

*Universalizing the message: Improving the way we communicate U=U and sexual pleasure*

# U=U: Rights to sex and sexual pleasure

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**IAS Educational Fund Meeting, Manila 15<sup>th</sup> March 2024**



# U=U: Simply Defined



HIV & AIDS – sharing knowledge, changing lives

“The scientific evidence is clear. Someone whose HIV is undetectable does not pose an infection risk to their sexual partners.”

For information on HIV you can rely on: [www.aidsmap.com](http://www.aidsmap.com)

#UequalsU

**U=U** Undetectable  
Equals Untransmittable

*People who take antiretroviral therapy for HIV daily as prescribed, and who achieve and maintain an undetectable viral load, cannot sexually transmit the virus to an HIV negative partner.*

**ASHM Guidance for Healthcare Professionals**



“The concept of U=U is the foundation of being able to end the epidemic.”  
- Dr. Fauci, NIAID, July, 2019

**Undetectable**" means that a test cannot detect the virus in the blood of a person living with HIV, although extremely small amounts of HIV are still present.

Someone who takes HIV treatment and is "undetectable" for 6 or more continuous months does not transmit the virus through sex.

# The Science is clear: The evidence for U=U

HIV VL threshold < 200 copies/mL

	Enrolled sample	Study design	Number of condomless sex acts	Number of new HIV infections		Phylogenetically linked when HIV-positive partner virally suppressed
				Total	Phylogenetically linked	
HPTN 052 (2016) <sup>3</sup>	1763 serodifferent couples; 98% male-female couples	Two-arm trial with HIV-positive partner randomised 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 (2016) <sup>4</sup>	1166 serodifferent couples; 888 in analysis subset; 62% male-female couples	Observational	55 193 total; 34 214 in male-female couples; 20 979 in male-male couples†	11	0	0
PARTNER2 (2018) <sup>1</sup>	972 serodifferent male-male couples; 783 in analysis subset	Observational	76 991	15	0	0
Opposites Attract (2018) <sup>5</sup>	358 serodifferent male-male couples	Observational	12 447 counted when HIV-positive partner virally suppressed and HIV-negative partner not on PrEP	3	0	0

For a systematic review and meta-analysis of earlier relevant research, see Attia et al (2009).<sup>4</sup> U=U=undetectable=untransmittable. ART=antiretroviral therapy. PrEP=pre-exposure prophylaxis. \*Viral linkage status not determined for six of 78 infections. †Estimates calculated by averaging the number of within-couple condomless sex acts self-reported by each serostatus subgroup within each couple type.

Table: Evidence for U=U 2016-18



- Zero linked transmissions among **125,376 condomless sex acts** when HIV+ partners had UVL
- Similar level of confidence in U=U for gay men as for heterosexual couples
- U=U even when STIs were detected in 1/4 to 1/3 of couples

# Risk of Sexual Transmission when PLHIV have Lower Viral Loads

## The risk of sexual transmission of HIV in individuals with low-level HIV viraemia: a systematic review

Laura N Broyles, Robert Luo, Debi Boeras, Lara Vojnov

### Summary

**Background** The risk of sexual transmission of HIV from individuals with low-level HIV viraemia receiving antiretroviral therapy (ART) has important public health implications, especially in resource-limited settings that use alternatives to plasma-based viral load testing. This Article summarises the evidence related to sexual transmission of HIV at varying HIV viral load levels to inform messaging for people living with HIV, their partners, their health-care providers, and the wider public.

**Methods** We conducted a systematic review and searched PubMed, MEDLINE, Cochrane Central Register of Controlled Trials, Embase, Conference Proceedings Citation Index-Science, and WHO Global Index Medicus, for work published from Jan 1, 2010 to Nov 17, 2022. Studies were included if they pertained to sexual transmission between serodiscordant couples at various levels of viraemia, the science behind undetectable=untransmittable, or the public health impact of low-level viraemia. Studies were excluded if they did not specify viral load thresholds or a definition for low-level viraemia or did not provide quantitative viral load information for transmission outcomes. Reviews, non-research letters, commentaries, and editorials were excluded. Risk of bias was evaluated using the ROBINS-I framework. Data were extracted and summarised with a focus on HIV sexual transmission at varying HIV viral loads.

