U=U Is Important for HIV Health, but U.S. Providers Less Consistent in Sharing Message

The health and prevention benefits of an undetectable viral load may be uniquely important in the American healthcare system.

October 19, 2021 By Heather Boerner

File this under the category of “Only in America”—and not in a good way: Compared to their Mexican and Canadian peers, study data presented at IDWeek 2021 found that Americans living with HIV were more likely to receive spotty information about the health benefits of an undetectable viral load based on where they lived, who they loved and what gender they identified as. Also, only in America was hearing about the Undetectable Equals Untransmittable (U=U) campaign from a health care provider associated with greater odds of viral suppression as well as improved sexual and mental health.

U=U—a campaign created by people living with HIV—shares the scientific evidence that taking one’s antiretroviral medicine regularly and achieving an undetectable viral load means one cannot transmit HIV to their sexual partners.

In the study, Frank Spinelli, MD, of ViiV Healthcare, and colleagues, including U=U founder Bruce Richman, took results from the Positive Perspectives 2 survey of people living with HIV in 25 countries and culled data from respondents in the United States, Mexico and Canada. The survey included items such as “My provider has told me about U=U.” The survey also asked people to describe their self-reported viral load, their sexual and mental health, how often they took their medications and whether they’d told others about their HIV status.

In total, 583 people diagnosed with HIV since 2010 were included in the study—400 from the United States, 63 from Mexico and 120 from Canada. Overall, Americans were most likely to have heard about U=U: 71% of U.S. residents reported that a health care provider had told them about it, compared with 67% of Mexican residents and 51% of Canadian residents. But people in Mexico were most likely to report taking their medicine every day (76% versus 70% of Americans and 48% of Canadians) and sharing their HIV status with at least one person (95% versus 87% of Canadians and 84% of Americans).

But there were wide variations in knowledge about U=U depending on who people were and where

they lived in the United States. For instance, 78% of people living in U.S. cities had a health care provider tell them about U=U, compared with 65% of people in rural areas. Likewise, while 90% of cisgender women and 100% of nonbinary or transgender people reported their provider talked to them about U=U, just 65% of cisgender men had heard about U=U from their providers. Similarly, providers had told the vast majority of people (88%) who identified as queer, bisexual or something other than straight or gay about U=U, but the rate was much lower among people who identified as heterosexual (65%). Three out of four people who identified as gay said their providers had told them about U=U.

This regional, gender and sexuality variation in the United States wasn't seen in either Canada or Mexico.

Interestingly, it was hearing about U=U from a healthcare provider that was associated with much higher rates of viral suppression in the United States—but that wasn't the case among Canadian or Mexican people living with HIV. For instance, just 45% of American participants who'd never talked about U=U with a provider reported having an undetectable viral load. But when they did hear about U=U from their provider, 64% achieved an undetectable viral load. In Canada and Mexico, meanwhile, rates of viral suppression were not significantly different between people who knew about U=U and those who didn't.

Hearing about U=U from a provider was associated with better mental health and optimal sexual health for people across North America. But Americans saw their mental and physical health double if they'd heard about U=U from their providers. Just 23% who had not heard about U=U reported optimal mental health versus 58% of those who knew about U=U. Likewise, 23% who did not know about U=U and 46% who'd heard about U=U from a provider reported optimal sexual health. The increases were also significant in Mexico and Canada, but they didn't double.

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