

# TRENDS IN LATE-DIAGNOSIS OF HIV AMONG GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN (GBM) IN MELBOURNE, VICTORIA, AUSTRALIA

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**Background:** Early diagnosis of HIV remains a priority to reduce community viral load and onward transmission risk. Using data from the Australian Collaboration for Coordinated Enhanced Surveillance (ACCESS), we assessed trends of late-diagnosis among gay and bisexual men (GBM) attending high HIV-caseload clinics in Melbourne, Australia.

**Methods:** Linked HIV diagnostic and monitoring records were extracted from ACCESS for three general practice clinics and one peer-led community HIV testing service in Melbourne. GBM newly HIV-diagnosed between January 2013 and July 2018 with a CD4 result within 90 days of diagnosis were included. Late-diagnosis was defined as a CD4 of <350 cells/ $\mu$ L. We assessed annualised trends in the proportion of late diagnoses and the median days between diagnosis and achieving viral suppression for GBM with CD4 counts of  $\geq$  or <350 cells/ $\mu$ L using Chi-square and Fisher's exact tests.

**Results:** From 2013 to 2018, 284 new HIV diagnoses were identified, of which 254 (89.4%) had a CD4 result within 90 days recorded. There were 39 (15.4%) late diagnoses and the annual proportion remained stable between 2013 and 2018 ( $p=0.4$ ). Viral load results were available for 243 (96%) GBM. Between 2013 and 2018, there was a decrease in the median days to achieving viral suppression among GBM with CD4 counts  $\geq$ 350 cells/ $\mu$ L at diagnosis from 332 (IQR:189-570) to 52 (IQR:44-79) ( $p<0.001$ ) and among GBM with CD4 counts <350 cells/ $\mu$ L at diagnosis from 113 (IQR:56-135) to 48 (IQR:31-65) ( $p=0.4$ ).

**Conclusion:** Despite decreases in annual HIV diagnoses, there is a persistent proportion of late diagnoses among GBM. Some GBM may still experience barriers to routine and frequent HIV testing. Relative trends in time to viral suppression suggest the ongoing clinical prioritisation of timely treatment for GBM diagnosed late, with more substantial relative declines in other GBM potentially driven by prioritisation of treatment as prevention.

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