

The Adult Health Check (715) for sexual health screening within an urban Aboriginal and Torres Strait Islander Community Controlled Health Service

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Background

The Adult Health Check (AHC) is a preventative health assessment designed specifically to support the health needs of Aboriginal and Torres Strait Islander people. It can be conducted not more than once in a nine-month period. Under the AHC guidelines, a patient's medical history includes a sexual and reproductive health assessment and recommends an examination for STI (by urine or endocervical swab for chlamydia and gonorrhoea), especially for those aged from 15 to 35 years. Within Australia, notification rates of chlamydia in Aboriginal and Torres Strait Islander people are reported at a much higher rate than non-Indigenous Australians¹. There is still a stigma associated with these conditions, which is particularly true for young Indigenous people who may be embarrassed to discuss their sexual activity with a healthcare provider². One way to reduce the stigma associated with STIs is to embed testing into routine care including the AHC.

Aim

The aim of this study is to gain an understanding of the uptake of chlamydia testing within the Adult Health Check (715) in an urban Aboriginal and Torres Strait Islander community health service.

Methods

Via the ATLAS network (which is a sentinel surveillance network for sexually transmissible infections and blood-borne viruses in Aboriginal and Torres Strait Islander primary care services across Australia³), de-identified electronic medical record (EMR) data from 2016-2019, relating to STI testing, treatment and management as well as AHC (715) data were extracted from an urban Community Controlled Health Service. Data included gender, age, Indigenous status, consultation date, chlamydia and gonorrhoea testing, positivity and AHC status.

Results

Table 1 shows a slow decline in female clients being tested for chlamydia via AHC over the four-year period between 2016-2019 while testing rates for males were more stable. 2018 seems to be an exception with a higher proportion of males than females being offered a chlamydia test during this period. Table 2 shows that a higher proportion of females are being tested outside of the AHC compared to males.

Table 1: Chlamydia Testing Rates for Clients within the AHC by Gender for 15-29yrs 2016-2019

