Conclusions Gay men who report early FAI are at higher risk of HIV than those who report later FAI, and are more likely to have recently engaged in risky sexual behaviour. Discussion will focus on explaining these patterns and why health service providers need to pay attention to age at FAI.

GAY MEN'S ASSESSMENT OF SEXUAL AND SOCIAL RISKS IN THE CONTEXT OF A RECENT HIV-POSITIVE DIAGNOSIS

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Background Technological innovations in HIV testing that allow for the diagnosis of very recently-acquired HIV infections provide opportunities to understand sexual and social risk perceptions before and after an HIV-positive diagnosis. Longitudinal interviews with a group of gay men who have received an early or acute HIV diagnosis represent an important opportunity to understand risk assessment beyond individual-level paradigms of risk analysis and to broaden our understanding of social and structural risk factors associated with HIV infection, diagnosis and disclosure.

Methods Study recruitment is being conducted through six clinical sites in British Columbia, Canada (April 2009—December 2012) by the CIHR Team in the Study of Acute HIV Infection in Gay Men. Participants (n=12 at time of analysis) completed a series of self-administered questionnaires and semi-structured face-to-face interviews. Baseline qualitative interviews were recorded, transcribed verbatim and analysed. A thematic analysis, informed by a social organization of knowledge perspective, was conducted.

Results Three interrelated domains of risk assessment emerged from the interviews. First, we explicate how men calculated the epidemiological or sexual risks of transmitting HIV before and after their diagnosis, and how such an assessment informed their sexual behaviours. Second, men described a myriad of experienced and diagnosed sexual risks of transmitting HIV before and after their diagnosis, and how such an assessment informed their sexual behaviours. Third, men identified potential problems with technologies of status notification which create a set of institutional risks related to the processes by which patients learn of their HIV-positive status. The relationship between these textually-mediated fields of risk is examined.

Conclusion A stratified conception of risk allows us to understand the everyday situations in which people assess HIV-related 'dangers' in their social and sexual lives. This formative research has important implications for educational campaigns on HIV transmission risk assessment for both HIV negative and positive gay men. This work can also inform counselling and support services to address how disclosure risks are negotiated during an early or acute HIV diagnosis. Important implications for clinical and public health practices, including how and when people are given their HIV diagnosis, are raised.