

# Remote Aboriginal-led primary care services integrate testing for sexually transmitted infections into comprehensive annual preventive health assessments in regions with highest prevalence

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## Background:

The multi-jurisdictional response to the syphilis outbreak affecting remote Aboriginal communities includes priority actions to increase testing. Annual health assessments incentivised for Aboriginal and Torres Strait Islander people under Medicare Item 715 provide an opportunity for routine STI testing in primary care. We examined integration and completeness of STI testing within health assessments for Aboriginal and Torres Strait Islander young people aged 16–29 years in Aboriginal Community Controlled Health Services.

## Methods:

Using routinely collected electronic medical record data from a national sentinel surveillance system (ATLAS), we performed a cross-sectional analysis to calculate the proportion of health assessments (2018 – 2020) that integrated tests for any or all of chlamydia, gonorrhoea, syphilis, and HIV. We used logistic regression to assess correlations between integration and socio-demographics.

## Results:

Of 13,892 health assessments conducted between 2018-2020, 23.9% integrated a test for any STI and 11.5% integrated all four. Of health assessments that included a chlamydia test, the proportion that also included a syphilis test increased in very remote regions between 2018 and 2019 (from 76.83% to 85.89%) with no change in remote, regional, or metropolitan regions. Integration was associated with patient aged 20–24 years (OR 1.23, 95%CI 1.13-1.38) and 25–29 years (OR 1.13, 95%CI 1.02-1.23) compared to 16–19 years, and patient residing in very remote (OR 4.17, 95%CI 3.65-4.77), remote (OR 2.44 95%CI 2.13-2.8) and regional areas (OR 2.51, 95%CI 2.15-2.8) compared to metropolitan. There was no association with patient sex.

## Conclusion:

Integration of STI testing into health assessments is higher in regions where disease burden is greatest. Increased testing in very remote regions reflects targeted impact of health promotion and other components of the multi-jurisdictional syphilis response. While most studies have found higher testing among women, integration of testing into health assessments is similar for men and women.

## Disclosure of Interest Statement:

None