NATIONAL PARAMETER STREAMENT



The Prevention Benefit of Treatment: The Science

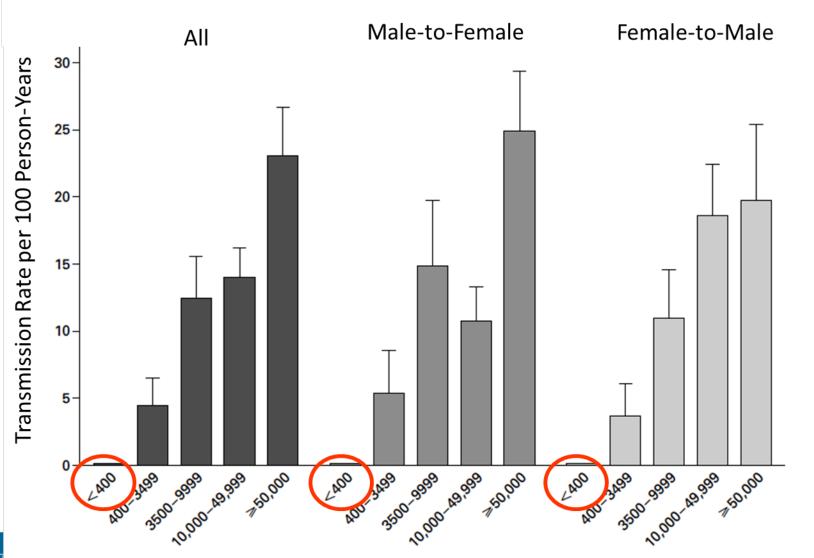
John T. Brooks, MD

Senior Medical Advisor, CDC Division of HIV/AIDS Prevention



Dr. Brooks has no relevant financial affiliations to disclose

Sexual Transmission Reduced with Lower Blood Viral Load

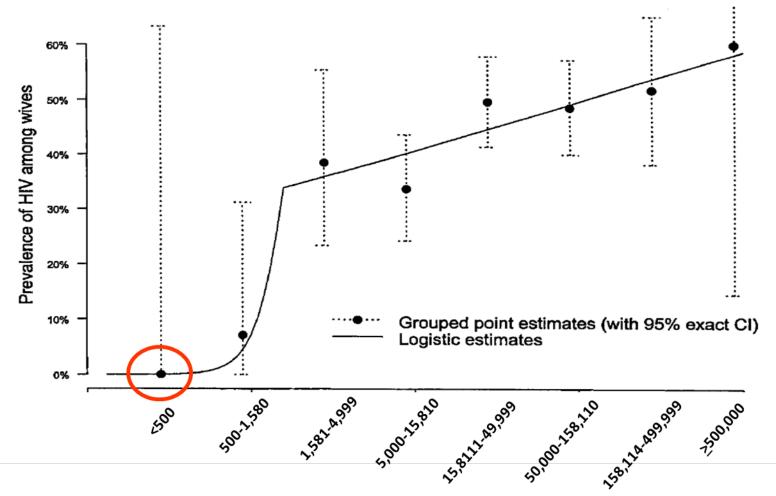


- Pre-ART Era
- Rakai Cohort, Uganda
- Untreated adults
- 415 couples
- No sexual transmission when blood plasma HIV RNA < 1,500 copies/mL
- Strong dose-response relationship

HIV-1 RNA (copies/ml)

Quinn et al., N Engl J Med, 2000; 342: 921-929.

Sexual Transmission Reduced with Lower Blood Viral Load

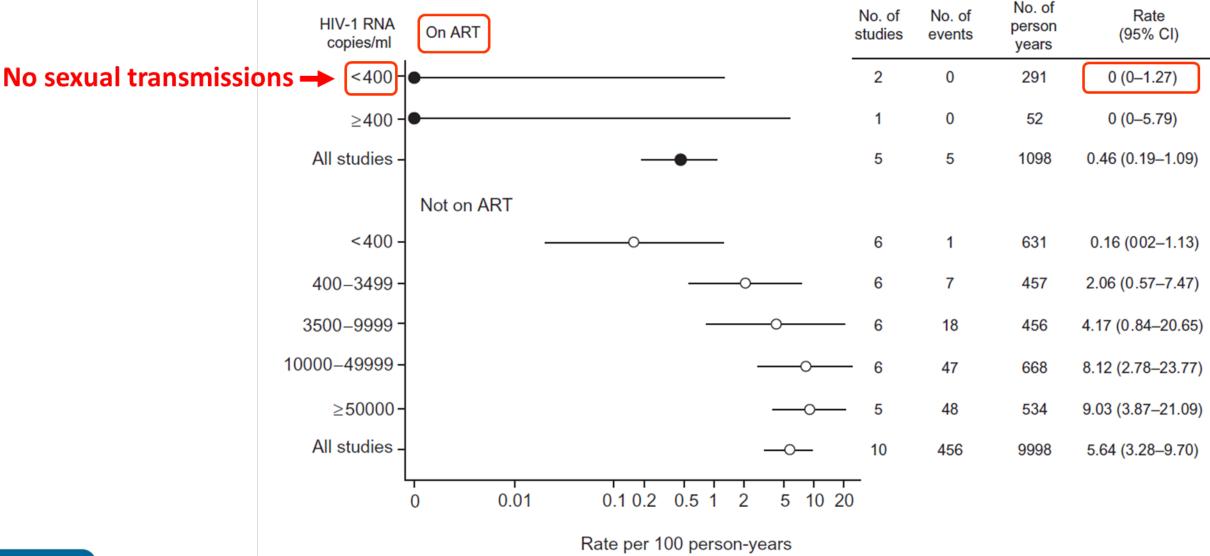


Husband's viral load (RNA copies/mL)

