

HIV Risk Activity Briefing Sheet

In this exercise participants are asked to consider some everyday activities and think about whether these activities could carry a risk of HIV transmission, if one person involved in the activity is HIV positive (has the HIV virus).

For each activity, participants need to consider whether they think it is High Risk, Low Risk or No Risk in terms of possible HIV transmission.

Option 1 – as a whole group

1. Place the High Risk, Low Risk and No Risk heading cards on the floor/ stick them on a wall.
2. In turn, ask participants to select a card, read it aloud and place the activity card under the heading they think is correct in terms of risk of HIV transmission.
3. Ask the participant to explain their reasons for placing the card under this heading.
Note: only the individual who has an activity card in their hand is allowed to speak – other participants cannot question each other's decisions on where they place a card until the discussion is opened up to the whole group.
4. Open up discussion to the rest of the group – do they agree or disagree and why?
5. Either confirm that the card is under the correct heading or move the card to the correct risk heading and explain why it is being moved.
6. Once all the cards have been placed under the correct risk heading, ask the group for any outstanding questions/ points of clarification.

Option 2 – in smaller groups

1. Give each group a set of risk heading cards and activity cards.
2. Ask the group to discuss each activity and decide whether it is a High Risk, Low Risk or No Risk activity in terms of HIV transmission.
3. The group should discuss all the activity cards until they are all placed under the risk Headings they feel is most appropriate.
4. Reconvene as a whole group.
5. The facilitator should go through each card and confirm which risk heading is the correct one for each activity with a brief explanation as to why.
6. Facilitate a discussion about any differences between the correct risk order for the activity cards and the position of cards placed in participants own groups.
7. Ask the group for any outstanding questions/ points of clarification.

8. It is really important that facilitators keep a close eye on time to ensure the exercise can be completed, that the facilitator has time to go through all the activities and place them under the correct heading and that any outstanding questions can be answered.
9. The correct order for the activity cards plus a brief explanation as to why the activities are High, Low or No Risk is as follows:-

High Risk Activities

These activities are considered high risk in terms of possible HIV transmission.

Sex without a condom

Having penetrative sex (either vaginal or anal) without a condom is a highly efficient way of transmitting HIV. Although the risk of infection is greatest for the receptive partner, unprotected penetrative sex remains a high risk activity for both partners.

Condoms are still the only known means of significantly reducing risk of HIV transmission during penetrative sexual intercourse.

Sharing needles (if you are using them to take drugs e.g. heroin or steroids)

Using unclean or sharing injecting drug equipment is one of the most efficient ways of transmitting HIV.

At the start of every injection, blood is introduced into the barrel of the needle and syringe. If a person with HIV has previously used the needle/ syringe and this is passed to another person without cleaning it, this infected blood will be injected directly into the bloodstream.

Breast feeding a baby

The HIV virus has been found in the breast milk of women who are HIV positive. As such, in the UK and other countries where safe alternatives are available, it is recommended that HIV positive women do not breastfeed their babies.

The possibility of mother-to-child transmission of HIV through breastfeeding is increased because the oral and gastrointestinal linings in a baby's mouth are less well developed than an older child or adult and the fact that when breastfeeding women may sometimes experience bleeding from cracked nipples.

Low Risk Activities

Although there is some risk of HIV transmission from these activities, the risk is considered to be low as they do not transmit HIV as often as high risk activities.

Sex with a condom

Condoms if used correctly during penetrative sex have been proven to offer protection against HIV and many other sexually transmitted infections. Condoms are impermeable to viruses and are an effective barrier method of reducing the risk of HIV transmission.

Sex with a condom is considered a low risk activity because condoms can break or slip off during sex – though condom failure rates are increased when people do not use them correctly.

Blow job (oral sex – fellatio)

The risk of HIV through oral sex (blow jobs) is low, but not non-existent. Infection through giving a blow job is possible if there is some damage to the gums (e.g. bleeding gums caused by gingivitis) or the lining of the throat (e.g. caused by an infection such as gonorrhoea or tonsillitis). Even then, there is an enzyme in saliva that acts to inhibit HIV that may get into the mouth in semen.

The risk of HIV infection from receiving a blow job is exceedingly low risk and may actually be impossible.

