

BRASS MUNKIE

HEP-C

CURED

Issue 34: BBV Special

IN THIS ISSUE

WELCOME READERS!

We are so excited to be able to produce this special issue of BM - which is focused on two blood borne viruses that affect so many people in our community, Hep C and HIV. People living with these viruses, medical personnel and service providers have all helped us out with information, so hopefully, this issue will give you all the latest facts.

For a couple of years now, all I've heard about is fibroscans – going for a fibroscan and mobile fibroscans. I always go straight to Dr Who and the Tardis when trying to picture new technology... so in my head these could have been anything!



In January I needed to get a fibroscan, so I wanted to tell you what it is actually like. Firstly, you should know that I don't really like medical things. I thought maybe it was going to be like having an ultrasound when I was pregnant, and I'd need to put on a gown, or they would cover my tummy in slime. I didn't know if I should shave my legs or wear "good" knickers?

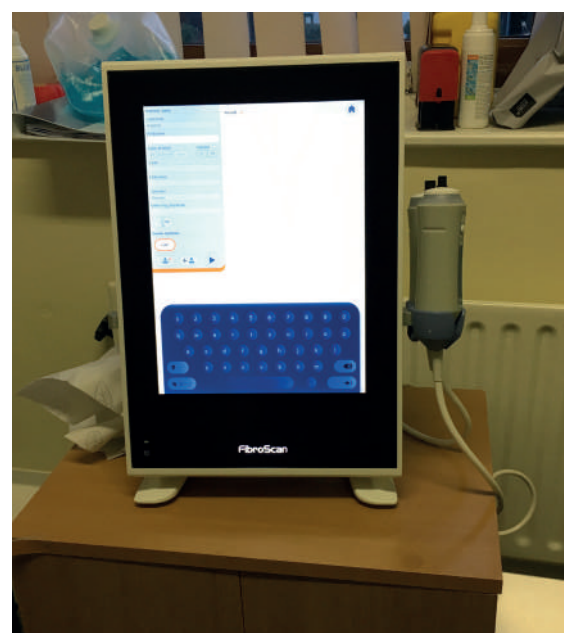
In reality – none of that! I took a photo of the machine she entered my details into (spoiler alert - this people, is what a fibroscan machine looks like!) I lay down on a table (fully clothed thank you very much) the Nurse lifted up one side of my jumper and held the poker (you will see this in the photo) against my ribs. It did a weird thing where it "pulsed" 10 times and in less than two minutes I was done. It was 100% painless, super quick, no slimy gel and instant results.

I was absolutely blown away by how far technology has advanced. It was such a great experience and I could see the results instantly.

Sometimes I think back to when I was a kid and wonder what people would have thought if I had pulled an iPhone out of my bag. It wasn't that long ago but the advancements we have made in technology in such a short time are astounding. The advancements we have made in medicine are just as astounding but not always as obvious as new phones or computer watches! To be able to share the information that Hep C is curable and that the HIV virus can be undetectable is beyond what I ever could have imagined.

We hope you like our gift (with huge thanks to HIV Ireland) and that you use it! We would love to have included works as well but you all know where to go to get an exchange!

On a serious note, this is the most important issue I have been part of making and I hope that you will share the information in here with everyone who it could benefit. Please be aware that we can stop the spread of these viruses and speak openly and positively to help end the stigma.



Fibroscan machine

HEP-C



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THIS ISSUE'S ISSUE - STIGMA

Once upon a time, someone who was influential decided that the people who used drugs were bad and told lots of other people – for the sake of this story, let's call the people who listened the "sheep". This idea has now been passed down for a few generations which means that the idea that people who use drugs are "bad" has grown.

Because it's been so long, the "sheep" have stayed away from the people, this means they have no idea about what addiction or any blood borne virus is so they fear it.

DEFINING STIGMA

An article titled "SHAMING THE SICK" by Lauren Villa, MPH published on drugabuse.com has this really great definition of stigma;

"Stigma is defined as a set of negative beliefs that a group or society holds about a topic or group of people. According to the World Health Organization (WHO), stigma is a major cause of discrimination and exclusion and it contributes to the abuse of human rights. When a person experiences stigma they are seen as less than because of their real or perceived health status. Stigma is rarely based on facts but rather on assumptions, preconceptions, and generalizations; therefore, its negative impact can be prevented or lessened through education. Stigma results in prejudice, avoidance, rejection, and discrimination against people who have a socially undesirable trait or engage in culturally marginalized behaviors, such as drug use (Link, 2001).

Family, friends and the general public can carry negative feelings about drug use or behavior. They may even use derogatory terms such as "junkie," "alcoholic," or "crackhead." These thoughts, feelings, and labels can create and perpetuate stigma."

People who use drugs are one of the most stigmatised groups in the community. If you add any kind of illness like Hep C or HIV the stigma is even worse. This is a huge issue and one of the biggest barriers people face when they try to live the life they choose.

Stigma starts with words - Words have power.

In 2018 – organisations in Ireland have done a lot of work to educate people about what stigma is but in the end it is up to all of us to stop feeling shame or being embarrassed for having an addiction.

The dictionary defines stigma as a mark of disgrace associated with a particular circumstance, quality, or person.

WORDS HAVE POWER

The question is, how can we use them to influence other people to change the way they respond to drugs and addiction? There are two ways of going about it – the first, tell people to stop (as a community we know how effective it is to tell people not to do something!) the second is to work to change the way we are seen.

The second way is slow and hard and frustrating. We need to stop listening to what people think of



us. We need to stop caring how we are seen and care how we see ourselves, as a member of an interesting, passionate and diverse community.

The one thing we do know is that to make a change we need to do exactly what happened to make this situation in the beginning. Go back to our community – identify who is the most respected and influential (the ones with sheep). We need to ask these people to support us. To change their language and make sure that we are called PEOPLE who use drugs. To speak positively about people living with addiction and to open doors to let us into regular services.

We also need to support each other – so make sure that we remember we are people first and to be aware of the language we use in our own conversations. We are not "users" or "addicts" we are PEOPLE WHO USE DRUGS.

We also need to make sure that if people use words that are offensive we follow up – we encourage you to call us at UISCE and let us know so we can continue to advocate for change.

HEP-C

WAYS WE CAN REDUCE STIGMA

OFFER COMPASSIONATE SUPPORT

**BE KIND TO PEOPLE
IN VULNERABLE
SITUATIONS**

**SEE THE PERSON
not the addiction**

**Listen
& don't
judge**

FACTS!
**LEARN
ABOUT WHAT
ADDICTION IS**

**Treat all people with
DIGNITY &
RESPECT**

SPEAK UP when you
see someone being
mistreated

**AVOID
LABELS**

SHARE YOUR OWN STORY OF STIGMA

HEP C - FACTS & STATS

HEPATITIS C AND THE NATIONAL HEPATITIS C TREATMENT PROGRAMME

In 2016 the HSE set up a National Hepatitis C Treatment Programme – the first of its kind in Ireland. The aim of the programme is to provide treatment to **EVERYONE** living with hepatitis C in Ireland over the coming years so that by 2026 it has been completely wiped out.

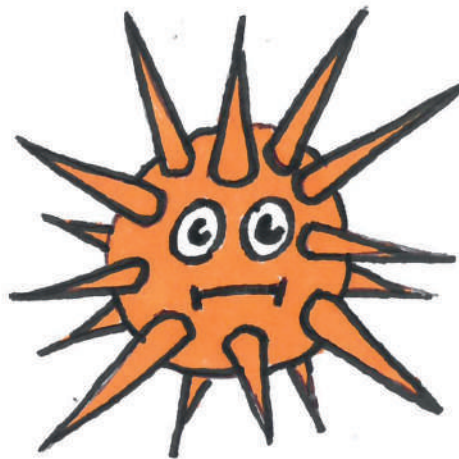
Because Hepatitis C can now be CURED in as little as 12 or even 8 weeks by simply taking tablets and completing a course of treatment – it is possible for anyone with the virus to rid themselves of it for once and for all.

SO WHAT IS HEPATITIS C AND HOW CAN YOU GET IT?

Hepatitis C (or Hep C as it is also called) is an infection of the liver caused by the Hepatitis C virus. It can cause inflammation (swelling) and fibrosis (scarring) of the

liver and sometimes serious liver damage.

Just a small trace of blood can cause an infection, and the virus can survive outside of the body in patches of dried blood on surfaces, for at least 16 hours but no longer than four days (at room temperature conditions).



Many people do not realise they have been infected with the virus because they may not have any symptoms and feel OK, or they may have flu-like symptoms that can easily be mistaken for another illness.

You can become infected with Hepatitis C if you come into contact with the blood of an infected person.

People who inject drugs and share equipment are at A VERY HIGH RISK of getting Hepatitis C.

Hepatitis C is most commonly spread by people sharing contaminated needles, spoons and filters to inject drugs.

Injecting yourself with just one contaminated needle may be enough to become infected.

“HEPATITIS C CAN BE CURED”

There is currently no vaccine to prevent Hepatitis C BUT there is a CURE.

Hepatitis C is passed on by contact with blood of an infected person but the most common way you can become infected is by sharing contaminated needles to inject drugs.

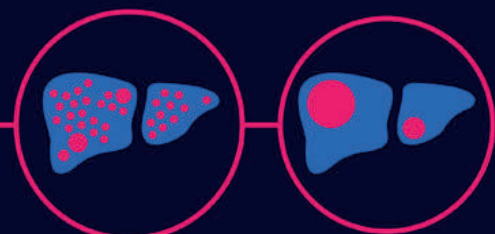
KNOW HEPATITIS DEMAND TREATMENT!



OVER
90%

of people with Hep C
can be completely cured
of the virus within
3-6 months

Treatment of Hep B & C
can prevent life-threatening
cirrhosis & liver cancer



HEP-C



OTHER WAYS OF GETTING HEPATITIS C INCLUDE

1. BLOOD DONATIONS BEFORE SEPTEMBER 1991

Since this date, all blood donated in Ireland is checked for the Hepatitis C virus. If you received blood transfusions or blood products before this date, there is a small possibility that you were infected with hepatitis C.

