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| Guidance for sex workers living with HIV |
| (accessible version) |
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| To receive this document in another format, [email the Policy and Programs Branch](mailto:sexworkreform@health.vic.gov.au) <sexworkreform@health.vic.gov.au>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, March 2023.  In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people.  ISBN 978-1-76131-108-6 (pdf/online/MS word)  ISBN 978-1-76131-107-9 (print)  Available from the [Department of Health website](https://www.health.vic.gov.au/preventive-health/sex-worker-health) <https://www.health.vic.gov.au/preventive-health/sex-worker-health>.  **Disclaimer**  Please note that any advice contained within this publication is intended only as a general guidance. The Department of Health does not accept any liability for any loss or damage suffered as a result of reliance on the general guidance and advice contained in this publication. Nothing in this publication should replace seeking appropriate medical and legal advice. |
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# Aboriginal acknowledgment

The Victorian Government acknowledges the Traditional Owners of the lands on which we all work and live. We recognise that Aboriginal people in Victoria practise their lore, customs and languages, and nurture Country through their deep spiritual and cultural connections and practices to land and water.

The Victorian Government is committed to a future based on equality, truth and justice, and acknowledges that the entrenched systemic injustices experienced by Aboriginal people endure.

We pay our deepest respect and gratitude to ancestors, Elders and leaders – past and present. They have paved the way, with strength and courage, for our future generations.

Content

[Aboriginal acknowledgment 3](#_Toc128564199)

[Introduction 5](#_Toc128564200)

[Decriminalisation of sex work 6](#_Toc128564201)

[Understanding your HIV diagnosis 7](#_Toc128564202)

[Treatment: undetectable = untransmissible 8](#_Toc128564203)

[Working with a detectable viral load 10](#_Toc128564204)

[Managing HIV transmission risk behaviours 14](#_Toc128564205)

[Stigma and discrimination 15](#_Toc128564206)

[Disclosing your HIV status 16](#_Toc128564207)

[Working in other states and territories 17](#_Toc128564208)

[Migrating to Australia 18](#_Toc128564209)

[Services and resources 19](#_Toc128564210)

# Introduction

This guidance was developed by the Victorian Department of Health (the department) in partnership with Living Positive Victoria, Positive Women Victoria, Vixen and Scarlet Alliance to support sex workers living with human immunodeficiency virus (HIV).

This document is part of a broad Victorian public health response to support sex worker health and wellbeing. It is a companion document to the [sexually transmissible infection (STI) and blood-borne virus (BBV) prevention guidance for the sex industry](https://www.health.vic.gov.au/publications/sti-and-bbv-prevention-for-the-sex-industry) <https://www.health.vic.gov.au/publications/sti-and-bbv-prevention-for-the-sex-industry>.

HIV is a virus that can damage the immune system and make it difficult for the body to fight off simple infections. HIV infection is treatable. Treatment can prevent immune system damage and reduce or eliminate the risk of transmission to sexual partners.

If you’ve been diagnosed with HIV, it’s normal if you feel confused, upset or afraid. But you’re not alone. There are excellent healthcare and peer-led support services available for people living with HIV in Victoria. Being diagnosed with HIV does not mean you will become very ill, need to give up your sex life or be unable to have children.

HIV treatment has advanced considerably. Treatment works by reducing the virus in the body to levels that cannot be detected by an ordinary blood test. This is called an undetectable viral load.

If you maintain an undetectable viral load, you can’t transmit HIV sexually. This is known as undetectable equals untransmittable (U=U) or treatment as prevention (TasP).

Being undetectable does not mean HIV is cured. But it does mean you can have a normal life expectancy and eliminate the risk of passing the virus on to others.

# Decriminalisation of sex work

Sex work is being decriminalised in Victoria.

Decriminalisation recognises that sex work is work. With decriminalisation, the sex industry will continue to have the same general occupational health and safety rights, duties and protections that apply in all other workplaces in Victoria.

The first stage of decriminalisation started on 10 May 2022. You can find out more about decriminalisation on [the department’s website](file:///C:/Users/Matt%20Davies/Documents/Downloads/the%20department’s%20website) <https://www.health.vic.gov.au/preventive-health/sex-worker-health>.

