

Misconceptions about risk

Understanding the risk of HIV can be difficult. It is important that media reporting of HIV presents accurate information on how HIV is transmitted and degrees of risk. The idea that HIV can be easily passed on feeds stigma and discrimination and can result in people living with HIV being treated unfairly and becoming very isolated.

Risk of HIV from needles

Injuries from discarded needles can cause a great deal of worry for the individual affected. People may, for example, step on a discarded needle in the street, on a beach, in a park or play area. However, the actual risk of acquiring HIV from a discarded needle is extremely low.

Out of over 60 million HIV infections world-wide there has never been a recorded case of someone being infected with HIV from a needle injury outside a healthcare setting. For HIV infection to occur, a person must be exposed to infectious quantities of HIV. But HIV is a fragile virus that does not usually survive for long outside the body.

The only cases of HIV infection from 'needle stick' or other injuries have been in healthcare settings. These have involved puncture wounds or cuts that have been exposed to the fresh blood of HIV positive individuals. In the five recorded cases of occupational infection after needle-stick injuries in the UK, the injuries occurred seconds or at most minutes after blood was drawn from the HIV-infected patient.

Too often fear of HIV infection is used in the headline or first paragraph of a story about discarded needles for sensational effect, when in fact risk of other infections is vastly greater. Reporting the risks of discarded needles accurately will help avoid the anxiety people who are injured can experience.

Reports on discarded needles outside healthcare settings should not either in the headline or in the story give prominence to HIV risk, given the fact there has never been a single example of infection from such a source anywhere in the world.

Risk of HIV from attack with a needle

Reports occur in the media of people threatening others or actually assaulting them with needles. Sometimes the attacker may also tell their victim they have HIV or 'AIDS'.

There is not a single recorded case anywhere in the world of someone being infected with HIV through such an attack.

In the vast majority of cases there is no reason to believe the attacker is actually infected with HIV, even when they make such a claim.

Such attacks are clearly a serious criminal matter, but it does not help the victim to exaggerate the risk of HIV infection. Reports should also avoid giving credence to claims by attackers of HIV infection which are not substantiated by a diagnosis.

Risk of HIV from biting

Because of the ability to draw blood with a bite, there can be considerable anxiety over the likelihood of HIV being transmitted in this way. There are two scenarios that can result in concern over transmission:

- An HIV positive person bites an HIV negative person
- An HIV negative person bites an HIV positive person.

However, the risk of HIV transmission from biting is negligible. In order for transmission to take place

Discrimination and HIV

Misunderstanding about the risk of HIV can lead to people with HIV facing discrimination. Recent examples in the UK include children with HIV being excluded from school for fear of them infecting another child by biting in the playground, and people with HIV being refused jobs working with people with mental health problems because of fear of them being bitten. Discrimination also still occurs in the workplace and even in the health service.

there would need to be both exposure to blood and a route into the body for that blood. In both scenarios, for transmission to occur blood from both individuals would need to be present, as HIV is not transmitted through saliva alone.

There have been no cases of HIV transmission from an HIV negative person biting an HIV positive person and only ever four reports of HIV being transmitted from an HIV positive person biting an HIV negative person. These instances occurred in extremely specific and unusual circumstances, in which the HIV positive person had advanced HIV disease and blood in their saliva.

It is important to stress, however, that there have been numerous reports where a bite by somebody with HIV did not result in HIV infection.

Reporting of biting incidents involving HIV positive individuals should therefore avoid using language that suggests there is a real risk of HIV transmission occurring via this route. As with discarded needles, this will only serve to cause unnecessary anxiety and add to the stigma surrounding HIV.

Risk of HIV from spitting

There has never been a case of HIV infection resulting from spitting. HIV is only present in saliva in very low quantities, making infection from saliva impossible. There is therefore no risk of acquiring HIV from being spat at.

The only time a risk becomes theoretically possible is when there is significant blood present in the saliva. But there has never been a recorded case of this happening. Saliva has an inhibitory effect on HIV that may be present in blood. There has never been a recorded case of HIV infection after the mucus membranes in the eye or nose were exposed to HIV-infected blood. There is no risk of HIV infection from blood contact on unbroken skin.

Reports that suggest HIV can be transmitted by saliva are therefore misleading and inaccurate and should never be made.

Further information

Needle-stick injuries

AVERT – www.avert.org/needlestick.htm

HPA – Eye of the Needle, 2008 - http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1227688080528