

A SNAPSHOT OF NEW HIV DIAGNOSES AT AN INNER CITY SEXUAL HEALTH CLINIC: WHAT CAN BE LEARNT ABOUT WHERE TO TARGET HIV PREVENTION MESSAGES?



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Background

HIV prevention messages are traditionally aimed at gay men who make up the majority of new diagnoses in NSW¹. Sydney Local Health District (SLHD) which covers the inner west of Sydney has a high proportion of gay male residents² and with 78 new diagnoses in 2014, the second highest number of new HIV diagnoses in NSW¹. SLHD has three universities within the boundaries and therefore has a high number of local and international students. RPA Sexual Health (RPA SH) offers sexual health services and HIV care to the local community. The Ending HIV Campaign has promoted regular testing for those at risk of HIV³. RPA SH increased the number of HIV tests conducted by more than 50% in 2014. Contact tracing those people who have been exposed to HIV is one of the 5 key components of HIV Support programme⁴ and thus, priority is given to this task soon after diagnosis. Information on characteristics of newly HIV-diagnosed individuals and effectiveness of contact tracing could inform targeting of local health promotion campaigns.

Methods

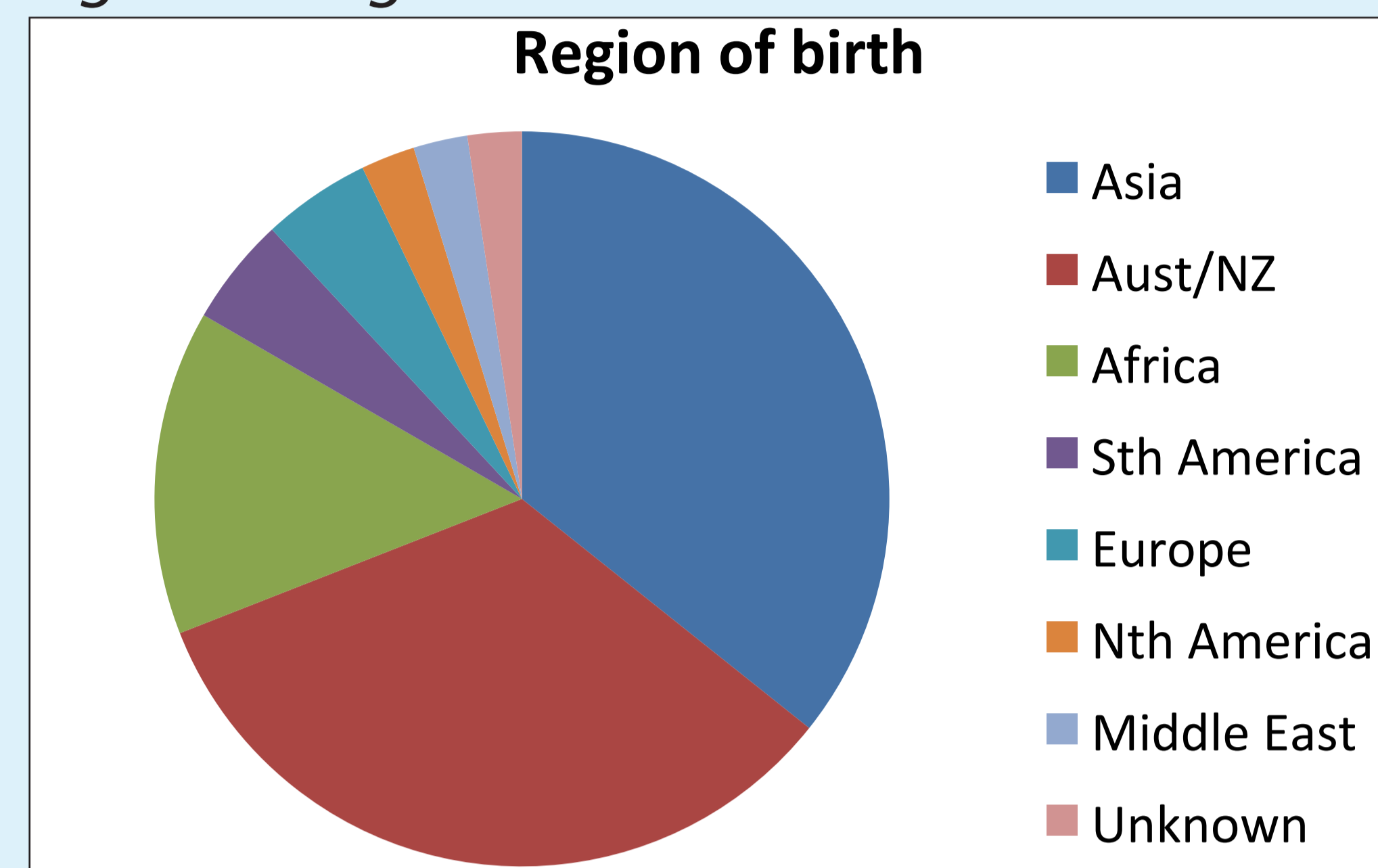
- File review of individuals attending RPA SH with newly diagnosed with HIV from Jan 2014 – July 2015
- Demographic and behavioural characteristics examined
- Results of contact tracing reviewed.