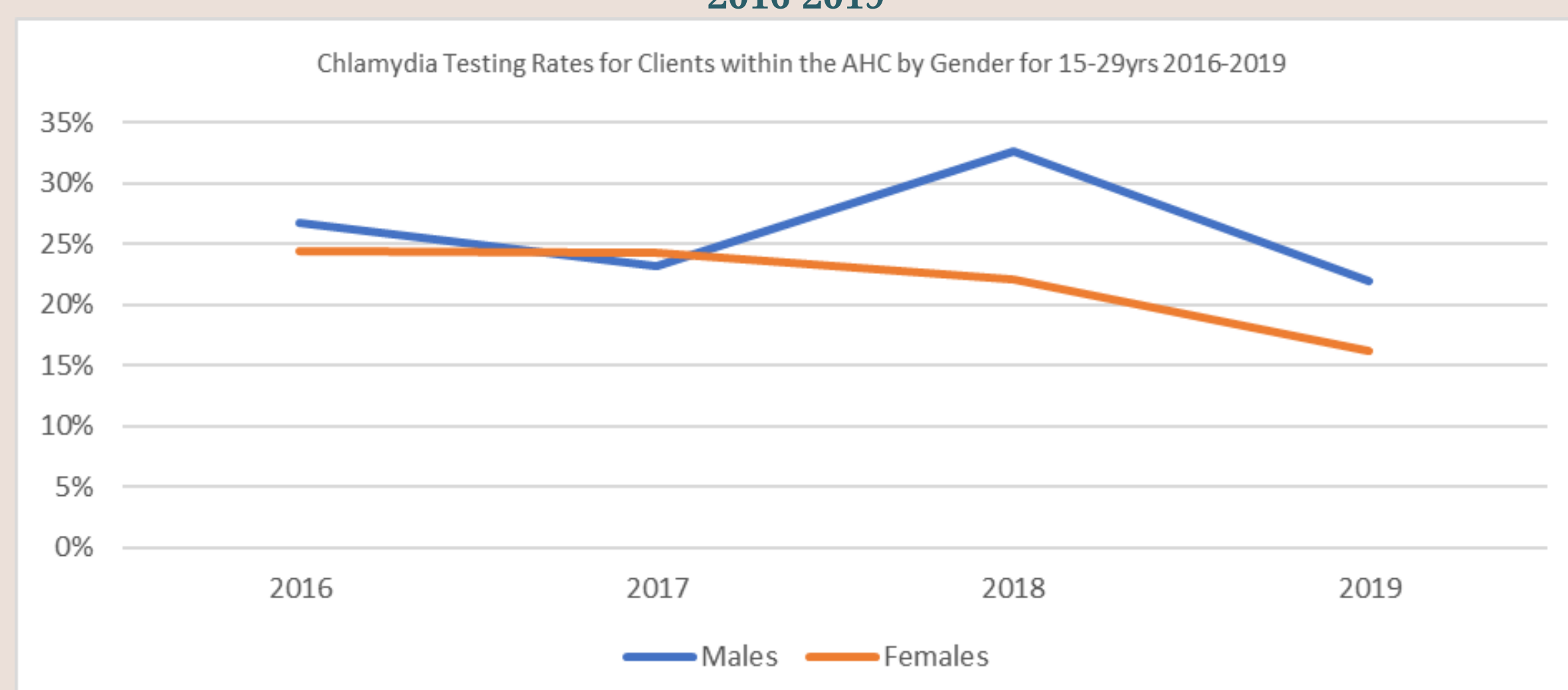
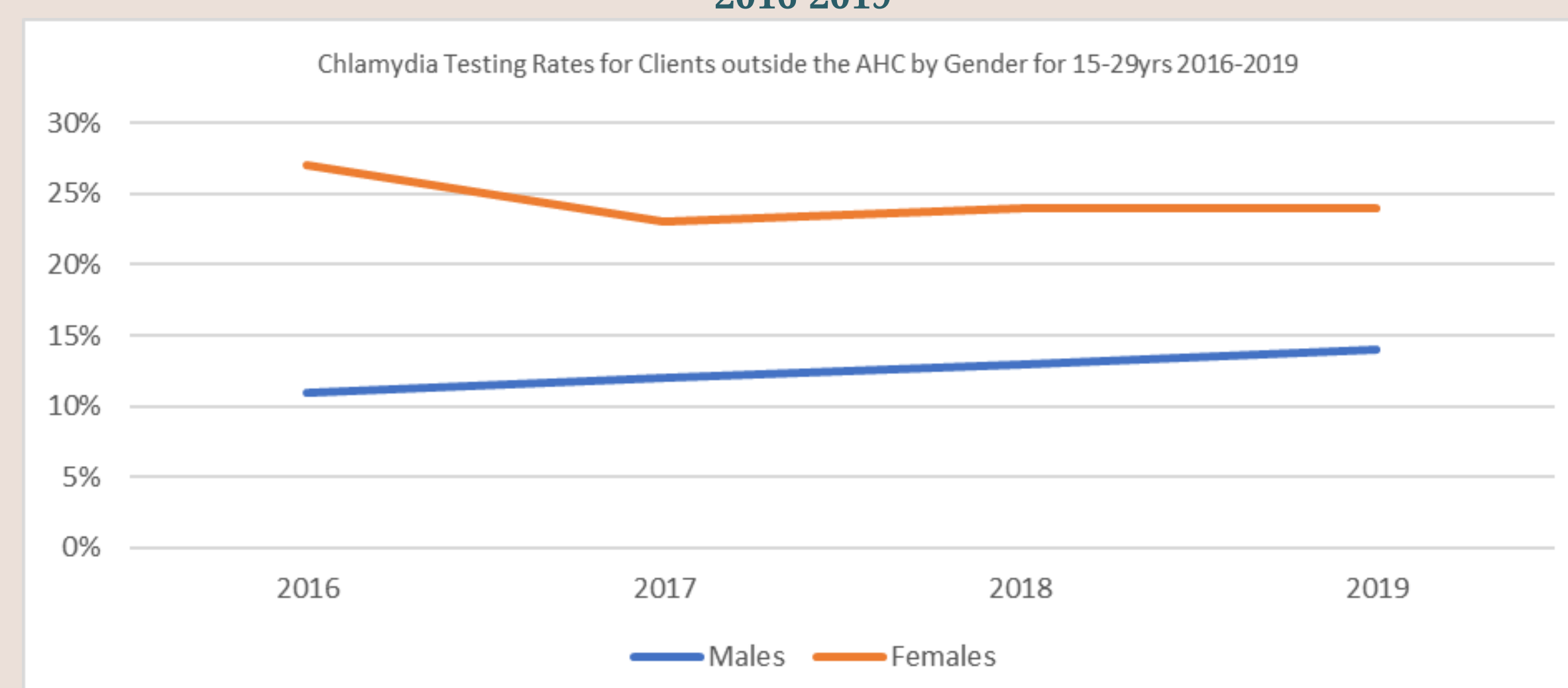


Table 2: Chlamydia Testing Rates for Clients outside the AHC by Gender for 15-29yrs 2016-2019



NB: "outside of the AHC" refers to patients not testing within the AHC but for another reason.

