

SEXUAL HEALTH SERVICE ADAPTATIONS TO THE CORONAVIRUS DISEASE 2019 (COVID-19) PANDEMIC IN AUSTRALIA: A NATIONWIDE ONLINE SURVEY

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Background:

We aimed to explore the changes public sexual health services across Australia made during the lockdown (March-May 2020) due to coronavirus disease 2019 (COVID-19).

Methods:

From July-August 2020, we emailed a link to an online survey to 21 sexual health clinic directors/managers who were part of the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Sexually Transmissible Infections and Blood-borne Viruses (ACCESS) network.

Results:

Of 16 sexual health clinics that responded, all remained open and reported service changes during the lockdown. Walk-in service was suspended in 7 clinics during the lockdown.

Some clinics did not offer asymptomatic screening for heterosexuals (n=9), men who have sex with men (MSM) (n=3), or transgender persons (n=2) during lockdown.

Most clinics offered a mix of telehealth and face-to-face consultations for asymptomatic MSM (n=8), asymptomatic transgender persons (n=8), post-exposure prophylaxis (PEP) prescription (n=9) or to initiate pre-exposure prophylaxis (PrEP) (n=11). Contacts of sexually transmitted infections (STIs) were offered face-to-face and telehealth consultations as were people attending with STI symptoms across all clinics. Seven clinics suspended test of cure consultations and three clinics suspended vaccinations for people not living with HIV. Fifteen clinics reported delays

in testing and 11 reported limitations in testing during lockdown; of which seven clinics reported delays only in NAAT results including *Mycoplasma genitalium* (but not chlamydia/gonorrhoea). Most clinics changed to phone consultations for HIV medication refill (n=12), and faxed (n=11) or mailed (n=10) prescriptions. Nine clinics offered longer prescriptions. Eight clinics had a reduction in total number of full-time equivalent (FTE) clinical nurses, from 63.2 to 37.1 FTE. Eleven clinics had staff redeployed to other sites during lockdown.

Conclusion:

Sexual health clinics across Australia during lockdown had changes to service delivery, reductions in asymptomatic patients screened, limitations and delays in testing, reduction in FTE nurses, among others, all of which will impair STI services' ability to reduce community STI transmission.