- Pre-ART Era
- Northern Thailand
- Untreated adults
- 493 couples
- No sexual transmission when blood plasma HIV RNA < 1,094 copies/mL
- Strong dose-response relationship



Sexual Transmission Reduced with Lower Blood Viral Load





January 2008: The Swiss Statement

HIV-positive individuals not suffering from any other STD and adhering to an effective antiretroviral treatment do not transmit HIV sexually

This statement is valid provided that the HIV-positive person:

Complies fully with ART and is monitored

→ ADHERENT

Has blood viremia suppressed at least 6 months _____

ACHIEVES/MAINTAINS SUPPRESSION

Have no other sexually transmitted diseases



NO STDs

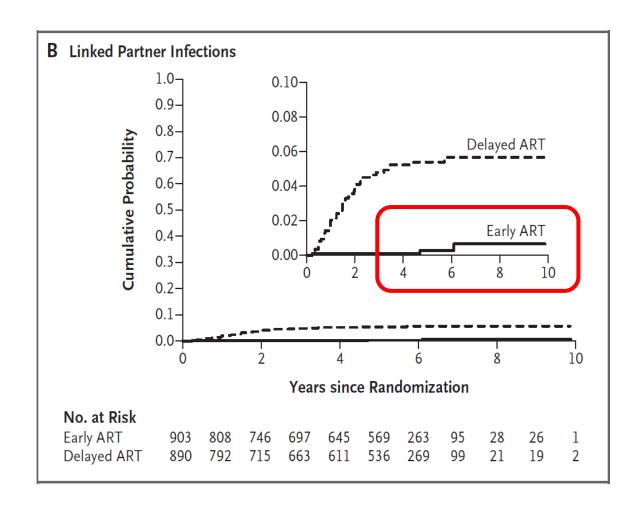


How Often Does Sexual Transmission Occur When HIV is Suppressed in Blood?*

* How well has the Swiss Statement held up when formally tested?

HPTN 052: Randomized Controlled Trial of Early vs. Delayed ART

- 1,763 infected HIV-infected persons with uninfected sex partners couples started ART
- Compared "early" vs. "late" ART starters
- Followed 10,381 person-years (began 2005)
- No infections observed when index partner was stably suppressed with ART





HPTN 052: Randomized Controlled Trial of Early vs. Delayed ART

Case	Age at ART Initiation		Index Viral Suppression 6 Mo after ART Initiation†	No. of Days before or after ART Initiation;				No. of Days between Last Measure of Index Viral Load and Estimated Infection Date	Last Index Viral Load before Estimated Infection Date	
	Index Participant	Partner		ART Failure	Partner's Last Negative HIV-1 Test	Partner's First Positive HIV-1 Test	Estimated Infection Date (95% CI)¶			<u>Not</u>
	yı								copies/ml	<u>Suppressed</u>
Α	43	52	Yes	NA	-35	35	-5 (-18 to 10)	34	278,398	7
В	24	24	Yes	NA	-1	84	0 (-32 to 19)	1	87,202	< 6 months
C	50	54	Yes	NA	0	59	5 (-4 to 22)	5	48,316	ART
D	34	34	No	261	-42	49	4	4	>750,000	J
E	25	29	No	208	1019	1106	1062	43	65,128	٦
F	30	22	Yes	441	1617	1716	1667	50	617	Virologic
G	46	26	No	362	2095	2228	2162	67	43,486	failure
Н	28	19	No	891	860	1419	1140	ND	ND∥	J



The PARTNER Study

- 1,166 couples followed for 1,238 couples-years of observation
 - 62% heterosexual, 38% gay, bisexual or other men who have sex with men (MSM)
 - 14 European countries
 - Prospective observational cohort
 - No condoms or antiretroviral use (pre- or post-prophylaxis)
- Couples reported ~58,000 episodes of condomless sex
 - ~36,000 heterosexuals vs. ~22,000 MSM
 - Median 37 condomless sex acts each year (IQR 15-71 times/years)
- Outcome: number of HIV infections in uninfected partners



The PARTNER Study

- 11 HIV infections occurred but none were phylogenetically linked
 - 1 heterosexual vs. 10 MSM

	HIV-Negative Members of Eligible	a	0 infections per couple-year (95% Cl 0.0 – 0.3)	
	Couples Reporting Specific Sex Act, No./Total (%)	Couple-Yea of Follow-u	•	Upper 95% Confidence Limit
All				
Any sex	863/866 (99.7)	1238		0.30
Vaginal sex	532/878 (60.6)	629		0.59
Anal sex	449/849 (52.9)	522	•	0.71
Insertive anal sex	363/862 (42.1)	417	•	0.88
Receptive anal sex with ejaculation	185/864 (21.4)	166	• · · · · · · · · · · · · · · · · · · ·	2.23
			0 2 4 6 8 10 12	
			Rate of Within-Couple Transmission, per Couple-Year of Follow-up	



