

National HIV and AIDS Forum

People living with HIV who are on anti-retroviral treatment and maintain a fully suppressed viral load do not sexually transmit HIV.

A person living with HIV (PLHIV) who is diagnosed, on anti-retroviral treatment (ART) and who achieves and maintains an undetectable viral load (UVL) for at least 6 months has effectively no risk of sexually transmitting the virus to an HIV-negative partner.

Research of HIV serodiscordant couples (in which one partner has been diagnosed with HIV and the other partner is HIV negative) shows that the use of ART to achieve and maintain viral suppression (an undetectable viral load) is highly effective at preventing the sexual transmission of HIV for both heterosexual and male couples.⁽¹⁾ More recently the Opposites Attract and PARTNER2 studies which focussed on serodiscordant male couples, found no cases of HIV transmission through condomless anal intercourse, the sexual act that carries the highest risk of HIV transmission.^{(2) (3)}

Consequently the National HIV and AIDS Forum is proud to be amongst more than 400 organisations worldwide from across the scientific community and HIV and AIDS organisations to endorse the message that “Undetectable = Untransmittable” or “U=U” promoted by the Prevention Access Campaign. The U=U statement declares that because the HIV transmission risk is negligible (“so small or unimportant as to be not worth considering; insignificant”), PLHIV with a sustained undetectable viral load are unable to transmit HIV to their sexual partners.

The U=U message is a significant global step to improving the wellbeing of people living with HIV and their partners and should be used to counter HIV stigma and discrimination. In New Zealand, PLHIV can now access treatment immediately on diagnosis, regardless of CD4 count or immigration status. This provides universal access to treatment and supports PLHIV to achieve an undetectable viral load.

U=U is also an essential part of a community-wide comprehensive HIV prevention approach that includes condoms, injecting equipment, prompt HIV treatment on diagnosis, ongoing retention in HIV care, HIV pre-exposure prophylaxis (PrEP) for those most-at-risk, more frequent HIV testing, and thorough STI screening.⁽⁴⁾

The prevention benefits of an undetectable viral load can be maximised by:

- Increased access to and acceptability of HIV testing
- Regular testing for those at risk of HIV, especially men who have sex with men
- Treatment adherence and regular viral load testing for PLHIV to ensure their viral load remains undetectable
- Communication and respect. An undetectable viral load can't always be easily verified by both partners before sex. The choice by an HIV negative or an HIV positive person to continue using condoms for anal and vaginal sex should be respected
- Proactive sexual health. Globally, rates of other sexually transmitted infections (STIs) are increasing and disproportionately affect groups most affected by HIV. As undetectable viral load only protects against HIV transmission and condoms protect against most STIs including HIV, maintaining high rates of condom use continues to be a key community health target.

For some PLHIV an undetectable viral load may not be achievable. It is important that PLHIV are able to access the care and support they need as well as a range of HIV prevention methods that suits them.

It is important to note the U=U message only applies to sexual transmission. U=U does not apply to needle sharing. Further information about pregnancy and breastfeeding can be found in the Prevention Access Campaign's [FAQs](#). An undetectable viral load prevents vertical transmission during pregnancy.

The Prevention Access Campaign Consensus Statement can be accessed in full [here](#).

Members of the National HIV and AIDS Forum are best placed to determine how their individual organisation will use and promote the U=U message to support the Forum's comprehensive HIV prevention approach.⁽⁴⁾

New Zealand National HIV and AIDS Forum

1. Rodger AJ, Cambiano V, Bruun T, Vernazza P, Collins S, Van Lunzen J, et al. Sexual activity without condoms and risk of HIV transmission in serodifferent couples when the HIV-positive partner is using suppressive antiretroviral therapy. *Jama*. 2016;316(2):171-81.
2. Grulich AE, Bavinton BR, Jin F, Prestage G, Zablotska I, Koelsch K, editors. HIV transmission in male serodiscordant couples in Australia, Thailand and Brazil. Seattle, Washington: 22nd Conference on Retroviruses and Opportunistic Infections; 2015.
3. A. Rodger VC, T. Bruun, P. Vernazza, S. Collins, G.M. Corbelli, O. Degen, V. Estrada, A.M. Geretti, A. Beloukas, A.N. Phillips, J. Lundgren, for the PARTNER Study Group. Risk of HIV transmission through condomless sex in MSM couples with suppressive ART: The PARTNER2 Study extended results in gay men. 22nd International AIDS Conference Amsterdam 2018.
4. Forum NHaA. Consensus statement on comprehensive HIV prevention in Aotearoa/New Zealand 2017 17 October 2017. Available from: <https://hivconsensus.org.nz/>.