



SUITE OF TOOLS

U=U

INDIVIDUAL POSTER PAGES TO PRINT AND SHARE

Key Messages

1. TREATMENT PROVIDES HEALTH BENEFITS

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

2. NO ONE MUST BE LEFT BEHIND

Supports must be in place to help those people living with HIV who may experience challenges to accessing and taking treatment as prescribed. We must address the barriers to achieving and maintaining an undetectable viral load that people may face. These barriers disproportionately affect many groups, including Indigenous, racialized, substance-using, and newcomer communities. No one must be left behind.

3. PEOPLE WITH AN UNDETECTABLE VIRAL LOAD CAN'T PASS HIV ON SEXUALLY

When a person achieves and maintains a viral load of less than 200 copies/ml of blood, they cannot transmit HIV sexually, regardless of whether or not they use a condom.

4. U=U HAS THE 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, their families, and their coworkers think and talk about viral suppression and what it means to live with HIV.


“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 the PARTNER study

5. HIV CARE SHOULD BE UNDERSTOOD HOLISTICALLY

HIV care should be understood holistically, as a tool to support physical, mental, emotional, and social well-being. It must also be culturally safe, committed to anti-oppression frameworks, 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. BARRIERS TO CARE AND TREATMENT NEED TO BE REMOVED

People living with HIV deserve universal access to HIV care and treatment. Barriers such as cost, immigration status, and geography must be addressed so that all people living with HIV have access to the treatment and care they need to experience optimal health.

7. U=U CAN HELP TO 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 stigma or self-stigma.

Recommendations for Service Providers

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

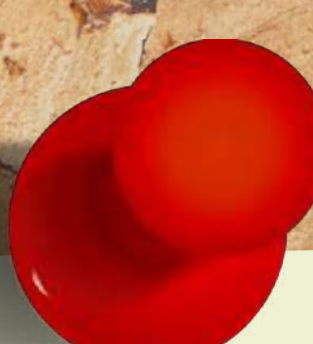
As healthcare and service providers we are probably the first professionals to whom a newly diagnosed person will turn for advice about their new health status. It is essential that we integrate the language and knowledge associated with U=U into our practice and ensure that those who access our services understand what U=U means. Given the understandable fear, concern, and anxiety an individual may experience at the time of their diagnosis, the message of U=U will play an important role in affecting the person's sense of well-being and helping to set their expectations about what the future holds.

It is our responsibility to ensure not only that the U=U message is heard and understood but also that everyone who needs it has access to HIV testing, treatment, care, and support so that 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 more important things to think about.⁶ 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 have an undetectable viral load cannot transmit HIV to their sexual partners.*

6 McCullagh J. No more excuses: people have the right to know about U=U [CATIE blog]. Toronto: CATIE; 2018. Available from: <http://blog.catie.ca/2018/10/31/no-more-excuses-people-have-the-right-to-know-about-uu/> [accessed June 20, 2019].



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 that 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 Canada, undetectable usually means below 40 or 50 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, rectal fluid, and vaginal secretions is so low that it cannot be passed on to others during sex. When ART reduces a person’s viral load to less than 200 copies per millilitre of blood, it is called viral suppression. Studies show (see the table) 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

STUDY	STUDY DETAILS	RESULTS	DATE	AUTHORS
PARTNER⁷	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 76,000 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) 2019 (phase 2)	Rodger A et al
OPPOSITES ATTRACT⁸	Observational study in serodiscordant gay male couples.	Zero transmissions after >16,000 condomless sex acts when viral load was undetectable (<200 copies/ml).	2017	Bavinton BR et al
HPTN 052⁹	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 immediate ART group before viral load was undetectable.	2011	Cohen M et al
SWISS STATEMENT¹⁰	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

7 Rodger AJ, Cambiano V, Bruun T, et al. Risk of HIV transmission through condomless sex in serodifferent couples when the HIV-positive partner is using suppressive antiretroviral therapy (PARTNER): final results of a multicentre, prospective, observational study. *The Lancet*. 2019 June;393(10189):2428-2438.