It used to be illegal under the **Sex Work Act 1994**to engage in sex work with any STI. This included HIV. This offence was removed on 10 May 2022. **It is now legal for people living with HIV in Victoria to work as sex workers if they want to.**

The changes to the law acknowledge that criminalisation is not an effective method to prevent the transmission of STIs and BBVs such as HIV.

The department is working with the sector and community to reduce stigma and discrimination and improve sex worker access to health information and voluntary BBV and STI testing and treatment.

# Understanding your HIV diagnosis

HIV is a BBV, which means it is carried in the blood and some bodily fluids. HIV is also considered an STI.

It can spread from one person to another by blood, semen, vaginal fluids, anal mucus or breastmilk. It cannot be spread through coughing or sneezing, kissing, hugging, shaking hands or sharing food. Different sexual activities, such as receiving anal sex from someone with a penis or giving oral sex to someone with a vagina, can have very different HIV transmission risks.

HIV is not the same thing as AIDS (acquired immune deficiency syndrome). AIDS is the most advanced stage of HIV infection when the immune system is at its weakest and a person has one or more specific illnesses.

AIDS is extremely rare in Australia. Most people living with HIV in Victoria can expect to live long, healthy lives without ever developing AIDS. This is due to highly effective HIV treatment that prevents the virus from multiplying.

Blood tests are the most common way to test for HIV. If your initial test is positive for HIV antibodies, then more testing is needed to confirm that the first one was accurate.

Finding out you are HIV-positive can be confusing and scary. Everyone deals with the diagnosis in their own way. Learning and understanding as much as you can about HIV can help lessen the anxiety and worry. The doctor or nurse who tells you about your results should also provide you with basic information and resources.

Your HIV status is confidential medical information. Health professionals have an ethical and legal duty to maintain your privacy.

It’s important to find a doctor you feel comfortable and confident with. You may want to see someone who specialises in HIV. At the end of the document, you’ll find a list of specialised services and resources available in Victoria, including peer support services for people living with HIV and for sex workers.

You don’t have to tell your doctor that you’re a sex worker if you don’t want to. Some people may want to talk about the sex they have at work without mentioning that money or other goods are exchanged. But it can help your doctor to give you the most relevant advice if you do feel comfortable talking about your work.

# Treatment: undetectable = untransmissible

Treatment for HIV is known as antiretroviral therapy (ART).

There is currently no cure for HIV. Ongoing treatment is required to prevent immune system damage. ART is readily available and recommended for everyone living with HIV in Australia. It reduces the amount of virus in a person’s body by preventing it from making copies of itself.

ART usually involves taking several different medications that target the virus in different ways. Many medications can be combined into a single tablet that is taken once or twice a day. Injectable ART given every eight weeks is also available and may be a good option for many people.

The experience of taking HIV treatment has changed considerably. Most people starting treatment now can expect that it will be effective in preventing damage to the immune system with minimal or no side effects.

Modern ART has transformed HIV into a manageable chronic condition like high blood pressure or diabetes. It enables people living with HIV to live long and healthy lives just like anyone else. It can also eliminate the chance of passing HIV on to others.

U = U stands for undetectable = untransmissible. This is also known as treatment as prevention (TasP).

With effective treatment, levels of HIV in the blood, or viral load, can become so low that the virus can no longer be detected by regular testing methods. This is known as an undetectable viral load.

International standards for undetectable viral load are less than 200 parts per million. In Victoria, we have highly sensitive viral load testing that can detect small amounts of the virus as low as 20 parts per million. But a viral load under 200 parts per million still counts as undetectable.

**A person with an undetectable viral load cannot transmit HIV to their sexual partners.** Extensive studies of people in relationships where one partner is living with HIV and the other is not have shown that people living with HIV who maintain an undetectable viral load do not pass HIV to their partners even if condoms are not used.**[[1]](#footnote-2)** This is widely accepted knowledge in the medical community.

In Australia, up to 97 per cent of people taking treatment can achieve an undetectable viral load.

