

U = U

Undetectable = Untransmittable

Individuals will not transmit HIV if their viral load is kept below 200 copies/mL for 6 months in a row.

NOTE: An undetectable viral load is typically under 20 copies/mL, depending on diagnostic tests. However, studies show a person living with HIV on antiretroviral therapy (ART) with a viral load of 200 copies/mL or less cannot sexually transmit HIV. This is called being "viral suppressed." For the purposes of the U=U campaign, the term "undetectable" is used when a person living with HIV has a viral load of 200 copies/mL, or less cannot transmit HIV.

For more information: www.preventionaccess.org

STIGMA REDUCTION THROUGH U=U CAMPAIGN

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INTRODUCTION

Undetectable equals Untransmittable, or U=U, is a revolutionary message backed by science that has provided hope to many persons living with HIV an opportunity to live healthier lives and prevent new infections. The CDC defines HIV stigma as "negative attitudes and beliefs about people living with HIV. It is the prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable." The plague of the HIV community has resulted in people not getting tested for HIV, not getting into care, dropping out of care, isolating themselves from society and sharing their HIV positive status with loved ones, who could serve as a support system. In New Orleans, the Office of Health Policy and AIDS Funding (OHP) embarked on a mission to support clients and providers in understanding and disseminating the U=U message. Ensuring that communities are properly educated is critical to ending the epidemic and reducing the stigma surrounding HIV. As a quality improvement initiative, OHP began to systematically address stigma, prevention of new infections and improving client health using U=U messaging by engaging community members and stakeholders to develop tools and provide trainings to frontline community partners such as providers, case managers, and counselors.

METHODS and ACTIVITIES

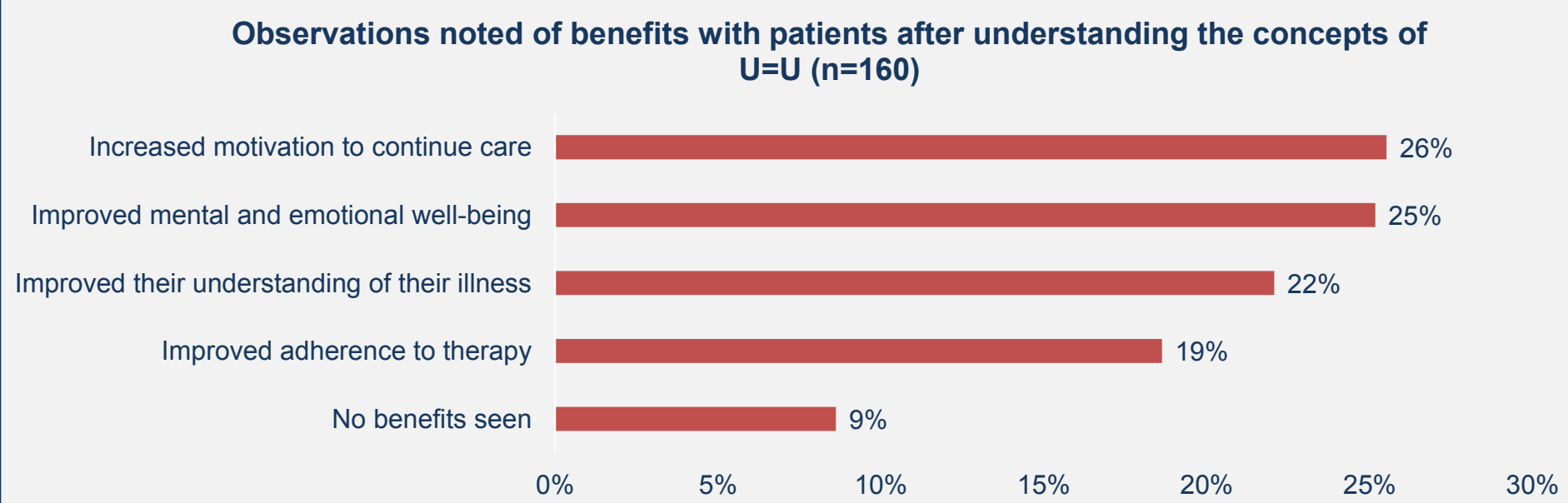
The Quality Improvement Committee completed a Pre-Test to establish baseline data to assess the knowledge, attitude, and practices relative to U=U with providers in 2018 and clients in 2019. To prevent confusion, the data collection periods for providers and clients were completed at different timeframes, both for one month. For providers, the survey was focused on knowledge and practices of disseminating U=U information to clients. For clients, the survey was focused on knowledge and perception about U=U, impact and where they heard the message. Follow up surveys were collected a year later. For follow up client surveys, COVID-19 occurred during the beginning of the data collection period, which resulted in low responses and required extending the data collection period. Surveys were available in hard copy and results were entered in SurveyMonkey by representatives at each agency.

