

Title: Who attends community-based HIV testing services? Results from the Gay Community Periodic Surveys

Lee E¹, Holt M¹, de Wit J¹, Prestage G², Zablotska², Mao LM¹

¹ Centre for Social Research in Health

² Kirby Institute

WHAT IS KNOWN ALREADY

- A recent systematic review of studies suggests that community-based testing services provide a way to engage individuals who may not have contact with traditional health services, especially those in hard-to-reach groups, facilitating testing and earlier diagnosis (1)
- Since 2013, an increasing number of community-based HIV testing sites have been set up in Australia, such as M Clinic in Perth, Pronto in Melbourne and a[TEST] in Sydney, to promote HIV and STI testing among gay and bisexual men
- However little is known about who attends community-based testing services and if they differ from those who utilise traditional clinical sites.

STUDY QUESTION

To assess the socio-demographic and behavioural differences between men whose last HIV test was conducted at a community-based testing service and those at a sexual health clinic or general practice

METHOD

- Data from the 2015 Gay Community Periodic Surveys (GCPS) conducted at gay community events, venues and online in three Australian states were used
- The GCPS are repeated, cross-sectional, community-based surveys that recruit gay and other homosexually active men at gay venues, events and clinics
- Chi square tests and multivariate logistic regression were performed to examine factors associated with HIV testing at community testing sites
- 4,225 men were included in the analysis, 35.6% from New South Wales, 24.6% from Queensland, and 39.8% from Victoria

RESULTS

Table 1: Comparison of socio-demographic and behavioural practices of non-HIV-positive men whose last HIV test was either at a clinic or community-based testing site

Variables	SHC/GP based testing n (%)	Community-based testing, n (%)	P value	Adjusted OR (95%CI)	P value
Total number of non-HIV-positive men who reported HIV test in 12 months prior to survey, N	3797 (89.9)	428 (10.1)			
Age in years , M ± SD, range	34.0 ± 11.4, 16-90	33.9 ± 11.3, 16-85	NS		
Socially engaged with gay men	2593 (68.3)	303 (70.8)	NS		
Anglo-Australian background	2378 (88.1)	269 (86.8)	NS		
Australian born	2749 (72.7)	279 (65.3)	P=0.001	1.31	P<.05
Currently employed	3015 (79.6)	342 (80.1)	NS		
Tertiary education	1972 (52.1)	252 (58.9)	P=0.008	1.24	P<.05
Had more than 5 male partners in previous 6 months	1615 (42.5)	206 (48.1)	P=0.027	1.17	P=0.16
In an open/non-exclusive relationship with regular male partner (men with regular male partners)	2825 (74.4)	343 (80.1)	P=0.009	1.34	P<.05
Engaged in CAI with regular male partners in previous 6 months (men with regular male partners)	1580 (59.6)	151 (55.1)	NS		
Engaged in CAI with casual male partners in previous 6 months (men with casual male partners)	982 (36.7)	122 (36.6)	NS		
Used recreational drugs in previous 6 months	1459 (63.2)	185 (62.9)	NS		
Had more than 2 HIV tests in previous 12 months	2458 (65.5)	279 (65.3)	NS		
Tested for HIV in previous 6 months	2853 (75.1)	327 (76.4)	NS		
Tested for STI in previous 12 months	3463 (91.2)	378 (88.3)	P=0.049	0.56	P<.001

SHC = Sexual Health Centre; GP = General Practitioner; OR = odds ratio; M = mean; SD = standard deviation; CAI = condomless anal intercourse

SUMMARY ANSWER

- Community-based HIV testing services largely attract men who are demographically similar to men attending traditional clinics, although men who attend community services are more likely to be born overseas and to have a tertiary education.
- Men attending community-based services are behaviourally similar to men attending clinics, although men who attend community services report more sexual partners and are more likely to be in an open relationship.
- The lower level of STI testing among men attending community sites underlines the need to offer comprehensive screening services

REFERENCE

- Thornton, A. C., et al. "HIV testing in community settings in resource-rich countries: a systematic review of the evidence." *HIV medicine* 13.7 (2012): 416-426.