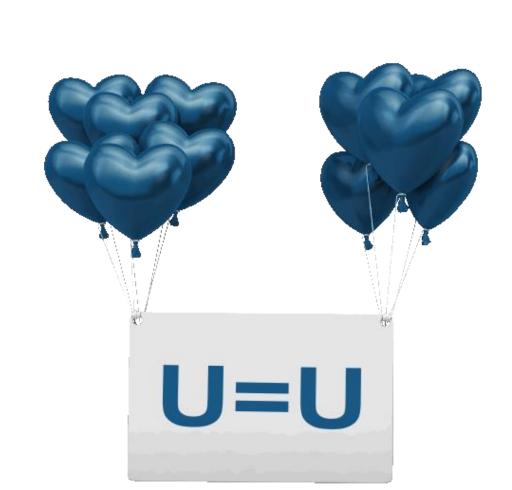
# LEVERAGING THE UNDETECTABLE = UNTRANSMITTABLE CAMPAIGN: ADVOCATING FOR IMPROVING ACCESS AND ENGAGEMENT IN CARE



# **Undetectable = Untransmittable**

People living with HIV who are on treatment and have an undetectable viral load cannot transmit HIV to sexual partners.



Summary of Recent Evidence for Undetectable=Untransmittable (U=U)

				Number of New HIV Infections		
Study	Enrolled Sample	Study Design	Number of Condomless Sex Acts	Total	Phylogenetically Linked	Phylogenetically Linked When HIV+
HPTN 052 Cohen et al., 2016	1,763 serodifferent couples • 98% male-female couples	2-arm trial with HIV+ partner randomized to early or delayed ART	-	78 • 19 in early- ART group • 59 in delayed- ART group	46 • 3 in early- ART group • 43 in delayed- ART group	0
PARTNER1 Rodger et al., 2016	1,166 serodifferent couples  • 888 in analytic subset  • 62% male-female couples	Observational study	55,193 • 34,214 among male-female couples • 20,979 among male-male couples	11	0	0
Opposites Attract Bavinton et al., 2018	358 serodifferent male-male couples	Observational study	12,447 • counted when HIV+ partner virally suppressed and HIV-partner not on PrEP	3	0	0
PARTNER2 Rodger et al., 2019	972 serodifferent male-male couples • 783 in analytic subset	Observational study	76,991	15	0	0

Sex without condoms > 144,000 times

# Why is U=U a Game Changer?



Transforms social, sexual, & reproductive lives of PLWH and frees them from the shame and fear of transmitting HIV



Dismantles HIV stigma



Reduces anxiety associated with HIV testing and adds an incentive to start and stay on treatment and in care to stay healthy



Provides a strong public health argument for increasing access and removing barriers to treatment and care (The Third U = Universal)

# Rules to Enjoy U=U

#### The basics:

# TreatmentLabsConnection

#### < 200 copies/ml

Synonymous with viral suppression

#### U=U is about sex

Not breastfeeding or needle sharing

#### **U=U only prevents HIV**

Not other STIs

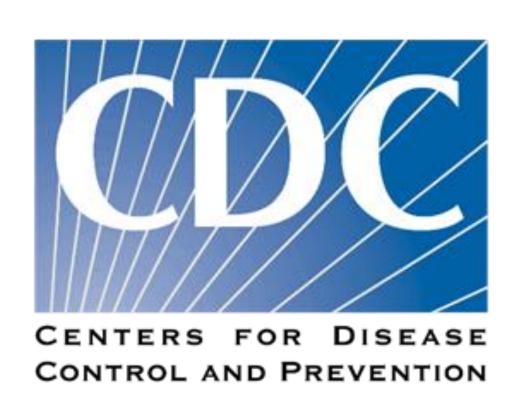
#### HIV disclosure laws

U=U might not be an exemption

#### V≠V

Viral load does not equal Value

# CDC & DHHS Support of U=U



- → "Effectively no risk" of sexual transmission when on treatment and undetectable
- → U=U: 100% effective for preventing sexual transmission
- → Dear Colleague Letter (Aug. 2019) Authorizes flexibility in messaging, including PAC's communications and U=U



# DHHS TREATMENT GUIDELINES (December 2019 Update)

All persons with HIV should be informed that maintaining a plasma HIV RNA (viral load) of <200 copies/mL, including any measurable value below this threshold value, with antiretroviral therapy (ART) prevents sexual transmission of HIV to their partners.

