



**HIV Seroconversion Study: Newly diagnosed men in Australia 2007/2009**

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**A summary of the data**

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HIV Seroconversion Study: Newly diagnosed men in Australia 2007/2009: A summary of the data

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# GLOSSARY

<b>ACSA</b>	AIDS Council of South Australia
<b>AIDS</b>	Acquired immune deficiency syndrome
<b>ART</b>	Antiretroviral therapy/treatment
<b>HIV</b>	Human immunodeficiency virus
<b>HIV serostatus</b>	refers to a person's anti-body status in relation to HIV infection. This can either be confirmed by testing or can be unknown.
<b>HRE</b>	High Risk Event
<b>MSM</b>	Men who have sex with men
<b>PEP</b>	PEP or the Past Exposure Prophylaxis, is a four week treatment regime that can be administered within 72 hours of exposure to HIV (such as unprotected sex or a condom breaking during sex) to reduce the risk of HIV transmission.
<b>Seroconcordant relationship</b>	refers to a relationship in which both partners are of the same HIV serostatus, either HIV Positive or HIV Negative
<b>Serononconcordant relationship</b>	refers to a relationship in which the HIV status of one partner is either not known or is untested.
<b>Seroconverter</b>	The physiological process of seroconverting to HIV. i.e. becoming HIV positive
<b>Serosorting</b>	The selection of sexual partners based upon their known HIV serostatus confirmed by testing.
<b>STI</b>	Sexually transmissible infection
<b>Strategic positioning</b>	Based upon the knowledge of a partners' HIV sero-status, men can make decisions regarding the sexual positions that they will take that will pose the least risk of HIV transmission.
<b>UAI</b>	Unprotected anal intercourse
<b>UAIC</b>	Unprotected anal intercourse with casual partners
<b>UAIR</b>	Unprotected anal intercourse with regular partners

## Contents

GLOSSARY	3
PURPOSE	5
INTRODUCTION	5
DEMOGRAPHY, GEOGRAPHY AND SAMPLE SIZE	5
DIAGNOSIS DETAILS	6
KEY FINDINGS	6
FINDINGS IN DETAIL	7
KNOWLEDGE OF THE SOURCE PERSON AND HIV SEROSTATUS	7
SEXUAL BEHAVIOUR	7
DRUG USE	7
POST EXPOSURE PROPHYLAXIS (PEP)	7
METHODS FOR MEETING SEXUAL PARTNERS	8
SEXUAL BEHAVIOUR PRIOR TO DIAGNOSIS	8
DRUG USE PRIOR TO DIAGNOSIS	9
SEXUAL BEHAVIOUR AFTER DIAGNOSIS	10
BELIEFS ABOUT HIV	10
BELIEFS ABOUT HIV STATUS	10
IN SUM	11
RECOMMENDATIONS FOR POLICY AND PROGRAM DEVELOPMENT	11
REFERENCES	12

## Purpose

The purpose of this paper is to summarise the data that was captured for the “HIV Seroconversion Study: Newly diagnosed men in Australia, 2007-2009”. The results from the study are vitally important as they will inform policy and program planning decisions regarding who is most at risk from HIV infection in the MSM population and how, based upon this knowledge, risk can be averted or limited.

## Introduction

The 2007-2009 Seroconversion study collects and reviews both quantitative and qualitative behavioural data mainly from homosexually active men who have recently been diagnosed with HIV. The survey respondents were directed to the questionnaire through HIV related organisations and clinics charged with providing services to newly diagnosed men. The questionnaire was completed online and respondents had the opportunity to volunteer for a more in-depth interview should they wish to participate further.

In recent years MSM are increasingly reporting engaging in strategies (often other than the use of condoms) to avert sexual risk. Strategies such as sero-sorting, undetectable viral load and strategic positioning are increasingly being utilised by MSM when choosing their sexual partners and in negotiations surrounding how they will have sex. These strategies are underpinned by assumed knowledge of the partner/s HIV serostatus and significant issues surrounding belief and trust.

