

Flying with HIV

SYNOPSIS

People living with Human Immunodeficiency Virus (HIV) and under effective HIV therapy¹ generally lead regular lives and can pursue any profession².

Flightdeck personnel with a positive HIV status may face significant restrictions regarding medical fitness to fly. Under some regional and/or national regulations, obtaining a license is impossible.

This position paper provides recommendations regarding a discrimination-free work environment including fair and transparent corporate procedures and improved regulatory provisions for flightdeck personnel living with HIV.

INTRODUCTION AND BACKGROUND

Modern antiretroviral therapy has transformed HIV infection into a highly manageable chronic condition, making the progression to acquired immunodeficiency syndrome (AIDS) effectively preventable. With early diagnosis and consistent treatment, most individuals experience few to no significant side effects or physical limitations, and viral transmission can be reduced to virtually zero.

ICAO Annex 1, 6.3.2.20 allows for medical certification of individuals living with HIV if the applicant's condition has been investigated and evaluated in accordance with best medical practice and assessed as not likely to interfere with the safe exercise of their license or rating privileges.

According to the guidelines stipulated in the Manual of Civil Aviation Medicine (ICAO Doc 8984 Part III Chapter 13), pilots diagnosed with HIV are deemed initially unfit to fly, until their health status has been assessed. This is usually done by the national licensing

¹ *Human Immunodeficiency Virus (HIV) treatment with Highly Active Antiretroviral Therapy (HAART) combines multiple medications that target different stages of the virus's replication cycle. This approach suppresses viral activity, reduces the overall burden of HIV in the body, preserves immune system function, and helps prevent opportunistic infections and complications associated with progression to acquired immunodeficiency syndrome (AIDS).*

² National AIDS Trust. (2009) *Working with HIV*.

authority who may impose certain restrictions.³ These restrictions may prohibit initial issuance of a Class 1 medical certificate and consequently, acquiring commercial licenses such as CPL, MPL, and ATPL is not possible. As a result, aspiring pilots living with HIV may be excluded from pursuing the career.

Furthermore, these restrictions result in significant burdens, reduced flexibility in flight operations, and increased complexity for the affected individuals and in crew scheduling for the employer.

Considering modern HIV treatment (HAART), the treatment regimens, side effects, medical protocols, neurological, neuropsychological, and psychiatric impairments stipulated in the ICAO Manual of Civil Aviation Medicine are now outdated. Therefore, there is a need to reassess the reasonableness of applying this stringent and restrictive guidance to people living with asymptomatic HIV who are receiving effective, modern antiretroviral therapy.

RECOMMENDATIONS

1. Fitness to Fly

IFALPA calls for complete revision of the medical guidelines on applicants who are seropositive for HIV. Most importantly, Chapter 13 of Part III of the ICAO Manual of Civil Aviation Medicine should be updated in accordance with the latest scientific evidence. For applicants with an undetectable viral load and stable treatment, possible restrictions on single pilot operation should be based on clinical condition rather than solely on seropositivity for HIV.

In addition, during revalidation medical examination, asymptomatic HIV infection should not require referral to the authority in the absence of disease progression as defined by the WHO, disqualifying health effects or treatment-related complications⁴.

In the interim, IFALPA encourages States to implement aeromedical procedures like those used in the UK⁵, USA, Canada, and Australia, where pilots with HIV can hold a valid medical licence, whilst complying with ICAO recommendations.

³ Operational Multi Pilot Limitation, "OML" (only as or with qualified Co-Pilot), possibly also Time Limitation, "TML" (limited period of validity of 6 or even 3 months) and "SIC" (specific medical examinations).

⁴ The viral load is below the detection threshold, all other immune values are within normal limits, and the ART is tolerated without any side effects.

⁵ [20241219 v3.0 Guidance for applicants living with HIV](#)

2. Amnesty

Fear of negative consequences from disclosure of HIV status during aeromedical examinations may negatively affect individual wellbeing, mental health, and, ultimately, flight safety. The retrospective disclosure of HIV status should therefore be encouraged and treated as a positive contribution to flight safety within a non-punitive framework, rather than being subject to penalty.

As implemented in the UK, authorities should establish a procedure or a specific deadline for retrospective disclosure and ensure immunity from penalty.

3. Discrimination

IFALPA supports the ILO's position that workers should not be subjected to HIV-related stigma and discrimination in any aspect of the employment relationship, including selection and recruitment⁶.

To alleviate unnecessary fears, prejudices, and to combat stigma, IFALPA recommends operators educate and train their HR and social services on HIV-related issues including awareness about the implications for pilots and their careers. Furthermore, all employees should be educated regarding HIV and available support resources.

4. Pre-Exposure Prophylaxis (PrEP)

The use of PrEP is well established as a preventative medication against HIV infections. Regulations should allow for its use by pilots when no negative side effects are present.

5. Data Protection

HIV status, like all medical data, is highly sensitive. It must not be communicated or disclosed without the individual's consent.

If an individual chooses to disclose their HIV status to their line manager or employer, it must not be recorded in their personnel file. Any associated duty restrictions should be implemented without referencing HIV status.

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⁶ International Labour Organization. (2010). *Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200)*. Geneva: International Labour Office. Retrieved from https://elearning.un.org/CONT/GEN/CS/UN_Cares_V2/story_content/external_files/key_principles_ILO.pdf