

HIV Treatment as Prevention:

Including Undetectable=Untransmittable

(updated April 2021)



HIV Treatment as Prevention: Including Undetectable=Untransmittable

This educational packet is a curated compilation of resources on HIV treatment as prevention, including undetectable=untransmittable.

The contents of this packet are listed below:

- HIV Treatment Can Prevent Sexual Transmission (CDC)
- HIV Treatment as Prevention (HIV.gov)
- HIV Viral Suppression and an Undetectable Viral Load (HIV.gov)
- Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV (CDC)
- The Journey to Undetectable (CDC)
- Antiretroviral Therapy to Prevent Sexual Transmission of HIV (Treatment as Prevention) (HHS)

You may wish to customize this packet to meet the needs or interests of particular groups, such as event participants, providers, patients, clients, or the general public. So please feel free to distribute all or part of this document as either a printout or PDF.

HIV TREATMENT CAN PREVENT SEXUAL TRANSMISSION

PEOPLE WITH HIV SHOULD TAKE MEDICINE TO TREAT HIV AS SOON AS POSSIBLE TO



- Improve their own health, and
- Prevent transmitting HIV to other people.



HIV medicine can reduce the amount of HIV in the blood (also called **viral load**). HIV medicine can make the viral load so low that a test can't detect it. This is called **undetectable viral load**.

Having an undetectable viral load (or staying virally suppressed*) is the best thing people with HIV can do to stay healthy. If their viral load stays undetectable, they have **effectively no risk** of transmitting HIV to an HIV-negative partner through sex.

IF YOU HAVE HIV AND WANT TO GET AND KEEP AN UNDETECTABLE VIRAL LOAD, YOU WILL NEED TO



- **Take medicine daily as prescribed.** Most people can get virally suppressed within 6 months of starting treatment. Missing some doses can increase your viral load and the risk of transmitting HIV. Talk to your health care provider about ways to follow your treatment plan.



- **See your provider regularly to check your viral load.** Not everyone taking HIV medicine has an undetectable viral load. The only way to know if you have an undetectable viral load is by getting tested regularly.

GETTING AND KEEPING AN UNDETECTABLE VIRAL LOAD PREVENTS HIV TRANSMISSION DURING SEX. EVEN IF THE PARTNER WITH HIV HAS AN UNDETECTABLE VIRAL LOAD, EITHER PARTNER MAY WANT TO USE ADDITIONAL PREVENTION OPTIONS.

Using condoms can protect you from other STDs. Using condoms or having the partner without HIV take PrEP (pre-exposure prophylaxis) can provide added peace of mind. Also consider using additional prevention options if the partner with HIV

- is unsure that they have an undetectable viral load;
- is having difficulty keeping an undetectable viral load; or
- missed some doses of medicine since the last viral load test, stops taking their medicine, or has trouble taking it regularly.



Get tested for other STDs. HIV treatment doesn't protect against other STDs like syphilis and gonorrhea, and other STDs can increase the chance of getting or transmitting HIV.

* Being virally suppressed means having a very low viral load (less than 200 copies of HIV per milliliter of blood). The benefits of having an undetectable viral load also apply to people who stay virally suppressed.



EL TRATAMIENTO DEL VIH PUEDE PREVENIR LA TRANSMISIÓN SEXUAL

LAS PERSONAS QUE TIENEN EL VIH DEBEN TOMAR LOS MEDICAMENTOS PARA TRATAR EL VIRUS TAN PRONTO COMO SEA POSIBLE



- para mejorar su propia salud, y
- para prevenir la transmisión del VIH a otras personas.



Los medicamentos para el VIH pueden reducir la carga viral tanto que la prueba no pueda detectarla. Esto se llama **carga viral indetectable**.

Tener una carga viral indetectable (o mantener la supresión viral*) es lo mejor que las personas con el VIH pueden hacer para mantenerse sanas. Si su carga viral se mantiene indetectable, no tienen **efectivamente ningún riesgo** de transmitirle el VIH a una pareja que sea VIH negativa a través de las relaciones sexuales.

