

EFFECTS OF THE “UNDETECTABLE = UNTRANSMITTABLE” (“U=U”) EDUCATIONAL CAMPAIGN ON TREATMENT OUTCOMES AND PERCEPTIONS AMONG PEOPLE LIVING WITH HIV IN NORTH AMERICAN COUNTRIES

Frank Spinelli,¹ **Bruce Richman**,² **Patricia de los Rios**,³ **Benjamin Young**,¹ **Marvelous Muchenje**,³ **Nicolas Van de Velde**,⁴ **Chinyere Okoli**⁴

¹ViiV Healthcare, Research Triangle Park, NC, USA; ²Prevention Access Campaign, New York, NY, USA; ³ViiV Healthcare, Laval, QC, Canada; ⁴ViiV Healthcare, Brentford, UK

Disclosures

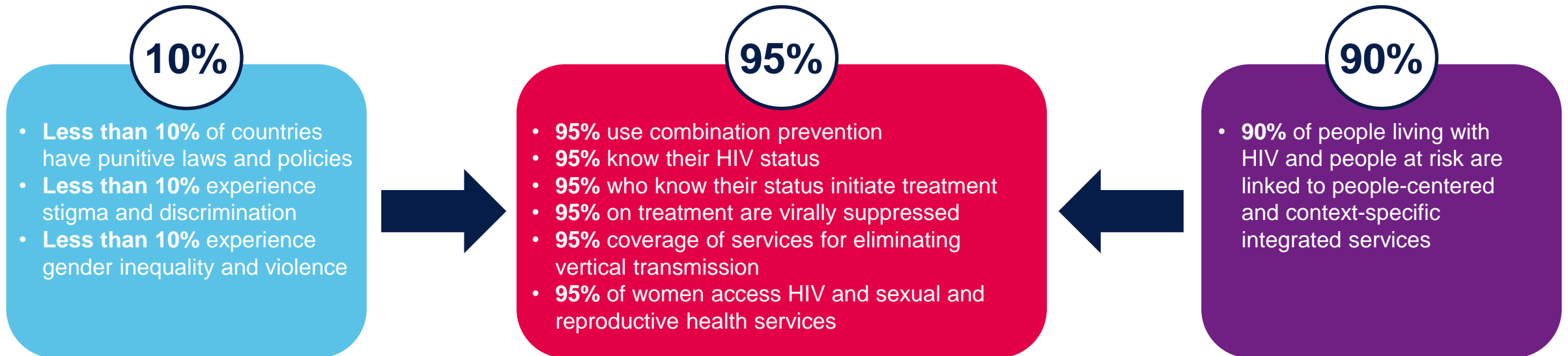
- Frank Spinelli, Patricia de los Rios, Benjamin Young, Marvelous Muchenje, Nicolas Van de Velde, and Chinyere Okoli are employees of ViiV Healthcare and may own stock in GlaxoSmithKline
- Bruce Richman is a consultant for ViiV Healthcare

UNAIDS Targets Guide the Global HIV Response

- At the end of 2020, 27.5 million people living with HIV (PLHIV) were accessing antiretroviral therapy (ART), accelerating attainment of the UNAIDS goal to end AIDS as a public health threat by 2030^{1,2}

2025 AIDS TARGETS³

People living with HIV and communities at risk **at the center**



1. UNAIDS. <https://www.unaids.org/en/resources/fact-sheet>. Accessed August 7, 2021. 2. UNAIDS. https://www.unaids.org/sites/default/files/media_asset/2021-global-aids-update_en.pdf. Accessed August 3, 2021. 3. UNAIDS. <https://aidstargets2025.unaids.org/>. Accessed August 9, 2021.