Effective Treatment Prevents Sexual HIV Transmission

THREE LARGE SCALE CLINICAL TRIALS

- HPTN 052
- PARTNER 1 & 2
- OPPOSITES ATTRACT

3,777 mixed HIV-status couples

- 2,311 heterosexual
- 1,466 MSM

Approximately 125,000 condomless episodes vaginal/anal sex with NO TRANSMISSION of HIV

Persons who achieve and maintain a suppressed viral load have effectively no risk of transmitting HIV infection



Things to Know About These Landmark Prevention Studies

- Effective treatment is the most potent way to prevent new HIV infections
- Rigorous but differing trial designs came to same conclusion
- Results align with early non-randomized observations
- Volunteers were motivated enough to enroll and remain in study
 - "Best" possible case with good retention
- All received regular counseling on preventing HIV and STD transmission
 - Real-world operational challenges not addressed



John T. Brooks: zud4@cdc.gov

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Challenges to Implementation of TasP and Messaging Research and Communications on TasP

2018 National Ryan White Conference December 13, 2018

David W. Purcell, JD, PhD

Deputy Director, Behavioral and Social Science Division of HIV/AIDS Prevention Centers for Disease Control and Prevention; Atlanta, GA

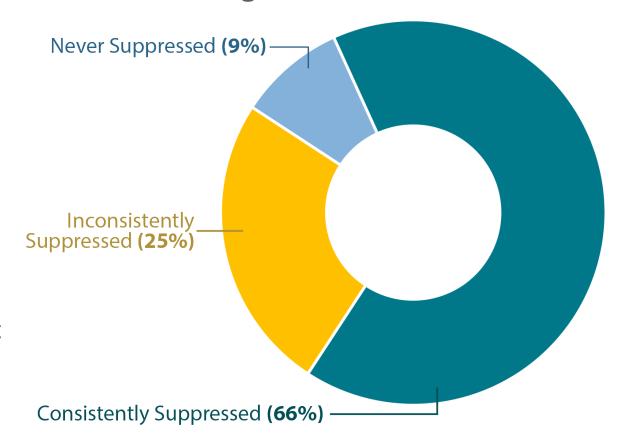
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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Treatment as Prevention in Practice in the U.S.

- Viral suppression is KEY for health and prevention
- Among people with diagnosed HIV
 - 60% were virally suppressed (CDC, 2018)
- Among PWH in HIV clinical care
 - over 80% were virally suppressed at last test (CDC, 2018; CDC, 2016; Marks, 2016)





HHS TasP Work Group (2016-18)

- Led by HHS-OHAIDP; Members → NIH, HRSA, CDC, SAMHSA
- Reviewed science and current implementation in the U.S.
- Qualitative message testing with consumers and providers
- Interim message approved in Sept 2017, confirmed in summer 2018

People living with HIV who take HIV medications daily as prescribed and get and keep an undetectable viral load have <u>effectively no</u> risk of sexually transmitting the virus to an HIV-negative partner

Does U=U Apply if Someone is Detectable but Virally Suppressed?

- With more sensitive viral load tests, people may be suppressed but detectable; they may have been undetectable previously
 - If a test is sensitive to <20 copies;
 - Then 20 to 200 copies = detectable but generally considered suppressed
- Research on TasP used viral suppression = <200 copies/ml blood (or <400 in HPTN 052)
- So YES! → TasP or U=U applies if someone is suppressed per US treatment guideline (<200 copies) but detectable
- Goal still for lowest viral load possible, but \rightarrow **VS/U = U**

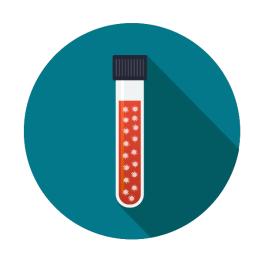
Communications Considerations for TasP

- Mechanics
 - Time to viral suppression
 - Confirming viral suppression
 - Adherence to daily treatment
 - Stopping HIV medication
 - Protection against other STIs
- Use of other prevention methods
- Lack of knowledge or awareness about the benefits of TasP



Mechanics - 1

 Most people <u>achieve</u> viral suppression very quickly; most within 6 months of starting ART



- Regular testing to confirm that viral suppression is <u>maintained</u>
 - Past viral suppression does not guarantee current suppression; likelihood of treatment failure decreases over time with adherence
 - No Guidelines on whether viral load testing should be more frequent than treatment recommendations if relying on TasP for prevention
 - Not all people accurately know or report their viral load status → Data finds some disagreement between self-reports of viral load status and lab measures (Mustanski et al., 2018)

