

019.2 PRE-EXPOSURE PROPHYLAXIS AND RISK COMPENSATION: EVIDENCE OF DECREASED CONDOM USE AT THREE-MONTH FOLLOW-UP AMONG PREDOMINANTLY GAY MALE PARTICIPANTS IN THE VICPREP STUDY

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Introduction Pre-exposure prophylaxis (PrEP) decreases HIV risk among uninfected people, but risk compensation may affect prevention benefits. PrEP trials and extensions found no decrease in condom use, but included extensive prevention education. We investigated condom use in the VicPrEP study, the first implementation study of PrEP in routine practice in Australia.

Methods Enrollment commenced in June 2014, with capacity for 115 at risk HIV negative gay/bisexual men, transgender people and heterosexual serodiscordant couples seeking to conceive. Participants are recruited from three GP clinics, one sexual health clinic, and one hospital clinic in Melbourne. Participants consent to using daily Truvada for at least one year, and complete baseline and three-monthly clinical evaluations and self-report behavioural surveys.

Results At 31 March 2015, 92 participants completed baseline surveys, and 76 completed three-month follow-up; all gay/bisexual men (mean age 37.7 years; 67.4% university educated; 75.0% Australian born). In the past three months half had regular partners (Baseline: 48.9%, Follow-up: 55.8%; ns); nearly all had casual partners (Baseline: 90.2%, Follow-up: 88.2%; ns). Mean frequency of intercourse in the past three months remained stable for regular partners (Baseline: 19.0, Follow-up: 18.9; ns), and decreased for casual partners (Baseline: 19.1, Follow-up: 16.0; $p = 0.056$). Condom use was assessed on a 5-point scale (1 = never, 5 = always), and decreased with regular partners (Baseline: mean 2.0 [SD 1.6], Follow-up: mean 1.7 [SD 1.3]; $p = 0.048$), and casual partners (Baseline: mean 3.0 [SD 1.3], Follow-up: mean 2.5 [SD 1.4]; $p = 0.002$). Serosorting, viral load sorting, strategic positioning and withdrawal remained unchanged with regular and casual partners.

Conclusion This is the first study documenting a decrease in condom use amongst HIV-negative gay/bisexual men using PrEP. Findings highlight the potential for risk compensation to reduce benefits of PrEP when implemented in routine practice, if adherence is insufficient. This underscores the continued importance of promoting sexual risk reduction practices, including condom use.

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019.3 PILLS, PLEASURE AND PRIVACY: EARLY EXPERIENCES OF PRE-EXPOSURE PROPHYLAXIS AMONG MEN IN THE VICPREP STUDY

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Background There has been limited research on the lived experience of taking antiretrovirals as HIV pre-exposure prophylaxis (PrEP). We explored men's experiences as participants in Australia's first PrEP demonstration project.

Methods After attending clinic visits, participants completed a self-report online survey on behaviour, attitudes and experiences. This paper analyses responses to the first (i.e. 3-month) survey on: 1) pill taking (including adherence and interruptions); 2) sex since starting PrEP; and 3) disclosing PrEP use. Responses to items on experiences of PrEP were measured on a 5-point scale (1 = strongly disagree, 5 = strongly agree).

Results At 31 March 2015, 76 participants had completed a 3-month survey; all gay/bisexual men (mean age 37.7 years). Forty-one men (53.9%) reported missing any PrEP doses. The median number of doses missed was 1 (mean 2.04). Missing doses was most commonly attributed to forgetting. Six men reported interrupting PrEP for 2 days or more. Side-effects (usually mild) were reported by 34 men (44.7%).

Participants strongly agreed that PrEP had reduced their worries about HIV acquisition (mean 4.53; SD 0.77); they agreed that they were open with sexual partners about PrEP (mean 4.20; SD 1.2), and agreed that PrEP made them feel more confident about sex (mean 4.17; SD 0.98). Participants moderately agreed that they were careful to whom they disclosed (mean 3.36; SD = 1.4). However they disagreed that they had experienced negative reactions (mean 1.99; SD 1.14), and disagreed

that potential sex partners would avoid them (mean 2.03; SD 1.01)

Conclusion These findings are notable because they support the results of recent qualitative research on the role of PrEP in decreasing anxiety around HIV. Caution around disclosure (including to sexual partners) suggests concern about negative reactions (despite few actual occurrences) and underscores the current novelty of PrEP as a prevention strategy.