The study results correspond with the results of other studies showing that rates of condom use are declining while rates of UAI, particularly with casual partners are increasing (Stall, et al, 2000, Shernoff, 2006, National Centre in HIV Social Research (2009).

## Demography, geography and sample size

The average age of respondents was 37 years of age, slightly older in South Australia and New South Wales and was considered to be representative in terms of their demography and social engagements (to other gay men) to most other samples of MSM. The results of this study have been garnered from 155 completed questionnaires across five states including 20 in-depth interviews with respondents. 5.8% of respondents reported that they were from Adelaide (and most currently lived in Adelaide, Table 1: below). However, this was not necessarily where the HRE took place nor where they were diagnosed.

**Table 1: Place of residence**

Place of residence	Percentage
New South Wales	33.5
Victoria	32.9
Queensland	22.6
Western Australia	3.9
South Australia	5.8
Other states	1.2

Ultimately, the authors considered that the characteristics of men included in the sample were similar to those included in earlier versions of the Seroconversion Study.

## Diagnosis details

The largest proportions of diagnoses occurred in New South Wales and Victoria with 5.6% of new HIV diagnoses occurring in South Australia (Table 2 below).

**Table 2: State where diagnosis occurred**

Location	Study sample %
New South Wales	32.9
Victoria	32.9
Queensland	22.4
Western Australia	2.8
South Australia	5.6
Other states	1.4
Overseas	2.1

A majority (82.1%) of respondents indicated that they had previously tested for HIV prior to the test in which they were diagnosed HIV-positive. In addition, three quarters of respondents tested negative to HIV in the 12 months prior to the study.

## Key findings

In general, the data contained within this report was not disaggregated into state specific data, rather, data was interpreted as a whole across the five states surveyed.

- Almost 50% of respondents reported that a high risk event (HRE) precipitated their HIV-positive diagnosis.
- While a third of events occurred with the men respondents met at a sex on premises venue, a majority of HRE's occurred either at the respondent's home or at the home of the sexual partner.
- The high risk events mainly consisted of group sex and nearly half of respondents indicated that drug use also occurred at the HRE (drugs commonly used to heighten the sexual experience).
- While three quarters of respondents indicated that they were infected by a casual partner, they also reported that their regular partner was present at the HRE.
- While over half of respondents indicated that they had a regular partner in the six months prior to the study, they also reported having more than one regular partner and had engaged in receptive UAI with these partners.
- 87.3% of respondents who were able to identify the HRE that lead to infection indicated that they had had sex with a man (two respondents reported sex with a woman at the HRE), a third of respondents indicated that their regular partner was present at the event and 43.9% indicated that they had had sex with more than one partner at the event. 14.1% reported that they had had sex with at least five partners at the event.
- Within South Australia, only half of the respondents (3%) reported that the HRE occurred in South Australia.
- Finally, in interviews conducted for the study it was revealed that the HRE was perceived by respondents as a diversion from their normal sexual practice.

## Findings in detail

### *Knowledge of the source person and HIV serostatus*

- 50% of respondents indicated that they had previously known the source person and 26.9% said they were well known to them.
- 14.0% said the source person was their regular partner and 15.5% said the source person was their regular fuckbuddy.
- 52.7% described the source person as a causal partner but a third of these were partners that they had already met and had sex with.
- 51.1% indicated that they knew the HIV serostatus of the source person. One in five believed that the person was HIV-positive and 14.5% were certain of the serostatus of the source person.
- 38.3% of respondents who were able to identify the HRE now say that they know the source person is HIV-positive.
- Very few men in this sample were aware of their HIV-positive partners' viral load or whether they were currently receiving ART.

### *Sexual Behaviour*

- 78.6% of those who reported sex with a man said that they had been the receptive partner during anal intercourse and in a majority of cases had let their partner ejaculate inside of them.

