



HIV and AIDS in the Workplace



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*Until fairly recently, HIV/AIDS was not considered a workplace issue because people with the disease quickly became very ill after their diagnoses and were unable to continue working. Today, thanks to new drug therapies, people with HIV are living longer, healthier lives.*

*Like all people with chronic illnesses, people living with HIV may face occasional health challenges that require work accommodations or time off. Employers who understand HIV/AIDS and its treatments are able to help their employees stay healthy, reduce sick leaves and continue to be productive and valuable members of the workforce.*

## HIV and Workplace Risks



*Human Immunodeficiency Virus (HIV) is the virus that leads to Acquired Immune Deficiency Syndrome (AIDS). With almost 60,000 people in Canada living with HIV/AIDS, chances are you have come in contact or work with someone who has the virus.*

It is important to know that the risk of becoming infected with HIV in the workplace is extremely slim. "Employing or working with a person with HIV does not put you at any more risk than working with other employees," says Linda Robinson, HIV Clinical Pharmacy Specialist with the Windsor Region Hospital and chair of the Ontario HIV Pharmacist Professional Specialty Group.

Since HIV cannot survive outside of the body, the only way for a person to become infected is for the virus to enter the bloodstream. HIV can be transmitted through:

- unprotected vaginal, anal or oral sex;
- shared needles or unsterilized equipment for injecting drugs, skin piercing or tattooing;
- pregnancy, delivery and breast-feeding (from an HIV-infected mother to her infant); and
- occupational exposure in healthcare settings (for example, being stuck with a needle containing HIV-infected blood).

HIV cannot be transmitted through casual contact, such as:

- Shaking hands, hugging or kissing;
- Coughs or sneezes;
- Sharing food, dishes or eating utensils;
- Using communal water fountains or toilet seats.

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## Prevention and Screening



*In most workplaces, there is no risk of HIV transmission through everyday work activities. Even in settings where there is possible contact with blood—such as hospitals or emergency services—the risk of HIV transmission is extremely small. In the past 25 years, there have been only two documented cases of occupational transmission of HIV in Canada.<sup>1</sup>*

Nevertheless, in these settings, employers should implement universal precautions to prevent exposure to blood or body fluids (for example, the use of personal protective equipment, such as gloves and gowns).

If an individual has been exposed to HIV, he or she should be tested for HIV immediately, then six weeks, three months and six months after the exposure. The repeat tests may be necessary because it can take several weeks for antibodies to the virus to appear in detectable levels in the blood.

HIV screening is available in many locations, including anonymous testing centres for individuals who do not want to contact their family doctor. Results of the tests are confidential, and employees are not required to disclose their HIV status to their employer.\*

Employers who **understand HIV/AIDS** and its treatments are able to help their employees stay healthy, reduce sick leaves and continue to be productive and valuable members of the workforce.

<sup>1</sup> Canadian HIV/AIDS Legal Network, Forced HIV Testing; <http://www.aidslaw.ca/publications/interfaces/downloadFile.php?ref=1258>; Accessed Jan. 28/08.

\* Certain high-risk professionals, such as surgeons, may need to discuss their HIV-positive status with their employer or medical college.



## Treatment



*HIV is treated with drugs called antiretrovirals (also called antivirals). These drugs work by slowing down the virus's replication in the body. The less HIV there is in the body, the more competent the immune system is to prevent or overcome opportunistic infections.*

Treatment for HIV has come a long way in the past 25 years. "With the new drug therapies that are now available, we have turned the disease around from a death sentence to one of a manageable chronic illness," says Robinson.

When the disease first appeared, healthcare professionals could offer patients only one or two agents to treat the virus. The drugs were only marginally effective, and the virus soon mutated and became resistant to the medications. In the mid-1990s, a multiple-medication approach was proven to be an effective weapon against HIV. Known as HAART (Highly Active AntiRetroviral Therapy), this treatment initially involved very complex regimens that required large numbers of pills to be taken several times every day on a strict schedule, often with specific dietary restrictions. With vast amounts of medications in their systems, people suffered from often debilitating side effects. People were living longer but with reduced quality of life.

