

IMPACT OF COVID-19 ON NUMBER OF SEXUAL PARTNERS, HIV TESTING AND PREP USE: RESULTS OF AUSTRALIAN BEHAVIOURAL SURVEILLANCE OF GAY AND BISEXUAL MEN 2018-20

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Background:

COVID-19 restrictions were imposed across Australia in 2020. Repeated HIV behavioural surveillance of gay and bisexual men (the Gay Community Periodic Surveys) was adjusted by switching recruitment online and adding questions about COVID-19. Here we assess the impact of COVID-19, particularly on sexual activity, HIV testing and PrEP use.

Methods:

Data from 2018-20 was included from jurisdictions with COVID-affected rounds (QLD, SA, TAS). We report responses to questions about COVID-19 and trends in key indicators. Trends were assessed with logistic regression.

Results:

6,914 survey responses were included. The mean age was 38.4 years, 82.6% were gay-identified, 12.1% bisexual-identified, 78.0% Australian-born, and 8.2% HIV-positive. The proportion of online recruitment increased from 34.6% in 2018 to 87.8% in 2020 ($p<0.001$). Of 2,170 participants in 2020, 26.0% indicated they had lost income or their job, 87.8% had practiced physical distancing and 45.1% had reduced the number of sexual partners because of COVID-19. 35.6% had been tested for COVID-19. The proportion reporting sex with regular male partners in the previous six months remained relatively stable (65.7%-68.1%, $p=0.06$), while sex with casual male partners fell (60.0% in 2018, 61.7% in 2019, 48.9% in 2020, $p=0.001$). The proportion reporting no recent male partners increased from 15.5% in 2018 to 23.2% in 2020 ($p<0.001$), as did the proportion of non-HIV-positive men who had been tested for HIV over a year ago (22.4% to 31.6%, $p<0.001$). PrEP use by non-HIV-positive men increased from 23.6% in 2018 to 33.0% in 2019 but fell to 21.3% in 2020 ($p=0.10$).

Conclusion:

We recorded widespread social and behavioural impacts of COVID-19, particularly a reduction in casual sex. While HIV risk is likely to have been reduced by physical distancing, COVID-19 has reduced HIV testing frequency and stalled or reversed PrEP uptake in some states. Supporting reengagement with these practices is vital as COVID-19 restrictions ease.

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