It can take time to become undetectable after starting treatment. But for most people, it takes six months or less. Starting treatment as soon as possible is highly recommended. This helps you become undetectable sooner and protects your immune system from damage.

Starting treatment is always a personal decision. [Talking to other people](https://livingpositivevictoria.org.au/programs-and-services/one-on-one-support/) <https://livingpositivevictoria.org.au/programs-and-services/one-on-one-support/> who have been on treatment about their experiences can help.

Once you start treatment, it’s essential to keep taking your medication as directed by your doctor.

Frequently missing doses or stopping treatment even for short periods can raise your viral load to detectable levels even if it was previously undetectable. It can also cause the virus to damage your immune system or become resistant to medication. If the virus becomes resistant, this means it won’t work as well and you may need to change to a different combination of medications.

Talk to your doctor to get support if you’re having trouble taking your medication as directed.

It’s important to have regular tests of your viral load so you can be sure your treatment is working and you are maintaining an undetectable viral load.

People with an undetectable viral load can sometimes experience what is called a viral blip. This means that the levels of HIV in your blood can temporarily increase from undetectable to a low but detectable level before becoming undetectable again on the next test. If you’ve been taking your medication as directed, this is not a cause for concern. But if your viral load is significantly higher for several tests in a row after previously being undetectable, you and your doctor should discuss possible causes. You may need to adjust the medications you take.[[2]](#footnote-3)

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| Interactions with antiretroviral therapy It’s always important to talk to your doctor about any other medications you are taking. This includes common herbal remedies, birth control and hormones.  Some HIV drugs can also interact with hormones in hormone replacement therapy for menopause or gender-affirming hormone therapy. This doesn’t mean you’ll have to stop taking hormones. But your doctor may adjust which HIV drugs you take. They may also adjust the dose of one or both medications to ensure the best clinical effects for both therapies.  If you’re taking contraceptive medication, you should also talk to your doctor about whether your contraceptive method is compatible with your HIV treatment. |

# Working with a detectable viral load

If you have an undetectable viral load, there’s no risk of transmitting HIV to others sexually. But it can take up to six months to become undetectable once you begin treatment.

The higher your viral load, the more likely you are to transmit HIV sexually. Viral load is usually highest in the earliest stage of HIV infection.

There are many ways to navigate sex work in the period just after your diagnosis. Some people may continue working, while others may stop or pause sex work while they start treatment. Talking to a peer or trusted health professional can help you decide the best option for you. There are reliable steps you can take to reduce the risk of sexual transmission even with a detectable viral load. Sex workers and people living with HIV in Australia have a long history of effective peer education and prevention.

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| Condom use and STI testing Consistent condom use is a key prevention technique for sex workers regardless of HIV status or viral load. There are both internal (inserted into the vagina or anus) and external (used to cover the penis) condoms available for use.  Always use condoms with a compatible lubricant to prevent breakage. Lubricants come in a variety of bases including oil, water, silicon and hybrid. Oil can degrade latex and should never be used with latex condoms. Check the condom package to see which lubricants are compatible.  If you have a detectable viral load, condom use helps to prevent HIV transmission. Even if you have an undetectable viral load, condoms are the best way to prevent against other STIs.  All STIs are treatable, and many are curable. But many STIs can have short- and long-term health impacts if left untreated. Some STIs can also increase your viral load for HIV (although it’s unlikely this will raise your viral load from undetectable to detectable levels if you’re on treatment).  Getting tested for STIs regularly and accessing treatment as soon as possible helps to reduce the impact on your health and work and to reduce the risk of passing an STI on.  The [Scarlet Alliance Red Book](file:///C:/Users/Matt%20Davies/Documents/Downloads/Scarlet%20Alliance%20Red%20Book) <https://redbook.scarletalliance.org.au/safer-sex-tools/> is an online resource developed by sex workers that includes information about how to use condoms.  Free condoms, lubricant and other safer sex supplies can be accessed through [Vixen](http://www.vixen.org.au/)<www.vixen.org.au> and [RhED](file:///C:/Users/Matt%20Davies/Documents/Downloads/RhED) <https://sexworker.org.au/> including by post. |

When having sex with a detectable viral load in your private life or at work, it’s important to understand that different sexual activities carry very different transmission risks.[[3]](#footnote-4)

For people with a detectable viral load, research shows that giving anal sex without a condom (if you have a penis) carries the highest risk of transmitting HIV, while receiving anal sex without a condom (no matter what genitals you have) carries the second highest risk of transmitting HIV. Receiving or giving vaginal sex without a condom carries a slightly lower risk.

