

# Sexually transmitted infection syndromes and access to sexual health service before and after the national lockdown for COVID-19 in Melbourne, Australia

## Authors:

Chow EPF<sup>1,2,3</sup>, Hocking JS<sup>3</sup>, Ong JJ<sup>1,2</sup>, Phillips TR<sup>1,2</sup>, Fairley CK<sup>1,2</sup>

<sup>1</sup> Melbourne Sexual Health Centre, Alfred Health, Melbourne, Australia

<sup>2</sup> Central Clinical School, Monash University, Melbourne, Australia

<sup>3</sup> Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Australia

## Background:

Australia introduced a national lockdown from late March to early May due to the COVID-19 pandemic, which included measures restricting travel, closure of non-essential businesses, physical distancing and stay home restrictions, which may have influenced an individual's sexual practice. We aimed to examine the reason for attending a public sexual health service and the diagnoses of sexually transmitted infection (STI) syndromes before and after lockdown in Melbourne.

## Methods:

This was a cross-sectional study conducted at the Melbourne Sexual Health Centre (MSHC) from January to June. MSHC remained open during lockdown. Incidence rate ratio (IRR) was calculated by Poisson regression to compare the number of consultations and STI diagnoses and syndromes four weeks before and after lockdown.

## Results:

The total number of consultations dropped from 4,197 to 2,431 four weeks before and after lockdown (IRR=0.58; 95%CI:0.55-0.61) with the greatest reduction in females (IRR=0.43; 95%CI:0.39-0.47), followed by males (IRR=0.65; 95%CI:0.61-0.69). However, this number began to rise after 3-4 weeks of lockdown. The number of asymptomatic screening dropped from 1,327 to 407 (IRR=0.31; 95%CI:0.27-0.34). The number of contact of infections dropped from 292 to 194 cases (IRR=0.66; 95%CI:0.55-0.80) and the number of sex work certificates issued dropped from 50 to 3 (IRR=0.06; 95%CI:0.02-0.19). Urgent cases with more mild conditions showed a marked reduction, including non-gonococcal urethritis (IRR=0.64; 95%CI: 0.52-0.80), bacterial vaginosis (IRR=0.51; 95%CI:0.38-0.69) and candidiasis (IRR 0.66; 95%CI: 0.49-0.90). Urgent cases with more severe conditions showed a less marked reduction and did not change significantly, including pelvic inflammatory disease (IRR=0.81; 95%CI:0.43-1.53), primary syphilis (IRR=0.74; 95%CI:0.37-1.47) and secondary syphilis (IRR=1.71; 95%CI:0.67-4.35).

## Conclusion:

There were significant reductions in asymptomatic screening at the beginning of lockdown but this started to rise after 3-4 weeks of lockdown. Milder STI conditions reduced more than severe conditions, suggesting healthcare seeking was influenced by the seriousness of the condition.

## Disclosure of Interest Statement:

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