

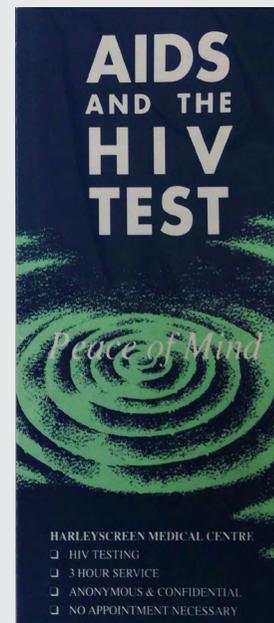
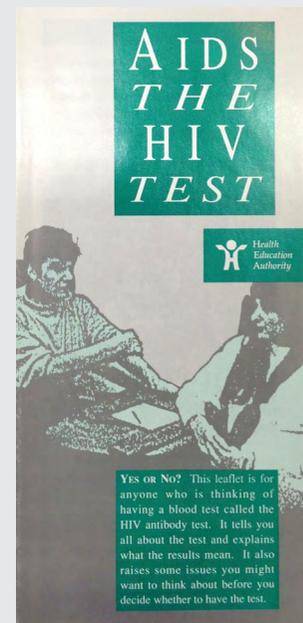
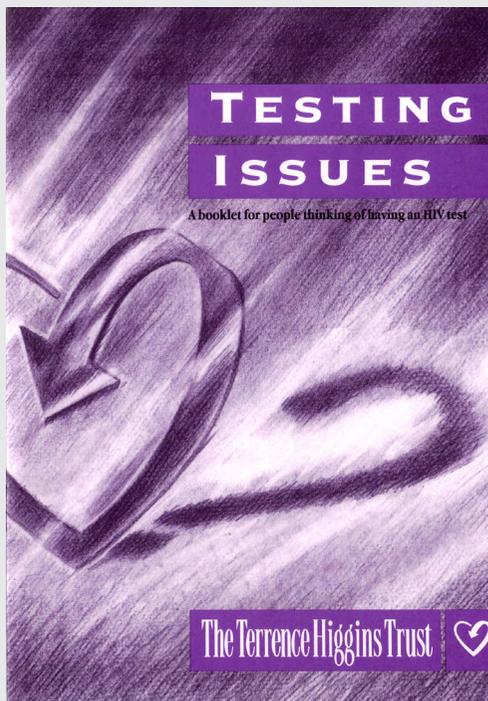
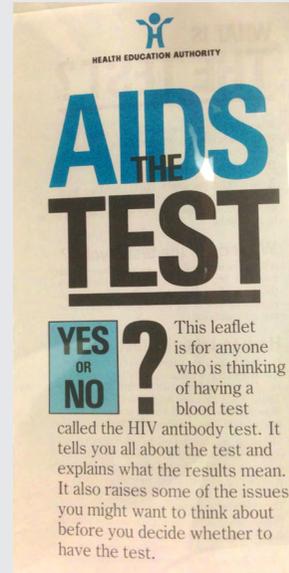
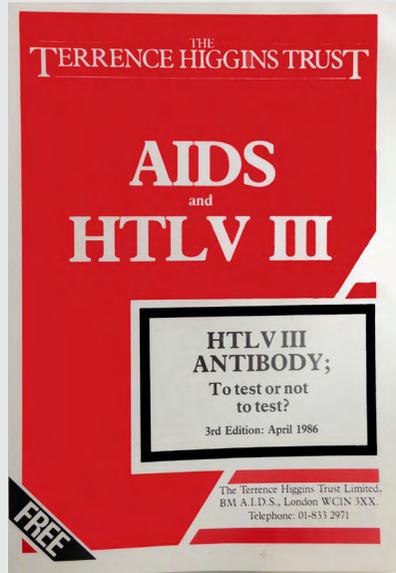
### Design and Visualisation

The design of visual communication about HIV testing in the UK has evolved dramatically since the late '80s, reflecting changes in both availability of treatment options and the social and cultural contexts of HIV/AIDS.

