



Undetectable = Untransmittable (U=U)

A Call to Action for Health Departments & Community-Based Organizations

- “U=U is the foundation for being able to end the epidemic.” Dr. Anthony S. Fauci, Director, NIAID
- “It’s very clear the risk is zero. The time for excuses is over.” Dr. Alison Rodger, Lead Author, PARTNER studies
- “U=U set me free.” Maria Mejia, International AIDS Activist

Prevention Access Campaign (PAC) launched the “Undetectable Equals Untransmittable” (U=U) campaign in 2016 with people with HIV, allies, and leading researchers with two advocacy and communications goals: (1) build a science-based consensus on U=U; and (2) disseminate the U=U science through U.S. and international partnerships. U=U has grown into a global health and human rights movement of nearly 1,000 official partners in 102 countries. U=U has been accepted by the global medical and scientific community as a life-changing, stigma-busting, and transmission-stopping fact. It is changing lives and the field worldwide. The campaign’s rapid expansion is a testament to the passion and power of people with HIV coming together with scientists, public health officials, and other allies to improve lives and bring an end to the dual epidemics of HIV and HIV stigma.

Sharing knowledge about U=U is game changing because of the many ways it impacts people with HIV and the epidemic:

- **Well-being of people with HIV:** Transforms the social, sexual, and reproductive lives of people with HIV by freeing them from the shame and fear of sexual transmission to their partners.
- **HIV stigma:** Dismantles the HIV stigma that has been destroying lives and impeding progress in the field since the beginning of the epidemic.
- **Treatment goals:** Reduces the anxiety associated with testing, and encourages people living with HIV to start and stay on treatment to remain healthy and prevent HIV transmission.
- **Universal access:** Offers a strong public health argument to increase access and remove barriers to treatment, care, and diagnostics to save lives and prevent new transmissions.

U=U and *Ending the HIV Epidemic: A Plan for America*

To accomplish the first three goals of the *Ending the HIV Epidemic: A Plan for America*, it is essential to communicate U=U clearly and consistently to people with HIV and the general public.

<p>Diagnose all people with HIV as early as possible.</p>	<p>Knowledge about U=U reduces anxiety associated with HIV testing.</p>
<p>Treat the infection rapidly and effectively to achieve sustained viral suppression.</p>	<p>Knowledge about the full benefits of U=U incentivizes starting and staying on treatment and in care to achieve viral suppression and remain healthy.</p>
<p>Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).</p>	<p>Increasing the number of people who are virally suppressed is the most effective way to reduce new transmissions.</p>



In February 2021, **The Lancet** published a [special issue on HIV in the USA](#), with six articles on the current state of the epidemic in view of Ending the HIV Epidemic (EHE), the federal effort to reduce new HIV transmissions in the US by 75% in five years and by 90% in ten years. The Lancet series concludes with a [“Call to Action” outlining the measures needed for EHE to succeed](#). In developing this call to action, leading medical experts from major universities were joined by leaders from advocacy organizations including the San Francisco AIDS Foundation, AmFAR, AVAC, the Black AIDS Institute, and Prevention Access Campaign. Among the many items addressed in the call to action, [U=U has a critical role to play](#).

The DHHS [Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV](#) were updated in December 2019 to include the importance of communicating U=U in clinical settings: “When ART is used to prevent HIV transmission, this strategy is called treatment as prevention (TasP), commonly known as Undetectable = Untransmittable or U=U.” The guidelines state that “providers should inform persons with HIV that maintaining HIV RNA levels <200 copies/mL with ART prevents HIV transmission to sexual partners.”

U=U is a powerful tool to convey the importance of treatment for people living with HIV. It must be communicated in a clear, consistent, and accurate manner to help improve the lives of people with HIV, prevent new transmissions, and bring us closer to ending the epidemic.

RECOMMENDATIONS FOR ACTION (INCLUDE AS APPROPRIATE IN CDC & HRSA FUNDING APPLICATIONS)

Organizations and health departments around the country are implementing many of these activities. PAC can provide examples and best practices for these activities as well as technical assistance and trainings on others.

1. Integrate U=U messages/language into EHE plans.
2. Include U=U/treatment messages in HIV testing outreach and in PrEP, PEP & condom campaigns emphasizing the HIV prevention toolbox.
3. Conduct HIV provider and case manager trainings on U=U.
4. Include requirements in RFPs/service standards to incorporate U=U into outreach, marketing & agency programs.
5. Begin a U=U Ambassadors’ program (PAC offers TA and/or Train the Trainer services).
6. Hire a U=U Coordinator to manage U=U and other treatment activities. Alternatively, assign U=U prominently to a current position.
7. Hire people with HIV as treatment navigators and include U=U in their job descriptions.
8. Begin a U=U Coalition/Community Advisory Board and invite broad participation.
9. Conduct forums on U=U for community members & organizations, policymakers & other stakeholders.
10. Incorporate U=U messages into rapid start programs to encourage immediate start of treatments.
11. Issue Dear Colleague or comparable letter to providers about the importance of U=U (e.g., [CDC](#), [New York State Department of Health](#)).
12. Display U=U posters and materials in waiting rooms/agencies.
13. Create social marketing campaigns, including outdoor advertising, and hire local people with HIV as “models”.
14. Publish U=U e-newsletters.
15. Include U=U prominently in promotions for AIDS walks, LGBTQ pride events & other agency/community events.
16. Create a U=U website landing page with prominently displayed U=U information.
17. Engage niche & mainstream media outlets to promote the science as well as personal stories.
18. Create videos of people with HIV telling their stories about the importance of undetectable.
19. Engage diverse people with HIV representatives in ALL aspects of decision making, campaigns & events.
20. Include U=U messages and education consistently in agency newsletters, fundraising appeals, etc.



