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HIV CARE & TREATMENT

# Undetectable = Untransmittable: Walking the Walk, Talking the Talk

*The AIDS Education & Training Centers (AETCs)*

Friday, August 14, 2020 / 12:45 pm - 2:15 pm Eastern Time

# Presenters & Contributors



- Daria Boccher-Lattimore: Northeast / Caribbean AETC
- Clare Bolds: Southeast AETC
- Prescott Chow: Pacific AETC
- Carolyn Chu: National Clinician Consultation Center
- Linda Frank: MidAtlantic AETC
- Tracy Jungwirth: South Central AETC
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- Ricardo Rivero: Midwest AETC
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- Laurie Sylla: Mountain West AETC

**We represent the  
8 regional and  
2 national  
AIDS Education &  
Training Center  
(AETC) programs  
funded through the  
Ryan White HIV/AIDS  
Program, Part F**



**I am not a risk**

I'm living with undetectable HIV.

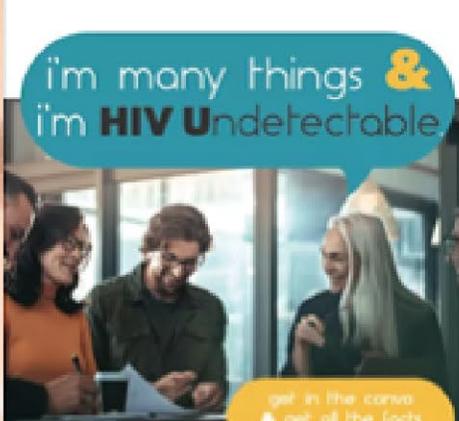
Meds keep me healthy and my HIV untransmittable.



**No soy un riesgo**

Vivo con VIH indetectable.

Los medicamentos me



i'm many things & i'm HIV Undetectable

get in the convo & out of the facts Maryland.org



kes my ctible. gh virus partner.



**PASSING HIV CAN BE A THING OF THE PAST**

**U = U**  
UNDETECTABLE UNTRANSMITTABLE

A person taking HIV medication daily cannot pass the virus.

COLEMAN SQUARE HEALTH CENTER

**I BECAME UNTRANSMITTABLE**

HIV medication makes the virus undetectable. Undetectable means it can't be transmitted.

I'm not HIV. I'm just me. RJKS

HIVhasCHAN

**People on effective HIV treatment have ZERO risk of passing HIV to others.**

OPERATION BEAVER

LEARN MORE AT: **GoLowSA.org**



**#UequalsU**

The science is clear: Undetectable = Untransmittable. People living with HIV with a sustained undetectable viral load do not transmit the virus to others.

NASTAD

**#UequalsU**  
DCTakesonHIV.com

# Today we will:



1. Review the evidence regarding U=U
2. Explore approaches to address and reduce provider hesitation and discomfort in discussing U=U with patients
3. Present communication approaches and strategies to convey this message effectively during clinic encounters
4. *Explore the benefits of U=U for People With HIV*



