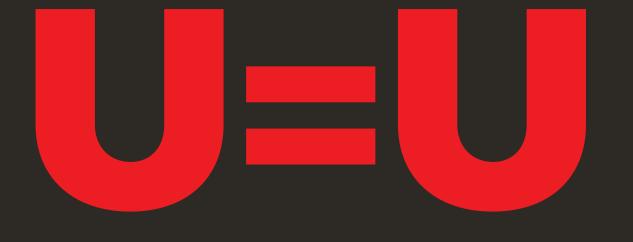
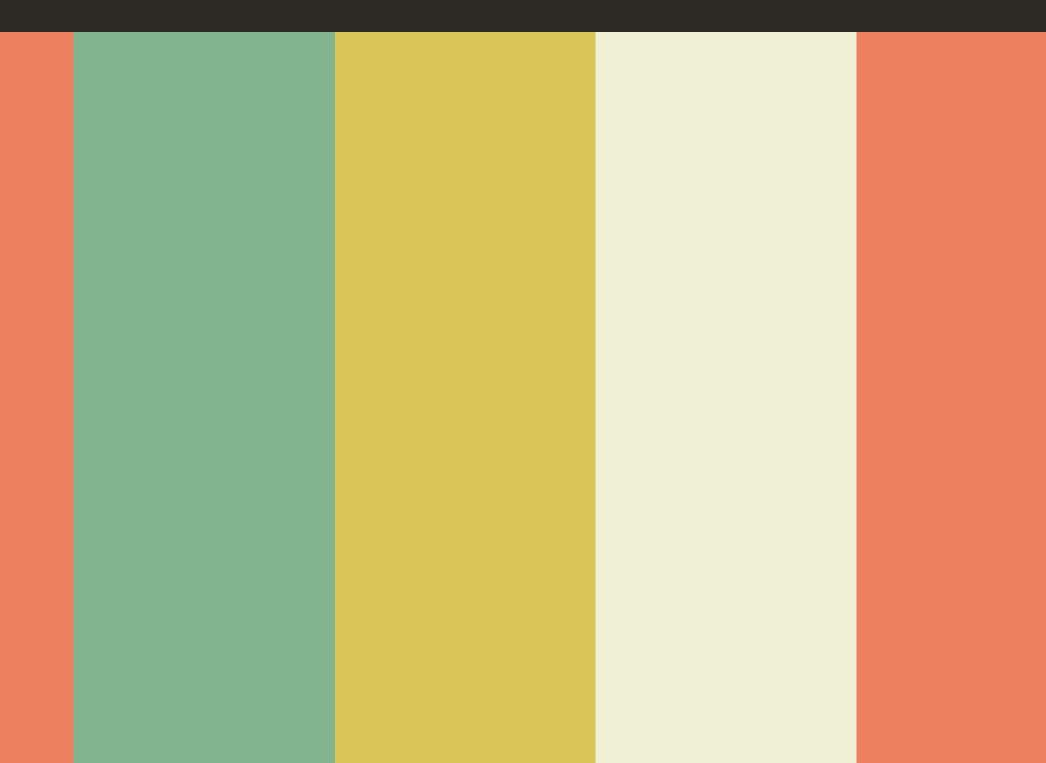




## **ENDORSEMENT TOOLKIT**





# Key Messages

### **1. THE HEALTH BENEFITS OF TREATMENT**

The first and most important goal of HIV treatment is to improve the health and well-being of people living with HIV. Early diagnosis and early initiation of treatment is key to this goal. However, treatment must be delivered with informed consent and without coercion on an opt-in basis.

### 2. CAN'T PASS IT ON

As a result of achieving and maintaining an undetectable viral load (less than 200 copies/ml of blood), HIV cannot be transmitted sexually.

### **3. POTENTIAL TO CHANGE WHAT IT MEANS TO LIVE WITH HIV**

The U=U message has the potential to change the way people with HIV, their friends and families, and those who work with them think and talk about viral suppression and what it means to live with HIV.

### 4. NO ONE MUST BE LEFT BEHIND

Supports must be in place for individuals who experience challenges or barriers to accessing and maintaining treatment as prescribed, and for those who, despite this, have difficulty achieving and maintaining an undetectable viral load. No one must be left behind.

## "It's very, very clear that the risk is zero. If you are on suppressive antiretroviral treatment, you are sexually non-infectious." - Dr Alison Rodger

Lead author of PARTNER 2, presenting at the 22nd International AIDS Conference (AIDS 2018) in Amsterdam, July 25, 2018

### **5. HIV CARE TO BE UNDERSTOOD HOLISTICALLY**

HIV care should be understood holistically, addressing physical, mental, and emotional well-being. It must also be culturally safe, trauma-informed, and attentive to the specific needs of individuals and communities of people who live with or face systemic risk factors for HIV.

