



U=U

It's All About the Science!

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Prevention Access Campaign

About PAC



- Prevention Access Campaign - The organization behind the U=U movement
- Launched in 2016 with 2 advocacy goals:
 - Build a science-based consensus to confirm U=U
 - Disseminate the U=U science through U.S. and international partnerships
- Have since added a third goal:
 - Leverage U=U science to increase access and remove barriers to treatment, decrease stigma, and improve the lives of people with HIV, getting us closer to ending the epidemic
- 501(c)3 Organization based in Brooklyn, NY
 - Founded by Bruce Richman
 - Five staff and a Board of Directors
 - Over 1,000 partners in 102 countries

Undetectable = Untransmittable

People living with HIV who are on treatment and have an undetectable viral load* **cannot transmit HIV** to sexual partners.

*under 200 copies/ml

U=U Guidelines



TTREATMENT



LABS



CARE

Why is U=U a game changer?

- **Well-being of People w/HIV:** Transforms social, sexual, and reproductive lives
- **HIV Stigma:** Dismantles HIV stigma on the individual, community, clinical, and public policy levels
- **Treatment Goals:** Reduces anxiety associated with HIV testing and adds an incentive to start and stay on treatment and in care
- **Universal Access:** Provides a strong public health rationale to increase access and eliminate barriers to treatment, care, and diagnostics. (The Third U = Universal)



How do we know U=U?

Summary of Recent Evidence for Undetectable=Untransmittable (U=U)

Study	Enrolled Sample	Study Design	Number of Condomless Sex Acts	Number of New HIV Infections		
				Total	Phylogenetically Linked	Phylogenetically Linked When HIV+ Partner Stably Virally Suppressed
HPTN 052 Cohen et al., 2016	1,763 serodifferent couples • 98% male-female couples	2-arm trial with HIV+ partner randomized 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 Rodger et al., 2016	1,166 serodifferent couples • 888 in analytic subset • 62% male-female couples	Observational study	55,193 • 34,214 among male-female couples • 20,979 among male-male couples	11	0	0
Opposites Attract Bavinton et al., 2018	358 serodifferent male-male couples	Observational study	12,447 • counted when	3	0	0
PARTNER2 Rodger et al., 2019	972 serodifferent male-male couples • 783 in analytic subset	Observational study	76,991	15	0	0

Sex without condoms > 125,000 times

Why did we need U=U?

- ✘ Lack of access to information
- ✘ Lack of expertise, authority and disposition to draw and promote a conclusion
- ✘ Paternalism, prejudice, sex negativity
- ✘ Resistance to change

Communicating U=U

ZERO

Clear



Consistent



Confident



Conscious

Providers must inform patients about U=U

It is inexcusable for providers to withhold the U=U message from any patient living with HIV. *There is no medical justification for it.*

Conveying benefits and risks surrounding any treatment is fundamental to patients' decision-making, and this HIV treatment benefit should be no exception.

Educating patients about U=U is aligned with treatment goals: optimal adherence, viral suppression, treatment satisfaction

Educating all patients about U=U is crucial to maximizing the wellbeing of PLWH.

THE LANCET HIV	<p>Providers should discuss U=U with all patients living with HIV</p> <p>As scientific knowledge surrounding the link between HIV viral suppression and transmission risk evolves, messaging to patients must be updated accordingly. Presenting the results of the multisite, observational PARTNER2 study at the 22nd International AIDS</p> <p>guilt surrounding potential transmission, and enabling sex without fear. Beyond direct benefits, educating patients about U=U could indirectly reduce community viral load by encouraging HIV medication adherence and consequent viral suppression, supporting public-</p> <p><small>Lancet HIV 2019 Published Online February 13, 2019 http://dx.doi.org/10.1016/S2352-3018(19)30030-X</small></p>
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Sarah Calabrese, PhD
Dr. Kenneth Mayer
February 2019

Challenges to U=U



Dishonesty



Irrelevance



Comprehension



Shame



U=U is verified at the highest levels

U.S Federal Review Outcomes



Dr. Jonathan Mermin, Dr. Eugene McCray, Dr. Carl Dieffenbach, Anne Rancourt, Murray Penner, Gina Marie Brown, Dr. Richard Wolitski, Jesse Milan, Bruce Richman, Dr. Anthony S. Fauci

Confirmed **“Effectively no risk”** (September 2017)

Indicated U=U is **100% effective** (July 2019)

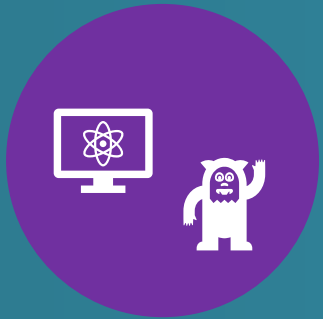
Authorized messaging flexibility, including **“U=U”** (August 2019)

Integrated U=U into ART guidelines (December 2019)

How are we doing?

