

# HIV Clinical Information Sheet

For Aboriginal Health Practitioners,  
Nurses and Doctors



**Aboriginal  
Health  
Council**  
of South Australia Ltd.

**Sexual  
Health  
& BBV** Program

## Key Facts

1. HIV is most commonly transmitted through unprotected sex and/or sharing of injecting equipment (including needles, syringes, filters, spoons, swabs and tourniquets). HIV can also be transmitted from mother to child during pregnancy, childbirth and breastfeeding, although this is less common in Australia due to antenatal screening and treatment.
2. Because people can have HIV without any symptoms, testing is the only reliable way to diagnose it.
3. Once diagnosed, HIV can be treated effectively. Early treatment means the complications of HIV can be avoided and the risk of onwards transmission is reduced.
4. There are effective ways to prevent HIV including condom use, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and treatment as prevention (TasP).

## When to test for HIV

**Sexual health checks:** include HIV testing in all STI screening, regardless of symptoms.

**STI diagnosis:** If another STI has been diagnosed, it is recommended to screen for other STIs and BBVs including HIV.

**People who use drugs:** this group is at increased risk of HIV and should be offered testing.

**Pregnancy:** HIV testing is a routine part of antenatal testing and may need to be repeated.

**Routine health checks:** consider offering HIV testing in routine health checks for people who are sexually active (HIV test can be included as part of 715 Health Check).

**Symptoms consistent with HIV:** have a low threshold for testing for HIV with compatible symptoms (see clinical presentation on the following page).

**Someone with additional exposures** will need repeat HIV testing until adequate prevention is in place.

**Note:** Following transmission, it can take several weeks to be reliably detected with a test. For a small number of people this can take up to 3 months. This is called the HIV window period. Repeat testing may be required if less than 12 weeks have passed since relevant exposure.

## Take the time to have a yarn about HIV

**Address stigma:** despite being preventable and treatable, HIV carries great stigma. Fear or shame talking about it may act as a barrier to diagnosis and treatment. Address stigma by providing clear information in a non-judgemental way.

- There is no cure for HIV, but treatment antiretroviral therapy (ART) allows people living with HIV to have a similar life expectancy and quality of life. Outcomes are best when people are diagnosed early, commence ART as soon as possible, maintain viral suppression and have good overall health and wellbeing
- Explain the difference between HIV and the well-known complication AIDS which typically occurs years after infection in **untreated** individuals
- Raise awareness of HIV prevention measures (see following page)

**Normalise testing:** Normalise HIV testing by explaining it is part of routine sexual health check screening

- Before testing, explain to patients how and when they will receive their results. Use methods of providing results that are appropriate to their circumstances
- Reassure patients confidentiality will be maintained in testing and in the event of a positive test result.
- Encourage patients to have a support person if they wish

## What to do if someone tests positive

Be mindful of the emotional impact that results may have and provide support and referral options. Cases of HIV must be notified to the SA Communicable Disease Control Branch (CDCB) on [1300 232 272](tel:1300232272).

The diagnosing doctor is responsible for initiating contact tracing. This process, including partner notification, can be complex. Help is available through the Adelaide Sexual Health Centre (see 'Supports and resources'). Discuss with CDCB at the time of notification.

## Clinical presentation

70% of people will develop symptoms of acute infection (also known as seroconversion illness). The onset is variable but usually happens around 2 weeks after exposure.

The symptoms are non-specific and easily mistaken for other diseases. They may include the following:

- Muscle aches
- Low-grade fever
- Headaches
- Rash
- Swollen lymph glands

Typically, these symptoms mark the patient's immune system responding to HIV. However, a person may not test positive for HIV until 12 weeks after exposure

- A person can transmit HIV before above symptoms appear and before test positivity

Treatment for HIV with ART should be commenced as soon as possible. It is conducted by specialist doctors with s100 prescriber rights (specialists or GPs specialising in HIV care).

- A list of s100 prescribers is available here:

[Find a HIV or PrEP Prescriber](#)

The acute symptoms of HIV are typically followed by an asymptomatic phase which can last several years.

- People can transmit HIV in this period

In the long-term, untreated HIV results in immune suppression which is associated with a range of complications:

- Oral thrush, diarrhoea, weight loss, skin infections
- Acquired Immunodeficiency Syndrome (AIDS) which is characterised by opportunistic and unusual infections and certain cancers
- Increased risk of cardiovascular disease, chronic kidney disease and osteoporosis

**These long-term complications of HIV can be avoided with effective treatment.**

## HIV prevention

There are several effective ways of preventing HIV transmission:

- Using condoms correctly and consistently
- PrEP (pre-exposure prophylaxis) for people at ongoing risk of HIV exposure. PrEP is on the PBS. It can be prescribed by any medical practitioner or authorised sexual health nurse. No specialist training is required. More information here: [HIV pre-exposure prophylaxis | SA Health & Clinical decision tool - ASHM](#)

- Access to safe injecting equipment (including needles, syringes, filters, spoons, swabs and tourniquets).
- Treatment as prevention (TASP): effective HIV treatment reduces viral load to undetectable levels so it cannot be transmitted to sexual partners

Post-exposure prophylaxis (PEP) may prevent someone getting infected with HIV after exposure if started within 72 hours of exposure. More information here:

[HIV post exposure prophylaxis | SA Health](#)

## Support & Resources

The AHCSA Sexual Health and BBV Program is available to help connect you with information, resources and support - **8273 7200**

### Notification of HIV case:

- SA Communicable Disease Control Branch (CDCB)  
**1300 232 272**

### Clinical advice:

- During business hours: Adelaide Sexual Health Centre on **7117 2800**
- Outside business hours: speak to on-call Infectious Diseases doctor at one of following hospitals
  - Royal Adelaide Hospital **7074 0000**
  - Flinders Medical Centre **8204 5511**
  - Lyell McEwin Hospital **8182 9000**
  - The Queen Elizabeth Hospital **8222 6000**
  - Women's and Children's Hospital **8161 7000**

### Clinical resources:

- AHCSA Sexually Transmitted Infections & Blood-Borne Viruses Handbook
- Australian STI Management Guidelines: [HIV | STI Guidelines Australia](#)
- Australasian Contact Tracing Guidelines: [Contact Tracing | ASHM](#)
  - Relevant sections include 'HIV' and 'Ways of notifying contacts'
- CARPA manuals: [Home | RPHCM](#)
  - STI checks for women (Women's Business Manual): [STI checks for women | RPHCM](#)
  - STI checks for men (Standard Treatment Manual): [STI checks for men | RPHCM](#)

### Information for the public:

- SA Health's [HIV website](#)
- Shine SA: SHINE SA | [Sexual Health Information Networking & Education](#)
- [Us Mob and HIV - Us Mob and HIV](#): HIV Resource for Aboriginal People
- [Better to Know](#) - Better to Know: Sexual Health Resource for Aboriginal People
- Young Deadly Free: [Factsheets](#) on STIs and BBVs

### Supports for people diagnosed with HIV:

- SAMESH 'newly diagnosed' website: [Newly Diagnosed - SAMESH](#)
- Positive Aboriginal and Torres Strait Islander Network (PAT SIN) within National Association of People with HIV Australia (NAPWHA): [PAT SIN - NAPWHA](#)