (AIDS) and death was inevitable. Stigma and discrimination was huge, with HIV originally being called GRID[1] (gay related immune disorder) in a culture of significant homophobia. Your patients with HIV, particularly those diagnosed in the early days, may have good reasons for what seems like excessive concern for their confidentiality.

Be aware of using potentially stigmatising terms like contagious, infected, HIV infected person, or talking about the need to 'disclose' HIV status. Better terms are 'person living with HIV', 'person with HIV and a detectable/undetectable viral load' and 'telling someone your diagnosis'.[2]

2.

Be reassuring about the value and ease of treatment.

Antiretroviral therapy (ART) is now often a once-daily pill, with a two-monthly injectable ART also available. Drug interactions are less but can still occur – use the University of Liverpool HIV drug interactions website.[3]

3.

Know what Undetectable = Untransmissible (U=U) is.

Those with good adherence to ART for six months, with an undetectable viral load *cannot* pass on the virus to their sexual partners[4]; they are said to have non-transmissible HIV. This has helped to reduce stigma and allows those in a relationship where only one partner has HIV to conceive without fertility clinic input.

4.

Test, test, test – and then test some more.

Early diagnosis and ART access gives those with HIV a normal life-expectancy; this isn't the case with late diagnosis. The HIV-lens website[5] will tell you about the prevalence in your area. The rise in prevalence since 2021 is largely driven by increased heterosexual transmission[6]; think about testing anyone, not just those in a traditional risk group.

- Anyone in an area of extremely high HIV prevalence should be offered an HIV test, also anyone having blood tests in an area of high prevalence[7].
- Test those with an indicator condition[8] for HIV – these conditions include unexplained thrombocytopenia, weight loss, chronic diarrhoea and difficult to treat seborrhoeic dermatitis or psoriasis.
- Commissioning GPs – do you offer tests at services which may see those at risk e.g. substance misuse, termination of pregnancy, TB and lymphoma clinics?
- Think about high risk groups – Black Africans, men who have sex with men, sex workers, prisoners, trans women, sexual partners of those at high risk.
- Refusing antenatal testing is a red flag – if you notice that in a clinic letter, consider raising it with the woman, if the time seems right.

5.

Know about health inequalities and intersectionality

Women with HIV often have multiple and intersecting health inequalities which increase vulnerability and impact long-term health and wellbeing. Consider involving your social prescribing link worker or signposting to local voluntary sector groups.

6.

Women with HIV need annual smears, even if smears are all normal.

Women with HIV are more likely to have high-risk strains of human papilloma virus and should therefore have annual smears[9]. Many smear forms have a tick box for 'retroviral disease' – tick this and they will be recalled annually. If your form doesn't have one, see if you can get it added; if not, you'll have to recall this group manually each year.

7.

Most contraceptive methods can still be used and people living with HIV can access fertility treatment.

The only relative contraindication[10] is for the fitting of a new intrauterine device for those with a CD4 count < 200 cells/mm^3. Otherwise, those on ART can use contraception in the same way as anyone else, being aware of the limitations in choice for those whose medication is enzyme inducing[11]. Having HIV is not a contraindication to fertility treatment and people with non-transmissible HIV can donate eggs or sperm to partners or other known recipients[12].

8.

Vertical transmission is unusual with good care, but breastfeeding is still discouraged.

With good antenatal care, vertical transmission is <0.1%[13], and a normal delivery can be offered if the viral load is undetectable. Babies are given zidovudine monotherapy for the first two weeks of life. There is not enough evidence to apply the principles of U=U to breastfeeding; formula feeding is recommended. For those who choose to breastfeed, their HIV clinic will support them with regular viral load tests and will advise on harm minimisation. This would include avoiding mixed feeding and the introduction of solids before the age of 6 months and not breastfeeding past 6 months. Breastfeeding without the involvement of an HIV clinic is a child protection issue.

9.

Have a low threshold for statin use in a person living with HIV.

The REPRIEVE study showed that a statin reduces major adverse cardiovascular events by 35% in those with HIV; this is double the predicted effect, possibly due to anti-inflammatory and immunomodulatory effects of statins[14]. All those aged >40 living with HIV should be offered a statin, regardless of calculated cardiovascular risk or lipid levels.

10.

Don't be afraid to treat the menopause.

People with HIV are at increased risk of frailty[15] and fragility fractures[16] compared to age and sex matched controls without HIV. Those with HIV are less likely to be offered HRT than the general population, with a qualitative study[17] showing that GPs were half as likely to be confident offering HRT to women with HIV than to the general population. It's fine to treat the menopause in women with HIV; if you have any concerns about a particular woman, their HIV consultant will be happy to discuss.

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