The “Undetectable = Untransmittable” Educational Campaign May Help Motivate PLHIV to Reach Undetectability

- The advocacy and educational campaign “Undetectable = Untransmittable” (U=U) began in 2016 to improve the quality of life for PLHIV, encourage treatment uptake and adherence, and reduce HIV-related stigma for PLHIV¹
- The key message behind U=U is that PLHIV who are on treatment and achieve and maintain viral suppression cannot transmit HIV to their sexual partner^{2a}
- Healthcare provider (HCP) discussions of U=U with PLHIV have been shown to be associated with favorable health outcomes such as lower odds of suboptimal adherence and higher odds of self-reported viral suppression, optimal sexual health, and sharing of HIV status²

Key Objectives:

- To identify if the campaign affected HCP communication of U=U in North American countries (Canada, Mexico, and the United States)
- To determine if positive health outcomes differed by U=U informed status or country

^aThe U=U campaign uses “viral suppression” and “undetectable” interchangeably to describe untransmittable HIV.

1. Prevention Access Campaign. <https://www.preventionaccess.org/consensus>. Accessed August 11, 2021. 2. Okoli et al. *Sex Transm Infect.* 2021;97:18-26.

The Positive Perspectives Survey Is a Multinational Study

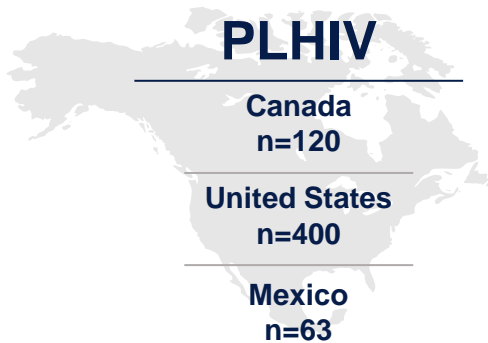


25 countries
N=2389

Age
≥18
years



Specific analysis population



Okoli et al. *Sex Transm Infect.* 2021;97:18-26.

Key measure

“My provider has told me about ‘undetectable = untransmittable’ (U=U)”

