

# Take Charge Of Your Health Today. Be Informed. Be Involved.

## HIV/AIDS Stigma and Prevention

This month's "Take Charge of Your Health Today. Be Informed. Be Involved." page addresses an important topic—the prevention of the human immunodeficiency virus (HIV), a virus that attacks the immune system and can lead to AIDS (acquired immunodeficiency syndrome) if left untreated—and the decades-long stigma that surrounds those living with HIV/AIDS.

While we have made significant progress as a society since the beginning of the HIV/AIDS epidemic, there is still a lot of secrecy, shame and discrimination surrounding HIV/AIDS. Stigma can lead to people not being open about their HIV status. In turn, this can lead to people possibly passing on the infection to unsuspecting sexual partner(s) or not receiving proper medical treatment sooner to help combat the disease. Even though infection rates are higher in communities of color, that's due more to the social determinants of health meaning where you live, work and play impacts your health and quality of life.

In Allegheny County, the most recent HIV/AIDS statistics (from a 2017 report from the Allegheny County Health Department) state that the cumulative number of HIV cases reported from 1981 through December 2017 is 4,956. In 2017, there were 100 new cases of HIV reported in Allegheny County, which are 26 fewer cas-



ESTHER L. BUSH

es than reported in 2016. This downward trend is good news. We may have loved ones or know someone whose life has been affected by HIV/AIDS. The good news is there are now safe, effective medications that protect

people from contracting sexually transmitted infections like HIV in the first place. And there are now better, more effective drugs that allow individuals living with HIV to live long lives. Some of the most effective prevention and risk-reduction methods people can use to protect themselves from contracting HIV/AIDS is to use barriers during sexual encounters and not sharing needles. It is also important to get tested regularly, at least once a year—to always know their status.

As always, research and people participating in research are how we even have the HIV medications in the first place. Therefore, it is crucial for people of color to participate in research. Without our involvement, our voices will continue to be left unheard, and research won't reflect our life experiences or properly address our concerns and needs.

Note: This will be the last Take Charge of Your Health article under Esther L. Bush's leadership. Starting with the January 2022 article, Carlos T. Carter the new President and CEO of the Urban League of Greater of Greater Pittsburgh.

Information Source: [https://www.alleghenycounty.us/uploadedFiles/Allegheny\\_Home/Health\\_Department/Health\\_Services/STD\\_and\\_HIV-AIDS\\_Clinic/2017-STD-Report-Feb-11-2019.pdf](https://www.alleghenycounty.us/uploadedFiles/Allegheny_Home/Health_Department/Health_Services/STD_and_HIV-AIDS_Clinic/2017-STD-Report-Feb-11-2019.pdf)

### ✓ HIV is transmitted

- unprotected sex
- use of non-sterile syringes and tools
- pregnancy breastfeeding
- blood transfusion
- organ transplant

# HIV/AIDS

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### Symptoms

- muscle and joint pain
- heat
- weight loss
- candidiasis of the oral cavity
- rash
- nausea
- diarrhea
- frequent viral infections

### ✗ HIV is not transmitted

- food, drink utensils
- insect bites
- kiss, touch
- clothes, towels
- toilet, shower

### ✗ no vaccine

currently only 75% of people with HIV know their status

do not use drugs

use sterile tools

use a condom

hiv blood test

ILLUSTRATION: GETTY IMAGES

## HIV/AIDS is no longer a death sentence

With the introduction of antiretroviral drugs years ago, contracting the human immunodeficiency virus (HIV) is no longer the death sentence it used to be. But, even if people are living longer with HIV, the number of people infected in general, especially in populations that are most vulnerable to being infected, remains a concern. The goal of having no new infections is achievable partly by removing the stigma surrounding HIV/AIDS (acquired immune deficiency syndrome, the chronic, life-threatening disease HIV can cause) and through successful prevention methods.

HIV can affect anyone regardless of sexual orientation, race, ethnicity, gender or age. However, misconceptions and assumptions about who gets the virus are still common. People make judgments about those who have HIV, how they got it or whether they "deserve" to have the virus.

"Having an infection of any sort isn't a commentary on the kind of person you are or the value you have in society. It's just an infection," says Ken S. Ho, MD, MPH, assistant professor of medicine and medical director, Pitt Men's Study, University of Pittsburgh School of Medicine. "Viruses don't discriminate; they don't follow our human perceptions of what 'good' or 'bad' are."

HIV stigma can lead to discrimination, which can lead to a general unwillingness to discuss HIV at all. Secrecy about the virus is part of why people get or suffer needlessly from HIV. When people feel they cannot discuss HIV openly or reveal their status, they may not receive appropriate medical care—even when effective HIV treatment is available.

In addition to stigma, other factors may contribute to people living with HIV not getting the care they need. For example, the Centers for Disease Control and Prevention (CDC) reports that African Americans account



KEN S. HO, MD, MPH

for a higher proportion of new HIV diagnoses and people with HIV compared to other races and ethnicities. But this disparity exists largely as a result of social determinants of health—the conditions in which people live, grow and work that are also affected by complex social and economic structures.

"Data show that Black and Brown communities are disproportionately affected by HIV," says Dr. Ho. "Sometimes people take that statement and turn it into more stigma—as in, if you're from a certain population, then

you must be doing something bad that makes your rates of HIV higher. That's not true. In fact, higher rates of HIV boil down to things like the lack of health care access, including HIV prevention education, or mistrust of the medical community. These factors contribute to people not getting the testing, treatment or prevention they need to improve health or prevent HIV."

Fortunately, years of biomedical research has led to effective HIV prevention. In addition to using condoms to protect against HIV (and other sexually transmitted infections), pre-exposure prophylaxis—or PrEP—is medicine taken daily to prevent getting HIV from sex or injection drug use. The CDC reports that PrEP, when taken as prescribed, reduces the risk of getting HIV from sex by about 99% and reduces the risk of getting HIV by at least 74% in people who inject drugs. Even though there is a perception that only men who are gay take PrEP, Dr. Ho says that there is nothing about the concept of preventative medication that is specific to the gay population. He likens using PrEP to using a seat-belt—an essential preventative measure.

"We have effective ways to prevent and treat HIV, and it would be great to focus on them and how we can help vulnerable populations instead of stigmatizing people who want to talk about HIV or who have it," says Dr. Ho.

Another way to reduce HIV stigma is to become more informed about it and even help researchers learn more about the virus. The HIV Prevention Research Registry is open to people who are HIV-negative and HIV-positive. The registry exists to help researchers identify and contact people who may be able to participate in future research studies including HIV vaccine research. To learn more about the registry, contact Sherri Karas Cerro, Pitt CRS clinical recruiter and community educator, at 412-383-1313 or sjk91@pitt.edu.