*First the evidence*

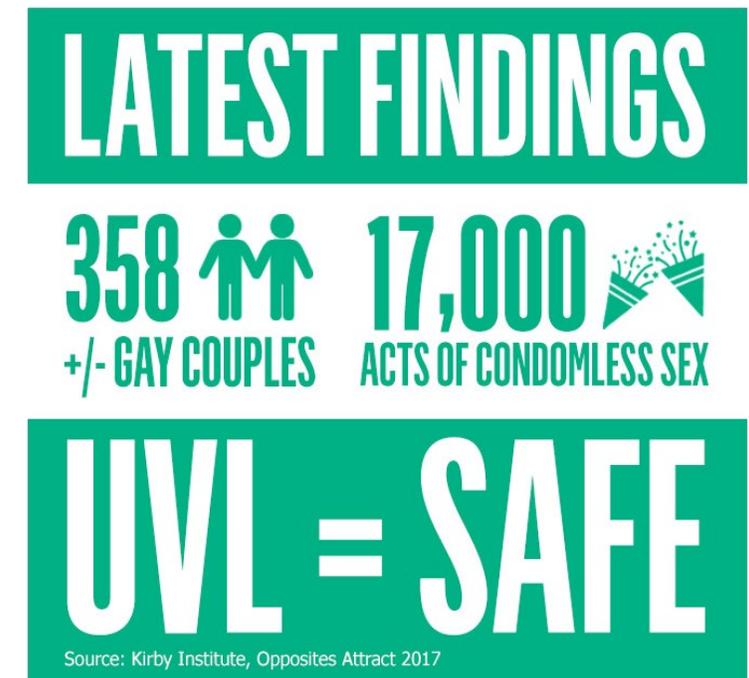
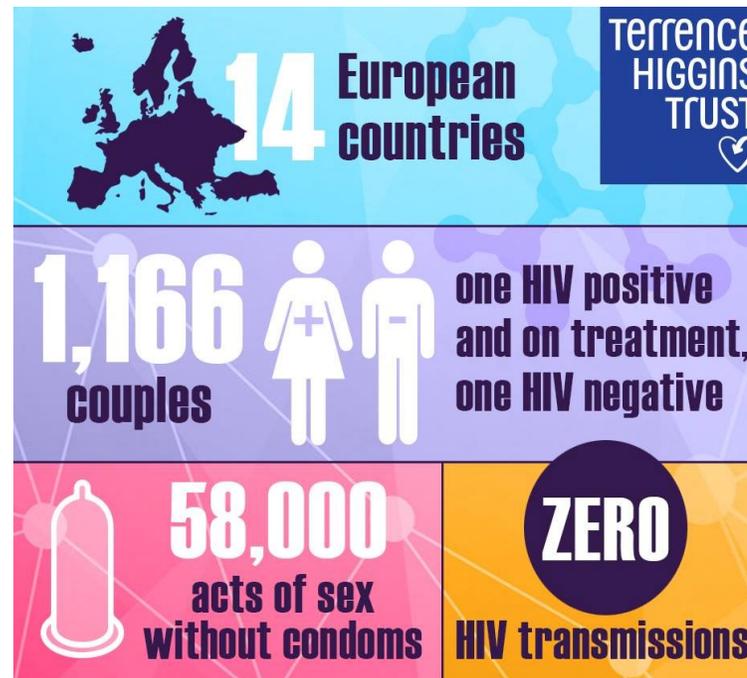
# U=U: recap of the evidence



## HPTN 052

A Randomized Trial to Evaluate the Effectiveness of Antiretroviral Therapy Plus HIV Primary Care versus HIV Primary Care Alone to Prevent the Sexual Transmission of HIV-1 in Serodiscordant Couples

With HPTN 052, ZERO transmissions observed among > 1600 heterosexual couples where seropositive individuals were stably suppressed on ART



# U=U: should we be confident?



**YES!!** In over 150,000 condomless sex acts (with no PrEP use among seronegative partners),  
no HIV transmissions were identified when the seropositive partner was durably suppressed on ART

## *Additional considerations/scenarios?*

- Perinatal transmission
- Postnatal transmission (e.g., breastfeeding)
- Injection drug use



HIV PREVENTION METHODS

### **Pregnancy and Infant Feeding: Can We Say U=U About the Risk of Passing HIV to an Infant?**

Camille Arkell  Canadian AIDS Treatment Information Exchange

Feb. 13, 2018

# From the experts



Dr. Alison Rodger, lead author of the PARTNER and PARTNER 2 studies, speaking at the 22nd International AIDS Conference (AIDS 2018)

# From the experts



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Interview  
with Dr.  
Anthony  
Fauci, NIH  
Director, at  
the 2019  
International  
AIDS Society  
Conference



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The science behind U=U is clear.  
Undetectable = Untransmittable



# *Approaches to address provider hesitation and discomfort*

# And yet...



An international survey involving more than 1,000 providers found that only 77% of infectious disease specialists and 42% of primary care physicians communicate the U=U message when telling patients their viral load is undetectable.\*

- But what is driving the **hesitation**?
- What is causing **discomfort** among providers?

