FACTSHEET – HIV

Expertenkomitee für Reisemedizin
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Comitato di esperti per la medicina di viaggio
Expert committee for travel medicine

Key aspects briefly summarized

- HIV (human immunodeficiency virus) is found **worldwide**, although **its prevalence varies** from region to region**.**
- It is transmitted through **unprotected sexual contact** (vaginal, anal), as well as through contact with blood (shared needles) and **from mother to child**.
- There is currently no cure or vaccine. It is a chronic condition, but one that can be treated.
- Prevention: safer sex, early diagnosis and treatment of infected individuals (U=U), as well as PrEP and PEP.
- **U=U** (Undetectable = Untransmittable) People with HIV who are receiving effective treatment and have an undetectable viral load do not transmit the virus sexually. Not even during sex without a condom.

HIV / The human immunodeficiency virus damages the immune system, i.e. the body's own defences. HIV is currently incurable, but can be effectively managed. Today's HIV medicines are so effective that they efficiently suppress the virus in the body. Without treatment, the infection progresses and leads to increasing immune deficiency. In advanced stages, serious infections and certain types of cancer may occur. This stage of the disease is known as AIDS (Acquired Immune Deficiency Syndrome).

Background

Since the discovery of HIV in 1981, the virus has spread throughout the world and now affects almost every country and population group. According to current estimates from the World Health Organisation (WHO), around **40.8 million people** worldwide were living **with HIV** at the end of 2024, including approximately **1.4 million children under the age of 15**. In the same year, there were around **1.3 million new infections** and approximately **630'000 HIV-related deaths**.

Global HIV prevalence stands at around **0.7 per cent of the adult population**, with marked regional variations. Sub-Saharan Africa is particularly hard hit, home to more than two-thirds of all people living with HIV.

Thanks to modern HIV treatment, life expectancy for people living with HIV has returned to near-normal levels.

Transmission

The likelihood of becoming infected with HIV depends on various factors. The amount of virus transmitted is important, as is the virulence (the 'potential to cause disease') of the virus and your general state of health. The risk is highest during sexual practices that cause damage to the mucous membranes. Receptive anal sex poses the highest risk.

How HIV is transmitted	• Unprotected vaginal or anal sex • Contact with blood containing HIV (e.g. needle stick injury) • Mother-to-child transmission – if mothers do not receive optimal HIV treatment (pregnancy, childbirth, breastfeeding)
How HIV is not transmitted	• Everyday contact – shaking hands, hugging, sharing food • Insect bites, swimming pools, toilets
Risk factors	• Unprotected sexual intercourse • New or multiple sexual partners • Alcohol and drug use • Existing sexually transmitted infections or mucosal lesions

If the viral load is stably suppressed through effective HIV treatment, there is no risk of sexual transmission of HIV **(U=U).**

Symptoms

An acute HIV infection may present with non-specific, flu-like symptoms, e.g. fever, tiredness, a sore throat and a rash. Generalised swelling of the lymph nodes is common.

Important: However, an HIV infection can remain asymptomatic for a long time and go undiagnosed.

Treatment

- Treatment: HIV is treated using what is known as antiretroviral therapy (ART).
- Effect: The drugs suppress viral replication, stabilise the immune system and prevent the development of AIDS.
- Outcome: If taken consistently, the viral load can often be reduced to 'undetectable' levels. The HIV virus is not transmissible, allowing people with HIV to lead largely normal lives.

Prevention

- Consistent use of condoms during vaginal and anal sex.

- Regular testing for HIV and other sexually transmitted infections (STIs) for those at increased risk.
- Treatment of HIV-positive individuals (Treatment as Prevention, TasP): When the viral load is suppressed, HIV is not transmitted sexually (U=U).
- HIV PrEP – see the next section.

Pre-exposure prophylaxis (PrEP)

PrEP is a medication-based prevention strategy for HIV-negative people. When taken correctly, it can very effectively prevent HIV infection following potential exposure to HIV. Dosage regimens

- **Daily PrEP:** continuous use, suitable for anyone at regular risk
- **On-demand PrEP:** taken before and after planned sexual contact

Important requirements: A negative HIV test result must be available before starting treatment, along with regular HIV testing and medical check-ups to monitor for any side effects.

Post-exposure prophylaxis (PEP)

Post-exposure prophylaxis (PEP) is an **emergency course** of treatment for HIV-negative individuals following potential exposure or a high-risk situation, to prevent HIV infection.

Following a potentially risky exposure, PEP should be started as soon as possible, ideally within a few hours. Its effectiveness decreases significantly the longer the time elapsed since exposure. It is generally advisable to start PEP within a maximum of 48 (**-72) hours after exposure**. The earlier treatment is started, the higher the likelihood of preventing an HIV infection. Therefore, a medical assessment should be carried out immediately following a high-risk exposure.

Travelling with HIV

People living with HIV can generally travel safely provided the infection is well controlled and treatment is taken regularly.

Before travelling:

- It is advisable to seek personalised travel health advice from a tropical or travel medicine centre, particularly before travelling to tropical or subtropical regions.
- Check your vaccination status and top up or refresh vaccinations if necessary.
- Long-term travellers should find out about medical care in their destination country.
- Discuss your travel first-aid kit with your GP; make a written list of your medicines and take it with you, along with a medical certificate in English.
- Carry medicines in your hand luggage and, where possible, in their original packaging.
- Check entry requirements for people living with HIV in advance**, as some countries have restrictions.**

During the trip

- Continue taking HIV medication as prescribed.
- Take care to use mosquito repellent and follow the recommended malaria prophylaxis (depending on your destination).
- Observe food and drinking water hygiene.

Please note

- In cases of advanced immune deficiency (e.g. low CD4 cell count), the risk of infection may be increased – in such cases, the trip should be discussed individually with a doctor.
- If you experience any health complaints or problems with your medication, seek medical assistance promptly.
- In cases of severe immunodeficiency: do not receive live vaccines such as those for measles, mumps, rubella, yellow fever, dengue, etc.

Further information / References

- Positive Destinations, https://www.positivedestinations.info
- Swiss AIDS Service – Advice and information for people living with HIV: https://www.aids.ch
- Love Life – Information on HIV, STIs and prevention: https://lovelife.ch
- Federal Office of Public Health (FOPH) – HIV and sexual health: https://www.bag.admin.ch
- German AIDS-Hilfe – Travelling with HIV: https://www.aidshilfe.de/hiv-reisen
- Positivrat Switzerland: https://positivrat.ch