

Inequities in PrEP use in MSM according to Medicare status

Authors:

Coleman A¹, Foster R^{1,2}

¹ Sydney Sexual Health Centre, GPO1614, ²The Kirby Institute, Sexual Health Program, UNSW Medicine

Background:

HIV notification rates in NSW are declining, in part due to biomedical interventions such as HIV Pre-exposure Prophylaxis (PrEP). People born overseas are disproportionately represented amongst people newly diagnosed with HIV. Inequities around PrEP access may be a contributing factor; Asian-born men without Medicare are over-represented among men who are willing to use PrEP but don't.

Methods:

This retrospective study analysed routinely collected data from the SSHC electronic medical record from 1st January to 31st December 2021. HIV negative transgender/cisgender men and transgender women who have sex with men, reporting <100% condom use for anal sex were included for analysis. Descriptive statistics were calculated using frequencies and percentages. Bivariate and multivariate analyses were performed to assess for factors associated with PrEP use stratified by Medicare status.

Results

A total of 4789 clients were included in the analysis. A majority, 2796 (58.4%), were born overseas, and 1688 (25.3%) were Medicare ineligible. Of those born overseas, 1126 (40.3%) had been in Australia for 4 years or less. People without Medicare were significantly less likely to be on PrEP at their initial consult (5.8% vs 14.6%, $p<0.001$). Due to the fact that SSHC prioritises prescribing PrEP to those without Medicare, significantly more Medicare ineligible clients were prescribed PrEP at any clinic visit than those with Medicare (14.2% vs 10.0% $p<0.001$).

Nineteen (4.0%) PrEP-eligible clients were diagnosed with HIV in 2021. Fifteen (79.0%) were overseas born, predominantly from Asia or South America, of these 7 (46.7%) had been in Australia for 4 years or less, and 6 of these newly arrived clients were Medicare ineligible.

Conclusions

This study highlights a discrepancy between PrEP use in people with Medicare compared to people without. PrEP prescribing data in clients without Medicare are not captured in routinely collected PBS surveillance, and barriers to PrEP access in this group are not well characterized. Publicly funded sexual health clinics are an important resource for PrEP access, but more work is needed to prioritise access and improve equity in the OSB MSM population of NSW.

Disclosure of Interest Statement:

The authors declare no conflicts of interest