CLINICAL CHARACTERISTICS OF ASIAN MSM IN THE AHOD COHORT AND IMPLICATIONS FOR CLINICAL PRACTICE.

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Background:
Asian-born men who report male-to-male sex (MSM) have lower PrEP uptake, are likely to test less often and be diagnosed later than Australian-born MSM. Reasons for this are poorly understood. Little is also known about treatment uptake or response once linked to care. We use the Australian HIV Observational Database (AHOD) to investigate treatment response in Asian-born compared to Australian-born MSM.

Methods:
AHOD MSM were categorised as Asian-born versus Australian-born. Asian-born were further categorised based on participation in the Australian Temporary Residents Access Study (ATRAS). Time to first viral suppression (VS) (viral-load (VL) <400copies/mL) and virological failure (VF) (>400copies/mL) after suppression was assessed using Cox-regression. Asian status was adjusted for age, HCV infection, ART initiation period, CD4-cell count, VL and site-type (GP/Hospital/Sexual Health Clinic).

Results:
Of the 1890 MSM with country of birth reported, 1724(91.2%) were Australian-born and 166 (8.8%) were Asian-born (26.5% were ATRAS participants). CD4 cells/µl at diagnosis were significantly higher in Australian-born (p=<0.001). Median CD4 [IQR] Australian-born: 480 [308, 670], Asian-born (non-ATRAS): 375 [214, 515] and Asian-born (ATRAS): 281 [176, 374]. VL copies/mL at diagnosis were comparable (P=0.33) with median [IQR] for Australian-born: 58450 [12900, 217000], Asian-born(non-ATRAS): 37166 [6263, 126745] and Asian-born(ATRAS): 47100 [8422, 158489].
Compared with Australian-born, Asian-born (non-ATRAS) did not differ significantly in either the rate of VS (aHR [95%CI]: 1.02 [0.81, 1.28]) or likelihood of VF after suppression (aHR [95% CI]: 0.66 [0.41, 1.05]). Similarly being Asian-born (ATRAS) was not significantly associated with VS (aHR [95% CI]: 0.85 [0.57, 1.27] or VF (aHR [95% CI]: 0.90 [0.28, 2.98] compared to being Australian-born.

Conclusion:
Our study suggests that once engaged in care and on treatment, treatment outcomes between Australian-born and Asian-born MSM are similar. However, our data are limited by sampling method and sample size, and further studies of both treatment uptake and outcomes are needed.

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