- ✓ Agree
- OR
- ✓ Strongly agree

Outcome variables



Self-rated **sexual and mental health**



Self-reported **viral suppression**



Sharing of HIV status



Optimal adherence



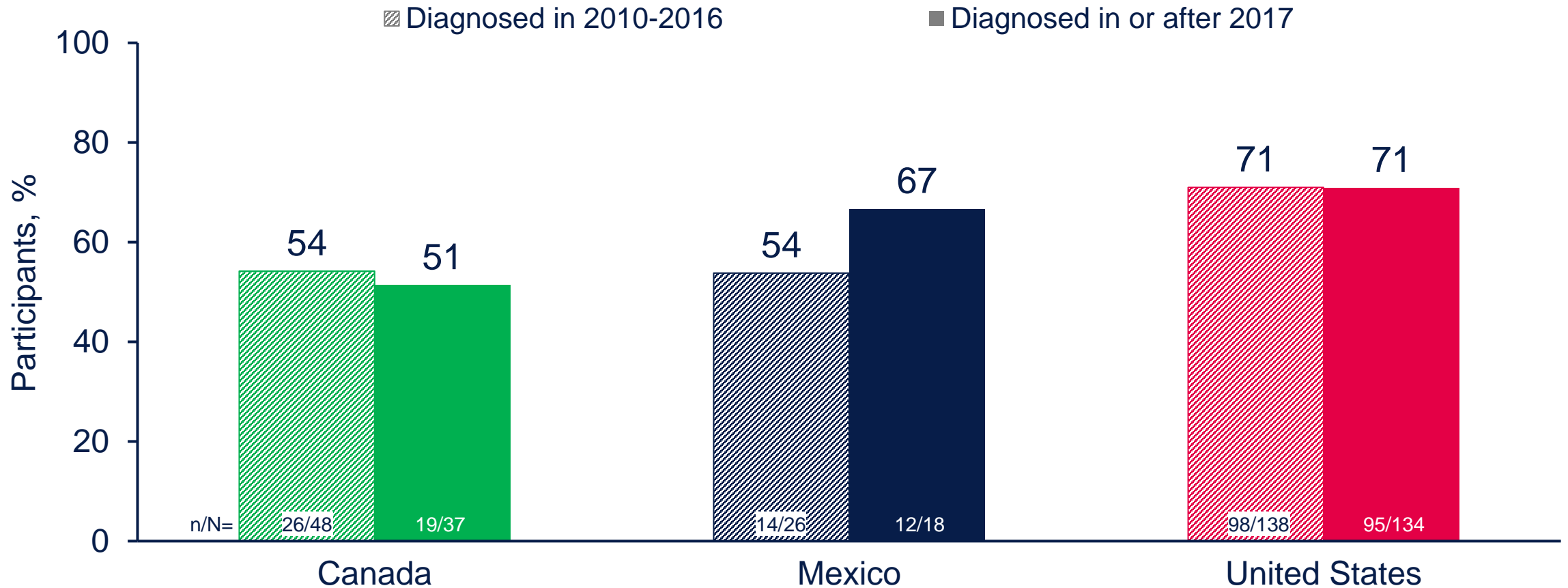
Treatment perceptions

Selected Participant Characteristics

Characteristic	Canada (N=120)	Mexico (N=63)	United States (N=400)
Age, n (%)			
≥50 y	24 (20)	15 (24)	122 (30)
Sex, n (%)			
Women	31 (26)	9 (14)	88 (22)
Men	87 (72)	51 (81)	306 (76)
Other ^a	2 (2)	3 (5)	6 (2)
Orientation, n (%)			
Homosexual	70 (58)	42 (67)	179 (45)
Heterosexual	33 (28)	14 (22)	180 (45)
Other ^b	17 (14)	7 (11)	41 (10)
Location of PLHIV, n (%)			
Metropolitan	50 (42)	48 (76)	170 (42)
Non-metropolitan	70 (58)	15 (24)	230 (58)
Year of diagnosis, n (%)			
≥2017	37 (31)	18 (29)	134 (34)
HCP has informed them of U=U, %	55.8	60.3	70.8

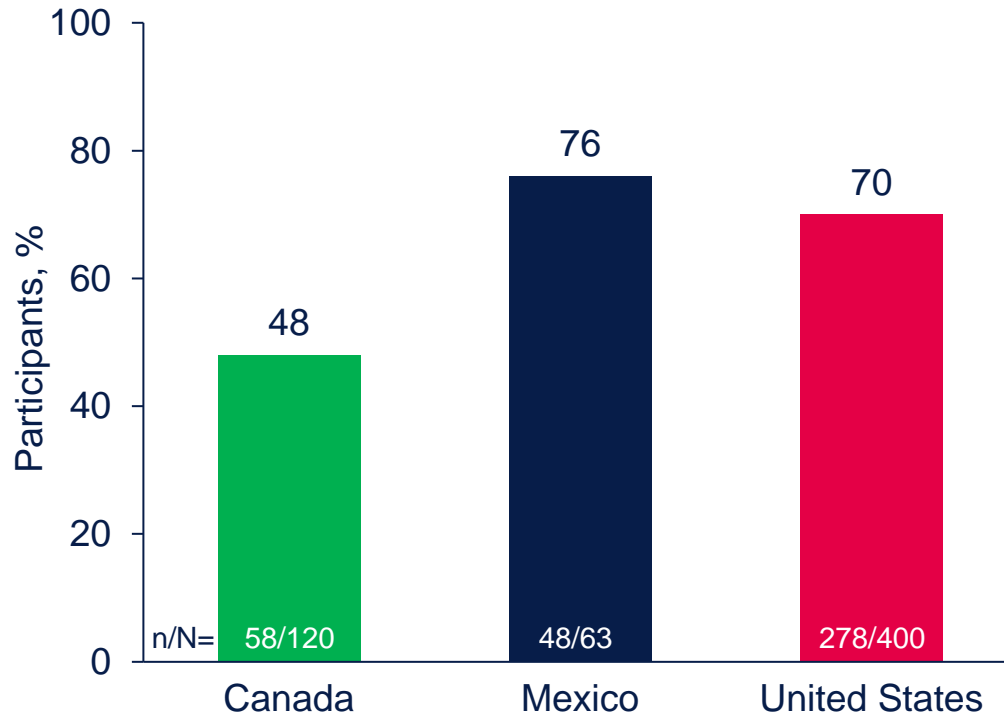
^aOther sex includes non-binary and prefer not to say. ^bOther sexual orientation includes bisexual, asexual, pansexual, and prefer not to say.