SI USTED TIENE EL VIH Y QUIERE ALCANZAR Y MANTENER UNA CARGA VIRAL INDETECTABLE, DEBERÁ HACER LO SIGUIENTE



- **Tomar los medicamentos todos los días según las instrucciones de la receta.** La mayoría de las personas puede lograr la supresión viral dentro de los 6 meses después de comenzar con el tratamiento. Saltarse algunas dosis puede aumentar su carga viral y el riesgo de transmitir el VIH. Hable con su proveedor de atención médica sobre las maneras de seguir con el plan de tratamiento.



- **Ver al proveedor de atención médica con regularidad para que revise su carga viral.** No todas las personas que toman los medicamentos para el VIH logran una carga viral indetectable. La única manera de saber si usted tiene una carga viral indetectable es hacerse las pruebas regularmente.

LOGRAR Y MANTENER UNA CARGA VIRAL INDETECTABLE PREVIENE LA TRANSMISIÓN DEL VIH DURANTE LAS RELACIONES SEXUALES. AUNQUE EL MIEMBRO DE LA PAREJA CON EL VIH TENGA UNA CARGA VIRAL INDETECTABLE, QUIZÁS UNO O EL OTRO QUIERA USAR OPCIONES DE PREVENCIÓN ADICIONALES.

El uso de condones puede protegerlo de otras ETS. Si usan condones, o el miembro de la pareja que no tiene el VIH toma la PrEP (los medicamentos de profilaxis preexposición), esto les puede dar más tranquilidad. También consideren usar opciones de prevención adicionales si el miembro de la pareja que tiene el VIH:

- no está seguro de si su carga viral es indetectable;
- tiene dificultad para mantener una carga viral indetectable; o
- no tomó algunas dosis de los medicamentos desde que se hizo la última prueba de carga viral, deja de tomar los medicamentos o tiene dificultad para tomarlos regularmente.

Hágase las pruebas de detección de otras ETS. El tratamiento del VIH no protege contra otras ETS como la sífilis y la gonorrea, y tener otras ETS puede aumentar la probabilidad de contraer o transmitir el VIH.



* Tener supresión viral significa tener una carga viral muy baja (menos de 200 copias del VIH por mililitro de sangre). Los beneficios de tener una carga viral indetectable también los tienen las personas que mantienen la supresión.

HIV Treatment as Prevention

 hiv.gov/tasp

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February 24, 2020

HIV TREATMENT as PREVENTION

A HIGHLY EFFECTIVE STRATEGY TO PREVENT THE SEXUAL TRANSMISSION OF HIV



People living with HIV who take
**HIV medication daily
as prescribed**



and get and keep an
undetectable viral load



**have effectively no risk of
sexually transmitting HIV**
to their HIV-negative partners



JANUARY 2019

LEARN MORE AT HIV.GOV/TASP



Treatment as prevention (TasP) refers to taking HIV medication to prevent the sexual transmission of HIV. It is one of the highly effective options for preventing HIV transmission. People living with HIV who take HIV medication daily as prescribed and get and keep an undetectable viral load have effectively no risk of sexually transmitting HIV to their HIV-negative partners.

TasP works when a person living with HIV takes HIV medication exactly as prescribed and has regular follow-up care, including regular viral load tests to ensure their viral load stays undetectable.

Taking HIV Medication to Stay Healthy and Prevent Transmission

If you have HIV, it is important to start treatment with HIV medication (called antiretroviral therapy or ART) as soon as possible after your diagnosis.

If taken every day, exactly as prescribed, HIV medication can reduce the amount of HIV in your blood (also called the viral load) to a very low level. This is called **viral suppression**. It is called viral suppression because HIV medication prevents the virus from growing in your body and keeps the virus very low or “suppressed.” Viral suppression helps keep you healthy and prevents illness.