Table 3: Chlamydia Testing and Diagnosis Cascade for males 15-29yrs 2016-2019

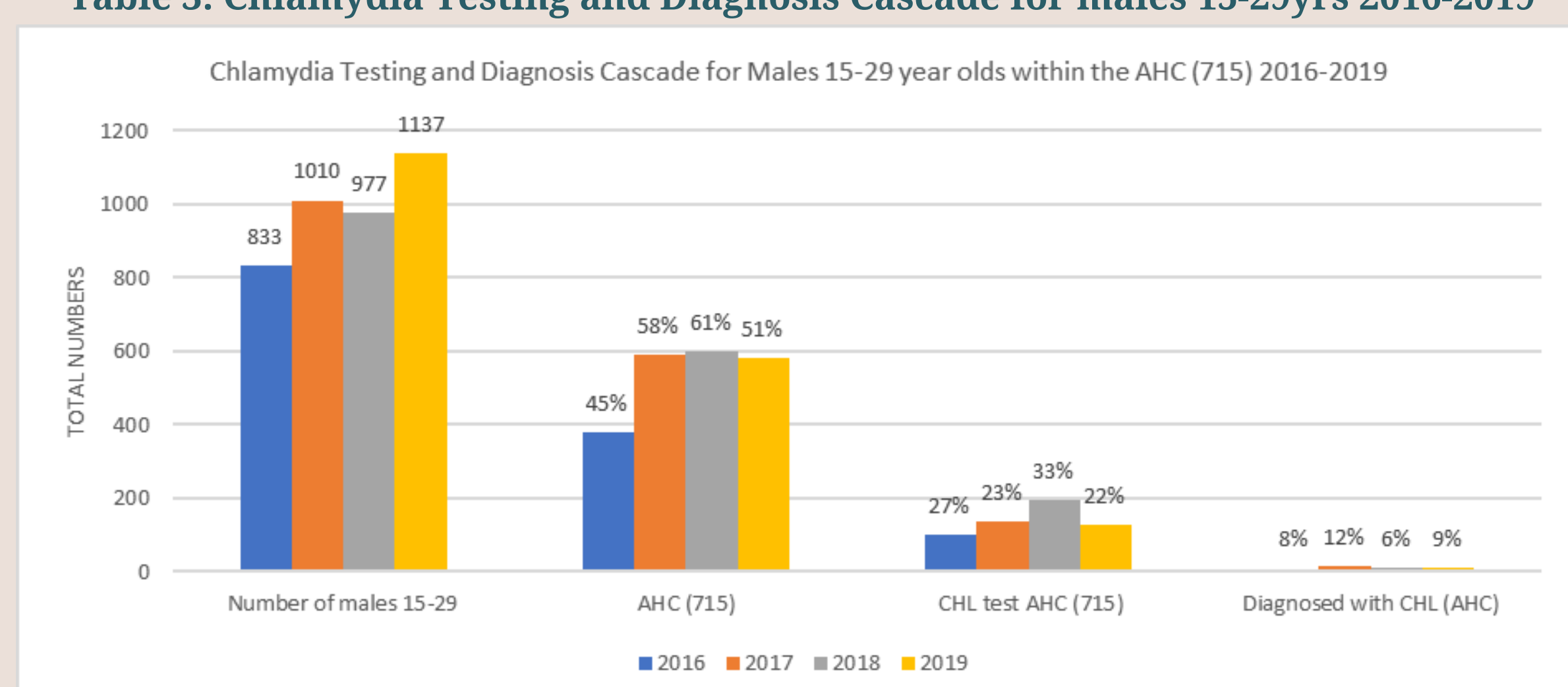
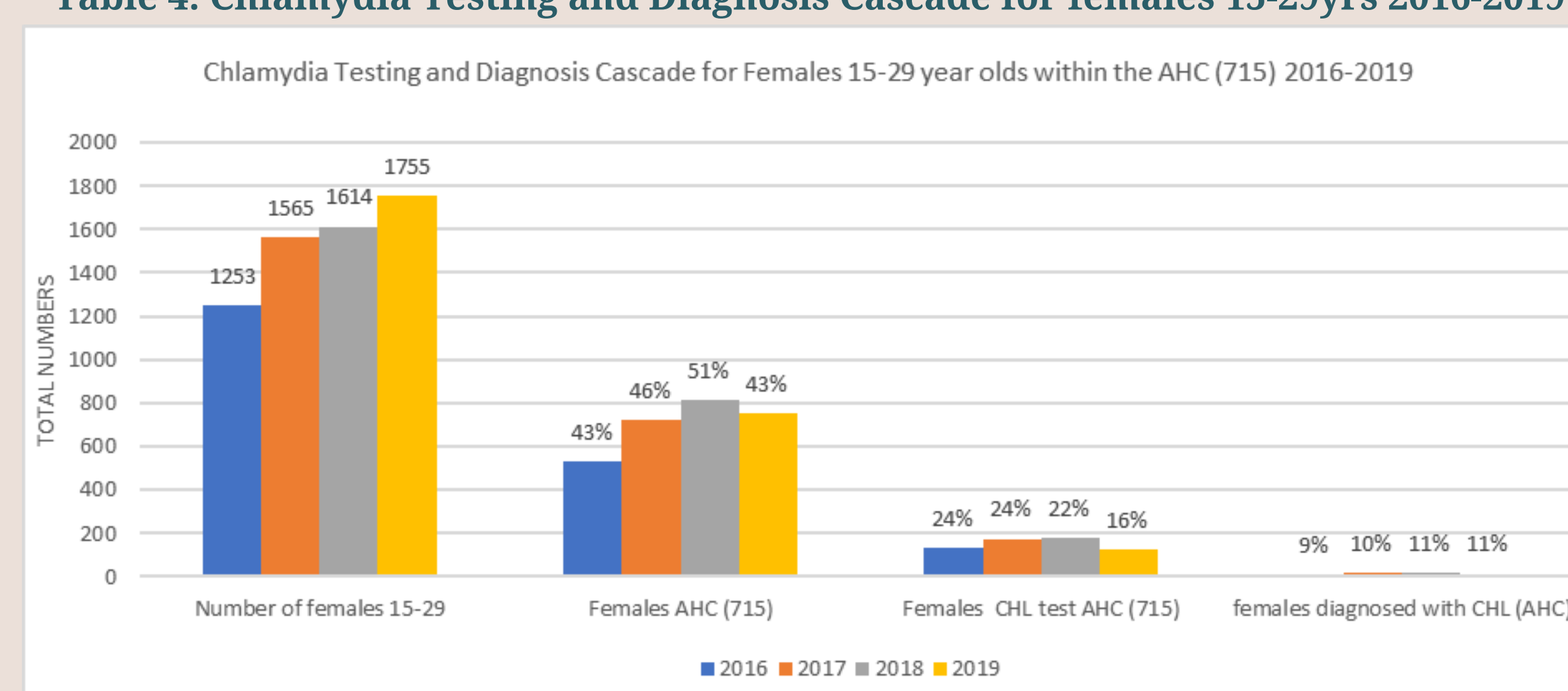


