# Evidence for U=U: PARTNER studies & the prevention access campaign







Simon Collins HIV i-Base

www.i-base.info

## Interests to declare

No financial conflict of interest

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I am community rep on PARTNER steering committee and i-Base are signed on to U=U campaign.

## Timeline and evidence

1998 vs 2008 vs 2018

- Difficult to think pre-2016
- But at BHIVA 2018, most/some doctors do not tell all/some patients...

## BHIVA statement (2017) Prof Chloe Orkin, BHIVA chair



There should be no doubt that a person with sustained, undetectable levels of HIV in their blood CANNOT transmit HIV to their sexual partners."

## Personal views

- Current views 100%? (or close)
- Translate to personal life
- Which year convinced you?
  2018, 2017, 2016, 2014, 2008?

## **Timeline**

1998	ART stops mother to baby transmission [1]
1998	US guidelines - early ART [2]
2000	Rakai Study (Observational) [3]
2008	Swiss Statement: zero risk (Evidence review) [4]
2011	HPTN 052: 1 vs 27 (Randomised: low risk) [5]
2014	PARTNER: zero/44,000 (Observational) [6]
2016	PARTNER published – zero/58,000 [6]
2016	U=U campaign

Opposites Attract [7]

1. Beckerman et al. IAS, 1988
2. DHHS,1998;
3. Quinn et al, NEJM 2000;
4. Vernazza et al, 2008. 5. Cohen et al NEJM 2011;
6. Rodgers et al. CROI 2014 and JAMA 2016;
7. Grulich A et al. IAS 2017.

2017

## Different types of evidence

- Observational data large cohorts when randomised studies are not possible
- Randomised clinical trials (RCTs)
- Systematic review comparing studies
- Case reports small studies
- Expert opinion

## Opinion vs evidence

Expert opinion - NOT evidence

There is currently no evidence that HIV transmission occurs when viral load is undetectable.

Challenge since 2008 is whether HIV transmission can occur – so far not been proven.

In absence of evidence, having an opinion against U=U is either out-of-date or just prejudice.

## References

U=U

HTB article:

"The evidence for U=U (Undetectable = Untransmittable): why negligible risk is zero risk"

www.i-base.info/htb/32308

Or just Google: "U=U"

Beckerman et al, IAS conference 1998, Abs 459.

Small observational study treating HIV positive pregnant women with triple therapy ART for their own best care.

"Despite adherence problems ... the use of combination ART ... during pregnancy results not only in improved maternal health, but also in rates of transmission that approach zero"

US DHHS guidelines (Dec 1998)

Expert opinion.

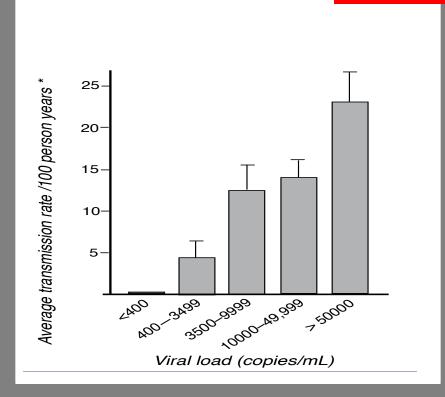
"Factors that would lead one to initiate early therapy include ... possibly decreasing the risk of viral transmission."

#### Quinn et al, NEJM 2000

#### Rakai study:

~ 400 +ve/-ve couples in Uganda for 30 months: no infections when VL less than 1500 copies/mL.

Large observational study. Pre-ART, low condom use, no STI effect, new cases all uncircumcised men.



## Swiss Statement (Vernazza et al, 2008)

Evidence review – driven by criminalisation in Switzerland.

Also: "We were telling everyone to use condoms when we had no evidence they needed to".

"an HIV positive person on effective HIV treatment (ART) cannot transmit HIV through sexual contact"

- on ART and adherent
- undetectable VL
- no STIs
- risk <1 in 100,000 (<0.001%)

**HPTN 052** 

(Cohen et al, 2011)

Pilot from 2005, enrolled 2007-2010

96% reduction

Randomised ~ 1700 +ve/–ve couples to early ART vs waiting.

Study stopped early – ethics.

All linked infections in couples waiting for ART (+ single case with detectable VL).

