IDENTIFYING GAPS IN HIV TESTING IN HIGH-RISK GAY MEN

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Background and definitions

Frequent HIV testing can reduce rates of undiagnosed HIV

Study population:
- High-risk HIV-negative gay and bisexual men (GBM)
- Attending sexual health clinic twice 2014-2015
- At least one HIV test in 2015

Infrequent testing:
- <3 HIV tests in 2015

High-risk:
- >5 male partners in the previous 3 months, or;
- STI diagnosis in previous 2 years
Population attributable fraction (PAF)

PAF an epidemiological method which takes into account:

- The strength of the association between a risk-factor and infrequent HIV testing, as well as;

- The prevalence of the risk factor in the population (how many people have the risk-factor)

Risk factors are usually behavioural (modifiable). We include socio-demographic factors also.

How much infrequent testing in high-risk gay and bisexual men could be reduced if initiatives focused on specific subgroups.

Infrequent HIV testing by subgroup

- Overall, 70.4% of men were infrequent testers
  - Age 18-24: 73%
  - Age 25-34: 71%
  - Age 35+: 70%
  - Metro: 70%
  - Non-metro: 70%

  - "Gaybor" area: 74%
  - MSM, Biocul: 70%
  - Non-traveller: 7%
  - Traveller: 7%
  - SEFA Q.1: 70%
  - SEFA Q.2: 70%
  - SEFA Q.3: 70%
  - SEFA Q.4: 70%
  - <7 partners in m: 63%
  - ≥7 partners in m: 77%

  - Proportion with less than 3 HIV tests (%)
  - Proportion with less than 3 HIV tests (%)

  SES= Socioeconomic status; SEIFA Quartile= Australian Bureau of Statistics (ABS), Socio-Economic Indexes for Areas. "Gaybor" = 10% or more same sex households in suburb
Factors associated with infrequent HIV testing

- NB: Only statistically significant factors (p<0.05) are shown

<table>
<thead>
<tr>
<th>Factor</th>
<th>OR (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area of residence</strong>¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban (ref)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Regional/remote</td>
<td>1.53 (1.10 - 2.16)</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td><strong>Country of birth</strong>²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other countries of birth (ref)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>North-East Asia</td>
<td>1.48 (1.04 - 2.10)</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td><strong>Symptomatic presentation</strong>³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No (ref)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Symptoms</td>
<td>1.50 (1.23 - 1.82)</td>
<td>p&lt;0.01</td>
</tr>
</tbody>
</table>

¹. Australian Bureau of Statistics (ABS), Australian Standard Geographic Classification Remoteness Structure ². ABS, Standard Australian Classification of Countries ³. Symptomatic presentation at first visit in 2015 derived from attendance reason

Prevalence of subgroups (n=3,475)

- Green= significant in univariate analysis (p<0.05) – from previous slide

SES= Socioeconomic status; SEIFA Quartile, Australian Bureau of Statistics (ABS), Socio-Economic Indexes for Areas. “Gaybor” = 10% or more same sex households in suburb
Population attributable fraction (PAF)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Unadjusted PAF</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptomatic presentation</td>
<td>9%</td>
<td>(8%, 10%)</td>
</tr>
<tr>
<td>Born in North-East Asia</td>
<td>3%</td>
<td>(2%, 3%)</td>
</tr>
<tr>
<td>Residing regional or remote area</td>
<td>2%</td>
<td>(2%, 2%)</td>
</tr>
</tbody>
</table>

How much infrequent testing in high-risk gay and bisexual men could be reduced if initiatives focused on specific subgroups.

Conclusions

- Some subgroups of men are more likely to test infrequently
- Important to focus initiatives in these men to address inequity
- However as the size of the subgroups are small, broader initiatives also needed
- Data reflect men attending clinics (before PrEP)
- Population of men in the community may be larger
- Findings have greatest relevance for clinical services
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