



## HIV & The Law

### Case Studies

the art of **ART**



### Case 1 – Tim and Josh

- Tim, age 27, is a regular patient at your practice, and his partner Josh also attends your practice. They've been in a relationship for about a year, and today they've both come in for HIV testing because they wish to stop using condoms and intend to be mutually monogamous.

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## Question 1

- What do you discuss in this scenario?



## Case 1 – Tim and Josh

- Tim and Josh continue their happy condomless relationship, they buy a house together and adopt two fur children.
- Two years later, Tim gets a new job as a rep for a pharmaceutical company, and he now spends a lot of time travelling to conferences.
- Tim presents to you today, and tells you that he's been unwell for about a week, with fevers and night sweats, and this morning he noticed a generalized rash.





## Question 2

- You consider the possibility that Tim may be seroconverting to HIV.
  - What do you discuss with Tim?
  - What are Tim's legal obligations towards Josh at this point?
- You arrange a full work-up, including a HIV test.



## Case 1 – Tim and Josh

- Tim is worried that if he tells Josh about what happened on this work trip, then the relationship is likely to end or at least suffer significant damage. So as an interim measure he ensures that they don't have sex.
- He returns a few days later to discuss his HIV result:
  - Reactive HIV Ag/Ab ELISA
  - Group IV WB
- You explain to Tim that he is seroconverting to HIV.





### Question 3

- What are Tim's obligations to his partner at this point?



### Question 4

- After you have discussed the implications of his new diagnosis, and the obligations he has to Josh, you are not convinced that Tim will follow the advice you have given him.
- Given that Josh is also a patient at your practice, what are YOUR obligations to Josh at this point?





## Case 1 – Tim and Josh

- Tim and Josh have a frank discussion about what has happened and where their relationship is at. They are both keen to work through this and to continue their relationship.
- Neither is keen on using condoms, as they serve as a reminder of what has happened (and they never liked them in the first place).
- Tim has recovered well from his seroconversion illness, but didn't start ARVs at the time because there was quite a bit going on.
- Tim's current test results:
  - CD4: 850 (27%)
  - HIV VL: 120,000 copies/ml



## Question 5

- Tim and Josh come in together again. They have heard of U=U, and they would like to know if they could have sex without condoms if Tim started treatment.
- What advice do you give them?





## Case 2 – Nate and Andrew

- Nate is a regular patient at your practice who was diagnosed with HIV a few years ago. He originally started treatment TDF/FTC and RAL a few years ago, and recently switched to once-daily RAL. He has maintained a fully suppressed VL since a few months after starting treatment.



## Case 2 – Nate and Andrew

- Today Nate comes in to treat some syphilis diagnosed during his recent HIV monitoring tests. This prompts a discussion about sexual partners and condom use.
- Nate expresses some surprise at the diagnosis of syphilis, because he only has sex with his regular casual partner Andrew, whom he describes as a fuckbuddy.
- Nate and Andrew meet about once a fortnight and have a wonderful time together in the bedroom (and sometimes the kitchen), but they otherwise don't share any aspects of their life.
- They don't use condoms.





## Case 2 – Nate and Andrew

- You ask Nate whether he has told Andrew about his HIV status, to which he replies: “No, I have an undetectable viral load, I don’t need to tell him, do I?”
- Nate has concerns around confidentiality, as he doesn’t know Andrew very well, and is reluctant to discuss his HIV status with him.
- What advice do you give him regarding transmissibility?



## Case 2 – Nate and Andrew

- Whilst you’re warming up his benzathine penicillin injection, you review Nate’s other results, and find that his HIV VL has “blipped” to 400 copies/ml.
- Nate is concerned what this may mean for his HIV treatment.
- What advice to you give Nate?





## Case 2 – Nate and Andrew

- Given the VL blip of 400 copies/ml, what advice do you give Nate about transmissibility?



## Case 2 – Nate and Andrew

- Nate recalls that about six months ago Andrew told him that he is on PrEP. They haven't discussed this since then.
- Nate tells you that he and Andrew are due to catch up tonight.
- He asks you whether he can just go with "business as usual".







## Case 2 – Nate and Andrew

- Nate recalls that about six months ago Andrew told him that he is on PrEP. They haven't discussed this since then.
- Nate tells you that he and Andrew are due to catch up tonight.
- He asks you whether he can just go with "business as usual".
- Points to consider:
  - Can Nate assume that Andrew is taking PrEP? Would this assumption constitute a "reasonable precaution"?



## Case 2 – Nate and Andrew

- Given that Nate has a detectable viral load whilst on treatment, could he have TDF/FTC resistance?
- As PrEP may not protect against ARV-resistant HIV, can he still rely on Andrew's PrEP use to prevent transmission?
- How do you advise Nate?