Today, more than 20 antiretroviral drugs are available in Canada. New HAART regimens are simpler to follow, many offering once- or twice-daily dosing. These medications make it easier for people with HIV to follow their treatment plans, which ultimately keeps them healthier for a longer period.

### DRUG RESISTANCE

While following a treatment plan is important with any medication—after all, a drug can work only when a person takes it—adherence to treatment (i.e., taking medications exactly as prescribed) is crucial when it comes to antiretrovirals.

Since there is no cure for HIV/AIDS, the goal of treatment is to suppress the virus (or "viral load") to very low or even undetectable levels, thus limiting its ability to reproduce. In order to effectively suppress the virus, people with HIV need to take antiretrovirals continuously.

"A virus is an ongoing replicating machine," explains Robinson. "When you suppress the virus with drugs, you keep its replication to a minimum." If not enough pressure is kept on the virus by keeping the amount of drugs in the blood above a certain level, the virus can break through, reproduce rapidly and

infect new cells. Worse, when the virus replicates in the presence of low drug levels, naturally occurring mutations of the virus will become more prevalent and many of these populations are resistant to drug therapy.

Once the virus becomes resistant, the drug is rendered ineffective and the individual will have to switch treatment to another drug. Unfortunately, this acquired resistance affects not only the drug being taken at the time, but potentially all other drugs in that class as well (this is known as cross-resistance), limiting the person's future treatment options.

There are additional problems associated with non-adherence to therapy. If a person stops treatment completely (a "drug holiday"), his or her viral load will likely rise; re-starting treatment may not decrease the viral load to previous levels. Research shows that treatment interruption significantly increases a person's risk of developing opportunistic AIDS-related infections, such as pneumonia, as well as major cardiovascular, kidney and liver diseases.<sup>2</sup>

## SIDE EFFECTS

The number one reason people with HIV do not take their medication as prescribed is the side effects associated with the drugs. These can range from short term to permanent, from unpleasant to life-threatening.

While not everyone experiences side effects, many people with HIV will feel unwell to some degree during the first few weeks of treatment with a new medication. Common side effects a person may experience while adjusting to a drug include nausea, headaches, dizziness, muscle pain, rash, gas and diarrhea. These side effects often diminish or disappear within a month to six weeks.

Less common side effects caused by antiretrovirals include hair loss, loss of appetite, osteoporosis, kidney stones, sleep disturbances, sexual dysfunction and peripheral neuropathy (nerve damage in the feet and hands).

When starting a new treatment, an individual should talk to his or her physician about possible side effects and how to cope with them. "I encourage patients to stay in touch with a healthcare professional who can help them,"

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Some problems can be averted with simple, practical solutions. For example, Therrien suggests eating small, frequent meals to avoid nausea. She also advises starting any new medication on a Friday, giving the individual the weekend to adjust before returning to work on Monday. Some side effects may be countered with over-the-counter treatments (e.g., an antinauseant), while others may require prescription medications.

Some healthcare practitioners suggest alternative or complementary therapies, such as acupuncture for headaches or Epsom salt baths for muscle pain.

In addition to the above side effects, people with HIV may also have to deal with some serious medical problems associated with the disease and its treatment. These include cardiovascular disease (heart attack and stroke) and diabetes. Although a direct causal relationship between these conditions and HIV or HIV treatments has not been proven, it appears that people with the virus often have significant metabolic abnormalities—high triglyceride levels, increased total cholesterol, increased LDL cholesterol (the bad kind), decreased HDL cholesterol (the good kind) and increased blood glucose levels—that are associated with the development of cardiovascular disease and diabetes.

As a result, it is important for people with HIV to reduce their other risks of cardiovascular disease and diabetes by not smoking, following a healthy meal plan and exercising regularly. They may also require prescription medications to help bring cholesterol and glucose levels into a healthy range.

