

More infections but less risk: Unpacking the sexual health needs of Medicare-ineligible gay, bisexual and other men who have sex with men attending M Clinic in Perth, Western Australia

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BACKGROUND:

- Australian data suggests increased burden of HIV among overseasborn gay, bisexual and other men who have sex with men (GBM);
- MClinic is a state-funded community-based sexual health clinic in Perth which provides services irrespective of Medicare eligibility;

AIM:

- We describe demographics, sexual behaviour and HIV and STI positivity among GBM attending MClinic by Medicare eligibility.

METHODS:

- All GBM clients attending M Clinic between July 2017 and March 2019 were included in this analysis
- Data from self-completed behavioural surveys and linked HIV/STI testing data were extracted from REDCap
- Chi-squared tests and $p < 0.05$ tests for statistical significance



DEFINING MEDICARE ELIGIBILITY:

Medicare Eligible	Medicare Ineligible
Born in Australia, OR	---
Born in a country with a reciprocal healthcare agreement, OR	Born in a country without a reciprocal healthcare agreement, AND
Resided in Australia for >3 years	Resided in Australia for ≤3 years



RESULTS:

Individuals Surveys	Medicare Eligible n=2145 n=5149 n (%)	Medicare Ineligible n=195 n=314 n (%)	p-value
Median age (IQR)	33 (26-45)	27 (24-31)	<0.01
> 10 anal sex partners in previous 6 months	775 (15.3)	23 (7.4)	<0.01
Inconsistent condom use with casual partners	2774 (65.0)	104 (42.3)	<0.01
Drug use during sex	2617 (54.2)	107 (37.0)	<0.01
PrEP use reported in past 6 months	1302 (26.1)	20 (6.6)	<0.01
Ever tested for HIV at first visit	1839 (88.8)	150 (81.5)	<0.01



RESULTS:

	Medicare Eligible n (%)	Medicare Ineligible n (%)	p-value
HIV serology			
Positive	6 (0.1)	7 (2.3)	<0.01
Syphilis (infectious)			
Positive	16 (0.3)	0 (0.0)	0.32
Gonorrhoea (throat, rectal, urethral)			
Positive	276 (5.3)	20 (6.4)	0.38
Chlamydia (throat, rectal, urethral)			
Positive	359 (6.9)	34 (10.9)	<0.01



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CONCLUSIONS/IMPLICATIONS:

- Counter-intuitively despite engaging in lower risk sexual activities, Medicare-ineligible individuals are more likely to acquire HIV and chlamydia.
- Despite there being services that provide access to Medicare-ineligible individuals, obstacles still appear to exist to accessing them. Exploration into these perceived and structural barriers is warranted.
- Identifying such statistics has already impacted our practices, ensuring that we have targeted approaches for this population with sexual health education, promotion of frequent sexual health testing and uptake of PrEP.
- Providing this perspective would hopefully provide other sexual health providers with evidence to have their own targeted interventions for this vulnerable population.



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None

