HIGH LEVELS OF ENGAGEMENT WITH HIV AND STI TESTING AMONG GAY ASIAN MEN IN SYDNEY AND MELBOURNE

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DISCLOSURES

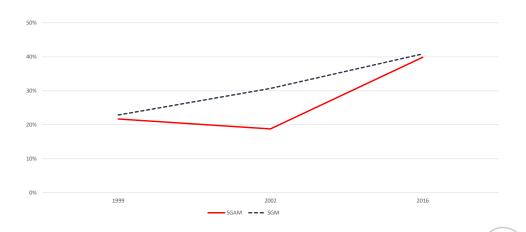
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RATES OF CLAIC AMONG SYDNEY GAY ASIAN MEN WITH CASUAL MALE PARTNERS IN THE PREVIOUS SIX MONTHS @ASHMMEDIA #SH17



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BACKGROUND/AIMS

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Why is this study important?

HIV notifications among GAM have risen over the past few years (as seen in NSW) and a disproportionally considerable number of GAM with newly diagnosed HIV are late diagnosis.

- ❖ What is the study aim(s)?
- the extent of these men's engagement with clinical services;
- facilitators and barriers to frequent HIV testing (defined here as a minimum of two) and comprehensive STI testing (defined here as having at least one throat swab, one anal swab and one urine sample taken to be tested for other STIs) within a 12-month period.

METHODS

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Study design/patient population

- A GAM survey was conducted in Sydney with extensive recruitment both online and offline and in Melbourne with online recruitment only. The survey, available in English and Thai, targeted men from Chinese, Thai, Filipino and South Asian backgrounds.
- Non-HIV-positive (majority HIV-) gay and other MSM

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RESULTS (MULTIVARIABLE ANALYSIS)

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NON-HIV-POSITIVE MEN (N=567) WHO HAD A MINIMUM OF TWO HIV TESTS AND STI TESTING FROM COMBINATIONS OF AT LEAST ONE THROAT SWAB, ONE ANAL SWAB, ONE URINE SAMPLE AND ONE BLOOD SAMPLE EACH IN THE PAST 12 MONTHS

- More male sex partners
- Any CLAIR
- Any CLAIC
- · Last HIV testing at
 - SHCs
 - community-based peer testing sites
 - GPs
- Know about PEP available
- Less spare time with people from the same ethnic background

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KEY FINDINGS

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- Confirming that for gay Asian men, those who are potentially at increased risk of HIV/STI transmission tend to be better engaged with clinical services to undertake routine HIV testing and STI screening and are more inclined to uptake new biomedical HIV prevention strategies such as PEP and PrEP.
- Highlighting the critical role of public-funded sexual health clinics and their expanded peer-based community testing sites with the latter also offer HIV and comprehensive STI screening at the time of study recruitment.
- Showing a consideration proportion of gay men (i.e., over one-third of the non-HIV-positive gay and bisexual men in our sample), particularly those at increased risk of potential HIV/STI transmission, once being linked to a proper sexual health clinical service, tend to have a regular pattern of HIV/STI screening as recommended by the STIGMA guidelines.

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CONCLUSIONS/IMPLICATIONS

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❖ A number of noticeable HIV/STI prevention gaps have been identified:

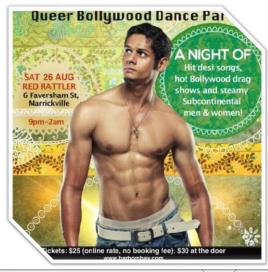
To promote regular HIV and comprehensive STI screening as a routine pattern beyond men who self-perceive to be a higher risk of HIV/STI infection

To increase awareness and equity in access of latest HIV biomedical prevention tools particularly in terms of DBS, PEP and PrEP.

ACKNOWLEDGEMENTS

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