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HIV and hepatitis C
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La source canadienne
de renseignements sur
le VIH et l'hépatite C

U=U Community Perspectives Webinar

Date: Tuesday, March 27th, 2018



Please make sure you access the audio
portion:

Toll-free access number: 1-866-500-7712

Access code: 2277655

**The webinar will commence
shortly.**

**All participants will be muted
until the question period.**

Agenda

1. Introduce U=U and review scientific evidence (10 mins)
2. Community panel speaks to their experience with U=U in the communities they work with (25 mins)
3. Explain context of HIV criminalization and legal implications of U=U (10 mins)
4. Q&A with all speakers



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Undetectable = Untransmittable

Understanding the science behind

U=U

Camille Arkell

Knowledge Specialist, HIV Prevention, CATIE

Background

“Undetectable viral load”

What does it mean and why does it matter?

- Viral load is the amount of HIV in the blood of a person living with HIV
- Viral load is “undetectable” in blood when the level of virus is so low it can’t be measured
- Successful antiretroviral treatment (ART) lowers viral load by controlling HIV replication
- Having and maintaining an undetectable viral load is good for the health of a person living with HIV

“Treatment as Prevention”

- Taking ART to maintain an undetectable viral **also helps to prevent HIV** transmission
 - Lower viral load = lower risk of transmission



- HIV+ people on ART who maintain an undetectable viral load **do not transmit HIV** to their sexual partners

What is “U=U”?

- A statement: “**Undetectable = Untransmittable**”
- A campaign promoted by a group of people living with HIV, advocates and researchers
- A simple message intended to:



1. increase awareness about prevention benefits of treatment
2. reduce stigma

- Based on body of research that found **zero sexual HIV transmissions** when the viral load was undetectable