Intervention and Actions:

- Increased awareness: Different levels of government were involved in promoting U=U from the local Health Department and the Mayor of New Orleans, to statewide promotion by the Louisiana Department of Health STD/HCV Program to the Secretary of Health. A joint press release to promote U=U was published with the New Orleans EMA, Baton Rouge TGA and the Louisiana Secretary of Health. U=U messages were promoted on the City's social media sites.
- Increased education about U=U: Baseline data demonstrated a need to increase knowledge of U=U to frontline staff and clients. OHP collaborated with stakeholders in NOEMA to develop U=U educational tools and implement trainings to frontline staff such as case managers, counselors and medical providers.
 - A U=U info sheet was developed to increase provider knowledge about U=U. Members of the Fast Track Cities Committee were solicited to provide feedback. Tools targeting providers had more data and statistics
 - OHP created a U=U scratch pad and poster in English and Spanish for case managers and medical providers.
 - OHP collaborated with Delta AETC to provide trainings.

Providers indicated 78% of clients reacted with joy/relief, and overall better outlook on life. Providers descriptions of clients reactions and responses when discussing U=U:

"Surprised and oh so relieved."
 "Patients that have not heard of it are excited and it gives them a sense of reassurance that what they are doing in taking their meds is beneficial."
 "Most patients are surprised and relieved to learn about U=U. Many wish that more people knew this information."
 "Determined to get to undetectable and not passing the virus."