**Findings** 244 studies were identified and eight were included in the analysis, comprising 7762 serodiscordant couples across 25 countries. The certainty of evidence was moderate; the risk of bias was low. Three studies showed no HIV transmission when the partner living with HIV had a viral load less than 200 copies per mL. Across the remaining four prospective studies, there were 323 transmission events; none were in patients considered stably suppressed on ART. Among all studies there were two cases of transmission when the index patient's (ie, patient with previously diagnosed HIV infection) most recent viral load was less than 1000 copies per mL. However, interpretation of both cases was complicated by long intervals (ie, 50 days and 53 days) between the transmission date and the most recent index viral load result.

**Interpretation** There is almost zero risk of sexual transmission of HIV with viral loads of less than 1000 copies per mL. These data provide a powerful opportunity to destigmatise HIV and promote adherence to ART through dissemination of this positive public health message. These findings can also promote access to viral load testing in resource-limited settings for all people living with HIV by facilitating uptake of alternative sample types and technologies.

**Funding** Bill & Melinda Gates Foundation.



Published Online  
July 23, 2023  
[https://doi.org/10.1016/S0140-6736\(23\)00877-2](https://doi.org/10.1016/S0140-6736(23)00877-2)

See Online/Comment  
[https://doi.org/10.1016/S0140-6736\(23\)01519-2](https://doi.org/10.1016/S0140-6736(23)01519-2)

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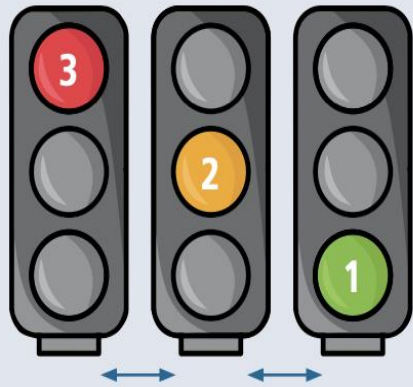
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- 8 studies, 7762 serodiscordant couples
- 3 studies showed no HIV transmission when the PLHIV had a VL < 200 copies/ mL. Most HIV transmissions occurred at VL bet 30,000 to 750,000copies/mL
- Across 4 prospective studies, there were 323 transmission events, none were in PLHIV stably suppressed on ART
- Among all studies, there were 2 cases of transmission when PLHIV's most recent VL was < 1000 copies/mL. In both cases, VL test was taken 50+ days before prior to transmission event
- No studies were identified evaluating the transmissibility of HIV through sharing of Injection drug use equipment when a person's VL is < 1000 copies/mL



## 3 Categories Of Viral Load Levels

Unsuppressed    Suppressed but detectable    Undetectable



- 1 Undetectable (not detected\*):** no measurable virus. Zero risk of transmission to sexual partner(s); minimal risk of mother to child transmission.
- 2 Suppressed (detected but  $\leq 1000$  copies/mL):** some virus replicating and present: could be due to missing doses, recent treatment initiation or drug resistance. Almost zero or negligible risk of transmission to sexual partner(s).
- 3 Unsuppressed ( $>1000$  copies/mL):** significant virus replicating and present: could be due to missing doses, recent treatment initiation or drug resistance. Increased risk of falling ill and/or passing virus on to sexual partner(s) or children.

# THE ROLE OF HIV VIRAL SUPPRESSION IN IMPROVING INDIVIDUAL HEALTH AND REDUCING TRANSMISSION


POLICY BRIEF



In Positive Perspectives wave 2, being informed of U=U by an HCP was significantly associated with improved outcomes (N=2389)

Original research

Undetectable equals untransmittable (U = U): awareness and associations with health outcomes among people living with HIV in 25 countries

Chinyere Okoli,<sup>1</sup> Nicolas Van de Velde,<sup>1</sup> Bruce Richman,<sup>2</sup> Brent Allan,<sup>3</sup> Erika Castellanos,<sup>4</sup> Benjamin Young,<sup>5</sup> Garry Brough,<sup>6</sup> Anton Eremin ,<sup>7</sup> Giulio Maria Corbelli,<sup>8</sup> Marta Mc Britton,<sup>9</sup> W. David Hardy,<sup>10</sup> Patricia de los Rios<sup>5</sup>



