

**UNDETECTABLE=
UNTRANSMITTABLE**

UNDETECTABLE=UNTRANSMITTABLE (U=U) IN HIV CARE

“

The evidence-based campaign, 'Undetectable Equals Untransmittable' (U=U), is an empowering discussion that may help motivate and incentivise [people with HIV] to reach and maintain undetectability. ”

Okoli C *et al.* 2021¹

ViiV Healthcare employee



U=U was launched in 2016 with an international consensus statement, declaring that for people with HIV who had an undetectable viral load there was no risk of the sexual transmission of HIV.²

In the intervening years, the combined evidence from four landmark studies—HPTN 052, PARTNER, PARTNER 2 and Opposites Attract—further strengthened this evidence-based campaign. Across 6,000 couple-years of follow-up, these studies showed that **treatment with antiretroviral therapy (ART)** taken daily as prescribed, reducing viral load below detectable levels (<200 copies/mL), **led to zero cases of sexual transmission of HIV between people with HIV and their HIV-negative partners.**³⁻⁶

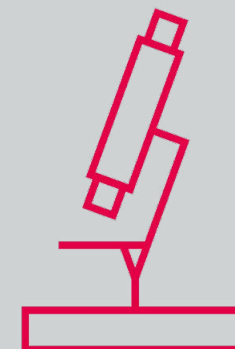
The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) has provided guidance for healthcare providers (HCP) on U=U, which has been endorsed by leading organisations in Australia.⁷ ASHM recommends HCPs should inform all patients that:⁷ **“People who keep their HIV viral load to an undetectable level by consistently taking HIV medications will not pass HIV to others through sex.”⁷**

ASHM provides further recommendations for HCPs, aimed at supporting the communication and uptake of U=U messaging to people with HIV in Australia.⁷

In the Australian setting, HCPs have shown strong engagement with communicating the U=U message:



report being informed of U=U by their doctor (N=120).⁸ This high rate of communication was sustained regardless of whether participants perceived gaps in their HIV management or not.⁸



HCPs now have further incentive to inform people with HIV about U=U. Data from the Positive Perspectives Wave 2 study show **a direct correlation between people with HIV reporting being made aware of U=U by their HCPs and improved self-reported health outcomes.**⁹

Understanding the extent to which HCPs share the U=U message with people with HIV is an important facet of HIV care: U=U has the potential to improve adherence to ART and improve engagement with HCPs.¹

The Positive Perspectives Wave 2 study estimated **the percentage of people living with HIV who had discussions of U=U with their main HIV provider and measured associations with health-related outcomes.** This relationship was examined according to three objectives:¹⁻⁹

1. The prevalence of disparities in self-report of having had a U=U discussion with an HCP.
2. Associations between exposure to U=U information and health-related perceptions and behaviours.
3. Whether the observed impact of exposure to U=U messaging was modified by the source of the information (HCP or non-HCP) and also by participant characteristics.

