

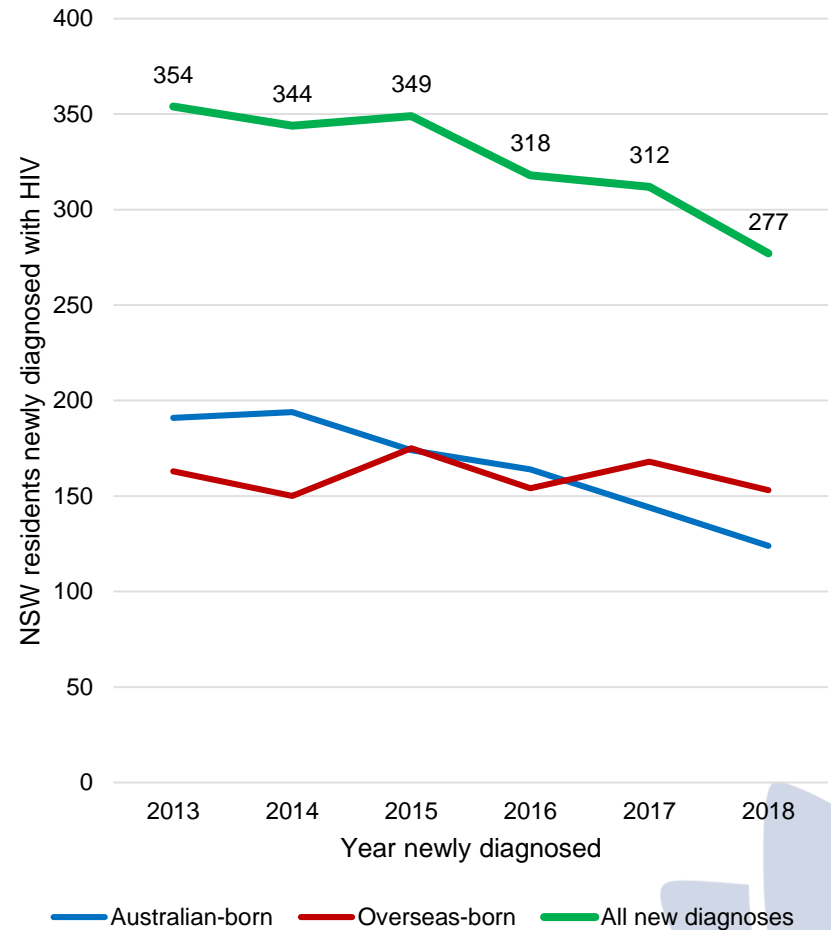
What can enhanced surveillance reveal about HIV prevention measures in MSM with early stage HIV diagnosis?

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The HIV response in NSW

- ▶ Promising declines since 2012
- ▶ A combined effort and true partnership between government, clinicians, researchers and community
- ▶ Great success of targeted programs, increases in testing and PrEP uptake
- ▶ But, these benefits did not reach everyone



Whose infection could be prevented?

What are the characteristics of newly diagnosed people who did not access or effectively use HIV prevention?

What more can public health do?



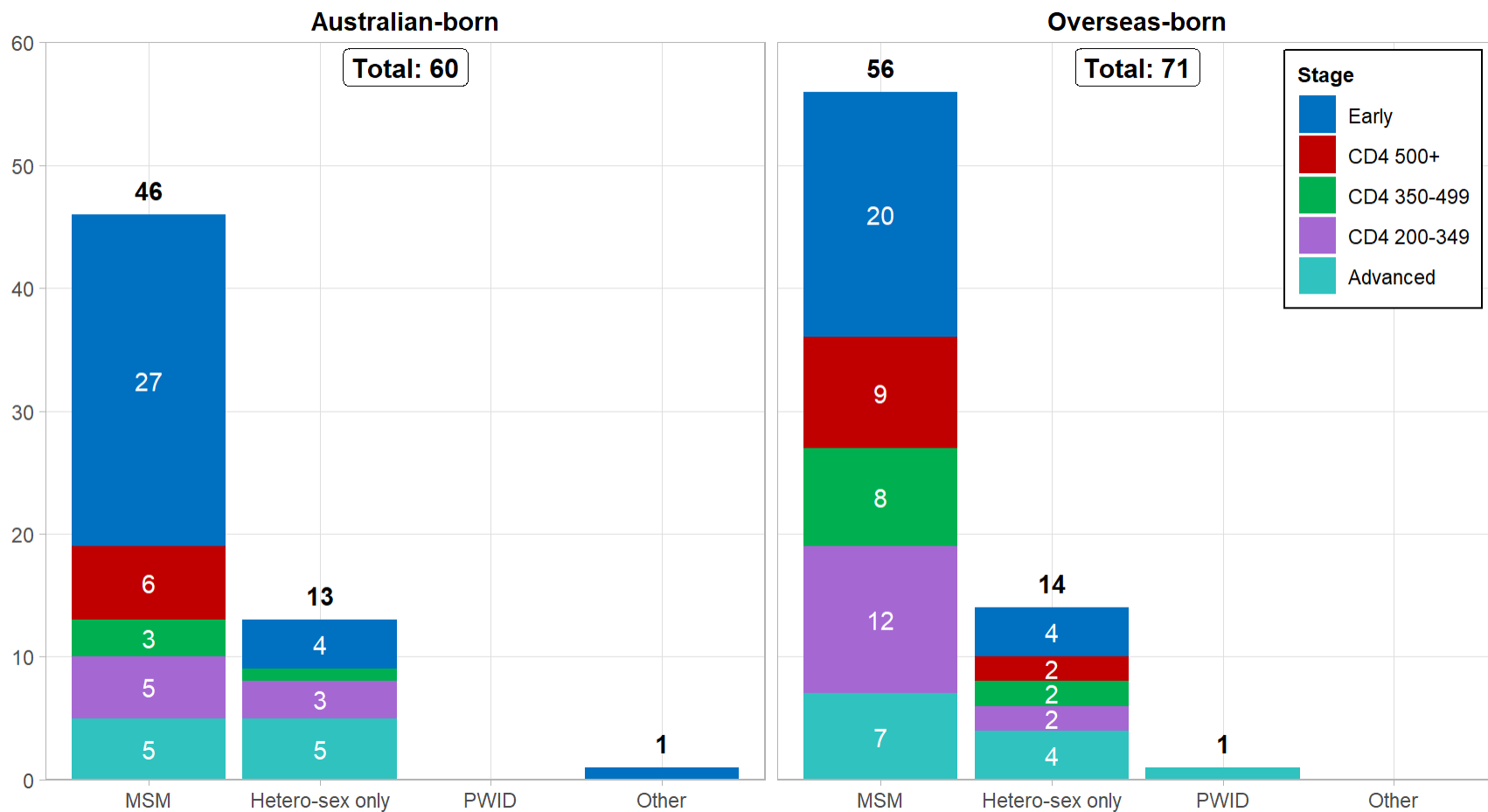
New HIV diagnosis enhanced surveillance questionnaire