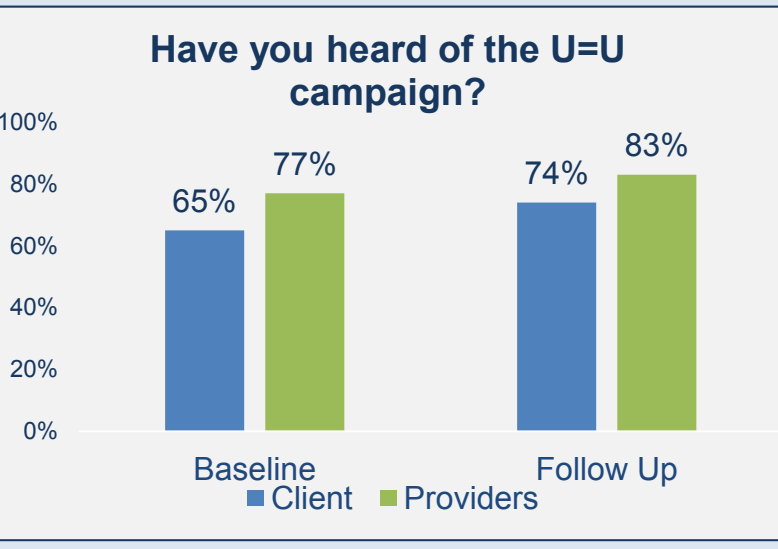
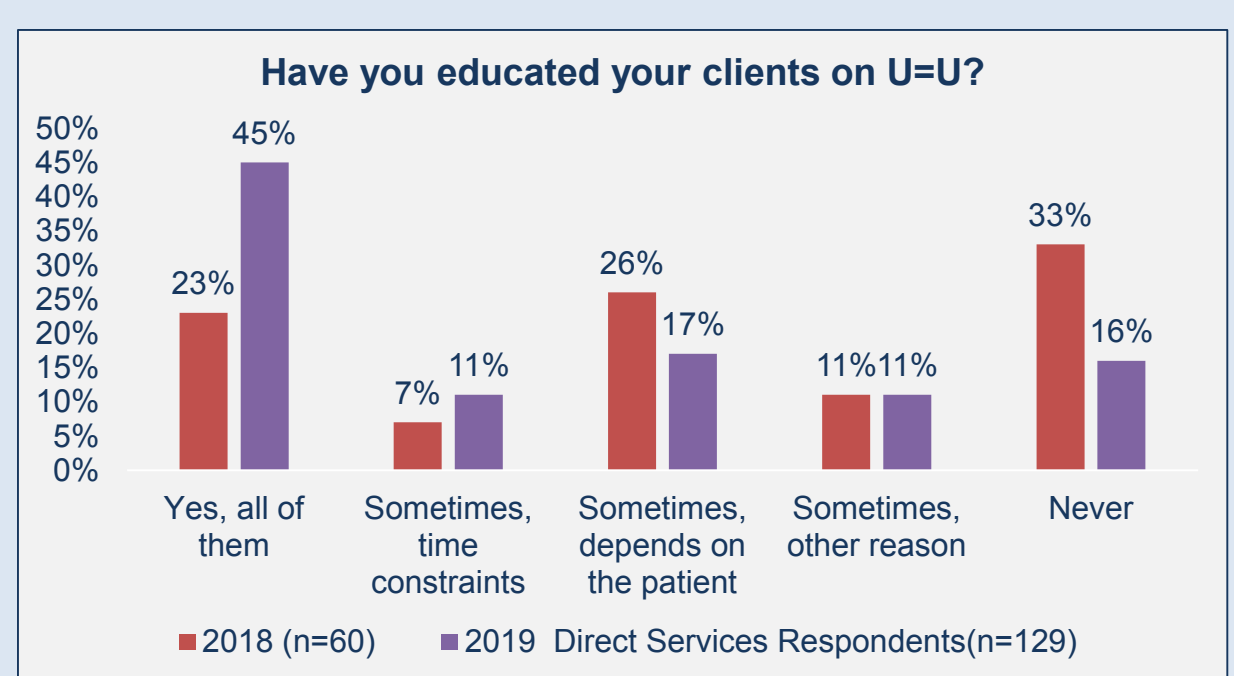
