IT STARTS WITH ME

HIV PREVENTION ENGLAND

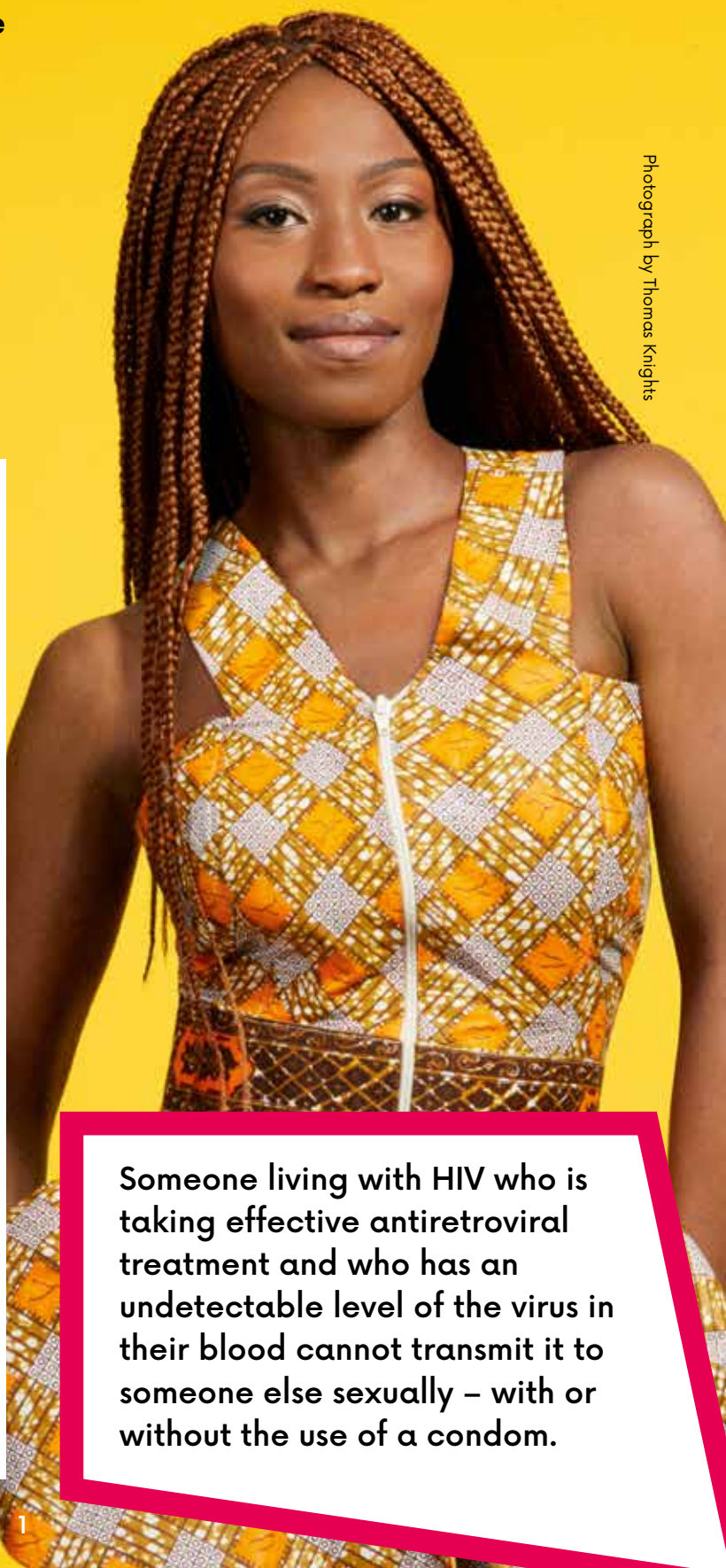
Spring campaign briefing: "I can't pass on HIV"

The spring phase of the **It Starts With Me** campaign will start on Monday 16 April 2018. The focus of this phase will be on promoting the impact of HIV medication on prevention. This briefing sets out a summary of key definitions, evidence which demonstrates the effectiveness of HIV treatment on reducing transmission, and provides information about how you can get involved in the campaign.