Of course, not every person taking HIV therapy will experience these conditions. “Side effects are unique to each person and each drug,” says Robinson. For example, some people never have a problem with nausea or diarrhea, while others are very sensitive to gastrointestinal upsets. In addition, some side effects are specific to certain drugs, classes of drugs or drug interactions. An individual may have to switch drugs several times before finding the right combination that effectively suppresses the virus while avoiding the worst side effects. This balance improves adherence to therapy and reduces the chances of drug resistance and treatment failure.

## IMPROVING ADHERENCE TO TREATMENT

Side effects are not the only reason people with HIV may find it difficult to take their drugs as prescribed. Other reasons for non-adherence include:

- Complex scheduling (having to take medications at inconvenient times, having to fast or eat before taking pills);

- Unfavourable interactions with other medications;
- Lack of understanding about the importance of adherence;
- Stigma associated with HIV (not wanting to be seen taking medication);
- Expenses associated with the drugs (\$1,200 to more than \$3,000 per month, plus the cost of medications to treat/prevent co-morbidities and to counteract side effects);
- Mental illness or substance abuse;
- Lack of social supports (family, friends, employer);
- Therapy fatigue (tired of constantly taking medication); or
- A perception that the treatment isn't working.

Several strategies can help improve an individual's adherence to HIV treatment, beginning with drug selection.

"A person needs to think about their work routine, their social life, etc. and (with their physician) select a treatment that will fit well and present the fewest challenges," says Ken Monteith, Executive Director of AIDS Community Care Montreal. For example, some people may prefer a dosing schedule that allows them to take their medication at home rather than at work.

For many people, the simpler the treatment regimen—i.e., fewer pills, less dietary restrictions—the easier it may be to stick to the plan.

"Pill-taking is a behaviour that people have to develop, like exercise or eating right. You have to do it all the time so that it becomes a regular habit," says Robinson. Simple aids, such as a timer on a watch or a medication box (known as a dosette), can help people remember to take their pills and reinforce the behaviour.

Employers can play an important role in improving an employee's adherence to treatment, which ultimately helps the individual stay healthy and productive.

For example, employers can offer flexibility in allowing staff to have snacks during meetings (which may reduce nausea) or take unscheduled washroom breaks (to take medication privately or to deal with diarrhea). As Monteith points out, these small accommodations should be offered without comment to

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all employees, whether they have HIV, diabetes or any other chronic illness.

Flexible work schedules may also help an employee adhere to HIV treatment. For example, side effects from antiretrovirals tend to be most pronounced in the first few weeks of treatment, so an employee may request assignment to less demanding work, less travel or time off when starting a new medication. Some employers may offer staff the opportunity to shift from full-time to part-time work, then back again as they adjust to treatment. Flex-hours are another helpful accommodation, allowing the individual to work during the hours he or she feels most well.

If the employee continues to work during this period, he or she may need time off for doctor's appointments. One of the most important factors in improving adherence to treatment is ongoing healthcare support. Employers can help by reminding staff that they can use sick time (rather than unpaid time) for these appointments.

Without these kinds of accommodations, a person with HIV may be unable to cope with both treatment and work, and will quit one or the other. Either way, the employer will lose a valuable employee.

"There are so many things that employers can do to help maintain the overall good health of their employees," says Judith Plotkin, National Director, Business Development, Wilson Banwell Human Solutions. "Employers are becoming savvier about offering supportive programs that allow people with chronic conditions to stay in the workforce."

She notes that many companies now offer more health-promotion offerings in their benefits packages. These benefits might include alternative healthcare services, such as naturopathy and acupuncture, extended drug benefits, employee assistance programs, stress management courses, gym memberships and even yoga classes. "It's about managing the employee's condition and keeping them healthy and contributing to the workforce for a very long time," Plotkin says.

