Disparities in characteristics in accessing public Australian sexual health services between Medicare-eligible and Medicare-ineligible men who have sex with men

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Background:
Rates of sexually transmitted infections are increasing among men who have sex with men (MSM) in Australia, particularly in those who were born outside Australia and do not have Medicare. Accessible health services are a key element of effective HIV and STI control. This study aimed to examine whether there were any differences in accessing sexual health services between Medicare-eligible and Medicare-ineligible MSM in Melbourne, Australia.

Methods:
We conducted a retrospective, cross-sectional study of MSM attending Melbourne Sexual Health Centre between 2016 and 2019. Demographic characteristics, sexual practices, HIV testing practices and STI diagnoses were compared between Medicare-eligible and Medicare-ineligible MSM.

Results:
We included 5085 Medicare-eligible and 2786 Medicare-ineligible MSM. Condomless anal sex in the past 12 months was more common in Medicare-eligible compared to Medicare-ineligible MSM (74.4% vs 64.9%; $p<0.001$) although the number of partners did not differ between groups. There was no difference in prior HIV testing practices between Medicare-eligible and Medicare-ineligible MSM (76.1% vs 77.7%; $p=0.122$). Medicare-ineligible MSM were more likely to have anorectal chlamydia compared to Medicare-eligible MSM (10.6% vs 8.5%; $p=0.004$).

Conclusion:
Medicare-ineligible MSM reported less condomless sex but a higher rate of anorectal chlamydia, suggesting they might have limited access to STI testing or that they may be less willing to disclose high-risk behaviour. Scaling up access to HIV and STI testing for Medicare-ineligible MSM is essential.

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