Patients may recognize this concept as Undetectable = Untransmittable or U=U.

#### How to Communicate U=U



#### Be Clear About U = U

The way the risk is described has significant impact for individuals living with HIV and on HIV stigma. All HIV information providers need to adopt a consistency of message around U=U.

The language we use makes a difference:

Don't say:

Negligible
Extremely unlikely
Virtually impossible
Close to zero
Helps prevent

Do say:

Can't pass it on
Can't transmit
No risk
Zero risk
Prevents HIV

#### Be Confident About U = U

Overly cautious attitudes have profound impacts. Actively challenge misconceptions and doubts.



Don't say: I believe in U=U but use a condom and/or PrEP just in case.

Do say: Condoms or PrEP aren't clinically necessary to prevent HIV with U=U.

You might want to use a condom and/or PrEP:

- to prevent other STDs or pregnancy
- if the partner w/HIV is **struggling with adherence**
- if you have condomless sex with other partners of unknown HIV status
- for an added emotional feeling of security and agency

Don't say: You're only as good as your last viral load test.

Do say: If you're taking you medication as prescribed and having a regular viral load test you don't need to worry.

Don't say: You never know...

Do say: We do know.

#### How to Communicate U=U



#### Be Consistent About U = U

People need to see, hear and practice saying U=U repeatedly to accept and believe it.

- Integrate into patient information, guidelines, clinical rooms, outreach activities, and communications
- Have a conversation about U=U with those living with or vulnerable to HIV at every opportunity
- Use social and traditional media repeatedly to convey the message

# Be Conscious About All Aspects of U=U

#### Viral load does not equal Value

- Not everyone is able to achieve and maintain an undetectable viral load.
- Recognize and work to remove the structural, social and emotional barriers that
  make it difficult for people to start or stay on treatment especially for
  marginalized communities.
- All people with HIV have options for safer sex (e.g. condoms and PrEP)
- Acknowledge that treatment is a personal decision and support those on treatment to achieve maximal adherence
- Use the public health argument of U = U to increase access and remove to universal access

# U=U and Ending the HIV Epidemic

#### **Recommendations for Action**

- 1. Integrate U=U messages/language into EHE plans.
- Include U=U/treatment messages in HIV testing outreach and in PrEP, PEP & condom campaigns emphasizing the HIV prevention toolbox.
- 3. Conduct HIV provider and case manager trainings on U=U.
- 4. Include requirements in RFPs/service standards to incorporate U=U into outreach, marketing & agency programs.
- 5. Begin a U=U Ambassadors' program (PAC offers TA and/or Train the Trainer services).
- 6. Hire a U=U Coordinator to manage U=U and other treatment activities. Alternatively, assign U=U prominently to a current position.
- 7. Hire people with HIV as treatment navigators and include U=U in their job descriptions.
- 8. Begin a U=U Coalition/Community Advisory Board and invite broad participation.
- 9. Conduct forums on U=U for community members & organizations, policymakers & other stakeholders.
- 10. Incorporate U=U messages into rapid start programs to encourage immediate start of treatment.
- 11. Issue Dear Colleague or comparable letter to providers about the importance of U=U (e.g., <u>CDC</u>, <u>New York State Department of Health</u>).
- 12. Display U=U posters and materials in waiting rooms/agencies.
- 13. Create social marketing campaigns, including outdoor advertising, and hire local people with HIV as "models".
- 14. Publish U=U e-newsletters.
- 15. Include U=U prominently in promotions for AIDS walks, LGBTQ pride events & other agency/community events.
- 16. Create a U=U website landing page with prominently displayed U=U information.
- 17. Engage niche & mainstream media outlets to promote the science as well as personal stories.
- 18. Create videos of people with HIV telling their stories about the importance of undetectable.
- 19. Engage diverse people with HIV representatives in ALL aspects of decision making, campaigns & events.
- 20. Include U=U messages and education consistently in agency newsletters, fundraising appeals, etc.

