

## HIV/AIDS Resources and Community Health Position Statement

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### HIV/AIDS RESOURCES AND COMMUNITY HEALTH U=U UNDETECTABLE EQUALS UNTRANSMITTABLE POSITION STATEMENT

#### Position Statement

We commit to our vision of a time and place where everyone is free to live healthy, stigma-free, vital lives and our strong values of being an organization that is sex positive and evidence-based. It becomes our responsibility to ensure we are accountable for widening the understanding of the Prevention Access Campaign's message of U=U in our community and beyond.

#### Rationale

ARCH acknowledges and supports the evidence-based research that examines undetectable viral load to Human Immunodeficiency Virus (HIV) transmission, which shows that people living with HIV who are on effective antiretroviral therapy (ART) and maintain an undetectable viral load for a period of at least six months, cannot transmit HIV to their partners. It is also important to note that health factors and social determinants of health may affect an individual's ability to reach an undetectable viral load.

The HPTN 052 study looked at 1,700 heterosexual serodiscordant couples, meaning one partner was HIV positive and the other was HIV negative. These couples were having mainly vaginal sex. No HIV transmissions occurred between partners when the HIV-positive partner was on treatment and had an undetectable viral load. (Cohen, 2016)

The PARTNER study followed 548 heterosexual and 340 gay male serodiscordant couples who regularly had unprotected sex while the HIV-positive partner had an undetectable viral load. That is, no condoms, pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP) were used by the couples. Despite over 58,000 anal and vaginal sexual acts, no HIV transmissions occurred between the partners. (Rodger, Cambiano, Bruun et al, 2016)

#### Action

ARCH fully endorses the following Prevention Access Campaign's Consensus Statement.

People living with HIV on ART with an undetectable viral load in their blood have a negligible<sup>1</sup> 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.

#### Key Points

This is an immense step forward in HIV prevention and plays an important role in stopping HIV related stigma. U=U helps to tackle stigma as it dispels inaccurate misconceptions about HIV transmission. People living with HIV and their partners can also benefit from the peace of mind that Undetectable Equals Untransmittable provides.

An undetectable HIV viral load only prevents HIV transmission to sexual partners. Condoms also help prevent HIV transmission as well as other sexually transmitted infections (STIs) and pregnancy. The choice of HIV prevention method may vary depending upon a person's sexual practices, circumstances, and relationships.

Undetectable Equals Untransmittable is only applicable to sexual transmission. With regards to breastfeeding/chestfeeding having an undetectable viral load reduces the risk but does not eliminate the risk of HIV transmission.

For more information visit [www.preventionaccess.org/consensus](http://www.preventionaccess.org/consensus).

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<sup>1</sup> The idea of “zero risk” is uncomfortable to many because it is impossible for research to ever conclude that a risk is zero. Statistically, we cannot rule out that a very small risk may exist, no matter what the data show us. However, focusing on the possibility of a very rare event can also be misleading. In this case, a large body of evidence is telling us that people with undetectable viral loads do not transmit HIV, and in research jargon we say that the risk is negligible (meaning insignificant or not worth considering) (Arkell, 2017)

#### **References:**

Arkell, C. 2017. *CATIE*. Three reasons why CATIE supports U=U for sexual transmission. Available from [catie.ca/en/pif/spring-2017/three-reasons-why-catie-supports-uu-sexual-transmission](http://catie.ca/en/pif/spring-2017/three-reasons-why-catie-supports-uu-sexual-transmission)

Cohen MS, Chen YQ, McCauley M, et al. Antiretroviral therapy for the prevention of HIV-1 transmission. *New England Journal of Medicine*. 2016;375:830–9. Available from: [nejm.org/doi/pdf/10.1056/NEJMoa1600693](http://nejm.org/doi/pdf/10.1056/NEJMoa1600693)

Rodger AJ, Cambiano V, Bruun T, et al. Sexual activity without condoms and risk of HIV transmission in serodifferent couples when the HIV-positive partner is using suppressive antiretroviral therapy. *Journal of the American Medical Association*. 2016; 316 (2):171–81. Available from: [jama.jamanetwork.com/article.aspx?articleid=2533066](http://jama.jamanetwork.com/article.aspx?articleid=2533066)

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## **HIV/AIDS AND RESOURCES AND COMMUNITY HEALTH MISSION, VISION AND GUIDING PRINCIPLES**

### **Mission**

We provide anti-oppressive, sex-positive, inclusive care, treatment and prevention services in the area of HIV/AIDS and other sexually transmitted blood-borne infections through innovative health promotion strategies and community engagement.

### **Vision Statement**

We dream of a time and place where everyone is free to live healthy, stigma-free, vital lives.

### **Guiding Principles: What We Value and How We Work**

Greater and more Meaningful Engagement of People who live with HIV/AIDS • Harm Reduction-Based • Anti-Oppressive • Inclusive • Respectful • Caring • Accepting • Passionate and Committed • Accountable • Accessible • Sex-Positive • Client-Centered • Evidence-Based • Strength-Based • Self-Determination • Flexible