Year of Diagnosis Did Not Significantly Affect the Proportion of PLHIV Who Reported Being Informed of U=U by an HCP

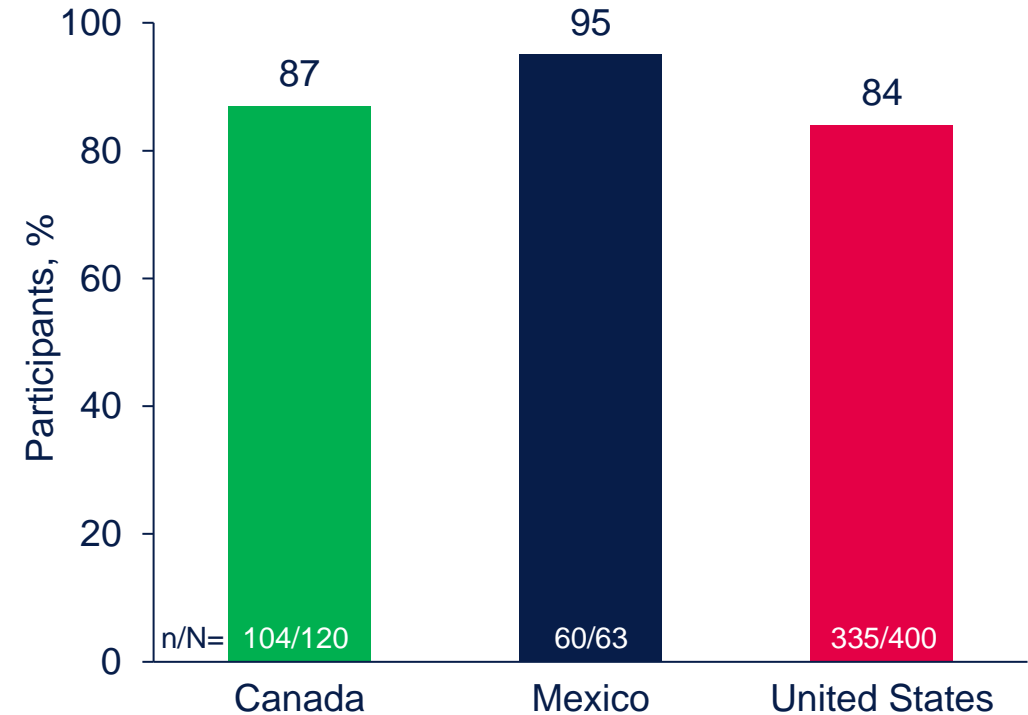


Prevalence of Optimal Adherence and Sharing of HIV Status With ≥ 1 Person Besides an HCP Was Highest in Mexico