Flyers and leaflets from the late '80s tended towards a simple editorial layout style with limited use of colour, consistent with other HIV communications at the time. The tone of voice was about emphasising that there were both pros and cons to testing. Leaflets from the Terrence Higgins Trust ('AIDS and HTLV III. HTLV III Antibody; To test or not to test?' THT, 1986) and Health Education Authority (HEA), among others, provided information to help people in making a decision about taking a HIV/antibody test but carefully avoided making a direct recommendation. The use of the question mark as an illustrative typographic feature prevailed throughout the '80s and '90s as a way of visually emphasising uncertainty and choice. The weight of the question mark on the page was sometimes disproportionately larger than the rest of the type in order to emphasise the importance of this decision ('AIDS The Test, Yes or No?' HEA, 1988) or it appeared as a lurking presence, eg. the expressionistic shadow of 'Testing Issues' (THT, 1993), representing the unknowable consequences of diagnosis.

The use of photography and illustrations often communicate best when representing certainty or promoting clear-cut messages. So long as an HIV diagnosis was regarded as conflicted, a reliance on typography provided a way to avoid using ambiguous metaphors or presenting the physicality of the test itself and the association with needles or a medical environment.

In the early '90s, there were some attempts to produce communications where the design was more representational. An updated HEA leaflet was one of the earliest to feature people on the cover, although the photograph was heavily stylised ('AIDS The HIV Test' 1991). Private sector test providers such as Harley Screen Medical Centre ('AIDS and the HIV Test' 1991) aimed to promote their services by offering a reassuring tone of anonymity and confidentiality, promising 'peace of mind' in a cursive typeface with green and blue circular ripples emanating from it.



TESTING  
**YOUR RIGHTS**  
 IN A  
**WORLD**  
 WHICH HAS  
**HIV**

immunity



Advocacy organisations such as Immunity began to emphasise the issue of 'rights' in relation to HIV testing through large type on a red background and more provocative language, 'Testing your rights in a world which has HIV' (1992), introducing the ambiguity of the term 'testing'. The THT Advice Centre, in supporting HIV positive people dealing with discrimination, also created advertising to raise awareness around issues of consent in testing at this time.

The more extreme and graphic imagery from this period was produced by Act Up as part of their campaign against Texaco, who had made HIV tests compulsory for job applicants (1993). The agit-prop style cartoons on flyers distributed at demonstrations portrayed Texaco as an evil petrol pump brandishing a large syringe, surrounded by bats or holding a test tube of blood. The message of this campaign was about discrimination but the visual language deliberately taps into a primal fear of needles and the sinister, vampiric 'mad scientist' figure, equating testing with dangerous experimentation. Therefore the overall communication comes across as quite strongly anti-testing, not just anti-Texaco, and reinforces the fear of taking an HIV test in general.

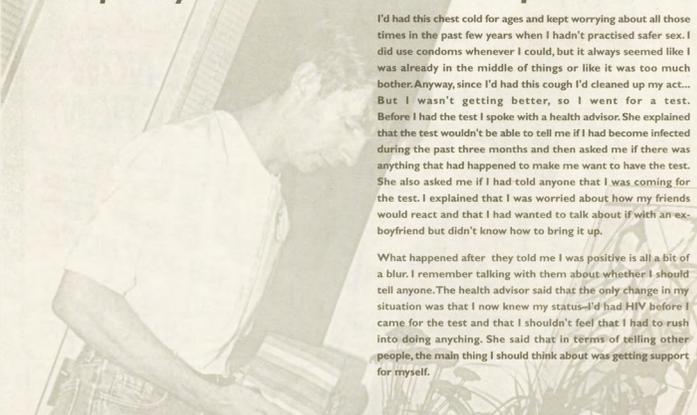
**HAVE YOU FAILED THE AIDS TEST?**

I DON'T GIVE A TOSS ABOUT PEOPLE WITH HIV OR AIDS

I WOULD LIKE TO TAKE POSITIVE ACTION TO HELP

PLEASE TICK WHERE APPLICABLE

*I was pretty nervous when I went for the test*



I'd had this chest cold for ages and kept worrying about all those times in the past few years when I hadn't practised safer sex. I did use condoms whenever I could, but it always seemed like I was already in the middle of things or like it was too much bother. Anyway, since I'd had this cough I'd cleaned up my act... But I wasn't getting better, so I went for a test. Before I had the test I spoke with a health advisor. She explained that the test wouldn't be able to tell me if I had become infected during the past three months and then asked me if there was anything that had happened to make me want to have the test. She also asked me if I had told anyone that I was coming for the test. I explained that I was worried about how my friends would react and that I had wanted to talk about it with an ex-boyfriend but didn't know how to bring it up.