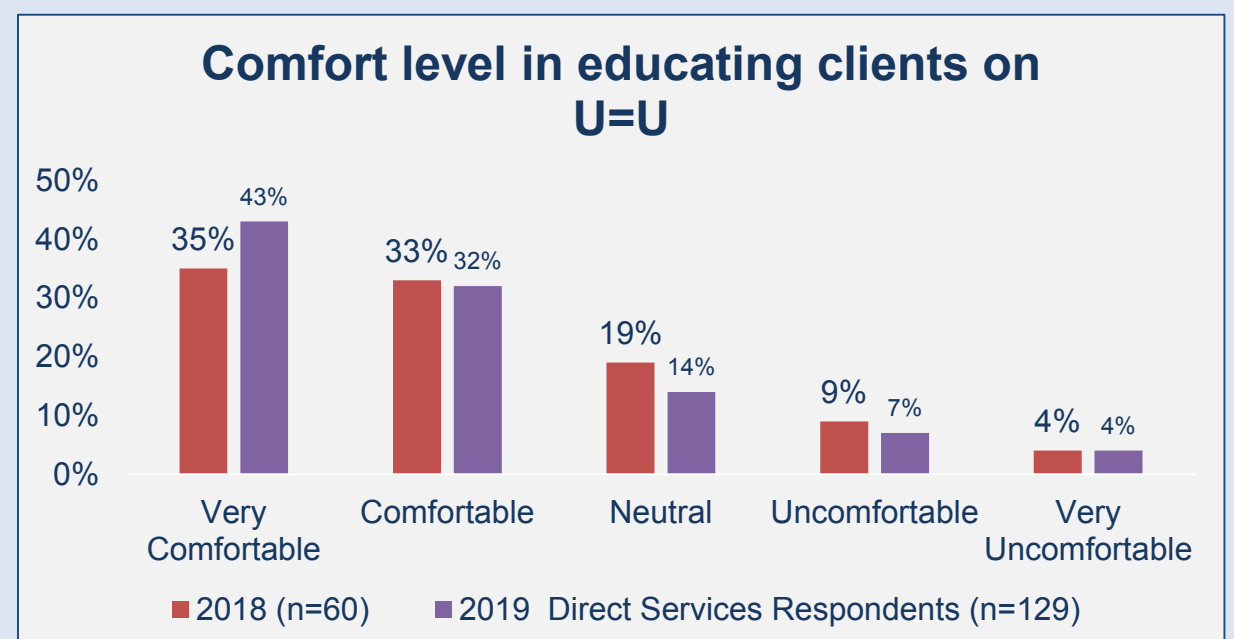
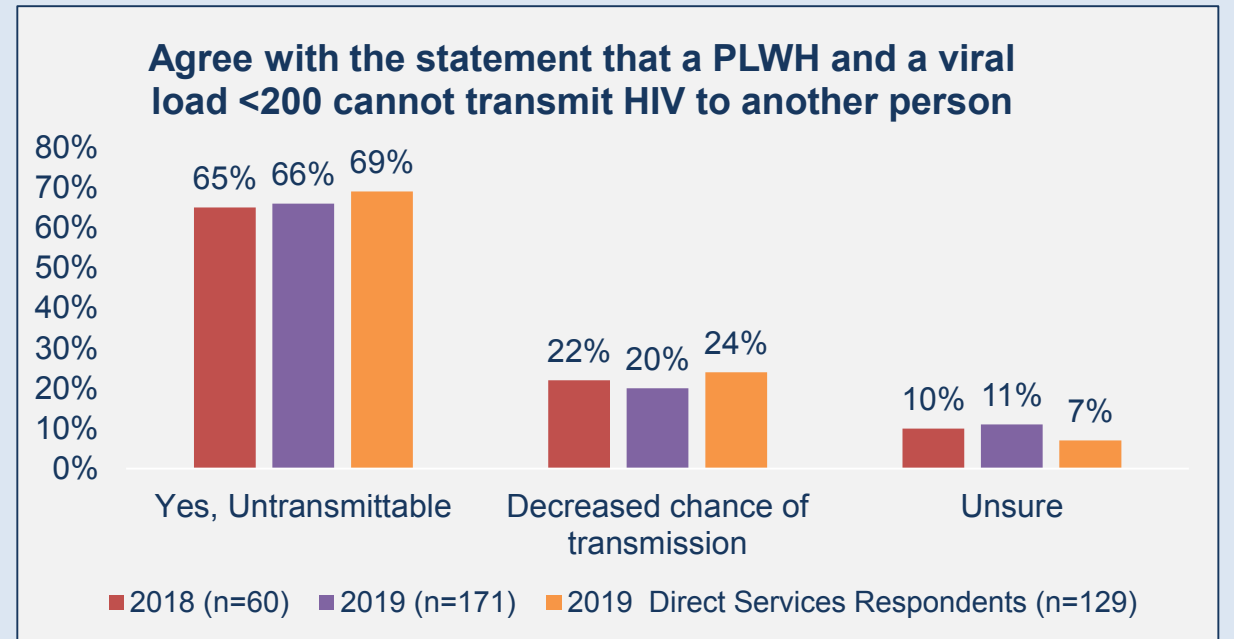