Getting tested and accessing free treatment and support means that someone can get the maximum health benefits from the medication and stops them from passing on HIV.

The two groups that continue to be disproportionately affected by HIV in England are men who have sex with men (MSM) and black African people. Evidence shows that a significant proportion of people from these key populations do not know that effective treatment reduces infectivity to a negligible level[1].

If someone is on effective HIV treatment and has an undetectable viral load they cannot pass on HIV. Effective treatment means that someone is on treatment, taking it as prescribed and has an undetectable viral load. Different laboratories may have different cut off points when classifying an undetectable viral load, however most clinics in the UK classify undetectable as being below 20 copies/ml. It can take up to six months from starting treatment to become undetectable.



Photograph by Thomas Knights

Someone living with HIV who is taking effective antiretroviral treatment and who has an undetectable level of the virus in their blood cannot transmit it to someone else sexually – with or without the use of a condom.

EVIDENCE

Over two decades, a large body of evidence has been published which supports the statement that someone who is living with HIV who has an undetectable viral load cannot transmit HIV to their partners[2]. This ranges from early clinical and theoretical studies, through to small observational studies, randomised trials and large prospective cohorts. See Table 1 on page 4 for a list of key papers supporting this statement.

One of the most recent and influential studies has been the landmark multinational PARTNER study. This study, published in 2016, looked at 888 gay and straight serodiscordant couples (and 58,000 sex acts) where one partner was HIV positive and on effective treatment, and one was HIV negative. Results found that where the HIV positive partner had an undetectable viral load, there were no cases of HIV transmission whether they had anal or vaginal sex without a condom, and regardless of the presence of sexually transmitted infections (STIs). In the study, 16% of gay men and heterosexual people had an STI. However, the presence of an STI in either the person with HIV or their negative partner did not increase the risk of HIV transmission if the person with HIV was on treatment and had an undetectable viral load[3].

Another study, the Partners PrEP study looked at the risk of transmission in the time it took the HIV positive partner to achieve an undetectable viral load. In most cases (84.8%) this happened within six months and there were no infections once someone had been on treatment for six months or more[4].

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Photograph by Thomas Knights

KEY SUPPORTERS

Over 500 organisations from 71 countries support the message that individuals on effective medication with an undetectable viral load cannot transmit HIV sexually. This includes UNAIDS, The British HIV Association, NAM, National AIDS Trust, Terrence Higgins Trust, HIV i-Base, the US Centre for Disease Control, and hundreds of other organisations, scientific experts and influencers worldwide.

'In addition to the positive impact upon the health of people living with HIV, there is increasing consensus among scientists that people with undetectable HIV in their blood do not transmit HIV sexually. This knowledge can be empowering for people living with HIV. The awareness that they are no longer transmitting HIV sexually can provide people living with HIV with a stronger sense of being agents of prevention in their approach to new or existing relationships.' UNAIDS, 2017[5]

THE IT STARTS WITH ME SPRING 2018 CAMPAIGN

The focus on this phase of It Starts With Me will be threefold:

- **Based on the research, to promote awareness and confidence in the message that effective HIV treatment stops the transmission of the virus.**
- **To challenge HIV stigma by sharing real stories of people living with HIV who demonstrate how effective treatment is and that they are not passing on the virus.**
- **To encourage people living with HIV to continue to take treatment, both for the health benefits it produces and to stop them from being able to pass on HIV.**

The spring campaign will start on **Monday 16 April** and will run for six weeks, primarily via targeted digital platforms.

We will have online and print advertising of the campaign, promote our interactive digital tools via **www.startswithme.org.uk** and share real life stories of people who are on effective medication and have an undetectable viral load through video and written posts.

Photograph by Thomas Knights

GET INVOLVED

We encourage you to share the message that HIV treatment stops transmission to others with the communities which you work with.

