35 Things You Might Not Know About HIV

A look at some science-based facts about HIV that may surprise you as we mark the 35th anniversary of the official start of the AIDS epidemic.

June 1, 2016 By Benjamin Ryan

CDC

June 5, 1981. The Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report (MMWR) detailed five recent cases of homosexual men in Los Angeles diagnosed with Pneumocystis carinii pneumonia (PCP), two of whom had died. All five men had also experienced cytomegalovirus (CMV) and candidal mucosal infections.

July 3, 1981. The New York Times published a short article titled "Rare Cancer Seen in 41 Homosexuals," reporting on a subsequent MMWR that focused on gay men, largely in New York City and the San Francisco area, who developed often swiftly fatal cases of Kaposi's sarcoma (KS).

HIV, which had been slowly and silently spreading throughout the 20th century from its origins in Western Africa, had finally begun to rear its ugly head on a grand scale.

The AIDS epidemic had officially begun.

To say that much has changed since those early terrifying days of the epidemic is a categorical understatement. AIDS would bring out the best and the worst of society, exposing and fueling deep-seated, often institutionalized hatred toward gays and other disenfranchised demographics, while bringing to their feet a heroic new order of activists and scientists.

Often at fierce odds with one another, these two latter forces would eventually come to work more symbiotically as they fought for a common goal: to combat a plague that threatened to annihilate vast swaths of the human race.

Today, 35 years into the epidemic, an estimated 36.9 million people are living with HIV worldwide. About 17 million of them are on antiretroviral (ARV) treatment as of 2015. Twenty-nine individual ARVs have been approved since Retrovir (zidovudine, or AZT) was approved in 1987. And scientists are fast at work developing potential vaccines and cures for the virus.

To mark this milestone, POZ has culled together 35 science-based facts about the HIV epidemic, many of which may surprise you. Click on any of the hyperlinks for more information.

HIV Origins:

1. "Patient Zero" is a myth. In an attempt to boost sales of his 1987 book chronicling the early AIDS epidemic, And the Band Played On, journalist Randy Shilts and his editor colluded to fabricate the story that the French Canadian flight attendant Gaëtan Dugas was almost single-handedly responsible for the initial spread of HIV throughout the United States. Recent genetic research has further debunked the myth.

HIV Care & Treatment:

2. Starting HIV treatment early improves quality of life, compared with delaying until the immune system deteriorates—at least for those with generally good health.
3. However, even those on ARVs whose virus is fully suppressed still have a lower quality of life than their HIV-negative counterparts.
4. ARVs may still benefit those who have experienced triple-drug-class treatment failure.
5. You may not need quarterly HIV checkups. Recent research suggests that if HIV is suppressed, you can probably get away with only annual CD4 testing. Another study found that twice-yearly doctor's visits may be all that's needed to control the virus.
6. Non-AIDS-related conditions pose a significant threat to people with HIV, including psychiatric, liver, cancer, kidney and cardiovascular conditions. ARVs can protect against these outcomes, especially psychiatric and kidney conditions.

7. Common cancers are more fatal among people with HIV than among their HIV-negative counterparts.

Hepatitis C Virus (HCV):

8. Hepatitis C is a much more prevalent virus than HIV. The CDC estimates that 1.2 million people are living with HIV in the United States (recent research suggests that this is an overestimate, however). Estimates of hep C's prevalence vary, with the CDC putting the figure between 2.7 million to 3.9 million, while other estimates suppose that as many as 5 million to 7 million U.S. residents are infected with the virus. Hep C is also the biggest killer among all infectious diseases in the United States.
9. Sexual transmission of hep C among men who have sex with men (MSM) apparently dates back decades. Research suggests that such transmissions are becoming increasingly common, with HIV-positive MSM at much higher risk than their HIV-negative counterparts.