Optimal Overall Health



Optimal Mental Health

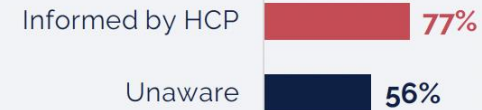


Optimal Sexual Health



**P<0.05 for all comparisons (Chi-square statistics)**

Viral Suppression



Comfortable Sharing HIV Status



Missed ART Dose ≥5 Times in Past Month Due to Privacy Concerns



# Why should providers discuss U=U with PLHIV?

## Impact of U=U



- Motivates and encourages initiation and adherence to antiretroviral treatment (ART)
- Removes fear and guilt around potential HIV transmission, enables sex without fear
- Reduces HIV related stigma (community, clinical, personal)
- Improves mental and emotional wellbeing and QoL of PLHIV
- Reduces barriers to testing
- Allows HIV sero-discordant couples to conceive naturally
- Decriminalization



# Concerns among providers to talk openly about U=U

- With U=U, condoms are not required to prevent sexual transmission of HIV
- Concerns around sexual risk compensation and that PLHIV will engage in more condomless sex & have more sexual partners → perceived as sexually irresponsible → increase in other STIs → withhold U=U
- Withholding U=U violates medical ethics & sexual rights of PLHIV
- Rooted in prejudice & stigmatizing attitudes towards key populations & a need to dictate how PLHIV should have sex
- Despite robust evidence behind U=U, there still continues to be widespread lack of knowledge, misinformation & disbelief of the science behind U=U among HCP
- Concerns that patients are unable to maintain good adherence to ART particularly in settings of less frequent VL testing as U=U is dependent on maintaining a sustained undetectable viral load
- Fear of being blamed in the event of HIV transmission
- General discomfort about discussing sex with patients

U=U Stigma = Sexual Stigma

Provider training in sexual health

Provider-patient relationship



# Communicating U=U message....Language matters



- Important to use clear, consistent and unambiguous terminology when discussing U=U
  - **“ZERO or NO RISK” of sexual transmission** (avoid terms such as “negligible risk, virtually impossible, extremely low risk)” – and we need to confidently say this!!!
- Important to discuss U=U **proactively** with all PLHIV and at appropriate points during care
- Recommend explaining the scientific evidence behind U=U, emphasizing the medical & psychosocial implications of U=U



Volume 24, Issue 1  
January 2023  
Pages 3-5

EDITORIAL | Free Access

## Language matters: The importance of person-first language and an introduction to the People First Charter

Laura Waters Matthew Hodson, Jo Josh

THE LANCET  
HIV

Submit Article

COMMENT | VOLUME 6, ISSUE 4, E211-E213, APRIL 01, 2019

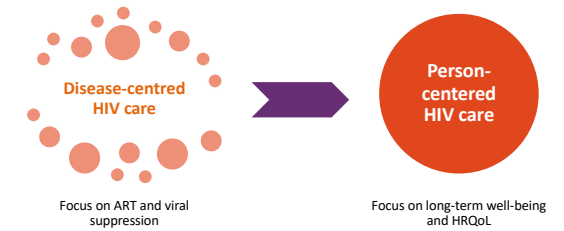
## Providers should discuss U=U with all patients living with HIV

Sarah K Calabrese Kenneth H Mayer

Published: February 13, 2019 • DOI: [https://doi.org/10.1016/S2352-3018\(19\)30030-X](https://doi.org/10.1016/S2352-3018(19)30030-X)

# Which components of HRQOL are important to our patients?

- ART/ Viral load
- Physical – *pain, diarrhoea, weight changes*
- Psychological – *anxiety, depression, mental health*
- Cognitive - *memory, sleep*
- **Social – *isolation, loneliness, intimacy, sex***
- Functional – *ability to perform ADLs, independence*
- Welfare needs – *finances, housing, employment*



Lazarus, Nat Commun. 2021;12(1):4450.

