

	Title: Undetectable = Untransmittable	Policy Number: AD Prin - 1015 Page 1 of 3
	Category: Administrative Position Statements	Original: March 2018 Revised: Replace:
	Executive Director Initials Approval: BL	

Undetectable = Untransmittable / U = U

Be it resolved that we, the Board of Directors at Regional HIV/AIDS Connection, endorse the Prevention Access Campaign’s Undetectable Equals Untransmittable (U=U) Consensus Statement.

The Consensus Statement

Over the last ten years, scientists around the world have engaged in many small and large-scale studies that examine the possibility of HIV transmission/acquisition when a person living with HIV who has an undetectable viral load has condomless sex with a person who is not living with HIV. Many thousands of (vaginal, anal, and oral) sexual acts have been studied. The evidence from these studies has been rigorously examined by top scholars and researchers in the scientific community. The results of data analysis are remarkably consistent across studies, and therefore produce a compelling body of evidence. Given the strength of that evidence, the Prevention Action Campaign produced the following Consensus Statement, as a summary conclusion, and it is now endorsed by over 550 organizations in 71 different countries:

People living with HIV on ART [Antiretroviral Therapy] with an undetectable viral load in their blood have a negligible risk of sexual transmission of HIV. Depending on the drugs employed it may take as long as six months for the viral load to become undetectable. Continued and reliable HIV suppression requires selection of appropriate agents and excellent adherence to treatment. HIV viral suppression should be monitored to assure both personal health and public health benefits.

The word “negligible” is potentially misleading, given that it is used in a precise scientific sense in this statement. More colloquially, it means that if you are a person living with HIV and you follow the treatment steps outlined above and attain and maintain an undetectable viral load (as measured in the bloodstream), you can have condomless sex and know that you will not transmit HIV to your sexual partner(s). To quote various other medical professionals, when it comes to sex in this context, you are uninfected, you are not dangerous to your partner(s), and there is effectively no risk whatsoever of you transmitting HIV.¹

Support from the Canadian Government

The research here is so strong, and the data so consistent, that on November 30, 2017, Canada's Council of Chief Medical Officers of Health, issued the following statement, which was then reaffirmed by the federal Government of Canada on World AIDS Day, 2017:

[It has] become evident that when a person living with HIV is on ART, takes their medications consistently as prescribed and maintains a confirmed suppressed viral load, there is effectively no risk of their passing the infection on to their sex partners.²

Provisos

It is important to emphasize that this research draws conclusions only about the possibility of HIV transmission during sexual activity. Thus, for example, the research also indicates that people who are pregnant and who maintain an undetectable viral load for the duration of pregnancy, labour, and delivery, and whose babies then take HIV medications for four to six weeks, have a 1% chance or less of experiencing vertical HIV transmission (which is a greater level of risk than that considered "negligible"). Furthermore, there is an even higher level of risk that HIV will be transmitted via breast/chest milk even when a person has and maintains an undetectable viral load.³

Additionally, no firm conclusions can currently be drawn from the research in terms of HIV transmission /acquisition arising from the sharing of substance use equipment (including syringes in the context of injection drug use). However, some are cautiously hopeful that having an undetectable viral load may decrease the likelihood of transmission/acquisition in this context. For example, the United States Centre for Disease Control (USCDC) has stated that it is "reasonable to assume" that, given the presence of the factors mentioned in the Consensus Statement, some risk reduction takes place among people who inject drugs.⁴ However, as the degree of risk reduction is not yet well understood in this context, experts in the sector continue to advocate for the ongoing support of evidence-based, internationally recognized best practices related to harm reduction – regardless of the status of an individual's HIV viral load.

Finally, it is also worth noting that many people are not able to access or adhere to Antiretroviral Treatment because of systemic oppressions and inequities related to factors (that include but are not limited to) race, colonization, ableism, incarceration, classism, sexism, gender-based violence, dispossession, poverty, gender identity, and sexual orientation. These factors can be equally embedded in government policies, corporate profiteering, local communities, and interpersonal relationships. As the Prevention Access Campaign observes: "Our collective celebration of U=U is undermined if our access to HIV diagnostics, treatment, and care is unequal."⁵ Therefore, successfully treating and eradicating HIV requires that we collectively pursue the eradication all forms of oppression – whether interpersonal or systemic.