If your viral load is so low that it doesn’t show up in a standard lab test, this is called having an **undetectable viral load**. People living with HIV can get and keep an undetectable viral load by taking HIV medication every day, exactly as prescribed. Almost everyone who takes HIV medication daily as prescribed can achieve an undetectable viral load, usually within 6 months after starting treatment.

There are important **health benefits** to getting the viral load as low as possible. People living with HIV who know their status, take HIV medication daily as prescribed, and get and keep an undetectable viral load can live long, healthy lives.

There is also a major **prevention benefit**. People living with HIV who take HIV medication daily as prescribed and get and keep an undetectable viral load have effectively no risk of sexually transmitting HIV to their HIV-negative partners.

[Learn more: Read our fact sheet about the health and prevention benefits of viral suppression and maintaining an undetectable viral load \(PDF 166 KB\).](#)

Keep Taking Your HIV Medication to Stay Undetectable

HIV is still in your body when your viral load is suppressed, even when it is undetectable. So, you need to keep taking your HIV medication daily as prescribed. When your viral load stays undetectable, you have effectively no risk of transmitting HIV to an HIV-negative partner through sex. If you stop taking HIV medication, your viral load will quickly go back up.

If you have stopped taking your HIV medication or are having trouble taking all the doses as prescribed, talk to your health care provider as soon as possible. Your provider can help you get back on track and discuss the best strategies to prevent transmitting HIV through sex while you get your viral load undetectable again.

How Do We Know Treatment as Prevention Works?

Large research studies with newer HIV medications have shown that treatment *is* prevention. These studies monitored thousands of male-female and male-male couples in which one partner has HIV and the other does not over several years. No HIV transmissions were observed when the HIV-positive partner was virally suppressed. This means that if you keep your viral load undetectable, there is effectively no risk of transmitting HIV to someone you have vaginal, anal, or oral sex with. [Read about the scientific evidence.](#)

Talk with Your HIV Health Care Provider

Talk with your health care provider about the benefits of HIV treatment and which HIV medication is right for you. Discuss how frequently you should get your viral load tested to make sure it remains undetectable.

If your lab results show that the virus is detectable or if you are having trouble taking every dose of your medication, you can still protect your HIV-negative partner by using other methods of preventing sexual transmission of HIV such as condoms, safer sex practices, and/or [pre-exposure prophylaxis](#) (PrEP) for an HIV-negative partner until your viral load is undetectable again.

Taking HIV medicine to maintain an undetectable viral load does not protect you or your partner from getting other sexually transmitted diseases (STDs), so talk to your provider about ways to [prevent other STDs](#).

Talk to Your Partner

TasP can be used alone or in conjunction with [other prevention strategies](#). Talk about your HIV status with your sexual partners and decide together which prevention methods you will use. Some states have [laws](#) that require you to tell your sexual partner that you have HIV in certain circumstances.

Other Prevention Benefits of HIV Treatment

In addition to preventing sexual transmission of HIV there are other benefits of taking HIV medication to achieve and maintain an undetectable viral load:

- ***It reduces the risk of mother-to-child transmission from pregnancy, labor, and delivery.*** If a woman living with HIV can take HIV medication as prescribed throughout pregnancy, labor, and delivery and if HIV medication is given to her baby for 4-6 weeks after delivery, the risk of transmission from pregnancy, labor, and delivery can be reduced to 1% or less. Scientists don't know if a woman living with HIV who has her HIV under control can transmit HIV to her baby through breastfeeding. While it isn't known if or how much being undetectable or virally suppressed prevents some ways that HIV is transmitted, it is reasonable to assume that it provides some risk reduction.
- ***It may reduce HIV transmission risk for people who inject drugs.*** Scientists do not yet know whether having a suppressed or undetectable viral load prevents HIV transmission through sharing needles or other injection drug equipment, but it is reasonable to assume that it provides some risk reduction. Even if you are taking HIV medication and are undetectable, use new equipment each time you inject and do not share needles and syringes with other people.

