

Misconceptions about HIV/AIDS

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Introduction

According to the latest statistics from the Centers for Disease, Control, and Prevention, around 36.7 million people are living with HIV Trusted Source around the world. While there has been much advancement in the management of the HIV virus throughout the years, unfortunately, a lot of misinformation still exists about what it means to live with HIV.

We reached out to several experts to get their opinions on what the most glaring misconceptions people in the United States have about HIV/AIDS. These experts treat people, educate medical students, and provide support to patients coping with the disease. Here are the top nine myths and misconceptions that they, and people living with the HIV virus or the AIDS syndrome, continue to combat:

Myth # 1: HIV is a death sentence

"With proper treatment, we now expect people with HIV to live a normal life span," says Dr. Michael Horberg, national director of HIV/AIDS for Kaiser Permanente.

"Since 1996, with the advent of highly active, antiretroviral therapy, a person with HIV with good access to antiretroviral therapy (ART) can expect to live a normal life span, so long as they take their prescribed medications," adds Dr. Amesh A. Adalja, a board-certified infectious disease physician, and senior scholar at the Johns Hopkins Center for Health Security. He also serves on the City of Pittsburgh's HIV Commission and on the advisory group of AIDS Free Pittsburgh.

Myth # 2: You can tell if someone has HIV/AIDS by looking at them

If an individual contracts the HIV virus, the symptoms are largely unremarkable. A person with an HIV infection might display symptoms that are similar to any other type of infection, such as a fever, fatigue, or general malaise. Additionally, the initial mild symptoms generally only last a few weeks.

With the early introduction of antiretroviral medications, the HIV virus can be effectively managed. A person with HIV who receives antiretroviral treatment is relatively healthy and is no different than other individuals who have chronic health conditions. The stereotypical symptoms that people often associate with HIV are actually symptoms of complications that can arise from AIDS-related illnesses or complications. However, with adequate antiretroviral treatment and medications, those symptoms will not be present in an individual living with HIV.

Myth # 3: Straight people don't have to worry about HIV infection

It's true that HIV is more prevalent in men who also have male sexual partners. Gay and bisexual young Black people have the highest rates of HIV transmission.

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"We know that the highest risk group is men who have sex with men," says Dr. Horberg. This group accounts for about 70 percent of new HIV cases Trusted Source in the USA, according to the CDC.

However, heterosexuals accounted for 24 percent of new HIV infections in 2016, and about two-thirds of those were women.

While the rates of Black gay and bisexual men living with HIV has remained relatively the same in the United States, overall rates of new HIV cases have decreased since 2008 by 18 percent. Diagnoses among heterosexual individuals in general decreased by 36 percent, and decreased among all women by 16 percent.

African-Americans face a higher risk of HIV transmission than any other race, no matter their sexual orientation. According to the CDC Trusted Source, the rate of HIV diagnoses for Black men is almost eight times higher than white men and even higher for Black women; the rate is 16 times higher in Black women than white women, and 5 times higher than Hispanic women. African-American women contract HIV at higher rates Trusted Source than any other race or ethnicity. As of 2015, 59% of women living with HIV in the United States were African-American, while 19% were Hispanic/Latina, and 17% were white.

Myth # 4: HIV-positive people can't safely have children

The most important thing that a woman living with HIV can do when preparing for pregnancy is to work with her healthcare provider to begin ART treatment as soon as possible. Because treatment for HIV has advanced so much, if a woman takes her HIV medicine daily as recommended by a healthcare provider throughout her entire pregnancy (including labor and delivery), and continues medicine for her baby for 4 to 6 weeks after birth, the risk of transmitting HIV to the baby can be as low as 1% or less Trusted Source.

There are also ways for a mother who has HIV to lower the risk of transmission in the event that the HIV viral load is higher than desired, such as choosing a C-section or bottle feeding with formula after birth.

Women who are HIV negative but are looking to conceive with a male partner who carries the HIV virus may also be able to take special medication to help lower the risk of transmission to both them and their babies. For males who have HIV and are taking their ART medication, the risk of transmission is virtually zero if the viral load is undetectable.

Myth # 5: HIV always leads to AIDS

HIV is the infection that causes AIDS. But this doesn't mean all HIV-positive individuals will develop AIDS. AIDS is a syndrome of immune system deficiency that is the result of HIV attacking the immune system over time and is associated with weakened immune response and opportunistic infections. AIDS is prevented by early treatment of HIV infection.