Cure:

10. Timothy Ray Brown, the only person on earth officially cured of HIV, does have some company, if you broaden the definition of "cure." There are various people scientists consider in a state of HIV "remission" following early treatment of the virus.
11. A great deal of research is being conducted in the HIV cure arena, and there have been many promising developments of late, but most scientists agree that a cure is many years, if not decades, off. Meanwhile, twice in the last three years, the United Kingdom's The Telegraph has falsely reported that a cure for the virus was imminent, each time leading to a rash of erroneous reports in other media outlets.
12. No, soy sauce does not treat or cure HIV, despite fanciful media reports suggesting the contrary.
13. No, pot does not treat, prevent or cure HIV, despite fanciful media reports suggesting the contrary.

Women:

14. A parasite may be to blame for high HIV rates in African women.
15. HIV-positive transgender women are less likely than their cisgender counterparts to have their virus under control.

Prevention:

16. Awareness of pre-exposure prophylaxis (PrEP) among MSM is rising, although actual widespread use of Truvada (tenofovir/emtricitabine) use among HIV-negative MSM is apparently limited to a few cities.
17. We may see a long-acting injectable version of PrEP, administered every eight weeks, in 2020.
18. People on HIV treatment often overestimate how infectious they are, despite increasing evidence that transmitting the virus with an undetectable viral load is extremely unlikely.
19. Gay men are using condoms less these days, but their use varies based on context. It's not a simple matter of guys always or never using condoms; there's a lot of nuance in between.
20. There is no apparent link between states' HIV criminalization laws and condom use among MSM in those states. Arguably, such laws do not have a public health benefit.
21. Since 1999, there has been only one confirmed case of someone acquiring HIV through occupational exposure—a laboratory technician who was stuck by an infected needle in 2008.
22. Behavioral factors don't explain why black MSM have such disproportionately high HIV rates. Overall, black MSM engage in comparable rates of condomless sex, have fewer sex partners and engage in less drug use during sex.

23. Only one in five sexually active high school students have had an HIV test.
24. A considerable proportion of HIV transmissions among MSM occur within ongoing sexual partnerships.
25. Scientific understanding of exactly how well condoms prevent HIV is shaky. Such research is stymied by the need to rely on self-reports of condom use.
26. HIV superinfection apparently doesn't affect disease progression. A decade ago, fears of superinfection (acquiring a second infection of the virus) and "superbug" HIV fueled considerable, ultimately unnecessary hysteria.
27. As death rates continue to drop among people with HIV, life expectancy is approaching normal for many of those on ARVs, especially those who don't smoke or abuse drugs and are not coinfected with hepatitis B or C viruses (HBV/HCV). However, the average life expectancy for those in HIV care is still about 14 years below that of their HIV-negative counterparts.
28. Even very early HIV treatment may not reverse the immediate damage to the gut caused by the virus's initial assault.
29. HIV may be evolving into a weaker virus.

Substance Use:

30. Even one or two drinks a day can be harmful to people with HIV, whose threshold for safe alcohol use is lower than for HIV-negative individuals. Also, HIV-positive people get a buzz from drinking on less alcohol.
31. Falsely believing that booze and HIV meds are a toxic mix, many people purposefully skip ARV doses while drinking. Similarly, many will actually increase their risk of harm to themselves by intentionally missing ARV doses while using drugs.
32. People on HIV treatment double their risk of death by smoking. Furthermore, smokers with well-controlled HIV lose far more years of life to cigarettes than to the virus.

The State of the Epidemic:

33. HIV prevalence among MSM varies widely by city and state, with Southern MSM hit especially hard. For example, an estimated 11 percent of young black MSM in Atlanta contract HIV each year.
34. The annual HIV diagnosis rate has dropped 19 percent over the past decade, and the rate among MSM, after years of increases, has started to level off.
35. The U.S. HIV population may be smaller and more virally suppressed than long presumed. At the same time, viral suppression rates are increasing steadily among HIV-positive Americans.

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