CDC has endorsed the <u>use of the U=U message and materials</u> from PAC and HRSA has also emphasized the <u>critical importance of Treatment as Prevention (TasP)</u>.

More resources: https://www.preventionaccess.org/uuehe

## **U=U Public Health Argument**

# Improving access and removing barriers to treatment, care & services:

- 1. Improves the well-being of people living with HIV (more than 400,000 people in the U.S. not virally suppressed)
  - 2. Reduces new HIV transmissions

# Advocacy – The 3rd U: Universal

Increasing access and removing barriers to treatment, care & services:

Improves well-being of people w/HIV

"Personal health"

End the Epidemic

Eliminates new HIV transmissions

"Public health"

# JOIN THE REVOLUTION

It's time to redefine what it means to live with HIV!

- 1. Incorporate U=U into Ending the HIV Epidemic (EHE) plans and activities (see previous list of possible actions)
- 2. Train all staff in U=U basic science and communications and provide learning opportunities to diverse audiences
- 3. Communicate clearly, confidently, consistently, and consciously
- 4. Speak out if you see incompetence or inaction and support positive efforts
- 5. Advocate with the U=U public health argument to increase access and remove barriers to treatment and care
- Connect to the movement: join as a Community Partner & take part in social media <u>#UequalsU</u>

# Prevention Access Campaign



## The organization behind the U=U movement

## Launched in 2016 with 2 advocacy goals:

- Build a science-based consensus to confirm U=U
- Disseminate the U=U science through U.S. and international partnerships

#### Have since added a 3<sup>rd</sup> goal:

 Leverage U=U science to increase access and remove barriers to treatment, improve the lives of PLWH and get us closer to ending the epidemic

## 501(c)3 Organization based in Brooklyn, NY

- Founded by Bruce Richman
- Six staff and a Board of Directors

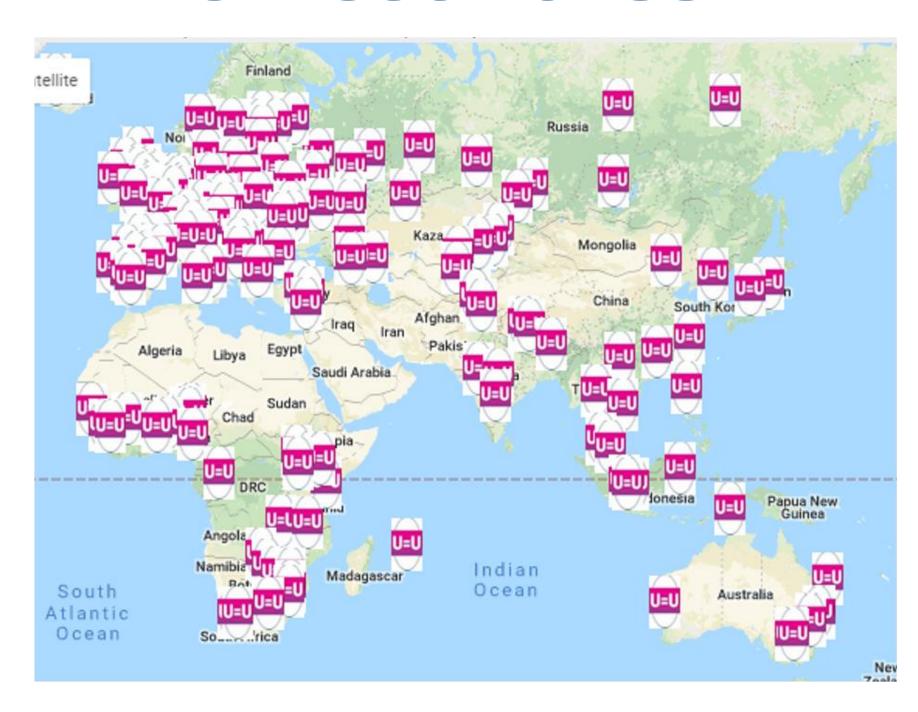
## **U=U Campaign**

Argentina · Armenia · Australia · Austria · Azerbaijan Bahamas · Bangladesh · Belarus · Belgium · Bermuda Brazil · Bulgaria · Cambodia · Cameroon · Canada · Chile China · Colombia · Côte d'Ivoire · Croatia · Cyprus Czech Republic · Denmark