What happened after they told me I was positive is all a bit of a blur. I remember talking with them about whether I should tell anyone. The health advisor said that the only change in my situation was that I now knew my status—I'd had HIV before I came for the test and that I shouldn't feel that I had to rush into doing anything. She said that in terms of telling other people, the main thing I should think about was getting support for myself.

Facing the possibility that you may be HIV+ is what makes going for an HIV antibody test so stressful. You may want to talk to a friend before you go. This should be someone who you would trust enough to tell that you were testing—since they will probably ask you what the result was. For many people, this is difficult—which is why many testing centres provide an opportunity to discuss the test with a health advisor so you can prepare yourself—whatever the results may be. If the place you go for a test does not offer this, be sure to ask to talk to someone about the test before you take it.

The test will show whether your body has made antibodies to the HIV virus. This means that it shows "positive" results well after infection has occurred. If you feel that you have been exposed, you should wait three months before testing.

There are different opinions about knowing your HIV status. If you are HIV+ knowing your status can allow you to take steps that may significantly benefit your health.

- Regular monitoring of your blood will enable you to take drugs that help prevent PCP, should your immune system become seriously compromised. (PCP is a form of pneumonia that frequently affects HIV+ individuals and is often fatal).
- You may decide to take drugs which slow the rate at which the HIV virus multiplies in the body, although the use of these drugs is at an experimental stage.
- You will be able to take advantage of other information about how to promote better health and avoid opportunistic infections that is available from your physician and from other health care specialists.

Having an HIV diagnosis can affect your life in many ways, aside from your physical health. It's important to give yourself time to adjust to these changes.

Some people feel the effects of knowing that they were HIV+ would be overwhelming and decide not to test. Others feel that it is less stressful to know their status—even if they're positive—than to worry about it endlessly. Whatever you decide, you should think about the effects a positive diagnosis would have on you when making your decision. If you would like more information about HIV testing, you can contact The National AIDS Helpline on 0800 567 123 or The Terrence Higgins Trust Helpline on 0171 242 1010.



A 1995 London Lighthouse fundraising magazine insert backfired by attempting to play on people's fears and prejudices. The deliberately provocative headline 'Have you failed the AIDS test?' was writ large in bold red capitals, the letterforms filled with a pattern suggesting a macroscopic image of a virus or blood. The inside of the leaflet revealed that the 'test' was of the audience's engagement with AIDS as a cause (echoing Vito Russo's 1988 claim that "AIDS is a test of who we are as a people"). The critical reaction at the time was primarily because of the association of an HIV positive diagnosis with failure.

A marked increase in communications about testing began in 1995; these tried to address the complexity of the issues involved as a breakthrough in treatment options emerged. This could sometimes result in very wordy executions such as an early 'testimonial' style advert by Health First ('I was pretty nervous when I went for the test', 1995). By attempting to anticipate all potential questions, leaflets were often very text-heavy. But gradually the use of photographs or illustrations of people became more widespread in an attempt to humanise the issue and reflect a more relaxed attitude to anonymity and prejudice.

# HIV TESTING IS WRONG



"It may be impossible to relate an antibody response specifically to HIV-1 infection."  
*Chief UK Government Scientist Philip Mortimer*  
The AIDS Trust and the AIDS Unit, 100, Strand, London WC2R 2LS

"At present there is no scientific basis for using these tests to prove HIV infection."  
*emeritus Prof Gordon Stewart, Public Health, Glasgow Univ., et al.*  
100, Buchanan Street, Glasgow G1 1XU

"Antibodies produced as a result of infection with the two germs (mycobacteria and yeasts) that infect 90% of AIDS patients react with all the 'HIV' proteins."  
*Eloni Eneanya, AIDS Research, Royal Perth Hospital, WA*  
Department of Microbiology, Perth, WA