Durable over 4 yrs (2017).

## HPTN 052: reported 2011: (enrolled 2007-2010)

1700 couples: HIV+ CD4>350

Expected ~ 200

infections: 8% vs 13%

Randomised 1:1





No ART

~ 6 years follow up

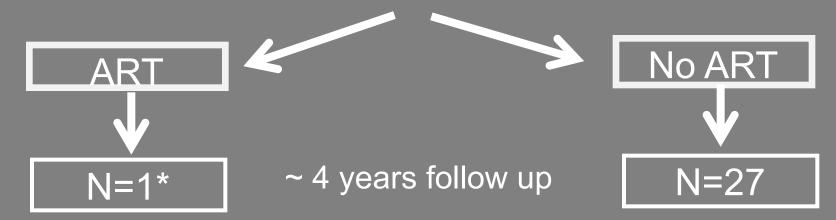
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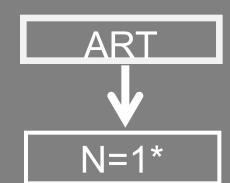
\* Very early ART when VL was still detectable

### HPTN 052 2011: (enrolled 2007-2010)

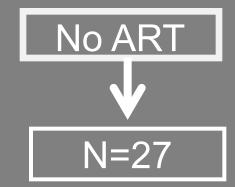
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~ 4 years follow up



\* Very early ART when VL was still detectable

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NHIVNA conference, Brighton 2018

## Best evidence: PARTNER

2014 -2016

~ 900 HIV+/— couples not using condoms.



Follow over time, collect info on risk.

After 58,000 times without condoms: ZERO linked transmissions

Rodgers et al. CROI 2014 and IAS July 2016.

- ~900 couples not using condoms (1/3 gay men).
- Detailed sexual questionnaires.
- Already not using condoms (for years)
- One third were gay male couples.
- Calculated absolute real risks.
- STI were common in gay men.
- Undetectable = less than 200 copies/mL
- Protected anonymity
- 1. Rodgers et al. CROI Feb 2014; 2. IAS July 2016; 3. JAMA accepted Feb 2016, published July 2016.

## PARTNER - UK sites

2010-2018

#### **UK** sites

Birmingham: Birmingham Heartlands

Hospital

Brighton: Lawson Unit, Royal Sussex

Country Hospital

Bristol: Southmead Hospital

Cardiff: Cardiff Royal Infirmary

Coventry: Coventry and Warwickshire

Hospital

Edinburgh: Western General Hospital

Leicester: Leicester Royal Infirmary

Manchester: North Manchester Hospital

#### **London centres**

Royal Free Hospital

St. Stephens Centre/Kobler clinic

Royal London Hospital

**Homerton Hospital** 

North Middlesex Hospital

King's College Hospital

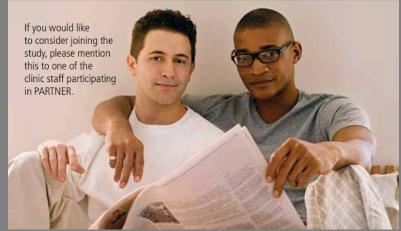
St. Thomas Hospital

Mortimer Market Centre

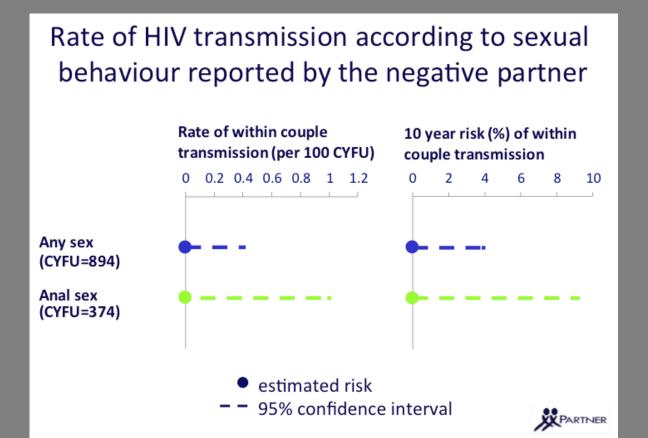
St. Mary's Hospital

- Intensive involvement of nurses (Tina Braun, CHIP)
- Recruiting and retaining couples depended on close connections with researchers.
- Enrolment slower than predicted, but steady.
- Sometimes driven by one rather than both partners
- Often difficult if relationships were short-term
- High participant interest in outcome
- High community involvement thoughout