Optimal adherence

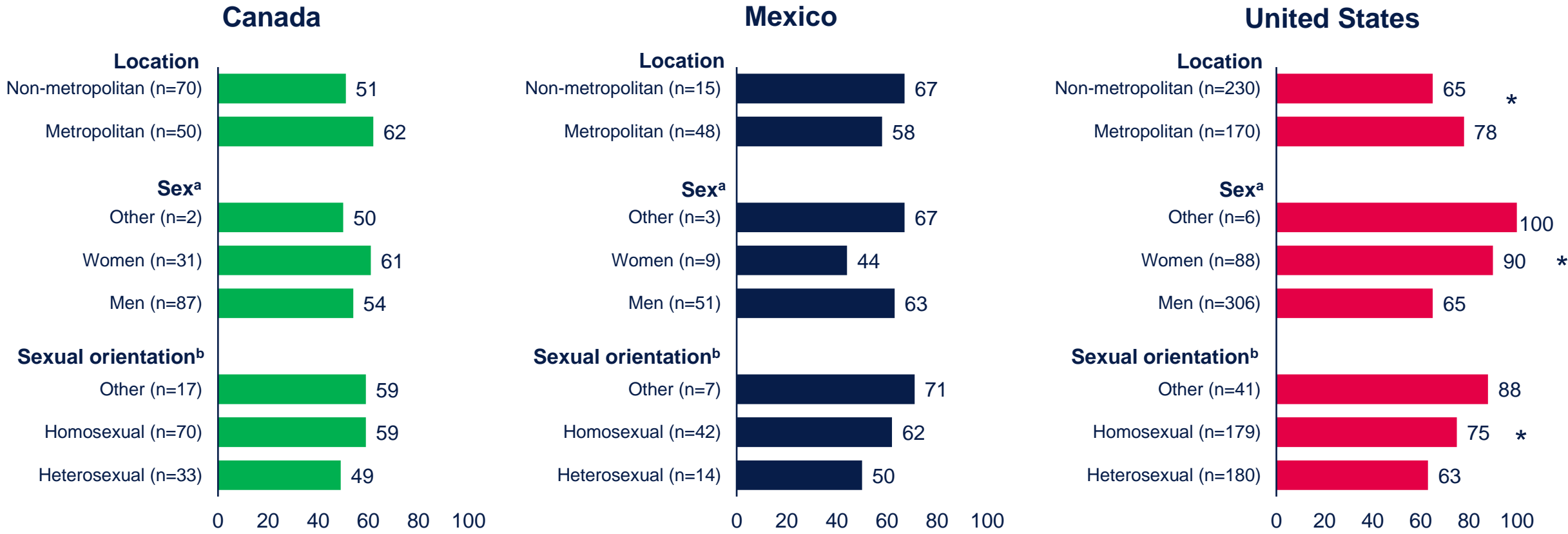


Sharing of HIV status



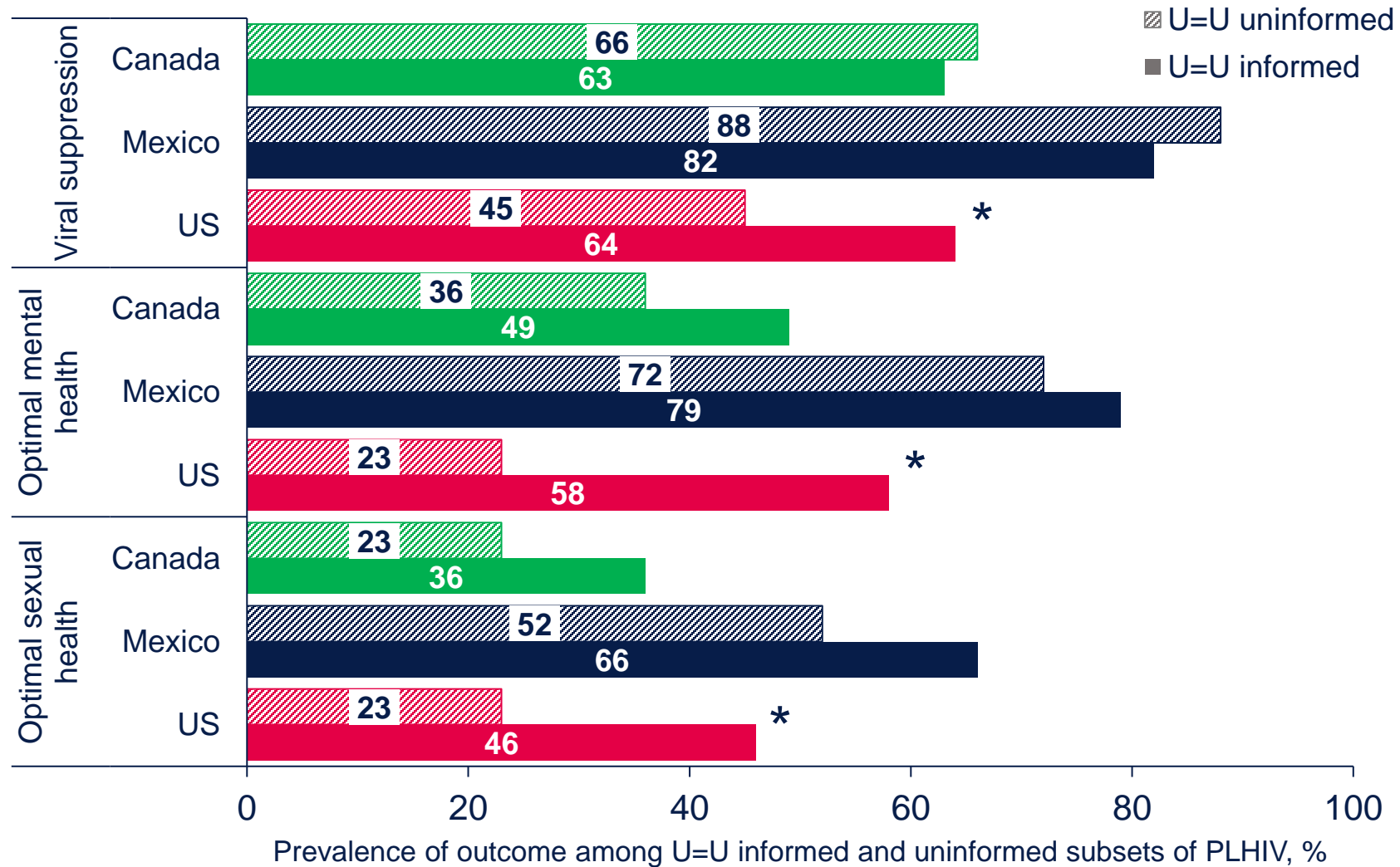
Receipt of Information on U=U Varied Significantly by Sexual Orientation, Sex, and Location of Residence in the United States but Not in Canada or Mexico

Proportion of PLHIV reporting receipt of U=U



^aOther sex includes non-binary and prefer not to say. ^bOther sexual orientation includes bisexual, asexual, pansexual, and prefer not to say. *P<0.01.