2. BLOOD TRANSFUSIONS AND TREATMENT ABROAD

If you have a blood transfusion or medical or dental treatment overseas where medical equipment is not sterilised properly, you may become infected with Hepatitis C. The virus can survive in traces of blood left on equipment.

3. SHARING TOOTHBRUSHES, SCISSORS AND RAZORS

There is a potential risk that Hepatitis C may be passed on through sharing items such as toothbrushes, razors and scissors.

Equipment used by hairdressers can pose a risk if it has been contaminated with infected blood and not been sterilised or cleaned between customers. However, most salons operate to high standards, so this risk is low.

4. TATTOOING AND BODY PIERCING

There is a potential risk that Hepatitis C may be passed on through using tattooing or body piercing equipment that has not been properly sterilised.

However, most tattoo and body piercing parlours in Ireland operate to high standards so this risk is low.

5. MOTHER TO CHILD

There is a small (one in 20) risk that a mother who is infected with the Hepatitis C virus will pass the infection on to her baby.

6. NEEDLESTICK AND SPLASH INJURY

There is a small (approximately one in 30) risk of getting hepatitis C if your skin is accidentally punctured by a needle used by someone with hepatitis C. There is also a small risk of transmission if a splash of

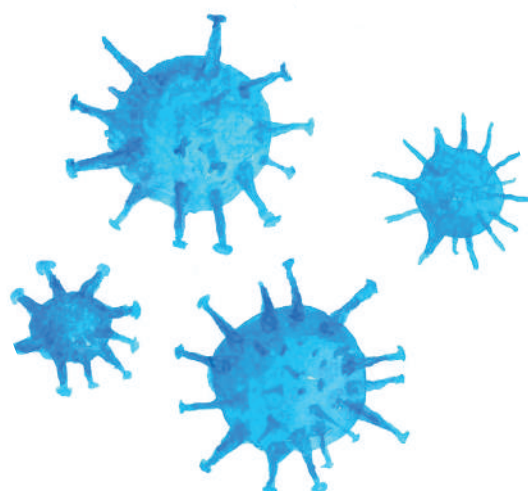
infected blood gets in the eyes or in the mouth.

Healthcare workers, nurses and laboratory technicians are at increased risk because they are in regular close contact with blood and body fluids.

7. UNPROTECTED SEX

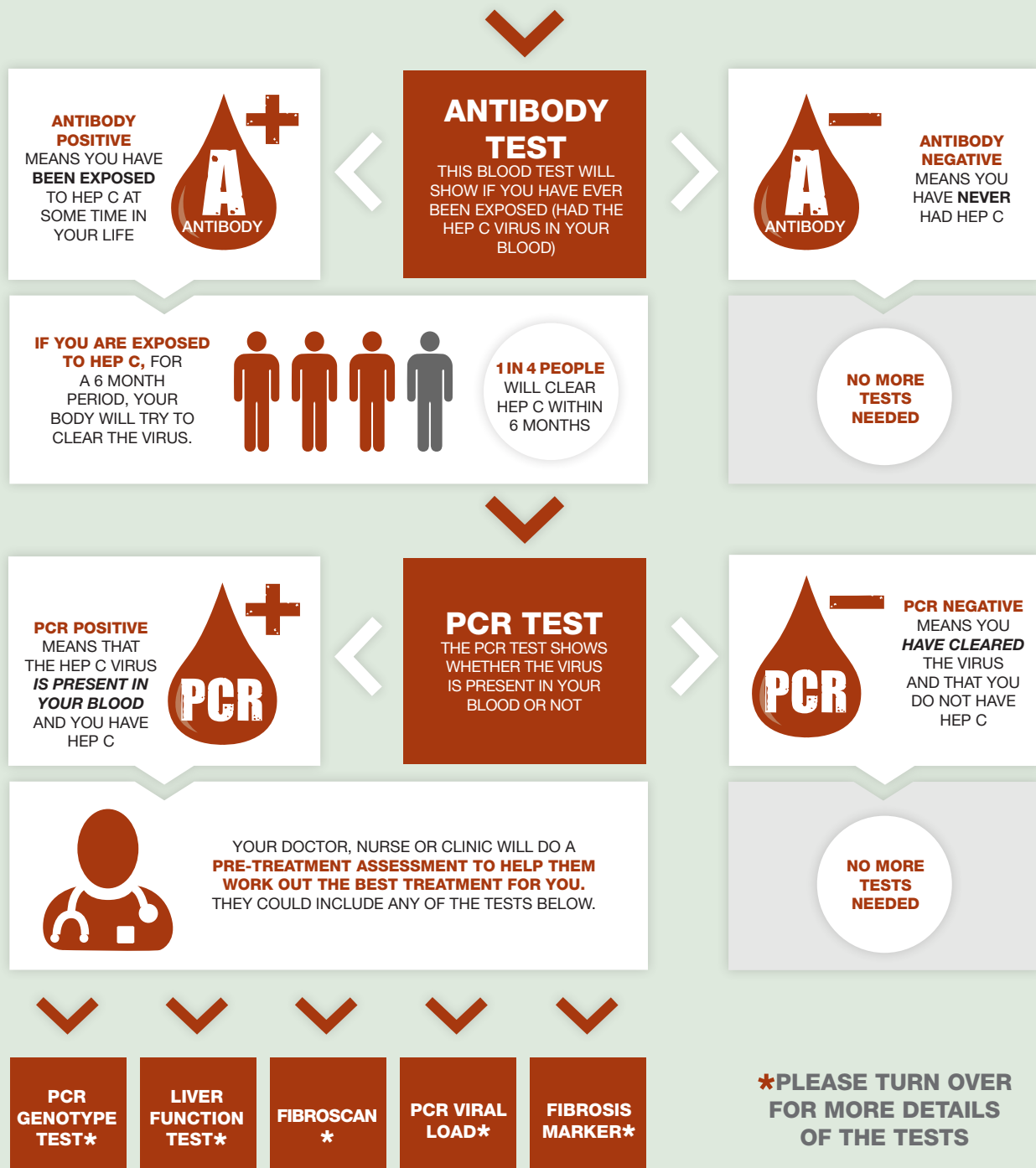
Hepatitis C may be transmitted during unprotected sex (sex without using a condom), although this risk is considered very low, especially if you are in a long-term, stable relationship. The risk of transmission through sex may be higher among men who have sex with men.

If you are having sex: GET TESTED. It's the only way to be sure of your status.



HEP C - TESTING

TO TEST FOR HEP C, START BY MAKING AN APPOINTMENT
WITH YOUR DOCTOR, NURSE OR CLINIC.



HepatitisSA

Based on a design by Hepatitis NSW, and used with permission.
SA Health has contributed funds towards this Program. Published May 2016.

HEP-C

BELOW IS AN OUTLINE OF SOME OF THE TESTS YOU MAY
NEED BEFORE GOING ON TREATMENT

**PCR
GENOTYPE
TEST**



A BLOOD TEST THAT CHECKS **WHICH TYPE OF HEP C VIRUS YOU MIGHT HAVE**. THIS WILL DETERMINE WHICH COMBINATION OF TREATMENT WILL BE PRESCRIBED FOR YOU.

THE DIFFERENT TYPES OF HEP C VIRUS ARE GENOTYPES 1- 6.

**LIVER
FUNCTION
TEST**



THIS IS A BLOOD TEST THAT **MEASURES HOW YOUR LIVER IS WORKING**.

IT CAN BE HELPFUL IN LETTING YOUR DOCTOR, NURSE OR CLINIC KNOW MORE ABOUT HOW WELL YOUR LIVER IS WORKING BY MEASURING CERTAIN LEVELS IN YOUR BLOOD.

FIBROSCAN



THIS IS A **SIMPLE, QUICK, PAIN-FREE WAY** FOR A NURSE **TO CHECK FOR ANY LIVER DAMAGE**. IT IS LIKE AN ULTRASOUND AND DOESN'T HURT. IT WILL SHOW UP ANY FIBROSIS AND CIRRHOSIS.

(IF A FIBROSCAN IS NOT AVAILABLE AN ULTRASOUND MIGHT BE USED INSTEAD.)

**PCR VIRAL
LOAD**



THIS BLOOD TEST **MEASURES THE AMOUNT OF HEP C VIRUS IN YOUR BLOOD**.

THIS TEST MAY BE USED DURING YOUR TREATMENT TO SEE IF THE TREATMENT IS WORKING. YOU WILL GET THIS TEST AGAIN 12 WEEKS (MINIMUM) AFTER FINISHING TREATMENT TO CHECK IF YOUR TREATMENT IS SUCCESSFUL. YOU MIGHT ALSO GET YOUR VIRAL LOAD CHECKED BEFORE STARTING TREATMENT.

**FIBROSIS
MARKER**



NEW WAYS TO CHECK FOR LIVER FIBROSIS ARE AVAILABLE. THE **APRI** METHOD USES BLOOD TESTS (LIVER FUNCTION TEST/ FULL BLOOD COUNT). IT IS A USEFUL TOOL TO DETERMINE LIVER FIBROSIS WHEN A FIBROSCAN MACHINE IS NOT AVAILABLE.

**OTHER
MEDICAL
HISTORY**



IT'S REALLY IMPORTANT TO TELL YOUR DOCTOR, NURSE OR CLINIC IF YOU HAVE BEEN ON **TREATMENT FOR HEP C BEFORE**.

