

THE FACTS ON

U = U



**Developed in partnership
with Housing Works**

Since 2014, The Undetectables has helped people living with HIV achieve viral suppression. Not only does maintaining viral suppression help people live healthier lives, it also plays an essential role in ending the AIDS epidemic. This guide offers information on the concept of “Undetectable = Untransmittable.” No matter who you are, knowing these facts will make you a stronger ally in the fight against HIV. Read more below and share this information widely!

The Facts on U=U

Celebrate the groundbreaking fact that Undetectable equals Untransmittable!

People living with HIV who take their medications as prescribed and have a suppressed or undetectable viral load cannot pass on HIV to sexual partners (Undetectable = Untransmittable: U=U).

What does it all mean?



- People with HIV can take HIV medications called antiretroviral therapy (ART) to reduce the amount of virus in their blood. The amount of HIV virus in the blood is called **viral load**.
- A person with HIV whose viral load is measured at less than 200 copies per milliliter of blood is considered to have a suppressed viral load. This is called **viral load suppression**.
- Some people with HIV have a viral load so low that it doesn't show up on a viral load test. The virus is still present in their body, but the levels are too low to measure. This is called an **undetectable viral load**.
- A person with HIV who takes their HIV medication as prescribed usually achieves an undetectable viral load between one and six months after initiating treatment.
- A person with HIV who takes HIV medication as prescribed and achieves a suppressed or undetectable viral load **cannot transmit HIV** to sexual partners.
- Having a suppressed or undetectable viral load also stops HIV from progressing. Early, effective, and consistent HIV medication enables people with HIV to live long, healthy lives.



- Adherence and monitoring are key! Maintaining a suppressed or undetectable viral load requires taking HIV medication as prescribed. Continued viral load monitoring is necessary to stay healthy and stop HIV transmission. Most doctors recommend having a viral load test once every six months.

The U=U message of freedom and hope:

- Reduces the shame and fear of sexual transmission, enabling healthy sexual and reproductive lives
- Dismantles HIV stigma on the personal, clinical and community levels
- Encourages people living with HIV to start and stay on treatment and in care
- Strengthens advocacy efforts for universal access to effective treatment and care

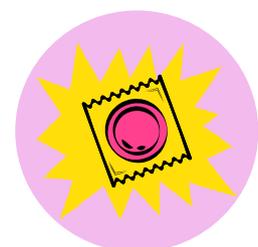


U=U is supported by the science:

A groundswell of clinical and observational evidence has been building to support U=U since 1998. Recent findings from three major studies demonstrate that effective treatment prevents HIV sexual transmission. These studies were HPTN 052, PARTNER, and Opposites Attract. ^{[1],[2],[3]} The studies reported close to 80,000 acts of vaginal or anal intercourse without a condom between HIV negative and HIV positive partners. There was not a single HIV transmission in any of the studies when the HIV positive partner had a suppressed or undetectable viral load.

You may be wondering...

- **WHAT ABOUT BLIPS?** Some people with a suppressed or undetectable viral load will experience viral load **blips**. These are small, temporary increases in viral load. Blips are relatively common and do not mean that a person can transmit the virus to sexual partners.
- **WHAT ABOUT CONDOMS OR PREP?** Condoms or PrEP are not necessary to prevent HIV when the partner living with HIV takes medication as prescribed and has a suppressed or undetectable viral load. Having a suppressed or undetectable viral load only prevents HIV, not other sexually transmitted



infections (STIs) or unintended pregnancy. A suppressed or undetectable viral load, PrEP, and condoms are all effective HIV prevention methods that can be used independently or together depending on sexual practices and relationships. For instance, if someone is having sex with more than one partner, they may consider using PrEP and/or condoms to protect against HIV or other STIs. Condoms, PrEP, or emergency PEP might be considered if the HIV-negative person is unsure of their partner's viral load or for an added sense of security.

- **ISN'T THERE STILL HIV IN SEMEN?** When HIV is undetectable in the blood, there may still be traces of HIV RNA and DNA in the semen. This does not mean that a person can transmit HIV. A person living with HIV still cannot transmit HIV, even if there is HIV in the semen, as long as they take their medication as prescribed and have a suppressed or undetectable viral load.

How do YOU say U=U?

The science is clear. There is no risk to take into consideration when creating sexual health messaging about U=U. The U=U message is transformative when it's clear and consistent. When describing the risk from a person living with HIV, we must be impeccable in our language.



Clarity and consistency matters. For example, “cannot transmit,” “can’t pass it on,” “do not transmit,” “no risk,” and “effectively no risk” are all descriptions that are backed by science in a real-world context and are used by leading organizations around the world. ^[4] Risk assessments such as “practically zero” or “extremely low to no risk” open up an unnecessary window of risk that perpetuates stigma and leaves people with HIV vulnerable to self and external harm.

