

## Identifying Gaps In HIV Testing In High-Risk Gay Men

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**Background:** Quarterly HIV testing is recommended for high-risk gay and bisexual men (GBM). We determined what proportion of high-risk GBM were approaching HIV testing guidelines in 2015 and identified subgroups of men with the lowest HIV testing frequency.

**Methods:** Data were obtained from high-risk HIV-negative GBM attending public sexual health clinics in NSW. High-risk was defined as >5 male partners in the previous 3 months/>20 male partners in the previous 12 months or an STI diagnosis in previous 24 months. Logistic regression was used to identify correlates of infrequent testing (defined as <3 HIV tests in 2015) and population attributable risk (PAR) was used to determine the proportion of infrequent testing in the population that could be addressed, if subgroups with the lowest testing frequency were supported to increase testing.

**Results:** Of 3,475 high-risk GBM, 70.4% were infrequent testers. The following factors were significantly associated with infrequent testing; living outside of a metropolitan area (OR: 1.53, 95% CI: 1.10-2.16, p <0.05), being born in North East Asia (OR: 1.48, 95% CI: 1.04 - 2.10, p<0.05) and having a symptomatic presentation (OR: 1.50, 95% CI: 1.23-1.82, p<0.01). Of all factors, the highest PARs were; symptomatic presentation (9%, 95% CI: 8%-10%), lower sexual partner numbers (6%, 95% CI: 5%-8%), residing in a suburb with less than 10% same-sex households (5%, 95% CI: 3%-8%) and being born in North East Asia (3%, 95% CI: 2%-3%).

**Conclusion:** These findings suggest that men presenting with STI symptoms, men in regional and remote areas and men born in North East Asia should be a focus of initiatives to increase access to HIV testing. However as these groups combined only accounted for 31.1% of all infrequent testing in the clinic population, it remains important to sustain and enhance initiatives to increase HIV testing among all high-risk GBM.

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