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Myths about HIV

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There are many myths about HIV. A myth is a story or an idea that is not true. In dealing with HIV, it is important to be able to tell reality from myth. Believing myths can result in fear, in denial, and even in damage to your health.

Click above to view or download this fact sheet as a [PDF slide presentation](#)

Myths About HIV and HIV Treatment

The Myth: "HIV does not cause AIDS."

The Reality: HIV (the human immunodeficiency virus) causes AIDS. AIDS is not caused by party drugs, AZT, government conspiracies, or anything else but the virus. If you have AIDS, you have HIV. If you do not have HIV, you cannot get AIDS. This has been verified by over 25 years of solid, scientific proof.

The Myth: "HIV/AIDS was invented."

The Reality: There is no evidence to suggest that HIV/AIDS was invented in a laboratory; nor is there evidence to suggest that HIV is a result of government conspiracies. HIV/AIDS is not caused by party drugs, AZT, or mosquito bites. HIV is one of many viruses that is transmitted by body fluids including blood, semen, vaginal fluid, and breast milk.

The Myth: "HIV is a death sentence."

The Reality: This used to be true. In the 1980s and early 90s, little was known about how to treat people living with HIV or AIDS. Due to the lack of knowledge, no effective medications, and fear, many people diagnosed with HIV and AIDS died. Thankfully, however, this is no longer the case. We now have more and better HIV drugs. If you stick to your treatment regimen and take good care of your body, you can live a long, full life with HIV.

The Myth: "There is a cure for HIV/AIDS."

The Reality: Unfortunately, there is no cure for HIV yet, though there is research globally to find one.

The research is based on cases that provide hope and clues for a potential cure. The Berlin patient is one example – a man who was diagnosed with HIV in 1995, received an HIV-resistant donor's stem cells for his bone marrow transplant in 2007, and is now reported to be HIV-free. The Berlin patient is a rare, unique case; there is currently no universal HIV cure. For more information, see our fact sheet on [Finding a Cure for HIV](#).

The Myth: "It is not AIDS that kills people; it is the medicines they take!"

The Reality: HIV drugs, known as antiretrovirals, do not cure HIV, but they can help keep people healthy for many years. People did die from AIDS much more frequently before combination antiretrovirals became available. However, since combination antiretroviral therapy for HIV started in 1996, the average life expectancy for people living with HIV has increased. In addition, death rates for people living with HIV who receive combination antiretroviral treatment have dropped. Unfortunately, in *extremely rare* cases, HIV drugs may have [side effects](#) that can be life-threatening for some people. The good news is that many of the newer HIV medications have few side effects and are easy to take.

The Myth: "Newer HIV drugs are so powerful, it is OK to stop taking them for a while (take a 'drug holiday')."

The Reality: Some people are tempted to stop taking their HIV drugs for a short time because they feel well, are experiencing problems from [side effects](#), or want to take a break from being reminded every day that they are living with HIV. However, studies have shown that interrupting your treatment or taking a 'drug holiday' can cause problems. Stopping your HIV drugs can: (1) give the virus a chance to multiply and cause your [viral load](#) to rise, (2) give the virus a chance to develop [resistance](#) to your HIV drugs so that they no longer work, and (3) cause your [CD4 cell count](#) to drop and your [immune system](#) to weaken. Several studies have shown that continuing to take your HIV drugs as directed is the way to stay healthy the longest.

Myths About HIV Tests

The Myth: "The 'AIDS test' cannot be trusted."

The Reality: The 'AIDS test' is really an HIV test that measures HIV antigens (viral protein particles) and HIV antibodies, which are special proteins the body produces in response to infection. If you have HIV, your immune system will make antibodies against HIV. The combined HIV antigen-antibody tests (also called 4th generation tests) can correctly detect HIV 99 to 100 percent of the time. Nevertheless, if the result of this test comes back positive, the US Centers for Disease Control and Prevention (CDC) recommends that it be confirmed by an HIV-1/HIV-2 antibody differentiation immunoassay. The immunoassay can not only confirm the first test, but also tell which type of HIV a person has — either HIV-1 or HIV-2.