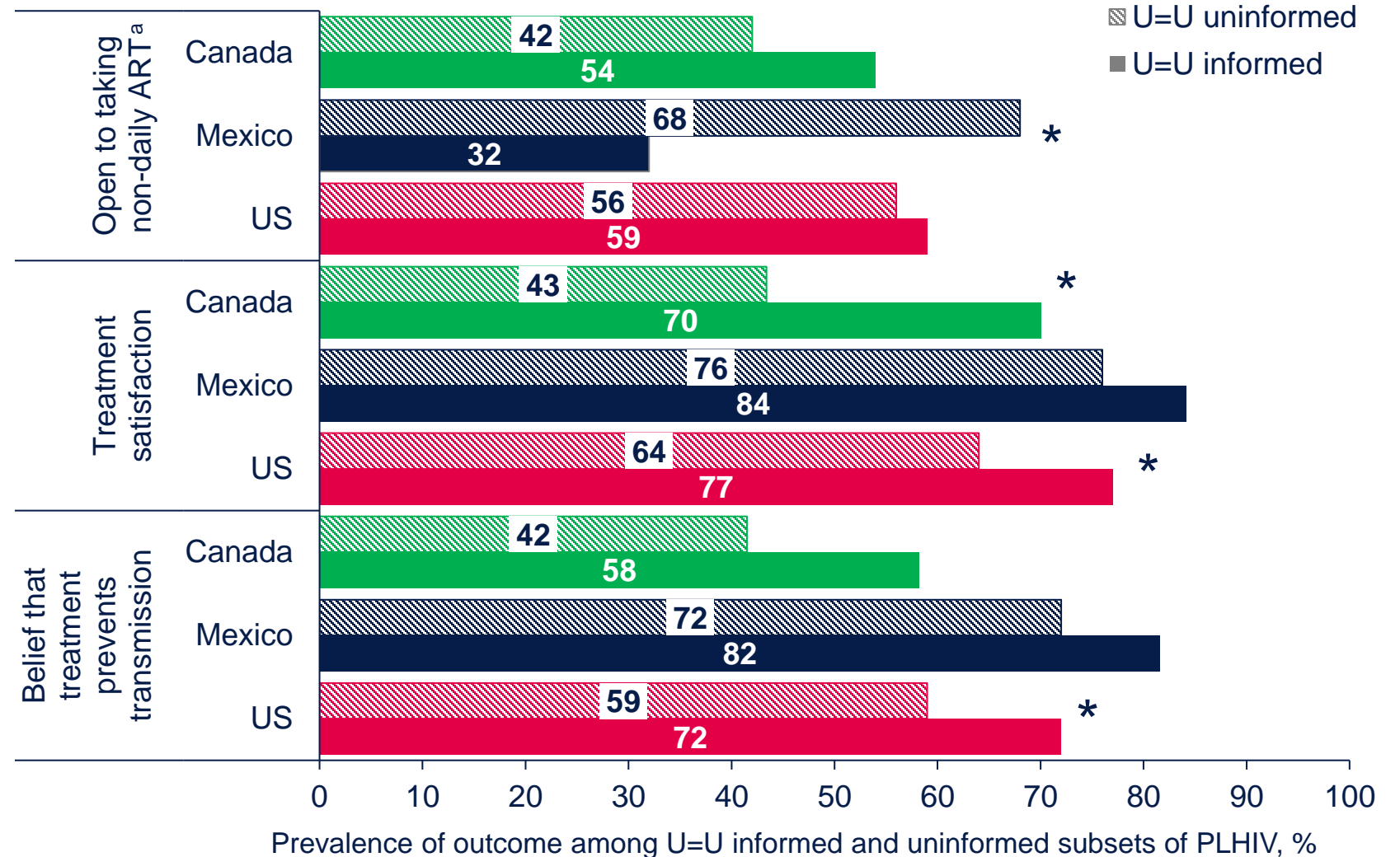
In the United States, PLHIV Who Reported Being Informed of U=U by Their HCP Had More Favorable Health Outcomes Than Those Not Informed



*P<0.01.

Association Between Receipt of U=U Information and Treatment Perceptions Varied Across Countries

- In Mexico, the proportion of PLHIV open to taking non-daily oral ART as long as their viral load is suppressed was significantly higher among those not informed of U=U than those informed



^aAs long as their viral load is suppressed.
*P<0.01.

Conclusions

- Year of diagnosis did not significantly affect the proportion of PLHIV who reported receipt of information on U=U from an HCP in any North American country
- Prevalence of optimal adherence and sharing of HIV status with ≥ 1 person besides an HCP was highest in Mexico
- Receipt of information on U=U varied significantly by sexual orientation, sex, and location of residence in the United States but not in Canada or Mexico
- In the United States, PLHIV who reported being informed of U=U had more favorable health outcomes such as self-reported viral suppression, optimal sexual and mental health, and treatment satisfaction than those not informed
 - In the global Positive Perspectives survey analysis, PLHIV informed of U=U were significantly more likely to report optimal overall health than those not informed ($P < 0.001$)¹
- Potential limitations include non-probabilistic sampling and use of web-based surveys, which may limit generalizability
- The association between the U=U discussion and health outcomes suggests opportunities exist to improve the healthcare experience of PLHIV
- Patient–HCP U=U discussions should be considered in care guidelines to help improve quality of life for PLHIV

1. Okoli et al. *Sex Transm Infect.* 2021;97:18-26.

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- Contact Frank Spinelli at frank.a.spinelli@viiVhealthcare.com with questions