

The uptake of *Trichomonas vaginalis* testing and positivity in Aboriginal Community-Controlled Health Services attendees across remote, regional, and urban Australia.

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Background: Trichomoniasis, caused by infection with *Trichomonas vaginalis* (TV), is the most common non-viral sexually transmissible infection globally and is associated with HIV transmission and poor reproductive and perinatal outcomes. However, there are no national TV testing and positivity data available. Using data from a national sentinel clinic network, we describe the epidemiology of TV testing and factors associated with positivity among Aboriginal peoples.

Methods: Data were extracted from ATLAS, a national sentinel surveillance system network representative of Aboriginal Community-Controlled Health Services in remote rural and urban settings across four jurisdictions. We obtained all clinical attendance, tests and results for TV, Chlamydia trachomatis (CT) and Neisseria gonorrhoea (NG) among Aboriginal clients aged 15-49 years from 2016-2019. Clinic attendees for each year were analysed for any TV testing and unique-individual positivity.

Results: During the study period, 53,811 unique Aboriginal attendees aged 15 to 49 years had at least one clinical contact per year on 128,117 occasions. Over the four years 24,754 (19.3%) attendees received at least one TV test (women 21.9%, men 15.8%). Most women (81.3%) and men (78.7%) who were tested during a year for CT/NG, also received TV testing. TV positivity was higher in Aboriginal women (8.4%) than men (2.6%). For women, TV positivity was highest in 15-19 year olds (9.2%), 40-49 year olds (9.7%), women living in extreme remote areas (13.8%) and areas of lowest socioeconomic index (greatest disadvantage) (8.8%). For men, TV positivity was highest in 30-39 year olds (3.9%), and men living in extreme remote areas (4.9%) and greatest disadvantage (3%).

Conclusion: This analysis confirms that Aboriginal women experience a high disease burden and that there is a need for consistent clinical guideline review, policy and programs aimed at reducing TV infections and sequelae in remote Aboriginal communities.

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