To support you in your work, you can use the free, high-quality and award-winning information resources we provide from **http://hperesource.nflex.co.uk/** These resources include posters, information leaflets, peel 'n' revealstickers, condom packs, stickers and other merchandise.

We will be providing a social media pack and press release template you can use to amplify the digital and media reach of the campaign.

In addition to these resources, we will also host a webinar in early May 2018 for health professionals on what it means to be undetectable and uninfectious.

To keep up-to-date with what is happening, subscribe to the HPE newsletter: **www.hivpreventionengland.org.uk/**

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TABLE 1: KEY SELECTED EVIDENCE

Study	Study details	Results	Date	Authors
San Francisco cohort	Clinical results from a small cohort of HIV positive women using triple ART during pregnancy.	Transmission from mother to baby was reduced to approaching zero.	1998	Beckerman K et al
Department of Health and Social Security (DHHS) guidelines	Expert opinion included in evidence-based guidelines.	Theoretical plausibility of reducing transmission risk was used as a factor for early ART.	1998	DHHS guidelines
Ugandan cohort (Rakai)	Prospective observational cohort in ~ 400 serodiscordant couples.	Zero transmissions when viral load was less than 1500 copies/ml.	2000	Quinn TC et al
Spanish cohort	Prospective observational study in 393 heterosexual discordant couples enrolled from 1991 to 2003 where the negative partner became HIV positive.	Zero transmissions in couples where the HIV positive partner was on ART with an undetectable viral load. Cautions emphasised good adherence and no STIs.	2005	Castella A et al
Swiss Statement	Expert opinion and evidence review of >25 smaller studies looking at impact of ART on risk factors for HIV transmission.	Concluded that transmission would not occur with an undetectable viral load.	2008	Vernazza P et al
HPTN 052	1,763 serodiscordant heterosexual couples randomised to immediate or deferred ART.	All infections occurred in people with detectable viral load: n=17 in the deferred ART group and one early infection in the ART group before viral load was undetectable. Follow-up reported out to four years.	2011	Cohen M et al
PARTNER	Prospective observational European study in ~ 900 serodiscordant couples who were not using condoms.	Final results reported zero transmissions after more than 58,000 times couples had sex without condoms when viral load was undetectable <200 copies/ml.	2014 (interim) 2016 (final)	Rodger A et al
Opposites Attract	Prospective observational study in 358 serodiscordant gay male couples in Australia, Thailand and Brazil.	Zero transmissions when viral load was undetectable <200 copies/ml.	2017	Grulich A et al
PARTNER2	Extension of PARTNER study to collect additional follow-up in gay male couples.	Study is fully recruited and still ongoing (2014–2017).	Expected 2018	

Source: HIV iBase 2017. The evidence for U=U (Undetectable = Untransmittable): why negligible risk is zero risk.
For more details about the studies summarised in Table 1, go to **http://i-base.info/htb/32308**

[1] Hickson et al 2016. State of Play: findings from the England Gay Men's Sex Survey 2014; Bourne et al 2014. African Health & Sex Survey 2013-2014: Headline findings. Available from: **www.hivpreventionengland.org.uk/evidence-and-guidance/national-guidelines/**

[2] Collins, S. 2017. The evidence for U=U (Undetectable = Untransmittable): why negligible risk is zero risk. Available from: **http://i-base.info/htb/32308**

[3] Rodger et al, 2016. Sexual Activity Without Condoms and Risk of HIV Transmission in Serodifferent Couples When the HIV-Positive Partner Is Using Suppressive Antiretroviral Therapy. JAMA. Available from: **http://jama.jamanetwork.com/article.aspx?articleid=2533066**

[4] Mujugira et al 2016. HIV Transmission Risk Persists During the First 6 Months of Antiretroviral Therapy. PLoS One.
Available from: **https://www.ncbi.nlm.nih.gov/pubmed/27070123**

[5] UNAIDS, 2017. Public health and HIV viral load suppression. UNAIDS Explainer.
Available from: **http://www.unaids.org/sites/default/files/media_asset/20170724_viral_load_suppression_brochure.pdf**

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