

# Initiatives to improve sex worker access to STI screening in Sydney Local Health District



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## Introduction

Two new initiatives were introduced at RPA Sexual Health (RPA SH) for female sex workers:

- 1) A six-monthly SMS recall system (July 2014)
- 2) Parlour-based testing (July 2015)



## Background

- 1) SMS recalls can double the rate of retesting for sexually transmitted infections (STIs) and HIV among gay and bisexual men<sup>1</sup>, but there are no published studies into the efficacy of SMS recalls in improving STI and HIV re-testing rates among female sex workers. An opt-out SMS recall system was introduced at RPA SHC in July 2014 using the recall capacity of the Specialised Health Information Programme (SHIP). The generic recall message that was already in use for gay and bisexual men was adopted (see graphic above). The social worker responsible for management of the parlour-outreach programme reviews new female sex worker attendance every six months and manually enters the recall message into SHIP where SMS consent has been given.
- 2) A local 2013 survey found high levels of interest in parlour-based testing.<sup>2</sup> One UK study reported a 43% participation rate amongst female sex workers offered STI screening on outreach.<sup>3</sup> There is a lack of published data on the popularity of parlour-based testing in the Australian context. Parlour-based testing at RPA SH is an add-on to the existing parlour-outreach program.

## Aim

- To assess the impact of these two initiatives on STI and HIV testing among female sex workers.

## Methods

- 1) An analysis of variance compared STI and HIV testing frequency among female patients reporting sex work between two 18-month periods.

### Period 1 (pre SMS reminder):

January 2013-June 2014

### Period 2 (post SMS reminder):

July 2014-December 2015

Data extracted from the Australian Collaboration for Co-ordinated Enhanced Sentinel Surveillance of Sexually Transmitted Infections and Blood Borne Viruses (ACCESS) were provided by The Kirby Institute, University of NSW, Sydney.

- 2) A review of the STI results of female sex workers who accessed outreach testing between July 2015 and May 2016.

## Results

Testing uptake and positivity amongst female sex workers attending RPA SH 2013-2015

	Definition	Period 1	Period 2	p
<b>Number clients</b>	Female patients reporting sex work in the previous 12 months	151	191	--
<b>Median age</b>	Youngest age in each period	28	27	0.4
<b>Testing uptake:</b>	Proportion of attending patients tested at least once per period			
Chlamydia/ Gonorrhoea		141 (93%)	184 (96%)	0.2
Infectious syphilis		124 (82%)	170 (89%)	0.07
HIV*		125 (84%)	169 (89%)	0.2
'Comprehensive screen'***		122 (81%)	169 (89%)	0.05
<b>Average number of tests</b>	Number of tests per patient per period, discounting tests within the same week			
Chlamydia/ Gonorrhoea		1.84	1.98	0.4
Infectious syphilis		1.48	1.72	0.1
HIV		1.47	1.67	0.1
'Comprehensive screen'***		1.43	1.65	0.2
<b>Test positivity:</b>	Proportion of unique patients tested per period with a diagnosis			
Chlamydia (any site)		9 (6%)	11 (6%)	0.9
Gonorrhoea (any site)		11 (8%)	6 (3%)	0.07
Infectious syphilis		--	1 (1%)	0.4

\*Excluding patients known to be HIV positive

\*\*At least one test for chlamydia, gonorrhoea, syphilis and HIV (among patients not known to be positive)

### Participation in parlour-based testing:

- 5/27(18.5%) of female sex workers present during outreach visits accepted parlour-based screening.
- 2 Thai
- 3 Other
- Median age 45.5 years (range 35-56 years)
- All tests were negative for chlamydia and gonorrhoea

## Discussion

### 1) SMS reminders

- The number of female sex workers having comprehensive screens increased in Period 2 with borderline significance
- The decline in gonorrhoea positivity approached significance. However, the sample size was too small to be conclusive.
- Re-testing among this sample was already high
- This is consistent with evidence of high testing rates among sex workers in Australia<sup>4</sup>

### 2) Parlour-based testing

- Chlamydia and gonorrhoea testing was offered only in parlours where English was spoken as no Thai or Cantonese/Mandarin speaking staff were available to obtain consent in non-English speaking parlours. It is possible there may have been increased uptake in parlours where English is not spoken because of language barriers to accessing mainstream services.
- The majority of sex workers who declined testing stated they had recently attended a GP or sexual health clinic. This supports results of the 2013 survey, when 32/47(68.1%) participants reported having HIV and STI screening in the previous 6 months.<sup>2</sup>

## Conclusion

There is no evidence that these interventions had a significant impact on testing and re-testing rates among female sex workers to date. However, they are resource-efficient, and therefore likely to continue. Staff from RPA SH can go on incorporating STI screening into the existing parlour-outreach program, and the SMS recalls require only a few hours of administrative work every six months.

The findings described above highlight the challenges in increasing testing among an already high testing population. This evaluation could be repeated with a larger sample size.

### References:

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4. Callander D, et al: Sex Worker Health Surveillance: a report to the New South Wales Ministry of Health. 2015. Sydney, NSW, Kirby Institute, University of NSW.