

Swiss Statement for PLWHA on effective ARV Treatment

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MOPE0212



XVII INTERNATIONAL AIDS CONFERENCE

3-8 August 2008 | Mexico City

The Issue – Transmission Risk under Treatment

ARV-Treatment reduces transmission risk

After 12 years of widespread use of potent antiretroviral therapy (ART), not a single case of HIV transmission has been described in the medical literature emanating from an index patient on effective ART.

This epidemiological fact is sustained by biological and biomedical findings (most importantly the correlation between viral load in blood and presence of free virus in semen and in vaginal secretions).

Communication of transmission risks is not standardized

In the past years, HIV experts as well as community members have repeatedly made statements in face-to-face discussions regarding lack of transmission of HIV under ART. In late 2007, such statements have also been made in public by some physicians. However, the circumstances of such a low risk of transmission have neither been discussed nor publicized and private recommendations made by physicians were not harmonized.

The Swiss Statement

In January 2008 the *Swiss Commission on AIDS Related Issues* released in a widely noticed publication a clear description of circumstances under which the risk of transmission could be expected to be in the range of our daily life. In addition, the statement also made clear, that it can only be the negative partner in a discordant partnership to decide - based on the described conditions - to practice sex without condoms with his/her HIV-positive partner.

“The risk of HIV-sexual transmission from an infected individual on effective ART is in the range of other well accepted risks of daily life”

Very low risk is not zero risk

The Swiss statement defined specific conditions under which the risk of sexual transmission of HIV appears to be negligible. However, absence of evidence of HIV transmission under specific circumstances does not imply zero risk. The same is true for transmission by **oral sex**: Despite several well documented cases of transmission through oral sex, the current prevention guidelines in Switzerland and elsewhere consider oral sex with no ejaculation in mouth as a safer sex practice (see figure: poster Swiss prevention campaign). Thus, even if a few individual cases of transmission despite suppressive ART would be reported, the Swiss statement would still remain valid.



Standardised Counseling regarding Transmission Risk

The Swiss statement made it very clear that risk of transmission can only be considered negligible (i.e. in the range of other risks of daily life) if some additional conditions are met:

- the HIV-infected person is consistently adhering to ART
- and is regularly followed by a physician;
- viral load is below the limits of detection (<40 HIV-1 RNA copies/ml) for more than 6 months
- absence of sexually transmitted diseases

Regardless of these constraints, no documented case of transmission under suppressive ART was known at the time of the Swiss statement. However, the Swiss Commission defined these constraints based on published biological evidence in order to describe a situation with the least risk of transmission. Several studies have shown that the presence of viral RNA in the genital tract during suppressive ART (albeit at low level) is more likely in the first few months of suppression and in the presence of sexually transmissible diseases such as syphilis, chlamydia and gonorrhea.

Consequences for People living with HIV / AIDS

PLWHA meeting those conditions can undergo comprehensive counseling **together with their steady partners**, allowing those living in a steady sero-different partnership to choose within different risk management strategies. Heterosexual couples can additionally consider issues of conception under this new perspective.

Furthermore, the Commission firmly hopes that its statement will have important implications with respect to Swiss legal practice, which allows criminal prosecution of PLWHA having unprotected sex with their consenting HIV-negative partners.

Effect of Swiss Statement on PLWHA

Anonymous questionnaires

Five physicians (see acknowledgement) participated in a brief evaluation of their patient's reaction to the Swiss statement using an anonymous questionnaire during May and June 2008.

Patients were asked whether they have heard about the statement and if so, about their personal appreciation of the statement's effect (on stigmatization). In addition, patients were asked whether the statement had an effect on their sexual behavior.