Variations in Viral Load Reporting; YMSM/TG

Source	% UVL
Last Medical Visit	69.4%
Self Report	58.4%
Study Visit	55.4%

Relationship between VL test and self report	Last Medical Visit	Study Visit
Concordant – UVL	53.7%	61.8%
Concordant – Detectable	19.5%	18.0%
Discordant – (self- report UVL)	17.4%	10.1%
Discordant – (self- report detectable)	9.4%	10.1%

Mechanics – 2

Taking HIV medicine as prescribed is key

- Poor adherence can increase viral load and risk for transmitting HIV
- Work with health care providers to improve their adherence
- Other prevention strategies can provide protection until the individual's viral load is confirmed to be consistently undetectable



Benefits disappear quickly when medicines are stopped

- viral load will increase, in some cases within a few days
- People who have stopped taking their HIV medicine should talk to their provider as soon as possible about their own health and use other strategies to prevent sexual HIV transmission

TasP does not protect against STIs

Other prevention strategies, such as condoms, are needed to provide protection from STIs

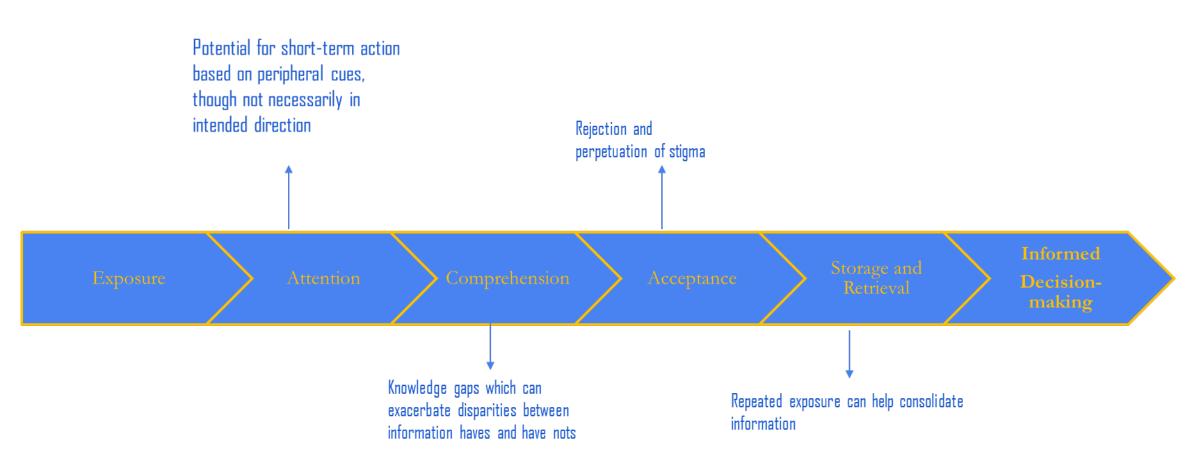
Use of Other Prevention Methods

- Many aspects of TasP are under control of PWH:
 - May lead to → increased well being, decreased stigma, and empowerment
- For HIV-negative persons, TasP is not under their control
 - Imperfect knowledge about sexual partner's health habits, current health status, and other sexual partners
 - Have to know/trust that viral suppression was achieved and is maintained
- HIV-negative people should feel empowered to use additional, selfdirected prevention methods (e.g. PrEP, condoms)
 - Use of other prevention methods does not diminish the importance of TasP!!!

Knowledge or Awareness About the Benefits of TasP is too Low but Increasing

- Knowledge of the prevention benefits of viral suppression may help motivate people with HIV and their partners to adopt this strategy
- However, recent studies have shown that a significant proportion of people do not know or do not believe the data
 - A recent survey among over 12,000 gay and bisexual men showed that the majority of HIV-negative participants and nearly one-third of HIV-positive participants thought a U=U message was inaccurate (Rendina, 2018)
 - Follow-up study of 88,000 MSM found disbelief of U=U by 13-61% of MSM
 - U=U was more believed by men who were suppressed or on PrEP; lowest belief among HIV-negative men not on PrEP and untested men (Rendina, 2018 unpublished)
 - Lack of knowledge and disbelief both confirmed by CDC message testing

Importance of message testing



Viral Suppression Message Testing - Consumers

Methods

- In depth interviews with PWH & HIV-negative persons
- Two rounds (Nov-Dec 2017; Aug-Sept 2018)

Purposes

- Assess awareness and comprehension of terminology
 - Viral load, viral suppression, undetectable viral load
- Compare various terms describing transmission risk
- Assess how to overcome resistance to and disbelief of Tasp messages

Key findings- Consumer Message Testing

- To many people, the information about viral suppression and TasP for sexual transmission was:
 - New
 - Difficult to believe

- Terminology:
 - "Undetectable" better understood than "viral suppression"
- The TasP message and the science was more believable when messages included some of the mechanics and considerations

Viral Suppression Message Testing- Provider

Methods

- 13 HIV care providers
- In-depth telephone interviews conducted in March 2018

Purpose

- Assess familiarity with TasP and CDC's TasP communications
- Assess and compare interim risk quantifier message and 4 alternative messages
- Determine how TasP is discussed with patients

Key findings- Provider

- Providers familiar with TasP for sexual transmission, and with CDC's communications
- Mixed preferences for risk quantifiers, though consensus that "insignificant" and "negligible" were not good choices to use with patients
- Some expressed concern that TasP messages would lead to risk compensation; i.e. condomless sex and increased STIs