- ▶ Enhanced surveillance of all new HIV diagnoses in NSW from 1st June to 31st December 2018
- ▶ Collected more detailed information about characteristics and circumstances of those newly diagnosed in four sections:
 - ▶ Demographics
 - ▶ Sexual identity and community engagement
 - ▶ Engagement with healthcare
 - ▶ Health literacy



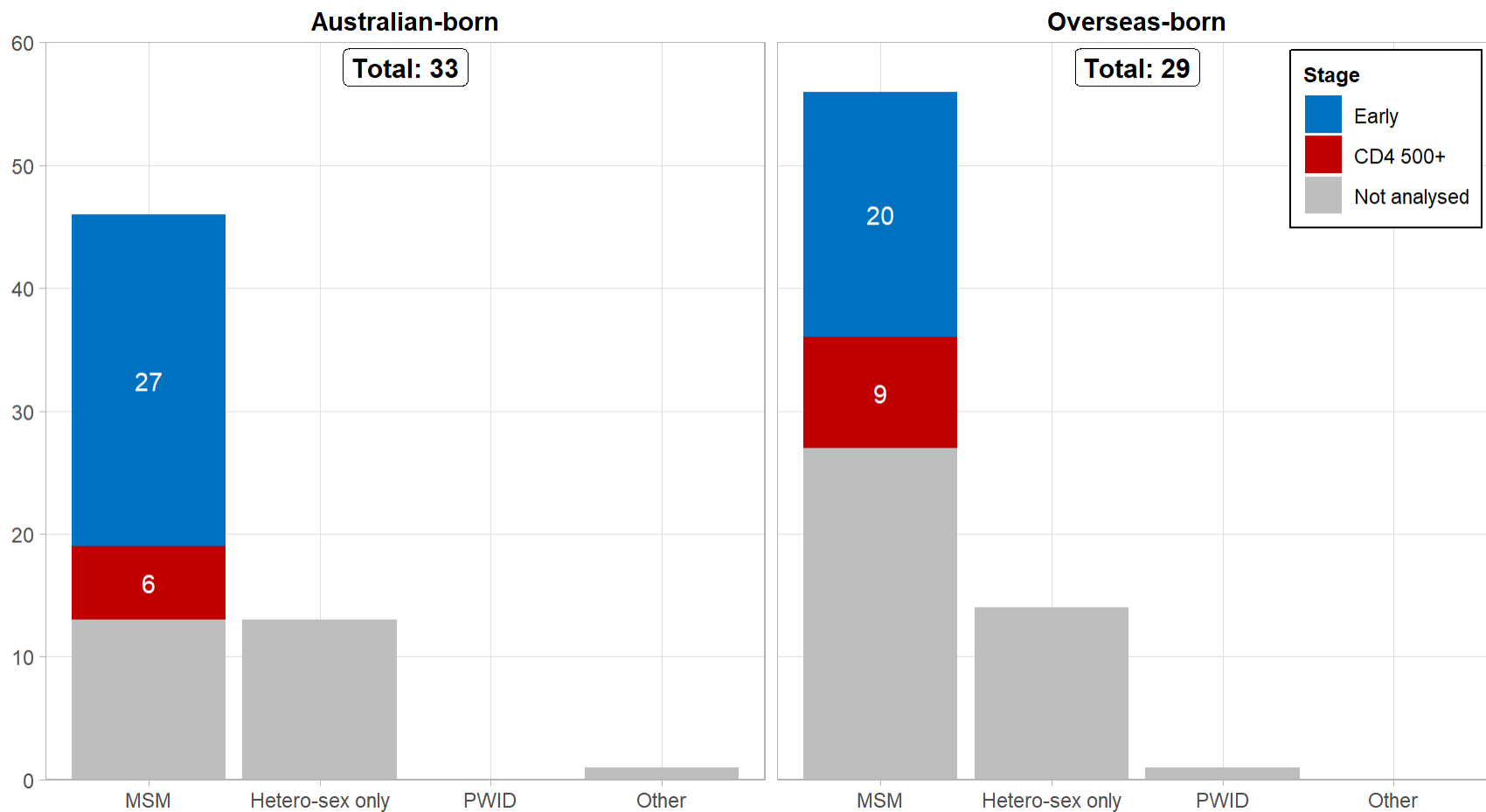
Enhanced surveillance analysis cohort

Of **170** new diagnoses, enhanced