Democratic Republic of the Congo · Egypt · El Salvador England · Estonia · Finland · France · Georgia · Germany Ghana · Greece · Guatemala · Guinée · Guyana · Haiti Hong Kong · Hungary · Iceland · India · Indonesia · Ireland Israel · Italy · Japan · Kazakhstan · Kenya · Kosovo Kyrgyzstan · Latvia · Lebanon · Liberia · Macedonia Malawi · Malaysia · Mauritius · Mexico · Moldova · Monaco Montenegro · Namibia · Nepal · The Netherlands New Zealand Nigeria · Northern Ireland · Norway Pakistan · Panama · Peru · The Philippines · Poland Portugal · Romania · Russia · Scotland · Serbia · Singapore Slovenia · South Africa · South Korea · Spain · Swaziland Sweden · Switzerland · Taiwan · Tajikistan · Tanzania

Thailand · Trinidad & Tobago · Tunisia · Turkey · Uganda Ukraine · United States of America · Uzbekistan Venezuela · Vietnam · Zambia · Zimbabwe

# 1,000 partners in 102 countries



# U=U public health jurisdictions

#### **U.S. State Health Departments**

- 1. Arizona
- 2. California
- 3. Connecticut
- 4. Florida
- 5. Hawaii
- 6. Illinois 7. Indiana
- 8. Iowa
- 9. Louisiana
- 10.Michigan 11. Minnesota
- 12.Nevada
- 13. New Jersey
- 14. New Mexico
- 15. New York 16. North Carolina
- 17.Oregon 18. Pennsylvania
- 19. Rhode Island
- 20. Tennessee
- 21. Washington

Prevention Access Campaign – As of June 26, 2020 www.preventionaccess.org/community

#### **Municipalities**

- Adams County Public Health Department (IL)
- Alameda County Public Health Department (CA)
- Baltimore City Health Department (MD)
- Baton Rouge (LA)
- Champaign-Urbana Public Health District (IL)
- Chicago Department of Public Health (IL)
- Cleveland Department of Public Health (OH)
- Columbus Public Health (OH)
- Cuyahoga County Board of Health (OH)
- 10. District of Columbia Dept. of Health (Washington, DC)
- 11. Denver Public Health (CO)
- 12. Detroit Health Department (MI)
- 13. Florida Department of Health Hillsborough (FL)
- 14. Florida Department of Health Okaloosa County (FL)
- 15. Genesee County Health Department (MI)
- 16. Hennepin County Public Health (MN)
- 17. Houston Health Department (TX) 18. Jefferson County Department of Health (AL)
- 19. Kent County Health Department (MI)
- 20. Kitsap Public Health District (WA)
- 21. LMAS District Health Department (MI)

- 22. Long Beach HHS (CA)
- 23. Los Angeles County Dept. of Public Health (CA)
- 24. Minneapolis Health Department (MN)
- 25. Nashville Metro Public Health Dept. (TN)
- 26. New Orleans (LA)
- 27. NYC Department of Health (NY)
- 28. San Diego County (CA)
- 29. Francisco Dept. of Public Health (CA)
- 30. Scott County Health Department (IN)
- 31. Whatcom County Health Dept. (WA)

#### International

- 1. Canada
- 2. Monaco
- 3. Vietnam
- 4. State of Victoria, Australia 5. City of Athens, Greece
- 6. City of London Fast Track Cities Initiative
- 7. City of Paris, France
- 8. City of Toronto, Canada

#### Who to Contact at PAC about U=U

#### **Prevention Access Campaign**

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