

Undetectable = Untransmittable

Adopted by the Canadian AIDS Society Board of Directors, November, 2016

Treatment is an essential component of any HIV strategy with the goal of ending the AIDS epidemic in Canada and worldwide.

In December 2015 the Government of Canada endorsed the United Nations Joint Programme on HIV and AIDS (UNAIDS) global treatment targets – known as the 90-90-90 targets. These global targets call for 90% of people living with HIV to know their status, 90% of all people diagnosed with HIV to be on treatment and 90% of people on treatment to successfully manage their infection by 2020. Two of these three goals relate directly to treatment and are key to help Canada and the world get on track to reach the goal of ending the AIDS epidemic by 2030.

Antiretroviral therapy (ART)¹ has been proven to not only reduce AIDS-related deaths and adverse health outcomes, but also to achieve viral suppression, thus reducing the incidence rate of HIV. The effectiveness of ART is so robust that, according to a recent consensus statement from 13 leading AIDS researchers and AIDS organizations, once an undetectable viral load has been achieved and maintained for six months, the risk of HIV transmission becomes negligible to non-existent (Prevention Access Campaign, 2016). As part of its vision, the Canadian AIDS Society (CAS) recognizes the importance of prevention strategies in all forms. The availability of ART for all HIV positive individuals is an important part of any prevention strategy, and should be taken as one branch of a multi-faceted approach to prevention which also includes support from community-based AIDS service organizations to facilitate adherence to an ART regime.

However, ART should never be forced upon a person living with HIV for the sake of public health. The person should be given all of the information about benefits (both personal and public health benefits) and risks of ART and be allowed to make the decision about whether or not to start and adhere to their treatment regimen without risk of repercussions for other medical or social services.

In order to achieve virologic suppression a person living with HIV must be taking their medication as prescribed at a high level of adherence. Once viral suppression has been achieved and maintained for six months, the person living with HIV can be considered to have a negligible to non-existent risk of transmission. After viral suppression is achieved, testing of viral load and CD4 count should continue at regular intervals to ensure that levels do not change.

This position statement and accompanying background paper recognize the importance of this discovery. The Canadian AIDS Society Board of Directors recognizes that treatment is an important part

¹ The terms ART and HAART are often used interchangeably. However HAART involves the use of multiple (sometimes 3 or 4) different ARTs in combination – often referred to as a ‘cocktail’. In general, when discussing prevention the academic and international literatures refer to ART more often than HAART in an effort to capture the full spectrum of ART. Therefore, ART is used here to refer to both ART and HAART.

of prevention. Given the body of evidence available, the Canadian AIDS Society Board of Directors takes the position that treatment in the form of antiretroviral therapy (ART) is an important part of prevention strategies and that support from community-based AIDS service organizations is an important factor in facilitating adherence to an ART regime. As long as the human rights of the individual are respected, and individuals are given the choice to opt out of treatment without repercussions for other forms of therapy (as per the US guidelines (Panel on Antiretroviral Guidelines for Adults and Adolescents, 2014)), then treatment should be seen as a preventative measure, and offered as such. Policies that support prevention efforts would be remiss to exclude treatment as part of their strategy.