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GLOBAL PROGRAMME ON AIDS

STATEMENTS BY THE WHO
COLLABORATING CENTRES ON AIDS

HETEROSEXUAL TRANSMISSION OF HIV
AND
HIV AND CERTAIN COMMON
SOCIAL SITUATIONS

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Statement by the WHO Collaborating Centres on AIDS

Heterosexual transmission of human immunodeficiency virus

Epidemiological and virological studies from throughout the world have clearly documented transmission of the human immunodeficiency virus (HIV) via vaginal intercourse from infected men to uninfected women and from infected women to uninfected men. Although the risk of HIV transmission from a single such sexual contact is estimated to be low, it does occur. Repeated sexual exposures to an infected partner result in a cumulative risk with the risk of infection increasing with time; in some studies over 50% of steady heterosexual partners of HIV-infected persons have become infected.

No genetic basis for increased susceptibility to infection or capability of transmitting infection has been documented. Epidemiological studies suggest that other sexually transmitted diseases, particularly those which produce genital ulcerations such as herpes, syphilis and chancroid, are associated with an increased risk of sexual transmission of HIV. Other factors including sexual practices (anal intercourse) and the clinical status of the infected partner may also play a role in the likelihood of sexual transmission of HIV.

For persons having sexual intercourse, the best way to avoid HIV is to restrict intercourse to an uninfected partner. Sexual intercourse should be avoided with:

- (a) persons whose previous sexual behaviour put them at increased risk for HIV infection (for example, persons who have had many different sexual partners, male or female prostitutes, men who have had sex with other men); and
- (b) persons who have shared needles or syringes to inject drugs.

The proper use of condoms will substantially reduce the risk of sexual transmission of HIV.

Human immunodeficiency virus and certain common social situations

The following general statements regarding certain common social situations take into account: (a) knowledge obtained through numerous studies conducted in many parts of the world; (b) the statement entitled *Transmission of HIV* from the Third Meeting of Participating Parties in June 1987 (unpublished WHO document SPA/INF/87.5); and (c) the World Health Assembly Resolution on *Avoidance of Discrimination in Relation to HIV-infected People and People with AIDS* (WHA41.24).

1. **Housing:** There is no public health rationale for restricting HIV-infected persons in terms of their housing. When an HIV-infected person has occupied and then left a dwelling, no special cleaning or other procedures are needed prior to occupancy by another person.
 2. **Employment:** There is no public health rationale for restricting health HIV-infected persons from employment.
 3. **Schooling:** There is no public health rationale for restricting the access to or full participation in school activities at the primary or higher level by HIV-infected students who are healthy.
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WHO Collaborating Centres on AIDS form a network of institutions that are working with the Global Programme on AIDS (GPA) to support regional and global activities. The Collaborating Centres have been particularly involved in training laboratory workers, preparing technical guidelines and documents, evaluating test kits, and preparing and standardizing reagents and reference material. Technical support has also been provided by Collaborating Centres in epidemiology, laboratory quality assurance and programme planning, particularly in study design and training.

Throughout the world, 22 institutions have been designated as WHO Collaborating Centres on AIDS: in Africa (1), the Americas (4), Eastern Mediterranean (3), Europe (11), South-East Asia (1) and the Western Pacific (2). Approximately 15 institutions in Africa are under review for designation as collaborating centres and additional centres in health education and social and behavioural research are being identified.