Rapid HIV tests are convenient, because they give results in about 20 minutes. However, even though false positives are very rare, a positive result from a rapid test is considered preliminary and should be confirmed by another HIV test. For more information on what HIV test is right for you, see our fact sheet on [HIV testing](#).

The Myth: "Viral load tests do not really tell anything about a person's health."

The Reality: [Viral load](#) measures the amount of HIV in a person's blood. Many studies have shown that people with high viral loads are much more likely to become ill or die than those with low viral loads. Viral loads also give us important information about how well HIV drugs are working.

Myths About HIV Transmission

The Myth: "People with HIV or AIDS look sick."

The Reality: Often, people living with HIV do not look or feel sick. Many times, they do not even know that they have the virus. Taking an HIV test is the only way to know if you are living with HIV. It is impossible to know whether another person is living with HIV -- unless they make the choice to [disclose](#) to you that they are living with HIV.

The Myth: "Straight people do not get HIV."

The Reality: Most people living with HIV worldwide are straight (heterosexual). Men transmit HIV to women, and women transmit it to men. Risk is not about labels or categories of people. Any person who has unprotected sex (sex without [treatment-as-prevention](#) methods or barrier methods like [condoms](#)) or shares [needles or injection equipment](#) (diabetic, injection drugs, tattoos, hormones, etc.) with someone puts themselves at risk for HIV.

The Myth: "I am safe because I am in a monogamous relationship (or married)."

The Reality: Because people living with HIV often do not 'look sick,' it is important to know your partner's HIV status before having unprotected sex. In an ideal world, if you and your partner remained monogamous and tested negative for HIV after the three-month window since your last possible exposures, unprotected sex would be safe. However, if your partner is living with HIV and not taking HIV drugs, is having sex outside the relationship, or is sexually faithful but injecting drugs and sharing needles or drug equipment, you are at risk for getting HIV. Please do not confuse love or commitment with being safe from HIV.

If you do not know your partner's status, and cannot or prefer not to [use condoms](#), you may want to consider taking [PrEP](#), or Pre-Exposure Prophylaxis. This means taking HIV drugs while you are HIV-negative to reduce the chances that you will get HIV if you are exposed to it. It is also important to know that, when a person living with HIV is taking HIV drugs and their viral load has reached undetectable levels (not enough HIV in their bloodstream for a test to measure), that person cannot transmit HIV to a partner who is HIV-negative. See our fact sheet on [Undetectable Equals Untransmittable](#) for more information on this exciting development.

The Myth: "If I am over 50 years old, I am too old to get HIV; HIV is not a disease that affects my generation."

The Reality: Age does not protect you from acquiring HIV. In fact, people over 50 years old are getting HIV at an increasing rate. In 2014, UNAIDS estimated that 4.2 million adults ages 50 and over were living with HIV worldwide. Unfortunately, older adults are frequently ignored in discussions about HIV prevention and care and so are not aware that they are at risk. For more information, see our fact sheet on [Older Women: At Risk for HIV](#).

The Myth: "If I am using birth control, I cannot get HIV."

The Reality: HIV can be spread during any unprotected sex. Most forms of [birth control](#) ONLY protect against unwanted pregnancy, NOT [sexually transmitted infections or diseases](#) (STIs or STDs) like HIV. The only birth control method that prevents pregnancy AND significantly reduces the risk of getting HIV is the condom. For tips on how to make your sex safer, see our fact sheet on [Safer Sex](#).

The Myth: "I am safe because I am a virgin."

The Reality: If you have had no sexual contact at all, you are not at risk of getting HIV from sex. However, if you have shared [needles or drug equipment](#) you are at risk. If you have had oral or anal sex, but consider yourself a 'virgin' because you have not had vaginal sex, you are still at risk. While oral sex is generally considered a low-risk activity, it can be riskier under certain circumstances (e.g., if you or your partner has bleeding gums). Anal sex is considered a high-risk activity. To learn more about the risks of different sexual activities, see our fact sheets on [Oral Sex: What's the Real Risk?](#) and [Safer Sex](#).

The Myth: "Lesbians do not get HIV."