**Forms the basis of person centred HIV care**

HR QOL is commonly assessed by PROMS, which reflects peoples' subjective perceptions of their health care experiences

# Sexual Health & HIV – what are the issues?

- The role of embarrassment, shame & fear- STIGMA
- Sharing HIV status with others
- Fear of criminalization in the age of U=U
- Lack of confidence
- The moral responsibility
- The ageing HIV population
- Change of body image – lipodystrophy, weight gain



*“Sexual health is not merely the absence of disease or dysfunction. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”*

# What can we do about it as HCPs?

## *Ensuring Stigma free communications*

- Take a sexual history with every consultation (practice makes perfect!)
  - **Emphasis on sexual relationships, pleasure and satisfaction as an integral part of sexual health** rather than absence/presence of STIs (risk taking)
- Be sensitive & non-judgemental, think about body language
- Initiate U=U discussion & communicate U=U in **a sex positive way** (increased intimacy, enables sex without fear) & how their perception of undetectability has affected their sex life
- The delivery should be culturally sensitive
- If you get embarrassed when talking about sex -> refer to someone who can or get trained! **Don't ignore the need to talk about sex**
- Have the condom talk!
- Recognize that everyone has sexual needs and wants to discuss it from 15 to 85!





# In the context of U=U.....



**SEX with a PLHIV who has maintained an undetectable viral load constitutes safe sex (irrespective of whether condoms are used)**

*Saying that this is unsafe or risky sex is not only inaccurate, it is stigmatizing and counterproductive*

**WORDS AND ATTITUDES MATTER**



**Confident**

Do Say:

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

You might want to also consider condoms/and or PrEP:

- to prevent other STDs or pregnancy
- if the HIV positive partner w/HIV is struggling with adherence
- for an added emotional feeling of security and agency

# Can't Pass it on training for healthcare professionals

<https://www.tht.org.uk/our-work/training/cant-pass-it-training>

TOGETHER WE CAN

HIV and sexual health Our services Take action Our work

Home > Our work > Training > Can't Pass It On training

## Can't Pass It On training

Our training course for healthcare professionals aims to increase awareness and understanding of Can't Pass It On/Undetectable = Untransmittable, enabling you to competently discuss this in practice with patients and colleagues.

### Introduction by Dr Michael Brady

This self-directed learning resource is for all healthcare professionals as well as anyone working with people living with HIV. It's organised in different sections so you can do whatever you like over time and revisit it if you'd like to explore anything in more detail. Some sections end with a quiz to test your knowledge.

We encourage you to use our [feedback form](#) so we know how you get on and help us develop this training further.

Can't Pass It On and Undetectable = Untransmittable (U=U) mean that people living with HIV who are on effective treatment cannot pass the virus on to their sexual partners.

HIV treatment works by reducing the amount of the virus in the blood to 'undetectable' levels, which means they have an [undetectable viral load](#).

The fact that an undetectable viral load means a zero risk of sexual transmission is an important public health message, alongside the fact that treatment means people living with HIV can live long and healthy lives. U=U helps to dismantle HIV stigma, promotes ending, encourages treatment and staying in care, and has the potential to transform the reproduction, sexual, social and personal lives of people living with HIV.

However, research has shown that healthcare professionals aren't always getting this message across to people living with HIV. This has a negative impact by perpetuating fears and anxiety about transmission risk.

On these pages you'll find the following subjects:

- Why U=U is important
- The evidence supporting the U=U message
- U=U in different settings
- Dealing with difficult situations
- Discussion U=U in primary care
- The patient's perspective
- The global perspective
- CPD resources for healthcare professionals

patients-about-uu [resources to train others about U=U](#) and [find resources for patients](#)

- Series of online training modules for HCPs – free & can be completed anytime
- Aims to increase knowledge and confidence in sharing the U=U message
- Developed by experts in Sexual Health & HIV, primary care doctors, researchers and PLHIV in the UK
- Includes training resources (ppts, case studies, FAQ's), pt resources (ppt slides, downloadable posters & leaflets), CPD points and quizzes
- Partnered with leading health care institutions such as RCGP
- Includes the global perspective

## Case studies of people who found U=U hard to accept at first

Dean shares his experience of not believing a previous partner who told him they were undetectable before he became HIV positive. He reveals the effects on his mental health when he became HIV positive, the impact U=U has had on him and how it has helped with his self-stigma.

