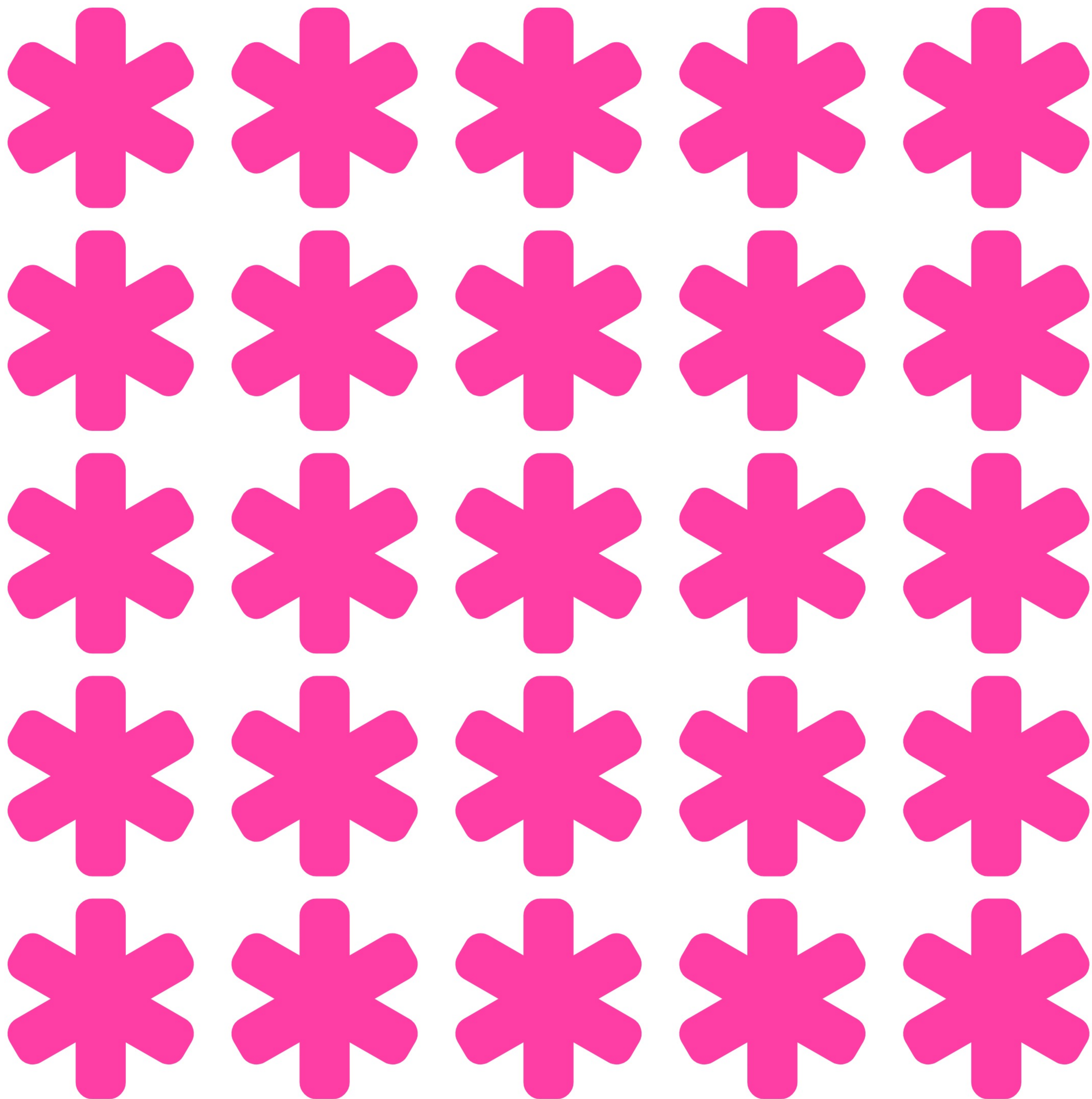


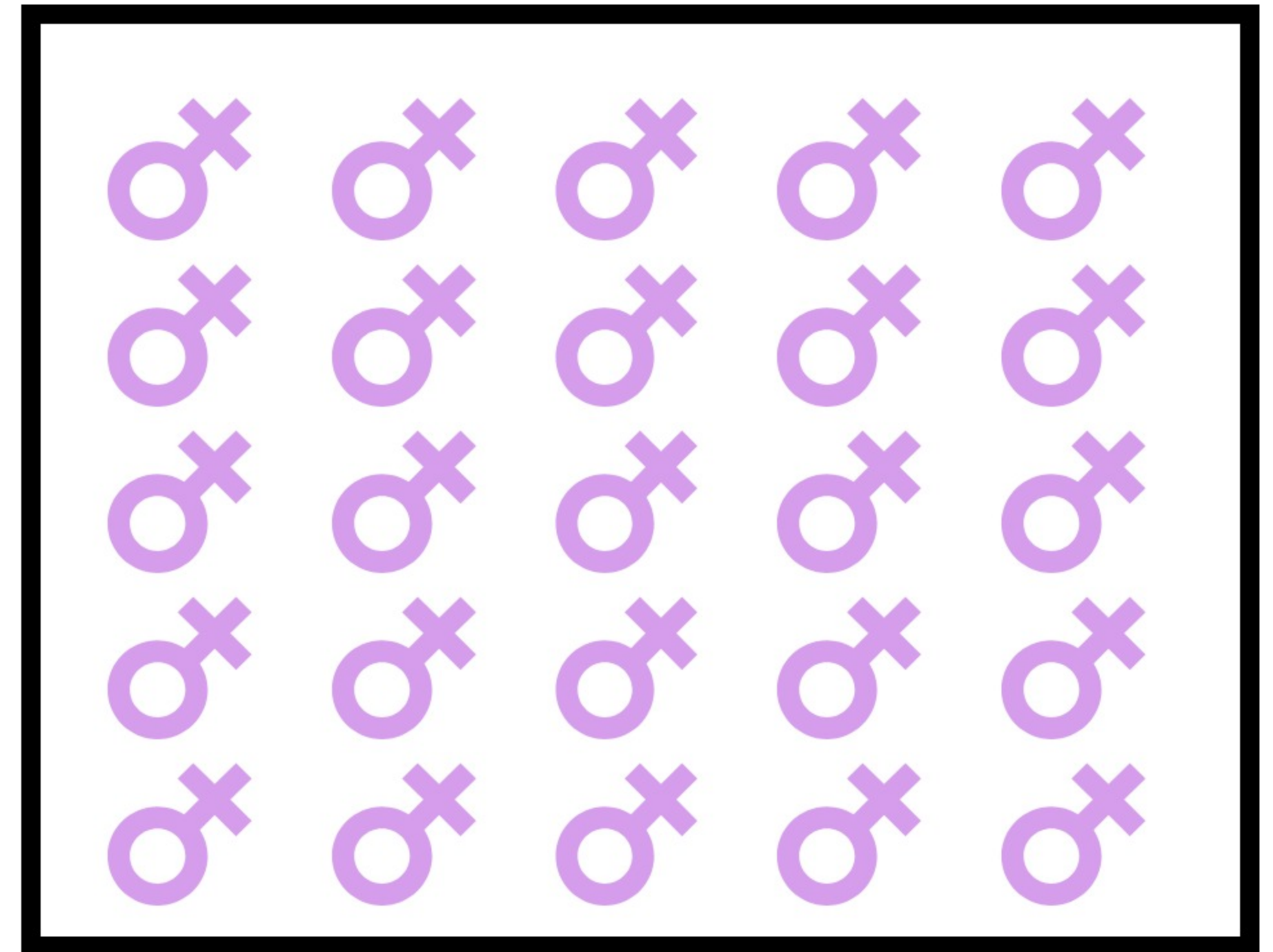
Living in the Asterisk (*)

What does U=U mean for
women?



