

Recently HIV-diagnosed gay men's accounts of the occasion at which they believe they acquired HIV

Ian Down^{1,2}, Jeanne Ellard², Kathy Triffitt¹, Graham Brown², Denton Callander^{1,3} and Garrett Prestage^{1,2}

¹The Kirby Institute, ²Australian Research Centre in Sex, Health and Society, ³Centre for Social Research in Health

Contact: Ian Down, Kirby Institute, UNSW Australia, Sydney NSW 2052 | email: idown@kirby.unsw.edu.au | phone: 02 9385 9954 | Published: September, 2015



Introduction

A minority of gay and bisexual men (GBM) recently diagnosed with HIV are not able to identify a high-risk event to account for their HIV infection. This paper examines men's descriptions of the event during which they believe they acquired HIV, and the implications for behavioural surveillance.

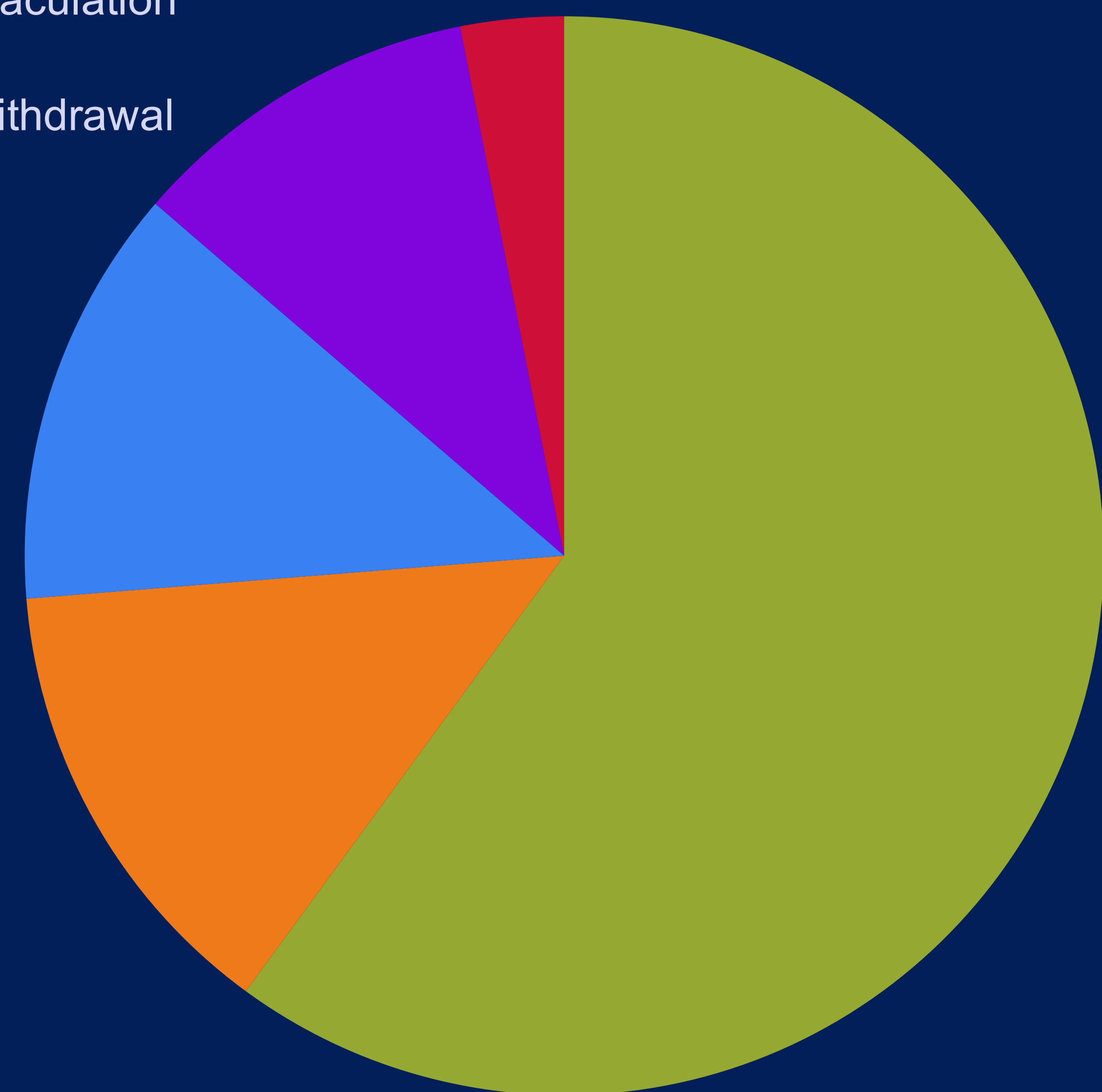
Method

The HIV Seroconversion Study includes an online survey of people in Australia who have recently been diagnosed with HIV in which survey participants are asked about the event/s they believe led to their infection. Between 2007 and 2013, 441 GBM described an occasion of sex as being the high-risk event (HRE) that they believe led to their HIV infection.

Results

In response to initial survey questions about their sexual practices at the HRE, 322 men (73.0%) reported condomless anal intercourse (CLAI). In subsequent free-text responses, an additional 38 men reported CLAI at the HRE while 21 reported CLAI with casual partners in the six months prior to diagnosis. With some probing, a total of 379 (85.9%) men reported CLAI prior to their diagnosis, including 298 (67.6%) who reported receptive CLAI. While a further 48 (11.0%) men reported behaviours that may have put them at risk of infection, such as oral sex in the presence of open wounds. 14 (3.2%) men could offer no explanation for their seroconversion.

- Receptive CLAI with ejaculation
- Receptive CLAI with withdrawal
- Insertive CLAI
- Other risk
- Unable to say



Conclusions

These data suggest that simple surveillance tools may not always capture accurate information on routes of HIV transmission. In the context of cotemporary risk reduction, sophisticated surveillance tools are required that collect detailed behavioural information. Some men may require prompting, with sensitive and detailed investigation in order to obtain greater detail and accuracy in their responses.

Acknowledgements

The HIV Seroconversion Study is a collaboration between the Kirby Institute and the Australian Research Centre in Sex Health & Society and each of the state-based AIDS Councils and PLHIV organisations. Direct funding was provided by the Health Departments in New South Wales, Victoria, Queensland, South Australia, Western Australia, Tasmania, Australian Capital Territory and the Northern Territory.

The Kirby Institute and ARCSHS receive funding from the Australian Government Department of Health and Ageing. The views expressed in this presentation do not necessarily represent the position of the Australian Government. The Kirby Institute is affiliated with the Faculty of Medicine, University of New South Wales. ARCSHS is affiliated with La Trobe University.