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POSITION STATEMENT

U=U

A VERY IMPORTANT MESSAGE FROM THE BOARD OF THE ONTARIO AIDS NETWORK

U=U is shorthand for Undetectable equals Untransmittable, a simple but very important message, based on a solid foundation of scientific evidence, that someone with HIV who is taking antiretroviral treatment (ART) and who has maintained for at least six months an undetectable[1] level of the virus in their blood **cannot transmit it to someone else sexually, with or without the use of a condom**.

The U=U message was pioneered by a global community of people living with HIV, researchers, clinicians and community-based organizations under the auspices of the Prevention Access Campaign as a health equity initiative to end the dual epidemics of HIV and HIV-related stigma. It has been a game changer in the way organizations and people with HIV talk and think about viral undetectability and infectiousness and has changed what it means to live with HIV.

The U=U message has been successful in influencing public opinion, causing more people with HIV, their friends and families, and those who work with them, to comprehend that they can live long, healthy lives, have HIV-negative children, and never have to worry about passing on HIV to people they have sex with.

The clarity of this message makes it easier for service providers to promote the undeniable benefits of treatment, which will encourage more and more people with HIV to seek treatment, bringing the HIV community, in Ontario, across Canada and globally, one step closer to achievement of the UNAIDS 90-90-90 targets[2] and to complete elimination of the entirely unfair and outdated stigma still faced by many people living with HIV today[3]. **That is why the Ontario AIDS Network (OAN) has developed this Position Statement on U=U.**

While the health benefits of treatment will always be the primary purpose of ART, this Position Statement provides the Boards, Executive Directors, Management, and Frontline Service providers of Ontario AIDS Network (OAN) Member Agencies with a summary and analysis of the secondary benefits of ART on preventing HIV transmission to sexual partners of people living with HIV and on transforming what it means to live with HIV.

It is vital that these secondary benefits to people living with HIV and their sexual partners be fully understood and communicated to influence practice in member agencies, to encourage health seeking behaviours, and to challenge stigma.

The abundance of scientific evidence behind the message of U=U provides an opportunity for us all, people living with HIV and HIV-negative people alike, to reflect on, celebrate and embrace a new era in the HIV epidemic the likes of which we have not experienced since the introduction of combination ART[4] in 1996. Over time, combination ART changed HIV from an almost certain death sentence into a chronic but manageable life-long condition, and allowed healthy babies to be born to people living with HIV. **U=U provides us with one of the best opportunities we have to end the epidemic of new infections, to optimize the lives of people living with HIV, and to end HIV-related stigma and discrimination once and for all**.

U=U is more than "Treatment as Prevention[5]". **U=U changes what it means to live with HIV. It opens up social, sexual and reproductive choices that people with HIV and their sexual partners, and in some cases, entire communities never thought would be possible.** It encourages people with HIV to start and stay on treatment to keep both them and their sexual partners healthy. It is an opportunity to transform how people living with HIV see themselves, how they are perceived by their families and friends, by their current and potential sexual partners, and by people in general.

While the U=U message is primarily focused on the individual, it provides those of us who work in the community with a new tool for advocacy. Much of the messaging from public health authorities, the media, and the HIV sector for the past 35 years has contributed to an image of people with HIV as vectors of disease from whom the public should be protected. Whether intentional or not, it has had a detrimental impact on people living with HIV that has to change. **U=U can raise broader public awareness of the reality of HIV today, help reduce stigma towards people living with HIV, transform self-stigma, increase testing, motivate early initiation of treatment, and improve treatment adherence.** And it offers a strong public health argument for the provision of, and access to, testing, care, and treatment, leading to viral suppression. It also provides us with an opportunity to imagine a community where the principles of access and equity between those living with HIV and those who do not no longer exist; a community where the lives of all are equally valued.

John McCullagh, Co-chair
on behalf of the OAN Board of Directors

1 Less than 200 copies per millilitre of blood. For purposes of the U=U message, the term "undetectable" is used synonymously with "virally suppressed".

2 UNAIDS (2014). 90-90-90: An ambitious treatment target to help end the AIDS epidemic. Retrieved on November 5, 2014 from http://www.unaids.org/sites/default/files/media_asset/90-90-90_en_0.pdf

3 The Lancet (2017). U=U taking off in 2017. Retrieved on November 6, 2018 from https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(17)30183-2/fulltext?elsca1=etoc

4 Combination ART refers to the combinations of different classes of HIV drugs (two or more) used to keep HIV infections under control. It is sometimes abbreviated as cART, or more commonly as ART, which is the abbreviation used in this Position Paper.