*\* Zuniga JM. Inconsistent clinician communication of the evidence-based U=U message to people living with HIV. J Int Assoc Provid AIDS Care (in press).*

# What causes hesitation in providers in talking with patients about U=U?



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A viral load test wasn't done today,

so I can't guarantee my patient's VL is suppressed *today*

It's too difficult to explain to my patients – I know what's best for them

**There's always a risk** What about viral rebound or spikes?

They should be using condoms anyways

**It's a license to being promiscuous**

I would have to discuss sex with my patients

I don't believe my patients can be trusted to always be adherent

I don't know if it works in the real world

**I still have questions about it**

TALKING ABOUT SEX

COMMUNICATION

JUDGMENT/INTERNAL BIAS

ADHERENCE

RESPONSIBILITY

KNOWING THE SCIENCE

*“Doctor, your next patient is ready”*



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# Key areas and considerations



- TALKING ABOUT SEX
- COMMUNICATION
- JUDGMENT/INTERNAL BIAS
- ADHERENCE
- RESPONSIBILITY
- KNOWING THE SCIENCE
- Discomfort around **discussing sex** (particularly same-sex activity)
- **No time** to have conversations with patients
- Perception that U=U undermines **personal responsibility**; an endorsement of multiple sexual relationships or other behavior a provider had discomfort in.
- Discomfort is frequently grounded in idea that **people with HIV can't be trusted with this information**
- **Fear of being blamed** if HIV transmission occurred
- **Disbelief** (i.e., not accepting that U=U), **lacked confidence in U = U** and counselled on consistent condom use even after viral suppression

# Some ways to address discomfort



- TALKING ABOUT SEX
  - trainings; supervision; practice; learn from peers
- COMMUNICATION
  - utilize other members of your care team
- JUDGMENT/INTERNAL BIAS
  - self-reflection; trainings; supervision; practice
- ADHERENCE
  - discuss in relationship to sustained VL suppression; incentive for adherence
- RESPONSIBILITY
  - rely on the science; learn from peers
- KNOWING THE SCIENCE
  - follow the research and resources provided

# How does our comfort compare to evidence on all prevention methods?



Method	Population	Estimated Effectiveness	Rate per 100,000 CY	Concerns
Undetectable VL (U=U)	MSM/Hetero/Trans	100%	0	Adherence changes; change in VL
LA Injectable/Oral PrEP	MSM/Trans	About 99%*	1.22 (.41-.81)	Requires adherence to at least 4 pills per week (oral); discontinuation; gaps between refills; need for frequent lab monitoring. *Not all study results consistent with this estimate.
Oral PrEP	Het males/cis women	Assumed 99%*	no info	Not well studied. Same concerns re: adherence and lab monitoring. takes cis women 2 weeks longer to achieve maximum drug level. *Not all study results consistent with this estimate.
Oral PrEP	Injection Drug Users	74-84%	no info	Not well studied. Not well studied. Same concerns re: adherence and lab monitoring.
Condoms	MSM	72-91%	no info	Consistent correct use; partner cooperation for receptive individuals; prevent pregnancy
Condoms	Heterosexual Couples	80%	no info	Consistent correct use; partner cooperation for receptive individuals; prevent pregnancy
Male circumcision	Insertive partner	50%	no info	no info
Male circumcision	Receptive partner (male or female)	inconclusive	no info	no info

# In providers' words - zero real life risk



- **U=U, general counseling:** *Undetectable = Untransmissible is the conclusion based of 4 large studies of serodiscordant couples, in which the positive partner is taking effective ART and undetectable, which collectively represent **over 100,000 episodes of condomless sex. Zero new infections** were reported. This tells us that there is **zero real-life risk** of transmission to a negative partner when the positive partner is undetectable.*
- **PrEP counseling:** *The science tells us that if the positive partner is undetectable, there is no practical risk of transmission to the negative partner, so **the negative partner's PrEP use isn't really necessary for prevention; the positive partner's undetectable status has already maximized HIV prevention.** Thus, U=U would support the negative partner stopping PrEP if they desire. Nonetheless, PrEP can still offer additional benefits, such as peace of mind and a further sense of security, which can help strengthen intimacy and further support the relationship. Provided there are no evident risks to outweighs the unmeasurable benefits, it may be appropriate to continue PrEP in these situations if that's what the client wants.*
  - Sean Kelly, MD, Medical Director at the Vanderbilt Comprehensive Care Clinic

