

Question 1. I'm HIV-negative. How can I avoid getting HIV?

Question 2. My boyfriend is living with HIV and I am not. What is the best way for us to keep me from getting HIV?

Question 3. I am living with HIV. What should I do to keep my partners from getting HIV?

Question 4. My partner and I are living with HIV, and want to stay healthy. What can we do?

Question 5. When should I get tested for HIV and other sexually transmitted diseases (STDs)?

Question 6. What types of sexually transmitted disease (STD) tests do I need to ask my doctor about?

Question 7. How can I keep from getting HIV from oral sex?

Question 8. How well do condoms prevent HIV?

Question 9. I'm negative—can I take medicines to prevent getting HIV?

Question 10. Can I transmit HIV if I have an undetectable viral load?

Question 11. My partner and I are talking about an agreement for our relationship. What are some of the things we should consider to prevent HIV and sexually transmitted diseases (STDs)?

Q1. I'm HIV-negative. How can I avoid getting HIV?

Your life matters and staying healthy is important. It's important for you, the people who care about you, and your community. Knowing your HIV status gives you powerful information to help you take steps to keep you and your partners healthy. You should get tested for HIV, and encourage your partners to get tested too. If you test positive, you can get on treatment to stay healthy for many years and reduce the chance of transmitting HIV to your sex partners. If you test negative and are sexually active, continue to get tested at least once a year—some men may benefit from more frequent testing (e.g., every 3-6 months). To find a testing site near you, call 1-800-CDC-INFO (232-4636), visit hivtest.cdc.gov, text your ZIP code to KNOW IT (566948), or use a home testing kit.

For people who are sexually active, there are more tools available today to prevent HIV than ever before. The list below provides a number of ways that you can lower your chances of getting HIV. The more of these actions you take, the safer you can be.

- **Choose less risky sexual behaviors.** Oral sex is much less risky than anal or vaginal sex. Anal sex is the highest-risk sexual activity for HIV transmission. If you are HIV-negative, insertive anal sex (topping) is less risky for getting HIV than receptive anal sex (bottoming). Sexual activities that do not involve the potential exchange of body fluids carry no risk for getting HIV (e.g., touching).
- **Use condoms consistently and correctly.**
- **Reduce the number of people you have sex with.** The number of sex partners you have affects your HIV risk. The more partners you have, the more likely you are to have a partner with HIV whose viral load (HIV virus in blood and body fluids) is not suppressed or to have a sex partner with a sexually transmitted disease. Both of these factors can increase the risk of HIV transmission.
- **Talk to your doctor about pre-exposure prophylaxis (PrEP), taking HIV medicine daily to prevent HIV infection.** PrEP should be considered if you are HIV-negative and in an ongoing sexual relationship with an HIV-positive partner. PrEP also should be considered if you are HIV-negative and have had a sexually transmitted disease (STD) or any anal sex (receptive or insertive) with a male partner without condoms in the past 6 months and are not in an exclusive relationship with a recently tested, HIV-negative partner.
- **Talk to your doctor right away (within 3 days) about post-exposure prophylaxis (PEP) if you have a possible exposure to HIV.** An example of a possible exposure is if you have anal or vaginal sex without a condom with someone who is or may be HIV-positive, and you are HIV-negative and not taking PrEP. Your chance of exposure to HIV is lower if your HIV-positive partner is taking antiretroviral therapy (ART or medicines to treat HIV) consistently and correctly, especially if his/her viral load is undetectable. Starting PEP immediately and taking it daily for 4 weeks reduces your chance of getting HIV.
- **Get tested and treated for other STDs and encourage your partners to do the same.** If you are sexually active, get tested at least once a year. STDs can have long-term health consequences. They can also increase your chance of getting HIV or transmitting it to others. Find an STD testing site.

If your partner is HIV-positive, encourage your partner to get and stay on treatment. Antiretroviral therapy (ART or medicines to treat HIV) reduces the amount of HIV virus (viral load) in blood and body fluids. ART can keep people with HIV healthy for many years, and greatly reduce the chance of transmitting HIV to sex partners if taken consistently and correctly.

PrEP

Talk to your doctor about pre-exposure prophylaxis (PrEP), taking HIV medicine daily to prevent HIV infection. PrEP should be considered if you are HIV-negative and in an ongoing sexual relationship with an HIV-positive partner. PrEP also should be considered if you are HIV-negative and have had a sexually transmitted disease (STD) or any anal sex (receptive or insertive) with a male partner without condoms in the past 6 months and are not in an exclusive relationship with a recently tested, HIV-negative partner.

PrEP involves taking a pill (brand name Truvada) every day. You and your health care provider should consider the following factors in deciding whether PrEP is right for you:

- Only people who are HIV-negative should use PrEP. HIV testing is required before starting PrEP and every 3 months while taking PrEP.
- PrEP involves taking HIV medicine every day and regular visits to a health care provider.
- PrEP can cause side effects like an upset stomach or loss of appetite but these are mild and usually go away within the first month.

Scientists do not yet have an answer on how long it takes PrEP to become fully effective after you start taking it. Some studies suggest that if you take PrEP every day, it reaches its maximum protection in blood at 20 days, in rectal tissue at about 7 days, and in vaginal tissues at about 20 days. Talk to your health care provider about when PrEP might be effective for you.

When used with other **safer sex** practices (like condoms), PrEP can help protect you from getting HIV from an infected partner.

Get attention: _____

Do what message suggests: _____

Set 4a

PEP

Talk to your doctor right away (within 3 days) about post-exposure prophylaxis (PEP) if you have a possible exposure to HIV. An example of a possible exposure is if you have anal or vaginal sex without a condom with someone who is or may be HIV-positive, and you are HIV-negative and not taking PrEP. Your chance of exposure to HIV is lower if your HIV-positive partner is taking antiretroviral therapy (ART or medicines to treat HIV) consistently and correctly, especially the amount of HIV virus (viral load) in his/her blood and body fluids is undetectable. Starting PEP immediately and taking it daily for 4 weeks reduces your chance of getting HIV.

*Can I take a round of PEP every time I have **unprotected sex**?*

PEP should only be used right after an uncommon situation with potential HIV exposure. If you are often exposed to HIV, for example, because you often have sex without a condom with a partner who is HIV-positive, repeated uses of PEP are not the right choice. That's because, when drugs are given only after an exposure, more drugs and higher doses are needed to block infection than when they are started before the exposure and continued for a time thereafter. That's an approach called pre-exposure prophylaxis, or PrEP. PrEP means taking a daily pill (brand name, Truvada) for months or years. This keeps medication in your body to keep HIV from making copies of itself and spreading infection through your body anytime you are exposed. If you are at ongoing risk for HIV, speak to your doctor about PrEP.

Get attention: _____

Do what message suggests: _____

ID#: _____

Set 4b

ART

If your partner is HIV-positive, encourage your partner to get and stay on treatment. Antiretroviral therapy (ART or medicines to treat HIV) reduces the amount of HIV virus (viral load) in blood and body fluids. ART can keep people with HIV healthy for many years, and greatly reduce the chance of transmitting HIV to sex partners if taken consistently and correctly.