YOUR DOCTOR, NURSE OR CLINIC WILL ALSO LOOK AT YOUR **MEDICAL HISTORY** AND ANY OTHER MEDICATIONS YOU MIGHT BE TAKING TO WORK OUT THE BEST POSSIBLE TREATMENT FOR YOU. THEY WILL ALSO DISCUSS WITH YOU ANY OTHER FACTORS **THAT MIGHT MAKE YOUR HEPATITIS C WORSE**, LIKE HIGH ALCOHOL INTAKE, OBESITY OR DIABETES.

ONCE YOU HAVE BEEN CURED THROUGH TREATMENT, THERE IS **NO NEED TO HAVE ANOTHER ANTIBODY TEST EVER AGAIN**. THIS IS BECAUSE EVEN AFTER CURE, THE HEP C ANTIBODY TEST RESULT WILL SHOW POSITIVE, PROBABLY FOR AS LONG AS YOU LIVE. THE ANTIBODY TEST DOES NOT MEAN YOU HAVE HEP C. IT IS THE PCR TEST WHICH SHOWS WHETHER YOU HAVE HEP C OR NOT.

AND AFTER CURE FROM TREATMENTS, YOUR HEP C WILL NOT COME BACK, UNLESS YOU GET RE-INFECTED BY A NEW EXPOSURE TO HEP C THROUGH BLOOD-TO-BLOOD CONTACT WITH SOMEONE ELSE WITH HEP C.

HepatitisSA



*Based on a design by Hepatitis NSW, and used with permission.
SA Health has contributed funds towards this Program. Published May 2016.*

HEP C - TREATMENT

HOW SUCCESSFUL IS TREATMENT AND HOW MANY PEOPLE HAVE BEEN TREATED WITH THE NEW TABLETS?

- Over 2000 patients commenced on treatment since 2015
- Over 95% of patients have been CURED from Hepatitis C
- If the virus is cleared with treatment, you are not immune to future infections of Hepatitis C
- This means, for example, that if you continue to inject drugs after taking the medicines, you risk becoming re-infected with Hepatitis C

OTHER PLACES WHERE TREATMENT IS AVAILABLE?

The HSE has begun providing Hepatitis C treatment in some methadone dispensing clinics in Dublin and plans on making the treatment available in more of these treatment centres in 2018. For further details you should talk to your addiction nurse or doctor.

HOW CAN I PROTECT MYSELF FROM HEPATITIS C?

There is no vaccination to protect against Hepatitis C, but there are ways to reduce your risk of becoming infected.

Those most at risk of contracting the infection are injecting drug users. Never share any injecting equipment, such as needles, syringes, spoons and filters.

Also, do not share razors, toothbrushes or towels that might be contaminated with blood. Use a condom if you are having sex with a new partner.

IF YOU HAVE HEPATITIS C...

You can reduce the risk of passing it on to others by:

- keeping personal items, such as toothbrushes or razors, for your own use
- cleaning and covering any cut or a graze with a waterproof dressing
- cleaning any blood from surfaces with household bleach
- not sharing needles or syringes with others
- not donating blood
- using condoms when having sex with new partners (seek advice about long-term partners)

WHERE TO GET MORE INFORMATION?

More information on the National Hepatitis C Treatment Programme can be found at www.hse.ie/hepc or by emailing nationalhepcprogramme@hse.ie.

You can also talk to your GP about testing and referral to one of the hepatitis C hospital treatment sites.

For confidential support, please contact the Helpline Freephone 1800 459 459

KNOW HEPATITIS ACT NOW

ARE YOU AT RISK?

GET TESTED!

DEMAND TREATMENT!

HEP-C

TREAT YOURSELF

You should all know by now that we share our office with HIV Ireland and that they have free testing for STI's.

What you don't know is that the nurses that come in are brilliant and can find a vein even when you think there are none to be found!

So at the testing they tell me that if all's good they will send me a text message and if there's anything to talk about I will get a call within two weeks. About a week after that I got a phone call with the results and shock horror - they told me I have Hep C (which I've known for years).

You all know what my memories like, it's hard to tell you exactly what happened next but at some time between then and now, I had a fibroscan and my Doctor in the clinic told me I was eligible for treatment.

The Doctor told me it was a pill and that it was really important that I take it properly or the treatment won't work - that's about all I can remember apart from that it would obviously work a lot better if I wasn't using drugs while I had it.

At the moment, I am waiting to start treatment apparently I need to wait until someone has finished before I start so I guess I'm on a bit of a wait list but I've been told it should be starting very soon (two months ago).

A lot of you are in a similar place to me – homeless, head full and looking. Writing this I have realised a few things that would help me to really know what's going on;

1) If the Doctor gave me a small card with info in language I understand about the treatment

2) It would be great if I had a specific date from the clinic - or even a week they expect it to start so I can know what's going on

Being honest, one of my main concerns would be doing the treatment and getting through it, then turning around and doing something stupid and ending up

back at square one again. There's no point in sugar coating it, and other people who genuinely want the treatment have the same fears as me. I know as a community we get given as much information and tools as they can give – but is that really enough when we are still giving each other these nasties? Hopefully with a safe injecting facility a lot is going to change and we will be supported at a level we need.



© Kim Boland

HEP C - CURED

"FOR THE FIRST TIME IN OVER FIFTEEN YEARS I CAN SAY THAT I AM HEP C FREE"

I was first diagnosed with Hepatitis C back in 2003. The Aisling Clinic tested me while I there go get my methadone. I had already been diagnosed with hepatitis B back in the eighties and at the time I was really scared. I remember being very ill with it and having to go to hospital. I did not want to go through that again.

After I was diagnosed, I attended the Guide clinic at St James hospital. I have to say the staff, Nurses and Doctors; have treated me with nothing but respect over the years.

Around 2008 I was asked to think about going on interferon, but first I needed to stop drinking alcohol

for six months or more. At that time, I was hearing all kinds of horror stories about the side effects, about being really sick, finding it hard to keep food down, and also, some people said the treatment made them depressed.

My biggest worry was that it would interfere with my methadone and I had a fear of having a slip. I had worked so hard to get myself stable and the last thing I wanted was to end up back at square one.

Around 2014 I had a fibro scan and after seeing the results, the Doctors said that I should think about going on a new treatment that cures hepatitis C. I was at the time I was unsure.

With a **3-month** treatment, over **95%** of people infected with chronic hepatitis C can be cured.



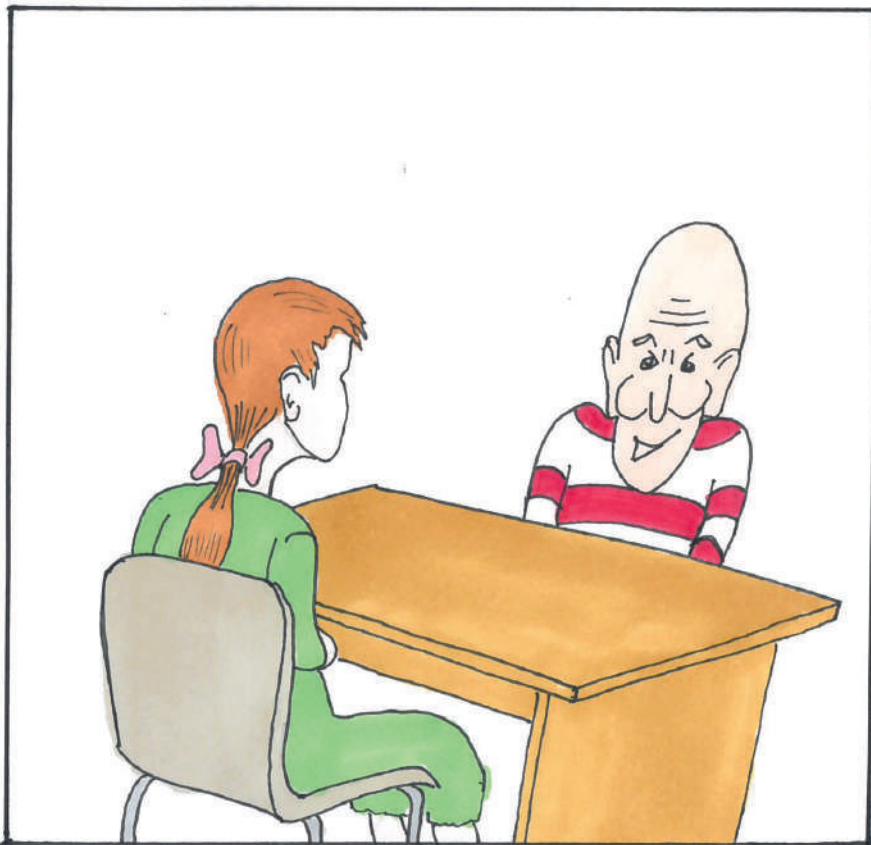
it was a new treatment so I decided to give it some time and see how other people went on it, to be sure it was working for this. Once again stop I stopped drinking alcohol to prepare myself for this treatment.

I started the new drug in the spring of 2016. I was to take two tablets for seven days then go back to clinic for bloods to see if I was tolerating it.

Everything was going well and I was given seven more days of meds. After the next visit I was given two weeks' worth and, after one month, **the Hep C was gone.**

I had to keep taking the meds for two more months but I found it easy. The only side effect I had were dry skin on my face and feeling a little tired in the evening. **For the first time in over fifteen years I can say that I am Hep C free.** I do have to get a scan done on my liver and it is repeated every six months so they can keep an eye on it

I would recommend regular testing to everyone and to get the cure if you can.



HEP-C

HEP C - AM I AT RISK

THERE ARE SO MANY DIFFERENT TOOLS ORGANISATIONS USE TO DECIDE IF A PERSON IS AT RISK OF CONTRACTING A BLOOD BORNE VIRUS.

THE WORLD HEALTH ORGANISATION (WHO) HAS A RECOMMENDED QUESTIONNAIRE "BLOOD BORNE VIRUS TRANSMISSION RISK ASSESSMENT QUESTIONNAIRE" WHICH IS 5 PAGES LONG.