Research

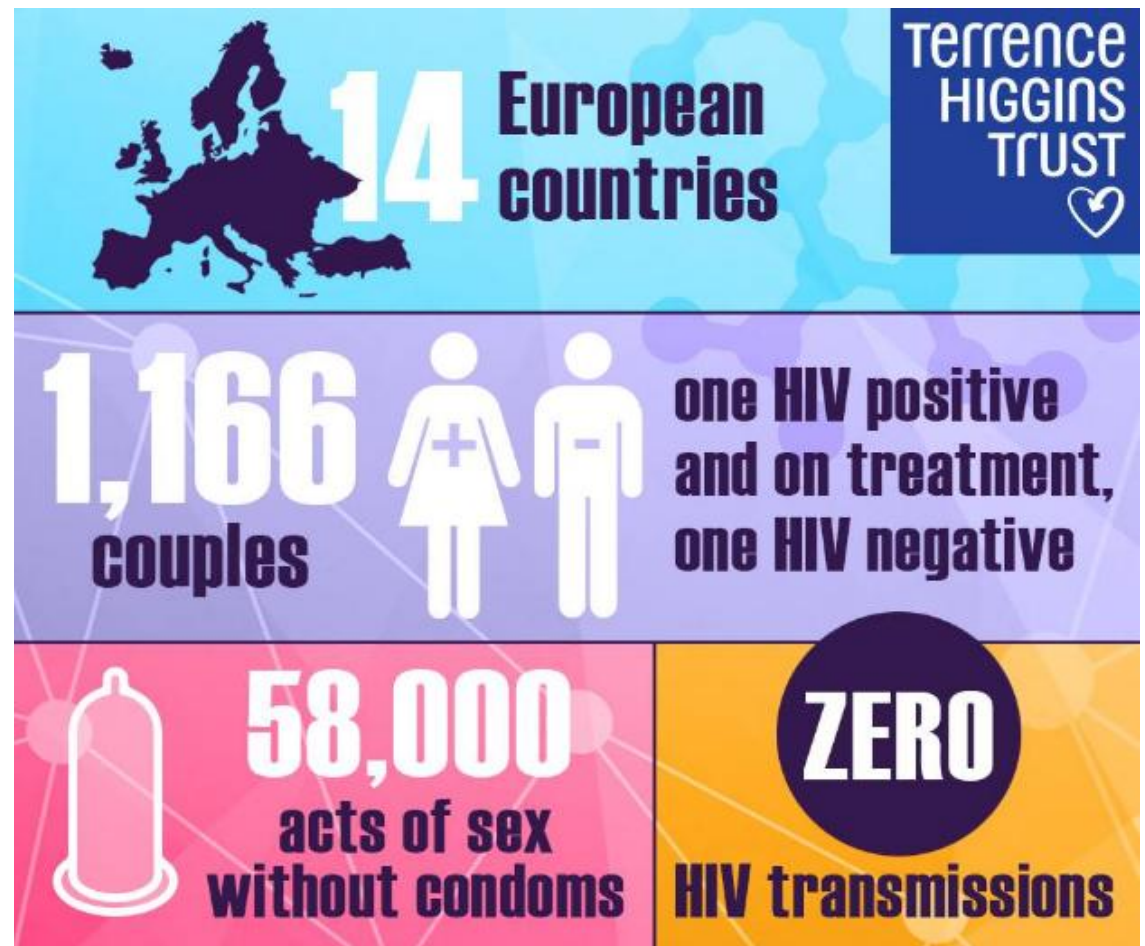
HPTN 052 & PARTNER

Both studies followed serodiscordant couples to see how many HIV transmissions occurred through sex

HPTN 052	PARTNER
Heterosexual couples only	Included same-sex male couples
HIV+ partners started ART during study (some delayed)	All HIV+ partners on ART before study start
Condom use encouraged	All couples not using condoms
Zero HIV transmissions between partners when viral load undetectable	

PARTNER: Final results

- All participants had an **undetectable viral load** and did not use condoms, PrEP or PEP
- Both heterosexual and same-sex male couples included (vaginal and anal sex)



Opposites Attract

- 343 gay (male) serodiscordant couples
- Almost 17,000 acts of condomless anal sex
- **Zero** transmissions with an undetectable viral load!



Some HIV transmissions occurred...

- **When the viral load was detectable**
 - 4 (in HPTN 052) during the first three months of taking treatment
 - 4 (in HPTN 052) due to treatment failure or viral rebound
- **From sex partners outside the main relationship**

Research: Take home messages

- U=U applies to sexual transmission only
- No HIV transmissions occurred when the viral load was undetectable while the HIV-positive partner was on ART and engaged in care
- This strategy is effective regardless of whether condoms are used – but there is a risk for STIs
- Evidence suggests that STIs may not impact transmission in this context
- HIV transmission can occur while on ART if viral load is *detectable*
- Sex partners from outside relationship account for HIV infections

What about other modes of transmission?

Through shared injection equipment

- Available research suggests the risk of transmitting HIV is also considerably reduced for people who inject drugs who are on treatment and maintain an undetectable viral load

Perinatal/vertical transmission

- ART taken by HIV-positive people during and post-pregnancy, and by their infants post-delivery, has significantly reduced the risk of perinatal HIV transmission
- Breastmilk may contain HIV even when the viral load is undetectable

Available evidence does not confirm that the risk is negligible with an undetectable viral load

Thanks!

Connect with me at:
carkell@catie.ca

Community Panel

William Flett



William is a Peer Educator at YouthCO, a member of the Haida Nation from Old Masset, and identifies as a peer to HIV+ youth and gay men.