Daniel shares his story of needing constant reinforcement and reassurance about the U=U message.



'I'm on effective treatment meaning that HIV is undetectable in my blood, so I can't pass it on to anyone else.'

Charity.



# Vietnam U=U: A model of political and program innovation

## Government's Early Endorsement through Policy & Action

<200 copies/mL is new target VL for treatment success

MINISTRY OF HEALTH

### GUIDELINES FOR HIV/AIDS TREATMENT AND CARE

(Issued together with Decision No. 5418/QĐ-BYT dated December 1, 2017 of the Ministry of Health)



Nguyen, A. et al. Undetectable = Untransmittable (U=U) to drive stigma reduction and epidemic control in Vietnam: A global model for political and program innovation. AIDS 2020, OAF03,.

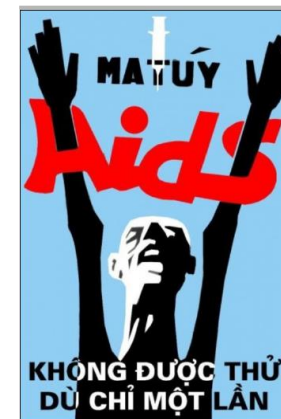
## Community Leaders Utilize Diverse Platforms to Spread the Word



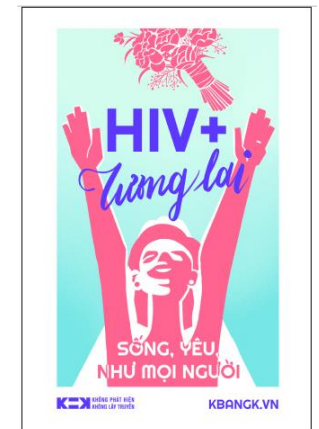
### KP network preferences

- community dialogues & peer outreach (PLHIV, PWID)
- social media (MSM)
- high-profile events (MSM, PLHIV)

## From 'Death Sentence' to Celebration: National K=K Campaign to Change Public Perceptions of HIV



HIV + ..... Music.  
Passions. Dreams. Love.  
Sex. Family. Longevity.  
Live. Love. Like everyone else.



# What matters most to PLHIV (and their partners) when communicating U=U messaging:

*The Thai example of the National U=U Training curriculum development*

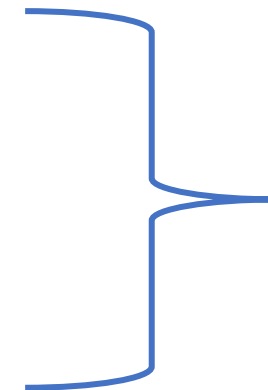


## • Strategies for efficient communication:

- **Humanize** : emphasis on compassion & empathy into U=U meaning by sharing testimonials & narratives of PLHIV and what U=U means to them
- **De-medicalize**: shift from disease-focused to people centred approach in communications through demystification, destigmatization and decentralization

## • Key themes from IDI & FGDs from PLHIV (n=11):

- “Living life to the fullest”
- “Relief from sin, immorality and irresponsibility”
- “Able to love & be loved”
- “Enjoy intimacy and sex with pleasure”
- For partners – relief of fear of getting infected



Patient centred  
U=U values



# Conclusion: 5 Key Recommendations for efficiently communicating U=U

- Always explain the science behind U=U emphasizing the medical & psychosocial implications of U=U
- Use clear, concise and unambiguous communication. Be aware of your own prejudices and judgemental attitudes around risk compensation
- Always ask about sex and sexual relationships. If you are not asking about sex, you are not communicating U=U or correcting myths and misperceptions around U=U
- Be clear that the role of condoms in U=U messaging is to prevent STIs and unintended pregnancy, it is unnecessary to prevent sexual transmission of HIV
- Re-frame the HIV narrative with a focus on patient centred values of intimacy and having the type of sex that PLHIV want without fear or guilt



You've gotten  
used to the new normal.



**Don't forget  
the old normal.**

#WorldAIDSDay

## Acknowledgements

- Bruce Richman
- Nittaya Phanuphak
- Laura Waters
- Pui Li Wong

**Thank You**