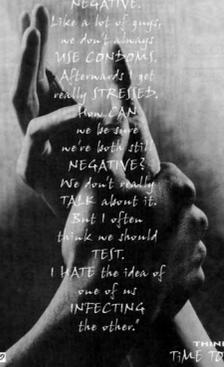
**Refuse and Resist** **Attend the Public Meeting**  
 For details or a free copy of CONTINUUM magazine contact:

**CONTINUUM**  
 Changing the way we think about AIDS

172 Foundling Court, Brunswick Centre, London WC1N 1QE, UK  
 Tel: +44 (0)171 713 7071. Fax: +44 (0)171 713 7072.  
 Email: [continuum@dircon.co.uk](mailto:continuum@dircon.co.uk)

Continuum is a voluntary organisation not liable for diagnosed people and neither is responsible for AIDS testing. Affiliated to Terrence Higgins Trust and the National Association of Voluntary Sexuality Services. Regd Charity No. 294166

"I've pretty sure we're both NEGATIVE. Like a lot of guys, we don't always USE CONDOMS. Afterwards I get really ITZIES. How CAN we be sure we're both still NEGATIVE. We don't really TALK about it. But I often think we should TEST. I HATE the idea of one of us INFECTING the other!"



**THINK. TALK. TIME TO TEST?**

CHAPS COMMUNITY HIV AND AIDS PREVENTION STRATEGY

A HIGH % OF HIV INFECTIONS HAPPEN IN RELATIONSHIPS.

"I don't know why I FUCKED unsafely. At the time I DIDN'T THINK he had HIV. I assumed he'd SAY. Maybe he doesn't EVEN KNOW. Now I'm FREAKING out. Am I still NEGATIVE? I've been here before, but THIS TIME I really want to make a FRESH START and be safer. Testing SCARES ME, but I rang the CLINIC and they said just come in for a CHAT."



**THINK. TALK. TIME TO TEST?**

**RESEARCH SHOWS 1 IN 3 GAY MEN FUCK AT LEAST ONCE WITHOUT A CONDOM LAST YEAR.**  
 Free confidential HIV testing, counselling and advice available from your local STD/GUM clinic.  
 The Terrence Higgins Trust Helpline: 0171 242 1010 (12 noon-10pm daily). <http://www.chaps.org.uk> Donations welcome.

**Thought of having an HIV test yet?**

It's not just the thought of having an HIV test that's scary, it's the thought of not having one. Because of new treatments available, it's now possible to live a long and healthy life with HIV. But you need to know if you have it. So why not get tested? It's quick, confidential and free. And you'll know for sure. If you're positive, you can get the best treatment available. If you're negative, you can keep it that way. So why not get tested? It's the best way to protect yourself and your partners. For more information, call the National AIDS Helpline on 0800 567 123 or visit [www.nahelpline.org.uk](http://www.nahelpline.org.uk). You can also find out more about HIV testing in your local area. For a list of local services, call the Terrence Higgins Trust Helpline on 0171 242 1010. Or look in the phone book under GUM or STD for local clinics.

**For confidential advice and information including details of local services call:**

**National AIDS Helpline free 0800 567 123**  
**Terrence Higgins Trust Helpline 0171 242 1010**

**Look in the phone book under GUM or STD for local clinics.**

CHAPS COMMUNITY HIV AND AIDS PREVENTION STRATEGY

In 1996 combination therapy finally became widely available, but the public messaging took some time to move from a position of advocating caution and reflection to one of active promotion of testing. There were also still fringe factions that challenged the link between HIV and AIDS and who promoted this view through adverts primarily in the gay press ('HIV Testing is Wrong' Continuum, 1997).

THT's 'Think. Talk. Time to Test?' campaign (1997-98) still retained a question mark and utilised moody, atmospheric, treated photography and calligraphic type style to reflect the voice of the person making the decision to seek counselling before testing. This typified a much more sophisticated visual treatment that referenced contemporary music graphics (such as those produced by Vaughan Oliver at v23). An HEA black and white advert ('Thought of having an HIV test yet?' 1998), also taps into a trend for treating typography as imagery – suggesting a lightbulb as symbolic of the thought process.