ART is recommended for all people with HIV, regardless of how long they've had the virus or how healthy they are.

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Do what message suggests: _____

Set 5a

Viral Load and ART

Viral load refers to the amount of HIV in the blood. An undetectable viral load is when the amount of HIV in the blood is so low that it can't be measured. Antiretroviral therapy (ART) reduces viral load, ideally to an undetectable level, when taken consistently and correctly. If a person's viral load goes down after starting ART, then the treatment is working. However, people with an undetectable viral load still have HIV in their body, which means there is a chance that they can transmit HIV through sex.

While it is still possible to transmit HIV if you have an undetectable viral load, having an undetectable viral load greatly lowers the chance of transmitting the virus to your sexual partners who are HIV-negative. Having an undetectable viral load is also good for your overall health.

An HIV-positive person can still potentially infect a partner even if they have an undetectable viral load, because of the reasons listed below.

- HIV may still be found in genital fluids (e.g., semen, vaginal fluids). The viral load test only measures virus in blood. Although ART also lowers viral load in genital fluids, HIV can sometimes be present in genital fluids even when it is undetectable in the blood.
- Your viral load may go up between tests. When this happens, you may be more likely to transmit HIV to sexual partners. Your viral load may go up without you knowing it because you may not feel any different.
- Sexually transmitted diseases (STDs) increase viral load in genital fluids. This means that an HIV-positive person with an STD may be able to transmit HIV to sexual partners even if the blood viral load is undetectable.

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Set 5b

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Question 11. My partner and I are talking about an agreement for our relationship. What are some of the things we should consider to prevent HIV and sexually transmitted diseases (STDs)?

Question 3. I am living with HIV. What should I do to keep my partners from getting HIV?

Taking care of yourself and staying healthy is important. Your life matters.

Talk about your HIV status with all of your sexual partners and take steps to protect your health and your partners' health.

The following actions can reduce your risk of transmitting HIV:

- **Use antiretroviral therapy (ART).** ART reduces the amount of virus (viral load) in your blood and body fluids. ART can keep you healthy for many years, and greatly reduce your chance of transmitting HIV to sex partners if taken consistently and correctly.
- **If you are taking ART, follow your health care provider's advice.** Visit your health care provider regularly and always take your medicine as directed.
- **Choose less risky sexual behaviors.** Oral sex is much less risky than anal or vaginal sex. Anal sex is the highest-risk sexual activity for HIV transmission. During anal sex, it is less risky for you as the HIV-positive partner to be the receptive partner (bottom) than the insertive partner (top). Sexual activities that do not involve the potential exchange of body fluids carry no risk for getting HIV (e.g., touching).
- **Use condoms consistently and correctly.**
- **Talk to your partners about pre-exposure prophylaxis (PrEP), taking HIV medicine daily to prevent HIV infection.** PrEP should be considered for HIV-negative partners who are in an ongoing sexual relationship with an HIV-positive partner. PrEP should also be considered for HIV-negative men who have had a sexually transmitted disease (STD) or any anal sex (receptive or insertive) with a male partner without condoms in the past 6 months and who are not in an exclusive relationship with a recently tested, HIV-negative partner.
- **Talk to your partners about post-exposure prophylaxis (PEP) if you think they have had a possible exposure to HIV.** An example of a possible exposure is if you have anal or vaginal sex without a condom with someone who is or may be HIV-positive, and you are HIV-negative and not taking PrEP. Your chance of exposure to HIV is lower if your HIV-positive partner is taking antiretroviral therapy (ART) consistently and correctly, especially if his/her viral load is undetectable. Starting PEP immediately and taking it daily for 4 weeks reduces your chance of getting HIV.
- **Get tested and treated for STDs and encourage your partners to do the same.** If you are sexually active, get tested at least once a year. STDs can have long-term health consequences. They can also increase the chance of getting HIV or transmitting it to others. Find an STD testing site.

You should also encourage your partners who are HIV-negative to get tested for HIV at least once a year so they are sure about their HIV status and can take action to keep them healthy. They may benefit from more frequent testing (e.g., every 3-6 months). To find a testing site near them, they can call 1-800-CDC-INFO (232-4636), visit hivtest.cdc.gov, text their ZIP code to KNOW IT (566948), or use a home testing kit.

PrEP

Talk to your partners about pre-exposure prophylaxis (PrEP), taking HIV medicine daily to prevent HIV infection. PrEP should be considered for HIV-negative partners who are in an ongoing sexual relationship with an HIV-positive partner. PrEP should also be considered for HIV-negative men who have had a sexually transmitted disease (STD) or any anal sex (receptive or insertive) with a male partner without condoms in the past 6 months and who are not in an exclusive relationship with a recently tested, HIV-negative partner.

Scientists do not yet have an answer on how long it takes PrEP to become fully effective after you start taking it. Some studies suggest that if you take PrEP every day, it reaches its maximum protection in blood at 20 days, in rectal tissue at about 7 days, and in vaginal tissues at about 20 days. Talk to your health care provider about when PrEP might be effective for you.

When used with other **safer sex** practices (like condoms), PrEP can help protect you from getting HIV from an infected partner.

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PEP

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Can I take a round of PEP every time I have unprotected sex?

PEP should only be used right after an uncommon situation with potential HIV exposure. If you are often exposed to HIV, for example, because you often have sex without a condom with a partner who is HIV-positive, repeated uses of PEP are not the right choice. That's because, when drugs are given only after an exposure, more drugs and higher doses are needed to block infection than when they are started before the exposure and continued for a time thereafter. That's an approach called pre-exposure prophylaxis, or PrEP. PrEP means taking a daily pill (brand name, Truvada) for months or years. This keeps medication in your body to keep HIV from making copies of itself and spreading infection through your body anytime you are exposed. If you are at ongoing risk for HIV, speak to your doctor about PrEP.

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ART

Use antiretroviral therapy (ART). Antiretroviral therapy (ART or medicines to treat HIV) reduces the amount of virus (viral load) in your blood and body fluids. ART can keep you healthy for many years, and greatly reduce your chance of transmitting HIV to sex partners if taken consistently and correctly.

If you are taking ART, follow your health care provider's advice. Visit your health care provider regularly and always take your medicine as directed.

ART is recommended for all people with HIV, regardless of how long they've had the virus or how healthy they are.

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Set 5a

Viral Load and ART

Viral load refers to the amount of HIV in the blood. An undetectable viral load is when the amount of HIV in the blood is so low that it can't be measured. Antiretroviral therapy (ART) reduces viral load, ideally to an undetectable level, when taken consistently and correctly. If a person's viral load goes down after starting ART, then the treatment is working. However, people with an undetectable viral load still have HIV in their body, which means there is a chance that they can transmit HIV through sex.

While it is still possible to transmit HIV if you have an undetectable viral load, having an undetectable viral load greatly lowers the chance of transmitting the virus to your sexual partners who are HIV-negative. Having an undetectable viral load is also good for your overall health.