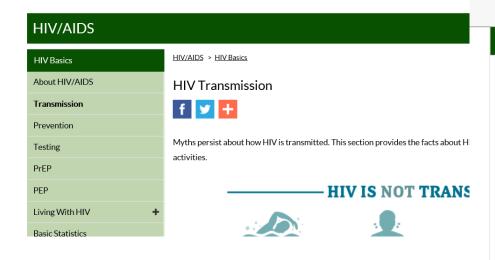
Promoting TasP Messages at CDC

- Integrating messages into all CDC communications
- Where possible, integrating mechanics and considerations to help with message acceptance
- Disseminating information through multiple channels and audiences:
 - TasP website and technical fact sheet,
 HIV web content, awareness days
 - Fact sheets and communication campaigns for providers and consumers
 - Social media for CDC HIV and Act Against AIDS campaigns
 - CMEs for providers, HIV Risk Reduction Tool (HRRT) for consumers



Treatment as Prevention Web page

HIV Basics- Content Syndication





Yes. As an HIV-positive person's viral load goes down, the chance of transmitting HIV can go down dramatically.

Viral load is the amount of HIV in the blood of someone who has HIV. Taking HIV medicine (called antiretroviral therapy or ART) as prescribed can make the viral load very low—so low that a test can't detect it (called an *undetectable viral load*). People with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV to an HIV-negative partner through sex.

If you're HIV-positive, getting into care and taking HIV medicine as prescribed will give you the greatest chance to get and keep an undetectable viral load; live a longer, healthier life; and protect your partners.

If you're HIV-negative and have an HIV-positive partner, encourage your partner to get into care and to take HIV medicine as prescribed.

Treatment is a powerful tool for preventing sexual transmission of HIV. But it works only as long as the HIV-positive partner gets and keeps an undetectable viral load. Here are some things to consider when deciding whether treatment as prevention is right for you and your partner:

- Not everyone taking HIV medicine has an undetectable viral load. **Up to one-third of people in HIV care don't keep an undetectable viral load.**To stay undetectable, people with HIV must take HIV medicine every day as prescribed.
- Missing some doses can increase the viral load and the risk of transmitting HIV. People who have trouble taking medicine as prescribed can talk
 with their health care provider about the challenges they are facing and develop a plan to ensure they take their medicine every day. They should
 also consider using other prevention strategies like condoms.
- We don't know how often people living with HIV need to have their viral load tested if they are using their undetectable viral load status as their only prevention method. But to stay healthy and protect their partners, they need to visit their provider regularly and get a viral load test as recommended.
- Some people who take HIV medicine daily can get an undetectable viral load very quickly, but it can take some people up to six months. The only
 way to know if you are undetectable is by getting your viral load tested.
- People taking HIV medicine sometimes have small increases or "blips" in their viral load. These blips usually go back down by the next viral load test. But people who experience blips may benefit from using other prevention strategies (condoms) until their viral load is undetectable again.
- HIV medicine does not protect against other STDs.

Prevention IS Care

HIV Transmission Prevention

- Treatment as Prevention
- PrEP and PEP
- Condom Use
- **Multiple Prevention Options**
- Resources



New! HIV Transmission Prevention



New content for health care providers!

Get up to date on the latest prevention science and how to talk with patients with HIV about what it means for them. This includes conversation starters around treatment as prevention, PrEP and PEP for partners, and condom use.

More >

f 💆 🛨

Health care providers who treat patients with HIV have an important role in supporting HIV prevention. Because a patient's needs may change over time, health care providers should engage patients in brief conversations at every visit to discuss the prevention steps the patient is taking. Below is information about different HIV prevention methods, including treatment as prevention. PrEP. PEP, and condom use, as well as suggested questions that providers can use to start the conversation with their patients.

CDC * Act Against AIDS * Prevention IS Care * Resources for Health Care Providers and Their Patients HIV Transmission Prevention: Information for Health Care Providers

Treatment as Prevention

Taking ART to achieve and maintain an undetectable viral load enables patients with HIV to stay healthy. It also helps prevent transmission to others, which is known as treatment as pre-This method is extremely effective for preventing sexual transmission of HIV and more research in needed to understand how well it prevents transmission by other routes.

· Resources References

 Condom Use Multiple Prevention Options

· Treatment as Prevention

· Pre-Exposure Prophylaxis (PrEP) and

Post-Exposure Prophylaxis (PEP)

Sexual Transmission

Three recent landmark studies - the HPTN 052 PARTNER, and Opposites Attract studies - have shown the strongest evidence to date that treatment prevents sexual transmission of HIV 24 Across all three studies, there were wolinked HIV transmissions observed between mixed HIV status partners when the partner with HIV was virally suppressed (defined in these studies as having a plasma HIV RNA viral load less than either 200