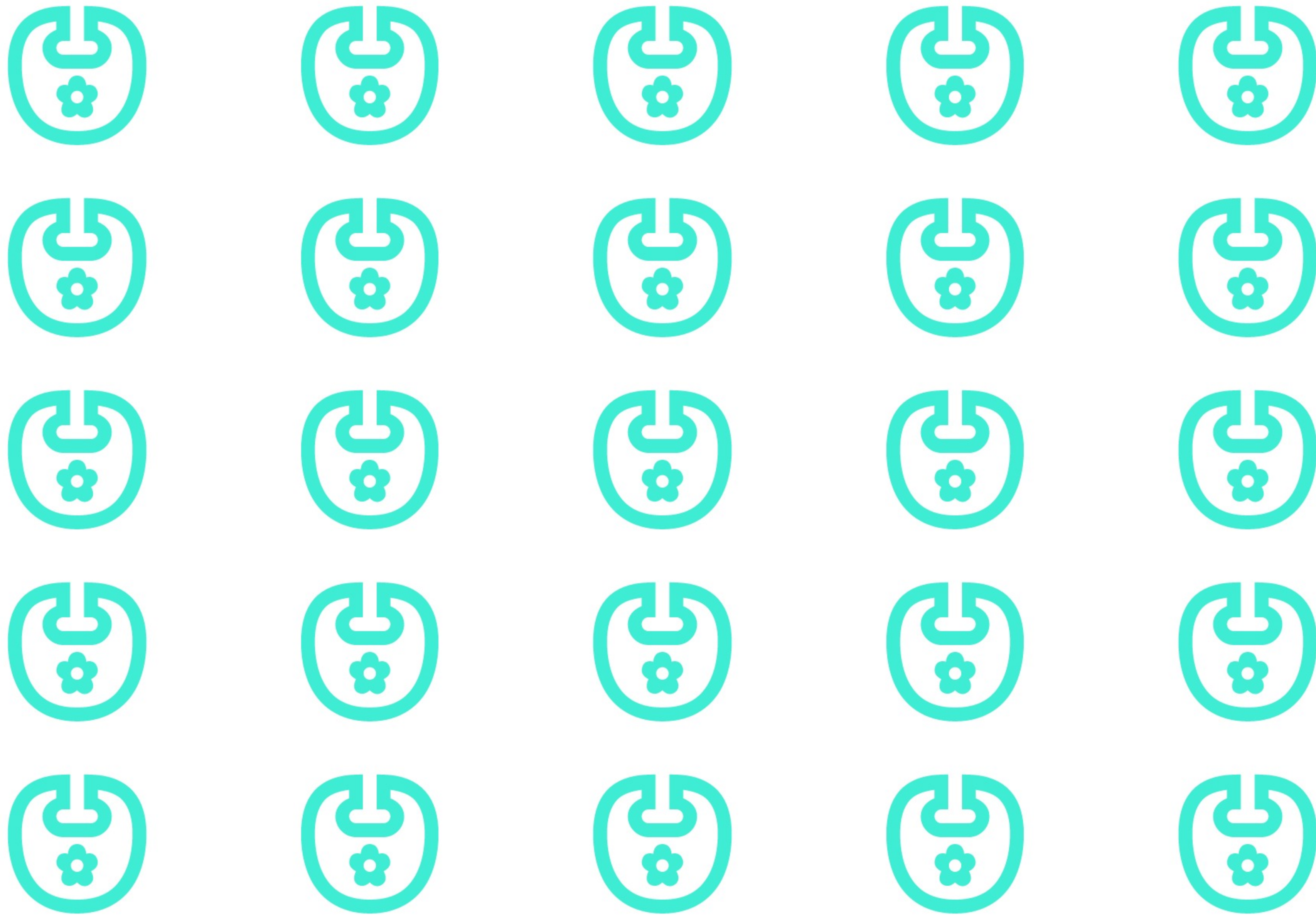
Welcome

This document has been developed by the Women & HIV / AIDS Initiative (WHAI) to support our community development work across Ontario related to women living with or facing systemic risk for HIV. It reflects the voices, concerns, and lived realities of women related to Undetectable = Untransmittable (U=U) messaging. This resource is intended to be used to support community conversations about women and HIV, and the U=U messaging.



Undetectable=Untransmittable (U=U) is a campaign that has been gaining ground since mid-2016 and came out of the Prevention Access Campaign (PAC). The PAC consensus statement is based on research showing that when a person living with HIV takes HIV treatment medications and maintains an undetectable viral load for at least six months, the risk of transmitting the virus through sex is nearly non-existent (negligible) [1]. The messaging of the consensus statement is clear, definitive, prioritizes the importance of keeping people engaged in care, empowers people living with HIV to have full and healthy sex lives, and has the power to challenge stigmatizing perceptions about people living with HIV. This research has included women and women's experiences, and is an important step forward in the prevention of HIV through sexual transmission.

While this research is transformative, we have added an asterisk (*) to the U=U campaign that represents important considerations, many of which are particularly relevant for women. The U=U campaign is not messaged with this asterisk but the realities of this asterisk represent many people's lives. Their experiences need to be considered and their voices centered in U=U conversations and how we collaborate in our efforts against HIV. While many of these factors will apply to people of various gender identities, we are speaking specifically about cis and trans women in this document. As such, this resource highlights some of the reasons for the asterisk and what this campaign may mean for cis and trans women.

