


HIV at a glance



What Underwriters need to know

Key facts Underwriters need to know

1. Applicants living with HIV who have **favorable prognostic** markers are **insurable**.
2. Key **prognostic** markers are:
 - CD4 count and viral load
 - Compliance with cART
 - Co-infections and co-morbid diseases (e.g. cardiovascular risk, kidney disease, etc.)
3. Key **clinical factors to be aware of** include:
 - Detectable viral load
 - AIDS or AIDS-related conditions
 - Previous or current Hepatitis B co-infection
 - Co-infection with Hepatitis C
 - Alcohol and/or substance use

Epidemiology and mortality

- WHO estimates **~84.2 million people** living with HIV worldwide and ~40.1 million deaths since 1981.
- HIV related mortality has **reduced by ~68%** since 2004.
- Applicants living with HIV who have **no significant comorbidities**, treated before significant immunosuppression have **life expectancy approaching the general population**.
- **Cause of death has shifted** from AIDS-related (cancer, infection) to non-AIDS-related causes of death (e.g. cardiovascular disease).

Find out more

For more detailed information and ratings factors, Swiss Re clients can check out the dedicated page on [Swiss Re's Life Guide](#)

History and evolution

- **1981** first cases of AIDS described, 1985 serologic testing created, 1987 antiretroviral drugs, **1996** combination antiretroviral therapy (**HAART/cART**).
- With appropriate treatment **HIV is now a manageable chronic disease**.
- HIV remission reported in 3 cases: Berlin patient in 2009, London patient in 2019 and New York patient in 2022.

Prevention

- Primary measures include **avoiding or reducing high-risk behaviors**, such as sex without a condom, non-sterile injectables use.
- HIV testing for pregnant women.
- Pre and post-exposure prophylaxis (PEP and PrEP) reduces risk of new transmissions.
- Currently there is no effective vaccine.

Transmission



Close contact: body fluids of those with detectable viral loads e.g. via sexual transmission, injections, drug use etc.



Perinatal transmission.



People with **undetectable viral load** have **no risk** of transmitting the disease.

Clinical Must Knows



Positive ELISA test needs to be **confirmed** with HIV-1/HIV-2 antibody differentiation immunoassay.



CDC stages of HIV:

- 1. Acute infection:**
Usually 2–4 weeks Flu like symptoms with increased viral load. Prognosis best if cART started immediately.
- 2. Chronic infection:**
Asymptomatic/clinical latency while HIV multiplies. Without treatment, progress to AIDS in ~8–10 years.
- 3. AIDS:** CD4 cell count <200 cells/mm³ or opportunistic infections/cancer. Without treatment, survival is ~3 years.