### *Drug use*

- 37.3% of those who could identify the HRE indicated that they had consumed alcohol at the event with the majority having had at least five drinks.
- Over a quarter of respondents reported using amyl nitrate, one in five used crystal methamphetamine and one in six reported using GBH<sup>1</sup>. One in eight had taken the erectile dysfunction drug Viagra.
- A small number of respondents (9.7%) reported injecting drugs and four men indicated that they had used unclean needles.

### *Post Exposure Prophylaxis (PEP)*

- 53.4% of respondents had heard of PEP at the time of the HRE and of those, a third had used PEP on a previous occasion.
- Only five of the men who were able to identify the HRE had taken PEP. Two of these men had not completed the four week treatment (on advice from their doctors) and two indicated that they had not started taking PEP until 24 hours after their HRE.

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<sup>1</sup> Gamma-hydroxy butyrate (GHB), or 'grievous bodily harm' ('GBH'), also known as 'fantasy', liquid ecstasy', and 'liquid E' (Victorian AIDS Council, 2009).

### **Methods for meeting sexual partners**

- 71.2% of respondents indicated that they had used the internet to meet male partners in the six months prior to their diagnosis.
- 59.7% also used gay bars, 46.7% used sex clubs, 60.8 used saunas and 43.1% used beats to meet male partners.

**Table 3: Methods of meeting male partners in the six months prior to HIV diagnosis**

Method	Study sample %
Internet	71.2
Gay bars	59.7
Dance parties	39.6
Saunas	60.8
Sex clubs	46.7
Beats	43.1
Gyms	17.4
Private sex parties	23.5

- While a third of HREs occurred with the men respondents had met at a sex on premises venue, the event did not take place at the venue, rather a majority of HREs took place either at the respondent's home or at the home of the sexual partner.

### **Sexual behaviour prior to diagnosis**

- Other than the source partner, respondents reported an average of sixteen partners in the six months prior to their HIV diagnosis. However, some men in this sample reported no other partner in the six months prior to being diagnosed other than the partner they believe infected them (shown in detail below).

**Table 4: Numbers of male partners**

Number	Percentage
None	10.4
One	7.2
2-5	26.4
6-10	20.0
More than ten	36.0

- Almost half of the men who indicated that they had a regular partner prior to diagnosis had more than one regular partner in the six months prior to diagnosis. On the other hand all but a small number were able to identify a single partner.
- Only a quarter of respondents believed that it was their regular partner who had infected them.
- Over half of those with a regular partner in the six months prior to diagnosis engaged in receptive UAI with that partner. Conversely, those men who knew that their partner was HIV-positive were more likely to play the insertive role in UAI.

- One in seven reported having a regular partner apart from their primary partner and about half of them had up to three regular partners. About a third of these men had engaged in receptive UAI with those partners. Most men knew the HIV serostatus of their additional partners and about half of these were HIV-positive (shown in detail on the next page, Figure 5).

**Figure 5: Sex with other regular male partners in six months prior to HIV diagnosis**

Type	Percentage
Receptive unprotected anal intercourse	
withdrawal	41.2
with ejaculation	29.4
Insertive unprotected anal intercourse	
withdrawal	47.1
with ejaculation	41.2
Group sex	57.1

- 84.7% reported sex with casual partners in the six months prior to diagnosis and had engaged in receptive UAI with those partners. The HIV serostatus of these men was not largely known by a majority of respondents and only a handful were known to be HIV-positive (Shown below; table 6).

**Figure 6: Sex with other casual male partners in six months prior to HIV diagnosis**

Type	Percentage
Receptive unprotected anal intercourse	
withdrawal	44.0
with ejaculation	30.0
Insertive unprotected anal intercourse	
withdrawal	31.0
with ejaculation	22.0
Group sex	60.9

### ***Drug use prior to diagnosis***

- Most respondents reported using drugs in the six months prior to diagnosis. Of these, amyl nitrate, ecstasy and marijuana were most commonly used with over a quarter also using methamphetamines and GBH. A third also reported using the erectile dysfunction drug Viagra.
- 13.7% reported injecting drugs in the six months prior to diagnosis.

