

The 'journey' to (un)detectability among recently diagnosed people living with HIV

Authors:

Wells N¹, Philpot S¹, Murphy D¹, Ellard J², Prestage G¹

¹The Kirby Institute, UNSW, ²Australian Research Centre in Sex, Health and Society, La Trobe University

Background: HIV treatments can improve the health and wellbeing of people living with HIV (PLHIV) and, for those who maintain undetectable viral load (UVL), eliminate the risk of HIV sexual transmission. The promotion of UVL has been accompanied by expectations of reducing HIV-related stigma, including experiences of self-stigma. However, the extent to which UVL reduces HIV-related stigma remains unclear. Drawing on the accounts of people recently diagnosed with HIV, we explore the relationship between UVL and experiences of HIV-related stigma.

Methods: The RISE study is an ongoing qualitative cohort study of 34 PLHIV diagnosed from 2016 onward in Australia. Of these, 25 participated in follow up interviews, providing 59 interviews for analysis. Interviews were conducted between January 2019 and November 2021.

Results: Median age was 33; 32 participants were male and 2 were female; 21 were gay, 8 were bisexual, and 5 were heterosexual. All participants except 1 were on treatment and had UVL.

At diagnosis, participants generally had limited awareness of UVL, including its health benefits and role in eliminating HIV transmission risk. Participants commonly described feeling "dirty," "viral," and "a risk" to sexual partners while they had detectable viral load. Participants commonly described reaching UVL as an important milestone, a marker of good health and a (re)claiming of responsible sexual citizenship. While UVL reduced experiences of self-stigma, some participants perceived a lack of awareness around UVL among the broader community and continued to anticipate stigma and sexual rejection from others.

Conclusion: The accounts of recently diagnosed PLHIV suggest that UVL can reduce self-stigma. However, it is less clear whether this corresponds with a reduction in experiences of stigma and sexual rejection from others. These findings highlight the limits of biomedicine alone as a stigma-reduction strategy.

Disclosure of Interest Statement: The RISE study is funded by the National Health and Medical Research Council (NHMRC) and the health departments of the Australian Capital Territory, New South Wales, Northern Territory, Queensland, South Australia, Victoria, and Western Australia. Partial funding is also provided by Gilead Sciences Australia.