THE TEAM AT BM TAKE A DIFFERENT VIEW AND RECKON WE CAN SIMPLIFY IT BY ASKING TWO QUESTIONS;



DO YOU USE DRUGS?

DO YOU HAVE SEX?



We know that that sounds really vague but let's look at some facts – even if you only have sex with one person, and you trust them – you can't ever be sure unless you **GET TESTED**.

It's not a matter of trusting your partner – or believing what they say – it's a matter of **KNOWING YOUR STATUS**. Your sexual partner(s) may not be aware of past situations that put them – and you, for that matter – at RISK.

Being tested does not mean that you don't trust your partner, it means that you value yourself and your health.

Getting tested is an available tool you have that will give you a certainty of your status so, what are you waiting for?

Be safe, GET TESTED!

(Go to centrefold to check out where you can get tested in Dublin/Ireland)



FAMOUS PEOPLE LIVING WITH HIV/HEP-C

HIV and Hep C do not discriminate – next time you feel alone, here are some extraordinary people who were brave enough to tell the world they had HIV or Hep C and still live fabulous lives.



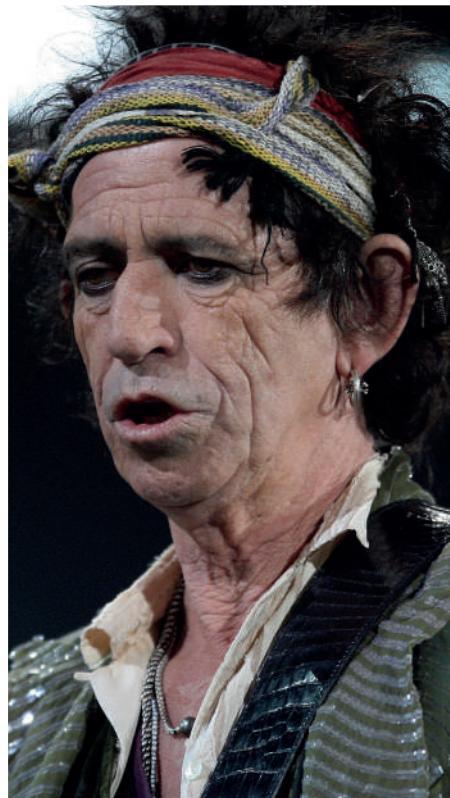
Magic Johnson
American Professional Basketball Player



Pamela Anderson
American Actress and Model



Steven Tyler
American Singer, Aerosmith



Keith Richards
Founder Member of Rolling Stones



Anthony Kiedis
American Singer, Red Hot Chili Peppers



Natasha Lyonne
American Actress, Orange is the New Black

HEP-C

**Seek
help,
get
tested.**

HepC

**Know
the
facts.**



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

DRUGS ie
Drug and Alcohol Information and Support

Find out more at
www.hse.ie/hepc
Helpline Freephone 1800 459 459

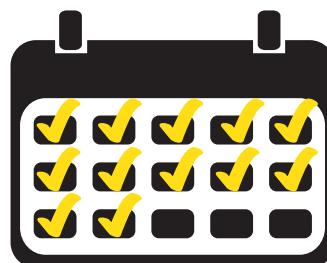
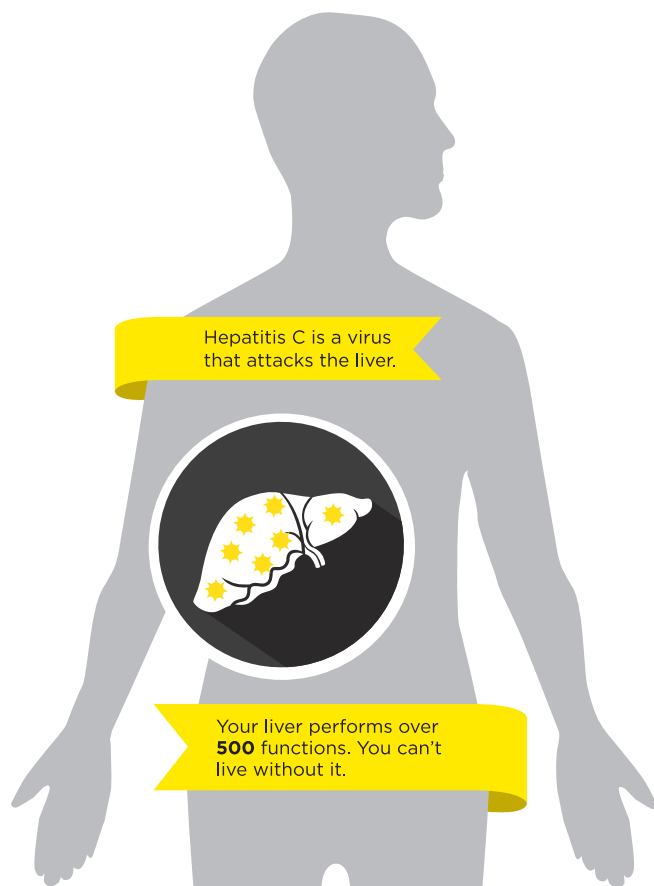
Treatment can cure Hep C.

Know your options.

Hepatitis C treatment is getting better all the time. More and more people are taking treatment and being cured of the virus.



Adapted from CATIE (www.catie.ca)



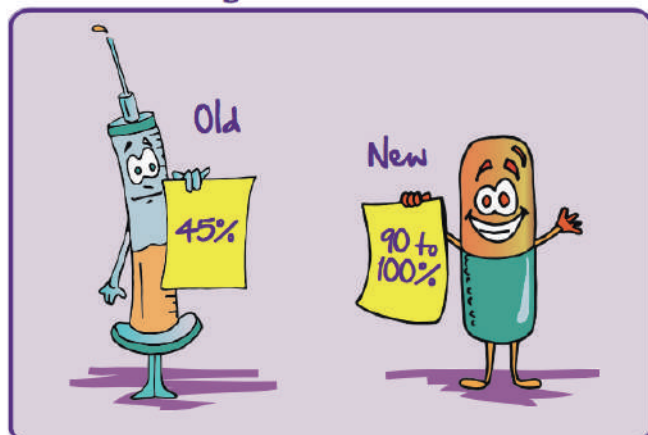
Treatment can cure Hep C and is getting better. New treatments can be completed within weeks.



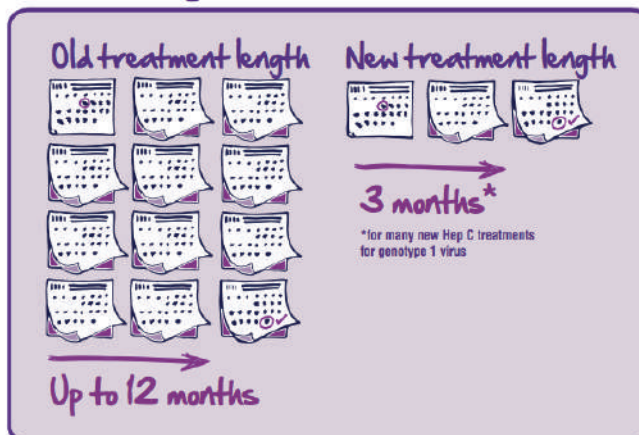
There is **no** vaccine to protect against Hep C.

HOW HAS HEP C TREATMENT CHANGED?^{1,2}

Cure rates are higher.



Treatment lengths are shorter.



1. For people with genotype 1 virus

2. Old treatments included peg-interferon. New treatments combinations include medications called direct-acting antivirals.