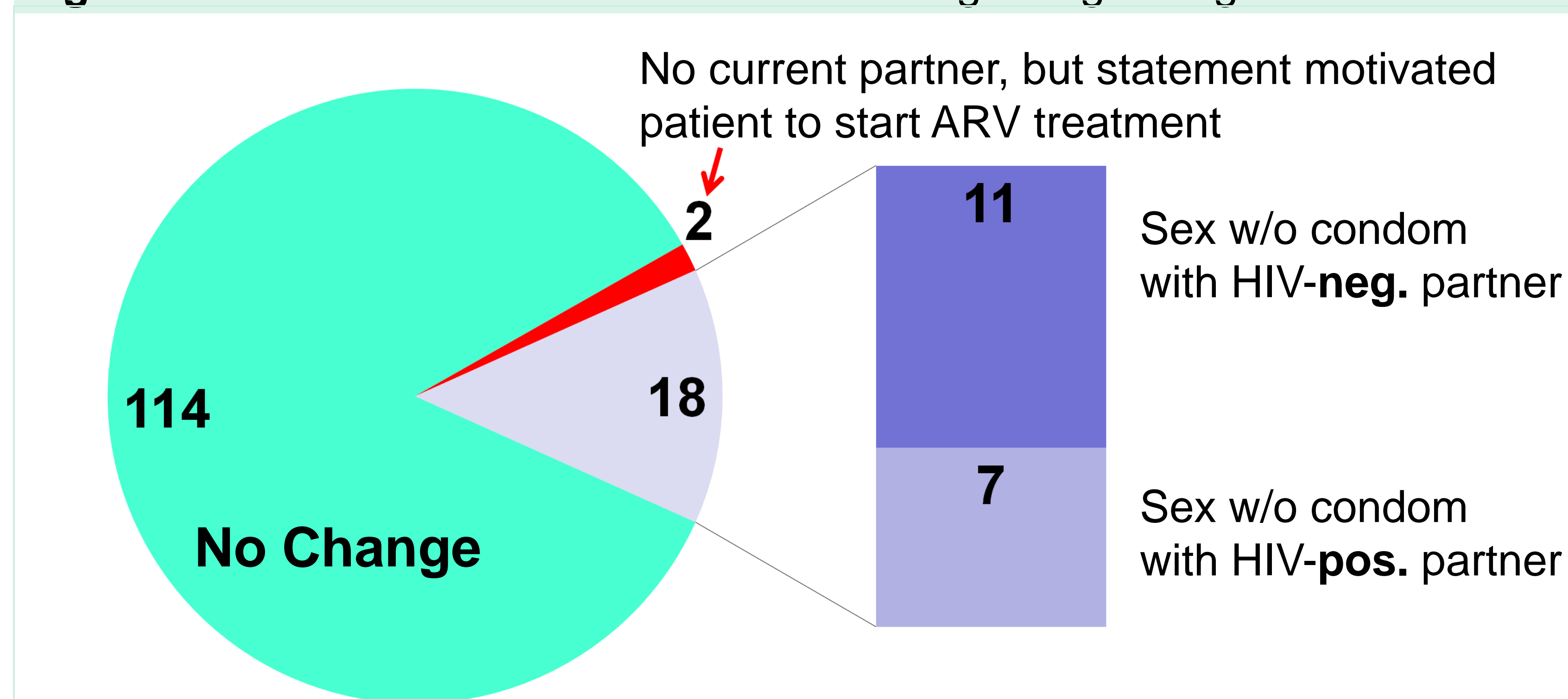
Strong effect on stigmatization

A total number of 185 questionnaires were returned. 134 patients (72%) had heard about the statement. The vast majority (88%) of patients expressed a positive (26%) or very positive (62%) effect on their personal appreciation of the effect of the statement on stigmatization.

Limited effect on sexual behavior

Among the 134 patients who have heard about the statement, only 20 have indicated that the statement resulted in a change in their individual behavior (s. Fig.2). An additional four patients stated in this anonymous survey, that they had already practiced sex without condom with their HIV-negative partner

Fig 2: Patient's reaction on Swiss statement regarding changes in sexual behavior



Lessons Learned

PLWHA have responded with great consent and relief to this statement. Comprehensive counseling is needed to communicate and teach individual risk assessment.

Many experts criticized the publication of this position, arguing that it was giving a false signal to the general population that AIDS prevention was no more necessary and stating that scientific evidence was still too small to already allow such a statement.

The Swiss Federal Commission on AIDS-related issues is aware of the communication challenge and will pay great attention to maintain accurate communication on this matter.

“The aim is to standardize physician's counseling in Switzerland, and to alleviate fears of PLWHA of transmitting HIV to their steady partner”.

Recommendations

1. The effects of the new counseling contents will further be monitored while prevention messages will integrate this more complex reality with sound information to further reduce high-risk behavior.
2. The Swiss Federal Commission on AIDS-related issues is convinced that it was necessary to publish the position, which allows to identify a distinct subgroup of partnerships where risk of transmission is considered to be in the range of normal risks of daily life. Not communicating openly on the matter would lead to more misconceptions, as the important caveats regarding the risk of transmission under ART would be ignored.
3. The Swiss Federal Commission on AIDS-related issues acknowledges that its position is valid in developed countries, where ART together with regular monitoring and counseling are fully available.

Acknowledgement

The authors thank the patients and the physicians participating in the anonymous survey for the distribution and completion of the brief questionnaire.

The questionnaires have been distributed in the Swiss HIV Cohort centers in St. Gallen (Dr. Schmid), Basel (Dr. Fehr), Lausanne (Dr. Cavassini) and Zürich (affiliated site, Dr. M. Flepp).