

RESEARCH BASED TEMPLATE

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WHEN PrEP BREAKS DOWN: EXPERIENCES OF PREVIOUS PrEP USE AMONG PEOPLE RECENTLY DIAGNOSED WITH HIV (2023–2026)

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Background:

Pre-exposure prophylaxis (PrEP) has been central to reducing HIV incidence among gay and bisexual men. Despite this, HIV diagnoses continue to occur, notably among former PrEP users. Research has largely focused on individual-level factors associated with discontinuation, adherence and risk assessment, while loss to follow-up and continuity of clinical care have received less attention. This analysis examines experiences of HIV diagnosis among current and previous PrEP users to explore how HIV prevention may “break down” beyond rare cases of pharmacological failure.

Methods:

This analysis draws on data from a study of people diagnosed with HIV since 2023. Of 51 participants, 41 identified as gay or bisexual men; 16 of these men (39%) reported current or prior PrEP use and form the focus of this analysis.

Semi-structured interviews explored experiences of PrEP use, discontinuation, and engagement with clinical and sexual-health services. Reflexive thematic analysis was conducted to examine patterns related to PrEP use trajectories, discontinuation, and care engagement.

Results:

Four participants were taking PrEP at the time of HIV diagnosis (two daily; two on demand) and 12 had discontinued PrEP prior to seroconversion. Across both groups, accounts revealed substantial gaps in continuity of care, including not having a regular clinician, extended periods without HIV testing, minimal clinical support when discontinuing PrEP, and lack of follow-up. Discontinuation was rarely described as a deliberate, risk-based decision and more often occurred silently, alongside disengagement from sexual-health care. Only one participant attributed discontinuation to a perceived reduction in HIV risk.

Conclusion:

These findings suggest that HIV acquisition among current and former PrEP users is better understood as occasions where PrEP *breaks down* as a program of care, rather than as individual failures. Strengthening continuity of sexual-health care, improving follow-up and retention systems, and supporting people who discontinue PrEP remain critical to sustaining HIV prevention gains.

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