TESTING CENTRES AROUND THE COUNTRY

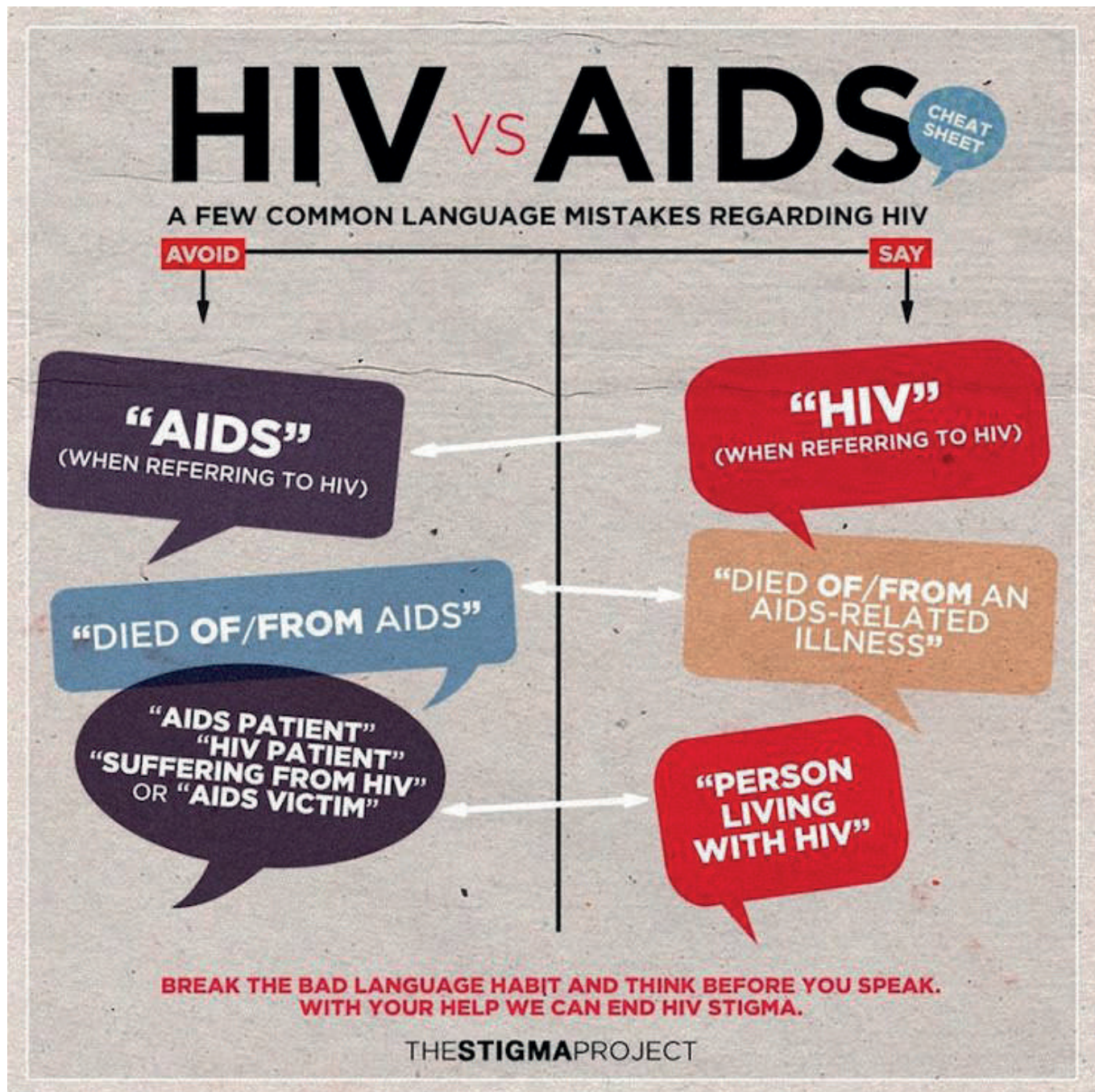
	CLINIC NAME	ADDRESS	
ULSTER	Lisburn Health Centre	Linenhall Street, Lisburn, Co. Antrim, N. Ireland	
	Royal Group Hospitals, GUM Clinic, Level 3 Outpatients Department	Grosvenor Road, Belfast, Co. Antrim, N. Ireland	
	The Rainbow Project	LGBT Centre, 1st Floor, Old Memorial House, 9-13 Waring Street, Belfast, Co. Antrim, N. Ireland	
	Portadown Health and Care Centre Clinical Zone, Ground Floor	Tavanagh Avenue, Portadown, Co. Armagh, N. Ireland	
	John Mitchell Place, GUM Clinic	Hill Street, Newry, Co. Armagh, N. Ireland	
	Letterkenny General Hospital, GUM/STI Clinic	Letterkenny, Co. Donegal	
	Bangor Community Hospital	Castle Street, Bangor, Co. Down, N. Ireland	
	Downe Hospital, Sexual Health Clinic, Outpatients Department	2 Struell Wells Road, Downpatrick, Co. Down, N. Ireland	
	Altnagelvin Area Hospital, GUM Clinic	Anderson House, Glenshane Road, Londonderry, Co. Londonderry, N. Ireland	
	Causeway Hospital GUM Clinic, Outpatients Department 2	4 Newbridge Road, Coleraine, Co. Londonderry, N. Ireland	
	Monaghan General Hospital, GUM Clinic, Outpatients Department	Monaghan Town, Co. Monaghan	
	Tyrone County Hospital, Sexual Health Clinic, Outpatients Department	Hospital Road, Omagh, Co. Tyrone, N. Ireland	
CONNAUGHT	University College Hospital, Infectious Diseases Clinic	Newcastle Road, Galway City, Co. Galway	
	Mayo University Hospital	Westport Road, Castlebar, Co. Mayo	
	Sligo Regional Hospital, GUM Clinic	The Mall, Sligo Town, Co. Sligo	
MUNSTER	Mid-Western Regional Hospital Ennis	Ennis, Co. Clare	
	Youth Health Services	Penrose House, Penrose Quay, Cork	
	Sexual Health Centre	16 Peters Street, Cork	
	South Infirmary Victoria University Hospital	Old Blackrock Road, Cork City	
	Tralee General Hospital	Tralee, Co. Kerry	
	GOSHH	Redwood Place, 18 Davis Street, Limerick, V94K377	
	Mid-Western Regional Hospital Nenagh	Nenagh, Co. Tipperary	
	South Tipperary General Hospital	Western Road, Clonmel, Co. Tipperary	
	Waterford Regional Hospital	Dunmore Road, Waterford City, Co. Waterford	
LEINSTER	Carlow District Hospital, STI Clinic	Athy Road, Carlow Town, Co. Carlow	
	Our Lady of Lourdes Hospital	Drogheda, Co. Louth	
	The Red Door Project	St. Mary's School Convent, Dublin Road, Drogheda, Co. Louth	
	Mater Hospital, Infectious Diseases Unit	Eccles Street, Dublin 7	
	HIV Ireland	70 Eccles Street, Dublin 7	
	GUIDE Clinic, St. James Hospital	James Street, Dublin 8	
	Beaumont Hospital, Department of Infectious Diseases	Beaumont Road, Dublin 9	
	Louth County Hospital, GUM Clinic, Outpatients Department	Dublin Road, Dundalk, Co. Louth	
	Portlaoise STI Clinic, Midland Regional Hospital (Outpatients Department)	Dublin Road, Portlaoise, Co. Laois	

Note: When telephoning numbers in Northern Ireland from the Republic of Ireland, use area code (048).

PHONE NO.	BY APPOINTMENT OR WALK IN
(028) 44838133	By Appointment: Tuesdays and Thursdays: 8:30am to 12:30pm. Contact the Sexual Health Clinic in Downe Hospital for an appointment at this clinic. Walk In: N/A
(028) 9063 6477 (028) 9063 6483	By Appointment: Mondays, Wednesdays, Thursdays and Fridays from 9:00am Walk In: N/A
(028) 9031 9030	By Appointment: N/A Walk In: Check www.rainbow-project.org for scheduled dates/times.
(028) 3083 4215	By Appointment: Nurse-led clinic on Tuesdays: 9:00am to 4:00pm. Contact the GUM Clinic in John Mitchell Place, Newry for an appointment at this clinic. Walk In: N/A
(028) 3083 4215	By Appointment: Mondays: 2:00pm to 5:30pm. Wednesdays and Fridays: 9:00am to 12:30pm Walk In: N/A
074 912 3715	By Appointment: Thursdays: 5:30pm to 9:00pm Walk In: N/A
(028) 44838133	By Appointment: Nurse-led clinic on Fridays: 8:30am to 2:00pm. Contact the Sexual Health Clinic in Downe Hospital for an appointment at this clinic. Walk In: N/A
(028) 44838133	By Appointment: Mondays: 8:30am to 12:30pm. Wednesdays: 8:30am to 6:00pm. Walk In: N/A
(028) 7161 1269	By Appointment: Mondays: 9:30am to 11:30am. Tuesdays: 9:00am to 11:30am. Wednesdays: 9:00am to 11:30am and 1:30pm to 4:00pm. Fridays: 9:00am to 11:30am. Walk In: N/A
(028) 70346028 (028) 70347872	By Appointment: Nurse-led clinic Mondays, Tuesdays & Thursdays: 9:30am to 12:00 noon and 1:30pm to 4:00pm Walk In: Tuesday evenings: register by 5:00pm sharp. Friday afternoons: register by 1:30pm sharp.
(086) 8241847	By Appointment: Tuesdays: 9:00am to 12:30pm. Walk In: N/A
(028) 82833189	By Appointment: Wednesdays: 1:00pm to 6:00pm. Appointments can also be made by contacting the GUM Clinic in Altnagelvin Hospital. Walk In: N/A
(091) 525200	By Appointment: Mondays and Wednesdays from 2:00pm Walk In: Wednesdays and Fridays: 9:00am.
(094) 9021733	By Appointment: N/A Walk In: Tuesdays: 9:00 - 11:00 am
(071) 9170473	By Appointment: Tuesdays and Thursdays: 6:00pm Walk In: N/A
(061) 482382	By Appointment: Mondays: 9:30am. Contact University Hospital Limerick for an appointment at this clinic. Walk In: N/A
(076) 108 4150	By Appointment: For young people aged 21 and under. Tuesdays: 2:00pm to 5:00pm. Fridays: 9:00am to 1:00pm. Walk In: N/A
021 427 6676	By Appointment: STI Screening Service every Thursday from 5PM until 8PM. We offer free Rapid HIV testing. Phone for information or email info@sexualhealthcentre.com Walk In: N/A
(021) 4966844	By Appointment: Monday to Thursday, 9:00am to 12:30 pm. Wednesdays 2:00pm to 4:30pm. Walk In: N/A
(021) 4966 844	By Appointment: Fortnightly on Thursdays: 11:30am Walk In: N/A
061 314 354	By Appointment: Free Rapid HIV testing available for men who have sex with men. Telephone for information or email info@goshh.ie Walk In: N/A
(061) 482382	By Appointment: Wednesdays: 2:00 pm. Contact University Hospital Limerick for an appointment at this clinic. Walk In: N/A
051 842 646	By Appointment: Alternate Wednesdays: 1:30pm to 3:30pm. Contact Waterford Regional Hospital for an appointment at this clinic. Walk In: N/A
051 842 646	By Appointment: Mondays: 9:00am to 11:00am & 2:00pm to 3:30pm. Tuesday to Friday: 9:00am to 11:00am. Walk In: N/A
051 842 646	By Appointment: Alternate Tuesdays: 10:30am to 2:30pm. Walk In: N/A
(086) 824 1847	By Appointment: 1st and 3rd Fridays of each month 9:00am to 11:30am Walk In: N/A
01 873 3799	By Appointment: N/A Walk In: Free HIV and STI testing. Third Wednesday of every month. 1:30pm to 3:30pm.
(01) 803 2063	By Appointment: Mondays, Tuesdays and Wednesdays 1:45pm to 6:00pm Walk In: N/A
(01) 873 3799	By Appointment: N/A Walk In: Twice monthly: on 2nd Wednesday and 4th Wednesday of every month. Doors open 1:00pm. Places are limited and allocated on a first come first served basis. Free of charge.
(01) 4162316	By Appointment: Must be referred by a GP. Fridays: 9:00am to 1:00pm. Young Person's Clinic (aged 18 and under), Thursdays: 10:00am Walk In: Mondays from 9:00am. (Present at 8:00am for ticket allocation). Tuesdays and Thursdays from 1:30pm. (Present from 8:30am for ticket allocation and return in the afternoon for the clinic).
(01) 8093006	Thursdays: 10:00am to 12 noon. (Note: HIV testing only clinic) Walk In: Thursdays: 10:00am to 12 noon. (Note: HIV testing only clinic)
(086) 824 1847	Tuesdays: 2:00pm to 5:00pm. Fridays: 1:30pm to 4:30pm Walk In: N/A
086 859 1273	Tuesdays: 5:15pm to 7:00pm Walk In: N/A

To access HIV testing for gay and bisexual men and men who have sex with men please contact HIV Ireland on 01 8733799 for more information

HIV Vs AIDS



To know more, visit

http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf



UNAIDS

HIV

HIV – PERSONAL STORY

“HIV IS PART OF MY LIFE BUT IT IS NOT ALL OF MY LIFE”

I don't know how I got the virus. It doesn't matter does it? I was using and my fella was using and we were having sex. He tested positive a few months after me. We didn't talk about who gave the virus to who. We both had it and that was that.