She advises individuals to be aware of how they can best use their benefits to maintain their health. "If you are aware of your limitations (for example, when starting new medications or treatment), you can be proactive about how to best take care of yourself, to make sure you're utilizing all that is available to you to be as healthy and productive as possible. Today's plans are increasingly designed to help employees get well, stay healthy and manage chronic conditions."

<sup>2</sup> El-Sadr WM et al. «CD4+ Count-Guided Interruption of Antiretroviral Treatment.» *N Engl J Med* 2006;355:2283-96. Accessed through <http://www.medpagetoday.com/InfectiousDisease/HIVAIDS/tb/4618>, Jan. 28/08.



## Privacy Issues



*Despite considerable public education about HIV/AIDS in recent years, the disease still carries a significant stigma. Not only is it a potentially life-threatening condition that many people fear, it is also associated with behaviours that are already stigmatized in our society (i.e., drug use and certain sexual acts).*

In Canada, federal, provincial and territorial human rights legislation is in place to protect people from discrimination based on physical disability, and this includes HIV status. Nevertheless, people with HIV/AIDS continue to experience discrimination in accessing employment, insurance coverage, housing and services. In the workplace, discrimination may be overt (e.g., refusing employment based on HIV status) or more subtle (e.g., refusing to reasonably accommodate an HIV-positive employee with a sufficiently flexible work schedule to allow for medical appointments). Harassment (e.g., abusive comments), too, is prohibited by law but is still all too common. It is no wonder, then, that many people with HIV do not want to disclose their health status to their employers or co-workers.

"Employers must always be respectful of what they need to know in terms of their employees' productivity and their private health information," says Plotkin. In most cases, only a direct manager needs to know about an employee's health status, and then only in regards to providing reasonable accommodation as required. Employees are not required to disclose the nature of their illness. If they choose to discuss their health condition with a manager, this information must be kept confidential.

The individual's right to confidentiality also applies to human resources, benefits managers and third-party insurers. Unfortunately, fear of discrimination prevents some people with HIV from submitting insurance claims for their HIV treatments. "They are afraid that their HIV status will be disclosed and they'll be fired. Or they're scared they will be fired because their medical claims are too high," says Monteith.

As a general policy, employers should reassure staff that all health information is kept strictly confidential and that third-party insurers never reveal the nature of any claim. "If there is a breach, then the company has to take strong action, otherwise employees will feel that it is not a safe place to work," says Monteith.

## Conclusion

As the population ages, people with chronic illnesses are making up a greater proportion of the workforce. And people with HIV—like those with cancer, arthritis and diabetes—have much to offer supportive employers.

"Employers need to take a look at all the factors that contribute to employee health," says Plotkin. "This includes the overall organizational health and health-promoting policies. Having policies and practices in place to guide the workplace when dealing with certain conditions can be helpful, as well as policies regarding keeping the workplace safe and healthy for everyone."

Health-promoting workplace practices create a culture that ensures a company will benefit from the knowledge, expertise and experience of all their employees.

## WHERE TO GET INFORMATION

### National

- Canadian AIDS Treatment Information Exchange (CATIE)  
[www.catie.ca](http://www.catie.ca)
- Canadian AIDS Society (CAS)  
[www.cdn aids.ca](http://www.cdn aids.ca)
- Canadian Treatment Action Council (CTAC)  
[www.ctac.ca](http://www.ctac.ca)

### Regional

- AIDS Committee of Toronto (ACT)  
[www.actoronto.org](http://www.actoronto.org)  
(416) 340-2437
- Farha Foundation  
[www.farha.qc.ca](http://www.farha.qc.ca)  
(514) 270-4900
- AIDS Community Care Montreal  
[www.accmontreal.org](http://www.accmontreal.org)  
(514) 527-0928

### HIV/AIDS Testing

For more information on where to get tested please refer to the One Life Get Tested site at [www.luvU2.ca](http://www.luvU2.ca) <<http://www.luvU2.ca>>

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