### ***Sexual behaviour after diagnosis***

- About a third of the men who reported sex with men in the study also reported UAI with casual partners four weeks after diagnosis. Most respondents believed these partners were also HIV-positive. Although almost as many engaged in UAIC with partners whose HIV serostatus was unknown to them.
- Only one man reported UAI with a man that he knew to be HIV negative.

### ***Beliefs about HIV***

- The majority of men reported that they didn't believe HIV was as serious as it was in the past due to pharmacological advances which has made HIV a more manageable disease (and not the death sentence it once was). However, these same men (subsequent to their own seroconversion) are less likely to hold this belief now.

### ***Beliefs about HIV status***

- Most men agreed that if they know someone's HIV serostatus it can assist in negotiating safe sex. Also, while most agreed that you can't completely know someone's status they believed there were some men who they trusted enough to personally know their status.

## In sum

The data contained within this study suggests that while recent seroconverters shared many of the same social and personal characteristics as other MSM, they do appear to be highly sexually active and adventurous in the way that they have sex.

There have also been subtle changes in the way that MSM meet other men. The advent of internet chat and hook-up sites has created an easily accessible avenue for quick, spontaneous meetings and casual sex opportunities. Men within this study have alluded to the link between these spontaneous opportunities for sex and high risk activities. However men are still meeting other men through more traditional means such as beats, saunas, sex clubs and private sex parties.

The report suggests that there is a clear change in attitude and behaviours in regards to 'safe sex' in the sample population. One of the explanations for this change is the growing beliefs surrounding risk, the perceived threat of HIV and the perceived safety of other mitigating measures (such as sero-sorting, viral load and strategic positioning). This has gone further to perpetuate the belief that HIV is not the threat that it once was, so men are returning to high risk activities based upon this assumption. Further, self disclosure of HIV serostatus has become important when men negotiate sex (and levels of risk) and issues surrounding the trust held in partners and perceived intuition regarding HIV serostatus was reported by many respondents. Not surprisingly, many of the men in this survey, while once believing in the information that their partner had disclosed to them underpinned by their beliefs around the threat of HIV, formed the counter opinion subsequent to sero-conversion.

Other trends in regards to the way in which MSM are having sex were also evident within the data. There was a preponderance in incidences of group sex (as the high risk event) for this population with 57.1% with regular partners engaging in group sex, and 60.9% with other regular partners engaging in group sex. The use of drugs and alcohol in these sexual settings is an important consideration as in depth interviews highlighted many respondents reporting that the HRE was a departure from normal sexual practices. In this way, the use of drugs, particularly in the midst of UAI and group sex episodes may be removing inhibitions and impairing judgement.

Generally the respondents to the study were relatively accepting of their HIV serostatus and took responsibility for the risk involved in the HRE. However, there were some men who felt they had been misled by their sexual partners who had not been truthful regarding their HIV serostatus. There was also a perception that HIV organisations had not provided the appropriate information to seroconverters to prevent the particular circumstances in which they placed themselves at risk.

## Recommendations for policy and program development

1. Increased emphasis on provision of peer support and counselling programs for those newly diagnosed with HIV to assist them through the initial traumatic phase after their HIV diagnosis;
2. Provision of more detailed information about the specific circumstances in which the risk of infection through oral sex might be increased;
3. Provision of counselling and peer support programs to support relationships after HIV has been diagnosed in one or both partners;
4. Continued prioritisation of work with highly sexually active gay men;
5. Renewed emphasis on gay men's relationships, particularly relatively short-term sexual relationships, whether they be with an acknowledged regular partner or a relatively new friendship or other acquaintance that includes a sexual component;
6. Consider the implications of issues of trust and what resources might be provided to enable individuals to make decisions about risk behaviour that might assist them to distinguish when and under what circumstances this trust can be considered reliable;

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