Oral sex without a condom poses little to no risk of HIV transmission. But it has been difficult to establish with certainty that the risk is zero. This is because most people who have oral sex also have vaginal or anal sex. It is tricky to figure out each factor on its own. The risk is thought to be higher if the person giving oral sex to a person living with HIV has bleeding gums, ulcers or a throat infection. The virus cannot be transmitted through saliva.

Condoms used with a compatible lubricant are highly effective at preventing HIV transmission. But if the condom breaks or tears, the risk of transmission can be equivalent to sex without a condom.

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| Condom breaks and post-exposure prophylaxis If you are having sex with a detectable viral load and using condoms, you should have a plan for what to do if the condom breaks, like letting the person know about post-exposure prophylaxis (PEP).  PEP is a medicine that can be taken to prevent HIV infection after someone has been exposed to the virus. **PEP must be started within 72 hours of exposure and taken correctly over a 28-day period.** PEP can be one tablet taken daily or a combination of two or three tablets taken daily.  You can [find out more about PEP](https://www.getpep.info/get-pep-now/vic/) <https://www.getpep.info/get-pep-now/vic/> and where to access it online. You can also call the Victorian hotline on 1800 889 887. The line is staffed from 9:00 am to 5:00 pm Monday to Friday, and a detailed recorded message plays at other times.  Letting a client know they may need to take PEP after a condom break at work can be scary. It’s important to consider your own safety as well as the health of others.  Some people prefer to have the conversation without mentioning their own HIV status – for example, by saying, ‘It looks like the condom has broken. I think we should both make sure we take the right steps for our health. There’s a medicine called PEP that you can take, but you have to take it within 72 hours. Here’s a number you can call.’  Talking to an experienced [peer navigator](https://livingpositivevictoria.org.au/programs-and-services/one-on-one-support/) <https://livingpositivevictoria.org.au/programs-and-services/one-on-one-support/> and making a plan in advance can help you feel confident having the conversation if you need to. |

It’s important to remember that everyone has a responsibility to take reasonable steps to prevent HIV transmission. Prevention isn’t just the responsibility of people who are living with HIV. HIV-negative people and people who don’t know their status share the same responsibility to reduce risk.

Reasonable steps for HIV-negative people and people who don’t know their status can include:

* consistent condom use with a compatible lubricant
* use of other appropriate barriers such as dental dams
* taking pre-exposure prophylaxis (PrEP) if they are at risk of getting HIV
* taking PEP after a known or suspected exposure to HIV
* harm reduction and safe injecting practices including using sterile needles and syringes and avoiding sharing equipment.

Reasonable steps for people living with HIV with a detectable viral load can include:

* engaging in appropriate clinical care and treatment monitoring to achieve and maintain an undetectable viral load
* consistent condom use with a compatible lubricant
* use of other appropriate barriers such as dental dams
* making sure sexual partners know about PEP if a condom breaks
* harm reduction and safe injecting practices including using sterile needles and syringes and avoiding sharing equipment.

There is no legal requirement in Victoria to tell your sexual partners you are HIV-positive if you are taking reasonable steps to reduce the risk of transmission.

One of the most important steps you can take at work to reduce the risk of HIV transmission is using internal or external condoms and a compatible lubricant.

Some people may also decide to adjust the services they offer temporarily while their viral load is detectable, like taking a break from anal and vaginal sex or only offering erotic massage and oral sex. This can be another way to reduce risk.

Talking to your doctor or an experienced [peer navigator](https://livingpositivevictoria.org.au/programs-and-services/one-on-one-support/) <https://livingpositivevictoria.org.au/programs-and-services/one-on-one-support/> can help you determine the right steps to take to reduce risk in your individual circumstances.

