

# ENGAGING WITH COVID-19 AND HIV PRIMARY PREVENTION AND TESTING AMONG SEXUALLY ACTIVE GAY, BISEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN IN AOTEAROA NEW ZEALAND

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**Background:** Parallels have been drawn between the HIV and COVID-19 epidemics. We wanted to understand the connections between prevention practices among individuals “at risk” of both infectious diseases. In Aotearoa, gay, bisexual, and other men who have sex with men (GBM) remain disproportionately affected by HIV. Here, we investigate the testing and prevention practices against HIV and COVID-19 among sexually active GBM.

**Methods:** In November 2020, we conducted a cross-sectional survey recruiting GBM through social media and mobile dating apps. This analysis is limited to male-identifying, HIV-negative or never-tested participants reporting anal sex with “casual” male partner(s) in the previous six months. Participants were asked about ever testing for COVID-19 (“Yes” vs. “No”) and their compliance (“Always” vs. “Almost always”/“Half the time”/“Rarely”/“Never”) with the “lockdown” rules of Alert Levels Three and Four (AL). We explored associations with recent (previous 12 months) HIV testing and effective HIV prevention use (“always” using condoms and/or PrEP; previous six months). Fisher’s exact tests were used for bivariate analyses, and logistic regression for multivariate analyses.

**Results:** Of the 1,023 participants, 535 were included in the analysis. A third (n=184/535) reported having a COVID-19 test. Almost all participants (n=491/495) reported “always” (n=336/495) or “almost always” (n=155/495) complying with AL. Bivariate analyses revealed an association between the number of casual partners and AL compliance ( $p=0.02$ ). In logistic regression (controlling for age, region, ethnicity, and number of casual partners), HIV testing was independently associated with COVID-19 testing (AOR=2.73, 95% CI: 1.50-4.98), however effective primary HIV prevention was not (AOR=0.87, 95% CI: 0.57-1.30). AL compliance was not associated with HIV testing (AOR=0.91, 95% CI: 0.53-1.56) or effective HIV prevention (AOR=1.29, 95% CI: 0.85-1.96).

**Conclusion:** Testing for COVID-19 was associated with recent HIV testing. Effective primary HIV prevention did not predict compliance with AL. Future research should explore factors underlying infectious diseases prevention practices.

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