RESULTS

The pre and post surveys provided insight into provider and client perspective on U=U. For providers, many were concerned with the risk of other STIs, Intentional Exposure Law, educating youth to prevent STIs and teen pregnancies, on-going training of providers and discussions clients to remain adherent to medications. For clients, many shared some of the same concerns regarding increased risk of other STIs and Intentional Exposure Law. However, there were more responses of hope, self-worth, relief, reduction of internal stigma while there was also confusion because some received messages that U=U is not true. An additional challenge is the criminalization of people living HIV because of Louisiana State Law. Under Revised Statute (LA R.S.) 14.43.5 "Intentional exposure to HIV," which subjects an individual who knowingly exposes another to HIV with arrest and conviction. The statute requires disclosure of one's HIV positive status to any sexual partner despite the ramifications of disclosing their status to existing partners. The evidence in support of Undetectable=Untransmittable presents a rare opportunity to reduce internalized stigma for PLWH. U=U is transformative for PLWH who have reported that they now have hope to live healthier and meaningful lives. Baseline and follow up results for both providers/frontline staff and clients are shown below.

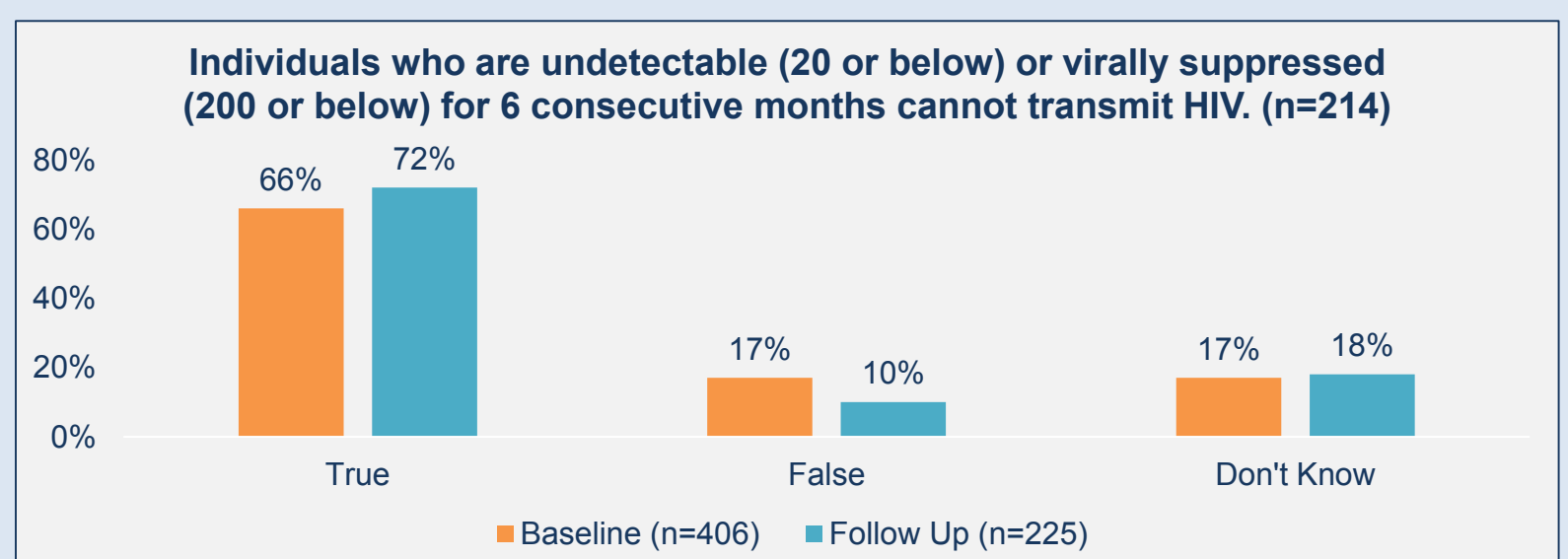
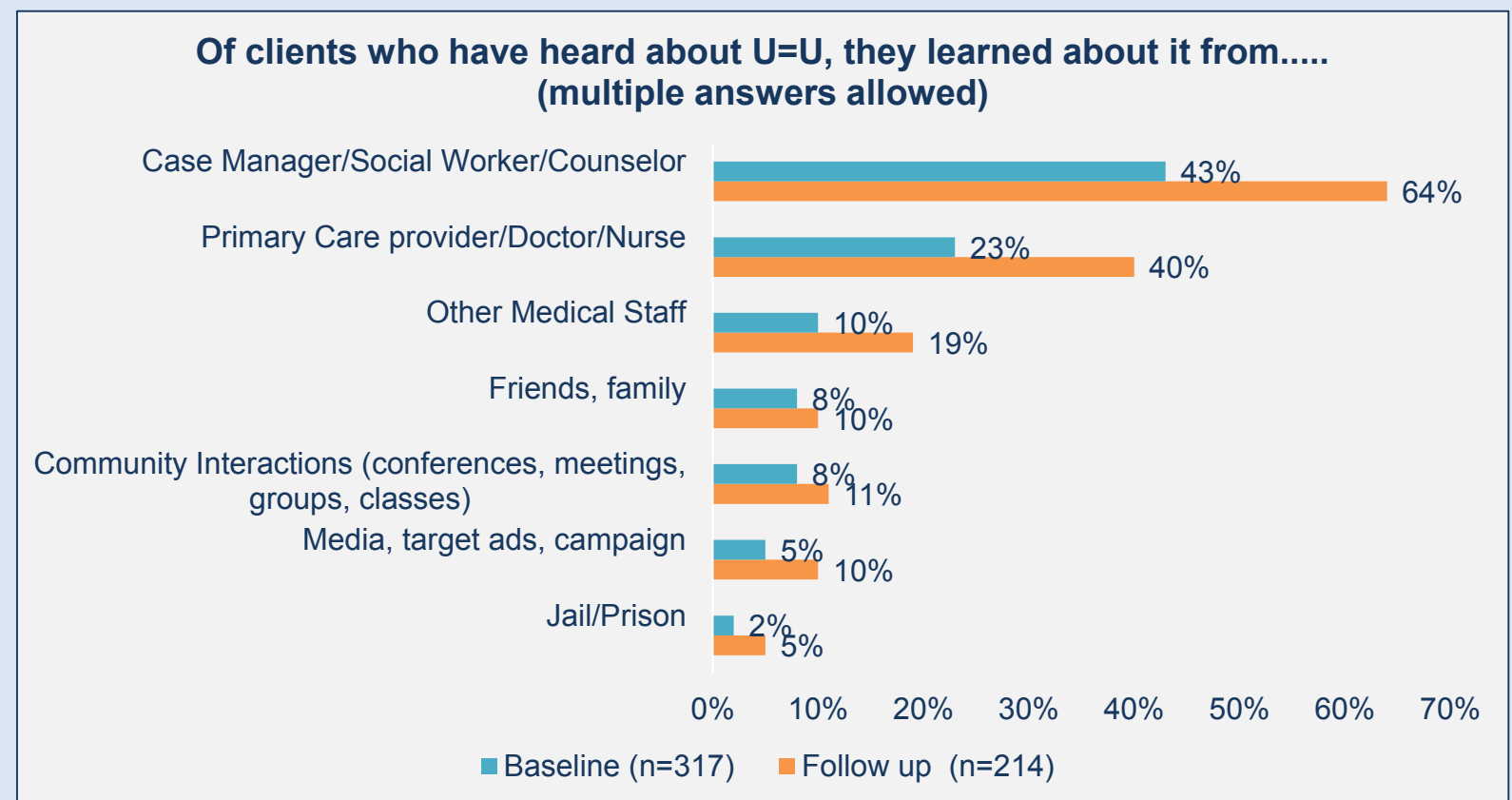
PROVIDER/FRONTLINE STAFF RESULTS

A significant number of staff who did not work directly with clients completed the follow up survey, compared to pre-test surveys, therefore some results distinguished responses for respondents that provided direct services to ensure consistent comparison between baseline and follow up survey.