Some people do not have an undetectable or suppressed viral load by choice or circumstances outside of their control. Please keep in mind that no one living with HIV is a danger. Self-worth is not measured by viral load tests. People with HIV who do not have an undetectable or suppressed viral load also have options for safer sex. Condoms and PrEP, where available, are also effective HIV prevention options.

Here's what some of the experts say:

“Scientists never like to use the word ‘Never’ of a possible risk. But I think in this case we can say that the risk of transmission from an HIV-positive person who takes treatment and has an undetectable viral load may be so low as to be unmeasurable, and that’s equivalent to saying they are uninfected. It’s an unusual situation when the overwhelming evidence base in science allows us to be confident that what we are saying is fact.” [5]

“The science really does verify and validate U=U.” [6]

“From a practical standpoint, the risk is zero. So, don’t worry about it.” [7]

— **Dr. Anthony S. Fauci, MD, Director, NIAID, NIH**

“All of us here at CATIE, and indeed around the world, are celebrating the most significant development in the HIV world since the advent of effective combination therapy 20 years ago—people living with HIV with sustained undetectable viral loads can confidently declare to their sexual partners ‘I’m not infectious!’” [8]

— **Laurie Edmiston, Executive Director, CATIE, Canada’s source for HIV and hepatitis C information**

“This has enormous implications for the battle against the epidemic, particularly in the global south and regions such as Eastern Europe and Central Asia, where access to HIV diagnostics and ART remains poor. Achieving U=U will not be possible where HIV diagnostics, such as viral load testing, are unavailable, where stockouts interrupt treatment access, and where there are inadequate community and health system support to maintain adherence.... [This evidence] is a clarion call to governments and other funders that increasing access to ART is critical to halting the AIDS epidemic and reaching the “90-90-90” goals set by the United National Global Programme on HIV/AIDS (UNAIDS).” [9]

— **Joint statement from ICASO (International Council of AIDS Service Organizations) and INA (Māori, Indigenous & South Pacific) HIV/AIDS Foundation**

“Last month, the global medical and scientific community at the forefront of HIV research and care came together in Paris for the ninth International AIDS Society Conference, where they announced—unequivocally—that an undetectable HIV viral load means HIV is untransmittable.” [10]

— **Dr. Julio Montaner, Professor of Medicine, University of British Columbia**

“NAM aidsmap, one of the foremost sources of HIV information in the world, strongly endorses the ‘Undetectable Equals Untransmittable’ (U=U) Consensus Statement issued by the Prevention Access Campaign. The scientific evidence is clear. Someone who has undetectable levels of virus in their blood does not pose an infection risk to their sexual partners. This understanding transforms the way that HIV is considered with enormous implications for what it now means to live with HIV and the best ways to prevent it.” [11]

— **NAM aidsmap**

“U=U is a simple but hugely important campaign based on a solid foundation of scientific evidence. It has already been successful in influencing public opinion, causing more people with HIV (and their friends and families) to comprehend that they can live long, healthy lives, have children, and never have to worry about passing on their infection to others. The CDC officially backing the science behind the campaign is another key step towards U=U being the most important message of 2017 in the fight against HIV.” [12]

— **The Lancet HIV**

“People who take their ART effectively and in whom the virus is suppressed to undetectable levels are no longer infectious. A massive public health and social justice response has led to unprecedented scale up of this miraculous treatment.” [13]

— **UNAIDS Science now**

U=U is a global campaign endorsed by a growing community of over 700 experts, public health bodies, and HIV organizations from more than 100 countries.

Learn more and read the U=U Consensus Statement:

www.PreventionAccess.org

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A Grulich, “HIV treatment prevents HIV transmission in male serodiscordant couples in Australia, Thailand and Brazil,” oral abstract, IAS 2017, <http://programme.ias2017.org/Abstract/Abstract/5469>.
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For additional information on current U=U messaging, contact Prevention Access Campaign.
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G Cairns, “International study of gay couples reports no transmissions from an HIV-positive partner on treatment,” NAM, July 25, 2017, www.aidsmap.com/page/3159177.
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J Robbins, “Fauci: From A Practical Standpoint The Risk Is ZERO,” January 27, 2018, www.imstilljosh.com/fauci-the-risk-is-zero.
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ICASO, “ICASO And INA Endorse U=U Consensus Statement,” January 20, 2017, www.icaso.org/icaso-ina-endorse-uu-consensus-statement.
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J Montaner and K Debeck, “Don’t criminalize people on HIV treatment,” *The Globe and Mail*, August 21, 2017, www.theglobeandmail.com/opinion/dont-criminalize-people-on-hiv-treatment/article36027799.
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UNAIDS, “90-90-90: a clear roadmap for HIV treatment. But each 90 brings with it opportunities and challenges,” *HIV This Month* 6 (June 2017), <https://sciencenow.unaids.org/post/hiv-testing-and-treatment-83>.



www.LiveUndetectable.org