

### **U=U or TREATMENT AS PREVENTION**

#### WHAT IS BEING UNDETECTABLE?

Due to advancements in the medical field, HIV is now considered a chronic, manageable condition. When someone receives an HIV diagnosis, they will be prescribed a medication regimen from their healthcare provider known as antiretroviral therapy or ART. The goal of ART is to suppress the viral load in the body. It is therefore possible that if someone takes their ART as prescribed, they will achieve viral suppression. Viral suppression is when someone's HIV viral load (the amount of HIV in the body) can become so low that it cannot be detected through testing; this is known as being undetectable.<sup>1</sup>

It is possible for someone to achieve viral suppression after six months of beginning their ART regimen; it is crucial however for testing from a doctor to confirm an undetectable status. Additionally, it is necessary that to maintain an undetectable status, that someone continues to take their ART medication as prescribed and receive regular testing; their healthcare provider will create an appropriate schedule for this.<sup>1</sup>

### WHAT IS U=U?

Once someone achieves an undetectable HIV status, they are unable to transmit HIV to a partner (who does not have HIV) sexually (through vaginal, oral, or anal sex). This is known as Undetectable means Untransmittable or  $U=U^2$ 



## WHAT IS TREATMENT AS PREVENTION?

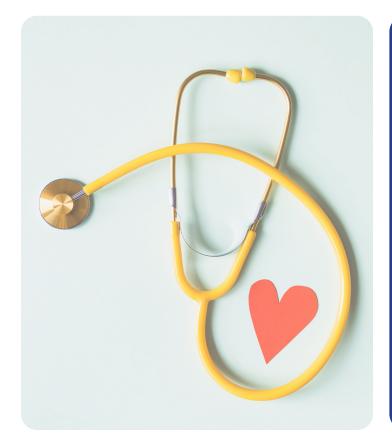
Achieving viral suppression does not only support the health of the individual living with HIV; someone who achieves U=U can no longer transmit the virus sexually to others who are not living with HIV, therefore preventing new HIV cases; this is known as Treatment as Prevention or TasP. <sup>2</sup> Treatment as Prevention is also being studied regarding other modes of transmission for HIV.

Studies also show that for someone who is living with HIV and achieves viral suppression, the chance of transmitting HIV during pregnancy, labor, or delivery to their child is less than 1%. Research also shows that lower viral loads can significantly reduce the chance of transmitting the virus during breast/chest-feeding.<sup>3</sup>

For folks who share syringes or other injection drug use equipment, there is no confirmation that becoming undetectable can impact your chance of transmitting the virus, but it is likely that with a lower viral load there is a lower chance of transmitting the virus.<sup>3</sup>

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# ROAD BLOCKS TOWARDS ACHIEVING U=U

- Stigma associated with HIV
- Unaware of HIV status
- Lack of access/barriers to medical care
- Being uninsured or under-insured
- Lack of knowledge about U=U
- Non-Adherence to medication
- Experiencing violence
- Lack of Knowledge of resources
- Lack of access to resources
- Medical mistrust

### WHY IS THIS IMPORTANT FOR SURVIVORS OF DOMESTIC VIOLENCE?

Experiences of violence can increase someone's chance of acquiring HIV. It is found that 55% of women and 20% of men living with HIV have experienced domestic violence.<sup>4</sup> Getting your viral load under control is the best for the health of someone who is living with HIV; however, it is not just beneficial for themselves; they can prevent transmitting the virus to their current or future partners. We know that HIV transmission is not limited to a past abusive intimate partner. For survivors who may be getting into new relationships, it is imperative that they feel equipped to take control over their sexual health and this includes access to HIV treatment.



For more information about how your organization can receive individualized training on the intersection of HIV/AIDS & domestic violence, please contact the Positively Safe team at the National Network to End Domestic Violence (NNEDV) at DVHIV@NNEDV.org.

#### CITATIONS

- 1 https://www.niaid.nih.gov/diseases-conditions/10-things-know-about-hiv-suppression
- 2 https://www.niaid.nih.gov/diseases-conditions/treatment-prevention
- 3 https://www.cdc.gov/hiv/risk/art/index.html

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<sup>4</sup> Sullivan T. P. (2019). The intersection of intimate partner violence and HIV: detection, disclosure, discussion, and implications for treatment adherence. Topics in antiviral medicine, 27(2), 84–87.