5 The concept of using ART to prevent the transmission of HIV.

Key Messages

1. THE HEALTH BENEFITS OF TREATMENT

The first and most important goal of HIV treatment is to improve the health and well-being of people living with HIV. Early diagnosis and early initiation of treatment is key to this goal. However, treatment must be delivered with informed consent and without coercion on an opt-in basis.

2. CAN'T PASS IT ON

As a result of achieving and maintaining an undetectable viral load (less than 200 copies/ml of blood), HIV cannot be transmitted sexually.

3. POTENTIAL TO CHANGE WHAT IT MEANS TO LIVE WITH HIV

The U=U message has the potential to change the way people with HIV, their friends and families, and those who work with them think and talk about viral suppression and what it means to live with HIV.

4. NO ONE MUST BE LEFT BEHIND

Supports must be in place for individuals who experience challenges or barriers to accessing and maintaining treatment as prescribed, and for those who, despite this, have difficulty achieving and maintaining an undetectable viral load. No one must be left behind.

"It's very, very clear that the risk is zero. If you are on suppressive antiretroviral treatment, you are sexually non-infectious."

- Dr Alison Rodger

Lead author of PARTNER 2, presenting at the 22nd International AIDS Conference (AIDS 2018) in Amsterdam, July 25, 2018

5. HIV CARE TO BE UNDERSTOOD HOLISTICALLY

HIV care should be understood holistically, addressing physical, mental, and emotional well-being. It must also be culturally safe, trauma-informed, and attentive to the specific needs of individuals and communities of people who live with or face systemic risk factors for HIV.

6. COST MUST NOT BE A BARRIER

All people living with HIV deserve universal access to HIV treatment. Cost must not be a barrier for people living with HIV to experience optimal health.

7. END HIV-RELATED STIGMA AND DISCRIMINATION

U=U is one of the best tools we have to dismantle HIV-related stigma and discrimination. There is no reason why people living with HIV should experience externally imposed or self stigma.

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Recommendations for Service Providers

As individuals and organizations who are directly supporting people who live with or face systemic risk factors for HIV, we are uniquely placed to bridge the gap between the science and community engagement on U=U.

As health care and service providers, we are likely the first professionals with whom a newly diagnosed person will turn to for advice about their new health circumstance, and it is essential that we ourselves and our service users are aware of the facts surrounding U=U. Given the understandable fear, concern and anxiety an individual may be experiencing at this time, the message of U=U is crucial to affecting the person's sense of well-being and future expectations, and as health care and service providers we must be prepared to integrate this language and knowledge into our practice.

It is our responsibility to ensure that not only is the U=U message heard and understood, but that everyone who needs it has access to HIV testing, treatment, care and support so they can be helped to achieve an undetectable viral load.

U=U is, however, a message that comes with complexities. We must nurture and guide conversations about it without withholding information because of a fear that certain individuals or communities may not fully understand it, or may misinterpret it, or because we believe they may have other more important things to think about[1]. It is our job to communicate and facilitate engagement in this new landscape.

Therefore we must embrace the science of U=U and celebrate the fact that people who are undetectable cannot transmit HIV to their sexual partners.

