

**To Disclose or Not to Disclose?
Perspectives on HIV Status Disclosure to Sexual Partners in the Era
of U=U among Men Living with HIV and HIV Service Providers in
Australia and the US**

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Conflict of Interest

- None

Background

Undetectable=Untransmittable (U=U) is the **evidence-based conclusion** that people living with HIV (PLWH) who maintain an undetectable viral load **cannot** transmit HIV through sex.¹⁻⁴



Image is from the Prevention Access Campaign

¹Bavinton et al., 2018; ²Cohen et al., 2016; ³Rodger et al., 2016; ⁴Rodger et al., 2019

Background

- **U=U introduces new considerations related to HIV status disclosure to sexual partners for men living with HIV (MLHIV).**
 - Some research within the first five years of the U=U campaign's initial launch found that many sexual and gender minorities believed status disclosure is necessary.⁵
- **Health providers are often viewed as a trusted source of information related to sexual health.**
 - Questions around disclosure to partners may arise during patient-provider conversations.⁶
- **Providers' opinions around disclosure may influence their patient's decision making around disclosure.**

Background

- Growing awareness of U=U is likely to influence norms and expectations around HIV status disclosure to sexual partners.
 - To our knowledge, no studies have examined recent perspectives on HIV status disclosure to partners across multiple cultural contexts or from **both** PLWH and provider viewpoints.
- **Objectives**
 1. To **explore** the perspectives of MLHIV in Australia and the US on HIV status disclosure to sexual partners if they have an undetectable viral load.
 2. To **explore** the perspectives of providers on HIV status disclosure to sexual partners by MLHIV, including if/how to discuss such disclosure with their patients who are living with HIV.

Methods

- We recruited 20 MLHIV and 20 HIV service providers (N=40), evenly distributed between the US and Australia.⁷
- We conducted 40 semi-structured key informant interviews by phone or online via Zoom in 2023.
- Questions aimed to understand participants' perspectives on disclosure, and for providers specifically, if/how they discuss disclosure with their patients.
 - “What is your perspective on whether people with HIV whose viral load is undetectable need to disclose their HIV status to their sexual partners?”
 - “What do you advise your patients who have HIV around disclosing their HIV status to partners if they have an undetectable viral load?”

⁷Calabrese et al., 2024

Analysis

- **The Framework Method** was used to extract and organize themes.
 - Consists of seven steps including transcription, familiarization with the data, coding, development of a working analytical framework, framework application, data charting, and interpretation.⁸
- Once the codebook was finalized, two co-authors coded the 40 transcripts.
 - Ten of the transcripts were double-coded to establish interrater reliability.

Sample Characteristics

MLHIV (*n* = 17 of 20)^a

Age

Mdn[IQR] = 60[24]

Gender

100% Cisgender men

Ethnicity/Cultural Id/Country of Birth –

Australian MLHIV

0% Aboriginal or Torres Strait Islander

56% Born overseas (none in US)

Ethnicity/Race/Country of Birth – US MLHIV

0% Latino/x

75% Black

25% White

29% Born overseas (both in Australia)

Sexual Orientation

100% Gay

Viral Load Status

100% Undetectable

Providers (*n* = 20)

Age

Mdn[IQR] = 36[8]

Gender

55% Cisgender men

45% Cisgender women

Ethnicity/Cultural Id/Country of Birth –

Australian Providers

0% Aboriginal or Torres Strait Islander

60% Born overseas (one in US)

Ethnicity/Race/Country of Birth – US Providers

0% Latino/a/x 40% White

30% Asian 10% Other

20% Black

40% Born overseas (none in Australia)

Sexual Orientation

5% Lesbian 40% Heterosexual

35% Gay 5% Prefer Not to Say

15% Bisexual

Provider Type

60% Primary Care Provider/General Practitioner

84% HIV Specialist

^aThree participants did not return background questionnaires.

Results

Theme 1: Disclosing is a Personal Decision...

The majority of providers and MLHIV from both countries believed disclosing one's HIV status was no longer necessary.

Several providers highlighted potential risks and/or benefits of disclosing, but that the decision was ultimately the patient's to decide what's best for them.

We'll talk about future partners, that there is not a necessity to disclose and at least the psychologists that we work with, have this line around, **"once you tell somebody, you can't un-tell them."** [Provider, AUS, KI # 37]

Some MLHIV expressed frustrations with societal expectations of disclosure despite U=U.

