

Impact of the Italian campaign “U=U: impossibile sbagliare” on people with HIV housed in CICA’s network accommodation

P. Meli^{1,8}, L. Rancilio^{2,8}, M. Deghi^{3,8}, S. Autieri^{4,8}, F. De Bellis^{5,8}, B. Bortolotti^{3,8}, L. Iorfida^{6,8}, L. Saracini^{7,8}
¹Don Giuseppe Monticelli Soc. coop. Soc., Bergamo, Italy, ²Caritas Ambrosiana, Milano, Italy; ³Il Gabbiano ODV, Tirano, Italy, ⁴Soc. Coop. Soc. Servizi per l’Accoglienza, Cremona, Italy, ⁵Fondazione Opera Santi Medici Cosma e Damiano, Bitonto, Italy, ⁶Associazione Giobbe Onlus, Torino, Italy, ⁷Opere Caritative Francescane ODV, Ancona, Italy, ⁸Cordinamento Italiano Case Alloggio per persone con HIV/AIDS

Background

- The ‘undetectable equals untransmittable’ (U=U) message should contribute to reducing stigma affecting a person with HIV (PWH). However, many PWHs are still unaware of this concept.
- To spread the U=U message in Italy, a promotional campaign *U=U - Impossibile sbagliare* was designed by the community and launched in September 2023.
- The dissemination of U=U message was also accompanied by specific support actions in many of CICA’s homes.

Study Design

- This study aims to assess the impact of the campaign on PWHs hosted in CICA’s homes by measuring the knowledge of U=U and its association with self-stigma.

Methods

- CICA distributed a survey to its nearly 600 hosts to assess the impact of the campaign in two phases: pre-campaign (Jul-Sept 2023) and post-campaign (Jan-Mar 2024).
- This survey was designed by the ICONA network for the same purposes. It was accessible via the web and consisted of a validated 12-item version of the HIV Stigma Scale and 3 questions on U=U (*Do you know U=U; Do you think it is reliable; Did it change your life?*).
- The domains of the stigma scale were 4: personalised stigma, disclosure concerns, concerns with public attitude, and negative self-image. Scores varied from 3 to 12, with higher scores indicating higher stigma.
- The survey was anonymous and not designed to compare pre/post results of the same subject.
- Data on the knowledge of U=U *pre* and *post* were analysed and compared by using statistical techniques.

Results

- A total of 281 PWHs responded to the survey: 159 (56,6%) pre- and 122 post-campaign (43,4%).
- There are no significant differences between participants in the pre- and post- phases. 75% identified themselves as male at birth, and 82% as Italian; 66% live in Northern Italy, and 84% belong to clinical centres participating in ICONA. The age range is 25-79 years old (mean F 55.6y, M 57.5y).

Results of 2

- The **KNOWLEDGE OF U=U** increases from 35.8% of the pre- to 54.1% of the post-phase (p 0.002).
- However, it is not influenced by sex at birth and modes of HIV transmission but by nation of birth and education level (Tab.1).
- Those who know U=U consider that the concept is trustworthy (80% pre, 92% post), but they are not sure if it has significantly changed their lives (60% of pre and 50% of post).

Table 1 - Characteristics of the 281 PWH responding to the survey according to the knowledge of U=U

	Knowledge of U=U				p		
	No	Yes	Total				
Nr.	158	123	281				
Gender at birth							
F	44	62,0%	27	38,0%	71	100,0%	0.26
M	114	54,3%	96	45,7%	210	100,0%	
Age, mean (±SD)	57,4	±8,9	56,5	±8,3	57,0	±8,7	
50-	26	54,2%	22	45,8%	48	100,0%	0.75
50+	132	54,3%	101	45,7%	233	100,0%	
Mode of HIV transmission							
Other/Unknown	13	46,4%	15	53,6%	28	100,0%	0.72
Heterosexual	68	56,7%	52	43,3%	120	100,0%	
MSM	21	60,0%	14	40,0%	35	100,0%	
PWID	56	57,1%	42	42,9%	98	100,0%	
Period							
Pre-U=U campaign	102	64,2%	57	35,8%	159	100,0%	0.002
After campaign	56	45,9%	66	54,1%	122	100,0%	
Italian born							
No	36	50,6%	15	29,4%	51	100,0%	0.02
Yes	122	53,0%	108	47,0%	230	100,0%	
Region where you are living							
NORTHERN	105	56,5%	81	43,5%	186	100,0%	0.13
CENTRAL	23	46,0%	27	54,0%	50	100,0%	
SOUTHERN	30	66,0%	15	33,0%	45	100,0%	
Education level							
Other/Unknown	6	100,0%	0,0%	0,0%	6	100,0%	<0.001
Elementary	41	69,5%	18	30,5%	59	100,0%	
Middle School	84	56,4%	65	43,6%	149	100,0%	
High School	25	43,9%	32	56,1%	57	100,0%	
University	2	20,0%	8	80,0%	10	100,0%	

- The **HIV STIGMA INDEX**, disclosure concerns and concerns with public attitude domains slightly decrease between the phases (Tab.2).

Table 2. HIV-stigma scale according to the U=U Campaign phases

HIV-stigma scale: Index and domains	U = U Campaign				p
	Before		After		
	mean (±SD)		mean (±SD)		
Index (total)	30.2	(±6.6)	28.4	(±6.4)	0.023
personalised stigma	6.8	(±2.3)	6.8	(±2.1)	0.835
disclosure concerns	8.4	(±2.3)	7.6	(±2.2)	0.003
concerns with public attitude	8.4	(±2.0)	7.7	(±1.9)	0.002
negative self-image	6.5	(±2.4)	6.3	(±1.9)	0.477

Results of 3

- There is no significant association between stigma domains and knowledge of U=U except for concerns with public attitude (Tab.3).

Table 3 - HIV-stigma scale according to the knowledge of U=U

HIV-stigma scale: Index and domains	Knowledge of U=U				p
	Yes		No		
	mean (±SD)		mean (±SD)		
Index (total)	28.9	(±7,1)	30.1	(±5,9)	0.129
personalised stigma	6.8	(±2,3)	6.9	(±2,2)	0.577
disclosure concerns	7.9	(±2,4)	8.3	(±2,1)	0.145
concerns with public attitude	7.9	(±2,0)	8.4	(±1,8)	0.018
negative self-image	6.4	(±2,2)	6.5	(±2,2)	0.718

- The **HIV STIGMA INDEX** also correlates to knowing last HIV-RNA, regardless of its detectable or undetectable value (Tab. 4).

Table 4 - HIV-stigma scale according to the knowledge of last HIV-RNA

HIV-stigma scale: Index and domains	Knowledge of last HIV-RNA				p
	Yes		No		
	mean (±SD)		mean (±SD)		
Index (total)	31.0	(±7,7)	28.8	(±6,0)	0.010
personalised stigma	7.1	(±2,4)	6.7	(±2,1)	0.132
disclosure concerns	8.3	(±2,3)	7.9	(±2,2)	0.202
concerns with public attitude	8.4	(±2,2)	8.0	(±1,8)	0.177
negative self-image	7.2	(±2,6)	6.1	(±2,0)	0.0003

Conclusions

- HIV stigma is a multifactorial issue, and personal knowledge of U=U is one important driver.
- Our data show that the HIV stigma index decreases when awareness about the knowledge of last HIV-RNA increases. This can be a first step towards PWHs' competence.
- For this reason, alongside the need of additional general campaigns, the staff of HIV medical centres and CICA's homes must carry out further and more incisive actions to inform PWHs because many of CICA's hosts still do not know U=U (36.9%) and their VL (27.0%).