HIV TESTING OF HOMOSEXUAL MEN: CLINICIANS AS PART OF THE TESTING EQUATION

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Introduction High HIV testing coverage of men who have sex with men (MSM) attending clinical services has been advocated to improve early HIV detection. The proportion of MSM tested has been used as a measure of service quality. The aim of this study was to determine HIV testing rates and predictors of testing among MSM attending a sexual health service, including the impact of the treating clinician.

Methods HIV testing rates among MSM attending the Melbourne Sexual Health Centre between 2003 and 2009 for the first time were calculated for individual treating clinicians. Factors independently associated with HIV testing were determined by logistic regression. Medical records were audited to ascertain the reasons why HIV tests were not performed.

Results Overall, 78% of 4425 men were tested for HIV. Men reported a median of six male partners in the prior year with 51% reporting unprotected anal sex. Seventy six per cent of men reported a previous HIV test, performed a median of 12 months prior to their visit. HIV testing rates were higher for nurses (median 89%; range 77–95%) than doctors (median 73%; range 45–88%) with significant differences between doctors but not nurses (p < 0.001). Men were less likely to be tested if they presented with symptoms of an STI (AOR 2.7, p < 0.001) and if they saw a doctor vs a nurse (AOR 1.9, p < 0.001) independent of recent sexual risk and duration since last HIV test. Reasons for not testing included patient decline (28%) and recent testing (15%); however, no reason was documented in 59%.

Conclusions While overall HIV testing rates were high, substantial differences in testing rates between clinicians were evident. Strategies geared at optimising HIV testing need to take into account the frequency with which clinicians offer testing.