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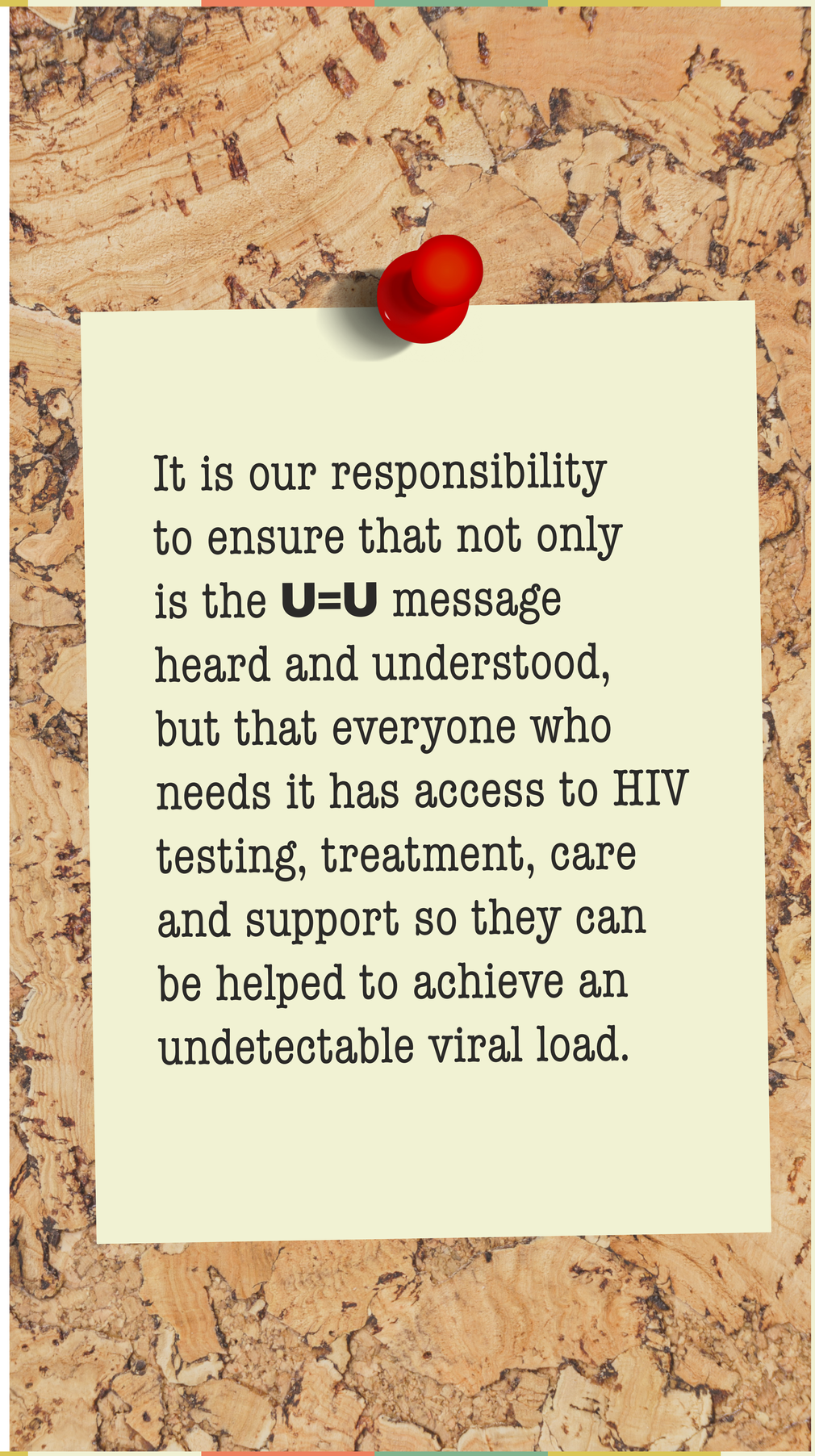

1 CATIE Blog (2018). McCullagh, J. No more excuses: people have the right to know about U=U. Retrieved on November 5 from http://blog.catie.ca/2018/10/31/no-more-excuses-people-have-the-right-to-know-about-uu/

WHAT IS UNDETECTABLE?

U=U

Undetectable viral load means that the level of HIV in a person's blood is so low that it does not show up in a viral load test. In Ontario, undetectable usually means below 40 copies per millilitre of blood. HIV can still be hiding in the body (in what are known as reservoirs) but the amount of virus in circulating blood and sexual fluids such as semen, seminal fluid, and vaginal secretions is so low that it cannot be passed on to others during sex. When ART suppresses a person's viral load to less than 200 copies per millilitre of blood, it is called viral suppression. Studies show that when someone is virally suppressed they cannot pass on HIV to their sexual partners.

For the purposes of the U=U message, the term "undetectable" is used synonymously with "virally suppressed".