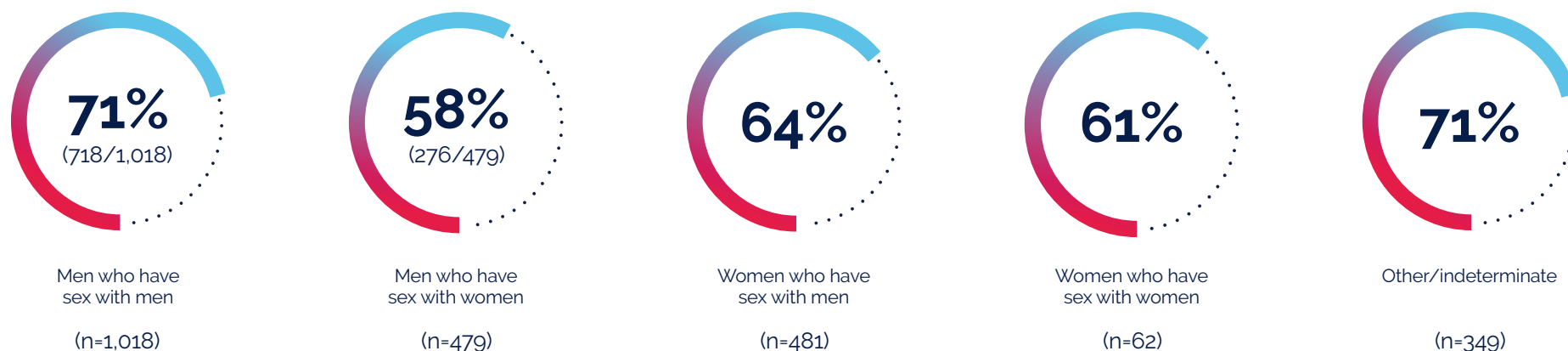


AWARENESS OF U=U IN THE POSITIVE PERSPECTIVES WAVE 2 STUDY

Within the global Positive Perspectives Wave 2 study cohort, only 66.5% of participants (N= 1,588/2,389) had been informed of the U=U message by an HCP.¹ Of the remaining participants, 21% (505/2,389) reported they became aware of U=U from non-HCP sources and 12% (296/2,389) reported they were completely unaware of U=U.¹

Global data from Positive Perspectives Wave 2 showed a wide variability of awareness across different genders and sexual orientations, with men who have sex with men showing the greatest awareness of U=U and men who have sex with women showing the least.¹

Figure 1. Global awareness of U=U by gender and sexual orientation.

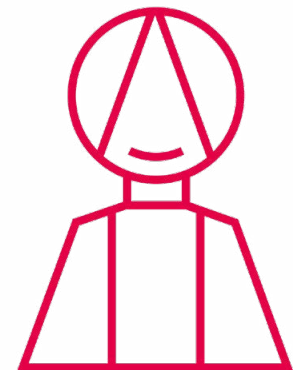


Adapted from Okoli C *et al.* 2021¹ and Positive Perspectives Study, Wave 2 Results Report.⁹

Fostering open and active discussion

PozQoL is an Australian-developed and validated HIV quality of life (QoL) scale that can be used to better understand the needs of people with HIV, improve the quality of HIV services, and improve health outcomes for people with HIV.^{10,11}

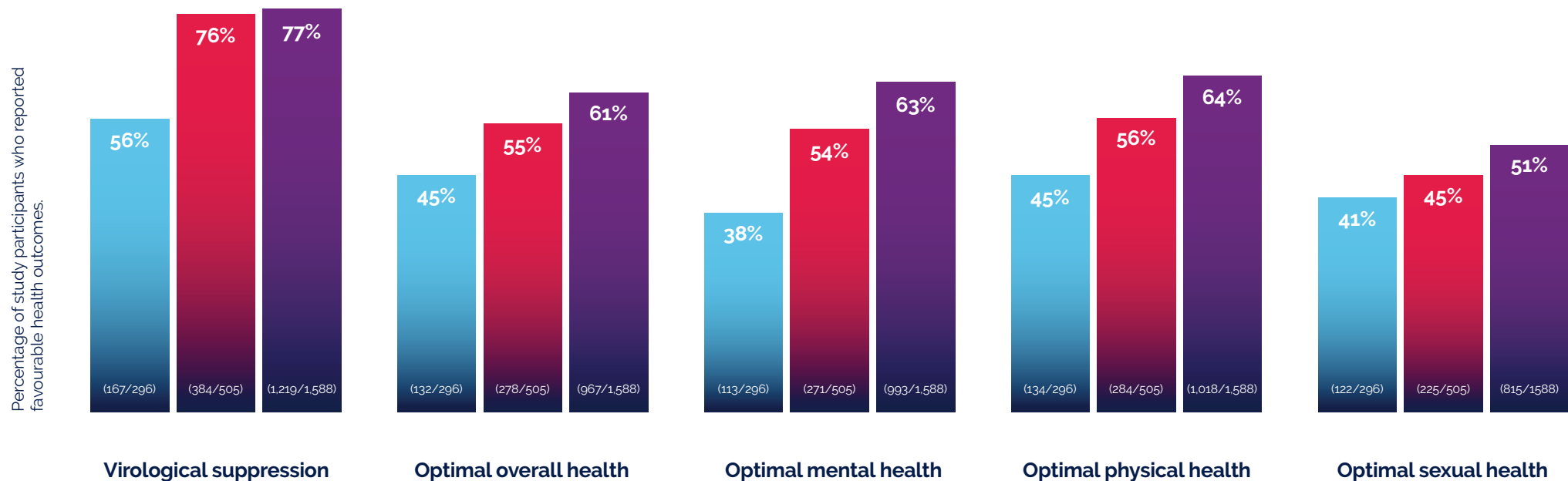
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THE RELATIONSHIP BETWEEN U=U AND HEALTH OUTCOMES IN PEOPLE WITH HIV