CDC has [endorsed the use of the U=U message and materials](#) from PAC and HRSA has also [emphasized the critical importance](#) of Treatment as Prevention (TasP).

THE TIME TO ACT IS NOW

There are more than 400,000 people with HIV in the US who may not be in a position to achieve viral suppression because of barriers to treatment and care (e.g., inadequate health systems, poverty, racism, denial, stigma, discrimination, and criminalization). Because of these multiple barriers, they are not benefitting from the science of U=U to stay healthy and prevent HIV transmission to their sexual partners. U=U must be used as a public health argument to increase access and remove barriers to treatment and care, to motivate people with HIV to initiate and adhere to treatment, to reduce HIV stigma, and to enable people with HIV to live full and healthy lives. U=U is a message that is an essential component of ending the epidemic, but only if it is widely shared.

- People with HIV who are on treatment and virally suppressed are suffering because they and others think they're infectious. They are suffering from social rejection, isolation, depression, suicide, intimate partner violence, prosecution and murder. Their lives are at risk. Knowledge about U=U has the power to dismantle the internal and external stigma that has been destroying lives and impeding progress in the field since the beginning of the epidemic.
- People with HIV who are not receiving care and treatment are often choosing not to engage in care out of despair or fear and face social and structural barriers that make it difficult or impossible to do so. Eighty percent of annual new transmissions are transmitted by those living with HIV who are not receiving HIV care and treatment. Many feel ashamed, hopeless, toxic, isolated, unlovable. For many, U=U brings hope and opens new possibilities to live with HIV, to love, to have sex and to conceive children. Knowledge of U=U is a powerful motivation to test for HIV, and if HIV-positive, to start treatment and stay in care. It is especially important for those suffering from depression and despair because it combats their perceived infectiousness.

MAKE COMMUNICATING U=U A PRIORITY. U=U is the most important information those of us in the field can share. Every communication is an opportunity to change the life of a person living with HIV, dismantle stigma, improve each stage of the treatment cascade, and advocate for access to treatment and care. Make your communications about U=U prominent, not buried in paragraph four or near the end of a video where it could go unnoticed. Celebrate U=U!

BE CLEAR AND CONSISTENT. Use definitive and easy to understand phrases such as “can’t pass it on”, “no risk” and “zero risk”. Avoid phrases that convey even slight risk or are ambiguously defined like “nearly impossible”, “extremely low”, “essentially no”, and “virtually impossible.” Acceptance of U=U takes time; it takes clarity and repetition to unlearn decades of fear and stigma about HIV.

AVOID OVERLY CAUTIOUS PHRASES. Even when language about risk is accurate, cautionary phrases and attitudes might undermine the message. Be confident and avoid creating unnecessary anxiety. For instance, if you say, “I believe U=U, but use a condom and/or PrEP just in case,” that conveys doubt about U=U. A condom

and/or PrEP are not necessary to prevent HIV transmission if the partner with HIV has an undetectable viral load. However, condoms may be helpful to prevent other STIs or unintended pregnancy, and condoms and/or PrEP might be advised if adherence is a challenge for the partner living with HIV. Lead with the carrot not the stick.



COMMUNICATING THE BASICS IS EASY. The basic rules to enjoy U=U are not complex. It's about TLC. This is easy to understand, but structural inequalities and social determinants of health make it difficult or impossible for far too many to do.

1. **T**reatment – stay on treatment as prescribed
2. **L**abs – get labs done regularly
3. **C**onnection – stay connected to care

Other factors to keep in mind:

- The threshold for U=U is under 200 copies/ml, synonymous with viral suppression.
- U=U only prevents HIV. Condoms help prevent other STIs and pregnancy.
- U=U has only been proven for sexual transmission, not breastfeeding or needle sharing.
- U=U might not exempt people with HIV from disclosure laws, which are unjust and flawed regardless of one's viral load.
- Viral load does not equal Value (V≠V). No one living with HIV is a danger (people who have a detectable viral load can use PrEP and/or condoms to prevent sexual transmission of HIV to their partners). For more information that V≠V, read [this article](#) in POZ magazine.

A full **U=U communications guide** and many additional resources are available at www.uequalsu.org
Use **#UequalsU** in social media for greater visibility and to connect to the U=U movement.

Contact: Murray Penner, murray@preventionaccess.org for resources and support.