surveillance data was available for **131**

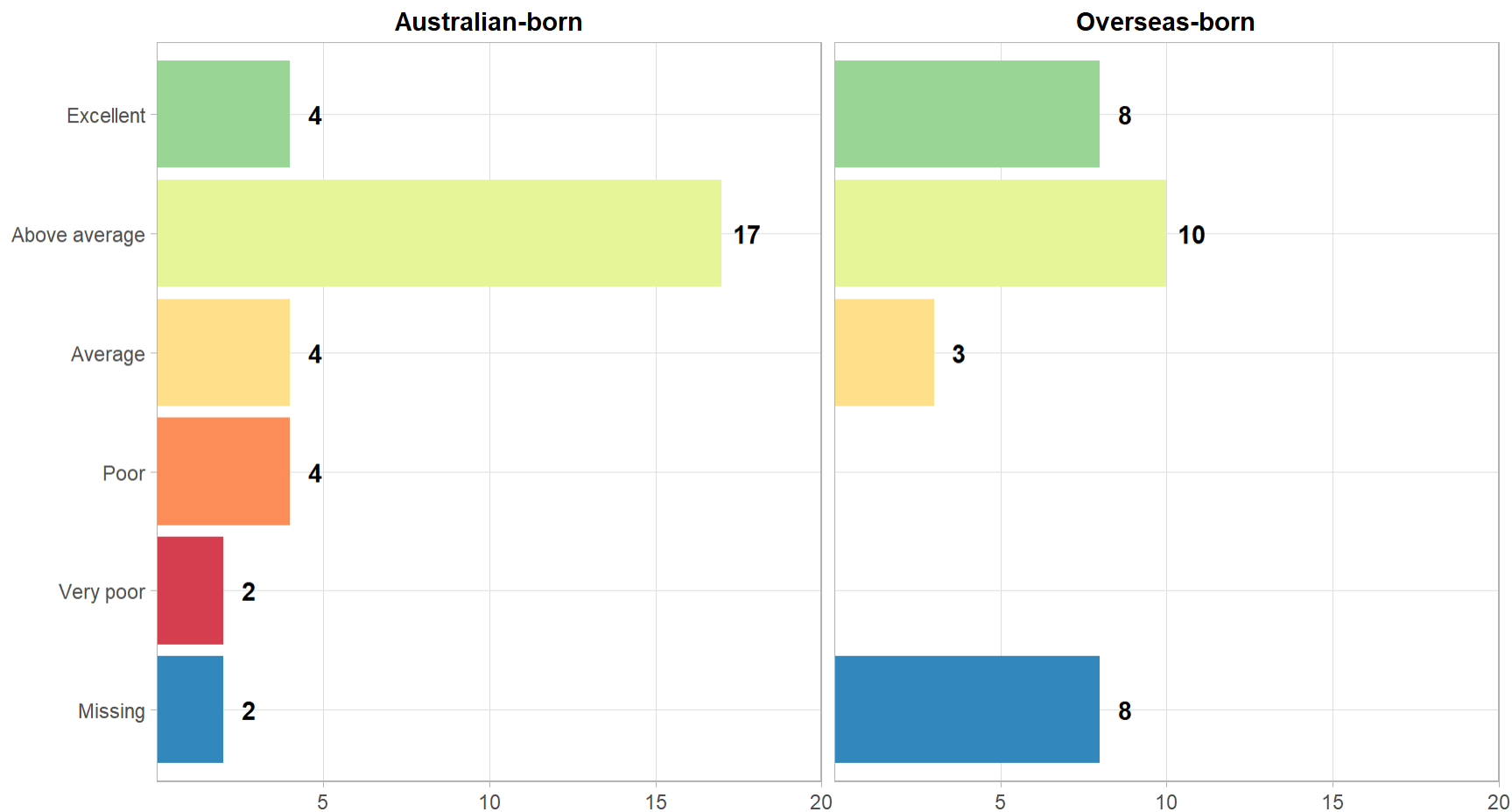


Enhanced surveillance analysis cohort

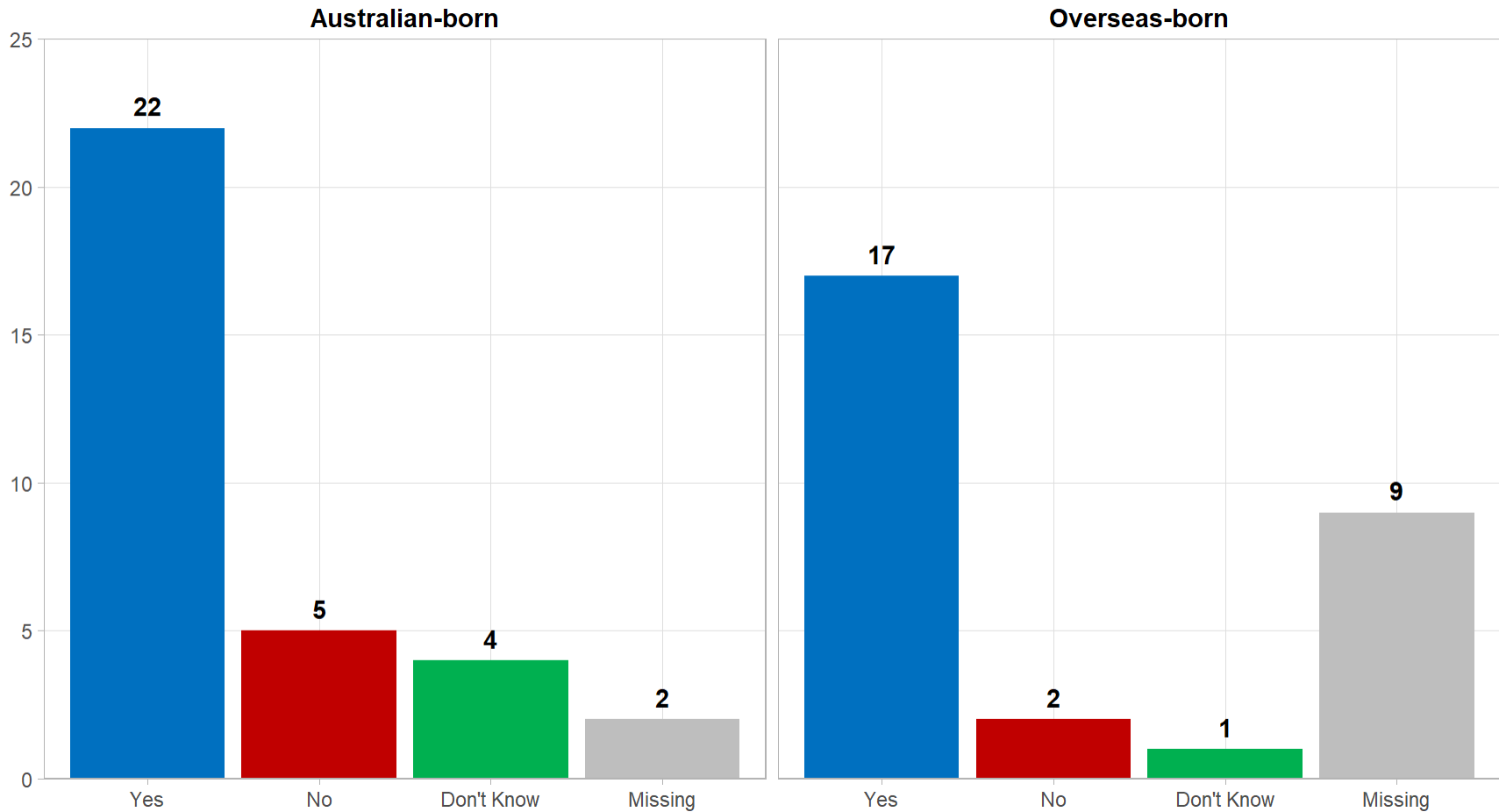
Of 102 MSM, 62 had early stage infection or CD4 count of 500+



