

RESEARCH LETTER

Implementing U=U in clinical practice: results of a British HIV association members survey

In 2016, the Prevention Access Campaign, launched the Undetectable=Untransmittable statement.¹ U=U is arguably the single

most important communication for people living with HIV and is based on a solid foundation of scientific evidence. The zero risk of sexual transmission represents a significant change in messaging. The British HIV Association (BHIVA) conducted an anonymised member's questionnaire on U=U. Members could select different answer options, submit free text and opt out of answering questions. The survey was emailed to members in October 2018 (see [table 1](#)).

The majority were discussing U=U routinely. However, inconsistencies were observed. The BHIVA U=U position statement was devised, recommending proactive discussion and use of the word 'zero' to describe risk.² The BHIVA monitoring guideline was updated, highlighting that U=U applies in the presence of STI's. Healthcare providers have a duty to disseminate clear, accurate and unambiguous information to maximise well-being and dismantle stigma.

Table 1 Survey results

Question 1. where did you first hear about U=U?	
Answer choices	Number of responses (total 270)
BHIVA members' email/website/Twitter	48 (17.8%)
BHIVA conference	34 (12.6%)
Other conference	42 (15.6%)
Another internet source/email/Twitter	55 (20.4%)
Colleagues	52 (19.3%)
People living with HIV	10 (3.7%)
I have not heard of U=U	3 (1.1%)
Other	26 (9.6%)
Question 2. When do you discuss U=U with people living with HIV? (Please tick all that apply)	
Answer choices	Number of responses (total 255)
On HIV diagnosis	176 (69.0%)
I raise it when a person becomes undetectable	122 (47.8%)
I raise it when a person is adherent to their treatment	98 (38.4%)
I only discuss it if I am asked about it	7 (2.8%)
I don't usually discuss U=U	6 (2.4%)
I raise the subject of U=U routinely	182 (71.4%)
I raise it when a person is starting treatment	141 (55.3%)
I raise it when a person is planning to conceive	122 (47.8%)
Other	30 (11.8%)
Question 3. When discussing U=U, what do you say?	
Answer choices	Number of responses (total 253)
The risk of transmission is extremely low	21 (8.3%)
The risk of transmission is next to zero	55 (21.7%)
The risk of transmission is zero	94 (37.2%)
The risk of transmission is virtually impossible	25 (9.9%)
The risk of transmission is negligible	28 (11.1%)
Other (please state)	30 (11.9%)
Multiple free-text comments were submitted by those who selected 'Other' along the following theme: 'I tell them the risk is zero except if other STIs are present, as this may increase risk of HIV transmission'	
Question 4. When discussing U=U, I inform everyone about the evidence base.	
Answer choices	Number of responses (total 254)
Always	158 (62.2%)
Sometimes	86 (33.9%)
Rarely	8 (3.2%)
Never	2 (0.8%)
Question 5. There is printed and/or video information about U=U available in my consultation room, waiting room or reception area.	
Answer choices	Number of responses (total 249)
Always	87 (34.9%)
Sometimes	59 (23.7%)
Rarely	25 (10.0%)
Never	78 (31.3%)

Continued

Table 1 Continued

Question 6. What are the criteria for U=U?	
Answer choices	Number of responses (total 249)
A viral load of <20 copies/mL and adherence to treatment for 12 months	4 (1.6%)
A viral load of <200 copies/mL and adherence to treatment for 6 months or more	84 (33.7%)
An undetectable viral load and adherence to treatment for 6 months or more	131 (52.6%)
A viral load of <40 copies/mL and adherence to treatment for 3 months	14 (5.6%)
I am not sure	16 (6.4%)
Question 7. Do you advise people who fulfil the U=U criteria to talk about HIV to their sexual partners?	
Answer choices	Number of responses (total 245)
No	15 (6.1%)
Yes	209 (85.3%)
I am not sure	21 (8.6%)
Comments	Multiple free-text comments were submitted along the following three themes: 'I do, but I no longer tell them that they have to disclose their status', 'Not all the time, but I think disclosure is important if you are in a long-term relationship. It is not about transmission but trust and not having to keep HIV a secret', 'I advise discussing with regular partners, but not always with casual partners'.
Question 8. Do you advise people who fulfil the U=U criteria to use condoms?	
Answer choices	Number of responses (total 239)
Yes	134 (56.1%)
No	59 (24.7%)
I am not sure	46 (19.3%)
Comments	Multiple free-text comments were submitted along the following theme: 'Depends on the type of relationship—if sole partner and both checked for STIs then I advise that they can take/leave condoms as they wish—if having sex with others etc then I recommend condoms for STI prevention generally', 'I ask them if they are using condoms and then talk about the benefits of that that is, other STIs/pregnancy'.
Question 9. If a woman with HIV asks if the U=U statement with regards to transmission for breastfeeding, what would you advise?	
Answer choices	Number of responses (total 233)
No	166 (71.2%)
Yes	18 (7.7%)
I am not sure	49 (21.0%)
Question 10. If a man living with HIV fulfilling the U=U criteria wanted to father a baby with an HIV negative woman, would you recommend sperm washing?	
Answer choices	Number of responses (total 238)
Yes	5 (2.1%)
No	229 (96.2%)
I am not sure	4 (1.7%)

BHIVA, British HIV Association; U=U, Undetectable=Untransmittable.

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