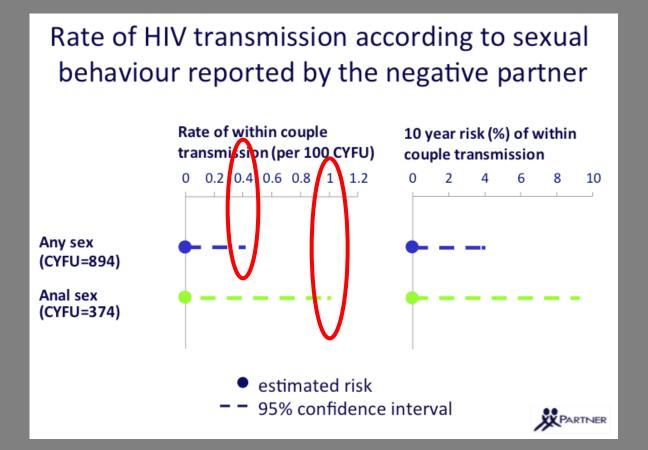




Understanding the risk of HIV transmission when the HIV+ partner is on therapy



Rodgers et al. CROI Feb 2014

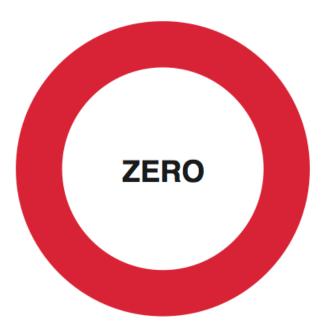


Rodgers et al. CROI Feb 2014

## PARTNER timeline

- 2009 Protocol, funding and planning Rate 0.5/100 CYFU
- 2010 Sep first enrolled participants
- 2014 Feb Preliminary results at CROI
- 2014 March Launch of PARTNER 2
- 2014 May Final data collection
- 2014-15 Paper rejected by several journals, JAMA accept but take 18 months to publish with repeated analyses.
- 2016 Apr JAMA accept then delay to IAS (July)
- 2018 PARTNER 2 results

#### Zero HIV transmissions in the PARTNER study



i-Base: >35,000 facebook views in first week

2016

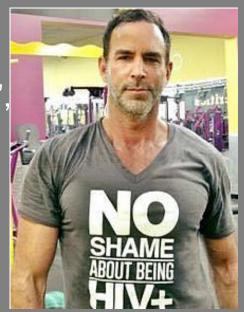
## Prevention Access Campaign

Launched in July 2016 by Bruce Richman and other researchers and activists.

Driven by problems with "96% reduced risk" use of "reduced", "negligible" but not 0.

Pressure for scientist to shift focus from minimal (if any) risk.

Mainstream campaign – IAS, BHIVA, US CDC: EFFECTIVELY ZERO = ZERO





PEOPLE WITH HIV ON EFFECTIVE TREATMENT DO NOT SEXUALLY TRANSMIT HIV

ACT UP UNDETECTABLE = UNTRANSMITTABLE

#### **International AIDS Society**





## UNDETECTABLE UNTRANSMITTABLE

A PERSON LIVING WITH HIV
WHO HAS AN UNDETECTABLE
VIRAL LOAD DOES NOT
TRANSMIT THE VIRUS TO THEIR
PARTNERS.

The International AIDS Society is proud to endorse the U=U consensus statement of the Prevention Access Campaign.



If your viral load is undetectable, it means you can't pass HIV to others.

Treatment = Prevention! on.nyc.gov/
staysure #PlaySure #TasP





2016

## U=U Statement

Since 2016 more than 670 organisations

signed the U=U statement.

