

NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE U=U POLICY STATEMENT

In September 2017, the New York State Department of Health (NYSDOH) became the first state health department in the nation to sign on to the Prevention Access Campaign Undetectable=Untransmittable (U=U) Consensus Statement. The U=U Consensus Statement affirms that people living with HIV (PLWH) who have achieved and continue to maintain an undetectable viral load do not sexually transmit HIV. The U=U equation aligns with the NYSDOH efforts to destigmatize HIV and to support innovative biomedical and social efforts to improve the health and well-being of all PLWH. Endorsing U=U opens a new and hopeful chapter in New York State's HIV epidemic, creating unprecedented opportunities for New Yorkers living with HIV and the institutions that serve them.

The negligible risk of HIV sexual transmission with a sustained, undetectable viral load does not however extend to other activities documented to be associated with HIV transmission, namely: blood transfusions, transplants, breastfeeding and the sharing of syringes or drug preparatory paraphernalia. The evidence is either lacking or does not support the removal of prohibitions against these HIV risk associated events at this time.

The NYSDOH supports the clinical evidence that people who take antiretroviral therapy (ART) as prescribed and have achieved and maintained an undetectable viral load for six months or greater have a negligible risk of sexually transmitting the virus. PLWH who are engaged in ongoing clinical care may rely on antiretroviral therapy as a strategy to prevent sexual transmission to an HIV-negative partner, provided there are no active sexually transmitted infections (STIs). Regular STI screening and timely treatment remain indispensable components of quality HIV care. Each clinical situation is distinct and the assessment of HIV transmission risk should always be individualized. Until definitive data are available, monitoring intervals for HIV viral load level should be tailored to the patient, utilizing the essential role of the clinical practitioner in supporting successful HIV treatment.

In supporting U=U, the NYSDOH remains committed to:

- Stopping transmission of HIV using evidence-based interventions. The most effective prevention strategy is one that combines different approaches (biomedical, behavioral, and structural).
- Renewing the emphasis on HIV testing, engagement, and retention in care--promoting access to care and insurance coverage for all PLWH.
- Caring for the whole person, in addition to emphasizing sustained viral load suppression, as we work to promote U=U, address stigma, and end the epidemic in New York State by the end of 2020.

- Adding U=U to other components in the prevention continuum, including pre-exposure prophylaxis (PrEP) and condoms. Prevention strategies can be adopted based on scientific evidence, individual circumstances and personal preferences.

Undetectable=Untransmittable presents a powerful message that can be used to dismantle stigma. By adopting the U=U framework in its initiatives, the NYSDOH intends to refocus the conversation about HIV in line with current scientific evidence. Longstanding stigma impedes the effectiveness of HIV care and treatment. Research has shown that stigmatized groups experience greater disparities in HIV care and health outcomes;¹⁻⁴ and fear of stigmatization and discrimination can dissuade PLWH from seeking care and disclosing their status – disrupting access to health resources and social support.⁵ U=U also has the potential to change internalized narratives about being an “infectious” or “risky” sexual partner, and break down layers of societal stigma as well as self-stigma that have burdened PLWH since the epidemic began.

The NYSDOH considers the impact its policies and practices will have on every group of its stakeholders, and U=U is no exception. Because U=U applies only to sexual transmission, it is inevitable that some PLWH will not be able to achieve untransmittable status. To ensure these stakeholders remain in the U=U conversation, the NYSDOH is committed to clarifying why U=U does not apply to other modes of transmission, including through drug paraphernalia and breastmilk.

There is insufficient evidence at this time to apply U=U to bloodborne pathogen transmission, including sharing syringes or injection drug associated paraphernalia. The NYSDOH endorses the need for further research into whether U=U holds true in cases of blood exposures. The NYSDOH is committed to helping people who use drugs maintain their health and recommends that individuals continue to use a sterile syringe each time they inject.

At this time, U=U does not apply to HIV transmission during breastfeeding. While the risk of mother-to-child transmission of HIV is significantly reduced with the effective use of antiretroviral therapy (ART) to maintain an undetectable viral load, neither infant antiretroviral prophylaxis nor fully suppressive maternal ART eliminate the risk of HIV transmission through breastmilk. It is therefore recommended that women in the United States who are living with HIV refrain from breastfeeding or feeding their expressed breastmilk to their infants. The NYSDOH supports further studies on the risk of transmission through breast milk.