In 2011, interim results from the HPTNO52 clinical trial demonstrated a significant reduction in HIV transmission risk among mixed-HIV-status linked HIV transmissions among these couples when the person with HIV was virally suppressed (defined as having less than 400 copies/mL12 in the PARTNER and Coposites Attract studies, both heterosexual and male-make mixed-HIV-status couples engaged in sex without condoms or preexposure prophylaxis (PrEP) while the person with HIV was virally suppressed (defined in these cases has having less than 200 copies/mL, although most were undetectable). These two studies quantified the extent of sexual exposure, which included more than 74,000 episodes of condomiess analysis. or vaginal intercourse during approximately 1.500 couple-years of observation. During this time, no linked transmission were observed. When CDC combined the results from these two studies, the estimated combined HIV transmission risk estimate while virally suppressed is 0.0 (0.0 - 0.25) per 100 couple years, with an upper confidence limit of 0.25% per year. Although the remote possibility of a transmission cannot be ruled out entirely. linked transmissions were observed across both studies

This means that there is effectively no risk of sexual transmission among mixed HIV-status couples when the partner with HIV achieves and

While treatment as prevention is a highly effective prevention strategy, its success depends on achieving and maintaining an undetectable viral load. If the patient's viral load increases, so does their risk of transmitting HIV to their sex partners. For patients who rely on treatment and viral suppression as a prevention strategy, it is not known if viral load testing should be conducted more frequently than currently recommended for

People with HIV who use or want to use ART as their primary means of prevention may benefit from additional prevention methods if either partner desires added security for HIV protection or is concerned about STDs (e.g., PrEP and/or condoms). Using multiple HIV prevention methods is especially important if the person with HIV has trouble with adherence or has not achieved or maintained viral suppression

Conversations about Treatment as Prevention for Sexual Transmission

Educating patients about the value of treatment as prevention can help them manage their HIV. Engaging patients in routine, brief conversations about treatment as prevention can also help health care providers become more familiar with each patient, including their adherence and transmission risk. In addition, these conversations can normalize discussions about factors that have an effect on their health, such as sex, substano

It may be helpful to share information about the research then ask open-ended questions to start the conversation. Here are some examples

- "Studies have followed mixed-HIV-status couples who engaged in thousands of unprotected sex acts while the partner with HIV was suppressed on
- ART. Not a single HIV-negative person got HIV from their sexual partner with an undetectable viral load. What does this information mean to you? . "You have to both achieve and then maintain an undetectable viral load to maximally reduce any risk of sexually transmitting HIV - how do you fee
- "Your viral load continues to be undetectable, which is great! Can you tell me the methods you are using to prevent other STDs?" Once the conversation has started, health care providers can use the information shared with them to identify barriers to ART adherence and regular. ongoing care that may make it difficult to achieve and maintain viral suppression

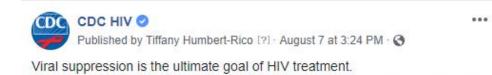
Perinatal Transmission including Breast Feeding

Advances in HIV research, prevention, and treatment have made it possible for many women living with HIV to give birth without transmitting the virus to their babies. The annual number of HIV infections through perinatal, or mother-to-child, transmission has declined by more than 90% since

Studies have found that if a pregnant person takes ART as prescribed for viral suppression throughout pregnancy, labor, and delivery, and the baby is then given ART for 4-6 weeks after delivery and is not breastfed, the risk of transmitting HIV to the baby can be 1% or less.x Furthermore, this risk decreases if the mother started taking ART early in pregnancy, and is effectively zero if the mother starts ART prior to conception and maintains an undetectable viral load throughout pregnancy. 2



Social Media: CDC HIV



People who take ART
daily as prescribed and
achieve and maintain
an undetectable viral load
have effectively no risk of
sexually transmitting the virus
to an HIV-negative partner.

www.cdc.gov/hiv/risk/art



Following

Spread the news: People w/ #HIV who take HIV meds as prescribed & get & stay virally suppressed have effectively no risk of transmitting HIV to their HIV-negative sex partners. go.usa.gov/x9JEB

Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV

ART for Treatment and Prevention Is Crucial to HIV Prevention

- Challenges to <u>achieving and maintaining</u> viral suppression must be addressed directly
 - Individual-level
 - Health-systems level
 - Structural-level
- We must develop messages about the benefits of TasP that are not only accurate, but also acceptable and received by key populations most affected by HIV



Acknowledgements

- HHS Work Group Members
- CDC Colleagues:
 - Cindy Lyles
 - Jo Stryker
 - John Brooks
 - Jocelyn Taylor
- Health department and community members

Thank You!!!

CDC TasP Page:

https://www.cdc.gov/hiv/risk/art/index.html

David W. Purcell dpurcell@cdc.gov

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of HIV/AIDS Prevention



The Prevention Benefits of Viral Suppression: Science, Public Health Messaging, and Clinical Practice December 13, 2018

Antigone Dempsey
Director, Division of Policy and Data
HIV/AIDS Bureau (HAB)
Health Resources and Services Administration (HRSA)





Health Resources and Services Administration (HRSA) Overview

• Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

• Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care





HRSA's HIV/AIDS Bureau (HRSA HAB)

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.





