

# **MORE INFECTIONS BUT LESS RISK: UNPACKING THE SEXUAL HEALTH NEEDS OF MEDICARE-INELIGIBLE GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN ATTENDING MCLINIC IN PERTH, WESTERN AUSTRALIA**

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**Background:** Australian data suggests increased burden of HIV among overseas-born gay, bisexual and other men who have sex with men (GBM), raising concerns regarding access to prevention and clinical services due to Medicare-ineligibility. MClinic is a state-funded sexual health clinic providing services irrespective of Medicare eligibility. We describe demographics, sexual behaviour and HIV and STI positivity among GBM attending MClinic by Medicare eligibility.

**Methods:** Linked self-completed behavioural and HIV/STI testing data was extracted from MClinic from July 2017 to March 2019. Medicare eligibility was defined if patients were born in Australia, in a country with a reciprocal agreement, or born in any other country and residing in Australia for >3 years. Medicare-ineligible was defined as born in a country without a reciprocal agreement and residing in Australia for ≤3 years. Chi-squared tests were performed; significance <0.05.

**Results:** 5463 surveys among 2340 individuals, of which 195 (8.3%) were Medicare-ineligible, were included in the analysis. Approximately two-thirds (64.1%) of Medicare-ineligible GBM were aged ≤30 years compared to 38.5% of Medicare-eligible,  $p<0.01$ . Compared to Medicare-eligible GBM, fewer Medicare-ineligible GBM reported >10 anal sex partners in the previous six months (7.4%; 15.3%,  $p<0.01$ ), inconsistent condom use with casual partners (42.3%; 65.0%,  $p<0.01$ ) and drug use during sex (37.0%; 54.2%,  $p<0.01$ ). Reporting a previous HIV test and current pre-exposure prophylaxis (PrEP) use was also lower among Medicare-ineligible GBM; 81.5%; 88.8% ( $p<0.01$ ) and 6.6%; 26.1% ( $p<0.01$ ), respectively. Compared to Medicare-eligible GBM, positivity among Medicare-ineligible GBM was higher for HIV (2.3%; 0.1%,  $p<0.01$ ), chlamydia (10.9%; 6.9%,  $p<0.01$ ) and was comparable for syphilis ( $p=0.3$ ) and gonorrhoea ( $p=0.4$ ).

**Conclusion:** Despite fewer reporting high-risk behaviours, HIV and chlamydia positivity is higher among Medicare-ineligible GBM. Coupled with lower uptake of testing and PrEP, this highlights particular vulnerabilities among this population in Western Australia and a need for enhanced focus on service and prevention access.

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