Disclosure of interest statement The VicPrEP study was funded by the Victorian Department of Health and study drug was supplied by Gilead. Dean Murphy receives funding from the Australian Government Department of Health and a research grant from the Victorian Department of Health.

019.4 AWARENESS AND INTERPRETATION OF THE *ENDING HIV* CAMPAIGN AND CHANGING ATTITUDES ABOUT TREATMENT AS PREVENTION IN AN ONLINE COHORT OF MSM

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Introduction Treatment as prevention (TAP) has become a key part of HIV control strategies in Australia. *Ending HIV* was launched in September 2013 as a combination prevention campaign with three messages: HIV testing, HIV treatment, and condom-reinforcement. The Burnet Institute has maintained a HIV prevention evaluation online cohort of men who have sex with men. We compare pre- and post-campaign evaluation surveys to assess *Ending HIV* campaign awareness and changes in campaign-related attitudes and beliefs.

Methods Participants were surveyed in August 2013 (S1, pre-*Ending HIV* implementation) and July 2014 (S2, post-*Ending HIV* implementation). Campaign recall and message recognition were assessed at S2, alongside S1 to S2 changes in attitudes and beliefs regarding a range of prevention topics, including TaP.

Results There were 353 respondents at S1 and 328 at S2; 193 completed both surveys. 158 respondents (48%) were aware of *Ending HIV* at S2, of who 87 (55%) correctly recalled at least one campaign message. Most commonly recalled messages referenced HIV testing (58%), followed by HIV treatment (37%) and condom-reinforcement (29%). Significant increases were seen in the proportion of HIV-negative men reporting positive changes in attitudes/beliefs in 7 out of 9 statements about TaP ($p < 0.05$). Proportional increases ranged from 5.0–17.0%, and highest for agreeing that PrEP is effective for HIV prevention (17%) and disagreeing that people should delay treatment until absolutely necessary (12%). Changes in attitudes and beliefs did not differ significantly by campaign awareness at S2.

Conclusion While awareness of *Ending HIV* is encouraging, comprehension of different combination prevention messages was inconsistent and modest for some messages. Predominant shifts in beliefs about TAP are likely to be driven by influences beyond campaign exposure. Future implementation of *Ending HIV* and associated prevention campaigns should ensure sufficient

emphasis on primary prevention and early treatment messages as a part of combination prevention.

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019.5 DOES TREATMENT AS PREVENTION JEOPARDISE CONDOM USE AMONGST GAY MEN? AN ANALYSIS OF GAY MEN'S ATTITUDES IN NSW OVER TWO YEARS

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Introduction *Ending HIV* (EH) is the first large scale campaign to embody the NSW HIV Strategy, leveraging the treatment as prevention approach (TasP) in order to mobilise gay men to end HIV transmission by 2020.

Since the inception of the campaign, ACON has been monitoring gay men's knowledge and attitudes on HIV prevention in the context of TasP. One of the objectives was to assess whether condom use could be affected by an increased awareness about TasP.

Methods Across five online evaluation surveys run by an independent consultant after each phase of the EH campaign, responses of gay men to seven statements have been tracked over two years. These statements covered testing and treatment and one was specific about the importance of condoms: 'Condoms continue to be the most effective way of preventing HIV transmission.'

Each online evaluation recruited more than 500 gay men living in NSW. All samples were consistent across the four surveys in terms of age groups, HIV status and locations.

Results While all respondents demonstrate significant positive shifts in knowledge, intent and attitudes towards testing and treatment, an overwhelmingly majority of survey respondents (across all ages, HIV statuses and locations) continue to strongly agree or agree that condoms remain the most effective way of preventing HIV transmission.

This is confirmed by the 2014 Sydney Gay Community Periodic Survey, which shows that the rate of unprotected anal intercourse has been relatively stable between 2010 and 2014.

Conclusion TasP has been widely discussed among HIV scientists, clinicians and the community sectors for several years. Many have expressed their concern that promoting TasP could jeopardise condom use. The EH campaign evaluation over two years demonstrates that TasP and condom reinforcement can go together, even if gay men now understand the preventative benefits of treatment.