Written Submission to the Department of Health
on
Tattooing and Body Piercing Infection Control Guidance
Submitted by: HIV Ireland
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1.0 Introduction

HIV Ireland (formerly Dublin AIDS Alliance) is a registered charity operating at local, National, and European level. Since 1987, HIV Ireland has been pioneering services in sexual health education and promotion, and has consistently engaged in lobbying and campaigning in the promotion of human rights. The principal aim of the organisation is to improve, through a range of support services, conditions for people living with HIV and AIDS and/or Hepatitis, their families and their partners while further promoting sexual health in the general population.

Our mission and vision is to contribute towards a significant reduction in the incidence and prevalence of HIV in Ireland and towards the realisation of an AIDS-free generation by advocating for individuals living with HIV, preventing new HIV infections, and combating HIV-related stigma and discrimination. In order to achieve this we have set ourselves 6 key organisational objectives:

1. To work towards reducing the prevalence of HIV in Ireland through effective prevention strategies
2. To increase public awareness and understanding around HIV and AIDS and to reduce the stigma and discrimination connected with HIV and AIDS
3. To improve the quality of life of people living with HIV through quality evidence-based support and advocacy services
4. To enhance the promotion of broader sexual health objectives through education and training and through health promotion projects/campaigns in line with national policy
5. To inform and to influence policy around issues concerning HIV prevention and sexual health and relating to the lives of people living with HIV
6. To enhance the organisational effectiveness and efficiencies of HIV Ireland

2.0 HIV in Ireland

The Health Protection Surveillance Centre (HPSC) is responsible for the collation and analysis of data on HIV in Ireland. The latest annual report (for 2014, issued on June 11th, 2015) shows that to date, a cumulative total of 7,353 people have been diagnosed with HIV in Ireland since the early 1980's; however, this number does not represent the number of people living with HIV as it does not take factors such as death and migration into account. In 2014, 377 people were newly diagnosed with HIV. This is an increase of 11% compared to 2013.

49% of new diagnoses in 2014 were late presenters (with CD4 <350 cells/µl or an AIDS defining illness at diagnosis). This is very similar to the proportion in recent years (50% in 2013 and 49% in 2012). Late presentation was less common among men who have sex with men (38%) and people who inject drugs (44%) than among heterosexuals (56% in females and 71% in males). Thirty eight (10%) people were diagnosed with an AIDS defining illness at the time of their HIV diagnosis.

Both the World Health Organisation (WHO) and the Centres for Disease Control and Prevention (CDC - Atlanta, USA) have stated that advances in HIV medications have led to HIV becoming

a chronic, but manageable, illness and that taking antiretroviral therapy for HIV infection can reduce the risk of an HIV infected person transmitting the infection to another person sexually by as much as 96%.[1] While this is very encouraging, it is important to note that the European Centre for Disease Prevention and Control (ECDC) has stated – mirroring the global estimation of WHO – that 1 in 3 people living with HIV in Europe are unaware they are living with the virus.[2] (See also Campsmith, ML et al.[3]). Thus, there are significant implications in relation to the continued sexual transmission of HIV in Ireland.

In relation to the prevention of HIV infection, Post Exposure Prophylaxis (PEP) is available in Ireland through STI clinics and through most Accident and Emergency departments. PEP is a month-long course of emergency HIV medication which when given – subject to medical assessment - can help prevent HIV infection after a possible exposure. To be effective, PEP must be taken within 72 hours of possible exposure before the virus has time to rapidly replicate in a person's body.

3.0 Background to this issue

HIV Ireland has a longstanding interest in the standardisation of tattooing and body modification practices in Ireland and we are delighted to see the Department of Health's call for submissions on the Draft Tattoo and Piercing Guidelines.

HIV Ireland was represented on the working group which developed the National Hepatitis C Strategy and, as part of this group, we emphasised the need for the then Department of Health and Children to review the consultative first draft Tattooing Guidelines and consultative first draft Body Piercing Guidelines which had been prepared by the Department at that time.

In October 2011, our organisation invited 20 Dublin Tattoo and Body Modification studios to attend a meeting to discuss blood borne viruses and tattooing/body modification in Ireland. 15 staff members from 2 studios (Wildcat and Zulu Tattoos) accepted the invitation.