HIV Viral Suppression and an Undetectable Viral Load: The Health and Prevention Benefits

Viral Suppression and Undetectable Viral Load: What Do They Mean?

If taken as directed, HIV medication can reduce the amount of HIV in the blood (also called the viral load) to a very low level. This is called viral suppression. Viral suppression helps to keep you healthy and prevents illness.

If the viral load is so low that it doesn't show up in a standard lab test, this is called having an undetectable viral load.



How Do You Get Your Viral Load to Undetectable and Keep It There?

People living with HIV can get and keep an undetectable viral load by taking HIV medication (called antiretroviral therapy or ART) every day, exactly as prescribed. Almost everyone who takes HIV medication daily as prescribed can achieve an undetectable viral load, usually within 6 months after starting treatment. But HIV is still in the body when the viral load is suppressed, even when it is undetectable. If a person stops taking HIV medication, the viral load will quickly go back up. People who have stopped taking their medication or who are having trouble taking all doses as prescribed should talk to their health care provider as soon as possible about how to get back on track.



Benefits

There are important health benefits to having a suppressed or undetectable viral load. People living with HIV who know their status, take HIV medication daily as prescribed, and get and keep an undetectable viral load can live long and healthy lives.

There is also a major prevention benefit. People living with HIV who take HIV medication daily as prescribed and get and keep an undetectable viral load have effectively no risk of sexually transmitting HIV to their HIV-negative partners. This is often called "treatment as prevention."

Also, if a woman living with HIV takes HIV medication as prescribed throughout pregnancy, labor, and delivery, and if HIV medicine is given to her baby for 4-6 weeks after delivery, the risk of transmission from pregnancy, labor, and delivery can be reduced to 1 percent or less.



Talk with Your Health Care Provider

Talk with your health care provider about these benefits of HIV treatment and discuss which HIV medication is right for you. Stay in medical care so your provider can regularly monitor your viral load and make sure it remains undetectable. Also talk to your provider about ways to prevent other sexually transmitted infections (STIs). Having an undetectable viral load only prevents transmission of HIV, not other STIs.



Evidence of HIV Treatment and Viral Suppression in Preventing the Sexual Transmission of HIV

HIV treatment has dramatically improved the health, quality of life, and life expectancy of people with HIV.^{1,2,3,4} HIV treatment has also transformed the HIV prevention landscape. Over the last decade, research has shown the profound impact of HIV treatment in preventing the sexual transmission of HIV, sometimes called “Treatment as Prevention” (TasP).^{1,5,6,7,8,9,10} This fact sheet summarizes the evidence, reviews key factors needed to maximize the effectiveness of TasP, and provides an overview of what CDC is doing to increase awareness of this prevention strategy.



People with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting HIV to their HIV-negative sexual partners.

The Evidence

In 2011, the interim results of the HPTN052 clinical trial¹ demonstrated a 96% reduction in HIV transmission risk among heterosexual mixed-status (also referred to as HIV-discordant) couples where the partner with HIV started antiretroviral therapy (ART) immediately versus those delaying ART initiation. The final results published in 2016 reported that there had been no HIV transmissions within these couples when the partner with HIV had a suppressed viral load (defined as having a viral load of less than 400 copies of HIV RNA per milliliter).⁷ Genetically linked HIV infections were observed between sexual partners in 8 couples; however, all of these transmissions occurred while the partner with HIV was not virally suppressed. In other words, linked HIV transmissions occurred only when:

- The partner with HIV had started ART but *before* the partner with HIV had achieved and maintained viral suppression, or
- The partner with HIV had achieved viral suppression but the ART regimen later failed or the partner with HIV had stopped taking their medication.