HRSA's Ryan White HIV/AIDS Program (RWHAP)

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
 - More than half of people living with diagnosed HIV in the United States more than 550,000 people receive care through the Ryan White HIV/AIDS Program
- Funds grants to states, cities/counties, and local community based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 84.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2016, exceeding national average of 59.8%



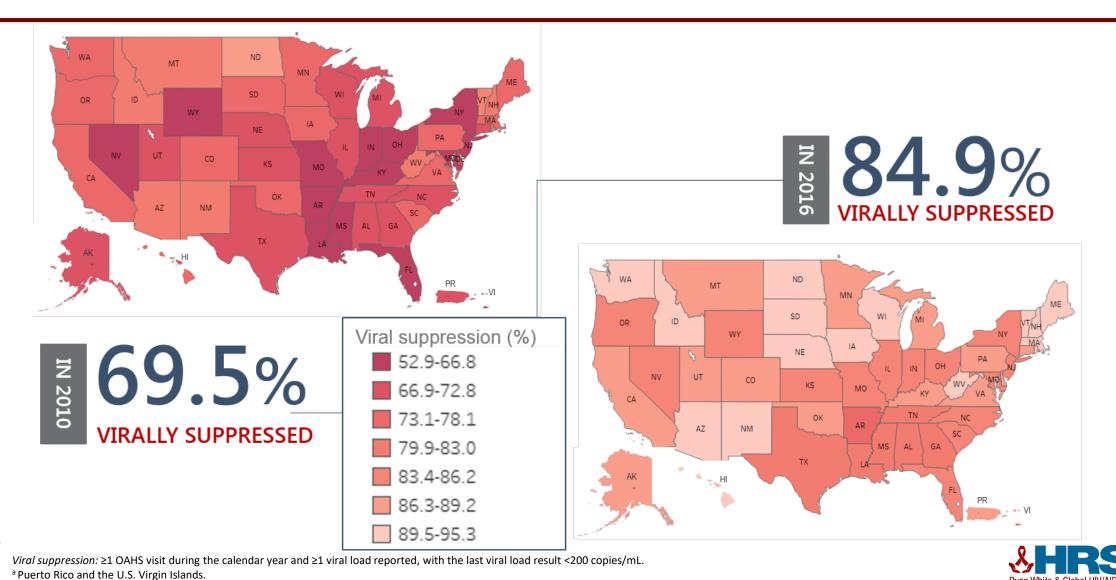


HRSA HAB – HIV Viral Suppression Messaging





Viral Suppression among RWHAP Clients, by State, 2010 and 2016—United States and 2 Territories^a



HRSA HAB Approved Viral Suppression Messages

- Advancements in HIV care and treatment have created the potential to end the HIV epidemic
- People living with HIV who take HIV medications daily as prescribed and who achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIVnegative partner
- Sharing messages about viral suppression with people living with HIV may have a profound impact on how they feel about themselves, their life choices, and reduce stigma and discrimination





Using Tailored Discussions

- HRSA strongly encourages RWHAP recipients, subrecipients, and planning bodies leverage their expertise and infrastructure to incorporate viral suppression messages in service delivery settings where PLWH are engaged
- Providers should use tailored messaging that:
 - Involve PLWH in the decision-making process of their HIV treatment and their sexual health
 - 2) Develop a trusting relationship with their patients
 - 3) Assess barriers to treatment adherence
 - 4) Support PLWH to achieve and maintain healthy outcomes





Role of Recipients and Subrecipient Sites

- HRSA encourages ongoing discussions about the impact of viral suppression for PLWH
- Discussions with PLWH should be supported by all staff (e.g., case manager, social worker, medical provider, etc.), use consistent language, and include tailored messages regarding a person's viral suppression and sexual health practices, reinforcing prevention of other sexually transmitted infection





Important Supporting Messages

- Breastfeeding. Breastfeeding is not recommended for women living with HIV in the United States. The treatment as prevention message does not apply to breastfeeding¹
- Transmission from Sharing Needles or Other Injection Drug Use Equipment. We don't know whether getting and keeping HIV under control prevents HIV transmission through sharing needles or other injection drug equipment. While we do not yet know if or how much being undetectable or virally suppressed prevents some ways that HIV is transmitted, it is reasonable to assume that it provides some risk reduction²



1. HHS Treatment Guidelines, https://aidsinfo.nih.gov/guidelines/html/3/perinatal/513/guidance-for-counseling-and-managing-women-living-with-hiv-in-the-united-states-who-desire-to-breastfeed

2. CDC HIV Treatment as Prevention, https://www.cdc.gov/hiv/risk/art/index.html



Key Implementation Considerations

- Multiple discussions may be needed. The viral suppression messaging may take multiple conversations with all key stakeholders to understand and integrate the information
- A thoughtful process is needed to ensure a similar message is shared with people living with HIV. Consider taking an organizational or clinic approach to talking through implementation of the viral suppression messaging ensure that staff are using the same messaging (from intake, social worker, case manager, peer, nurse, to physician)
- Think through the impact the message may have on people who are not yet virally suppressed. Integrate discussions on why not everyone is able to be virally suppressed ensure that we do not create a "viral divide" between those who are virally suppressed and those who are not yet virally suppressed.