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Key Selected Evidence[1]

Study	Study details	Results	Date	Authors
PARTNER	Observational study in two phases: 1—heterosexual and gay male serodiscordant couples 2—gay male serodiscordant couples	Zero transmissions after ~36,000 condomless sex acts among heterosexual couples and >70,000 condomless sex acts among gay male couples, in both cases when viral load was undetectable <200 copies/ml., and the partners did not take PrEP or PEP.	2016 (phase 1) 2018 (phase 2)	Rodger A et al
Opposites Attract	Observational study in serodiscordant gay male couples.	Zero transmissions after >12,000 condomless sex acts when viral load was undetectable <200 copies/ml.	2017	Grulich A et al
HPTN 052	1,763 serodiscordant heterosexual couples randomized to immediate or deferred ART.	Zero transmissions when the viral load was undetectable. Infections occurred in people with detectable viral load; n=27 in the deferred ART group and one early infection in the ART group before viral load was undetectable.	2011	Cohen M et al
Swiss Statement	Expert opinion and evidence review of >20 smaller studies looking at the impact of ART on risk factors for HIV transmission.	Concluded that transmission would not occur with an undetectable viral load.	2008	Vernazza P et al

1 Commission fédérale pour les problèmes liés au sida (CFS) (2008). HIV-positive individuals not suffering from any other STD and adhering to an effective antiretroviral treatment do not transmit HIV sexually (English translation). Retrieved on November 1, 2018 from http://i-base.info/qa/wp-content/uploads/2008/02/Swiss-Commission-statement_May-2008_translation-EN.pdf
CATIE Statement on the use of antiretroviral treatment to maintain an undetectable viral load as a highly effective strategy to prevent the sexual transmission of HIV. Retrieved on October 16, 2018 from https://www.catie.ca/en/prevention/statements/tasp

Access to HIV *testing and treatment*

Research shows that initiating treatment early can yield the best health outcomes for people living with HIV[1]. Whenever possible, we should encourage people with HIV to start treatment as soon as possible after diagnosis, while acknowledging that treatment must be given with informed consent without coercion, on an opt-in basis. We should ensure that both the readiness (feeling confident and capable of success) and preparedness (constructed in consult with the person's health and community care providers) of the person living with HIV is achieved.

To encourage early initiation of HIV treatment, we must ensure that people in Ontario have access to HIV testing and treatment that is voluntary and provided with informed consent on an opt-in basis.

Accessible, culturally safe, and sex-positive sexual health testing services facilitate access to an early HIV diagnosis[2]. Universal coverage of HIV medication will not only improve the overall health of people living with HIV, it can also help to reduce stigma and discrimination.

U=U provides a platform for greater treatment access for all populations affected by HIV.

1 CATIE (2015). Hosein, S. Treatment Update 210: Detailed results from the START study. Retrieved on October 16, 2018 from https://www.catie.ca/en/treatmentupdate/treatmentupdate-210/anti-hiv-therapy/detailed-results-start-study

2 Ontario Advisory Committee on HIV/AIDS (2016). Focusing our efforts: Changing the course of the HIV prevention, engagement and care cascade in Ontario. Retrieved October 16, 2018 from http://www.health.gov.on.ca/en/pro/programs/hivaids/docs/oach_strategy_2026.pdf

The third U=UNEQUAL

Some community activists and organizations have raised legitimate concerns that the U=U message places inordinate focus on the issue of undetectability, and does not address the fact that some people in Ontario living with HIV do not have equitable access to ART and to quality, rights-based health care. Our collective celebration of U=U is undermined if our access to testing, treatment, care and support—and viral suppression—is unequal.

We must avoid creating two classes of people with HIV; those who have an undetectable viral load and those who do not. People living with HIV are more than their laboratory results, and value is not dictated by viral load.

Treatment is, first and foremost, a personal choice, and no one should be shamed for not being on treatment or for having any level of viral load, which may be their choice or due to circumstances beyond their control[1].

A person living with HIV with a detectable viral load[2] is not a danger to others. For people living with HIV with a detectable viral load, there are highly-effective HIV prevention options for safer sex including condoms, and PrEP for their HIV-negative partners, which can be used individually or in combination. Everyone living with HIV, regardless of viral load, has the right to full and healthy social, sexual and reproductive lives.

Approaches to our work with people who live with or face systemic risk factors for HIV should be intersectional, with a need to think critically about the ways colonialism, race, class, gender, gender identity, sexual orientation, immigration status, incarceration history, and other factors may impact access to health care and experiences of stigma — regardless of moral or institutional judgement on behaviours. These factors must be considered when we discuss the impact of U=U on the individuals and communities with whom we work.