# In providers' words - data convinced me



- *My initial hesitation with discussing U = U was that as an infectious disease doctor, I **never** like to say “**never**”. In clinical practice, we often see unusual infections that are exceptions to the rules.*
- *I reviewed all the data myself from the 4 studies to compile the slides that I use to discuss U = U with patients; Compiling this made me feel more comfortable with the concept.*

*-Melissa Murphy, MD*
- *When you compile all the data from the 4 main studies used in determining U = U:*
  - *there were **0 transmissions / 4063 couple years of follow-up***
  - *this decreases the confidence interval to 0.04, meaning,*
  - *even if the risk is not zero, the risk is still **< 1:1000 person years**.*

*-Pietro Vernazza, MD*

# Melissa's chart: risk of HIV transmission in serodiscordant couples\*



Study	Years	# Couples	Couples	PrEP use	Linked transmissions
HPTN 052	2005-11	886	M-F	No	Zero
Partners 1	2010-14	548 / 350	M-F / MSM	No	Zero
Partners 2	2014-18	433	MSM	No	Zero
Opposites Attract	2012-16	343	MSM	No	Zero

\* in which the HIV+ partner has an undetectable viral load

# In providers' words - transparency builds relationships



- *“In my own nursing work I can say that the most helpful thing when sharing U=U with different clients is to really take a moment beforehand to self reflect on what biases I may be holding and to bring all my hesitations to the table. **This transparency has helped me build more honest relationships with my clients and takes me out of a paternalistic care-giver role and into a shared partner in-health role.** And truly, so many clients have expressed the unbelievable freedom and empowerment that U=U knowledge gives them, I've seen this knowledge shift the whole mentality of someone staying on their ARVs!”*

*- Dianne Georgetti, RN / PHN, Westside Community Services & Shanti, San Francisco*

# In providers' words - with every patient at every visit



- *"I talk about U=U in every clinic visit that I have, whether it is relevant or not. Underscoring the importance of the conversation, I document it in the clinical note."*

*-New Orleans MD*

- *"I discuss U=U with every patient at every visit."*

*- Albuquerque MD*

# In providers' words - reframing



## Instead of this:

- "I believe in U=U but use a condom just in case."
- "You're only as good as your last viral load test."

## Say this:

- "You might want to use a condom to prevent other STIs and unintended pregnancy, but condoms aren't clinically necessary to prevent HIV if you are undetectable."
- "If you are taking your medication as prescribed and getting your labs done regularly, don't worry."

# Consequences and impact of withholding information



- **Health professionals acting as gatekeepers**, withholding information people need in order to make decisions about their lives and health.
- **Racial and other biases compound these conditions.** For example, research shows that health providers are less likely to share decision-making power with Black clients than with their white counterparts.
- **Undermines trust**
- **Perpetuation of internalized and external stigma**

## PATIENT LEVEL

- Encourage patients to start and **adhere to antiretroviral therapy**, and **maintain an undetectable viral load**.
- **Psychosocial benefits**, enabling individuals to have intimate sexual relationships without fear, reducing internalized stigma and alleviating anxiety about the possibility of transmission.
- Help **reduce HIV incidence** by encouraging engagement in the HIV treatment cascade.

## COMMUNITY LEVEL

- Accelerate **reforms in government policy and the law**, especially concerning the criminalization of HIV exposure and non-disclosure.
- There is still **unawareness and misinformation about U=U in the communities** most affected by HIV, including gay communities. Increasing knowledge and understanding of U=U might reduce HIV-related stigma in the broader community, encourage testing and lessen anxiety about acquiring HIV.

# Additional case examples



- We will now present 2 case studies illustrating discussions of U=U with patients
- We acknowledge that discussions of sexual health with patients are more involved than just HIV transmission

# Case study 1 - fear of being sexual



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Judy is a heterosexual cisgender woman with HIV and is undetectable. She has not engaged in sexual activity in several years because she is afraid of transmitting HIV.



# Provider responses case 1



- “Judy, your sexual health is very important, and we want you to be comfortable in any relationship.”
- “Since you have no detectable HIV in your blood, you cannot transmit HIV sexually to a partner through oral, vaginal, or rectal sex without a condom, as long as you remain on ART and remain undetectable.”
- “Research done over the past 15 years, has shown us that in serodifferent couples (where one partner has HIV and the other partner does not), if the partner with HIV is on ART and has an undetectable blood HIV viral load, the uninfected partner has never become infected by them!”
- “As a result of this proof, we now know undetectable equals not being able to transmit HIV sexually (that is, U=U)!”