HRSA HAB – Viral Suppression Messaging Actions



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Rockville, MD 20857 HIV/AIDS Bureau

OCT 1 9 2018

Dear Ryan White HIV/AIDS Program Colleagues,

Several large studies have demonstrated that people living with HIV (PLWH) who have consistent viral suppression do not sexually transmit HIV. This letter outlines recommendations for Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau's (HAB) Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients as they incorporate messages on the impact viral suppression has on HIV transmission in service delivery settings.

According to recent data from the 2016 Ryan White Services Report (RSR), the RWHAP has made tremendous progress toward ending the HIV epidemic in the U.S. From 2010 to 2016, HIV viral suppression in the RWHAP has increased from 69.5 percent to 84.9 percent, and racial/ethnic, age-based, and regional disparities have decreased. Scientific advances have shown that HIV medication (antiretroviral therapy) preserves the health of people living with HIV (PLWH) and prevents sexual HIV transmission. PLWH who take HIV medication daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Such findings underscore the importance of supporting effective interventions for linking PLWH into care, retaining them in care, and helping them adhere to their HIV medication.

HRSA strongly encourages RWHAP recipients and providers to leverage their expertise and RWHAP infrastructure to incorporate viral suppression messages in service delivery settings where PLWH are engaged (e.g., outpatient ambulatory health services, medical and non-medical case management, health literacy, early intervention services, and treatment adherence discussions). To do this, recipients, planning bodies, and providers should: 1) involve PLWH in the decision-making process of their HIV treatment and their sexual health; 2) develop a trusting relationship with their patients; 3) assess barriers to treatment adherence; and 4) support PLWH to achieve and maintain healthy outcomes.

HRSA encourages ongoing discussions about the impact of viral suppression for PLWH. Discussions with PLWH should be supported by all staff (e.g., case manager, social worker, medical provider, etc.), use consistent language, and include tailored messages regarding a person's viral suppression and sexual health practices, reinforcing prevention of other sexually transmitted infections.

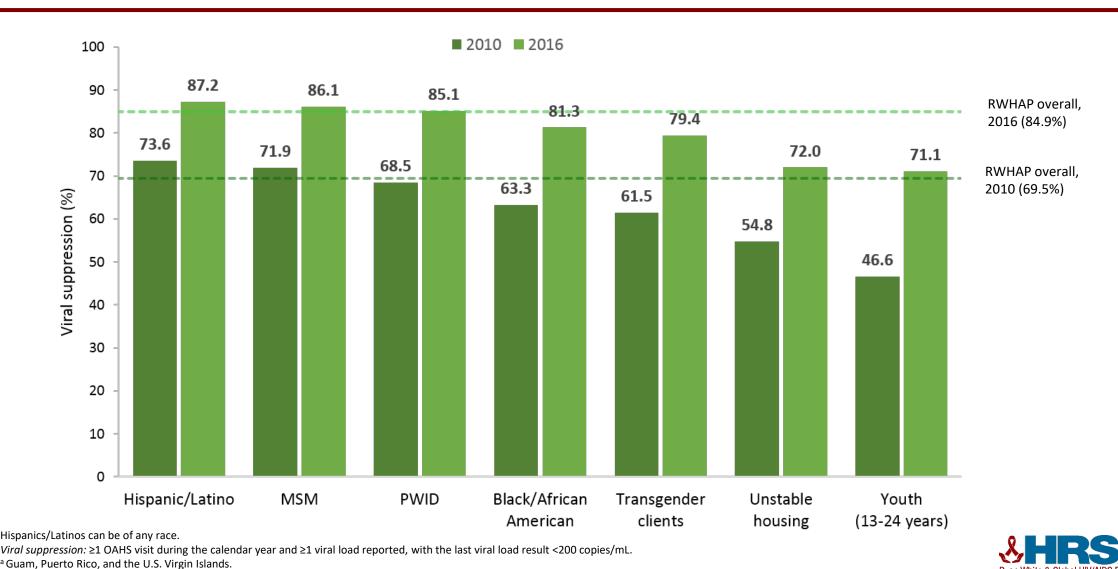
Sharing messages about viral suppression with PLWH may have a profound impact on how they feel about themselves, their life choices, and reducing stigma and discrimination. By reducing HIV-stigma for providers, PLWH, and their family members, these discussions could have a positive impact on linkage to HIV care, retention in care, and HIV viral suppression.

- Notice of Funding Awards for fiscal year 2018 included updated viral suppression language
- Released a Program Letter on October 19, 2018 on the importance of viral suppression messaging
- Participated in an HHS-wide webinar with the Office of the Assistant Secretary for Health, October 19, 2018
- Partnered with CDC and NIH and conducted a HRSA-wide training for project officers and other staff, October 30, 2018





Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2010 and 2016—United States and 3 Territories^a



Contact Information

Antigone Dempsey

Director, Division of Policy and Data

HIV/AIDS Bureau (HAB)

Health Resources and Services Administration (HRSA)

Email: adempsey@hrsa.gov and sgagne@hrsa.gov

Phone: 301-443-0360

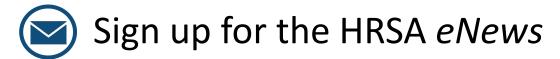
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