"With current therapies, levels of HIV infection can be controlled and kept low, maintaining a healthy immune system for a long time and therefore preventing opportunistic infections and a diagnosis of AIDS," explains Dr. Richard Jimenez, professor of public health at Walden University.

Myth # 6: With all of the modern treatments, HIV is no big deal

Although there have been a lot of medical advancements in the treatment of HIV, the virus can still lead to complications, and the risk of death is still significant for certain groups of people.

The risk of acquiring HIV and how it affects a person varies based on age, gender, sexuality, lifestyle, and treatment. The CDC has a Risk Reduction Tool

that can help a person estimate their individual risk and take steps to protect themselves.

Myth # 7: If I take PrEP, I don't need to use a condom

PrEP (pre-exposure prophylaxis) is a medication that can prevent HIV infection in advance, if taken daily.

According to Dr. Horberg, a 2015 study from Kaiser Permanente followed people using PrEP for two and a half years, and found that it was mostly effective at preventing HIV infections, again if taken daily. The US Preventive Services Task Force (USPSTF) currently recommends that all people at increased risk of HIV take PrEP.

However, it doesn't protect against other sexually transmitted diseases or infections.

"PrEP is recommended to be used in combination with safer sex practices, as our study also showed that half of the patients participating were diagnosed with a sexually transmitted infection after 12 months," says Dr. Horberg.

Myth # 8: Those who test negative for HIV can have unprotected sex.

If a person was recently diagnosed with HIV, it may not show up on an HIV test until up to three months later.

"Traditionally used antibody-only tests work by detecting the presence of antibodies in the body that develop when HIV infects the body," explains Dr. Gerald Schochetman, senior director of infectious diseases with Abbott Diagnostics. Depending on the test, HIV positivity could be detected after a few weeks, or up to three months after possible exposure. Ask the person performing the test about this window period and the timing of repeat testing.

Individuals should take a second HIV test three months after their first, to confirm a negative reading. If they're having regular sex, the San Francisco AIDS Foundation suggests getting tested every three months. It's important for an individual to discuss their sexual history with their partner, and to talk with a healthcare provider about whether they and their partner are good candidates for PrEP.

Other tests, known as HIV combo tests, can detect the virus earlier.

Myth # 9: If both partners have HIV, there's no reason for a condom

Studies have shown Trusted Source that a person living with HIV who is on regular antiretroviral therapy that reduces the virus to undetectable levels in the blood is NOT able to transmit HIV to a partner during sex. The current medical consensus is that "Undetectable = Untransmittable."

However, the CDC recommends that even if both partners have HIV,

they should use condoms during every sexual encounter. In some cases, it's possible to transmit a different strain of HIV to a partner, or in some rare cases, transmit a form of HIV that is considered a "superinfection" from a strain that is resistant to current ART medications.

The risk of a superinfection from HIV is extremely rare; the CDC estimates that the risk is between 1 and 4 percent.

The Takeaway

- While there is unfortunately no cure for HIV/AIDS, people with HIV can live long, productive lives with early detection and adequate antiretroviral treatment.
- "While the current antiretroviral therapies can be very effective for keeping HIV at low levels and preventing it from replicating and destroying the immune system for a long time, there is no cure for AIDS or a vaccine against HIV, the virus that causes AIDS," explains Dr. Jimenez.
- At the same time, the current thinking is that if a person can maintain viral suppression, then HIV will not progress and will thus not destroy the immune system. There are data that support a slightly shortened lifespan for people with viral suppression compared with people without HIV.
- Though the number of new HIV cases has plateaued, according to the CDC Trusted Source, there are still an estimated 50,000 new cases each year in the United States alone.
- Of concern, "new cases of HIV have actually increased among certain vulnerable populations including women of color, young men who have sex with men, and hard-to-reach populations," according to Dr. Jimenez.
- What does this mean? HIV and AIDS are still very much top public health concerns. Vulnerable populations should be reached out to for testing and treatment. Despite progress in testing and the availability of medications like PrEP, now is no time to let down one's guard.

According to the Centers for Disease Control and Prevention Trusted Source (CDC):

- Over 1.2 million Americans have HIV.
- Every year, 50,000 more Americans are diagnosed with HIV.
- AIDS, which is caused by HIV, kills 14,000 Americans each year.

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