# Managing HIV transmission risk behaviours

Most people living with HIV take reasonable steps to reduce the risk of transmitting the virus. In a very small number of cases, people may not be taking the right precautions or may be intentionally putting others at risk.

The department has guidelines for managing HIV transmission risk behaviours in these situations. The goal of this process is linkage into appropriate care and treatment. The guidelines apply to everyone in the community and don’t discriminate based on occupation.

[Read the guidelines](https://www.health.vic.gov.au/publications/victorian-guidelines-for-managing-hiv-transmission-risk-behaviours) <https://www.health.vic.gov.au/publications/victorian-guidelines-for-managing-hiv-transmission-risk-behaviours> to find out more.

The guidelines only apply when:

* a person’s behaviour presents a real and immediate risk of HIV transmission
* a person’s healthcare team hasn’t been able to manage the risk.

If the department gets information that you may need support under these guidelines, a partner notification officer will contact you to discuss your circumstances and assess whether support is needed. It doesn’t matter to this assessment whether risky activities occur in the context of sex work or not. If you’re consistently taking steps to reduce risk, there’s no reason why the guidelines should apply to you.

Peer services such as Living Positive Victoria and Positive Women Victoria can help you navigate the process and understand your rights if support is necessary under the guidelines.

# Stigma and discrimination

The law may have changed so sex workers living with HIV in Victoria are no longer criminalised, but this doesn’t mean that stigma and discrimination will disappear overnight.

Eliminating HIV stigma and discrimination continues to be a priority both nationally and in [Victoria](https://www.health.vic.gov.au/publications/victorian-hiv-plan-2022-30) <https://www.health.vic.gov.au/publications/victorian-hiv-plan-2022-30>.

The dual stigma of HIV and sex work can be incredibly difficult.

Stigma can come in many forms including:

* internalised stigma (for example, feelings of shame or worthlessness)
* enacted stigma (for example, experiences of discrimination or being looked down on)
* anticipated stigma (for example, the fear of violence or being treated poorly).

You can experience stigma and discrimination in many different contexts – in your family, in your partnerships and friendships, at work or when accessing health or other services. Depending on the situation, there may be different ways to address these experiences and seek resolution.

As part of decriminalisation, anti-discrimination protections have been strengthened for sex workers in Victoria. Find out more on the [Victorian Equal Opportunity and Human Rights Commission (VEOHRC) website](https://www.humanrights.vic.gov.au/for-individuals/profession-trade-occupation/) <https://www.humanrights.vic.gov.au/for-individuals/profession-trade-occupation/>.

The law also protects people who have a disability, including people who may have a disability in the future because of an existing medical condition such as HIV. If you believe you have been discriminated against in an area of public life on the basis of your work or on the basis of another protected attribute such as a disability, VEOHRC may be able to help with [dispute resolution](file:///C:/Users/Matt%20Davies/Documents/Downloads/dispute%20resolution) <https://www.humanrights.vic.gov.au/get-help/>.

Peer services such as Living Positive Victoria, Positive Women Victoria and Vixen can offer phone and in-person support to help you understand your rights and the options available to you. These services can also:

* provide referrals to supportive services
* help with feelings of internalised or anticipated stigma
* offer support in navigating dispute resolution processes.

# Disclosing your HIV status

Disclosure means the act of making something new or private known. Sometimes the impact of disclosure can be anticipated, but other times it can be surprising or devastating.

Living Positive Victoria has a [guide](https://livingpositivevictoria.org.au/disclosing-hiv-status/) <https://livingpositivevictoria.org.au/disclosing-hiv-status/> that can help you navigate the why, when and where of disclosing your HIV status. Talking to a [peer navigator](https://livingpositivevictoria.org.au/programs-and-services/one-on-one-support/) <https://livingpositivevictoria.org.au/programs-and-services/one-on-one-support/> about the potential risks and benefits can also help.

**But it’s up to you when and where you talk about your HIV status or whether you want to at all.** It’s important to think carefully about the risks of other people knowing your private information.

