

Community-based setting reaches more people who are testing & PrEP-naïve than clinic-based setting among recently arrived overseas born people at-risk of HIV in Sydney, New South Wales

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Background:

The provision of accessible testing to people who have recently arrived in Australia is essential to maintain the progress towards virtual elimination of HIV. Engagement through LGBTQ community-based peer-led testing service can reach those facing barriers to attend conventional health settings.

Methods:

This cross-sectional study used data from the largest sexual health clinic in Sydney, which offers both clinic-based and community-based testing in collaboration with a LGBTQ health organisation. All gay and bisexual men (GBM) and trans and gender diverse (TGD) people arriving in Australia between 01/01/2022-01/01/2024 were included. We extracted the setting of first HIV testing with our services (clinic vs. community-based). Chi-squared test was used to find factors associated with community-based testing. A multivariable logistic regression model was used to examine associations between community-based testing with patient factors.

Results:

Of 1,204 people, 1,155 (95.93%) were cisgender GBM. Median time after arrival in Australia was 142.6 days (IQR 64.6-284.5). 424 (35.2%) attended the community-based setting for their first test. Those reporting no previous HIV testing (aOR 1.96, $p < 0.001$) were significantly more likely to attend the community-based setting. Those reporting no previous PrEP use were more likely to attend the community-based setting in the univariable (OR 1.88, $p < 0.001$) but not multivariable model. Other factors associated with community-based testing included arrival in Australia more than six months ($p < 0.001$), being a cisgender GBM ($p = 0.036$) and not requiring an interpreter ($p < 0.001$). There were no associations between community-based testing and age, region of birth or Medicare status.

Conclusions:

Among GBM/TGD people recently arriving in Australia, those with no previous HIV testing were more likely to attend the community-based, rather than clinic-based, setting for their first test. Many of these people also report no prior PrEP use. Community-based setting is effectively reaching this key population in which enhanced testing and prevention interventions are most needed.

Disclosure of interest statement:

None.