I don't have to tell them I'm diabetic. I don't have to tell them I have a heart condition. I don't have to tell them, um, that I have hemorrhoids. No one expects that...Whereas HIV is "I'm calling the cops," and I could go to jail. I could be locked up. [MLHIV, US, KI # 1]

Results

Theme 1: Disclosing is a Personal Decision... Unless there is a Legal Obligation to do so

Several MLHIV and providers from both countries acknowledged the legal responsibility in some states to disclose one's status to their sexual partners.

Where I am, you take reasonable precautions. Guess what, my reasonable precaution is I am taking medication and I test regularly, you know, so I meet all the requirements of the Health Act and you know the legal law within my jurisdiction. **However, if I go 20 km to the east, I cross the border...I go into another jurisdiction which has, "I have to disclose to each individual."** [MLHIV, AUS, KI # 21]

Many participants expressed confusion around navigating outdated laws about disclosure and around knowing the differences in laws between states.

So, it doesn't incorporate anything about detectability or anything at all. They're very old laws in Maryland that basically make it a crime to knowingly attempt to pass [HIV] on. So, in the context of 2023, we don't know what that means. Nobody's really been charged for my understanding in a long time in Maryland, but you know, **some other states are much more severe and follow things that don't make sense medically at all.** [Provider, US, KI # 11]

Results

Theme 2: Disclosure Can Present Risks to Personal Safety

Some MLHIV and providers expressed concerns of disclosure to sexual partners regarding safety, including:

Physical Altercations

Verbal Confrontations

Experiences of HIV Stigma

**HIV Status
Being “Outed”**

I don't see it's a necessary thing to do unless the person wanted to. Well, I am open about my status, but I feel like if I need to [face] like unnecessary confrontation then why would I want to disclose my status...**it just doesn't make me feel safe**, and there is a chance that [my sexual partner] would disclose my HIV status to the entire world... [MLHIV, AUS, KI # 22]

Results

Theme 3: Disclosure Can Build Connection and Support

Several providers indicated that they mention the positive psychosocial reasons for disclosure to their patients, including disclosure being a pathway to a deeper connection, trust, and social support with their partners, friends, and/or loved ones.

So, I'll say, you know, do you have any social support, friends, or family members that you can trust? You know, even if it's like, one person, like random. Like somebody that you can talk to, or maybe like a counselor, you know, **it's better not to, like, keep it to yourself...** So, I usually encourage them to disclose but, you know, it's up to them, like, I'm not gonna force my opinion. [Provider, US, KI # 13]

Results

Theme 4: Relationship Context is a Relevant Consideration

Providers from both countries were more likely to encourage disclosure if their patient was in a committed or long-term relationship.

Where I do try to prod people a little more to say [their HIV status] is if they are in a **long-term partnership** with someone like if this is going to be someone you're thinking about marrying...I think they should know, you know, all the things about you...and that includes your HIV status. Not to change the dynamic in any way, but just because they should know, you know, and also for them to be educated about U=U if they're not already. [Provider, US, KI # 20]

Similarly, MLHIV from both countries also expressed more openness to disclosing their status to committed partners vs. casual partners.

I mean...if they're on PrEP and you're virally suppressed, like, what are we talking about here? **Why is this even relevant?...**I mean, for a **casual encounter**. If you're building towards a relationship, it's a different calculation, I guess. [MLHIV, US, KI # 3]

Discussion

- U=U shaped MLHIV and providers' perspectives on disclosure in Australia and the US.
 - Disclosure to sexual partners was not viewed as a health necessity, but instead was encouraged, or discouraged, primarily based on anticipated psychosocial impacts.
- Overall, US and Australian participants had similar views on status disclosure.
 - Providers were more likely than MLHIV to highlight potential connection/support as a reason for disclosure.
- **Legal considerations:** Participants highlighted the need for status disclosure laws to evolve to reflect current science.
 - Differences in laws among neighboring states caused confusion.

Thank you!

- All participants for their time and effort
- Community partners that helped with recruitment: NAPWHA, PAC, ASHM, and AETC
- Funded by GWU and Fulbright Scholar Program
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The logo for the Sexuality & Health Equity Lab is displayed within a white rectangular box with a thin blue border. It features the words "SEXUALITY" and "HEALTH EQUITY LAB" in a bold, dark blue, sans-serif font. A red ribbon, a symbol for HIV/AIDS awareness, is positioned between the two words, partially overlapping them. The entire logo is centered within the box.

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