There is no requirement in Victoria to disclose your HIV status to your sexual partners if you are taking reasonable steps to reduce the risk of transmission. But there can be legal consequences for misrepresenting or lying about your HIV status.

There is also no requirement in Victoria to disclose your HIV status to the police, even if you are in police custody. However, if you are being held in police custody without access to your HIV medication, it may be in your best interest to tell the police that you need this medication so you don’t miss any doses.

There are only a few occupations that require you to disclose your HIV status. These include jobs with the Australian Defence Force, pilots, air traffic controllers and medical practitioners who perform certain procedures.

There is no requirement to tell your sex industry workplace, clients or co-workers.

Disclosing your HIV status at work can put you at risk of stigma and discrimination from other sex workers, clients and sex industry staff such as receptionists, managers and owners. Some sex workers living with HIV in Australia have reported negative experiences after disclosure such as:

* clients or co-workers becoming angry
* cancelled bookings
* being banned from working at particular venues
* disclosure of their HIV status to others without consent
* physical violence.

Experiences of disclosure can vary in different sex work settings, in different social communities and in different metropolitan, regional and remote areas. It is important to consider your unique circumstances and what understanding of HIV your co-workers, clients or workplace may or may not already have.

Some sex workers living with HIV in Australia do choose to be open about their HIV status at work. It is up to you to decide the best approach for you in different areas of your life.

# Working in other states and territories

Laws about sex work, HIV-positive sex work and HIV disclosure to sexual partners vary across states and territories. These areas of the law are complex. It can be difficult to figure out how laws are enforced or what they might mean for you in practice. If you plan to work interstate, it’s a good idea to contact local peer organisations before you go to ensure you have the most up-to-date information.

Find a [list of state-based sex worker organisations](https://redbook.scarletalliance.org.au/home/sex-worker-orgs/) https://redbook.scarletalliance.org.au/home/sex-worker-orgs/> online.

Find also a [list of state-based HIV peer support organisations](https://napwha.org.au/hiv-peer-support/) <https://napwha.org.au/hiv-peer-support/> online.

# Migrating to Australia

In most cases, your HIV status will not affect your ability to visit Australia or stay for a short time. But there are limited pathways for people living with HIV to migrate permanently to Australia. This area of Australian immigration law is complex and constantly changing.

Australian visas are subject to health criteria. Some temporary and all permanent visa applicants must undergo health checks to see whether they satisfy the health criteria. The health check may include an HIV test. Due to the health criteria, people living with HIV often can’t get a permanent visa to live in Australia (or a temporary visa that leads to a permanent visa).

This is not because HIV is a threat to public health but because lifelong HIV treatment is considered a significant cost to Australia.

A small number of permanent visas (including some partnership and skilled migration visas) allow for an exemption from the health criteria in specific circumstances. In most cases, you have to pay for the visa, go through the application process and receive a rejection before you can respond and apply for an exemption.

The HIV/AIDS Legal Centre has produced the [**Positive migration** guide](file:///C:/Users/Matt%20Davies/Documents/Downloads/Positive%20migration%20guide) <https://halc.org.au/publications/guides-to-hiv-and-the-law/>, which gives more information about migrating to Australia.

# Services and resources

## For sex workers

[RhED](file:///C:/Users/vidv4gv/AppData/Roaming/Microsoft/Word/RhED)) <https://sexworker.org.au/> – Sex work affirmative services for the sex industry, including information and resources, case management, peer education, outreach and inclusive practice training

[Scarlet Alliance Red Book](https://auc-word-edit.officeapps.live.com/we/Scarlet%20Alliance%20Red%20Book) <https://redbook.scarletalliance.org.au> – Sexual health resource developed by and for sex workers

[Sex worker health page](file:///C:/Users/Matt%20Davies/Documents/Downloads/Sex%20worker%20health%20page) <https://www.health.vic.gov.au/preventive-health/sex-worker-health> – Information about sex worker health and the Victorian public health response

