

Recent advances in HIV prevention and care have been nothing short of remarkable. It appears we have finally turned a corner on the HIV epidemic.

Medications can now prevent HIV infection if taken before or after exposure. Combinations of medications can nearly eliminate the ability of infected persons who strictly adhere to medication regimens to transmit the virus.

Testing soon after infection, promoting immediate treatment regardless of symptoms, and ensuring continued access to medications and adherence to treatment regimens help greatly decrease HIV transmission. Public health programs help those newly diagnosed with HIV to notify and advise their partners to be tested.

Despite these advances in treatment and prevention, the stigma associated with HIV remains. Fear and shame surrounding HIV still keep people from testing, and for those who test positive, from protecting themselves and their partners from HIV.

HIV criminalization laws are a particularly strong source of stigma. These laws, intended to protect people without HIV from those who know that they are infected, generally require HIV-positive people to disclose their HIV status to potential partners before any exposures occur. Research has shown these laws don't work. HIV-positive people living in states with HIV criminalization laws were no more likely to disclose their status than those who lived in states without such laws. Additionally, these laws create fear and shame that work against public health measures.

The White House Office of AIDS Policy's 2010 National HIV/AIDS Strategy called on lawmakers and advocates in states with criminalization laws to reconsider whether these laws are achieving their intended purposes, whether they are consistent with scientific evidence about HIV transmission, and whether we might further public health goals by removing or amending them. Iowa has one of the harshest laws in the country, with a potential sentence of 25 years per count, and a lifetime listing on the sex offender registry. We treat no other infectious disease in this way.

It is time to review Iowa's law, which was enacted in 1998, before effective treatments could reduce the probability of transmission to nearly zero. HIV is now very similar to hepatitis B or C, human papillomavirus, or any number of other serious infectious diseases. We already have laws that govern intentional exposure to these diseases. HIV should be treated similarly.

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