

‘JUST ANOTHER TEST’: STI TESTING FREQUENCIES OF GAY AND BISEXUAL MEN IN AUSTRALIA

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Background: A cornerstone of the Australian STI strategy is the recommendation for quarterly STI testing in gay and bisexual men (GBM) at increased risk of STIs. However, up-to-date data are lacking on STI testing frequencies and changes over time. We describe the prevalence and correlates of STI testing frequencies in GBM.

Methods: We analysed anonymously linked patient data collected between 2006–2018 from 56 services participating in ACCESS. STI testing frequencies were calculated on any chlamydia, gonorrhoea or syphilis tests and, multiple logistic regression was used to identify associations. The study population was restricted to GBM, defined as men who reported male partners or ever had STI rectal swabs. GBM were categorised as high-risk if they reported injecting drug use or had an STI in the past 12 months, or were using PrEP.

Results: Of 59,457 GBM, 56% were classified as high-risk qualifying them for quarterly testing. PrEP use was identified in 29% of high-risk GBM. The proportion of high-risk GBM testing at least four times in 12 months increased from 33% in 2007, to 54% in 2015, and 68% in 2018 ($p < 0.01$). In 2018, 83% of GBM using PrEP tested quarterly compared to 56% not on PrEP. Factors associated with STI testing at the recommended frequency were: PrEP use [aOR:7.01, 95%CI:6.79-7.23], past STI diagnosis [3.94,(3.86-4.02)], living with HIV [2.16,(2.11-2.21)], being Indigenous [1.32,(1.29-1.36)] and living in a major city [1.51,(1.46-1.56)]. Conversely, testing below recommendations were observed among GBM: aged 40-49 years [0.93,(0.90-0.97)], aged 50+ years [0.87,(0.84-0.90)], born in an Asian country [0.89,(0.85-0.93)], and residing in regional areas [0.66,(0.64-0.68)].

Conclusion: Despite increases in quarterly testing, one-third of those at high-risk tested below recommendations. PrEP has driven a large increase since 2016 and caution should be taken as PrEP transitions beyond clinical trials. Further information is needed to understand the barriers to frequent testing in GBM.

Disclosure of Interest Statement: *ACCESS is funded by the Australian Department of Health. The Kirby Institute receives funding from the Australian Government Department of Health and is affiliated with the Faculty of Medicine, UNSW Sydney. No pharmaceutical grants were received in the development of this study.*