[STI and BBV prevention for the sex industry](https://www.health.vic.gov.au/publications/sti-and-bbv-prevention-for-the-sex-industry) <https://www.health.vic.gov.au/publications/sti-and-bbv-prevention-for-the-sex-industry> – Department of Health guidance for sex workers and business operators to support decriminalisation

[Vixen](https://vixen.org.au/) <https://vixen.org.au/> – Peer-only support for sex workers, including information and resources, counselling, peer education, outreach and sex work sensitivity training

## For people living with HIV

[HIV/AIDS Legal Centre](https://halc.org.au/) <https://halc.org.au/> – Legal assistance and information and resources for people living with HIV

[Living Positive Victoria](file:///C:/Users/Matt%20Davies/Documents/Downloads/Living%20Positive%20Victoria) <https://livingpositivevictoria.org.au/> – Peer-led support for people living with HIV, including information and resources, one-on-one support and workshops

[Positive Women Victoria](https://positivewomen.org.au/) <https://positivewomen.org.au/> – Peer support, information and advocacy for trans, cis and gender-diverse women living with HIV

[Thorne Harbour Health](https://thorneharbour.org/) <https://thorneharbour.org/> – Prevention education and treatment and care for people living with HIV, including social and community supports

* [Positive Living Centre](https://thorneharbour.org/services/hiv-positive-services/positive-living-centre/) <https://thorneharbour.org/services/hiv-positive-services/positive-living-centre/> – Social, emotional, recreational and skills-based services and activities for people living with HIV
* [The Centre Clinic](https://thorneharbour.org/services/centre-clinic/) <https://thorneharbour.org/services/centre-clinic/> – General practice providing specialised health care for LGBTIQ+ community members and people living with HIV
* [Equinox Gender Diverse Health Service](https://thorneharbour.org/services/trans-and-gender-diverse-health/) <https://thorneharbour.org/services/trans-and-gender-diverse-health/> – General practice and counselling service for trans and gender-diverse people
* [Thorne Harbour Country](https://thorneharbour.org/services/thcountry/) <https://thorneharbour.org/services/thcountry/> – Peer support, counselling, resources and information for LGBTIQ+ community members and people living with HIV in Bendigo

[Victorian HIV Service](https://www.alfredhealth.org.au/services/hiv-service) <https://www.alfredhealth.org.au/services/hiv-service> – Specialist HIV clinical services including in-hospital, outpatient and community services

* [Victorian NPEP Service](https://www.alfredhealth.org.au/services/victorian-npep-service) <https://www.alfredhealth.org.au/services/victorian-npep-service> – Access to post-exposure prophylaxis across the state
* [Victorian PrEP Service](https://www.alfredhealth.org.au/services/victorian-prep-service) <https://www.alfredhealth.org.au/services/victorian-prep-service> – Access to pre-exposure prophylaxis across the state

1. There is research evidence for U=U from around the world including:

   [The HIV Prevention Trial Network](https://www.hptn.org/research/studies/hptn052) <https://www.hptn.org/research/studies/hptn052>

   [Opposites Attract Study](https://kirby.unsw.edu.au/project/opposites-attract) <https://kirby.unsw.edu.au/project/opposites-attract>

   [The PARTNER Study](https://jamanetwork.com/journals/jama/fullarticle/2533066) <https://jamanetwork.com/journals/jama/fullarticle/2533066>. [↑](#footnote-ref-2)
2. Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine 2018, [**A guide for clinicians to discuss U=U**](https://ashm.blob.core.windows.net/ashmpublic/UequalsU.pdf)<https://ashm.blob.core.windows.net/ashmpublic/UequalsU.pdf>. [↑](#footnote-ref-3)
3. See [Stanford Health Care](https://stanfordhealthcare.org/medical-conditions/sexual-and-reproductive-health/hiv-aids/causes/risk-of-exposure.html) <https://stanfordhealthcare.org/medical-conditions/sexual-and-reproductive-health/hiv-aids/causes/risk-of-exposure.html> for more information about HIV transmission risk and a list of research studies. Keep in mind that many studies calculate the risk of transmission based on whether the HIV-negative partner is receiving or giving during sexual activity. [↑](#footnote-ref-4)