

# It Starts With Me Campaign Update

## New Campaign Videos

As part of the *It Starts With Me* campaign, HIV Prevention England (HPE) will be releasing new videos on 14 March 2016. These will feature people living with HIV talking about the impact of treatment on their lives.

The videos, which feature people of different sexualities and ethnicities, are being released for two reasons:

1. To raise awareness that living with HIV is now manageable with treatment. It is hoped that this will help to reduce the barriers around testing for HIV.
2. To raise awareness that treatment can play a role in preventing the onward transmission of HIV.

HPE will also be sharing, via social media, information on how treatment can stop the spread of HIV. While treatment can also have prevention benefits when taken by HIV negative people - as Pre-exposure prophylaxis (PrEP) or as Post-exposure prophylaxis (PEP) - this campaign will only cover treatment taken by people with diagnosed HIV. This enables the campaign to focus on how treatment reduces infectiousness, a piece of information that HPE has found impactful before.

### Target Audiences

The campaign will target men who have sex with men (MSM) and people from black African communities who have not tested for HIV recently, as well as people who have recently been diagnosed with HIV.



Helen

### Media Channels

This phase of the campaign will be promoted on digital platforms, mainly Facebook, Twitter and YouTube.



James

### Duration

There will be active promotion for two weeks from 14-31 March. The videos and all other information will remain online for use afterwards.

## How you can use the videos

The videos can be screened at events or in presentations. All the videos will be available to stream on [Terrence Higgins Trust's YouTube channel](#) under the playlist *Living with HIV*. They can also be embedded onto your own website.

If you would like to use any of the videos offline and require assistance, email:

[itstartswithme@tht.org.uk](mailto:itstartswithme@tht.org.uk)



Mohammed

## Treatment as Prevention (TasP) Update

Since the announcement of the results of the START<sup>i</sup> study last year, there has been a significant change in the guidance on when people diagnosed with HIV should start treatment.

Until recently, people living with HIV were advised to start treatment before their CD4 count dropped to 350 or below. The British HIV Association (BHIVA) has now changed those guidelines to say that anyone with HIV who is ready to commit to treatment should start taking it regardless of their CD4 count.

This is because the START study found that people who delayed treatment until their CD4 count dropped to 350 had a much higher chance of developing AIDS-related illnesses such as cancers.

Recently diagnosed individuals should talk to their clinicians to discuss when to start treatment.

HIV treatment reduces the risk of transmission by reducing the quantity of HIV circulating in the body. When there is so little HIV in a person's blood that their viral load is 'undetectable', the risk of sexual transmission is minimal.

The HPTN 052 randomised controlled trial conclusively demonstrated that HIV treatment significantly reduces the risk of sexual transmission. The trial recruited 1,763 couples in which an HIV positive person had a CD4 cell count between 350 and 550 cells/mm<sup>3</sup> and had an HIV negative partner. Most of the couples were heterosexual and most were living in African or Asian countries. The HIV positive participants were randomised either to start treatment immediately, or to defer treatment until their CD4 count fell below 250 cells/mm<sup>3</sup>.

A total of 28 individuals acquired HIV from their primary partner during the trial, one in the immediate treatment arm and 27 in the deferred treatment arm. This amounts to 96% fewer transmissions occurring. The single transmission in the immediate treatment arm took place a few days either before or after the person started HIV treatment, in other words before full viral suppression had been achieved.

When considering whether HIV treatment will reduce the transmission risk by 96% in all circumstances, it is worth remembering that HPTN 052 was a clinical trial, conducted under optimum conditions – participants received adherence and safer sex counselling as well as frequent testing for viral load and sexually transmitted infections (STIs). Moreover, the participants were couples in stable relationships in which each partner was aware of the other's HIV status – only 5% of participants reported having unprotected sex.

A large observational study (the PARTNER study) has provided preliminary data that support the findings of HPTN 052. The researchers have recruited couples in which an HIV positive partner is taking HIV treatment and has an HIV negative partner. In contrast to the randomised trial, all couples report using condoms inconsistently or not at all.

<sup>i</sup>The START study was a worldwide study aiming to shed more light on the optimal timing to start taking HIV treatment.

Importantly, approximately half of the participants are MSM. The study is being conducted in 14 European countries.

An interim analysis, with data on almost 800 couples who reported just under 45,000 acts of penetrative sex, found that there had been no transmissions from a partner with an undetectable viral load. This applies to both anal and vaginal sex.

The researchers are collecting more data, and recruiting more gay couples, so that they can provide precise estimates of the transmission risk during different sexual acts. Final results are due in 2017.

A number of smaller observational studies have been conducted with heterosexual couples only. Their results have varied somewhat, but do broadly confirm the findings of HPTN 052. These studies have consistently shown that HIV transmission occurs very infrequently when the HIV positive partner is taking treatment or has a low viral load.

Some concerns have been raised about circumstances in which transmission could still occur, despite the person with HIV taking treatment. Transmission might occur during the first few months of a person taking treatment – studies suggest that viral load is most likely to remain consistently undetectable after six months or more of treatment. If adherence is poor (ie, drug doses are missed or taken late), the viral load may rise. Temporary rises ('blips') in the viral load in sexual fluids, caused by STIs or menstruation, could possibly have an impact on the risk of transmission.

Different antiretroviral drugs may have different abilities to penetrate the male genital tract, female genital tract and rectal tissue. Studies have

sometimes found that HIV positive individuals have had an undetectable viral load in blood, but not in other body fluids. Nonetheless most people who have an undetectable viral load in their blood are also undetectable in their semen or vaginal fluids, as well as in their rectal mucosa and (in the case of women) vaginal mucosa.

Despite these uncertainties it remains clear that, overall, effective HIV treatment has a profound impact on infectiousness and sexual transmission. People taking HIV treatment who have an undetectable HIV viral load are much less likely to pass on HIV than people not on treatment.

Please read the full briefing on TasP [here](#).

Scientific evidence for TasP by Roger Pebody, Editor at NAM

- To visit Terrence Higgins Trust's YouTube channel visit: [www.youtube.com/user/THTCommunity](http://www.youtube.com/user/THTCommunity)
- Read the full briefing on TasP [here](#).

## The HIV and sexual health charity for life

Website: [www.tht.org.uk](http://www.tht.org.uk) THT Direct: 0808 802 1221

Registered office: 314-320 Gray's Inn Road, London WC1X 8DP Tel: 020 7812 1600 Email: [info@tht.org.uk](mailto:info@tht.org.uk)

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