As service providers working with people who live with or face systemic risk factors for HIV, our work has always been about ensuring that everyone has equitable access to health care and supportive services. Access to HIV treatment and its designed outcome — viral suppression — is a right, and lack of access to treatment is a violation of that right.

U=U is a new tool for advocacy because its undoubted benefits make a compelling argument for ensuring access to testing, treatment, care and support — and therefore, ultimately, viral suppression — for all, regardless of what barriers may exist.

1 Some people living with HIV in Ontario may choose not to be treated or may not be ready to start treatment. Others may start treatment but have challenges with adherence for a variety of reasons, including stigma, mental health issues, addictions issues, unstable housing, hostile environments, difficulty paying for medications, drug resistance, and/or intolerable side effects.

2 More than 200 copies/ml of blood.

We must avoid creating two classes of people with HIV; those who have an undetectable viral load and those who do not.

People living with HIV are more than their laboratory results, and value is not dictated by viral load.

U=U *and women**[1] *living with* HIV

There is mounting evidence that the rate of transmission of HIV through breastfeeding/chestfeeding for women who are on ART is low. However, since breastfeeding/chestfeeding introduces a risk of HIV that can be avoided, Canada and other countries often referred to as the Global North currently recommend exclusive formula feeding from birth up to one year of age.*

The prevention of sexual transmission of HIV afforded by U=U covers women* as it does everyone else. If women* and/or their sexual partners have an undetectable viral load, then they can enjoy sex without fear of transmission.

However, because the current application of U=U is focused on the risk of sexual transmission, as service providers we need to consider the other ways that HIV is transmitted and that uniquely impact the lives of women*, many of which are linked to their sexual and reproductive health and rights.

Based on research and observation, we know that women* who are on ART and maintain an undetectable viral load can, through pregnancy, safely conceive, carry to term and deliver HIV-negative babies[2]. However, we do not have research for transmission in pregnancy that is as definitive as we do for U=U for sexual transmission.

Another area that we need to include in any conversation about the use of ART for the prevention of HIV transmission for women* is breastfeeding/chestfeeding[3]. There is mounting evidence that the rate of transmission of HIV through breastfeeding/chestfeeding for women* who are on ART is low. However, since breastfeeding/chestfeeding introduces a risk of HIV that can be avoided, Canada and other countries often referred to as the Global North currently recommend exclusive formula feeding from birth up to one year of age.

Some women* with HIV are beginning to ask their doctors and health care or service providers to support them in their decision to breastfeed/chestfeed their babies. Additionally, some women* with HIV who breastfeed/chestfeed may do so without telling their health care or service providers for fear of stigma, criminalization and/or negative interactions with public health authorities and child protection services. It is therefore important that health care and service providers engage in conversations with women* in order to create a treatment plan that reduces risk and includes monitoring and support based on the principles of informed consent and access and equity to the full range of information currently available.

1 * This Position Statement acknowledges the diversity of women living with HIV in Ontario, which includes people who can get pregnant but who may not identify as women, and others identified female at birth. This Statement refers to "women with an asterisk" to reflect this diversity.

2 CATIE (2018). Arkell, C. Prevention in Focus: Pregnancy and infant feeding: Can we say U=U about the risk of passing HIV to an infant? Retrieved on October 6, 2018 from https://www.catie.ca/en/pif/spring-2018/pregnancy-and-infant-feeding-can-we-say-uu-about-risk-passing-hiv-infant

3 Chestfeeding is the term often used by transgender people who nurse their babies.

U=U *and injection drug use*

The protection of sexual transmission of HIV afforded by U=U covers people who inject drugs, as it does for everyone else. However, while research suggests that having an undetectable plasma (blood) viral load can help prevent HIV transmission through the sharing of injection drug use equipment, there is not sufficient evidence to say that there is no risk of transmission [1].

There are numerous additional variables (e.g. force, pressure and volume associated with the use of syringes) that influence the transmission risk of HIV through the sharing of injection drug use equipment. These variables have been poorly understood and require a commitment to a greater research investment in this area.

Other sexually transmitted and bloodborne infections

HIV treatment, including when the viral load is undetectable, does not prevent other sexually transmitted and bloodborne infections (STBBIs). Consequently, consideration should be given to using a combination of sexual health strategies (e.g. ones that include condoms and/or PrEP) when having sex. STBBIs can have a negative impact on a person's health, however, the focus on the transmission of STBBIs must not detract from the science of U=U.