That was 18 years ago. I found out when I was pregnant and had to go to the Rotunda. My last test before that was in Trinity Court about a year and a half before. I was relieved when it came back negative from Trinity Court so I couldn't believe that here I was a year or so later HIV positive and expecting a baby.

I didn't tell my partner for a good few days. I was too afraid not because of him and what he'd do but because he had a brother and a sister who had died from AIDS and I knew he would be devastated with worry. I knew I had to tell him that he needed to go for a test too but I wanted a few days for myself – to get the courage to tell him and to think about what I was going to do.

I first told my sister. She cried and that made me cry. I made her promise not to tell our Ma because I knew she would worry because of me being pregnant. When I told my partner it was a lot for him to take in and he got upset. Upset but not angry. I didn't have to tell him to go for a test. He knew he had to do that and he asked for a test at his clinic the next week.

When his test came back positive it wasn't a surprise. I think we

expected it. But like I said, there was no blame game involved and we just agreed that now we had to look after ourselves for the baby's sake.

I did well on the medications at first but my partner had some trouble. He had stomach problems for the first few months but it got better for him. I had some nausea but I think that was due to my pregnancy and it wasn't bad.

I was very careful about taking the meds as my HIV doctor told me that there was a good chance the baby would not get HIV if I took the meds every day and kept all my appointments. And she didn't get the virus thank God. Me and my partner hadn't been to mass for years but when we knew for sure she didn't have the virus we went into the church in Gardiner Street and said a prayer of thanks.

I told my Ma then. My partner didn't want to be there when I told her. He thought that she'd blame him for giving me the virus. When I told her that the baby didn't have the virus and I was doing well on the meds she asked about him and she was very happy he was ok too.

Since then we have had some ups and downs with the meds but overall we are doing well. We are taking less meds now than we did when we tested positive. That's incredible.

We have told a lot more people about us having the virus. We got more comfortable living with it I guess. Our families and closest friends know. I am not ashamed of it; it's just an illness. I don't see a need to

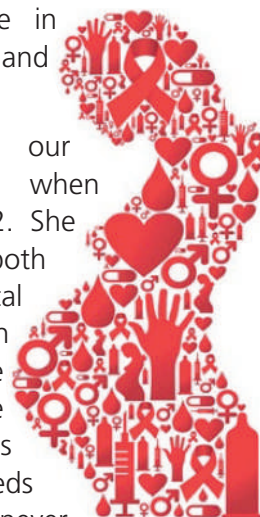
stop people in the street and tell them.

We told our daughter when she was 12. She knew we both had a medical condition and she would have seen us taking meds but she never asked why we were taking them. She'd always ask if we were ok and we would tell her yes, we are doing grand. I think that made it easier when we did tell her. She knew about HIV but she saw us fairly healthy for all of her 12 years.

HIV is part of my life but it is not all of my life. There is life beyond it. I am completely drug free now for 4 years and my partner, God willing, will be very soon. I am on a CE scheme working with children with disabilities and my partner is helping his brother as a mechanic. Our daughter is working as a nail technician.

I was asked what I would tell myself if I could go back all those years ago when I first tested positive. I'd tell myself, "Life gets better but it doesn't get better on its own".

CK



DIAGNOSIS TO TREATMENT



GO FOR HIV TEST
with your GP, Methadone Clinic,
local Sexual Health Service

Safer sex and drug
use will generally be
discussed with you to
reduce risk

If results are positive, you'll
be asked to attend the centre
where you tested - you'll be
referred to local treating
hospital in Dublin, Cork,
Limerick or Galway

Results
generally
come back
1-2 weeks
after test
taken

If results are negative
you'll be contacted via
text message or phone

no more tests needed

Following this you'll
be contacted to
arrange an
appointment

If require specific supports around your
diagnosis ask to speak with a medical
social worker

You may be offered be offered
counselling or further supports

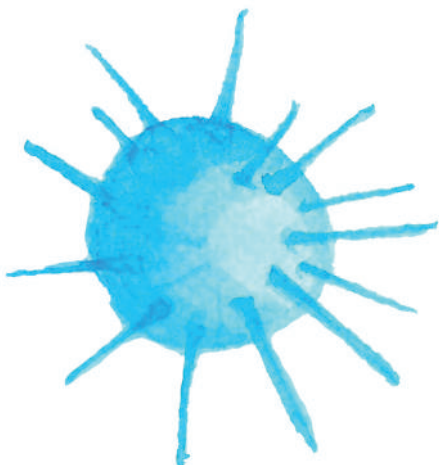
Guidelines in Ireland are to start HIV
treatment immediately

Contact HIV Ireland if you have any questions about testing and treatment
Tel: (01) 873 3799 testing@hivireland.ie
www.hivireland.ie

HIV

WORDSEARCH

M N Q R N V H N I P O R D S L S Q Y G Q
C H C A E R T U O F Q U I C U U L F T E
J I I T F T R R M J L M S Q K G I J Z K
J P G Z P D H P J G B P P Y R B O Z W M
C R A A A O A G Q H S P O V E K F P N K
C V I J R I K B I S X A S W A B G Y A Q
W I U Q P E J M M L I H A I T B M R L M
E Y N Q C D T O C X E D L S C U G Q O X
A D O I B H D T R D C S U V I S A Q X U
U D I G L N K S E C E P I T K N W R O Z
R U T L O C A J M G E X X D Q M U J N S
F B A C E F E C H R N N C D O H Y R E P
A S R F E E G S V F O F I H Z C P A S S
C U D T I H E I J I D Y Y M A X T T W E
I B Y B D L S M T C A N W W P N M O Z L
L O H Y Z E T C Q I H F J Z I Q G W R D
I X U E D O E E H T T U C F U B D E E E
T O Q J G J N M R R E B C M W H V Y W E
Y N A N N U E W S I M O J Y A N T W W N
H E L I G V H T A C W K K D E K C Q A O