Implementation

The NYSDOH recognizes that our support for U=U will be addressed within many of our programs and initiatives. Although the scope of this impact will continue to expand moving

forward, the NYSDOH is committed to the following concrete implementation strategies as we integrate U=U into our work:

- The NYSDOH is committed to involving community stakeholders in key decision making and implementation processes for U=U. We will continue to partner with our diverse and distinct stakeholders to develop a strong, targeted U=U messaging campaign. Targeted messaging is being considered for HIV care providers, non-HIV care providers who serve high risk populations, and key populations identified by Ending the Epidemic Advisory Groups.
- The NYSDOH is committed to exploring innovative strategies to disseminate U=U messaging. These include use of mobile applications, social media platforms, and other forms of web-based communication. When developing public U=U messages, the NYSDOH will make every effort to maximize accessibility, include appropriate literacy levels in written communications, and incorporate state-of-the-art educational tools for both consumers and providers.
- The NYSDOH will work with prevention providers to ensure that U=U messaging, information, and education is incorporated into all prevention-related program activities including, but not limited to, HIV/STI screening and testing, behavioral interventions, and public education and awareness campaigns (e.g. social media campaigns). That maintaining an undetectable viral load can now double as a prevention method for sexual transmission offers PLWH and providers another reason to work together to achieve sustained viral suppression.
- NYSDOH-funded agencies providing HIV prevention services will be encouraged to provide resources for and train staff on U=U, including how to incorporate U=U messaging into prevention interventions, and the role of U=U in reducing stigma. This training should be comprehensive and include topics such as: U=U and the role of condoms in HIV and STI prevention; U=U and breastfeeding; talking with clients and their partners about U=U; how HIV treatment prevents HIV transmission; U=U, pre- and post-exposure prophylaxis. NYSDOH-funded prevention providers are also strongly encouraged to endorse U=U.
- The NYSDOH recognizes the challenges many PLWH encounter in obtaining healthcare and remains committed to improving access and reducing disparities. Stigma, as well as inadequate and intermittent healthcare, remain continual concerns. For many, particularly people with a history of injection drug use who are living with HIV, accessing care and becoming virally suppressed are critical. The NYSDOH stresses the

need for providers to build a care continuum that meets the needs of marginalized populations.

- The NYSDOH continues to support comprehensive sexual healthcare, which includes the promotion and distribution of condoms. Because an STI inhibits one's ability to realize full sexual health, quality healthcare for sexually active people—regardless of HIV status—includes regular screening and treatment according to current STI guidelines. Clinicians should advise patients about the continuing risk of STIs, including how STIs potentially affect individual viral load levels.
- State and local Partner Services staff routinely meet with patients with STIs, including HIV, and their partners. Partner Services staff should provide clear messages related to U=U when meeting with individuals with high risk behaviors and STI infections that may impact viral load. Partner Services staff will be provided with scientifically accurate messages to confidently discuss the significance of U=U with PLWH and their partners.
- The NYSDOH will continue to receive input from its Clinical Guidelines program on any new research and clinical evidence that could impact U=U, such as monitoring intervals. The Clinical Education Initiative will develop trainings for practitioners on discussing the implications of U=U with their patients.

Undetectable=Untransmittable will be a driving force to accelerate the achievement of New York State's Ending the Epidemic (ETE) goals. The message implicit in U=U clearly supports the second pillar in Governor Cuomo's plan to end the AIDS epidemic by the end of 2020: *Link and retain persons diagnosed with HIV in care to maximize virus suppression so they remain healthy and prevent further transmission.* When coupled with an increased awareness in the general public, the effect of U=U becomes even more powerful, supporting another core pillar of the ETE Blueprint: *Identify those with HIV who remain undiagnosed and link them to health care.* The more U=U is accepted universally, the more power it will have to reduce both external and internal stigma, breaking down dangerous barriers to HIV testing, treatment and adherence.

Key Resources

American Academy of Pediatrics (AAP) - Policy Statement: Infant Feeding and Transmission of Human Immunodeficiency Virus in the United States. *Pediatrics* 2013; 131 (2), 391-396. <http://pediatrics.aappublications.org/content/131/2/391>

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