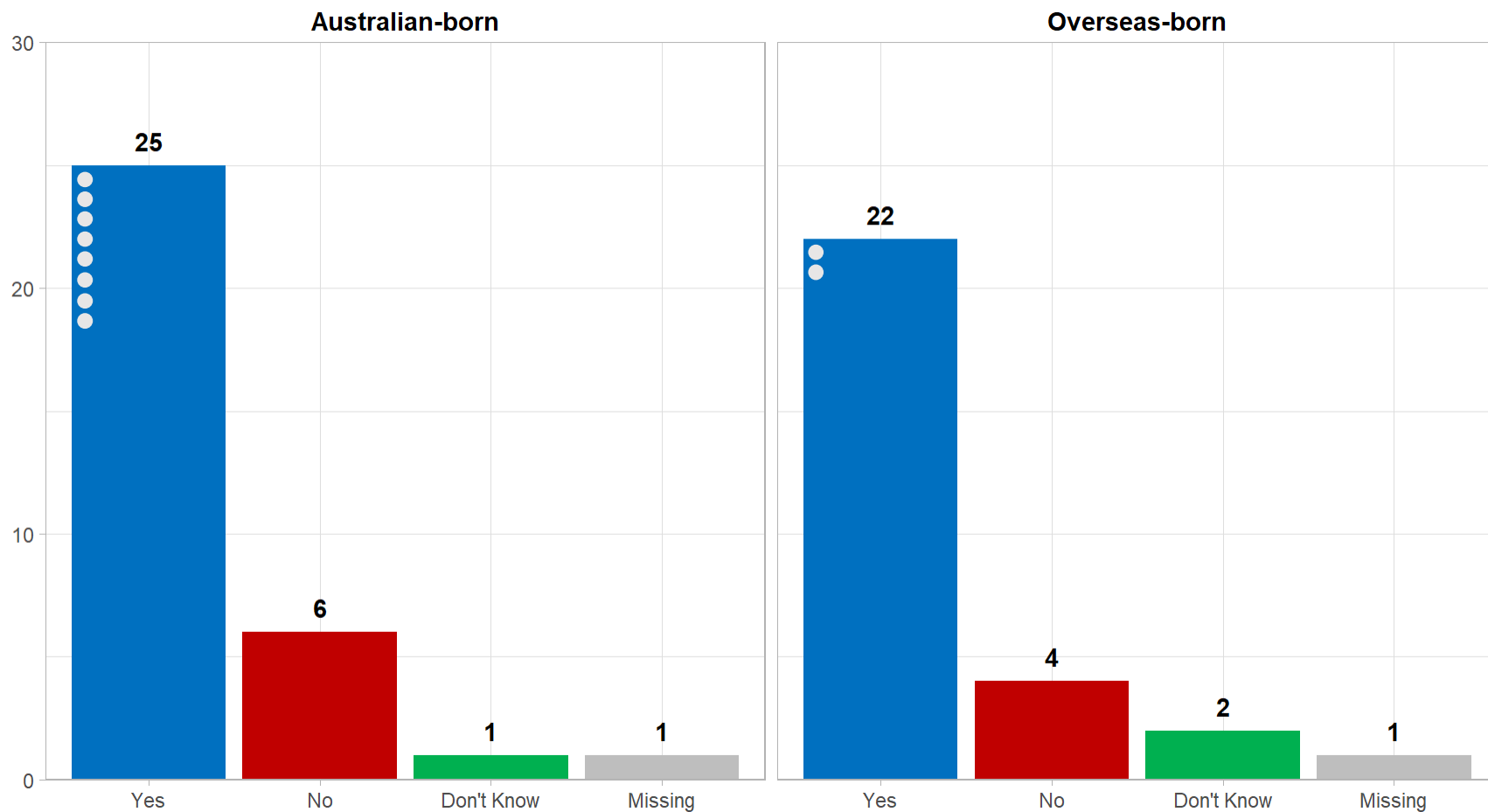
Rating of patient's understanding of HIV



Was patient aware they were at risk



If early diagnosis of HIV, was patient aware of PrEP?



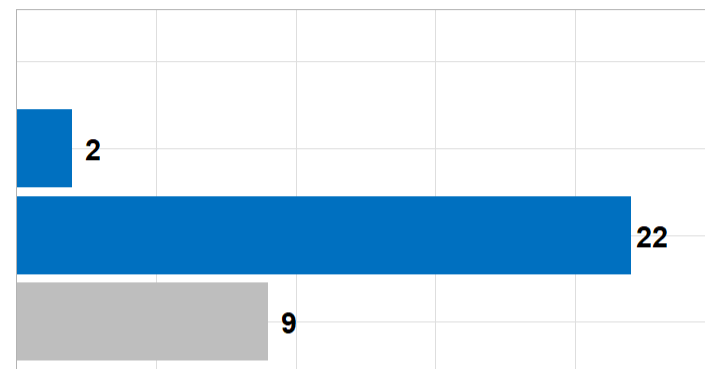
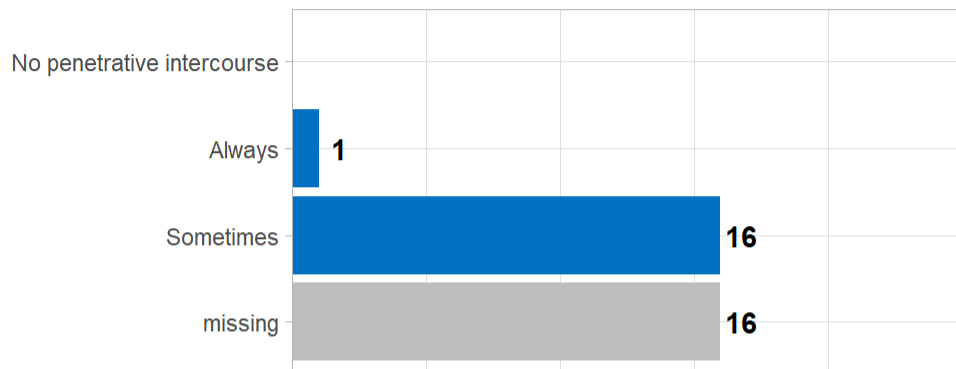
How often did the patient use condoms?

With regular partners (if applicable)

With casual partners (if applicable)