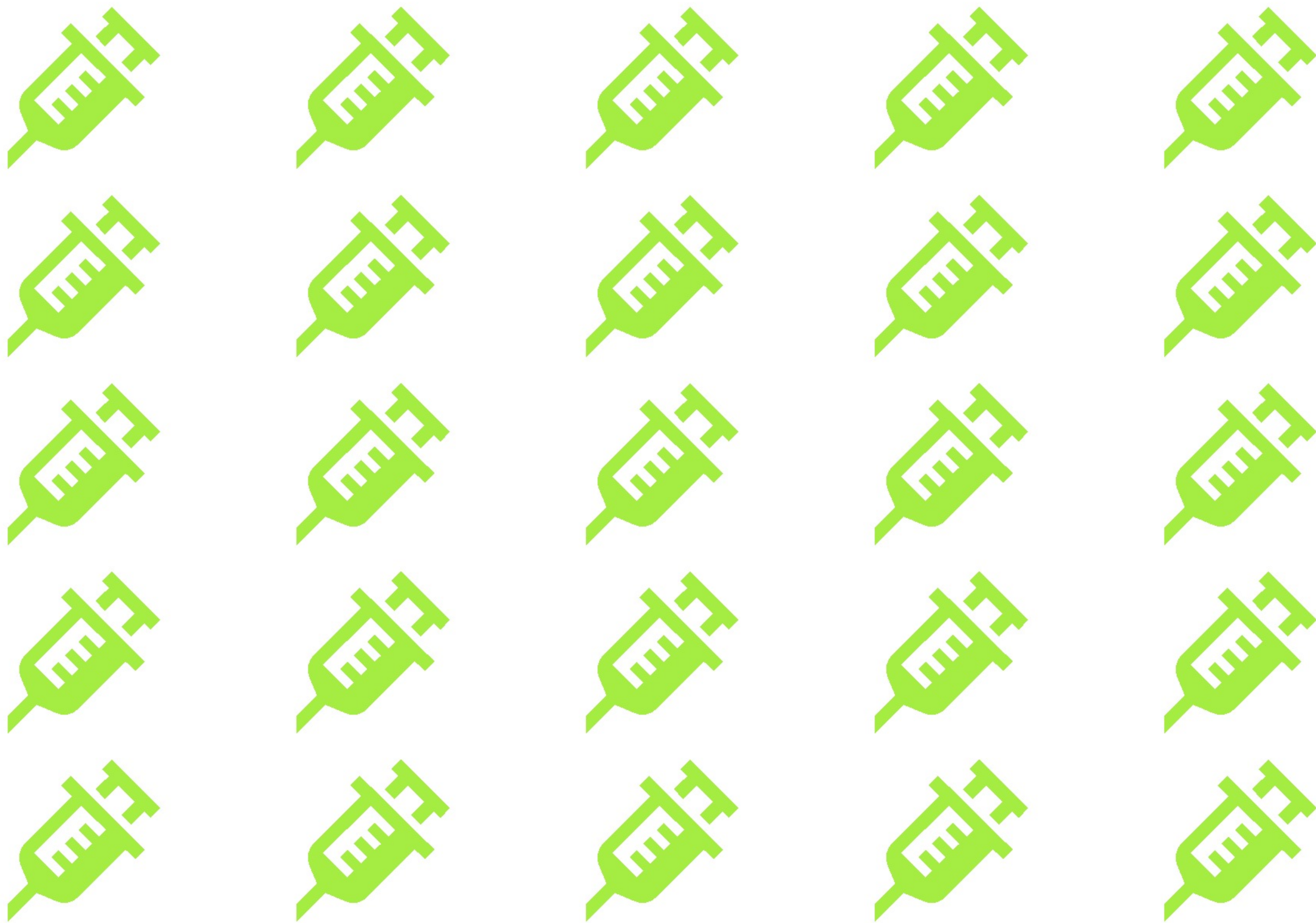


Does U=U Apply to Breastfeeding/Chestfeeding*?

