

ESTIMATING THE POPULATION OF ABORIGINAL AND/OR TORRES STRAIT ISLANDER MEN ELIGIBLE FOR HIV PRE-EXPOSURE PROPHYLAXIS

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Background: In Australia, pre-exposure prophylaxis (PrEP) for HIV was initially made available to high-risk men through a six jurisdictional implementation trials, prior to being listed on the Pharmaceutical Benefits Scheme. Concerns exist regarding the uptake of PrEP among Aboriginal and Torres Strait Islander (hereafter Aboriginal) gay and/or bisexual men (GBM) men. This study aims to quantify the number of, and demographics of, Aboriginal GBM engaged in the PrEP programs as well as to estimate the number of Aboriginal GBM nationally.

Methods: A retrospective analysis of data from six PrEP implementation trials. Baseline characteristics and demographics of Aboriginal GBM and non-Indigenous GBM within the PrEP programs were compared. In addition, using data from the Australian Census and a range of Australian sexual health surveys, we estimated the number of Aboriginal GBM nationally and subsequently an estimate of coverage of PrEP among this population.

Results: In this presentation we will discuss the characteristics of Aboriginal and non-Indigenous GBM who participated in the PrEP intervention programs. Results will be reported as percentages, means with standard deviations, or medians with ranges. Statistically significant differences will be reported. The number of Aboriginal GBM will also be presented, as well as number of Aboriginal men diagnosed with HIV over the same period.

Conclusion: To ensure that Aboriginal GBM have access to the same HIV prevention strategies as the wider gay community, it is important to have a clear understanding of the Aboriginal GBM population who engaged in the current programs, and to have good estimations of the number who would be eligible for PrEP. This information is needed to guide service delivery and develop policies relevant to GBM Aboriginal men.

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At time of writing, data is being approved for collation and analysis, with ethical approval received from four of six HREC (with two still under-review).