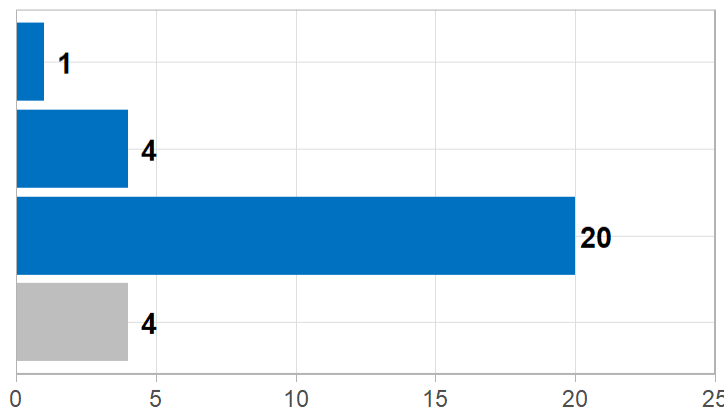
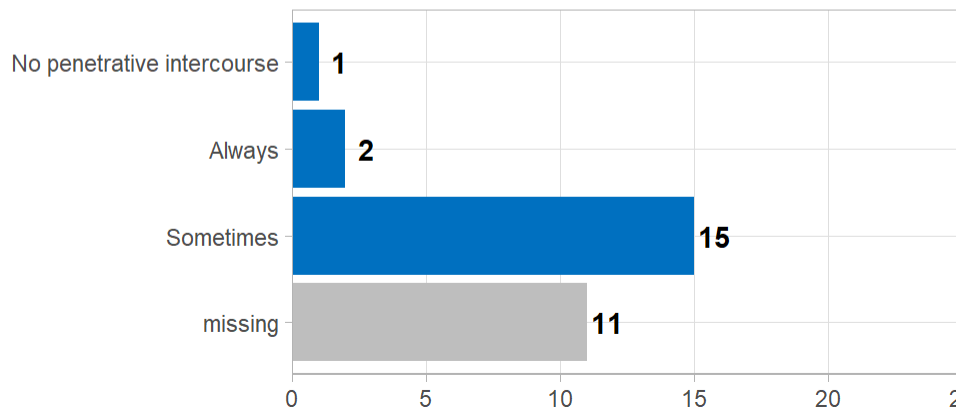
Australian-born

Australian-born

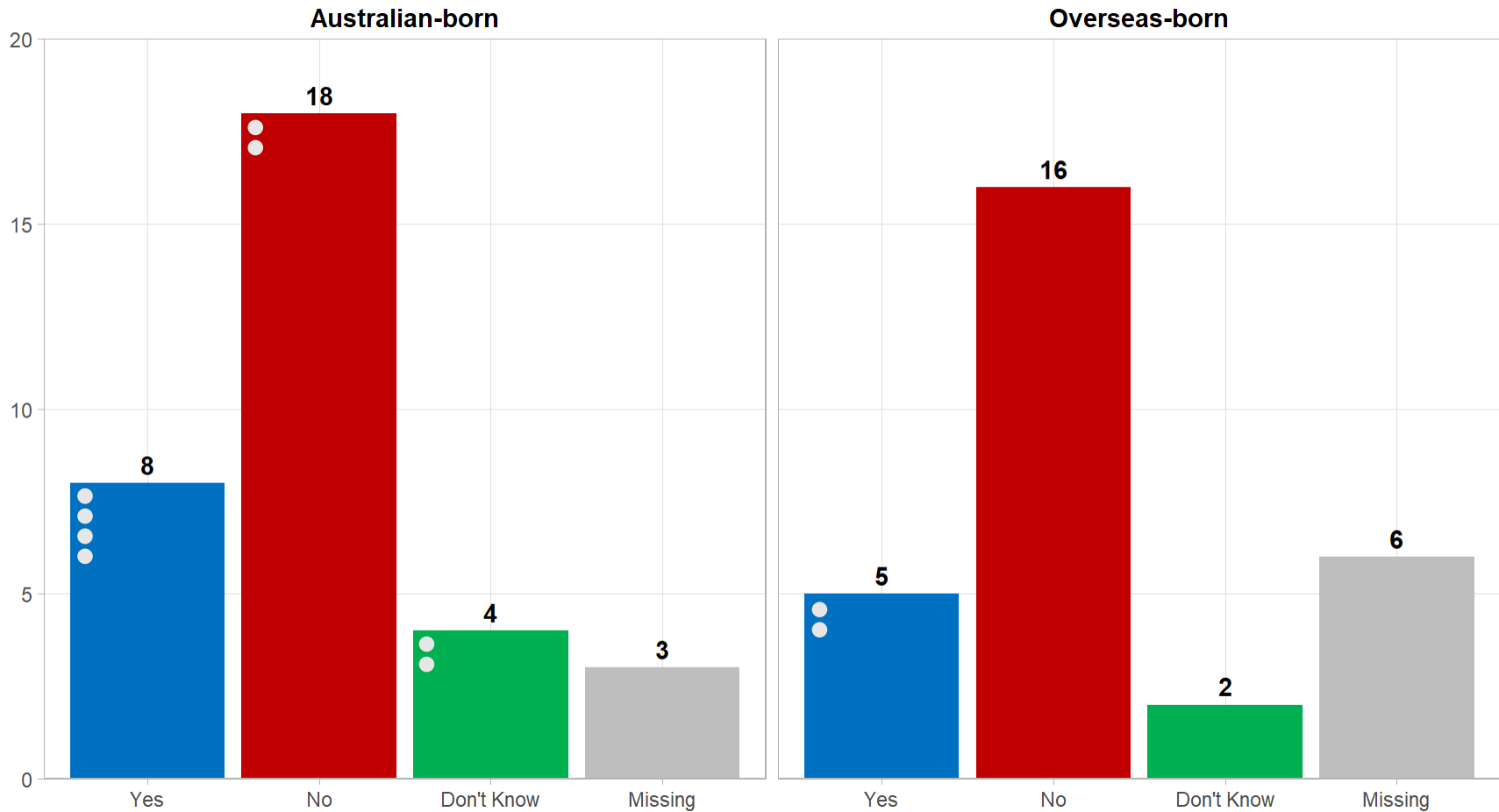


Overseas-born

Overseas-born



Did patient use other prevention strategies they thought were effective?