For parents, issues related to breastfeeding/chestfeeding can be difficult. Here is what research says:

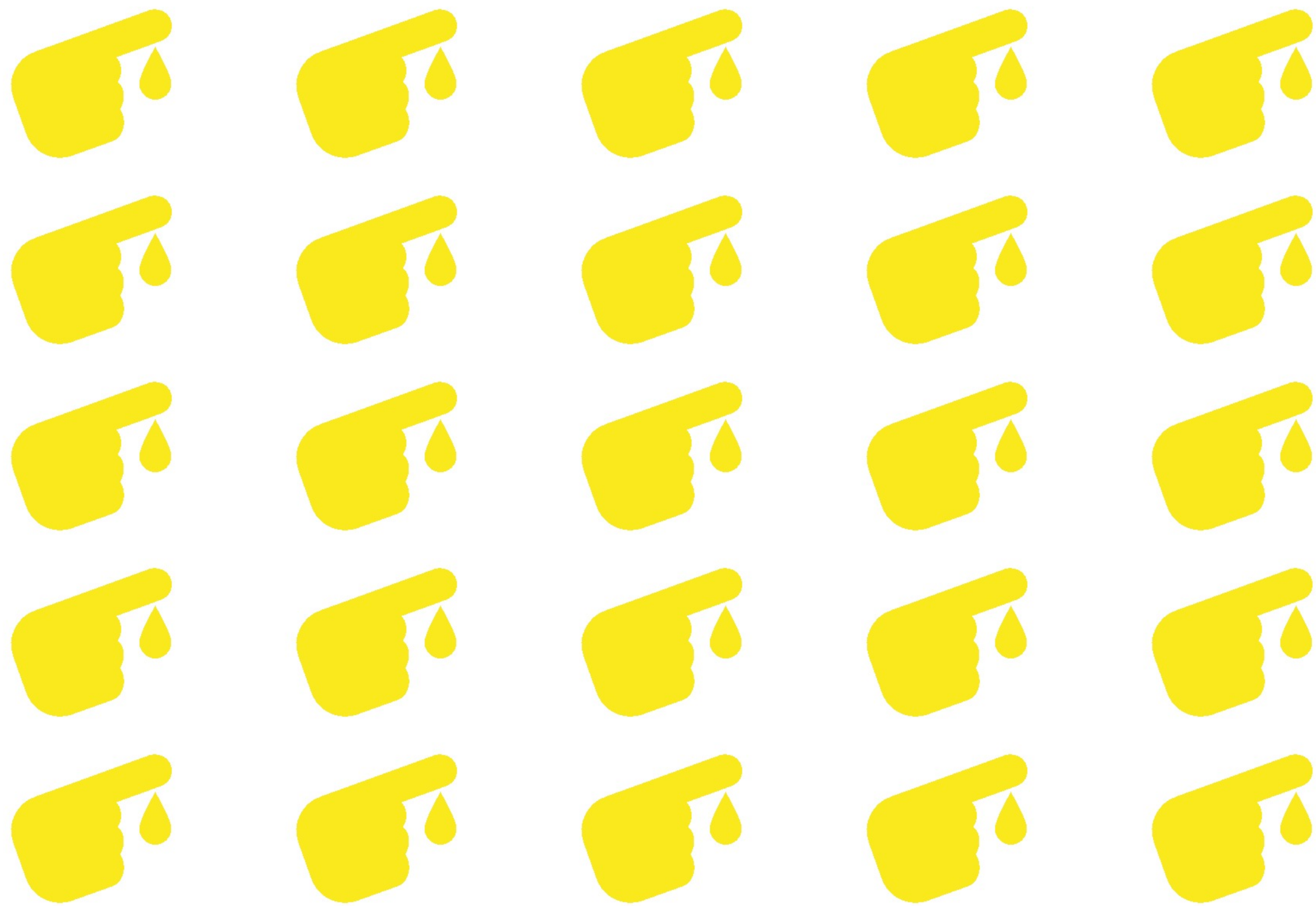
- HIV treatment taken by HIV-positive people and their infants during breastfeeding / chestfeeding can dramatically lower the likelihood of transmission through breastmilk; however, there is still risk.
- HIV exists differently in breast / chest milk than it does in blood and can be passed to the infant.
- Inflammation of the breast tissue (mastitis, engorgement) can happen with breastfeeding / chestfeeding. Inflammation can result in viral load spikes, which increase the risk of HIV transmission.
- Research shows HIV infection can be transmitted through breast / chest milk, even with an undetectable viral load [ii] .
- U=U relates to sexual transmission and for the reasons listed here, it can not be applied to breastfeeding / chestfeeding. This may create confusion or add to the complexities for those making decisions about breastfeeding / chestfeeding.

* Chestfeeding is a term used to be inclusive of trans people



Does U=U Apply to People Who Use Drugs?

