



COUPLES WITH MIXED HIV STATUS

SERODISCORDANT COUPLES

Couples with one person who is HIV-positive and one who is HIV-negative are sometimes called “serodiscordant” or “mixed serostatus”. “Sero-” refers to blood serum. “Serostatus” refers to whether someone has HIV infection or not.

HIV isn't the first topic that comes up when most couples start dating. You may not know the HIV status of your partner. You might not even have been tested yourself. It can be very difficult to talk about HIV status. See fact sheet 204 for some ideas.

WHAT ARE THE SPECIAL ISSUES FOR MIXED COUPLES?

People in mixed-status relationships face all the same things as other couples. But there are some extra issues:

- The HIV-positive partner might focus on not infecting their partner. The HIV-negative partner may concentrate on taking care of the other person. This can cause a serious lack of balance in the relationship.
- HIV can cause changes in the body (see fact sheet 553.) Anti-HIV medications may have unpleasant side effects. This might give the HIV-positive partner negative feelings about their body and their health. It may be difficult to feel attractive and have a normal romantic relationship.
- Fear of transmitting HIV can cause an excess of caution. This might even stop all sexual activity. Review the following fact sheets:
 - 150: Stopping the Spread of HIV
 - 151: Safer Sex Guidelines
 - 152: How Risky Is It?

Try to have open discussions about your desires, your fears, and your limits. Agree on ways of sexual expression that fit with the level of risk you are comfortable with. Talking to a sexual or relationship counselor can help.

REDUCING THE RISKS

Antiviral medications (antiretroviral therapy or ART) control HIV infection very well. Fact sheet 403 has more information on ART. The good news about taking ART is how well it works. There is no cure for AIDS and

ART won't get rid of HIV infection, but it can help you live a full, healthy life.

ART can also make it very unlikely that you will pass HIV infection to your partner. If you maintain an undetectable viral load (see fact sheet 125,) chances are good that you won't pass your HIV infection to your partner.

However, there are several important things to remember:

- You have to take ART very regularly for it to work. Fact sheet 405 has more information on adherence to treatment.
- An “undetectable” viral load does not mean zero. It means there is not enough HIV in your blood sample to show up on the test.
- The viral load test measures virus in the blood. It doesn't tell you about virus in sexual fluids (sperm or vaginal fluids.)
- The viral load test result was for when your sample was taken, not today. Viral load can change quickly, especially if you get sick with a cold or flu, or even if you get vaccinated.

Even with all these warnings, it is very rare for someone who is taking ART and has an undetectable viral load to infect a partner.

USING A CONDOM

It is rare for a partner with an undetectable viral load to transmit HIV. However, it still makes sense to take extra steps such as using a condom (see fact sheet 153.) Condoms are very effective at preventing the spread of HIV. They must be used correctly, every time you have sex. If you can get used to using condoms, you can relax and enjoy yourselves more during sexual activity.

OTHER WAYS TO REDUCE RISK:

- Risk is lower if the infected partner is taking antiretroviral medications (ART, see fact sheet 403.)
- If so, take every scheduled dose of medications.
- Avoid sexual activity during any infection: a sexually transmitted disease, or even a cold or flu.
- Avoid sexual activity within a couple of weeks after getting any vaccinations.

IF YOU ARE EXPOSED TO HIV . . .

If a condom breaks, or if you forget to use one, anti-HIV medications might prevent transmission. Talk to your doctor about PEP, “Post-Exposure Prophylaxis” (See fact sheet 156.) This has not yet been proven to avoid transmission between sex partners. **Do not just take a few doses of your partner's medication!** That might not be the right treatment. For PEP to work, **it must be started very soon after exposure to HIV.** Discuss PEP with your doctor **in advance** so that you know what your options will be in case something happens that exposes the negative partner to HIV.

HAVING CHILDREN IF THE MAN HAS HIV

Recent studies show that it is possible to “wash” the sperm of an HIV-infected man so that it can be used to fertilize a woman and produce a healthy baby. These procedures are effective but very expensive. A recent cost estimate was about \$10,000, and medical insurance will probably not cover the cost. It can be very difficult to find a place to have sperm washing done.

HAVING CHILDREN IF THE WOMAN HAS HIV

Without treatment, up to 35% of pregnant women with HIV can pass the infection to their newborns. With proper treatment, the risk of passing HIV to newborns drops to 2% (see fact sheet 611.)

Artificial insemination, a simple procedure, places the man's sperm into the woman's vagina. This allows pregnancy without exposing the man to HIV.

If a woman with HIV becomes pregnant, she should be very careful to stay healthy during pregnancy. Be sure to discuss pregnancy with your health care provider, preferably before becoming pregnant. Your provider will help you with the treatment you need to reduce the chance your baby will be infected. Also, avoid breastfeeding a newborn. This can transmit HIV. Fact sheet 611 has more information on pregnancy for HIV-positive women.

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