Table 4: Chlamydia Testing and Diagnosis Cascade for females 15-29yrs 2016-2019



National guidelines recommended that all 15-29-year-olds should be offered an STI test once a year. Despite the availability of the AHC to facilitate such testing, the reality is that only a quarter to a fifth of 15-29-year-olds are being tested within the AHC. Chlamydia testing outside of the AHC shows the proportion of males being offered a test is even less than within the AHC. However, females' testing rates outside the AHC are higher compared to chlamydia testing within the AHC.

This would suggest that the AHC presents an ideal opportunity to deliver STI testing for males whereas access to testing would appear to be more available beyond the AHC for females. The higher rate of women tested outside the AHC may be an indication of opportunities presented to women through other programs such as cervical screening and antenatal care.

Conclusion

The benefits of normalising chlamydia and other STI testing within a wider array of tests that are included in the AHC will assist to demystify the stigma that surrounds sexual health and contribute to the long-term sustainability of STI screening through primary care.

References

1. Kirby Institute (2018). HIV, viral hepatitis and sexually transmissible infections in Australia: annual surveillance report 2018. UNSW Sydney, Kirby Institute.
2. Ubrihien, A., Gwynne, K., & Lewis, D. A. (2022). Barriers and enablers for young Aboriginal people in accessing public sexual health services: A mixed method systematic review. *International Journal of STD & AIDS*, 33(6), 559-569.
3. Bradley, C., Hengel, B., Crawford, K. et al. Establishment of a sentinel surveillance network for sexually transmissible infections and blood borne viruses in Aboriginal primary care services across Australia: the ATLAS project. *BMC Health Serv Res* 20, 769 (2020). <https://doi.org/10.1186/s12913-020-05388-y>