A series of ads produced by Camden and Islington Community Health Services (1997-98) stood out by a use of colourful graphic layouts and photographs that suggested a diverse range of people across the gay community as the intended audience. Different types of information were presented within one double-page spread – posing questions; addressing myths; advocating the benefits of treatment; whilst making recommendations about future safer sex behaviour. The overall look and feel is very celebratory and bright, with many of the images featuring festivals or holiday settings, but the copy still played on the double meanings of 'test' and raised as many questions as it answered.

**Try this HIV Test...**

**Urban Fictions**

- As long as I am the active one I can get away without using condoms.....
- Only negative men fuck without condoms....
- He's too healthy to have HIV....
- I'm safe because I'm in a regular relationship....
- If I don't cum inside him there isn't a risk.....
- Only positive men fuck without condoms....
- He'd tell you if he was HIV positive.... He'd tell you if he was HIV negative....

These are all untrue, how seriously have you taken them, is it time to test for HIV?

**Testing times....**

**When you fuck without condoms...**

- Are you making assumptions about your HIV status?
- Are you hoping that he's got HIV, or that he hasn't?
- Do you want to make sure that you're not passing HIV on?

If you have put yourself at risk you cannot be sure of your HIV status until you have an HIV test.

In the past there was not very much that could be done if you were HIV positive, but now there has been encouraging progress in the treatment of HIV. It is obvious that to take advantage of new treatments you need to know if you are HIV positive and you can only know this for sure if you have an HIV test.

For people who have had HIV for some time, there are effective treatments which reduce the level of the virus in blood and, with long term use, may delay HIV disease.

If you are newly infected, immediate treatment may be discussed and offered.

Treatment centres may vary in what they recommend. Talking to staff in treatment centres, your GP, friends or helplines may help you find the service which best meets your treatment needs.

Testing is a big decision, ask to see a Health Adviser at a Sexual Health Clinic to talk it through.

**If you are positive, the sooner you know the more you can do.**

Camden and Islington Community Health Services  
 Crusaïd  
 For further information: Terrence Higgins Trust Helpline: 0171 242 1010 • National AIDS Helpline: 0800 567 123

**New treatments are not Cures. How will you protect yourself and your partners from HIV?**



# FINDING OUT YOU HAVE HIV CAN ADD YEARS TO YOUR LIFE

Deaths from AIDS in the UK have dropped by 70% since new HIV treatments became available. They aren't cures, and they don't work for everyone. But they can prolong life, and the sooner you find out the sooner you have the chance to benefit.

As well as adding years to your life, knowing you're HIV positive can also add life to your years. There are tests which monitor how your body is coping with the virus so you can start to make informed decisions on your lifestyle and the way you look after your health. There's also information available to help you weigh up the options, and take your life forward as healthily and happily as you can.

Better off knowing?

CHAPS  
COMMUNITY HEALTH PROMOTION  
TERRENCE HIGGINS TRUST

To ask this through the THT Helpline (Choose-1) call on 020 7242 1010, or make an appointment at THT's London Face2Face service on 020 7242 4032. There's also a booklet "Better off knowing?" available from many gay venues. By calling the Helpline or at www.metromate.org.uk

**HIV can be treated**

**Take control - take the test**

10,000 people in the UK do not know that they have HIV  
10,000 people are not getting the help they need

**Both men in this picture are HIV+**  
**One of them is in control.**

He chose to get tested and know his HIV status. Knowing your status means that you can take control of your health and lifestyle.

For more information go to [www.metromate.org.uk/testing](http://www.metromate.org.uk/testing)

All of GMFA's campaigns are designed, planned and executed by HIV positive, negative and untested volunteers. If you are interested in volunteering for GMFA, write, phone or email: GMFA, Unit 43, The Eurolink Centre, 49 Eltra Road, London, SW2 1BZ. 020 7238 6872. Registered Charity no: 1076854. [www.metromate.org.uk](http://www.metromate.org.uk)

Crusaid  
Gay Men Fighting AIDS

By early 2000, adverts were listing more positive reasons for testing and to reflect this change in mood, the colour palettes used also became brighter and more upbeat (eg. 'Better Off Knowing?' THT, 1999-2000).