One of the major points to come out of this meeting was the need for HSE standardisation of tattooing and body modification practices and mandatory qualifications for tattoo and body modification artists. 'Pop-up' studios and home tattooing parties were of particular concern. In many cases, individuals who had received tattoos or piercings in these environments made their way to both Wildcat and Zulu Tattoo studios for advice on infections and/or corrective tattooing. HIV Ireland expressed additional concerns in relation to some tattoo artists refusing to tattoo people who chose to disclose their HIV positive status on client forms. In several cases, an individual tattoo studio had both accepted HIV positive clients and refused others.

Since this meeting, HIV Ireland has continued to support the work of both Wildcat and Zulu Tattoos, and in particular the work of the Association of Body Modification Artists Ireland (ABMAI) whose commitment to health and safety, and the education and dissemination of information about tattooing and body modification, is highly noteworthy.

Also, HIV Ireland has, since March 2015, been involved in the National Standards Authority Tattoo Services Standards Consultative Committee (this includes ABMAI) which is looking at the development of the European Standard (CEN TC 435). This work is more detailed and

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[1] World Health Organisation. (2012). 'Strategic use of HIV medicines could help end transmission of virus,' *Media Centre*, Available at: http://www.who.int/mediacentre/news/releases/2012/hiv_medication_20120718/en/ [Accessed January 6th, 2016];
Centres For Disease Control and Prevention. (2015). 'HIV Risk,' *HIV and AIDS,* Available at: http://www.cdc.gov/hiv/policies/law/risk.html. [Accessed January 6th, 2016].

[2] European Centre for Disease Control/World Health Organisation. (2014). *HIV/AIDS Surveillance in Europe*. Geneva: EDCD and WHO.

[3] Campsmith, M.L. et al. (2010). 'Undiagnosed HIV prevalence among adults and adolescents in the United States at the end of 2006'. Journal of Acquired Immune Deficiency Syndrome. 53:619-624.

comprehensive and HIV Ireland endorses both the National Standards Authority of Ireland's and ABMAI's recommendations.

4.0 Stigma and Discrimination

Despite huge advances in medications over the last 20 years, HIV has undeniably remained a stigmatised illness. HIV related stigma and discrimination has, according to Aggleston et al (2005, p.4)[4] greatly 'fuelled the transmission of HIV and have greatly increased the negative impact associated with the epidemic. HIV related stigma and discrimination continue to be manifest in every country and region of the world, creating major barriers to preventing further infection, alleviating impact and providing adequate care, support and treatment.'

The Joint United Nations Programme on HIV/AIDS (UNAIDS) has listed the key programme area of stigma and discrimination reduction as an essential component of every HIV response. This also includes the monitoring and reforming of laws, regulations, and policies relating to HIV.[5] The elimination of stigma and discrimination is also an important objective of the WHO European Action Plan for HIV/AIDS which also acknowledges that HIV related stigma impacts negatively on HIV testing, treatment, and prevention.[6]

In 2009, a landmark Equality Tribunal case (Goulding v. O'Doherty, DEC-S2009-073) confirmed that an HIV positive man experienced discrimination as a result of being refused primary care treatment solely because of his HIV status. In its ruling, the Tribunal stated that incorrect and outdated perceptions resulted in the complainant being viewed and treated less favourably than a person who is without HIV (or not known to have the infection) would be treated in similar circumstances. The Tribunal also highlighted the importance of informing health services that persons living with HIV are often incorrectly perceived as being unhealthy or wrongly perceived as a threat to public safety, stating that it was crucial that these misconceptions are tackled effectively and immediately (5.11).

Furthermore, Tara Coogan, the Equality Officer presiding over this case, offered that 'while it seems a rather obvious argument to make, it would seem that universal precautions[7] should be practiced by all professionals engaging in health and related care.' (5:10).

5.0 HIV and Tattooing/Body Modification

Research on the transmission of HIV through professional tattooing and body modification studios is scarce. Most sources say there has been no clear documented evidence of HIV transmission from these activities.[8] In cases where transmission has been suspected outside this arena, it has been difficult to prove that receiving a tattoo or body modification was the source of transmission.[9]

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[4] Aggleton, P. et al. (2005). *HIV Related Stigma, Discrimination and Human Rights Violations,* Geneva: UNAIDS.