CLIENT RESULTS

According to the Stigma Index completed by PLWH in the New Orleans EMA, many PLWH internalize stigma and blame themselves for having HIV (53%). Stigma also resulted in depression (67%), anxiety (59%), skipped doses of medication (23%), and increased drug or alcohol intake (22%) which ultimately can lead to poor health outcomes. U=U messages have been shown to help address the stigma, increase adherence to medications and give clients a more positive outlook on life.



Follow up survey results vary by race/ethnicity where 79% White clients responded "True" compared to 69% Black clients and 90% Hispanic/Latino/a clients.

LESSONS LEARNED

Increased provider knowledge of U=U does not translate to increased education in clients. While results showed an increase in provider knowledge about U=U, there was a gap in the delivery of U=U education from providers in sharing that education with clients. Additional efforts are needed to explore reasons for provider apprehension in educating about U=U. In some instances where physicians and providers do not believe in the science, they have sent conflicting messages to clients resulting in confusion and mistrust. The recommendation is for agencies to identify U=U champions at their agencies and conduct one-on-one trainings or discussions with staff who remain in disagreement.

Locally, the lab value of <20 copies/mL has been associated with the word "undetectable" and <200 copies/mL is known as "viral suppression". For many years clients have been taught that the goal is to be "undetectable" (<20 copies/mL). However, the U=U campaign defines "undetectable" as <200 copies/mL. "Undetectable" is simply easier to say and remember than "viral suppression". This has caused some confusion in clients who gets disappointed when their lab results are above 20 but less than 200 copies/mL. Therefore, additional efforts are needed to clarify to providers, case managers, frontline staff, and clients that "undetectable" in U=U means <200 copies/mL and that HIV is not transmittable at that level.

While the development of the tool went through extensive review and changes were made based on feedback from clients and frontline staff to ensure understandability, clients with varying educational levels still find the tool hard to understand. Frontline staff can help clients comprehend complex health information by assessing each client's preferred method of learning and providing educational materials accordingly. Future interventions could include the development and dissemination of video educational materials to clients where the concepts of U=U could be simplified to infographics.

CHALLENGES/LIMITATIONS

- The effort to educate clients and providers about U=U is ongoing. However, some challenges have been noted that have impeded achieving intended goals.
- COVID-19 has presented several challenges in collecting data, dissemination of information, and educating clients on U=U. It has prevented many clients from going to agencies due to stay at home orders and fear of catching the disease has resulted in the delayed collection of a comparable sample size to the baseline survey. The added digital divide has created barriers in reaching clients who may benefit from the message the most or could complete the survey.
 - Providers who do not believe in U=U are not educating clients or sending mixed messages which is causing mistrust, doubt, and misunderstandings.
 - While an overwhelming number of clients indicate they believe and value the U=U message, some clients do not believe the message and fear that it is a conspiracy from the government to hurt them. "Angry because black people been used to test things to get people rich. I will not be used as a test subject".
 - A minimal number of clients misunderstood the message and thought U=U was a cure for HIV and some stopped taking their medications.

CONCLUSION

The evidence in support of Undetectable=Untransmittable presents a rare opportunity to reduce internalized stigma for PLWH. U=U is transformative for many PLWH but the message is at risk of being misunderstood, distorted, or not being passed on. Baseline and follow up results for both providers/frontline staff and clients show clients educated on U=U are motivated to be adherent to medications, live healthy normal lives, which will contribute to ending the HIV epidemic.

90% of clients indicated the following regarding U=U and how it impacted their lives: more comfortable about their HIV status, hopeful, happy, in control of their health, safe, gratitude for more knowledge, reduced fear of passing on the virus to someone else, motivated to become adherent to their medications, reduction in stigma. A few indicated no change and did not trust the message or the healthcare system.

"I feel a lot more comfortable in releasing my HIV status and sharing the U=U information with others in the community"
 "It's good to know that if I take my medication I won't be able to pass the virus on to others. This makes me more motivated to stay on my meds."
 "Made it much better, takes away some of the stigma"