An HIV-positive person can still potentially infect a partner even if they have an undetectable viral load, because of the reasons listed below.

- HIV may still be found in genital fluids (e.g., semen, vaginal fluids). The viral load test only measures virus in blood. Although ART also lowers viral load in genital fluids, HIV can sometimes be present in genital fluids even when it is undetectable in the blood.
- Your viral load may go up between tests. When this happens, you may be more likely to transmit HIV to sexual partners. Your viral load may go up without you knowing it because you may not feel any different.
- Sexually transmitted diseases (STDs) increase viral load in genital fluids. This means that an HIV-positive person with an STD may be able to transmit HIV to sexual partners even if the blood viral load is undetectable.

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Set 5b

HRRT Message Topics

- General HIV information (What is HIV message)
- HIV in the United States
- Stages of HIV infection
- Acute HIV infection
- Superinfection
- Undetectable viral load

- HIV testing**
 - Different types of HIV tests
 - Window period

- Sexual activities**
 - Abstinence
 - Masturbation
 - Kissing
 - Mutual masturbation
 - Outercourse
 - Fingering and fisting
 - Watersports
 - Playing with sex toys
 - Oral sex
 - Vaginal sex
 - Anal sex

- Needle/syringe use**
 - Injecting drugs and sharing needles/syringes
 - Injecting hormones and steroids and sharing needles
 - Injecting silicone (pumping silicone) and sharing needles
 - Getting HIV from needle use: less common ways

- Pregnancy, Childbirth, and Breastfeeding**

- Using barriers and lubricants**
 - Male condoms
 - Female condoms
 - Dental dams
 - Lubricants

- Sex and My Sexual Partners**
 - Reducing number of sexual partners
 - Having multiple sexual partners who overlap in time
 - Monogamy
 - Choosing partners with the same HIV status (Serosorting)
 - Being a top or bottom to prevent HIV
 - Withdrawal or pulling out

- Negotiated safety
- Sex agreements
- Disclosure of status
- Power differences in relationships

- Alcohol and drug use**
 - Alcohol misuse
 - Getting treatment for alcohol and drug use
 - Drug use

- Taking medicines**
 - Antiretroviral therapy (ART) for treating HIV
 - Pre-exposure prophylaxis (PrEP)
 - Post-exposure prophylaxis (PEP)

- Other health conditions**
 - Sexually transmitted diseases (STDs)
 - Mental health conditions

- Background factors**

- Other Medical Approaches**
 - Male Circumcision
 - Vaccines
 - Microbicides

HRRT Messages

How can I prevent getting HIV? (HIV Negative)

Your life matters and staying healthy is important. If you haven't been tested for HIV in the past year, get tested for HIV, and encourage your partners to get tested too. If you test positive, you can get on treatment (called antiretroviral therapy or ART) to stay healthy for many years and reduce the chance of transmitting HIV to others. If you test negative and are sexually active, continue to get tested at least once a year.

To find a testing site near you, call 1-800-CDC-INFO (232-4636), visit HIVtest.cdc.gov, text your ZIP code to KNOW IT (566948), or use a home testing kit.

If you're sexually active, there are more tools available today to prevent HIV than ever before. The more of these actions you take, the safer you can be. Here's what you can do:

- **Use condoms consistently and correctly.**
- **Choose less risky sexual behaviors.** Oral sex is much less risky than anal or vaginal sex. Anal sex is the highest-risk sexual activity for HIV transmission. Sexual activities like mutual masturbation carry no risk as long as you don't touch the body fluids (i.e., semen, vaginal fluid, or blood) of someone who's HIV positive because these fluids can carry HIV.
- **Reduce the number of people you have sex with.** The more sexual partners you have in your lifetime, the more likely you are to have a sex partner who has HIV or who has another sexually transmitted disease (STD).
- **Talk to your health care provider about pre-exposure prophylaxis (PrEP); taking HIV medicines daily to prevent HIV infection.** The new federal guidelines recommend that PrEP be considered for people who are HIV-negative and at substantial risk for HIV.

For sexual transmission, this includes anyone who's in an ongoing relationship with an HIV-positive partner. It also includes anyone who 1) isn't in a mutually monogamous* relationship with a partner who recently tested HIV-negative, and 2) is a

- gay or bisexual man who has had anal sex without a condom or been diagnosed with an STD in the past 6 months; or
- heterosexual man or woman who does not regularly use condoms during sex with partners of unknown HIV status who are at substantial risk of HIV infection (e.g., people who inject drugs or have bisexual male partners).

For people who inject drugs, this includes those who have injected illicit drugs in the past 6 months and who have shared injection equipment or been in drug treatment for injection drug use in the past 6 months.

- **Talk to your health care provider right away (within 3 days) about post-exposure prophylaxis (PEP) if you have a possible exposure to HIV.** If you're not taking PrEP, an exposure can happen if you have vaginal or anal sex without a condom or the condom breaks during sex with someone who is HIV positive. Talk to a health care provider right away (within 3 days) if you think you've had a possible exposure to HIV. Starting PEP immediately and taking it daily for 4 weeks will reduce your chance of getting HIV.

Your chance of getting HIV is lower if your HIV-positive partner is taking antiretroviral therapy (ART) consistently and correctly and their viral load is undetectable.

- **Get tested and treated for other STDs and encourage your partners to do the same.** STDs can have long-term health consequences, and they can increase your chance of getting HIV.
- **If your partner is HIV-positive, encourage your partner to get and stay on treatment.** ART reduces the amount of HIV virus (viral load) in blood and body fluids. ART can keep people with HIV healthy for many years, and greatly reduce the chance of transmitting HIV if taken consistently and correctly.

How can I prevent transmitting HIV? (HIV Positive)

Taking care of yourself and staying healthy is important. Your life matters.

Talk about your HIV status with all of your sexual partners and take steps to protect your health and your partners' health.

If you're sexually active, there are more tools available today to prevent transmitting HIV than ever before. The more of these actions you take, the safer you can be. Here's what you can do:

- **Take antiretroviral therapy (ART).** ART is recommended for all people with HIV, regardless of how long they've had the virus or how healthy they are. Being on effective treatment lowers the amount of HIV virus (viral load) in the body. If used consistently and correctly, ART can keep people with HIV healthy for many years, and greatly reduce the chance of transmitting HIV to a sexual or drug-using partner who's HIV-negative.
- **If you're taking ART, follow your health care provider's advice.** Visit your health care provider regularly and always take your medicines as directed to keep your viral load as low as possible.
- **Use condoms consistently and correctly.**
- **Choose less risky sexual behaviors.** Oral sex is much less risky than anal or vaginal sex. Anal sex is the highest-risk sexual activity for HIV transmission. Sexual activities like mutual masturbation carry no risk as long as your partner doesn't touch your body fluids (i.e., semen, vaginal fluid, or blood) that can carry HIV.
- **Talk to your partners about pre-exposure prophylaxis (PrEP); taking HIV medicines consistently and correctly every day to prevent HIV infection.** The new federal guidelines recommend that PrEP be considered for people who are HIV-negative and **at substantial risk for HIV.**