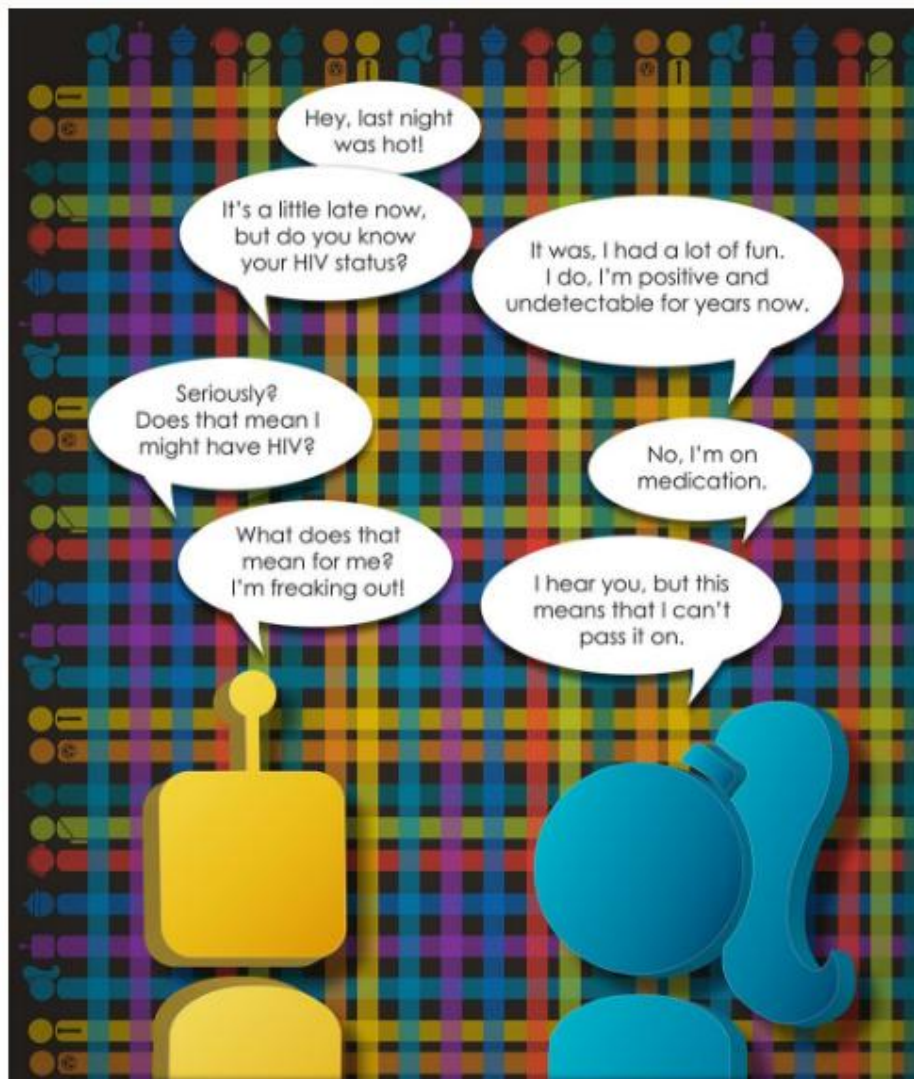
He has made an effort to keep himself informed about HIV and STIs, so his friends encouraged him to volunteer and participate with YouthCO to help share that knowledge. At YouthCO, he was able to learn deeper into those important topics.

As he became more active with YouthCO, he has grown towards learning and discussing a wide range of topics and viewpoints, while helping support others at YouthCO.



Undetectable = Untransmittable at YouthCO

- YouthCO endorsed the U=U campaign December 2017
- The first Community Partner to the Prevention Access Campaign, in Canada!
- Announced the Partnership and endorsement Jan 3rd, 2017



Whatever our HIV status or viral load, discussing ways to prevent transmission can be one way to **#resiststigma**.



U=U in Resist Stigma Partnership

- Talking about sexual health is something everyone can do!
- At YouthCO, we believe that sexual health is a shared responsibility, and that each of us can take action!
- There are a lot of options to prevent passing or getting HIV, and while we might not use all of them, we can definitely find one that fits!
- For those of us who are HIV positive and undetectable, taking our treatment every day can ensure that we don't pass HIV to our partners.
- So whatever our HIV status or viral load, staying current with methods of prevention can be one way to **#resiststigma**.

Joshua Edward



Joshua Edward is Knowledge Translation Manager for Health Initiative for Men, a position simultaneously devoted to translating evidence to practice, and practice to evidence. Joshua is particularly passionate about ensuring representation and self-determination of gay, bi, and other men who have sex with men in issues impacting their community's health and well-being.

Tsion Demeke Abate



Tsion provides technical assistance in increasing access for newcomer, immigrant and refugee families in to the healthcare system, and has a demonstrated history of working in research, policy analysis, program management, culturally safe knowledge translation and dissemination, as well as teaching in higher educational institutions.

She holds a Master's degree from the University of Alberta, and is the recipient of the 2015 *Recognizing Immigrant Success in Edmonton (RISE) Award for Community Leadership: Immigrant category*.

Tsion has worked with UNESCO and IGAD in addressing health and education related gender gaps in sub-Saharan Africa.

Christian Hui



Christian Hui is a queer Asian settler immigrant from Hong Kong who has lived with HIV since 2003 and received successful treatment for Hepatitis C in 2011. He is one of the co-founding members and the Ethno-cultural/Migrant Representative the Canadian Positive People Network (CPPN).

Christian currently works at Asian Community AIDS Services (ACAS) as the CHAMP Community Engagement and Ontario Positive Asians (OPA+) Coordinator, and is a peer of the Committee of Accessible AIDS Treatment (CAAT). He is a member of the #UequalsU steering committee.