Three recent studies, PARTNER, Opposites Attract, and PARTNER2 (an extension of PARTNER focusing on HIV-discordant MSM couples), report similar results. None of these studies observed any genetically linked infections while the partner with HIV was virally suppressed and the couples were engaging in sex without a condom and not using pre-exposure prophylaxis (PrEP).^{8,9,10} In these studies, viral suppression was defined as less than 200 copies of HIV RNA per milliliter of blood; most participants with HIV in the PARTNER study had less than 50 copies of HIV RNA per milliliter of blood.⁸ The three studies included over 500 HIV-discordant heterosexual couples, with about half having a male partner with HIV (PARTNER), and more than 1,100 HIV-discordant MSM couples (PARTNER2; Opposites Attract) from 14 European countries, Australia, Brazil, and Thailand. Combined, these couples engaged in over 125,000 sex acts without a condom or PrEP over more than 2,600 couple-years of observation.

The studies reported transmission risk estimates and their corresponding 95% confidence intervals as:

- PARTNER study:⁸
 - For any sex among heterosexual and male-male couples: 0.00 (0.00 – 0.30) per 100 couple-years
 - For anal sex among male-male couples: 0.00 (0.00 – 0.89) per 100 couple-years
- Opposites Attract study:⁹
 - For anal sex among male-male couples: 0.00 (0.00 – 1.59) per 100 couple-years
- PARTNER2 study (which includes data from PARTNER):¹⁰
 - For anal sex among male-male couples: 0.00 (0.00 – 0.24) per 100 couple-years

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Division of HIV/AIDS Prevention



Together, the data from the PARTNER2 and Opposites Attract studies produce a combined transmission risk estimate for anal sex without a condom and PrEP among MSM couples of 0.00 (0.00 – 0.21) per 100 couple-years, with the upper bound equal to a 0.21% annual risk (unpublished data). Pooling data from all three studies produces a combined transmission risk estimate for sex without a condom among heterosexual or MSM couples of 0.00 (0.00 – 0.14) per 100 couple-years, with the upper bound indicating a 0.14% annual risk (unpublished data). These data provide conclusive evidence of the power of viral suppression in preventing HIV transmission. Although statistically a non-zero risk estimate can never be completely ruled out in a mathematical sense, despite the number of observations, the data tell us that the best estimate for the transmission risk is zero and that future HIV transmissions are not expected when people with HIV remain virally suppressed.

Maximizing the Effectiveness of the Prevention Strategy in Practice

The success of the TasP strategy depends on achieving and maintaining an undetectable viral load. While many people with HIV taking ART are virally suppressed, some people with HIV are currently not virally suppressed or do not maintain viral suppression over time. CDC's national surveillance data estimate that 65% of all people with diagnosed HIV in 41 states and the District of Columbia in 2018 were virally suppressed, defined as less than 200 copies of HIV RNA per mL of blood at most recent test.¹¹ Among people in HIV clinical care (defined as either receiving HIV medical care or having a CD4 or viral load test within the past year), about 85% were virally suppressed at their last test.¹¹ In a cross-sectional analysis of people with diagnosed HIV, most of whom were in care in the last 12 months (95%), about two-thirds (62%) achieved and maintained viral suppression over 12 months, which means around one-third (or 1 in 3) did not maintain viral suppression over that time period.¹²

About 85% of people in HIV care were virally suppressed at their last test.

About 2/3 of people with diagnosed HIV maintained viral suppression over a year.

To help all individuals with HIV and their partners get maximal benefit from this prevention strategy, it is important to give providers, people with HIV, and their partners clear information regarding the benefits as well as the challenges with achieving and maintaining viral suppression. The challenges include the following:

Time to viral suppression: Most people will achieve an undetectable viral load within 6 months of starting ART. Many will become undetectable very quickly, but it could take more time for a small portion of people just starting ART.

Adherence to daily treatment: Taking HIV medicine as prescribed is the best way to achieve and maintain an undetectable viral load. Poor adherence, such as missing multiple doses in a month, could increase a person's viral load and their risk for transmitting HIV. People who are having trouble taking their HIV medicine as prescribed can work with health care providers to improve their adherence. If an individual is experiencing adherence challenges, other prevention strategies could provide additional protection until the individual's viral load is confirmed to be undetectable.