For sexual transmission, this includes anyone who's in an ongoing relationship with an HIV-positive partner. It also includes anyone who 1) isn't in a mutually monogamous* relationship with a partner who recently tested HIV-negative, and 2) is a

- gay or bisexual man who has had anal sex without a condom or been diagnosed with an STD in the past 6 months;
 - or
 - heterosexual man or woman who does not regularly use condoms during sex with partners of unknown HIV status who are at substantial risk of HIV infection (e.g., people who inject drugs or have bisexual male partners).
- **Talk to your partners about post-exposure prophylaxis (PEP) if you think they have had a possible exposure to HIV.** If you have an HIV-negative partner who is not taking PrEP, an exposure can happen if you have vaginal or anal sex without a condom or the condom breaks during sex. Your partner should talk to a health care provider right away (within 3 days) if they think they've had a possible exposure to HIV. Starting PEP immediately and taking it daily for 4 weeks will reduce their chance of getting HIV.

Your partners' chance of getting HIV is lower if you're taking ART consistently and correctly and your viral load is undetectable.

Get tested and treated for STDs and encourage your partners to do the same. STDs can have long-term health consequences. They can also increase the chance of transmitting HIV to others.

ART (HIV Positive)

What is ART? The medicines used to treat HIV infection are called antiretrovirals. Antiretroviral therapy, or ART, refers to taking these medicines to treat HIV infection.

What we know about ART: ART reduces the amount of HIV virus (called “viral load”) in the blood and elsewhere in the body. ART can reduce a person’s viral load to such a low level that current HIV tests can’t detect it. This is called undetectable viral load. ART can keep a person living with HIV healthy for many years, and greatly reduce the chance of transmitting HIV to partners if taken consistently and correctly. ART can only be prescribed by a health care provider. A transgender person living with HIV can take ART and still get gender-affirming care, including hormone therapy or surgical procedures.

What you can do: If you find out you are HIV positive, it is important that you start medical care and begin HIV treatment as soon as you are diagnosed with HIV. Antiretroviral therapy (ART) is recommended for all people with HIV, regardless of how long they’ve had the virus or how healthy they are.

Starting ART slows the progression of HIV and helps protect your immune system. ART can keep you healthy for many years, and greatly reduces your chance of transmitting HIV to sex partners if medicines are taken consistently and correctly. If you’re taking ART, visit your health care provider regularly and always take your medicines as directed.

If you have health insurance, your insurer is required to cover some medicines used to treat HIV. If you don’t have health insurance, or you’re unable to afford your copay or co-insurance amount, you may be eligible for other government programs that can help such as Medicaid, Medicare, Ryan White Care Act treatment centers, and community health centers. CDC is working with its federal partners that oversee these programs to make sure all people who need treatment can get it. Your health care provider or local public health department can tell you where to get HIV treatment.

ART (HIV Negative)

What is ART? The medicines used to treat HIV infection are called antiretrovirals. Antiretroviral therapy, or ART, refers to taking these medicines to treat HIV infection.

What we know about ART: ART reduces the amount of HIV virus (called “viral load”) in the blood and elsewhere in the body. ART can reduce a person’s viral load to such a low level that current HIV tests can’t detect it. This is called undetectable viral load. ART can keep a person living with HIV healthy for many years, and greatly reduce the chance of transmitting HIV to partners if taken consistently and correctly. ART can only be prescribed by a health care provider. A transgender person living with HIV can take ART and still get gender-affirming care, including hormone therapy or surgical procedures.

What you can do: If you’re HIV-negative and have an HIV-positive partner, encourage your partner to take ART to live a longer, healthier life and reduce the chances of transmitting HIV to you. Antiretroviral therapy (ART) is recommended for all people with HIV, regardless of how long they’ve had the virus or how healthy they are.

Health insurance companies are required to cover some medicines used to treat HIV. If your partner doesn’t have health insurance, or is unable to afford the copay or co-insurance amount, they may be eligible for other government programs that can help such as Medicaid, Medicare, Ryan White Care Act treatment centers, and community health centers. CDC is working with its federal partners that oversee these programs to make sure all people who need treatment can get it. Let your partner know that their health care provider or local public health department can tell them where to get HIV treatment.

Being a Top or Bottom to Prevent HIV (HIV Negative Transgender men)

What is being a top or a bottom to prevent HIV? During anal sex, an HIV-positive partner can choose to be on the **bottom (the receiving partner)** to decrease the chances of transmitting HIV to an HIV-negative partner on **top (the inserting partner)**. This is referred to as seropositioning or strategic positioning. This strategy isn't recommended for transmen and their partners.

What we know about being a top or a bottom to prevent HIV: During anal sex, the *bottom* is at high risk of getting HIV from an HIV-positive partner because the **lining of the rectum is thin and may allow HIV to enter the body**. But the *top* is also at risk for getting HIV because **if the insertive partner was born with and still has male genitalia**, HIV can enter the body through the opening at the tip of the penis (or urethra); through small cuts, scratches, or open sores on the penis; and through the foreskin if the insertive partner's uncircumcised.

For transmen who top, information is lacking on how **gender reassignment surgery** may increase or decrease HIV transmission risk. If you have not had gender reassignment surgery, your risk for getting or transmitting HIV can depend on many factors, including whether or not you use sex toys, or if you're taking medicines to prevent or treat HIV. Talk to your health care about ways you can decrease your risk for getting to transmitting HIV.

We do know that the chance that someone who's HIV-negative will get HIV each time they're the bottom with an HIV-positive partner who is not wearing a condom is 138 out of 10,000 exposures. And the chance that someone who's HIV-negative will get HIV each time they're the top with an HIV-positive partner is 11 out of 10,000 exposures. Talk to your health care provider to learn about ways you can decrease your risk for getting to transmitting HIV.

What you can do: In relationships where one partner is HIV positive and the other is negative, it's safer if the HIV-positive partner is always on the bottom.

Here are some other things you can do to reduce the risk of getting HIV:

- The partner on top can use a condom consistently and correctly.
- Take medicines to prevent HIV (called pre-exposure prophylaxis, or PrEP)
- Try sexual activities that are lower risk for HIV than anal sex

If you use sex toys with a partner, the best way to protect yourself from HIV isn't to share sex toys. If you choose to share sex toys with your partner, always use a new condom on the sex toy. And be sure to clean sex toys after each use.

Being a Top or Bottom to Prevent HIV (HIV Positive Transgender men)

What is being a top or a bottom to prevent HIV? During anal sex, an HIV-positive partner can choose to be on the bottom (the receiving partner) to decrease the chances of transmitting HIV to an HIV-negative partner on top (the inserting partner). This is referred to as seropositioning or strategic positioning. This strategy isn't recommended for transmen and their partners.