The Reality: Although it is much less common for women to pass HIV to other women during sex, lesbians can still get HIV. There are multiple reports of lesbians who have acquired HIV through rougher sex or sharing sex toys with a woman living with HIV. Also, many women who consider themselves lesbians have had sex with men and have acquired HIV that way. Lesbians who use drugs and share drug injection equipment can get HIV from a needle or syringe that has been used by someone who is living with HIV.

The Myth: "HIV can be spread through tears, sweat, mosquitoes, pools, or casual contact."

The Reality: HIV is only [transmitted](#) through infected blood, semen (pre-cum and cum), vaginal fluids, and breast milk. The most common ways for HIV to be transmitted are through unprotected sexual contact and/or sharing drug equipment with a person living with HIV. HIV can also be passed from mother to baby during pregnancy, birth, or breastfeeding.

The Myth: "I cannot have a baby because I have HIV."

The Reality: With proper health care and HIV drugs, women living with HIV can have healthy pregnancies. There are many things you can do to prevent transmitting HIV to your partner and your baby. Advances in HIV treatment have greatly lowered the chances that a mother will pass HIV on to her baby. If the mother takes HIV drugs as prescribed and is virally suppressed (very little HIV in her blood), the chances of spreading HIV to the baby can be less than one in 100, according to the US Centers for Disease Control and Prevention. For more information, see our fact sheets on [Pregnancy and HIV](#) and [Getting Pregnant and HIV](#).

The Myth: "It is OK to have unprotected sex if both partners have HIV."

The Reality: Unprotected sex between two people living with HIV can lead one or both of them to acquire a different strain or type of HIV. This is often called reinfection or superinfection. This can happen even when the partner you are with now is the person who originally transmitted the virus to you. HIV changes differently in each person's body over time. So, the strain your partner had originally may not be the strain he or she has now. Different strains of HIV can be [drug-resistant](#), which makes it hard for your treatment to work and for you to stay healthy. Practicing [safer sex](#) protects you from reinfection and infection with other STIs.

Myths About Clinical Trials

The Myth: "Clinical trials are unsafe. If I enroll in a study, I will not be allowed to leave it if I do not like it."

The Reality: You are always in control. You can quit any study you participate in at any time for any reason. Some people have heard about the Tuskegee Syphilis Study, which was conducted before the government established strong ethical guidelines for how clinical trials should be done. The US

government now has strict rules and regulations that all researchers must follow to protect participants in clinical trials. Clinical trials in other countries must follow the rules and regulations set up by their countries' governments. In addition, all countries must follow the rules in the International Guidelines for Biomedical Research Involving Human Subjects, which were developed by the Council for International Organizations of Medical Sciences (CIOMS) in collaboration with the World Health Organization (WHO). For more information, see our fact sheet on [clinical trials](#).

Get the Facts!

Myths about HIV are very harmful. They can make you afraid of something that is not dangerous. And they can make you feel like something is not dangerous when it really is!

It is important to learn the truth and get the facts right. Sometimes seemingly well-informed or well-meaning people give out false information. If you have a question about HIV, talk to your health care provider, your local AIDS organization, or the CDC National AIDS Hotline at 1-800-CDC-INFO (232-4636) or 1-888-232-6348 (TTY). If you are outside the US, try to find resources in your area that can answer your questions by using [aidsmap's e-atlas](#).

Additional Resources

Select the links below for additional material related to myths and misperceptions about HIV.

- [10 Tired Myths about HIV/AIDS \(Ebony\)](#)
- [Facts about HIV and AIDS \(US Office on Women's Health\)](#)
- [Myths about HIV and AIDS \(Avert\)](#)
- [AIDS Myths and Misunderstandings \(AIDSInfoNet\)](#)
- [10 Harmful Myths About HIV/AIDS \(TheBody\)](#)
- [Myths and Facts \(aidsmap\)](#)
- [9 Myths about Women and HIV \(HIV Equal\)](#)
- [FAQs and Myths \(National AIDS Trust, United Kingdom\)](#)
- [HIV Can Spread Through Sexual Contact Between Women \(National Public Radio\)](#)
- [HIV Vaccine Myths and Facts \(HIV Vaccine Trials Network\)](#)



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