- In Ontario, people continue to acquire HIV through injection drug use.
- Currently and historically, women who use injection drugs represent a higher number of new HIV diagnoses when compared to men who use injection drugs [iii], [iv].
- Being on treatment and maintaining an undetectable viral load lowers the risk of transmission via injection drug use but we do not have enough information to make the U=U claim about people who use drugs [v].
- Research has shown that people who use drugs are less likely to reach and maintain an undetectable viral load [vi].
- As a result, the U=U messaging cannot be applied to transmission risk via drug use, which is particularly relevant to women who use drugs.



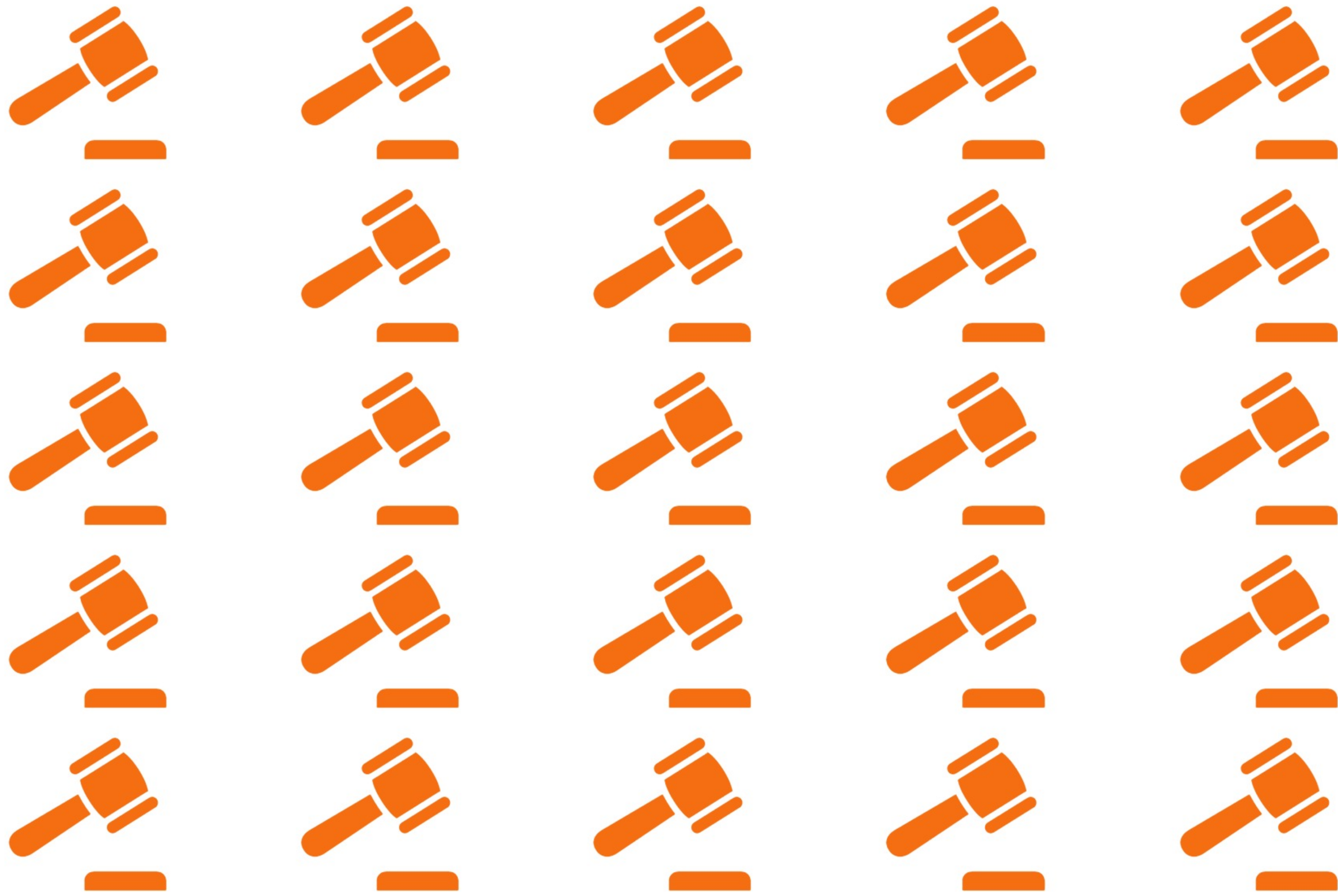
Achieving Undetectable Viral Loads

- The social determinants of health significantly impact who is at risk of acquiring HIV, who has access to prevention strategies and treatment, and is able to achieve successful treatment outcomes.
 - Canadian research that studied a mixed gender group on HIV treatment showed that women are significantly less likely to achieve viral suppression (and therefore are less likely to be undetectable) than men, are at increased risk for viral load rebound and, in turn, have poorer health outcomes [vii].
 - Women are less likely to achieve undetectable viral loads for various reasons including being diagnosed later in life, prioritizing the health of others, higher rates of poverty, violence, housing instability, food insecurity, immigration status, racism, and more [viii], [ix].
 - U=U messaging may be less realistic for women because of these structural realities.
-



A Hierarchy of (Un)Detectability

- There are many reasons why some people may be unable to achieve an undetectable viral load. For example, not everyone has access to care and treatment, some people face barriers to accessing medication, and others continue to have detectable viral loads even with treatment.
- U=U messaging has the potential to create a hierarchy among people who have achieved an undetectable viral load and who have not, resulting in those who are detectable being further stigmatized.
- As this resource shows, women are less likely to be virally suppressed and therefore this hierarchy has particular implications for women.