What we know about being a top or a bottom to prevent HIV: During anal sex, the bottom is at high risk of getting HIV from an HIV-positive partner because the lining of the rectum is thin and may allow HIV to enter the body. But the top is also at risk for getting HIV because if the insertive partner was born with and still has male genitalia, HIV can enter the body through the opening at the tip of the penis (or urethra); through small cuts, scratches, or open sores on the penis; and through the foreskin if the insertive partner's uncircumcised.

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Here are some things you can do to reduce the risk of transmitting HIV:

- The partner on top can use a condom consistently and correctly.
- Take medicines to treat HIV (called antiretroviral therapy or ART)
- Try sexual activities that are lower risk for HIV than anal sex

If you use sex toys with a partner, the best way to protect yourself from HIV isn't to share sex toys. If you choose to share sex toys with your partner, always use a new condom on the sex toy. And be sure to clean sex toys after each use.

Being a Top or Bottom to Prevent HIV (HIV Negative Transgender women)

What is being a top or a bottom to prevent HIV? For anal sex, the HIV-positive partner can choose to be on the **bottom (the receiving partner)** to lower the chances of transmitting HIV to the HIV-negative partner on **top (the inserting partner)**. This is sometimes called seropositioning or strategic positioning.

What we know about being a top or a bottom to prevent HIV: During anal sex, the *bottom* is at high risk of getting HIV from an HIV-positive partner because the lining of the rectum is thin and may allow HIV to enter the body.

The *top* is also at risk for getting HIV if the top **was born with and still has male genitalia**. This is because HIV can enter the body through the opening at the tip of the penis (or urethra); through small cuts, scratches, or open sores on the penis; and through the foreskin if the penis is uncircumcised.

For transmen who top, information is lacking on **how gender reassignment surgery** may increase or decrease HIV transmission risk.

We do know that the chance that someone who's HIV-negative will get HIV each time they're the bottom with an HIV-positive partner who is not wearing a condom is 138 out of 10,000 exposures. And the chance that someone who's HIV-negative will get HIV each time they're the top with an HIV-positive partner is 11 out of 10,000 exposures. Talk to your health care provider to learn about ways you can decrease your risk for getting to transmitting HIV.

What you can do: In relationships where one partner is HIV positive and the other is negative, it's safer if the HIV-positive partner is always on the bottom.

Here are some other things you can do to reduce the risk of getting HIV:

- The partner on top can use a condom consistently and correctly.
- Take medicines to prevent HIV (called pre-exposure prophylaxis, or PrEP)
- Try sexual activities that are lower risk for HIV than vaginal or anal sex

Being a Top or Bottom to Prevent HIV

What is being a top or a bottom to prevent HIV? For anal sex, the HIV-positive partner can choose to be on the **bottom (the receiving partner)** to lower the chances of transmitting HIV to the HIV-negative partner on **top (the inserting partner)**. This is sometimes called seropositioning or strategic positioning.

What we know about being a top or a bottom to prevent HIV: During anal sex, the *bottom* is at high risk of getting HIV from an HIV-positive partner because the lining of the rectum is thin and may allow HIV to enter the body.

The *top* is also at risk for getting HIV if the top **was born with and still has male genitalia**. This is because HIV can enter the body through the opening at the tip of the penis (or urethra); through small cuts, scratches, or open sores on the penis; and through the foreskin if the penis is uncircumcised.

For transmen who top, information is lacking on **how gender reassignment surgery** may increase or decrease HIV transmission risk.

We do know that the chance that someone who's HIV-negative will get HIV each time they're the bottom with an HIV-positive partner who is not wearing a condom is 138 out of 10,000 exposures. And the chance that someone who's HIV-negative will get HIV each time they're the top with an HIV-positive partner is 11 out of 10,000 exposures. Talk to your health care provider to learn about ways you can decrease your risk for getting to transmitting HIV.

What you can do: In relationships where one partner is HIV positive and the other is negative, it's safer if the HIV-positive partner is always on the bottom.

Here are some things you can do to reduce the risk of transmitting HIV:

- The partner on top can use a condom consistently and correctly.
- Take medicines to treat HIV (called antiretroviral therapy or ART)
- Try sexual activities that are lower risk for HIV than **vaginal** or **anal sex**

Injecting Silicone (Pumping Silicone) and Sharing Needles/Syringes

What is injecting silicone (pumping silicone) and sharing needles/syringes? Silicone (or other thick liquids) can be injected into body tissue to make certain areas of the body, such as the breasts, buttocks, thighs, and face, look fuller and more feminine. This is sometimes called “pumping”. Sometimes people share needles when they inject silicone.

What we know about injecting silicone (pumping silicone) and sharing needles syringes: Silicone injections can be done safely by a health care provider, but sometimes people inject silicone with friends or acquaintances at parties. There’s a chance you can transmit HIV if someone uses your needles after you’ve used them. This is because the needle may have blood in it, and blood carries HIV. Likewise, you’re at risk for getting or transmitting hepatitis B and C if you share needles because these infections are also transmitted through blood.

Injecting liquids like silicone can also cause other serious health problems - from abscesses and severe swelling of the skin to disfigurement (and even death) - because it spreads to other parts of the body through the bloodstream. Many times, the liquids used in these injections aren’t approved for use in the body.

What you can do: You shouldn’t inject any substance into your body that isn’t prescribed for you by a health care provider. If you inject silicone, here are some things you can do to lower your risk for getting or transmitting HIV and other infections:

- **Use only new sterile needles and works each time you inject.** Many communities have needle exchange or syringe services programs where you can get new, sterile needles, works, and other supplies (e.g., alcohol pads), as well as health care services. Some pharmacies may also sell needles.
- **Never share needles or works.** Be aware that HIV can survive in a used needle for up to 42 days depending on temperature and other factors.
- **Clean used needles with bleach only when you can’t get new ones.** Bleaching a used needle may reduce the risk of HIV but doesn’t eliminate it. Needle exchange and syringe services programs often give out free bleach kits and can teach you how to use the kit.
- **Clean your skin with a new alcohol swab before you inject.**
- **If you inject around other people, be careful not to get someone else’s blood on your hands or your needle or works.**
- **Dispose of needles safely after one use.** Use a sharps container or make sure to keep used needles away from other people. Some communities may have drop boxes where you can dispose of your used needles safely.

Injecting Hormones and Sharing Needles/Syringes

Transgender people can be at risk for getting or transmitting HIV through sharing needles used for injecting substances for gender enhancement. Sometimes people can obtain injectable hormones, the most common form of gender enhancement, and carry out the injecting themselves. People who are HIV negative are at very high risk for getting HIV if they use needles after someone with HIV has used them. This is because the needle may have blood in it, and blood carries HIV. You're also at risk for getting or transmitting hepatitis B and C if you share needles and works because these infections are also transmitted through blood.