Conclusion: Celebrating Good News and Busting Stigma

The conclusions drawn by the scientific community about the relationship between HIV being undetectable and untransmittable via sex acts performed in the context outlined above is excellent

news to people living with HIV and their loved-ones, families, friends, and allies. We believe sharing and endorsing this news is an important act of community education and challenging HIV stigma that will directly contribute to an increased quality of life for people living with HIV. In fact, it is precisely this research that prompted the USCDC to stop referring to sex with a condom as “safe sex” or “safer sex,” and sex without a condom as “unsafe” or “unprotected sex” in relation to HIV transmission.⁶ Now, the USCDC simply speaks of “sex with a condom” or “condomless sex.” We support and affirm this kind of anti-stigma linguistic paradigm shift. Therefore, we, the Board of Directors of Regional HIV/AIDS Connection, enthusiastically endorse the Prevention Action Campaign’s Consensus Statement.

¹ For examples of the wording used by multiple physicians and medical organizations please refer to: Prevention Access Campaign. U=U Risk Messaging. Google Docs: Prevention Access Campaign; 2018 [cited 2018 Feb 28]. Available from: https://docs.google.com/document/d/1ATpKw6J_iUxdubtRxWRHWaKwGuxadNyMZ8991EwE-io/edit#heading=h.2h2h5qe4ikwu; see also: Prevention Access Campaign. Undetectable = Untransmittable: Resources. Online: Prevention Access Campaign; 2018 [cited 2018 Feb 28]. Available from: <https://www.preventionaccess.org/resources>. Note also: if you stop or alter your treatment, or you are unable to follow treatment for a reason outside of your control, your viral load can increase and become detectable and transmittable again.

¹ Public Health Agency of Canada. Statement on behalf of the Council of Chief Medical Officers of Health. Online: Public Health Agency of Canada; 2017 [cited 2018 Feb 28]. Available from: https://www.canada.ca/en/public-health/news/2017/11/statement_on_behalf_of_the_council_of_chief_medical_officers_of_health.html. It’s also worth explaining that, when Canada’s Council of Chief Medical Officers of Health speaks of “a confirmed suppressed viral load” and the Consensus Statement speaks of an “undetectable viral load,” they are referring to situations when copies of HIV cannot be detected by standard viral load tests used in Canada (meaning that there must be fewer than 50 copies of HIV per milliliter of blood; see here for more on that: Emily Claymore. Fact Sheet: Undetectable Viral Load. Online: BETA Blog; 2013 [cited 2018 Feb 28]. Available from: <http://betablog.org/fact-sheet-undetectable-viral-load/>).

¹ On pregnancy refer to The Well Project. Pregnancy and HIV. Online: The Well Project; 2017 [cited 2018 Feb 28]. Available from: <http://www.thewellproject.org/hiv-information/pregnancy-and-hiv>; and Centers for Disease Control and Prevention. HIV Treatment as Prevention. Online: Centers for Disease Control and Prevention; 2018 [cited 2018 Feb 28]. Available from: <https://www.cdc.gov/hiv/risk/art/index.html>. On Breastfeeding, see The Well Project. Undetectable Equals Untransmittable: Building Hope and Ending HIV Stigma. Online: The Well Project; 2017 [cited 2018 Feb 28]. Available from: <http://www.thewellproject.org/hiv-information/undetectable-equals-untransmittable-building-hope-and-ending-hiv-stigma#Important>.

¹ Centers for Disease Control and Prevention. HIV Treatment as Prevention. Online: Centers for Disease Control and Prevention; 2018 [cited 2018 Feb 28]. Available from: <https://www.cdc.gov/hiv/risk/art/index.html>.

¹ Prevention Access Campaign. The Third U = UNEQUAL. Online: Prevention Access Campaign; 2018 [cited 2018 Feb 28]. Available from: <https://www.preventionaccess.org/3rdu>.

¹ Todd Heywood. CDC to Stop Using 'Unprotected Sex' for 'Condomless Sex'. Online: HIVPlusMag; 2014 [cited 2018 Feb 28]. Available from: <https://www.hivplusmag.com/research/2014/02/13/cdc-stop-using-unprotected-sex-condomless-sex>.