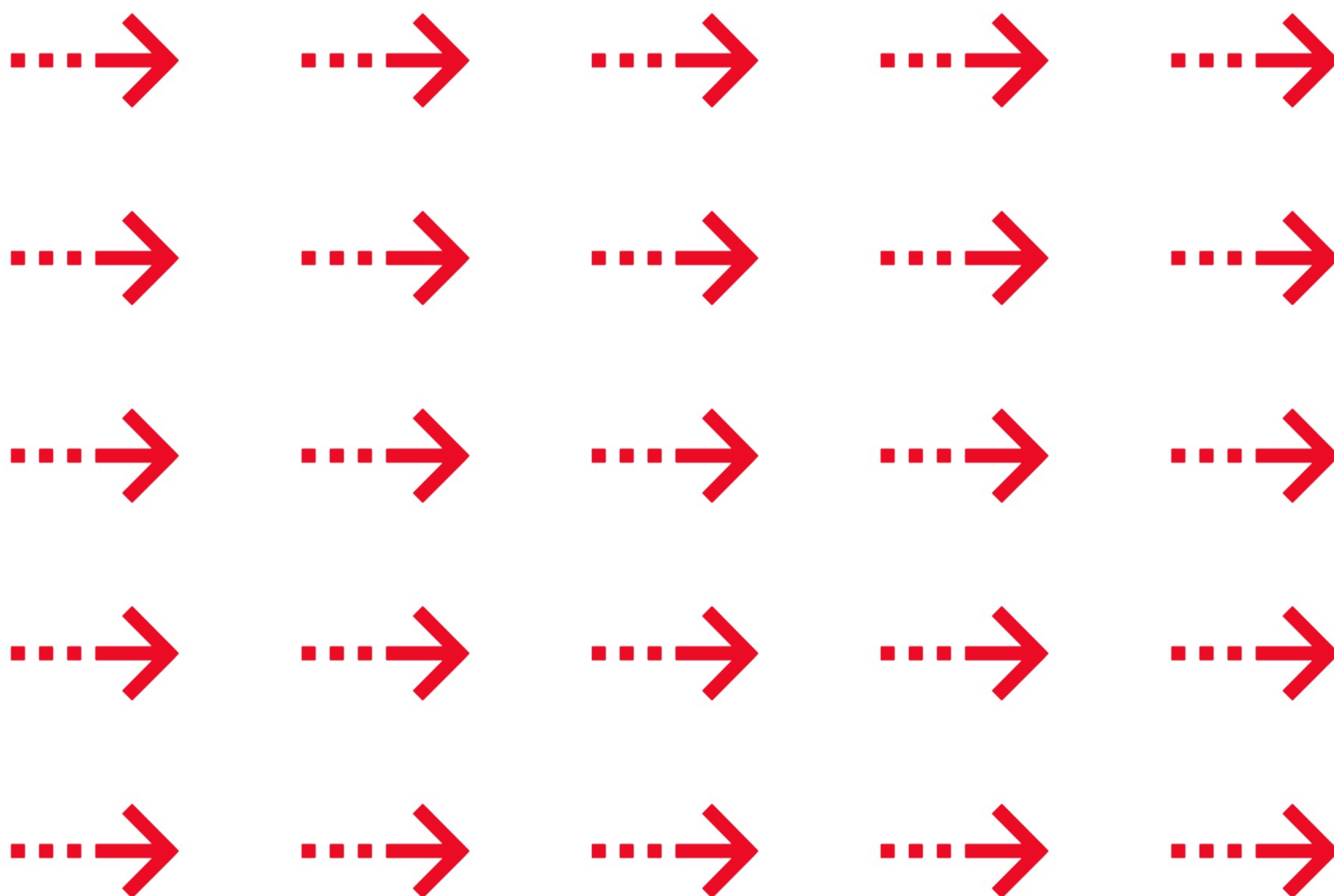
U=U and HIV Criminalization

As the U=U campaign has gained popularity, it has sometimes been used in advocacy efforts to repeal laws that criminalize HIV non-disclosure. While this is important work, we need to be conscious that:

- The U=U messaging can be perceived as contradictory to our current disclosure laws which currently require disclosure before sex unless a condom is used (and does not break) and the person with HIV has an undetectable viral load.
- The U=U messaging does not provide enough information to understand whether or not you are legally required to disclose your HIV status before sex nor to make an informed decision about whether or not to rely on an undetectable viral load alone to prevent transmission of HIV. As a result, it can add confusion to decisions about disclosure obligations under the criminal law.
- U=U messaging should not suggest that people with HIV that have a detectable viral load may be deserving of criminalization.

For more information on HIV disclosure and the law, visit: www.halco.org

For more information on the factors to consider when using undetectable viral load to prevent HIV transmission, visit: www.catie.ca



What's Next?

The U=U campaign has been transformative for many people living with HIV.

The U=U discussion requires space for open and engaging conversations about marginalization, discrimination and structural barriers to health and women's experience of these structural barriers. This is an important part of our community development work in Ontario. The issues raised in this document reflect complexities that have emerged in our conversations across Ontario. Women's voices, and the nuances included in the asterisk are important to centre in our community conversations about U=U.

In our communities across Ontario, we are working to celebrate the advances in science, while centering the lived realities represented by the asterisk, and working towards collectively addressing stigma against all people living with HIV.

