In the UK, HIV disproportionately affects men who have sex with men (MSM) and HIV incidence remains high in this population. In the era of treatment as prevention (TasP), more men are starting antiretroviral therapy (ART) at diagnosis and at higher CD4 counts. We examine to potential impact of the TasP policy on sexual behaviours among MSM living with diagnosed HIV.

We describe levels of sexual risk among sexually active MSM attending for HIV care and explore predictors of high risk behaviours and potential HIV transmission.

**BACKGROUND**

- Design: Cross-sectional, web-based, behavioural and health needs survey completed by people attending 30 HIV clinics in England and Wales between May to November 2014 linked to clinical viral load (VL) data from national HIV surveillance records.
- Participants: Total respondents = 777; MSM=532; sexually active MSM=386.
- Analysis: Data were weighted to the national data. A directed acyclic graph (Figure 1) was used to build a multivariable logistic regression model to examine associations between ART status and engaging in the following behaviours in the previous 12 months:
  1. Unprotected anal sex (UAI).
  2. Serodiscordant UAI (sdUAI).
  3. sdUAI with potential to transmit HIV infection (at least one detectable [≥50 copies/ml] VL result in the recall period).

**RESULTS**

**Prevalence of sexual risk**

- Figure 2 shows self reported sexual behaviours in the past 12 months.
- The majority (92%) of men were on ART, of whom 14% had a detectable VL.

**Treatment and sexual risk behaviour**

- No associations were observed between being on ART and reporting sexual risk behaviours (Table 1).
- Among those on ART, there was no association between sexual risk behaviour and year ART was started (i.e. those starting pre- vs post-Release Statement).

**CONCLUSIONS**

- Despite a quarter of HIV-positive MSM reporting sdUAI, due to high levels of viral suppression, only a small fraction were at risk of transmitting HIV.
- Although several factors were associated with increased sexual risk behaviours, ART status and time on treatment were not.
- Our findings support modelling data that suggest that MSM diagnosed and on ARV treatment contribute minimally to HIV transmission.

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**REFERENCES**