

# Increasing syphilis testing among women after switching from an opt-in to opt-out testing strategy in an urban Australian sexual health clinic

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## Background:

In response to rising syphilis infections, diagnosed among Victorian women, the Melbourne Sexual Health Centre (MSHC) implemented an opt-out syphilis test for women in December 2017. This study aims to describe the differences in syphilis testing uptake among women after switching from an opt-in to an opt-out testing strategy.

## Methods:

This was a retrospective study examining all women attending the MSHC for the first time between 2015 and 2020. Data were stratified into periods of opt-in (2015-2017) and opt-out (2018-2020) testing. We calculated the proportion of women who tested for syphilis in each period. Urogenital chlamydia testing was used as a proxy indicator of sexual risk. Multivariable logistic regression was performed to identify factors associated with syphilis testing in the opt-out period.

## Results:

The proportion of women who were tested for syphilis and urogenital chlamydia at their first consultation increased from 55.9% (6,676/11,949) in the opt-in period to 71.8% (9,515/13,254) in the opt-out period ( $p < 0.001$ ). There was no significant difference in syphilis positivity between the two periods (0.64% [43/6676] in the opt-in period vs 0.87% [84/9515] in the opt-out period,  $p = 0.090$ ). Multivariable analysis showed that pregnant women (aOR=1.45, 95% CI: 1.32-1.58), and women with a casual sexual partner in the past 12 months (aOR=1.34, 95% CI: 1.13-1.59) were more likely to be tested for syphilis during the opt-out period. Conversely, women aged 16-24 years old (aOR=0.60, 95% CI 0.46-0.77), and women who engaged in condomless sex (aOR=0.85, 95% CI: 0.75-0.97) were less likely to be tested for syphilis during the opt-out period.

## Conclusion:

The proportion of women tested for syphilis increased during the opt-out testing period. Further studies are required to understand why young women and those reporting condomless sex are more likely to opt-out for syphilis testing. Health education and awareness may be required to improve syphilis testing uptake.

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