A leaflet produced by Kings College Hospital was one of the earlier examples to remove question marks completely from its title and deliver a very direct slogan, 'Take control – take the test' (2000). By the mid 2000s, 'taking control' had become a key recurring message and appeared in posters and ads from GMFA ('Both men in this picture are HIV+' 2003) and Big Up ('Choose to know' 2004).

GMFA produced adverts that looked at the issue of testing in different contexts, such as within a relationship ('Gay relationships – worth talking about' 2002) as well as some of the more challenging issues around knowing your HIV status ('I Know My HIV status' 2004). They also acknowledged that adverts were not always the best format in which to discuss the intricacies of the subject, and indicated a shift to producing stimulating advertising with the intention of leading the viewer to further information online or to discuss in more detail via helplines.

# Whoever you choose

## choose to know

**Whatever your lifestyle, take control of your sexual health.**

HIV testing is free and confidential.  
Many clinics offer same day testing.  
Support is available before and after your test.

To find out more about testing and where to get one call THT Direct Helpline on 0845 1221 200 or visit [www.metromate.org.uk](http://www.metromate.org.uk)

**BIG UP GM-A**  
Action for gay men's health

GMFA's campaigns and actions are designed, planned and executed by positive, negative & untested volunteers. To volunteer for GMFA, phone, write or email: 020 7738 6872. Unit 43 The Eurolink Centre, 49 Eltra Road, London SW2 1BZ. [www.metromate.org.uk](http://www.metromate.org.uk) Registered Charity number 1076854

**Testing**

If you and your boyfriend are thinking about fucking without condoms, then the only way to protect each other from HIV is to know that neither of you have it.

If either of you have put yourself at risk in the past, then you need to have an HIV test. This is the only way to be sure that you're not putting each other at risk. About a third of gay men with HIV don't know that they have it.

**Gay relationships – worth talking about.**

**relationship 4 in 1**

- TRUST
- LOVE
- COMMITMENT
- PASSION

To get support in your relationship visit [metromate.org.uk](http://metromate.org.uk), or pick up a copy of *Agreements in relationships*, available in the racks at most London gay venues. If you want help in being able to talk openly about sex, call GMFA on 020 7738 3712 or PACE on 020 7281 3121 and ask about the assertiveness or relationships courses. To access counselling call PACE on 020 7697 0014, HCLC on 020 7407 3550 or THT on 020 7685 1486.

All GMFA campaigns are designed, planned and executed by volunteers. To volunteer for GMFA write, phone or email: Unit 43, Eurolink Centre, 49 Eltra Road, London, SW2 1BZ. 020 7738 6872. [www.metromate.org.uk](http://www.metromate.org.uk)

**GM-A**  
Gay Men Fighting AIDS

Everybody has an HIV status, whether or not they've been tested. Some men infected with HIV don't know that they are HIV positive. Confidential HIV tests are available at sexual health clinics.

# I KNOW MY HIV STATUS DO YOU KNOW YOURS?

For more information on HIV & AIDS call THT Direct Helpline on 0845 122 1200 Mon-Fri 10am-10pm, Sat-Sun 12noon-6pm or visit [www.metromate.org.uk](http://www.metromate.org.uk)

**GM-A**  
Action for gay men's health

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LONDON GAY MEN'S HIV PREVENTION PARTNERSHIP  
**Metro**

THINK  
YOU'RE STILL  
NEGATIVE?

THOUSANDS OF GAY MEN HAVE HIV FOR YEARS  
WITHOUT KNOWING

THT DIRECT 0845 12 21 200

TERENCE HIGGINS TRUST

HIV test  
In control of health  
Start treatment in time

No HIV test  
Become ill  
In hospital with AIDS

One third of HIV positive gay men don't know they have HIV

An HIV test could give you the knowledge you need to stay healthy

Know your HIV status  
Find your nearest HIV testing clinic and more information at [www.gmfa.org.uk/testing](http://www.gmfa.org.uk/testing)

GMFA  
the gay men's health charity

IFA projects are developed by positive and negative volunteers. To volunteer or donate call 020 7738 6872 or go to [www.gmfa.org.uk](http://www.gmfa.org.uk) Charity number: 1076854  
Supported by PETER MOORE FOUNDATION and the Derek Butler Trust

2008 saw the start of THT's 'THIVK' and GMFA's 'Know Your HIV Status' campaigns, both of which made the message very plain, with an obvious 'right' choice, reflected in the bold use of distressed type or directive road signs. These ads and others like them emphasised the promotion of HIV treatment and health benefits for the person testing positive. The pan-organisation leaflet 'Get Tested!' (2010) clearly signalled the new approach by replacing a question mark with an exclamation mark and a directive to gay men to test annually.