References

- [i] Prevention Access Campaign. 2016. Consensus Statement. Retrieved from: <https://www.preventionaccess.org/consensus>
- [ii] Coutsooudis A, Dabis F, Fawzi W., et. al. 2004. "Late postnatal transmission of HIV-1 in breast-fed children: an individual patient data meta-analysis." *J Infect Dis.* 2004 Jun 15;189(12):2154-66.
- [iii] Public Health Agency of Canada. 2015. Population-Specific HIV/AIDS Status Report: People Living with HIV/AIDS. Retrieved from: <http://www.phac-aspc.gc.ca/aids-sida/publication/ps-pd/people-personnes/chapter-chapitre-2-eng.php>
- [iv] CATIE. 2017. The Epidemiology of HIV in People who Inject Drugs in Canada. Retrieved from: <http://www.catie.ca/fact-sheets/epidemiology/injection-drug-use-and-hiv-canada>
- [v] Camille Arkell. 2017. HIV Prevention for People who Inject Drugs: New Biomedical Approaches and Time Honoured Strategies. CATIE Prevention in Focus, Spring 2017. Retrieved from: <http://www.catie.ca/en/pif/spring-2017/hiv-prevention-people-who-inject-drugs-new-biomedical-approaches-and-time-honoured-s>
- [vi] Cescon, A., Chan, K., Raboud, J., et.al. 2014. "Significant Differences in Clinical Outcomes between HIV-Hepatitis C Virus Coinfected Individuals with and without Injection Drug Use History". *AIDS* 28(1).
- [vii] Cescon, A., Patterson, S., Chan, K., Loutfy, M. 2013. "Gender Differences in Clinical Outcomes among HIV-Positive Individuals on Antiretroviral Therapy in Canada: A Multisite Cohort Study." *PLoS ONE* 8(12).
- [viii] CHIWOS. 2016. The Spectrum of ARVs: What are Women Taking and How Well are they Doing? Findings from the Canadian HIV Women's Sexual and Reproductive Health Cohort Study. Retrieved from: <http://www.chiwos.ca/presentations-posters/?lang=en>
- [ix] Cescon, A., Patterson, S., Chan, K., Loutfy, M. 2013. "Gender Differences in Clinical Outcomes among HIV-Positive Individuals on Antiretroviral Therapy in Canada: A Multisite Cohort Study." *PLoS ONE* 8(12).