METHADONE

NALOXONE

CLINIC

DOCTOR

CIGARETTE

LIGHTER

EXCHANGE

DISPOSAL

SWAB

OUTREACH

FOIL

CONDOMS

NEEDLES

CITRIC

FILTER

SAFETY

BUDDY

SUBOXONE

SUPERVISED

INJECTION

FACILITY

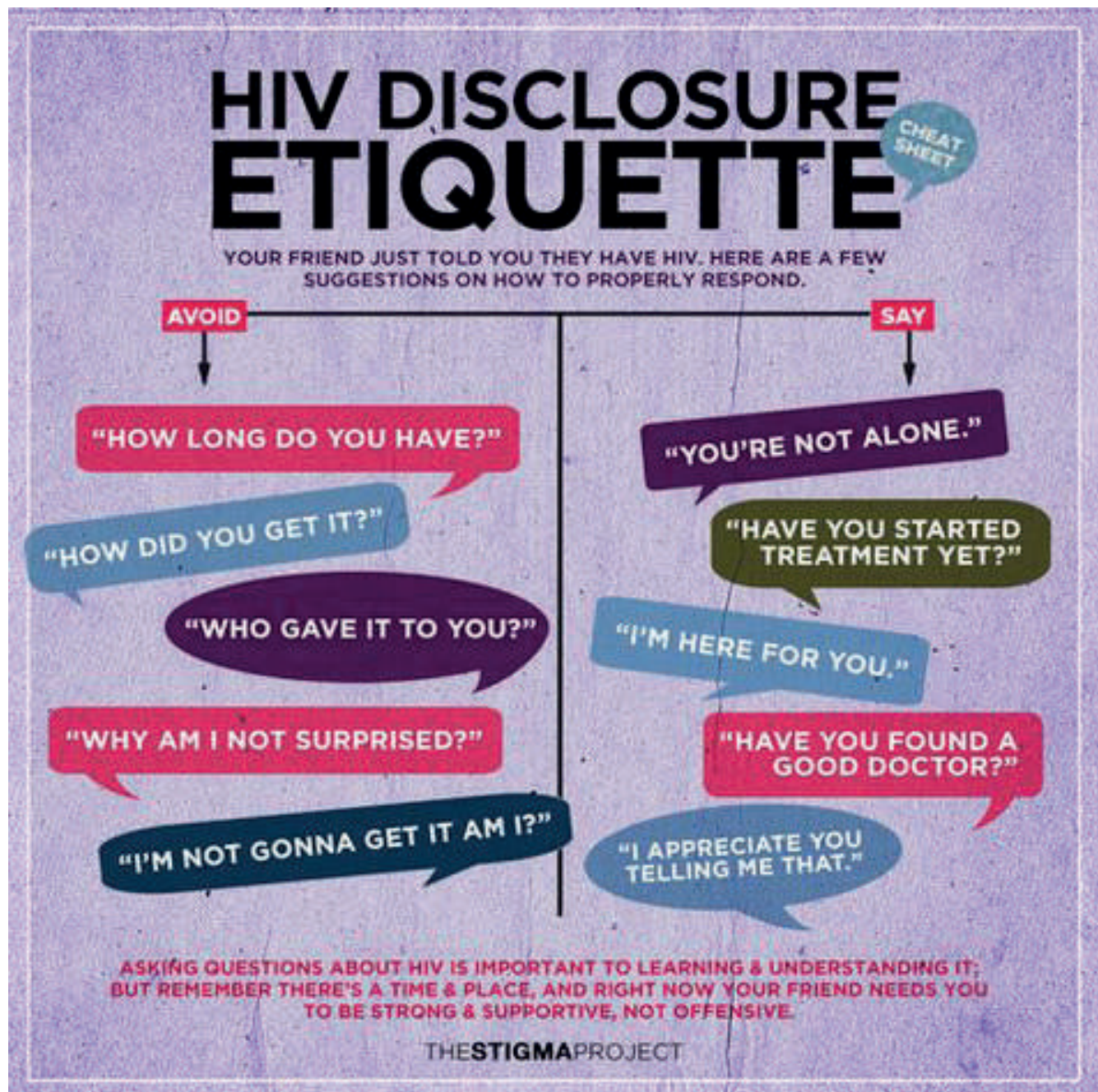
CPR

HYDRATION

DROPIN

NURSE

QUESTIONS TO ASK



To know more, visit

http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf



UNAIDS

HIV



**HIV
Ireland**



**Just
carry
one**



Free Condoms



**Available at
HIV Ireland,
70 Eccles St,
Dublin 7.**



SO WHAT DOES THIS MEAN IF I AM HIV-POSITIVE?

Having an undetectable viral load not only stops HIV being passed on through sex, it is also good for your health. In Ireland, and worldwide, it is now recommended that everyone diagnosed with HIV starts treatment as soon as possible. The benefits of this, such as keeping your immune system strong and preventing illness, means that people can expect to live long, healthy lives.

It also means that if you keep taking your HIV medication properly, and keep your viral load undetectable, you can have sex without the worry that you might pass HIV on to your sexual partners.

#UequalsU



U=U

Undetectable = Untransmittable

**People on effective HIV treatment
with an undetectable viral load
cannot pass on HIV
through sex.**

CAN I STOP USING CONDOMS?

The science is very clear about the risk of passing on HIV through sex: if you are HIV-positive with an undetectable viral load and are having sex without condoms with someone who is HIV-negative, the risk of passing on HIV is zero.

There are a few things to consider, however, when making a decision to stop using condoms:

- For people with HIV, it generally takes about six months after starting HIV medication for the viral load to become undetectable. It is recommended that you keep your viral load undetectable for at least another six months before you decide to stop using condoms. You should get regular viral load tests at your HIV clinic and make sure to ask the nurse or doctor for the results.
- You should of course always discuss your wish to stop using condoms with your partner or

partners and make sure they are comfortable with the decision. Remember, you should never feel pressured to have sex without a condom if you don't want to, and equally you should never pressure someone else to either.

- Having an undetectable viral load only stops HIV from being passed on. It does not stop other STIs from being passed on. Using condoms is the best way to stop you from getting or passing on STIs such as chlamydia, gonorrhoea or syphilis.

DOES THE U=U MESSAGE APPLY TO HIV BEING PASSED ON THROUGH NEEDLE SHARING?

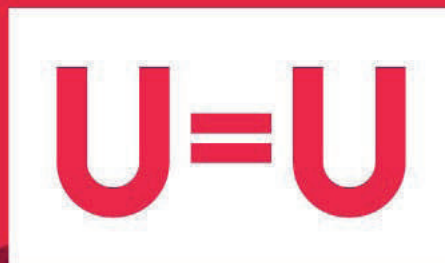
No. Taking HIV medication will reduce the viral load, but there is not yet enough research to confidently say that HIV will not be passed on through needle sharing if the viral load is undetectable. If you are an injecting drug user, the best way to stop yourself from getting or passing on HIV, is not to share needles or other drug using equipment.

IS THERE SOMETHING WE CAN ALL DO TO HELP STOP HIV BEING TRANSMITTED?

Yes. We can all share the U=U message, and we can all get a HIV test. Having a HIV test is an opportunity, if the result is HIV-positive, to treat HIV, stay healthy, and stop HIV from being passed on sexually. A negative test result gives us all the chance to stay negative by taking action such as using condoms or taking PrEP.

If you have any questions about U=U, ring the Community Support team at HIV Ireland on 01 8733799.

HIV



UNDETECTABLE = UNTRANSMITTABLE

HAVE YOU HEARD THAT U=U?

People living with HIV can now feel confident that if they have an undetectable viral load and take their HIV medications properly, they will not pass on HIV to sexual partners.

The PARTNER Study

548 heterosexual couples
& 340 gay male couples

One person was
HIV-positive with an
undetectable viral load.
One person was
HIV-negative.

Couples had anal and
vaginal sex over
58,000 times
with no condoms,
no PEP and no PrEP.

Zero

cases of HIV being passed
on.

**That's ZERO. None. Not
a single case of HIV
transmission.**

**The science is clear:
Undetectable means
Untransmittable.**

U=U

#UequalsU

So what is an undetectable viral load? The amount of HIV in the blood of someone who has HIV is called their viral load. Without HIV medication, the viral load can be high. HIV medication stops HIV from making copies of itself, and the viral load can be made so low that it is not detectable in a standard blood test. This is called having an 'undetectable viral load'.

But what about other body fluids like semen, vaginal fluids and rectal fluids?

The viral load in blood and in other body fluids is usually very similar. If HIV in your blood is not detectable, it's likely to be very low or undetectable in other body fluids.

And what does untransmittable mean? It simply means that something cannot

be passed on or transmitted.

When we are talking about HIV, undetectable = untransmittable means that when a person with HIV has a viral load that is not detectable, they cannot pass on HIV through sex.

The Science Bit: A number of major studies took place to look at undetectable viral loads and the sexual transmission of HIV. The biggest one was the PARTNER Study.



MYTHS VS FACTS

YOU **CAN'T** GET HIV FROM...



KISSING



HUGGING



SHARING FOOD



INSECT BITES



TOILET SEATS



BATHING



SNEEZES AND COUGHS



SWEAT

YOU **CAN** GET HIV VIA...



SEX WITHOUT
A CONDOM



PASSED FROM
MOTHER TO BABY



SHARING INJECTING
EQUIPMENT



CONTAMINATED BLOOD
TRANSFUSIONS & ORGAN
TRANSPLANTS

Credit: Avert 2017 - HIV TRANSMISSION & PREVENTION
<http://www.avert.org/hiv-transmission-prevention>

AVERT.org

HIV

POSITIVE NOW



PositiveNow
All-Ireland Network

WHO IS POSITIVE NOW?

Positive Now is a volunteer group of people living with HIV who formed in June 2010. The group seeks to improve the well-being and quality of life for people living with HIV and AIDS in Ireland, regardless of their gender, ethnic origin, religion or belief, disability, age, or sexual orientation. Positive Now works:

- to be a link between people living with HIV and service providers to make sure that the voices of people living with HIV are heard.
- to find out the issues and concerns of other people living with HIV so we can present these issues to the government and HIV agencies.
- to keep people living with HIV informed of any relevant issues that may impact on their lives through forums, publications and educational workshops.
- to challenge stigma and discrimination by raising public awareness of HIV issues and highlighting issues of discrimination and stigma as they occur.
- to encourage a feeling of empowerment in people living with HIV.

Positive Now also provides one to one peer support for the newly diagnosed. We also run a monthly support group where people can meet and chat.

If you would like to find out more about Positive Now and what we do, or would like to be kept informed of our events, please contact us c/o HIV Ireland (tel: 01 - 8733 799) or at info@positivenow.com

We look forward to meeting you!

FACTS AND STATS HIV IRELAND

8,341

The number of people diagnosed with HIV in Ireland since records began in the early 1980's.

508

The number of new HIV diagnoses in Ireland in 2016 (the highest on record for any one year).

HIV in Ireland among People who inject drugs - 2016

21

The number of new HIV diagnoses in Ireland in 2016 among people who inject drugs. This represents 4% of all those who were newly diagnosed.

**15 male
6 female**

**71.4% born in Ireland
23.8% born abroad**

35 the median age at HIV diagnoses

19

The number of people who also had Hepatitis C at the time of HIV diagnoses

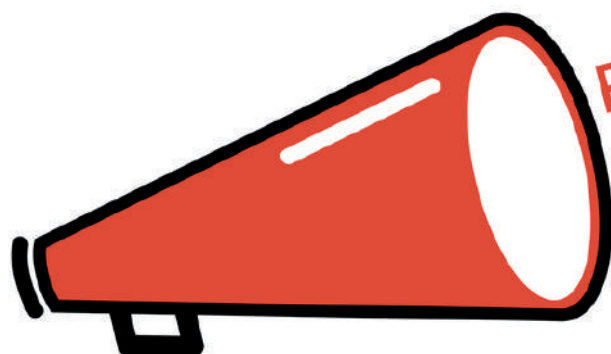
Facts about HIV diagnoses

The number of new HIV diagnoses in Ireland among people who inject drugs continues to decrease, from a high of 74 people in 2004 to 21 people in 2016.

In 2014 and 2015, there was an increase in HIV diagnoses among people who inject drugs when there was an outbreak of HIV in Dublin among people who use drugs and experience homelessness. Many of them had injected/used Snowblow. The increases in HIV diagnoses were associated with sharing needles/equipment and having unprotected sex.

