STI TESTING CONTINUES TO OCCUR LESS FREQUENTLY THAN HIV TESTING: RESULTS FROM THE GAY COMMUNITY PERIODIC SURVEYS 2019-20

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Background:

Current Australian guidelines recommend that men who have sex with men undertake quarterly HIV and STI testing. We analysed how frequently gay and bisexual men (GBM) undertake comprehensive STI testing, compared with HIV testing.

Methods:

National data from the Gay Community Periodic Surveys during the last available round (2019-20) were included. Comprehensive STI testing was defined as receiving an anal swab, throat swab, urine sample, and blood test for syphilis in the last year. Frequent comprehensive STI testing was defined as three or more of each test in the last 12 months. Those who reported frequent comprehensive testing were compared to those who did not using logistic regression.

Results:

9,785 survey responses were included in the analysis. The mean age was 37.8 years, 84.1% were gay-identified and 69.8% were born in Australia. Frequent comprehensive STI testing was reported by 25.3% of participants compared with frequent HIV testing (reported by 33.5%). Frequent comprehensive STI testing was associated with having a university degree (aOR=1.23, p=.010), full time employment (aOR=1.38, p<.001), frequent HIV testing (aOR=40.08, p<.001), and recent condomless anal intercourse with casual partners (aOR=1.35, p=.001). Those with a greater number of sexual partners were more likely to report frequent comprehensive testing (p<.001). Frequent STI testing was lowest among HIV-negative men not on PrEP (8.7%), compared with both HIV-positive men (24.3%, aOR=1.94, p<.001) and HIV-negative men on PrEP (66.4%, aOR=3.86, p<.001).

Conclusion:

Most GBM do not test for STIs frequently, with only a quarter reporting 3 or more comprehensive screens in the last year. This is heavily concentrated among PrEP users. HIV-negative men not on PrEP are very unlikely to report frequent STI testing. Frequent HIV testing remains more common than frequent STI testing despite guidelines indicating they should be conducted together. This gap indicates ongoing missed opportunities for STI testing.

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