



# Partners With Mixed HIV Status

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## ***SERODISCORDANT RELATIONSHIPS***

Relationships in which one or more people has HIV and one or more people do not have HIV are sometimes called serodiscordant or mixed serostatus. The term serodiscordant is made up of two roots:

1. Sero—meaning blood
2. Discordant—meaning different or non-matching

HIV isn't the first topic that comes up when most people start dating. You may not know the HIV status of your partner(s). You might not even have been tested yourself. It can be very difficult to [talk about HIV status](#).

## ***WHAT ARE THE SPECIAL ISSUES FOR SERODISCORDANT RELATIONSHIPS?***

People in mixed HIV status relationships face all the same things as other people in relationship. But there are some extra issues:

- The partner(s) with HIV might focus on not infecting their partner(s). The partner(s) who do not have HIV may concentrate on taking care of the person/people with HIV. This can cause a serious lack of balance in the relationship.
- HIV can cause [changes in the body](#). [Antiretroviral medications \(ARVs\)](#) may have unpleasant [side effects](#). This might give the partner(s) with HIV negative feelings about their body and their health. It may be difficult to feel attractive and have a normal romantic relationship.
- Fear of transmitting HIV can cause an excess of caution. This might even stop all sexual activity. Review the following fact sheets for more information:
  - [Stopping the Spread of HIV](#)
  - [Safer Sex Guidelines](#)
  - [Condoms](#)
  - [Ways HIV is Transmitted](#)

Try to have open discussions about your desires, your fears, and your limits. Agree on ways of sexual expression that fit with the level of risk you are comfortable with. Talking to a sexual or relationship counselor can help.

## ***HIV RISKS FOR SERODISCORDANT RELATIONSHIPS -- GAY AND STRAIGHT***

All serodiscordant partners can potentially transmit HIV between them. However, the risks are significantly different for heterosexual relationships than for cisgender [men who have sex with other men \(MSM\)](#). Why?

Because MSM are at an elevated risk of HIV in general. HIV is more likely to spread during anal sex than during vaginal sex and MSMS are more likely to have unprotected anal sex.

Some methods of prevention, such as [pre-exposure prophylaxis \(PrEP\)](#), are more effective in preventing infection during anal sex than in vaginal intercourse.

## **REDUCING THE RISK OF HIV TRANSMISSION**

[Antiretroviral therapy \(ART\)](#) controls HIV infection very well. The good news about taking ART is how well it works. There is no cure for AIDS and ART won't get rid of HIV infection, but it can help you live a full, healthy life.

ART can also make it very unlikely that you will pass HIV infection to your sex partner(s). If you maintain an [undetectable viral load](#), chances are good that you won't pass HIV infection to your partner(s).

However, there are several important things to remember:

- You have to take ART regularly for it to work. This is called [adherence to treatment](#).
- An undetectable viral load does not mean zero virus in your body. It means there is not enough HIV in your blood sample to show up on the test.
- The [viral load test](#) measures virus in the blood. It doesn't tell you about virus in sexual fluids (sperm or vaginal fluid).
- The viral load test gives results for when your sample was taken, not today. Viral load can change quickly, especially if you get sick with a cold or flu or even if you get vaccinated.

Even with all these warnings, it is very rare for someone who is taking ART and has an undetectable viral load to transmit HIV to their partner(s).

## **USING A CONDOM**

It is rare for a person with HIV with an undetectable viral load to transmit HIV. However, it still makes sense to take extra steps such as using [condoms](#). Condoms are very effective at preventing the spread of HIV. They must be used correctly every time you have sex. If you can get used to using condoms, you can relax and enjoy yourselves more during sexual activity.

## **OTHER WAYS TO REDUCE RISK**

- Risk is lower if the person/people with HIV are taking strong ART.
- If so, take every scheduled dose of medication.
- Avoid sexual activity during any infection, such as a sexually transmitted infection (STI) or even a cold or flu.
- Avoid sexual activity within a couple of weeks after getting any vaccinations.

## **CONSIDER PRE-EXPOSURE PROPHYLAXIS**

[Pre-exposure prophylaxis \(PrEP\)](#) is the use of the ARVs before exposure to HIV to reduce the risk of HIV infection. When PrEP is used correctly and consistently, it can reduce the rate of HIV infection by sexual activity by as much as 99%.

The benefits of PrEP are potentially very high for reducing new HIV infections in people who recognize their risk of infection and can take PrEP to protect themselves. Some people fear PrEP may encourage unsafe behaviors, but this has not been seen.

### ***IF YOU ARE EXPOSED TO HIV . . .***

If a condom breaks, or if you forget to use one, taking ARVs soon after the exposure might prevent transmission. Talk to your doctor about [post-exposure prophylaxis \(PEP\)](#). **Do not just take a few doses of your partner's medication!** That might not be the right treatment. For PEP to work, **it must be started very soon after exposure to HIV**. Discuss PEP with your doctor **in advance** so that you know what your options are in case something happens that exposes the person/people who do not HIV.

### ***HAVING CHILDREN***

Serodiscordant partners may have some concerns about having children. Having HIV isn't a reason not to have children. However, it is a reason to think about the best way to conceive, carry a pregnancy, and give birth. After all, you can't get pregnant if you're having sex with condoms. Therefore, if you're using condoms to protect yourself from HIV, you'll need to use another method to get pregnant.

HIV can be transmitted from a person with HIV to their child anytime during pregnancy, childbirth, or breastfeeding. This is called [perinatal transmission](#). According to the World Health Organization (WHO), without ART, up to 30% of babies of pregnant people with HIV get HIV. If the birthing person breastfeeds, the overall risk rises to 35-50%. With proper treatment, the risk of passing HIV to newborns drops to 2%.

When the partner assigned female at birth (AFAB) is the one with HIV, they can be inseminated with sperm using artificial insemination, in vitro fertilization, or intrauterine insemination. With these methods, partners don't need to have unprotected sex to conceive.

If a person with HIV becomes pregnant, they should be very careful to stay healthy during pregnancy. Be sure to discuss pregnancy with your healthcare provider, preferably before becoming pregnant. Your provider will help you with the treatment you need to reduce the chance your baby will be infected. Also, avoid breastfeeding your newborn. This can transmit HIV. [Read more about HIV and pregnancy](#).

When the partner assigned male at birth (AMAB) is the one with HIV, options include using a sperm donor and/or washing sperm. AMAB people can also make certain that their viral load is suppressed as fully as possible before having unprotected sex in an attempt to conceive.

### ***THE BOTTOM LINE***

A serodiscordant relationship is one in which the partners have different HIV statuses. Uninfected partners of people with HIV are at high risk of becoming infected.

Preventive interventions can be very effective if used consistently. There are a number of ways for serodiscordant partners to reduce the risk of HIV transmission to the uninfected partner(s). Research suggests that using multiple methods to prevent HIV, such as antiretroviral therapy (ART), condoms, and pre-exposure prophylaxis (PrEP) is more effective than using just one.

Serodiscordant partners may wish to have children. If so, there are several ways to ensure the health of both parents and baby.

Many serodiscordant partners have long, happy, and healthy relationships. The trick is to be realistic about risks and how you're willing to manage them.

### ***MORE INFORMATION***

HIV.gov: [Reproductive Options for Couples When One or Both Partners Have HIV](#)

Avert: [HIV & Mixed Status Couples Fact Sheet](#)

healthline: [What's the Risk of HIV Transmission? FAQs for Mixed-Status Couples](#)

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