Richard Elliott



Richard Elliott is a lawyer and the executive director of the Canadian HIV/AIDS Legal Network, which is one of the founding organizations of the Canadian Coalition to Reform HIV Criminalization. Richard and the Legal Network have been working in various ways for more than 20 years to resist the unjust criminalization of HIV, in Canada and globally. He was co-counsel for the Legal Network, Canadian AIDS Society and BC PWA Society (as Positive Living BC was then known) in their joint intervention in the first case on HIV criminalization to come before the Supreme Court of Canada, and has been co-counsel in a number of subsequent cases before the Supreme Court of Canada and appellate courts in BC, Quebec, Manitoba, Ontario and Nova Scotia on the issue of HIV criminalization. He holds an LL.B. and LL.M. from Osgoode Hall Law School and was called to the bar in Ontario in 1997.

HIV criminalization and Canadian law

Richard Elliott
Canadian HIV/AIDS Legal Network

“U = U: Community Perspectives”
CATIE webinar
27 March 2018



Canadian
HIV/AIDS
Legal
Network

Réseau
juridique
canadien
VIH/sida

www.aidslaw.ca

Canada: the law

➤ ***R v. Cuerrier*, [1998] 2 SCR 371:**

- HIV/STI non-disclosure amounts to **fraud** invalidating consent, thus transforming consensual sex into a **sexual assault**, when
 - ❑ there is a “**significant risk** of serious bodily harm”
 - and
 - ❑ the complainant would not have consented to sex had they known accused person’s status.
- exposing person to risk (of HIV) “endangers life” → *aggravated* (sexual) assault

Canada: the law

- ***R. v. Mabior*, 2012 SCC 47; *R. v. D.C.*, 2012 SCC 48**
 - specifically in the case of HIV (as opposed to other STIs):
“significant risk” = a “**realistic possibility**” of transmission
 - at least re penile-vaginal sex, no realistic possibility in case of **low viral load** AND a **condom** being used
 - NB: “low” viral load = < 1500 copies/mL

Canada: the law... *questions*

Q: What about prosecution just for **oral sex**?

A: Not likely, but can't rule it out entirely.

Q: Will **either** condom **or** low/undetectable viral load ever suffice on their own to negate liability?

A: Yes, "suppressed" viral load (<200 copies/ml) may (in some settings) now mean no prosecution. Less certain that condom use alone may be considered enough to avoid charges.

NB: The above is not legal advice about your specific situation.

Developments in science

- “Swiss statement” (2008)
- HPTN 052 results (2011)
- CDC risk estimates (2012)
- **Canadian consensus statement (2014)**
- HPTN 052 further results (2016)
- PARTNER study (2016)
- **“U=U” statement (2016)**
- ...international scientific consensus building

New consensus: “U=U” (2016)

- “There is now evidence-based confirmation that the risk of HIV transmission from a person living with HIV (PLHIV), who is on Antiretroviral Therapy (ART) and has achieved an **undetectable** viral load in their blood for at least 6 months is **negligible to non-existent.**”

Undetectable = Untransmittable:

Risk of sexual transmission from a person living with HIV who has an undetectable viral load: <http://www.preventionaccess.org/consensus>

- NB: for purposes of this statement, an **undetectable viral load is defined as <200 copies/ml**

Canada: the law revisited

- Interpretation of *Mabior* contested in courts based on scientific evidence (re viral load)
 - OntCA (2013)... if no condom, then viral load irrelevant
 - 10 cases of prosecutions even though accused person had low/undetectable viral load (9 of them in Ontario)

but more encouraging recent developments...

- some Ontario cases of charges withdrawn, reduced
- some trial courts critical of SCC and OntCA approach
 - *R v JTC* (NSPC, 2013)
 - *R v Thompson* (NSSC, 2016; NSCA, 2018)
 - *R v CB* (OSCJ, 2017)

Law & its application evolving

- CCHRC's Community Consensus Statement (Nov 2017)
- Justice Canada report (1 Dec 2017)
- New guidance for prosecutors
 - Ontario (Dec 2017) – re viral load <200 copies/mL
 - revised British Columbia guidance (March 2018)
- Future cases ... some key objectives:
 - consolidate viral load defence
 - re-establish condom defence
- Other advocacy priorities & objectives:
 - improved prosecutorial guidance (fed/terr & prov)

Selected resources

Legal Network's page on HIV criminalization
www.aidslaw.ca/criminalization

Canadian Coalition to Reform HIV Criminalization
www.HIVcriminalization.ca

End Unjust HIV Criminalization: Community Consensus Statement (Nov 2017)

Frequently Asked Questions on HIV criminalization and the Community Consensus Statement

More information:

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www.aidslaw.ca/criminalization



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Q&A

Questions and Discussion

Thank you!

Please evaluate this webinar!

<http://www.surveygizmo.com/s3/3439232/CATIE-webinars-2017-18>