[5] Joint United Nations Programme on HIV/AIDS. (2015). *Sustaining Human Rights Response to HIV*. Geneva: UNAIDS.

[6] European Centre for Disease Prevention and Control. (2013). *Thematic Report: Stigma and Discrimination Monitoring Implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia: 2012 Progress'.* Stockholm: ECDC.

[7] Universal Precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV, HCV, and other blood borne pathogens. (Blood borne Pathogens Standard 29 CFR 1910.1030(b) definition).

[8] Bates, C. (2010). 'Safe Ink: Tattooing and HIV Transmission,' *Action AIDS/United Way,* Available at: http://actionaids.org/blog/safe-ink-tattooing-and-hiv-transmission-risk/. [Accessed January 6th, 2016].

[9] Searches within the following journals yielded no results on this topic save for research related to blood borne infection transmission within prisons or amongst former prisoners: *AIDS, AIDS Behaviour, AIDS Education and Prevention, AIDS Care, American Journal of Public Health, The Lancet, International Journal of Infectious Diseases, Journal of HIV and AIDS, Journal of AIDS and HIV Research, Journal of Infectious Diseases.* Research indicating the possible transmission of HIV associated with manicure care was located (Matsuda, E. et al. (2014). 'An HIV transmission case possible associated with manicure

A systematic review published in 2001 found that surveys worldwide have shown that tattoos are more commonly found among HIV positive individuals than in control groups or the general population. Reasons for this remain unclear although it has been acknowledged that tattoos are popular amongst certain 'at-risk of HIV' communities such as men who have sex with men and those who are, or who have served time, in prison.[10]

A tattoo sub-culture amongst HIV positive men is also evident. Elizabeth Landau, in an article entitled '*Tattoos: A journey of HIV acceptance',* interviewed men living with HIV in the US who openly used HIV related symbols such as the red-ribbon, the letters 'H-I-V', and more controversially, the bio-hazard sign to denote their positive status within the gay community.

In an overview of research on the possible risks associated with HIV and tattooing, the risk of transmission of blood borne infections during the tattoo process is considered attenuated given the process used.[11] A single needle stick occupational injury from an infected person carries with it a 6-30% risk of transmission of hepatitis B (HBV), a 1.8% risk of transmission of hepatitis C (HCV), and a 0.3% risk of transmission of HIV.[12] However, considering the rapidly repetitive process of tattooing, transmission of blood borne infectious diseases (including HIV) through unsafe tattooing practices is more likely to occur in unprofessional environments where basic standards of health and safety are not being adhered to. (See for example, Strang et al. (2006) who found that 21%, (n=111) of the prisoners they interviewed had been tattooed in prison).[13]

Scarce too are recommendations for people living with HIV not to get tattoos or other body modifications. Guidelines for the self-care of people living with HIV, for treating people living with HIV, and to help patients avoid exposure to, or infection from opportunistic pathogens issued from major health bodies such as the CDC and the British Sexual Health and HIV Association do not mention tattooing/body modification as risk factors.[14] The US Department of Health and Human Service's 2009 document '*A Guide to Primary Care of People with HIV/AIDS*' does not list tattooing and body modification as a risk factor for the transmission of pathogens.[15] However, the latest recommendations from CDC (updated May, 2013) do state that the transmission of Hepatitis B and Hepatitis C has been associated with tattooing practices. The CDC does not elaborate further or contextualise this statement.[16]

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care'. AIDS Research and Human Retroviruses (3) 11: 1150-1153). As was a case suspected of occurring as a result of a knife fight. See: Feng Kao, C. et al. (2001). 'An uncommon case of HIV transmission due to knife fight,' AIDS Research and Human Retroviruses. (27) 2:115-122.

[10] Nishioka S.A., Gyorkos, T.W. (2001). 'Tattoos as risk factors for transfusion-transmitted diseases'. International Journal of Infectious Diseases. (1:27-34).

[11] Ontario HIV Treatment Network. (2012). 'HIV risks associated with tattooing, piercing, scarification and acupuncture,' *Rapid Review #61,* Available at: http://www.ohtn.on.ca/Pages/Knowledge-Exchange/Rapid-Responses/Documents/RR61-Tattooing-HIV-Risk.pdf. [Accessed January 7th, 2016].