### 6. COST MUST NOT BE A BARRIER

All people living with HIV deserve universal access to HIV treatment. Cost must not be a barrier for people living with HIV to experience optimal health.

### 7. END HIV-RELATED STIGMA AND DISCRIMINATION

U=U is one of the best tools we have to dismantle HIV-related stigma and discrimination. There is no reason why people living with HIV should experience externally imposed or self stigma.



## Recommendations for Service Providers

As individuals and organizations who are directly supporting people who live with or face systemic risk factors for HIV, we are uniquely placed to bridge the gap between the science and community engagement on U=U.

As health care and service providers, we are likely the first professionals with whom a newly diagnosed person will turn to for advice about their new health circumstance, and it is essential that we ourselves and our service users are aware of the facts surrounding U=U. Given the understandable fear, concern and anxiety an individual may be experiencing at this time, the message of U=U is crucial to affecting the person's sense of well-being and future expectations, and as health care and service providers we must be prepared to integrate this language and knowledge into our practice.

It is our responsibility to ensure that not only is the U=U message heard and understood, but that everyone who needs it has access to HIV testing, treatment, care and support so they can be helped to achieve an undetectable viral load.

U=U is, however, a message that comes with complexities. We must nurture and guide conversations about it without withholding information because of a fear that certain individuals or communities may not fully understand it, or may misinterpret it, or because we believe they may have other more important things to think about<sup>1</sup>. It is our job to communicate and facilitate engagement in this new landscape.

Therefore we must embrace the science of U=U and celebrate the fact that people who are undetectable cannot transmit HIV to their sexual partners.





It is our responsibility to ensure that not only is the **U=U** message heard and understood, but that everyone who needs it has access to HIV testing, treatment, care and support so they can be helped to achieve an undetectable viral load.

### WHAT IS UNDETECTABLE?

Undetectable viral load means that the level of HIV in a person's blood is so low that it does not show up in a viral load test. In Ontario, undetectable usually means below 40 copies per millilitre of blood. HIV can still be hiding in the body (in what are known as reservoirs) but the amount of virus in circulating blood and sexual fluids such as semen, seminal fluid, and vaginal secretions is so low that it cannot be passed on to others during sex. When ART suppresses a person's viral load to less than 200 copies per millilitre of blood, it is called viral suppression. Studies show that when someone is virally suppressed they cannot pass on HIV to their sexual partners.

For the purposes of the U=U message, the term "undetectable" is used synonymously with "virally suppressed".





## Key Selected Evidence<sup>1</sup>

Study	Study details	Results	Date	Authors
PARTNER	Observational study in two phases: 1—heterosexual and gay male serodiscordant couples 2—gay male serodiscordant couples	Zero transmissions after ~36,000 condomless sex acts among heterosexual couples and >70,000 condomless sex acts among gay male couples, in both cases when viral load was undetectable <200 copies/ml., and the partners did not take PrEP or PEP.	2016 (phase 1) 2018 (phase 2)	Rodger A et al
Opposites Attract	Observational study in serodiscordant gay male couples.	Zero transmissions after >12,000 condomless sex acts when viral load was undetectable <200 copies/ml.	2017	Grulich A et al
HPTN 052	1,763 serodiscordant heterosexual couples randomized to immediate or deferred ART.	Zero transmissions when the viral load was undetectable. Infections occurred in people with detectable viral load; n=27 in the deferred ART group and one early infection in the ART group before viral load was undetectable.	2011	Cohen M et al
Swiss Statement	Expert opinion and evidence review of >20 smaller studies looking at the impact of ART on risk factors for HIV transmission.	Concluded that transmission would not occur with an undetectable viral load.	2008	Vernazza P et al

1 Commission fédérale pour les problèmes liés au sida (CFS) (2008). HIV-positive individuals not suffering from any other STD and adhering to an effective antiretroviral treatment do not transmit HIV sexually (English translation). Retrieved on November 1, 2018 from <a href="http://i-base.info/qa/wp-content/uploads/2008/02/Swiss-Commission-statement\_May-2008\_translation-EN.pdf">http://i-base.info/qa/wp-content/uploads/2008/02/Swiss-Commission-statement\_May-2008\_translation-EN.pdf</a> CATIE Statement on the use of antiretroviral treatment to maintain an undetectable viral load as a highly effective strategy to prevent the sexual transmission of HIV. Retrieved on October 16, 2018 from <a href="https://www.catie.ca/en/prevention/statements/tasp">https://www.catie.ca/en/prevention/statements/tasp</a>

Our position statement is about making it easier for service providers (ASOs) to promote the undeniable benefits of treatment.

# LET'S BRIDGE THE GAP

As service providers we are uniquely placed to bridge the gap between the science and community engagement.