Knowledge of viral load: Regular viral load testing is critical to confirm that an individual has achieved and is maintaining an undetectable viral load. It is not known if viral load testing should be conducted more frequently than currently recommended for treatment if someone is relying on treatment and viral suppression as a prevention strategy. Data show a discordance between some people's self-report of their viral load status and laboratory measurements, suggesting that people may not know or be able to accurately report their viral load level.¹³ Just because someone was virally suppressed in the past does not guarantee they are still virally suppressed. However, the good news is the longer someone is virally suppressed, the more likely they will remain virally suppressed if they continue to take HIV medicine as prescribed.

Stopping HIV medication: If an individual stops taking their HIV medicine, their viral load will increase, in some cases within a few days, and eventually return to around the same level it was before starting their HIV medicine. People who have stopped taking their HIV medicine should talk to their health care provider as soon as possible about their own health and use other strategies to prevent sexual HIV transmission.

Protection against other STDs: Taking HIV medicine and achieving and maintaining an undetectable viral load does not protect either partner from getting other sexually transmitted diseases (STDs). Other prevention strategies, such as condoms, are needed to provide protection from STDs.

Lack of knowledge or awareness about the benefits of viral suppression: Knowledge of the prevention benefits of viral suppression may help motivate people with HIV and their partners to adopt this strategy.¹⁴ Studies have shown that a significant proportion of people do not know or do not believe that viral suppression works for prevention. For example, a recent study of over 111,000 men who have sex with men found that about half the study population indicated that a message about the prevention benefits of having an undetectable viral load was accurate, including nearly 84% of people with HIV, followed by 54% of people without HIV and 39% of people with an unknown HIV status.¹⁵ Though knowledge appears to be increasing over time, more work is needed to increase knowledge and awareness among people with HIV and their sexual partners, as well as people without HIV and those who don't know their HIV status.¹⁶

What CDC Is Doing

CDC is working with prevention partners across the nation to prioritize efforts to maximize the impact of TasP. CDC joined other federal agencies in an effort led by the U.S. Department of Health and Human Services (HHS) to help ensure that each agency communicates about the effectiveness of TasP in a clear, concise, and accurate manner. The HHS workgroup agreed on the following core prevention message:

People with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting HIV to their HIV-negative sexual partners.

The term “effectively no risk” was selected to reflect that while it is not possible to statistically rule out a non-zero risk, all evidence to date suggests that it is not realistically possible to sexually transmit HIV while the person with HIV remains undetectable or virally suppressed. There is also strong evidence that TasP helps prevent transmission to others through injection drug use, and from mother-to-child during pregnancy, birth, and breastfeeding.

As CDC continues to maximize the impact of TasP, we will continue to strengthen longstanding programs and respond with new efforts funded through the *Ending the HIV Epidemic* initiative.¹⁷ Programmatic efforts help expand HIV testing services to people not recently tested or not aware of their HIV status, diagnose people with HIV earlier, link or re-engage them to effective HIV care and treatment, and support adherence to HIV treatment to achieve viral suppression and ultimately reduce transmission.^{18,19,20} Through education campaigns and online risk reduction tools and resources, CDC is committed to increasing awareness of the full range of available prevention strategies and their effectiveness.^{21,22}

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THE JOURNEY TO UNDETECTABLE



HIV medicine can reduce the amount of HIV in your blood (called viral load) to a level so low that a test can't detect it. This is known as an "**undetectable viral load**," or "**undetectable**."

If you have HIV, you should take medicine to treat HIV as soon as possible to:

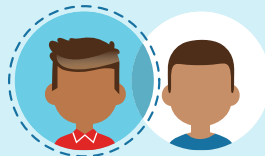


Improve your overall health



Prevent transmitting HIV to other people

If you get an undetectable viral load and keep it, you have **effectively no risk** of transmitting HIV to an HIV-negative partner through sex.