[12] Center for Disease Control and Prevention. (2013). 'Frequently Asked Questions: Blood borne pathogens – Occupational Exposure.' *Infection Control,* Available at: www.cdc.gov/oralheath/infectioncontrol/. [Accessed January 9th, 2016].

[13] Strang, J. et al. (2006). 'Is prison tattooing a risk behaviour for HIV and other viruses? Results from a national survey of prisoners in England and Wales'. Criminal Behaviour and Mental Health (10) 1: 3–69.

[14] Center for Disease Control and Prevention. '*HIV/AIDS: Living with HIV.'* Available at: http://www.cdc.gov/hiv/basics/livingwithhiv/. [Accessed January 13th, 2016]; British Sexual Health and HIV Association. (2014). 'Guidelines for treatment of HIV-1 positive adults with antiretroviral therapy,' HIV Medication (15) (Supplement 1). 1-85.

[15] Department of Health and Human Services Health Resources and Services Administration (HIV/AIDS Bureau). (2004). *A Guide to Primary Care of People with HIV/AIDS.* Maryland: Department of Health and Human Services Health Resources and Services Administration (HIV/AIDS Bureau).

[16] See: Centers for Disease Control and Prevention. (2013). 'Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents: Recommendations from the Centers for Disease Control and Prevention, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America.' Available at: https://aidsinfo.nih.gov/contentfiles/lvguidelines/adult_oi.pdf. [Accessed January 13th, 2016].

6.0 Recommendations:

In light of the above information, HIV Ireland recommends:

1) That the Department of Health Guidelines on Tattooing do not exclude people living with HIV[17] from receiving a tattoo from a tattoo or body modification studio should they choose to disclose their HIV status. We would therefore ask that the following section be omitted: PART A, SECTION 3. P.24 which reads: *Check with the client if they have Haemophilia or a blood borne infection such as HIV, Hepatitis B or Hepatitis C. If client discloses that they do, tattooing or body piercing is not recommended.*

Rationale:

- There is scarce research available on HIV transmission risk which would justify excluding people living with HIV from receiving tattoos or other body modifications within professional studios.
- HIV Ireland believes the onus of responsibility to ensure optimum health and safety should lie with the tattoo or body modification studio and artist who should be exercising Universal Precautions. Optimum health and safety should not have to depend on an individual's disclosure of his or her positive HIV status.
- Excluding a HIV positive person from receiving a service would penalize and further stigmatize people who are living with HIV who choose to disclose their HIV status.
- Including this statement would promote non-disclosure and dishonesty in order for a HIV positive person to receive a popular service. It would therefore conflict with the government's *National Sexual Health Strategy* recommendation to develop actions to *support* HIV disclosure and reduce stigma and discrimination (3.28, p.43)[18]. It would also conflict with the strategy's recommendation to produce an environment of openness to reduce the negative impact of stigma relating to sexual health and well-being (3.1, p.36).
- Including this statement may leave tattoo and other body modifications artists open to cases being taken against them through the Equality and Human Rights Commission or Workplace Relations Commission since they would be treating people who choose to disclose their HIV status differently than those who chose not to disclose or those who are unaware of their HIV positive status.
- In would also conflict with the *Healthy Ireland Framework For Improved Health and Wellbeing*'s ethical principles of Equity, Fairness, Proportionality, Openness, Accountability and Solidarity (p.5).[19]
- In the highly unlikely event of any blood exchange, medical assessment for PEP remains an option for both tattoo/body modification artists and indeed customers who perceive a HIV transmission risk from the tattoo or body modification artist (whose HIV status is unlikely to also be known).

2) That the Department of Health accepts recommendations under all other headings from both the National Standards Authority of Ireland as well as the Association of Body Modification Artists Ireland.

[17] For the purpose of this submission, HIV Ireland is focusing on HIV. However we would feel there should be no service exclusion of those living with Hepatitis B and/or Hepatitis C either for reasons outlined in this submission.

[18] Department of Health. (2015). *National Sexual Health Strategy 2015-2020*. Dublin: Department of Health.

[19] Department of Health. (2013). *Healthy Ireland: A Framework for Improved Health and Wellbeing 2013–2025.* Dublin: Department of Health.