1 CATIE (2017). Arkell, C. HIV prevention for people who inject drugs: New biomedical approaches and time-honoured strategies. Retrieved on October 17, 2018 from https://www.catie.ca/en/pif/spring-2017/hiv-prevention-people-who-inject-drugs-new-biomedical-approaches-and-time-honoured-s

U=U offers scientific evidence to reduce fears of transmission, to minimize the anxieties around having to disclose, and, in Ontario, reduces the circumstances where people with HIV will face criminal prosecution for non-disclosure.

HIV *criminalization*

According to a Supreme Court of Canada decision in 2012, people living with HIV have a criminal law duty to disclose their HIV status to sexual partners before sexual activity that poses "a realistic possibility of HIV transmission"[1]. Based on the Supreme Court's decision, there is no realistic possibility when a condom is used and the person has a viral load of under 1,500 copies/ml of blood at the time of the sexual activity. The law surrounding oral sex remains unclear.

Recently, however, the scientific evidence behind U=U resulted in **positive changes to Ontario's criminal prosecution policy**. Effective December 1, 2017, Ontario announced that it no longer prosecutes cases of alleged HIV non-disclosure where a person on ART can demonstrate that their HIV has been suppressed — **which means a viral load of under 200 copies/ml** — for six months[2]. While the Ontario decision is welcome, there has been no announcement that the province will stop prosecutions against people living with HIV who do not have a suppressed viral load, even in circumstances related to sex with a condom or oral sex.

U=U offers scientific evidence to reduce fears of transmission, to minimize the anxieties around having to disclose, and, in Ontario, reduces the circumstances where people with HIV will face criminal prosecution for non-disclosure. One of the most welcome events at AIDS 2018 was the publication of an expert consensus statement[3] on the science of HIV in the criminal law authored by 20 of the world's leading scientists, including three Canadians.

Based on robust evidence, the statement counsels caution when prosecuting people for HIV transmission, exposure and non-disclosure, and encourages governments, law enforcement officers, and those working in the judicial system to carefully note advances in HIV science so as to ensure that current knowledge in this field informs the application of the law.

1 R. v. Mabior, 2012 SCC 47.

2 Ontario, Ministry of the Attorney General (2017). Crown Prosecution Manual, D. 33 Sexual Offences against Adults-Sexually transmitted infections and HIV exposure cases. Retrieved on October 17, 2018 from https://www.ontario.ca/document/crown-prosecution-manual/d-33-sexual-offences-against-adults#section-0

3 Barré-Sinoussi, F., et al. (2018). Expert consensus statement on the science of HIV in the context of the criminal law. JIAS 21/7. Retrieved on October 17 from https://doi.org/10.1002/jia2.25161

Challenging **HIV**-*related stigma and discrimination*

The historical record of HIV stigma evolved from a mix of xenophobia and homophobia and included profound fear, in the public mind, of both sex workers and people who inject drugs. This has perpetuated dangerous misconceptions about HIV transmission risk that have negative consequences for people who live with or who face systemic risk factors for HIV, including driving unjust criminal prosecutions[1].

As service providers, we have a unique opportunity to utilize the U=U platform to provide assurance to people living with HIV regarding both their individual health and the health of their sexual partners. This encourages engagement across the HIV prevention, engagement and care cascade[2]. People are more likely to get tested if the stigma is reduced, more likely to disclose if on effective ART with an undetectable viral load, more likely to commence early and remain adherent to their ART, and more likely to be retained in care[3].

People are more likely to get tested if the stigma is reduced, more likely to disclose if on effective ART with an undetectable viral load, more likely to remain adherent, and more likely to be retained in care.

1 AVERT (2018). HIV stigma and discrimination. Retrieved on October 23, 2018 from https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination

2 The prevention, engagement and care cascade reflects the different services someone with HIV needs to achieve optimal health outcomes, including HIV testing and diagnosis, linkage to appropriate medical care (and other health services), support while in care, access to HIV treatment, support on treatment, and the achievement of an undetectable viral load. CATIE: HIV in Canada: A primer for service providers. The HIV treatment cascade (Retrieved on October 18, 2018 from https://www.catie.ca/en/hiv-canada/9/9-2/9-2-1/9-2-1-1)

3 UNAIDS (2017). Confronting discrimination: Overcoming HIV-related stigma and discrimination in health-care settings and beyond. Retrieved on October 23, 2018 from http://www.unaids.org/sites/default/files/media_asset/confronting-discrimination_en.pdf

Where can I find out more?