It is important to learn about safe injecting practices to decrease the risk for HIV transmission or acquisition. You should avoid injecting any substance into your body that isn't prescribed for you by a health care provider. If you inject hormones, silicone, or other substances for gender enhancement, here are some things you can do to lower your risk for getting or transmitting HIV and other infections:

- **Use only new sterile needles and works each time you inject.** Many communities have needle exchange or syringe services programs where you can get new, sterile needles, works, and other supplies (e.g., alcohol pads), as well as health care services. Some pharmacies may also sell needles.
- **Never share needles or works.** Be aware that HIV can survive in a used needle for up to 42 days depending on temperature and other factors.
- **Clean used needles with bleach only when you can't get new ones.** Bleaching a used needle may reduce the risk of HIV but doesn't eliminate it. Needle exchange and syringe services programs often give out free bleach kits and can teach you how to use the kit.
- **Clean your skin with a new alcohol swab before you inject.**
- **If you inject around other people, be careful not to get someone else's blood on your hands or your needle or works.**
- **Dispose of needles safely after one use.** Use a sharps container or make sure to keep used needles away from other people. Some communities may have drop boxes where you can dispose of your used needles safely.

Pre-exposure prophylaxis (PrEP) (HIV Positive)

What is pre-exposure prophylaxis? Pre-exposure prophylaxis (or PrEP) is when people at substantial risk for HIV take specific HIV medicines daily to lower their chances of getting it.

What we know about PrEP: A combination of two medicines (sold under the name Truvada®) is approved for daily use as PrEP to help prevent an HIV-negative person from getting HIV from a sexual or drug-using partner who's positive. Studies have shown that PrEP can be very effective if it's used as prescribed. PrEP is much less effective when it is not taken consistently.

Being on PrEP does not mean a transgender person cannot be on hormone therapy or choose to have any number of surgical procedures done. PrEP should be considered if you are HIV-negative and in an ongoing sexual relationship with an HIV-positive partner. PrEP also should be considered if you are HIV-negative and have had a sexually transmitted disease (STD) or any condom-less anal sex (receptive or insertive) with a partner who was born with and still has male genitalia in the past 6 months and are not in an exclusive relationship with a recently tested, HIV-negative partner.

PrEP is also recommended for people who've injected illicit drugs in past 6 months and have shared equipment or been in drug treatment in past 6 months.

Because PrEP involves daily medication and frequent visits to a health care provider, it may not be right for everyone. And PrEP can cause side effects like nausea in some people. These side effects are not life threatening.

What you can do: If you have a sexual or drug-using partner who's HIV-negative, they might consider taking PrEP to reduce the chances of getting HIV. Encourage your partner to talk to a health care provider to find out if PrEP is the right HIV prevention strategy for them. There are other antiretroviral medications (called post-exposure prophylaxis or PEP) your partner can take to prevent getting HIV if they think they were recently exposed.

PrEP works best when combined with other prevention strategies, such as consistent and correct condom use, counseling, and treatment of other sexually transmitted diseases (STDs).

The cost of PrEP is covered by some health insurance plans. There's a commercial medication assistance program that provides free PrEP to people with limited income and no insurance to cover PrEP care. Visit <http://www.truvada.com/truvada-patient-assistance> for more information.

You can also reduce the risk of transmitting HIV to your sexual partner if you take ART consistently. Being on effective treatment lowers the amount of HIV in your body, can keep you healthy for many years, and greatly reduces your chance of transmitting HIV to sex partners if taken consistently and correctly.

Pre-exposure prophylaxis (PrEP) (HIV Negative)

What is pre-exposure prophylaxis? Pre-exposure prophylaxis (or PrEP) is when people at substantial risk for HIV take specific HIV medicines daily to lower their chances of getting it.

What we know about PrEP: A combination of two medicines (sold under the name Truvada®) is approved for daily use as PrEP to help prevent an HIV-negative person from getting HIV from a sexual or drug-using partner who's positive. Studies have shown that PrEP can be very effective if it's used as prescribed. (+) PrEP is much less effective when it is not taken consistently.

Being on PrEP does not mean a transgender person cannot be on hormone therapy or choose to have any number of surgical procedures done. PrEP should be considered if you are HIV-negative and in an ongoing sexual relationship with an HIV-positive partner. PrEP also should be considered if you are HIV-negative and have had a sexually transmitted disease (STD) or any condom-less anal sex (receptive or insertive) with a partner who was born with and still has male genitalia in the past 6 months and are not in an exclusive relationship with a recently tested, HIV-negative partner.

PrEP is also recommended for people who've injected illicit drugs in past 6 months and have shared equipment or been in drug treatment in past 6 months.

Because PrEP involves daily medication and frequent visits to a health care provider, it may not be right for everyone. And PrEP can cause side effects like nausea in some people. These side effects are not life threatening.

What you can do: PrEP works best when combined with other HIV prevention strategies, such as using condoms, counseling, and treatment of other sexually transmitted diseases (STDs). HIV testing is required before beginning PrEP to be sure that you do not already have HIV infection and every 3 months while you are taking PrEP. (+) Be aware that if you take PrEP, you have to take it every day and visit your health care provider frequently. There are other antiretroviral medications (called post-exposure prophylaxis or PEP) your partner can take to prevent getting HIV if they think they were recently exposed.

If you think you recently had a potential HIV exposure, you can take antiretroviral medication to help prevent becoming infected. This is called post-exposure prophylaxis or PEP. To be effective, you need to start taking PEP medication as soon as possible but always within 72 hours.

PrEP works best when combined with other prevention strategies, such as consistent and correct condom use, counseling, and treatment of other sexually transmitted diseases (STDs).

The cost of PrEP is covered by some health insurance plans, and a commercial medication assistance program is available that provides free PrEP to people with limited income and no insurance to cover PrEP care. Visit <http://www.truvada.com/truvada-patient-assistance> for more information.

Anal Sex (ALL)

Anal sex is the riskiest type of sex for getting or transmitting HIV. It's possible for either partner – the top or the bottom– to get HIV

The bottom's risk of getting HIV is very high because the lining of the rectum is thin and may allow HIV to enter the body during anal sex. Even if the top withdraws or pulls out before ejaculating, the bottom can still get infected because preseminal fluid (pre-cum) can carry HIV.

If the top **was born with and still has male genitalia**, they're also at risk because HIV can enter the body through the opening at the tip of the penis (or urethra); the foreskin if the penis isn't circumcised; or small cuts, scratches, or open sores anywhere on the penis.

Many things can increase someone's risk of getting HIV from anal sex aside from sexual position (top vs. bottom). Both partners are more likely to get HIV from anal sex if the top isn't wearing a condom. Risk is also higher if the HIV-negative partner isn't taking medicine to prevent HIV (called pre-exposure prophylaxis or PrEP) or if the HIV-positive partner isn't taking medicine to treat HIV (called antiretroviral therapy or ART).

You can get also other sexually transmitted diseases (STDs) from anal sex even if you use a condom because some STDs are transmitted through skin-to-skin contact. And you can get hepatitis A and B, parasites like Giardia, and other bacteria like Shigella, Salmonella, Campylobacter, and E. coli from anal sex because they're transmitted through feces.

