

INCREASE IN HIV TESTING FREQUENCY BY AUSTRALIAN GAY AND BISEXUAL MEN (GBM) IS CONCENTRATED AMONG PREP-USERS

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Background: Australia's HIV/STI testing guidelines recommend sexually-active GBM to test at least once per year and those at higher risk to test up to 4 times per year.

Methods: Using national data from sexually-active, non-HIV-positive men in the Gay Community Periodic Surveys (GCPS; 2014-18), we used logistic regression to examine trends in testing frequency (from 0 to ≥ 3 times in the last 12 months). Qualifying for quarterly testing was defined as: condomless anal intercourse with casual partners (CLAIC), group sex, >10 partners, and/or drug use for sex in the last 6 months.

Results: Among 33,829 men, the proportion tested at least annually increased from 67.6% to 75.0% ($p<0.001$). The proportion testing quarterly increased from 15.7% in 2014 to 36.3% in 2018 ($p<0.001$). Among non-PrEP-users ($n=30,516$), quarterly testing only increased from 15.0% to 20.2% ($p<0.001$). 58.9% ($n=19,912$) qualified for quarterly HIV/STI testing. Among these (including PrEP-users), quarterly testing increased from 20.3% in 2014 to 50.6% in 2018 ($p<0.001$). However, among non-PrEP-users (54.8% of whom qualified for quarterly testing), the increase was only 19.5% to 29.5% ($p<0.001$), with no change in the last 3 years ($p=0.559$). Of the non-PrEP-using men qualifying for quarterly testing but reporting <3 tests: 28.8% had >10 partners, 54.5% had group sex, 32.8% used drugs for sex, and 26.1% reported receptive CLAIC with ejaculation in the last 6 months; 13.4% had an STI in the previous year. By 2018, 89.8% of PrEP-users tested quarterly.

Conclusion: Although HIV testing frequency increased over the last 5 years among sexually-active men and men who qualified for quarterly testing, recent increases were concentrated among PrEP-users and there was little recent change in testing frequency among non-PrEP-users. Efforts are needed to improve gay men's knowledge of the testing guidelines and encourage frequent testing and PrEP use among non-PrEP-users who are at high risk.

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