- Only 12-18% of residents across seven states in the Southern United States believe U=U (n=4,306 NCAAN -2019)
- Among the 38% of MSM who agreed that U=U was “completely accurate,” only 31% and 39% believed transmission risk is zero (n=112,000 MSM – Rendina 2019)
- Only 31% of HIV+ respondents (254/750) reported U=U accurately.
- 28% of HIV- millennials said they have avoided hugging, talking to or being friends with someone w/HIV. (n=1600 – Owning HIV, Merck 2019)

Let's choose facts over fear!



Recognize

Recognize
cognitive
dissonance

Separate

Separate
feelings from
facts

Consider

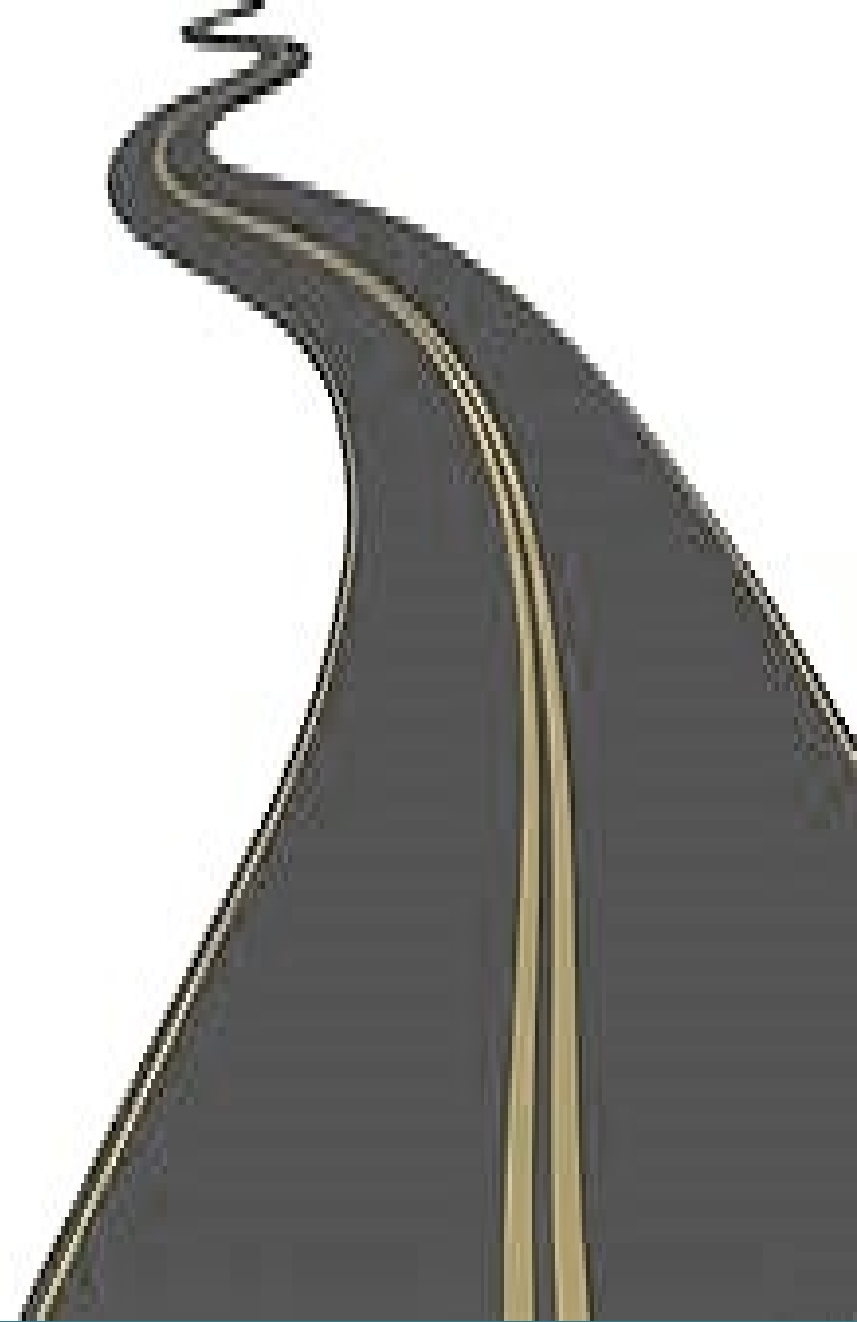
Consider the
positive and
negative
impacts

Borrow

Borrow
confidence
from the
experts

The Road Map

1. Understand the Message
2. Increase Access to the Message
3. Spread the Message
4. *Change the World – End the HIV Epidemic*



QUESTIONS?

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