Anal Sex Risk Estimate

Information is lacking on how **gender reassignment surgery** may increase or decrease HIV transmission risk. We do know that the chance that someone who's HIV-negative will get HIV each time they're the bottom with an HIV-positive partner who isn't wearing a condom is 138 out of 10,000 exposures. And the chance that someone who's HIV-negative will get HIV each time they're the top with an HIV-positive partner is 11 out of 10,000 exposures. Talk to your health care provider to learn about ways you can decrease your risk for getting to transmitting HIV.

Oral sex (HIV Positive)

What is oral sex? Oral sex involves using the mouth to stimulate the penis, vagina, or anus (butt). Fellatio is mouth-to-penis oral sex; cunnilingus is mouth-to-vagina oral sex; and anilingus is mouth-to-anus oral sex.

What we know about oral sex: There's little to no risk of transmitting HIV from oral sex, although getting fellatio is riskier than other types of oral sex.

The chance an HIV-negative person will get HIV each time they have oral sex with an HIV-positive partner is extremely low. However, it's hard to know the exact risk because a lot of people who have oral sex also have vaginal or anal sex.

You can get other **STDs** from oral sex. And, although the chance of transmitting HIV from rimming is small, if you get feces in your mouth, you can get hepatitis A and B, parasites like *Giardia*, and other bacteria like *Shigella*, *Salmonella*, *Campylobacter*, and *E. coli*.

What you can do: Choosing activities with little to no risk like oral sex instead of higher-risk activities like vaginal or anal sex can lower your chances of getting HIV. If you have oral sex, there are things you can do to reduce your HIV risk such as using a barrier (e.g., a condom, dental dam, or cut-open non-lubricated condom) or, if your partner has a penis, taking your mouth off of it before ejaculation. Keep in mind that using a barrier is the only way to protect yourself from some STDs, including gonorrhea of the throat.

Your chance of getting HIV is lower if you're taking medicine to prevent HIV (called pre-exposure prophylaxis or PrEP) or if your partner is HIV positive and taking medicine to treat HIV (called antiretroviral therapy or ART). Both PrEP and ART need to be taken consistently and correctly in order to work.

Oral sex (HIV Negative)

What is oral sex? Oral sex involves using the mouth to stimulate the penis, vagina, or anus (butt). Fellatio is mouth-to-penis oral sex; cunnilingus is mouth-to-vagina oral sex; and anilingus is mouth-to-anus oral sex.

What we know about oral sex:

There's little to no risk of getting HIV from oral sex, although giving fellatio is riskier than other types of oral sex.

The chance an HIV-negative person will get HIV each time they have oral sex with an HIV-positive partner is extremely low. However, it's hard to know the exact risk because a lot of people who have oral sex also have vaginal or anal sex.

You can get other STDs from oral sex. And, although the chance of getting HIV from rimming is small, if you get feces in your mouth, you can get hepatitis A and B, parasites like *Giardia*, and other bacteria like *Shigella*, *Salmonella*, *Campylobacter*, and *E. coli*.

What you can do:

Choosing activities with little to no risk like oral sex instead of higher-risk activities like vaginal or anal sex can lower your chances of getting HIV. If you have oral sex, there are things you can do to reduce your HIV risk such as using a barrier (e.g., a condom, dental dam, or cut-open non-lubricated condom) or, if your partner has a penis, taking your mouth off of it before ejaculation. Keep in mind that using a barrier is the only way to protect yourself from some STDs, including gonorrhea of the throat.

Your chance of getting HIV is lower if you're taking medicine to prevent HIV (called pre-exposure prophylaxis or PrEP) or if your partner is HIV positive and taking medicine to treat HIV (called antiretroviral therapy or ART). Both PrEP and ART need to be taken consistently and correctly in order to work.

Male Circumcision (ALL)

What is male circumcision? Removing some or all the foreskin (the fold of skin that covers the head, or glans, of the penis) from the penis is called male circumcision. This procedure is done for hygiene and health reasons or as part of religious or cultural traditions.

What we know about male circumcision: There's limited data on whether male circumcision reduces the risk of transgender men or women getting or transmitting HIV. However, when heterosexual men are circumcised, they're less likely to get HIV from their female sexual partners compared with men who have not been circumcised. If an individual **was born with and still has male genitalia**, research indicates that male circumcision also reduces the risk of getting herpes and human papillomavirus (HPV) from having vaginal sex with a partner who has those infections. It's unclear whether the **receptive partner (or bottom)** gets any protection when having sex with a circumcised **insertive partner (or top)** who has HIV.

More studies are under way about the benefits of circumcision among numerous populations, including transwomen and gay and bisexual men.

What you can do: There's insufficient evidence to suggest that circumcision offers any protection during many sex acts, including anal sex. Don't assume that having sex without a condom or medicines to prevent or treat HIV with a circumcised insertive partner is safe. Individuals with a circumcised penis and their partners can still get HIV or other STDs.

Make sure to use condoms consistently and correctly to prevent getting or transmitting HIV or other STDs.

If you're a parent, talk to your health care provider about the risks and benefits of circumcision to your newborn.

Background Factors (ALL)

Many cultural, socioeconomic, and health-related factors may increase HIV risk for some transgender individuals. Some examples include

- Discrimination and social stigma can reduce access to education, employment, and housing opportunities. In a study conducted in San Francisco, transgender people were more likely than men who have sex with men or heterosexual women to have difficulty finding stable housing and to be less educated. Factors like these may help explain why transgender people who experience significant economic difficulties often pursue high-risk activities, including sex work, to meet their basic survival needs.
- Behaviors and factors that may contribute to high risk of HIV infection among transgender people include higher rates of drug and alcohol use, sex work, incarceration, homelessness, attempted suicide, unemployment, lack of family or social support, violence, stigma and discrimination, limited health care access, and negative health-care experiences.
- Health care provider insensitivity to transgender identity or sexuality can make it harder for transgender people who are HIV-positive to seek health care. Research shows a similar proportion of transgender women who are HIV positive have health insurance coverage compared with non-transgender people living with HIV, but transgender women who are HIV positive are less likely to be on antiretroviral therapy (ART).

NonCDC Messages from Inventory

Topic: Gender Affirming Care (hormone injections) HIV Risk (for a negative)

Original Source: <http://www.avert.org/transgender-hiv.htm>

Transgender people can be at risk of HIV through injecting substances for gender enhancement. Sometimes people can obtain injectable hormones, the most common form of gender enhancement, and carry out the injecting themselves. It is important to learn about safe injecting practices, otherwise someone going through this may be very vulnerable to HIV.

Topic: Gender Affirming Care/Messages of Empowerment (hormone injections) HIV treatment (for a positive)

Original Source: <http://www.avert.org/transgender-hiv.htm>

Living with HIV does not mean a transwoman cannot be on hormone therapy or choose to have any number of surgical procedures done, but these are all decisions that are the individual's own to make and no one else's. Some transgender people will choose to take hormones—some won't. Some transgender people will choose to have some type of surgery—which can include, but is by no means limited to, sexual reassignment surgery (SRS) and some will not. Each person has the right to make their own decisions on these matters, and that's not something generally open for discussion. Nor can anyone tell someone what is the "correct" way for them to express themselves sexually—this too is their decision.