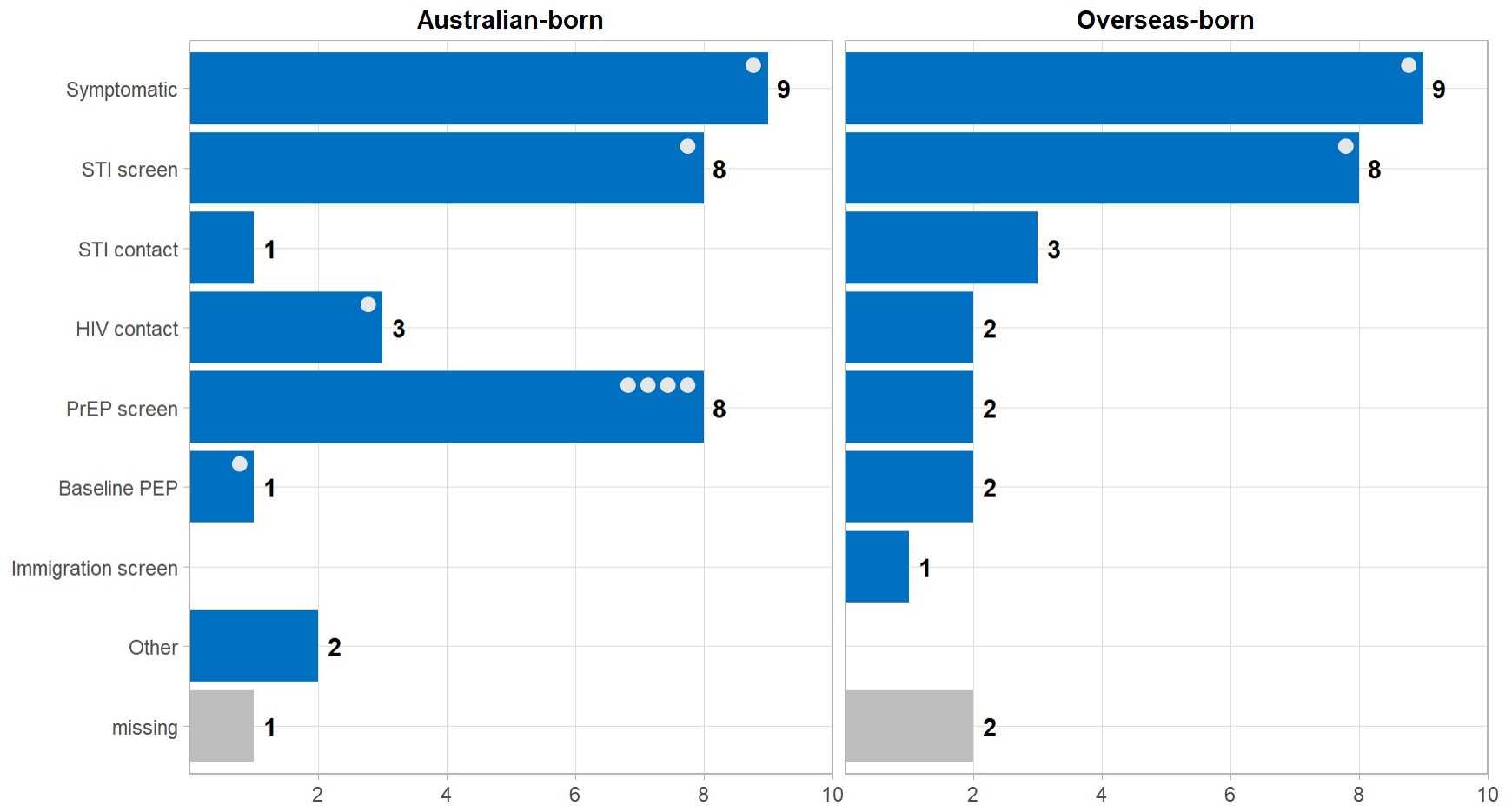
Connection with healthcare

- ▶ Of 62 MSM, 52 (**84%**) had requested a sexual health check up before their diagnosis
- ▶ Fifty-one (**82%**) had also specifically requested HIV testing before their HIV diagnosis
- ▶ Forty-three (**69%**) had contact with healthcare at least once in the 12 months before their HIV diagnosis
- ▶ Only 14 (**23%**) reported barriers accessing healthcare
 - ▶ For Australian-born, mostly cost, transport or homelessness
 - ▶ For Overseas-born, mostly Medicare ineligibility, language and cost

Most MSM newly diagnosed in NSW were connected with healthcare



Reasons for the diagnosing HIV test



Why stop PrEP or not start it?