Having a tattoo

Having a tattoo at a registered and licensed tattoo parlour carries no risk of HIV infection as there are hygiene regulations governing tattoo and piercing parlours to ensure all instruments used are sterile.

Although there are no documented cases of HIV transmission due to tattooing or body piercing, there is a potential of HIV infection if a tattooist uses instruments contaminated with blood which have not been sterilised between and from doing your own tattoos with friends using a home tattoo kit/ equipment that has not been sterilised.

Going down on someone with a vagina (oral sex – cunnilingus)

The risk of HIV infection from 'going down' on a person with a vagina, or to a person who is receiving oral sex is extremely low. Worldwide, cases of HIV transmission via cunnilingus are extremely rare and the reliability of these reports is questionable.

No Risk Activities

These activities are no risk in terms of HIV transmission. Some activities may carry a theoretical risk but do not account for any current cases of HIV that we know of and the practicalities of engaging in them removes this theoretical risk of potential HIV infection.

Kissing

It is not possible to contract HIV through kissing as HIV cannot be transmitted in saliva. There are no reported cases of HIV transmission from kissing.

Some people are concerned that cuts or sores on the lips or around the mouth could provide a route of transmission during kissing. This is a theoretical risk because although blood may be involved it would not be in a sufficient quantity to be infectious.

Hugging

It is not possible to become infected with HIV through everyday social contact with people who have HIV as it cannot be transmitted by touch or through the air.

Being sneezed on

HIV cannot be airborne and is not present in the tiny particles of moisture that are sneezed out.

Shaking hands

HIV is not transmitted by touch as cells that are vulnerable to HIV infection do not exist on the surface of the skin. Therefore, shaking hands with someone or giving them a 'high five' is a no risk activity.

Sharing cups and glasses

There is no reason to think that HIV could be transmitted through sharing cups and glasses or from sharing drinks using the same bottle etc. as HIV cannot be transmitted in saliva.

Sharing knives and forks

This activity is considered no risk for the same reasons as that for sharing cups and glasses. Even if a small amount of blood is present, as HIV dies almost immediately on exposure to the environment and on inanimate objects it would still be considered no risk to share eating utensils.

Sharing a toothbrush

HIV cannot be passed by sharing toothbrushes with someone who is HIV positive as once outside the body, HIV has a very short life and would be weakened by exposure to the air, water and the practicalities involved in sharing a toothbrush.

However, it is preferable to avoid sharing toothbrushes as bacterial infections and some other viral infections (e.g. Hepatitis B) can be passed on by this activity.

Using the same toilet

There is no risk of HIV transmission from using the same toilet even if someone has bled into the toilet as the water would immediately dilute the virus.

HIV cannot be picked up from sitting on blood or other bodily fluids that have been left on the toilet seat as HIV dies almost immediately on exposure to the environment and on inanimate objects.

Hand job (wanking)

Masturbating someone with a penis poses no risk of HIV transmission even if they ejaculate onto the hand/skin of the person who is giving them a hand job. Even if the person giving a 'hand job' has cuts or rashes on their skin, the quality of virus in semen would be damaged by exposure to air and would not be sufficient for direct access into the bloodstream.

Love bites

A love bite is a bite or bruise raised on the body of a sexual partner resulting from kissing or sucking. Bites that do not involve broken skin have no risk for HIV infection, as intact skin acts as a barrier to HIV transmission.

There is a theoretical risk of infection from a love bite that breaks the skin but this is negligible due to the inhibiting enzymes that are in saliva.

Cleaning up sick

HIV is not found in vomit unless it is visibly contaminated with blood. Even then any HIV virus would be weakened to non-infectious levels by the other fluids and substances in the vomit and by exposure to the air.

Because vomit can contain bacterial or other viral infections it should be cleaned up immediately using a detergent and a disinfectant that is effective against bacteria and viruses. Never use mops for cleaning up body fluid spillages – use gloves and disposable paper towels where available.

Having a blood transfusion in the UK

All UK blood donations have been screened for HIV since 1985 with more sophisticated and rigorous testing procedures ensuring that there have been no new HIV diagnoses resulting from UK blood donations in the past 10 years.

There is a theoretical risk of some infected blood getting into the blood bank supply chain but this is estimated to be a 1 in 5 million chance.

Reference

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