

Familiarity with, perceived accuracy of, and willingness to rely on U=U among Australian gay and bisexual men: results from the PrEPARE Project 2021

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Background: The Undetectable=Untransmittable (U=U) message has been promoted since it was demonstrated that viral suppression through HIV treatment prevents sexual transmission between serodiscordant partners. Awareness of U=U has not been previously assessed nationally among Australian gay and bisexual men (GBM).

Methods: A national online survey of GBM was conducted in April–June 2021. We assessed familiarity with U=U, its perceived accuracy, and willingness to rely on U=U, i.e. have sex without condoms with an HIV-positive person who has an undetectable viral load (UVL). Levels of familiarity, perceived accuracy, and willingness to rely on U=U were assessed by HIV status using chi-squared tests.

Results: The mean age of 1,280 participants was 41 years, 80.8% identified as gay, 15.1% as bisexual. 82.7% were HIV-negative, 9.8% untested and 7.4% HIV-positive. 36.9% of the whole sample was using HIV PrEP, and 78.6% were familiar with U=U. HIV-positive GBM were more familiar than other participants (95.8% vs. 77.2%, $\chi^2(1, 1,280)=18.04$, $p<.001$). Among those who were familiar with U=U ($n=1,006$), 67.3% thought it was accurate. HIV-positive participants were more likely to believe U=U's accuracy than other participants (91.2% vs. 64.9%, $\chi^2(1, 1,006)=25.99$, $p<.001$). In the whole sample, greater familiarity was associated with higher levels of belief that U=U was accurate. Among those familiar with U=U ($n=1,006$), 47.0% were willing to have condomless sex with a partner with UVL. This increased to 62.4% of participants who were familiar with U=U and believed it was accurate ($n=677$).

Conclusion: We found high levels of familiarity with U=U among Australian GBM, but lower levels of belief it was accurate and willingness to rely upon it. HIV-positive GBM were more familiar with U=U and believed in its accuracy. As well as continuing to educate GBM (particularly HIV-negative men) about U=U, finding ways to encourage reliance upon it could be useful for combination prevention efforts.

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