Results

Characteristics of individuals newly diagnosed with HIV in 2014/15 at RPA SH

- 42 new HIV diagnoses seen
 - 40 males, 2 females
 - Median age 33 years (range 21–62 years)
- Site of original diagnosis
 - RPA SH: 28 (67%)
 - GP/Other doctor: 12 (28%)
 - Overseas: 2 (5%)
- Most new diagnoses were overseas-born (Figure 1).
- Of the 27 people born overseas
 - 2/3 had been in Australia for less than 5 years
 - 1/3 were overseas students studying in Sydney
- Mean CD4 at diagnosis among those born overseas was significantly lower than those born in Australian or New Zealand (482/mm³ vs 641/mm³, p=0.047)

Figure 1 Region of birth



Aust: Australia, NZ: New Zealand, Sth America: South America, Nth America: North America

Behaviour Risk factors

- Of 40 male diagnoses
 - 77% reported male-to-male contact
 - 7% of whom also reported injecting drug use
 - 23% reported sex with female partners (17% had regular female partners)
 - 13% reported contact with both sexes
 - 10% reported contact with opposite sex only
- Of 2 female diagnoses: both acquired HIV heterosexually overseas.

Contact tracing

- The mean number of identified sexual contacts in the 12 months prior to diagnosis was 6 and 9 for Australian/New Zealand-born and overseas born men, respectively.
- More sexual contacts of Australian/New Zealand born men were advised of their potential HIV exposure than contacts of overseas born men (43% vs 32% p= 0.089).
- Successful tracing of named contacts was significantly poorer for Asian-born men than for Australian/New Zealand born men (27% vs 43% p= 0.020).
- 6 female partners of newly diagnosed men whose status was unknown at the time of the HIV diagnosis, all tested HIV negative.



Discussion

The Ending HIV campaign with the message to get tested is an important one leading to significant increased testing at our service. However HIV prevention is an important component in the goal to end HIV. In this small group of people newly diagnosed with HIV more than half were from difficult to reach groups for HIV prevention education: people from overseas who have been in Australia for less than 5 years and non-gay identifying men who have sex with men. Individuals from Asia had the most number of new diagnoses. There is evidence that legal and social discrimination faced by homosexuals in some Asian countries leads to an increased risk of unprotected anal sex⁵. Individuals from these countries may be more at risk of acquiring HIV when coming to Australia to live or study. Young overseas students may be particularly vulnerable. Among Chinese university students HIV knowledge and risk perception are low^{6,7}. Although widely available, condom use in China is low⁸. Overseas students have particular difficulties when they are diagnosed with HIV as they do not have Medicare and therefore cannot easily access medication and other health services.

Conclusion

Consideration should be given to developing HIV prevention education tailored to overseas students and non-gay identifying men who have sex with men.

References

1. NSW HIV Strategy 2012–2015, Annual 2014 Data Report, page 32 <http://www.health.nsw.gov.au/endinghiv/Documents/annual-2014-hiv-data-report.pdf>
2. Australian Bureau of Statistics, 2011 Census of Population and Housing, Australian Social Trends 2013 <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features10July+2013>
3. NSW Health <http://www.health.nsw.gov.au/endinghiv/Pages/default.aspx>
4. NSW Health HIV Support Programme, <http://www.health.nsw.gov.au/Infectious/hiv/pages/default.aspx>
5. Choi K, Hudes E, Stewart W et al Social discrimination, concurrent sexual partnerships and HIV risk among men who have sex with men in Shanghai, China. *AIDS Behav* 2004; 12: s71–s77
6. Zang H, Stanton B, Li X et al Perceptions and attitudes regarding sex and condom use among Chinese college students: a qualitative study. *AIDS Behav*, 2004; 8: 105–117
7. Li X, Lin C, Gao Z et al HIV/AIDS knowledge and the implications for health promotion programs among Chinese college students: geographic, gender and age differences. *Health Promot Int* 2004; 19: 345–356
8. Yang H, Li X, Stanton B Heterosexual transmission of HIV in China: a systematic review of behavioral studies in the past two decades. *Sex Transm Dis*, 2005; 32: 270–280

Disclosure of interest statement: Nothing to declare