From more than 60 countries

Statement update in Jan 2018:

EFFECTIVELY ZERO = ZERO

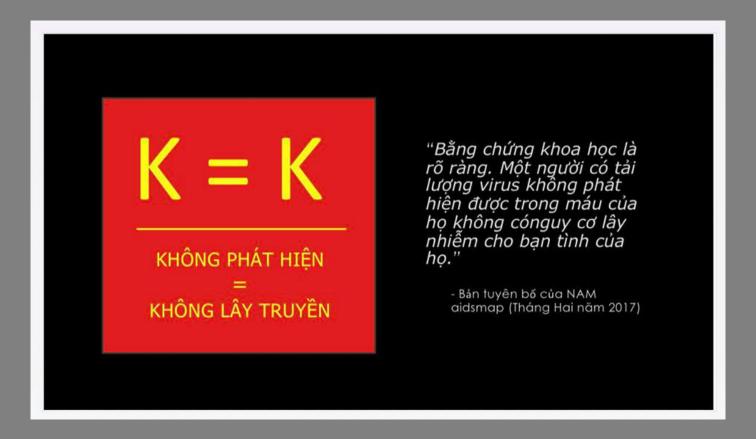
Challenge: is transmission is possible?





www.preventionaccess.org





London version:



Ain't no viral load...

Ain't no risk of HIV

## PARTNER 2 timeline

- 2014 March launch PARTNER 2
  - ~900 gay couples only
- March 2014 to May 2018
- Provide similar level of confidence for gay men
   Even though actual risk is believed to be zero
   2018 May Final data collection

2018 – PARTNER 2 results at IAS 2018

## Personal views

- How important is PARTNER 2?
- Any changed views during today
- Increased confidence to talking about U=U?

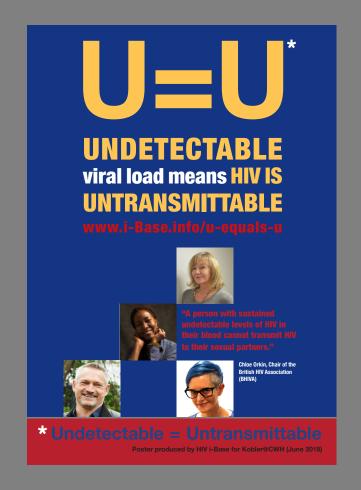
## Conclusions

- Zero transmissions without condoms when VL undetectable in all studies.
- No published cases in ten years.
- U=U based on of upper range of acceptable risk
- Still not talked about by all health workers to all HIV positive patients
- PARTNER 2 results due July 2018.

## **Thanks:**

Tina Bruun, PARTNER
Roy Trevelion, i-Base
Michelle Ross, cliniQ
Angelina Namiba, Salamander Trust
Garry Brough, UK-CAB
Prof Chloe Orkin, BHIVA
PARTNER study

**Questions?** 



## Additional slides

Transmission....

## What does it mean to be undetectable?

- Your health now ?
- Your health in the future ?
- Partners and relationships ?
- Stigma and discrimination ?
- Legal issues?

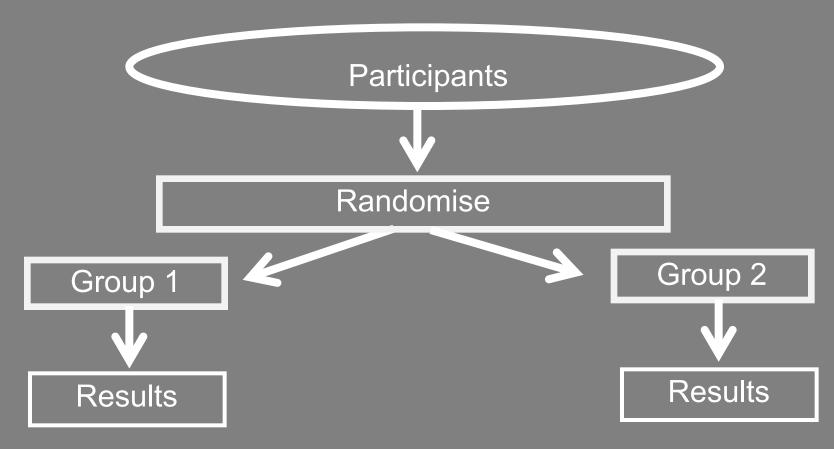
## **Questions?**



Has your doctor talked to you about U=U?

undetectable viral load = untransmittable HIV

#### Randomised studies = "Gold standard evidence"



### HPTN 052 2011: (enrolled 2007-2010)



Expected ~ 200

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\* Very early ART when VL was still detectable

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