

# TIME TO HEALTHCARE SEEKING FOLLOWING THE ONSET OF SYMPTOMS AMONG MEN AND WOMEN ATTENDING A SEXUAL HEALTH CLINIC IN MELBOURNE, AUSTRALIA

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**Background:** Timely diagnosis and treatment of sexually transmitted infections (STIs) underpins their control by reducing the duration of infectiousness. There are currently limited data exploring time to healthcare seeking among individuals with STI symptoms.

**Methods:** We analysed data on individuals reporting STI symptoms at the Melbourne Sexual Health Centre (MSHC) between August 2017 and December 2020. We calculated the time between symptom onset and clinic attendance, stratified by three at-risk populations (i.e. men who have sex with men [MSM], heterosexual men, and women) and 13 STI diagnoses. We performed univariable and multivariable logistic regression, clustered by STI diagnosis, to explore factors associated with delayed healthcare seeking (symptom duration greater than seven days prior to clinic attendance).

**Results:** Among 7,032 symptomatic clinic attendances, the shortest time to healthcare seeking was among individuals diagnosed with gonococcal urethritis (median 3 days, interquartile range [IQR] 2-5), and the longest was among individuals diagnosed with genital warts (median 60 days, IQR 14-150). Individuals diagnosed with gonococcal urethritis sought care earlier than individuals diagnosed with non-gonococcal urethritis (median 3 [IQR 2-5] vs. 6 [IQR 3-14] days,  $p < 0.001$ ), and individuals diagnosed with genital herpes sought care earlier than individuals diagnosed with primary syphilis (median 4 [IQR 2-7] vs. 14 [IQR 4-21] days,  $p < 0.001$ ). Heterosexual men (aOR=1.35; 95% CI 1.24-1.47) were more likely to delay healthcare seeking than MSM. Compared to men taking HIV pre-exposure prophylaxis (PrEP), men not taking PrEP (aOR=1.57; 95% CI 1.38-1.79) and men living with HIV (aOR=1.31; 95% CI 1.03-1.67) were more likely to delay healthcare seeking. Living further from the clinic was associated with delayed healthcare seeking among men and women ( $p_{\text{trend}} < 0.001$  [men],  $p_{\text{trend}} = 0.049$  [women]).

**Conclusion:** Improved local access to healthcare alongside targeted strategies to encourage early healthcare seeking among groups at increased likelihood of delay may reduce STI-associated morbidity and transmission.

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