8 Bavinton BR, Pinto AN, Phanuphak N, et al. Viral suppression and HIV transmission in serodiscordant male couples:an international, prospective, observational, cohort study. *Lancet HIV*. 2018 Aug;5(8):e438–e447.

9 Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *New England Journal of Medicine*. 2011 Aug 11;365(6):493–505.

10 Vernazza P, Hirschel B, Bernasconi E, Flepp M. Les personnes séropositives ne souffrant d'aucune autre MST et suivant un traitement antirétroviral efficace ne transmettent pas le VIH par voie sexuelle. *Bulletin des Médecins Suisses*. 2008;89(5):165-9.

LET'S BRIDGE THE GAP

U=U

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

Let's make it easier for service providers (ASOs) to promote the undeniable benefits of treatment.



LIFE CHANGING BENEFITS

U=U

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

ONE STEP CLOSER

U=U

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



KNOW THE FACTS

U=U

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



KNOW THE FACTS

U=U

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.

Where can I find out more?

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](#) — Fact Sheet

[Can't pass it on key messages series](#)

[The power of undetectable: what you need to know about HIV treatment as prevention](#) — Client Resource

[Couples HIV testing and counselling](#)

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

[A guide for clinicians to discuss U=U](#) — Australasian Society for HIV, 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

[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 care for key populations](#) – World Health Organization (WHO)

[U=U position statement](#) — Gay Men's Sexual Health Alliance of Ontario (GMSH)

[Undetectable = Untransmittable; A community brief](#) — International Council of AIDS Service Organizations (ICASO)

[Living in the asterisk \(*\): What does U=U mean for women?](#) — Women & HIV/AIDS Initiative (WHAI).

HIV disclosure

[The criminalization of HIV non-disclosure in Canada: current status and the need for change \(2019\)](#) — Canadian HIV/AIDS Legal Network

[Expert consensus statement on the science of HIV in the context of criminal law \(2018\)](#) — Journal of the International AIDS Society

[Community consensus statement \(2019\)](#) – Canadian Coalition to Reform Criminalization

[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

[HIV disclosure to sexual partners: Question and answers for newcomers \(2015\)](#) — Canadian HIV/AIDS Legal Network

[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)

This guide was originally developed by the Ontario AIDS Network. CATIE has adapted it for a national audience.

Acknowledgements

Parts of this *U=U Guide* draw on materials from:

Prevention Access Campaign²⁵

Gay Men's Sexual Health Alliance of Ontario (GMSH):

*U=U Position Statement*²⁶

International Council of AIDS Service Organizations (ICASO):

*Undetectable=Untransmittable, A Community Brief*²⁷

Author: John McCullagh (OAN Co-chair; CATIE Chair)

Reviewers: Wendy Pinder, Ryan Kerr, Shannon Ryan (OAN); Laurie Edmiston, Laurel Challacombe, Mallory Harrigan, Tim Rogers; Camille Arkell (CATIE); Phillip Banks (GMSH); Molly Bannerman (WHAI); Murray Jose-Boerbridge (Toronto HIV/AIDS Network); Darien Taylor (Toronto to Zero); Bob Leahy (Prevention Access Campaign); Brent Allan (ICASO); Ryan Peck (HALCO); Cecile Kazatchkine (Canadian HIV/AIDS Legal Network)

Creative Direction: Marsha Clarke (marshaclarke.com)

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada

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555 Richmond Street West
Suite 505, Box 1104
Toronto, ON M5V 3B1
1-800-263-1638
www.catie.ca

²⁵ <https://www.preventionaccess.org>

²⁶ Gay Men's Sexual Health Alliance of Ontario. U=U position statement. Toronto: Gay Men's Sexual Health Alliance of Ontario; 2018. Available from: <http://www.gmslh.ca/aids-service-organizations/publications-and-resources/gmslh-uu-position-statement-eng-.pdf> [accessed June 20, 2019].

²⁷ ICASO. Undetectable=Untransmittable, a community brief. Toronto: International Council of AIDS Service Organizations; 2017. Available from: <http://icaso.org/undetectable-untransmittable-community-brief/> [accessed June 20, 2019].

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