

Domestic mobility and HIV risk: Experiences of becoming disconnected from sexual-health and HIV-prevention care among gay and bisexual men in Australia

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Background:

Previous research on mobility and HIV among gay and bisexual men (GBM) has focused on: 1) travel, in particular changed sexual practices in contexts of higher HIV prevalence; and 2) the association between migration and increased HIV risk. However, to date, little attention has been given to continuity of sexual-health and HIV-prevention care in the context of relocating between different cities and states/territories.

Methods:

Participants in a prospective online cohort study of people recently diagnosed with HIV were invited to take part in an optional in-depth interview component of the study (between January 2019 and April 2020). This component of the study comprises 24 participants, of whom 17 had any history of male-to-male sex (with 16 describing their sexual identity as gay and/or bisexual). The majority (76.5%) were born in Australia, and their average age was 33.8 years (median 32; range 24 to 50). Drawing on these interviews we explored connections to – and disconnections from – sexual-health care in the period prior to their diagnosis.

Results:

Almost one-third of the GBM interviewed provided accounts of discontinuity in their sexual-health and HIV-prevention care that were related to mobility *within* Australia in the period during which they acquired HIV infection. For several men, this discontinuity also included loss of access to PrEP. For most men, reconnection with care only came about at the time of seeking the HIV test associated with their diagnosis. These men also had specific reasons for seeking this HIV test – for example, a suspected seroconversion illness, or treatment for a symptomatic sexually transmissible infection – rather than it being part of routine testing.

Conclusion:

The fact that men who were previously well connected to sexual-health and HIV-prevention services became disconnected from these services after moving to a new jurisdiction suggests a need for a more formalised process for interstate referral of clients.

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