The last decade has also seen the promotion of the increased speed and ease of testing (eg. 'I Haven't Got Time for an HIV Test' THT, 2011), with clinics and testing services referencing the visual language of club flyers (eg. 'Free Fast HIV Test' West London Gay Men's Project, 2011). As the promotion of testing as a form of HIV prevention becomes standard, and organisations pilot home sampling kits (home testing kits being banned by The Department of Health since 1992) the accompanying advertisements are becoming more like those selling a product or service than the text-heavy, uncertainty-laden approaches of twenty years ago.

December 2014. [www.hivgraphiccommunication.com](http://www.hivgraphiccommunication.com)

Get tested!

If you're a sexually active gay man you should have an HIV test at least once a year. Here's why...

TERENCE HIGGINS TRUST

I HAVEN'T GOT TIME FOR AN HIV TEST.

BUT THE NEW FINGER PRICK RAPID HIV TEST GIVES YOU RESULTS IN UNDER 20 MINUTES.

The test is free, confidential and accurate.  
Find your nearest clinic at [gmfa.org.uk/rapidtest](http://gmfa.org.uk/rapidtest) or call THT DIRECT 0845 12 21 200

TERENCE HIGGINS TRUST

FREE Fast HIV Test  
For gay & bisexual men

No appointment necessary  
For more information call 0300 537 8302

For gay & bisexual men in a friendly, relaxed & comfortable environment with just one prick of your finger...

west london  
gmp  
gay men's project

## Imaging HIV Testing

The HIV-antibody test was first publically available in the UK toward the end of 1984. It quickly became widely available and was free, voluntary and confidential. However, it was not 'promoted'. There was little change in testing policies over the following 12 years.

- The major turning came with the World AIDS Conference in Vancouver in 1996. Here a large amount of data was announced demonstrating the efficacy of combination therapy against HIV, a cocktail of drugs that work on different parts of HIV's replication cycle and which is able to suppress the virus but not expel it altogether. Combination therapy completely changed the balance of costs and benefits of having HIV diagnosed. Diagnosis is the gateway to clinical care. In order to benefit from the new drugs, people had to have their infection diagnosed. However, it took some years for the implications of this development to change testing policy and services. However, it took another 5 years for the implications of Vancouver to reach national testing policy.
- In 2001 the National Strategy for HIV and Sexual Health recommended universal offers of HIV tests in GUM clinics and in the early 2000s, GUM services in the UK began to move from opt-in testing policies, where clients had to request a test and make it through gatekeepers to get one, to opt-out policies, where a test was assumed to be part of an STI screening and the client had to raise an objection for testing not to occur.
- In 2003 the Chief Medical Officer's Report included a major section on the importance of early HIV diagnosis. It suggested that gay and bisexual men should be offered an HIV test every year, although it did not state who should do the offering.
- In 2008 new HIV testing guidelines from the British HIV Association advocated widespread expansion of HIV testing services and recommended that in areas of high HIV prevalence all new GP registrants and all general medical admissions should be offered an HIV test. It stressed that all doctors and nurses should be able to offer a test.
- Also in 2008, what became known as the Swiss Statement was released by a group of HIV physicians in Switzerland. They announced their belief that people with HIV who were on combination therapy with undetectable viral load and who had no other STI, were not sexually infectious during vaginal intercourse. This added an extra urgency to swifter HIV diagnoses, and HIV treatment has increasingly been seen as a means to prevent new infections. A consensus quickly developed that this was probably the case for anal intercourse also.

As a consequence of these changes in testing policy and practice, the number of HIV tests offered and taken in the UK has increased enormously.