

O-14-03 Testing for human immunodeficiency virus needs paradigm shift in Australia given minimal increase between 2003 and 2013 in Melbourne, Australia.

Eric P.F.Chow,

Melbourne Sexual Health Centre, Alfred Health, 580 Swanston Street, Carlton 3053, Victoria, Australia

E-mail: echow@mshc.org.au

- Background:** Men who have sex with men (MSM) are the most affected by the human immunodeficiency virus (HIV) in Australia. Increasing the frequency of HIV testing is crucial to preventing the transmission. We investigated trends in HIV testing among MSM in Melbourne, Australia.
- Method:** A retrospective study was conducted using electronic medical records of MSM who attended Melbourne Sexual Health Centre between 2003 and 2013. Jonckheere-Terpstra tests were conducted to investigate trends over the study period in the self-reported time since the last HIV test. Factors associated with HIV testing; including year, demographic characteristics and sexual practices were examined in multivariate logistic regression analyses.
- Results:** Overall, 13,489 MSM were included in our study. Among those ever tested, the proportion who reported an HIV test in the last 12 months increased from 43.6% in 2003 to 56.9% in 2013 (adjusted ptrend = 0.030). The median time since last HIV test decreased from 19 months (interquartile range (IQR) 6-42) in 2003 to 10 months (IQR4-24) in 2013 (ptrend < 0.001). The proportion of high-risk MSM (reported unprotected anal intercourse and/or >20 partners in 12 months) who reported an HIV test in the last 12 months was unchanged (ptrend = 0.242) despite a decrease in median time (13 months (IQR5-34) in 2003 to 10 months (IQR3-22) in 2013; ptrend < 0.001). Factors associated with testing include: having more than five male partners in the last 12 months, ever engaged in sex work, younger age and being Australian born ($p < 0.050$). MSM who had sex with women were less likely to be tested ($p < 0.001$).
- Conclusion:** Despite HIV testing becoming more frequent, the magnitude of the change over the last decade is insufficient for major reductions in HIV incidence. A paradigm shift is required to remove barriers to testing through strategies such as point-of-care rapid testing or access to testing without seeing a clinician.