# Case study 2 - pregnancy



Chris is a cisgender man with HIV who wants to have a baby. He is on ART, is undetectable, and has disclosed his status to his partner. Both are nervous about HIV transmission while trying to conceive.

# Provider responses case 2



- “Chris, since you are already on ART and have had an undetectable HIV viral load, you cannot transmit HIV through your semen having condomless sex. This is true as long as your HIV viral load remains undetectable.”
- “You will not infect your partner when having condomless sex of any kind (vaginal, rectal, or oral) as long as you stay on your ART and remain undetectable.”
- “If your partner remains HIV uninfected, there is no chance of the baby getting HIV. The baby would only be at-risk of infection if your partner was HIV+.”
- “However, we understand your anxiety, and if you and your partner prefer, your partner could also take PrEP while trying to conceive.”

# Additional sexual health discussions will likely be needed



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- **Sexually transmitted infections!** U=U prevents HIV only. ARVs DO NOT PREVENT any other STIs. For patients engaging in condomless sex with more than 1 partner or a new partner since last screened, it is essential to test for bacterial STIs at least once every 3-6 months.
- **Pregnancy!** ARVs DO NOT PREVENT pregnancy. Conception risk and planning are important for all cis- and transgender patients, as well as patients of all sexual identities. If at-risk for unwanted conception, contraception is needed.
- **Disclosure!** Disclosure of HIV+ status to sexual partner(s) is up to the patient; in some states non-disclosure may still carry risk of criminal penalties. U=U may make disclosure easier for some. However, other factors (i.e., domestic or dating violence) are in play.

# Summing up: U=U is a powerful paradigm shift



- Evidence for U=U as **the most effective means of preventing sexual HIV transmission** is well documented
- U=U is a powerful tool for erasing internalized and external stigma
- The U=U message can lead to increased HIV testing and increased adherence
- Use *clear* language. Definitive statements matter.
- People with HIV have a right to know about U=U.
- *Not sharing* U=U message carries risk of undermining relationships with patients
- **Help is available** from the AETCs if you need it.

- National Coordinating Resource Center – the resource center for the AETCs, <https://www.aidsetc.org>
- National Clinician Consultation Center, <https://nccc.ucsf.edu>
- Prevention Access Campaign, <https://www.preventionaccess.org/resources>
- Health Resources & Services Administration, <https://hab.hrsa.gov/sites/default/files/hab/Publications/careactionnewsletter/care-action-nl-tpvs.pdf>
- Centers for Disease Control and Prevention, <https://www.cdc.gov/hiv/risk/art/index.html>

# In their own words – People with HIV on fear



*"Like so many of us who live with HIV, I never imagined a time when I could love, have sex, or have babies without fear. **Fear has been present in the most intimate moments of my life. U=U takes away that fear; changing our social, sexual and reproductive lives. It changes the way we see ourselves, the way others see us, the way we are treated in clinical settings, the way policy decisions are made about us in employment, housing, education, and healthcare.**"*

# In their own words – People with HIV on information



*“All people with HIV have **a right to accurate information** about their social, sexual and reproductive health.”*

*“**Stigma is killing us.** HIV stigma is a public health emergency and U=U is an immediate & effective response.”*

*“**Tell the truth, or PLWH will tell it for you.**”*

# In their own words – People with HIV on ending the epidemic



*“It also means that people are more likely to get tested, to start and stay on treatment and be engaged in care for their health and the health of their partners.*

*Finally; and this is really important. We have always had the argument ‘we need treatment and care to save our lives’ but I learned quickly that not everyone in this field **cares** about our lives. They care about preventing HIV. They are moved by the argument ‘**we need treatment and care to save our lives AND prevent new transmissions**’ bringing us closer to ending the epidemic.”*

# In their own words – People with HIV



Prevention Access  
Campaign's  
*Undetectable =  
Untransmittable*  
August, 2016



# *Questions and Comments*