GUIDELINES, POSITION PAPERS AND CONSENSUS STATEMENTS

Risk of sexual transmission of HIV from a person with HIV who has an undetectable viral load: Messaging Primer & Consensus Statement — Prevention Access Campaign

A guide for clinicians to discuss U=U — Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine

Community Consensus Statement on access to HIV treatment and its use for prevention — AVAC, EATG, MSMGF, GNP+, HIV i-Base, the International HIV/AIDS Alliance, ITPC, NAM/aidsmap

Canadian Consensus Statement on the health and prevention benefits of HIV antiretroviral medications and HIV testing — CATIE, CTAC, PositiveLite.com

Expert Consensus: Viral Load and Risk of HIV Transmission — Institut National de Santé Publique du Quebec (INSPQ)

Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations — World Health Organization (WHO)

U=U Position Statement — Gay Men's Sexual Health Alliance of Ontario (GMSH)

Undetectable = Untransmittable; A community brief — International Council of AIDS Services Organizations (ICASO)

Living in the Asterisk (*): What does U=U mean for women? — Women & HIV/AIDS Initiative (WHAI)

CATIE RESOURCES

CATIE Statement on the use of antiretroviral treatment to maintain an undetectable viral load as a highly effective strategy to prevent the sexual transmission of HIV

HIV treatment and an undetectable viral load to prevent HIV transmission

Undetectable viral load and HIV sexual transmission

The power of undetectable

Negligible Risk: Updated results from two studies continue to show that antiretroviral treatment and an undetectable viral load is a highly effective HIV prevention strategy

Couples HIV testing and counselling

HIV DISCLOSURE

Expert consensus statement on the science of HIV in the context of criminal law (2018) — Journal of the International AIDS Society

Criminal Justice System's Response to Non-Disclosure of HIV (2017) — Department of Justice, Government of Canada

Sexual Offences against Adults (2017) — Ontario Crown Prosecution Manual

Sexual Transmission, or Realistic Possibility of Transmission, of HIV (2018) — British Columbia Prosecution Service Crown Counsel Policy Manual

Criminal law and HIV non-disclosure in Canada (2104) — Canadian HIV/AIDS Legal Network

HIV disclosure to sexual partners: Question and answers for newcomers (2015) — Canadian HIV/AIDS Legal Network

HIV disclosure and the law: What you need to know (2015) — Positive Women's Network

Legal and clinical implications of HIV non disclosure: A practical guide for HIV nurses in Canada (2013) — CANAC (Canadian Association of Nurses in AIDS Care), CATIE

Now what? The possibilities of disclosure: A guide by HIV positive people for AIDS Service Organizations and their allies — Ontario AIDS Network, Positive Leadership Development Institute (PLDI)

HIV & AIDS Legal Clinic Ontario (HALCO) provides information and legal advice on matters of HIV and the law.

Acknowledgements

Parts of this OAN U=U Position Statement draw on materials from:

Prevention Access Campaign[1]
Gay Men's Sexual Health Alliance of Ontario (GMSH): U=U Position Statement[2]
International Council of AIDS Service Organizations (ICASO): Undetectable=Untransmittable, A Community Brief[3]

Author: John McCullagh (OAN Co-chair)
Reviewers: Wendy Pinder, Ryan Kerr (OAN); Laurie Edmiston, Laurel Challacombe, Mallory Harrigan (CATIE); Phillip Banks (GMSH); Molly Bannerman (WHAI); Murray Jose-Boerbridge (Toronto HIV/AIDS Network); Darien Taylor (Toronto to Zero); Bob Leahy (Prevention Access Campaign); Brent Allan (ICASO); Ryan Peck (HALCO)
Creative Direction: marshaclarke.com

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1 https://www.preventionaccess.org

2 Gay Men's Sexual Health Alliance of Ontario (2018). U=U position statement. Retrieved on October 24, 2018 from http://www.gmsh.ca/aids-service-organizations/publications-and-resources/gmsh-uu-position-statement-eng-.pdf

3 ICASO (2017). Undetectable=Untransmittable, a community brief. Retrieved on October 24, 2018 from http://icaso.org/undetectable-untransmittable-community-brief/

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