Previous PrEP users

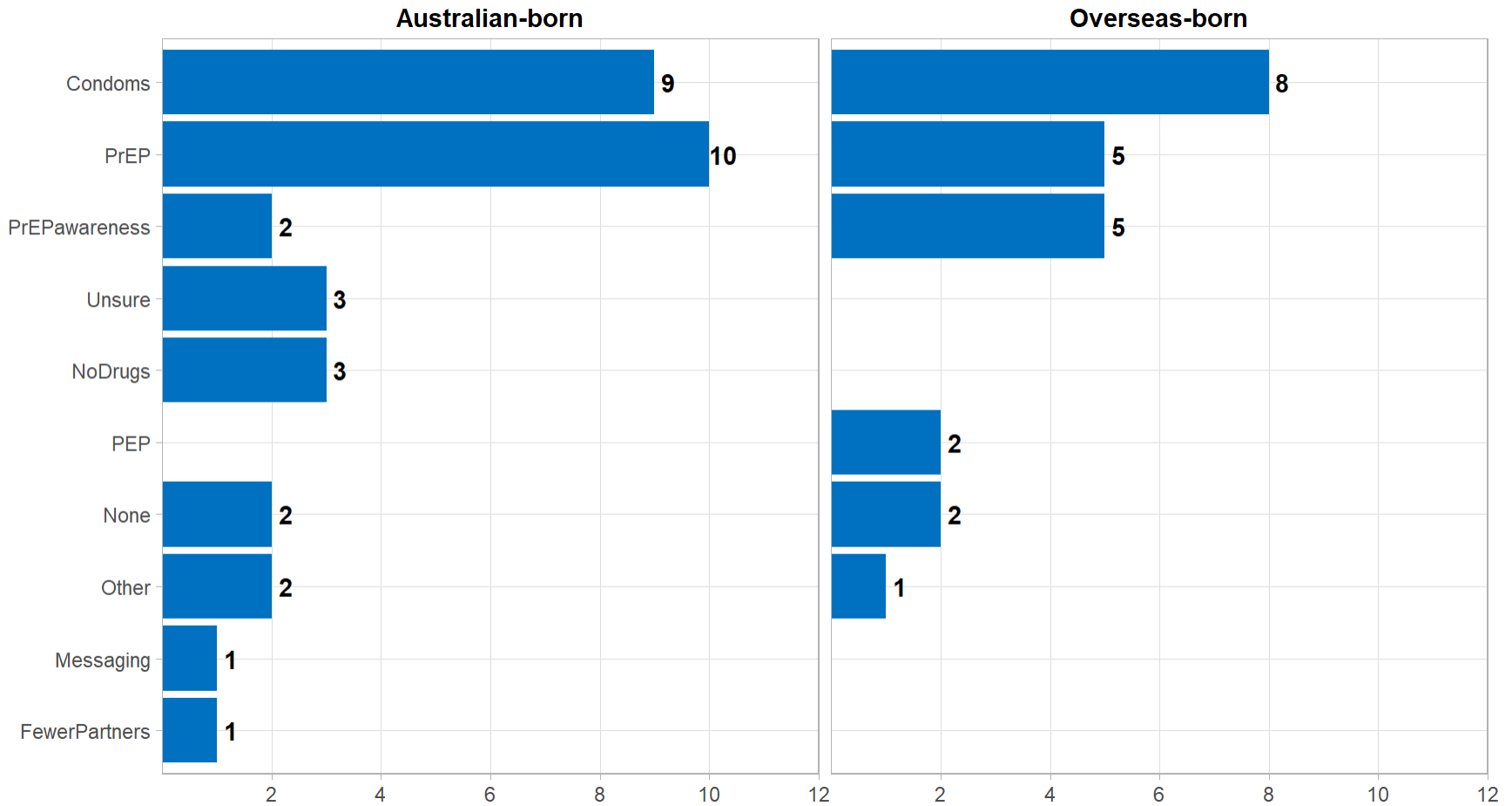
- ▶ One stopped due to side-effects
- ▶ Several stopped due to sudden changes in circumstances, one *“didn’t get around to”* filling prescription
- ▶ Unclear why some had stopped

Never used PrEP

- ▶ Using condoms, so felt they were low risk and/or didn’t need PrEP
 - ▶ *“very few condomless episodes”*
 - ▶ Note: poor and inconsistent responses to questions on condom use
- ▶ Believed they were not eligible
 - ▶ Often unclear whether this was self assessment or clinical
- ▶ Barriers
 - ▶ Overseas-born men unclear if they could access it here or how to do so



What do they think would have helped them prevent acquiring HIV



Summary

- ▶ Over three quarters of MSM with early stage infection or CD4 500+ had heard of PrEP, but only **16%** had ever used it
- ▶ Only 13 (**21%**) reported using prevention methods other than condoms when they were diagnosed
 - ▶ The few PrEP users had poor adherence, others relied on partners using PrEP
- ▶ Most had a good understanding of HIV and were aware of risk, and were connected with healthcare
- ▶ Condoms and PrEP were the main measures these men thought would have prevented their infection



Conclusions

- ▶ Altered messaging is needed
 - ▶ Further encourage ownership of one's own protection
- ▶ Further promotion of PrEP, with info about its effectiveness, how it works and how it fits in with other prevention
 - ▶ Targeted messaging for CALD people, streamlining how they can and where to access PrEP
 - ▶ On demand PrEP information, easier now with WHO and new ASHM guidelines
- ▶ High interaction with healthcare presents opportunities for education and new technologies
- ▶ Highlighted what **is** and **is not** effectively gathered through public health surveillance
 - ▶ Not feasible for long term or permanent addition to surveillance in its current state
- ▶ Now more informed and able to refine future endeavors for enhanced surveillance