## This has changed what it means for me to live with HIV

5





## We must avoid creating two classes of people with HIV; those who have an undetectable viral load and those who do not.

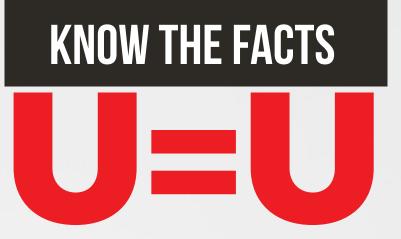






## We must embrace the science of U=U and celebrate the fact that people who are undetectable cannot transmit HIV to their sexual partners.





People are more likely to get tested if the stigma is reduced, more likely to disclose if on effective ART with an undetectable viral load, more likely to remain adherent, and more likely to be retained in care.

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# KNOW THE FACTS

## Where can 1 find out more?

### **GUIDELINES, POSITION PAPERS AND CONSENSUS** STATEMENTS

Risk of sexual transmission of HIV from a person with HIV who has an undetectable viral load: Messaging Primer & Consensus Statement -**Prevention Access Campaign** 

<u>A guide for clinicians to discuss U=U – Australasian Society for HIV,</u> Viral Hepatitis and Sexual Health Medicine

Community Consensus Statement on access to HIV treatment and its use for prevention — AVAC, EATG, MSMGF, GNP+, HIV i-Base, the International HIV/AIDS Alliance, ITPC, NAM/aidsmap

Canadian Consensus Statement on the health and prevention benefits of HIV antiretroviral medications and HIV testing - CATIE, CTAC, PositiveLite.com

Expert Consensus: Viral Load and Risk of HIV Transmission – Institut National de Santé Publique du Quebec (INSPQ)

Consolidated guidelines on HIV prevention, diagnosis, treatment and <u>care for key populations</u> — World Health Organization (WHO)

<u>U=U Position Statement</u> – Gay Men's Sexual Health Alliance of Ontario (GMSH)

Undetectable = Untransmittable; A community brief — International Council of AIDS Services Organizations (ICASO)

Living in the Asterisk (\*): What does U=U mean for women? -Women & HIV/AIDS Initiative (WHAI)

### CATIE RESOURCES

CATIE Statement on the use of antiretroviral treatment to maintain an undetectable viral load as a highly effective strategy to prevent the sexual transmission of HIV

HIV treatment and an undetectable viral load to prevent HIV transmission

Undetectable viral load and HIV sexual transmission

The power of undetectable

Negligible Risk: Updated results from two studies continue to show that antiretroviral treatment and an undetectable viral load is a highly effective HIV prevention strategy

Couples HIV testing and counselling

### **HIV DISCLOSURE**

Expert consensus statement on the science of HIV in the <u>context of criminal law (2018)</u> – Journal of the International **AIDS Society** 

Criminal Justice System's Response to Non-Disclosure of HIV (2017) – Department of Justice, Government of Canada

Sexual Offences against Adults (2017) – Ontario Crown Prosecution Manual

Sexual Transmission, or Realistic Possibility of Transmission, of HIV (2018) — British Columbia Prosecution Service Crown **Counsel Policy Manual** 

Criminal law and HIV non-disclosure in Canada (2104) -Canadian HIV/AIDS Legal Network

HIV disclosure to sexual partners: Question and answers for newcomers (2015) – Canadian HIV/AIDS Legal Network

HIV disclosure and the law: What you need to know (2015) -Positive Women's Network

Legal and clinical implications of HIV non disclosure: A practical guide for HIV nurses in Canada (2013) – CANAC (Canadian Association of Nurses in AIDS Care), CATIE

Now what? The possibilities of disclosure: A guide by HIV positive people for AIDS Service Organizations and their allies - Ontario AIDS Network, Positive Leadership Development Institute (PLDI)

HIV & AIDS Legal Clinic Ontario (HALCO) provides information and legal advice on matters of HIV and the law.



Parts of this OAN U=U Position Statement draw on materials from:

Prevention Access Campaign<sup>1</sup> Gay Men's Sexual Health Alliance of Ontario (GMSH): U=U Position Statement<sup>2</sup> International Council of AIDS Service Organizations (ICASO): Undetectable=Untransmittable, A Community Brief<sup>3</sup>

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> Adopted by the OAN Board of Directors November 11, 2018

https://www.preventionaccess.org 2 Gay Men's Sexual Health Alliance of Ontario (2018). U=U position statement. Retrieved on October 24, 2018 from <u>http://www.</u>gmsh.ca/aids-service-organizations/publications-and-resources/gmsh-uu-position-statement-eng-.pdf ICASO (2017). Undetectable=Untransmittable, a community brief. Retrieved on October 24, 2018 from http://icaso.org/ undetectable-untransmittable-community-brief/



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