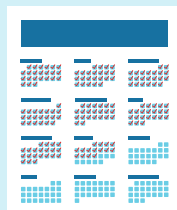


Once you start taking HIV medicine, you are on your journey to being undetectable.

By taking medicine daily, as prescribed, most people can get an undetectable viral load within **6 months**.



The longer you are undetectable, the more likely you will stay undetectable.



Not everyone taking HIV medicine is undetectable.



The only way to **know** if you are undetectable is by visiting your provider regularly.

Best ways to **keep** an undetectable viral load and stay healthy:

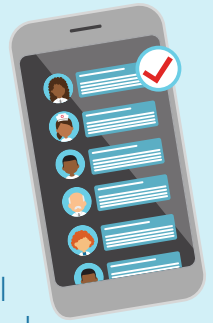


Take your medicine daily, as prescribed



Visit your provider regularly

To help you stay on your journey, it's important that you find a provider who makes you feel comfortable and supported. This extends to the other health care professionals involved in your treatment.



Getting and keeping an undetectable viral load prevents HIV transmission during sex, but there are reasons why you and your partner may consider adding other prevention options like condoms and PrEP.



Difficulty keeping an undetectable viral load



Missed doses of medicine since last viral load test



Protection from other STDs, like syphilis and gonorrhea



You or your partner want added peace of mind

YOU CAN DO THIS!



Wherever you are on the journey to undetectable, staying in treatment will improve your health no matter what challenges you may face along the way. Reach out to family and friends who support you on your journey.

www.cdc.gov/StopHIVTogether
#JourneyToUndetectable
#TalkUndetectable

 /ActAgainstAids  /CDCHIV  /CDC_HIVAIDS



Antiretroviral Therapy to Prevent Sexual Transmission of HIV (Treatment as Prevention)

 clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv/antiretroviral-therapy-prevent-sexual-transmission-hiv

Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV

The information in the brief version is excerpted directly from the full-text guidelines. The brief version is a compilation of the tables and boxed recommendations.

Dec. 18, 2019

Panel's Recommendations

- All persons with HIV should be informed that maintaining a plasma HIV RNA (viral load) of <200 copies/mL, including any measurable value below this threshold value, with antiretroviral therapy (ART) prevents sexual transmission of HIV to their partners. Patients may recognize this concept as Undetectable = Untransmittable or U=U **(AII)**.
 - Persons with HIV who are starting ART should use another form of prevention with sexual partners (e.g., condoms, pre-exposure prophylaxis [PrEP] for the HIV-negative sexual partner, sexual abstinence) for at least the first 6 months of treatment and until a viral load of <200 copies/mL has been documented **(AII)**. Many experts would recommend confirming sustained suppression before assuming that there is no further risk of sexual HIV transmission **(AIII)**.
 - When the viral load is ≥ 200 copies/mL, additional methods are needed to prevent transmission of HIV to sexual partners until resuppression to <200 copies/mL has been confirmed **(AIII)**.
 - Persons with HIV who intend to rely upon ART for prevention need to maintain high levels of ART adherence **(AIII)**. They should be informed that transmission is possible during periods of poor adherence or treatment interruption **(AIII)**.
 - At each visit for HIV care, clinicians should assess adherence to ART and counsel patients regarding the importance of ART to their own health as well as its role in preventing sexual HIV transmission **(AIII)**.
 - Providers should inform patients that maintaining a viral load of <200 copies/mL does not prevent acquisition or transmission of other sexually transmitted infections (STIs) **(AII)**.
 - Providers should also routinely screen all sexually active persons with HIV for STIs, both for their own health and to prevent transmission of STIs to others **(AIII)**.
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Panel's Recommendations

Rating of Recommendations: A = Strong; B = Moderate; C = Optional

Rating of Evidence: I = Data from randomized controlled trials; II = Data from well-designed nonrandomized trials or observational cohort studies with long-term clinical outcomes; III = Expert opinion