The prevalence of all self-reported health outcomes investigated in Positive Perspectives Wave 2 was highest among people with HIV who reported being informed of U=U by an HCP, compared to people with HIV who learned about U=U from a non-HCP source or who were completely unaware of the U=U messaging.¹

Figure 2. Prevalence of self-reported health outcomes by source of information about U=U in people with HIV (N=2,389).⁹

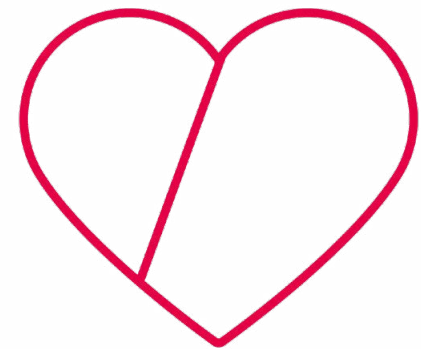


People with HIV who reported being:

- Completely unaware of U=U (n=296)
- Aware of U=U from non-HCP sources (n=505)
- Informed by HCPs of U=U (n=1,588)

Adapted from Positive Perspectives Study, Wave 2 Results Report.⁹

Analysis of the relationship between patient-reported outcomes and source of information about U=U showed that **people with HIV informed by an HCP had significantly greater odds of reporting optimal mental, physical, sexual and overall health outcomes** than people with HIV completely unaware of U=U ($p < 0.05$ for all).¹



U=U AND COMMUNICATION

Positive Perspectives Wave 2 showed **the importance of people with HIV being informed specifically by HCPs of U=U.**⁹ The empowering message of U=U can be shared as part of open and active dialogue between HCPs and people with HIV to help improve health outcomes and QoL.^{1,9} **It is also important that all people with HIV and their partners can benefit from being informed about U=U.**⁹ Thus, HCPs can actively communicate U=U to under-informed groups of people with HIV, such as women and men who have sex with women.^{1,9}

As outlined by the results of Positive Perspectives Wave 2, educating people with HIV about the U=U messaging is related to improved health outcomes, and is a prime example of how open and active dialogue can foster engagement and improve QoL outcomes.⁹



of participants informed
of U=U by their HCP

reported feeling comfortable discussing concerns relating to the safety of others and prevention of transmission, compared to 36% (107/296) of those completely unaware of U=U.⁹

See how the PozQoL scale can be used to
help foster open and active dialogue
between HCPs and people with HIV

[Read more](#)

PozQoL is another tool that can be used to improve HIV care and health outcomes for people with HIV.^{11,12} Tools like PozQoL provide a validated measure of QoL. **Using a patient-reported outcome measure of QoL, such as PozQoL, can help both people with HIV and their HCPs to achieve a patient-centred level of care** and may assist with promoting an open and active dialogue to better understand the needs of people with HIV.¹²

To learn more about PozQoL and how it is used in clinical practice, head over to the PozQoL section of the site.

References:

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The Positive Perspectives Wave 2 study was sponsored by ViiV Healthcare.

This study could not have been completed without people living with HIV who have generously shared their time, experiences, and bodies, for the purposes of this research. Much of the fight against HIV and AIDS relies upon people living with HIV continuing to put themselves forward and this research and our fight against HIV and AIDS is indebted to those past and present.

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