Topic: Self esteem/ HIV Prevention

Original Source: <http://www.thebody.com/content/67411/breaking-down-barriers-to-transgender-health-and-h.html?getPage=1>

There is a high level of discrimination and stigma that exists within the transgender community. All of the violence and internalized discrimination and transphobia can lead to risky behaviors around contracting HIV. If someone's self-esteem is not high, they are less likely to take care of their body. In trying to affirm their genders, and also in trying to survive and have an income, transgender people may turn to the sex work industry this further leads to higher risk of HIV.

Topic: Access to Care

Original source: <http://www.thebody.com/content/63509/hiv-among-transgender-people.html>

Discrimination and social stigma can hinder access to education, employment, and housing opportunities. Transgender people have been shown to be more likely than men who have sex with men or heterosexual women to live in transient housing and be less educated. Discrimination and social stigma may help explain why transgender people who experience significant economic difficulties often pursue high-risk activities, including sex work, to meet their basic survival needs.

Revised NonCDC Messages from Inventory

Topic: Injecting Hormones

Original Source: <http://www.avert.org/transgender-hiv.htm>

Transgender people can be at risk for getting or transmitting HIV through injecting substances for gender enhancement. Sometimes people can obtain injectable hormones, the most common form of gender enhancement, and carry out the injecting themselves. It is important to learn about safe injecting practices to decrease the risk for HIV transmission or acquisition. You should avoid injecting any substance into your body that isn't prescribed for you by a health care provider. If you inject hormones, silicone, or other substances for gender enhancement, here are some things you can do to lower your risk for getting or transmitting HIV and other infections:

- **Use only new sterile needles and works each time you inject.** Many communities have needle exchange or syringe services programs where you can get new, sterile needles, works, and other supplies (e.g., alcohol pads), as well as health care services. Some pharmacies may also sell needles.
- **Never share needles or works.** Be aware that HIV can survive in a used needle for up to 42 days depending on temperature and other factors.
- **Clean used needles with bleach only when you can't get new ones.** Bleaching a used needle may reduce the risk of HIV but doesn't eliminate it. Needle exchange and syringe services programs often give out free bleach kits and can teach you how to use the kit.
- **Clean your skin with a new alcohol swab before you inject.**
- **If you inject around other people, be careful not to get someone else's blood on your hands or your needle or works.**
- **Dispose of needles safely after one use.** Use a sharps container or make sure to keep used needles away from other people. Some communities may have drop boxes where you can dispose of your used needles safely.

Topic: Hormones, SRS, and ART

Original Source: <http://www.avert.org/transgender-hiv.htm>

Living with HIV does not mean a transgender person cannot be on hormone therapy or choose to have any number of surgical procedures done. If you find out you are HIV positive, it is important that you start medical care and begin HIV treatment as soon as you are diagnosed with HIV. Antiretroviral therapy (ART) is recommended for all people with HIV, regardless of how long they've had the virus or how healthy they are.

Starting ART slows the progression of HIV and helps protect your immune system. ART can keep you healthy for many years, and greatly reduces your chance of transmitting HIV to sex partners if medicines are taken consistently and correctly. If you're taking ART, visit your health care provider regularly and always take your medicines as directed.

If you have health insurance, your insurer is required to cover some medicines used to treat HIV. If you don't have health insurance, or you're unable to afford your copay or co-insurance amount, you may be eligible for other government programs that can help such as Medicaid, Medicare, Ryan White Care Act treatment centers, and community health centers. CDC is working with its federal partners that oversee these programs to make sure all people who need treatment can get it. Your health care provider or local public health department can tell you where to get HIV treatment.

Customize your content...

Reset options ×

This tool allows you to access information that is individually tailored to meet your needs. Just answer the following questions to get started!

Are you transgender?



Yes



No

Gender

Status

Partners

All selections are optional. You can change your selections at any time. The answers you give will not be kept after you close out of your Internet browser.

Customize your content...

Reset options ×

This tool allows you to access information that is individually tailored to meet your needs. Just answer the following questions to get started!

Do you consider yourself to be transgender, genderqueer or gender non-conforming?



Yes



No

Gender

Status

Partners

All selections are optional. You can change your selections at any time. The answers you give will not be kept after you close out of your Internet browser.

Customize your content...

Reset options ×

This tool allows you to access information that is individually tailored to meet your needs. Just answer the following questions to get started!

What sex were you assigned at birth? (check one)



Male



Female



Decline to answer

Gender

Status

Partners

All selections are optional. You can change your selections at any time. The answers you give will not be kept after you close out of your Internet browser.

Customize your content...

Reset options ×

This tool allows you to access information that is individually tailored to meet your needs. Just answer the following questions to get started!

What is your current gender identity? (choose all that apply)



Male



Female



Transgender Male/
Transman/FTM



Transgender Female/
Transwoman/MTF



Genderqueer



Additional Category



Decline to answer

Gender

Status

Partners

Customize your content...

Reset options ×

This tool allows you to access information that is individually tailored to meet your needs. Just answer the following questions to get started!

What is your current gender identity? (Check and/or circle ALL that apply)



Male



Female



Decline to answer

Gender

Status

Partners

All selections are optional. You can change your selections at any time. The answers you give will not be kept after you close out of your Internet browser.

Customize your content...

Reset options ×

This tool allows you to access information that is individually tailored to meet your needs. Just answer the following questions to get started!

This person has sex with... (choose all that apply)



Male



Female



Transgender Male/
Transman/FTM



Transgender Female/
Transwoman/MTF



Genderqueer

Gender

Status

Partners

All selections are optional. You can change your selections at any time. The answers you give will not be kept after you close out of your Internet browser.

Messages for testing [Transwomen only-HIV+/-]

Message #1

I'm doing it. I'm transgender and I'm testing for HIV because I'm worth it.

I am testing for HIV. Knowing my status is important to me. Are you doing it? Get tested and know your status. For more information, visit <website>.

Message #2

I'm doing it. I'm testing for HIV because I'm worth it.

I am testing for HIV. Knowing my status is important to me. Are you doing it? Get tested and know your status. For more information, visit <website>.

Messages for testing [Transwomen only-HIV+/-]

Message #3

The sooner you know your HIV status, the sooner you can take steps to live a healthy life.

I'm doing it. I regularly test for HIV. If you find out you are HIV positive, you can start taking medicine for your HIV. Getting treated for HIV improves your health, prolongs your life and greatly lower your chance of spreading HIV to others. For more information, visit <website>.

Message #4

The sooner you know your HIV status, the sooner you can take steps to live a healthy life.

I'm doing it. I regularly test for HIV. As transgender women, it's important to find Health care providers that you're comfortable with. To find a place that suits you, visit <website> to locate HIV testing centers in your area.