There is a concern that, sometimes, people who inject drugs are leaving it quite late to get tested. This means that many people are very ill with advanced HIV infection by the time they find out their HIV status. This is why we always encourage you to GET TESTED periodically. You can find all the places that offer testing on centrefold.

HIV



PrEP stops HIV

#PrEPforIreland

PrEP Support Services

There are currently two specific PrEP Monitoring Clinics in Ireland (based in Dublin), where you can also get a prescription for PrEP. Other STI clinics in Ireland may also be able to offer you support for PrEP use.

**Prevention Support Clinic at Clinic 6
Mater Hospital
Eccles Street
Dublin 7**

**This is an appointment only clinic
on Tuesday afternoons.**

**Telephone (01) 803 2063 to make an
appointment or email psc@mater.ie.**



HOW DO I GET PrEP?

You must have a doctor's prescription to get PrEP.

As PrEP can only be used if you are HIV-negative, you will need to have a few tests before you start PrEP:

- A (4th generation) HIV blood test.
- A test for hepatitis B (because PrEP is active against both HIV and hepatitis B).
- A kidney function blood test (because a small number of people taking PrEP have developed reduced kidney function).
- It is also a good time to get vaccinated against hepatitis A and B or boost previous vaccinations, and to get tested for other STIs such as syphilis, chlamydia, gonorrhoea and hepatitis C.

One of the best places to get these tests and to get your prescription for PrEP is from a HIV/STI testing clinic. The tests are free of charge in public STI clinics.

You can also get a prescription from your GP but some GPs may not be aware of PrEP and the tests that are required.



HIV

HOW DO I TAKE PrEP?

PrEP is a tablet that you take orally. There are different dosing regimens but the best and most effectively proven regimen is taking one pill a day, every day. This is the only recommended regimen for people who inject drugs or who have hepatitis B. Talk to someone at your prescribing clinic about what dosing regimen will work best for you.

When you start taking PrEP you also have to get the drug levels high enough in your body to protect you:

- for anal sex, you will need to take at least two tablets 24 hours before sex, and then continue to take one every day.
- for vaginal sex, you will need to take PrEP for 7 days before sex and then continue to take one every day.

SO I'VE STARTED TAKING PrEP! NOW WHAT?

Once you have started PrEP, you will continue to see your doctor every 3 months for more tests and a new prescription. These tests include:

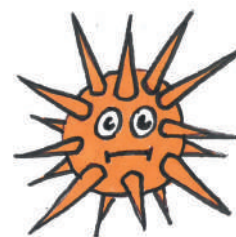
- A '4th generation' HIV blood test.
- A full screen for other STIs.
- A kidney test (once or twice a year).

WHAT DO I DO IF I MISS A PILL?

If you miss one or two pills, don't stop. Just continue once you remember. There is likely to be enough drug in your body to protect you against HIV.

If you are missing several doses a week, you are not going to be protected against HIV if you are exposed to it.

If you are taking PrEP, try to pick a regular time each day to take it. You don't have to take the tablet at the exact same time every day, but if you could link it to a daily task such as having your breakfast or brushing your teeth, it could help you remember.



ONCE I START, CAN I STOP?

Yes you can. It is always best to discuss your decision to stop with your doctor, and before you stop follow this advice

- If you've been taking PrEP to stop HIV through anal sex, don't stop until 48 hours after the last time you had sex.
- If you've been taking PrEP to stop HIV through vaginal sex, don't stop taking it until 7 days after the last time you had sex.
- If you're at risk of HIV through injecting or slamming drugs, don't stop taking it until 7 days after the last risk for HIV.

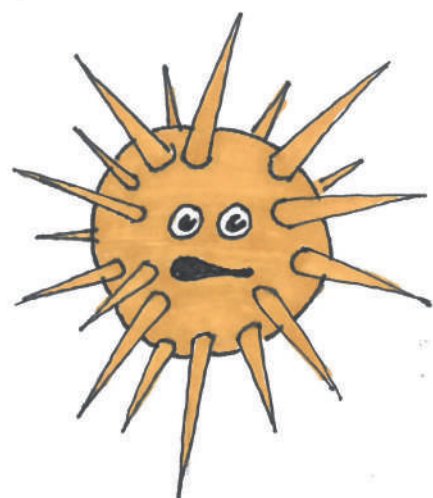
TREATMENTS & PrEP

Getting PrEPped to Stop HIV

While PrEP (Pre-exposure Prophylaxis) has been around now for a number of years, it is very new to Ireland. A generic version of the drug only became available in Ireland in December 2017. So what is PrEP? Does it really work? How does it work? How do you get it? And is it the right option for you? Read on to learn more, and if you have any more questions about PrEP, ring the Community Support team at HIV Ireland on 01 8733799.

WHAT IS PrEP? (PRE-EXPOSURE PROPHYLAXIS)

PrEP is a medicine which is taken by HIV-negative people to reduce the chance of getting HIV from having sex without a condom and from sharing needles or equipment to inject or use drugs.

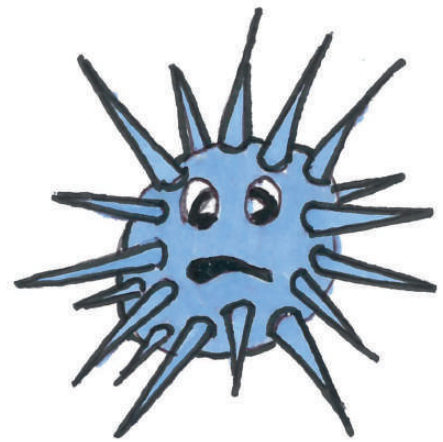


HOW DOES PrEP WORK?

PrEP is proven to be safe and very effective to stop HIV from establishing itself inside the body. Taking PrEP once every day reduces the risk of getting HIV from sex by more than 90%, and by more than 70% among people who inject drugs. PrEP stops HIV from taking hold and spreading throughout your body.

PrEP does not stop you from getting other sexually transmitted infection (STIs), so PrEP is not a replacement for condoms. Using condoms every time you have sex is the best way to prevent you from getting or passing on STIs.

You can get free condoms at HIV Ireland, 70 Eccles Street, Dublin 7 – just drop in during opening hours (9 to 5) and ask at reception! They are really nice and won't ask you any questions!



DO I HAVE TO PAY FOR PrEP?

At the moment PrEP is expensive at around €100 a month. We hope it will be added to the medical card in the future.

IS PrEP FOR ME?

Are you HIV-negative but may be at high risk for HIV? Taken every day, PrEP can help keep you free from HIV. PrEP may help you if you are HIV-negative and any of the following apply to you:

- You inject drugs and share needles or equipment to inject drugs.
- If you are at risk of getting HIV from sex, for example:
 - If you have an HIV-positive partner.
 - If you have many partners, or a partner whose HIV status is unknown.
 - If you don't always use a condom for sex.
 - If you have recently had a sexually transmitted infection.
 - If you are using drugs for sex, such as crystal meth, mephedrone, or GHB – also known as ChemSex.

PrEP is usually not necessary if you are only having sex with HIV-positive partners who are on treatment and have an undetectable viral load. Having an undetectable viral load means that an HIV-positive person cannot pass on the virus through sex.

LET'S TALK ABOUT DISCLOSURE



AN ROINN DLÍ AGUS CIRT AGUS COMHIONANNAIS
DEPARTMENT OF JUSTICE AND EQUALITY

In February, the High Court has refused to order that the HIV status of a young man can be disclosed to a young woman with whom it is believed he may be having unprotected sex.

The young man is under 18 and has been living in care for a number of years. He was born with HIV.

The court said that being in a sexual relationship did not justify the breach of patient confidentiality. This means that no-one, including the Doctors had the right to tell anyone he was positive.

The Child and Family Agency (CFA) wanted to be able to disclose his status to a young woman who is also under 18 and did not know about the court case.

Mr Justice Michael Twomey ruled that even if the woman was willing to have unprotected sex with the young man, and assume the risks associated with that, the medical evidence was that HIV was a significant, chronic and lifelong condition but not a terminal condition. The judge said this meant it was not a "very serious harm" that would justify breaching patient confidentiality.

He consulted with Doctors who advised the risk of contracting HIV through sexual intercourse was very low - around 0.04% - and that the risk could be reduced by 99% with the use of condoms.

He also found that even if the two were having unprotected sex, the young woman would be undertaking an activity which she should know carried a risk of contracting sexually transmitted diseases, one of which is HIV.

Mr Justice Twomey said the proceedings were supported by well intentioned doctors but he said the court was aware of the consequences the order being sought would have for all medical professionals.

The young man was asked if he would disclose his status and told the court he planned to disclose it to the person he plans to settle down with, when that time came and claimed if it was disclosed before then, his life would be ruined.

Mr Justice Twomey said this order, which was being sought for the first time in the Irish courts, raised the possibility that if it was granted, in similar cases in the future, the court would be involved in determining in a civil case whether two consenting adults are having sex.

ACKNOWLEDGMENTS

If you have any questions or would like any information you can always give us a call on 01 873 3799 or email us info@myuisce.org

Hepatitis and HIV both have a day dedicated to raise awareness.

If you would like to take part in these events contact the organisations below.



We have so many people to thank for providing information, images and support to put this together



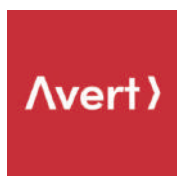
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Global information and
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Canadian's Source for HIV
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Hepatitis SA



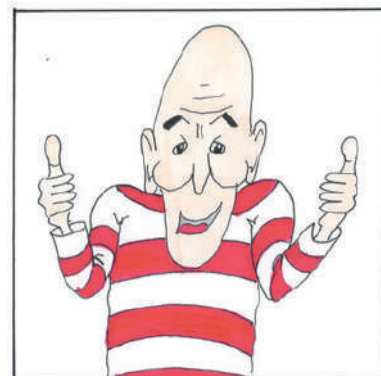
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