

Sex worker outreach screening in Western Sydney: Early identification of a high- risk population.

Aims

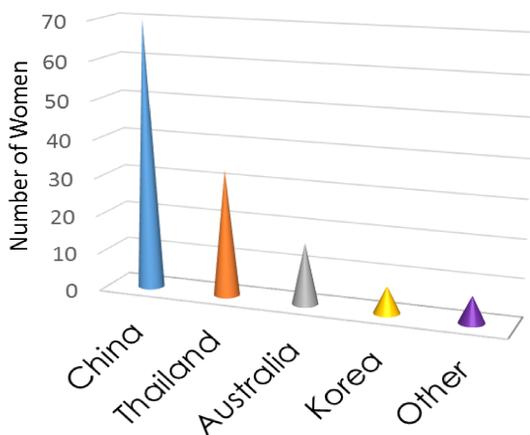
The Western Sydney Local Health District (WSLHD) serves a culturally and linguistically diverse (CALD) population. Sex workers (SW) from this community may not access health care facilities or be aware of sexually transmitted infection (STI) prevention strategies. We describe a Western Sydney Sexual Health Centre (WSSHC) tailored outreach project aimed at increasing access to screening for sexually transmitted infection (STI) and blood borne viruses (BBV) in female sex workers in Western Sydney.

Methods

WSSHC registered nurses (RNs) and a Mandarin speaking multicultural health care worker (HCW) visited parlours in Western Sydney once per week from July 2014-March 2015. Outreach consisted of self-collected sexual health histories in both Mandarin and English. Screening for STIs and BBV were offered. Throat swab, self collected vaginal and anal swabs were tested for chlamydia and gonorrhoea using molecular assays. Serological investigations were undertaken for HIV, Hepatitis B and syphilis. Testing processes and STI prevention information were translated by the Mandarin speaking HCW.

- 38/133 (28.6%) screens were for new clients to our service.
- At 14/133 (10.5%) screening visits, SWs denied previous HIV testing.
- 30/133 (22.4%) screens were performed on SWs that had been in Australia for < 12 months.
- SWs reported sex working for ≤ 12 months, or for < 6 months, at 42/133 (31.3%) and 19/133 (14.3%) screening visits, respectively.
- SWs attending 20/133 (15%) and 50/133 (37.6%) screening visits reported < 100% condom use for vaginal sex and oral sex with clients, respectively.
- 31/50 (62%) of Chinese-speaking respondents reported inconsistent condom use for oral sex.
- 33 STIs were detected in 28/133 (21%) screens with 62% of these performed in SWs from China and 17% from Thailand. Hepatitis B sAg was detected in five (15%) SWs.
- 25/27 (92.5%) cases of chlamydia and gonorrhoea were treated: two SWs were lost to follow up but had been informed of their results (two chlamydial infections and an untreated syphilis infection).

COB

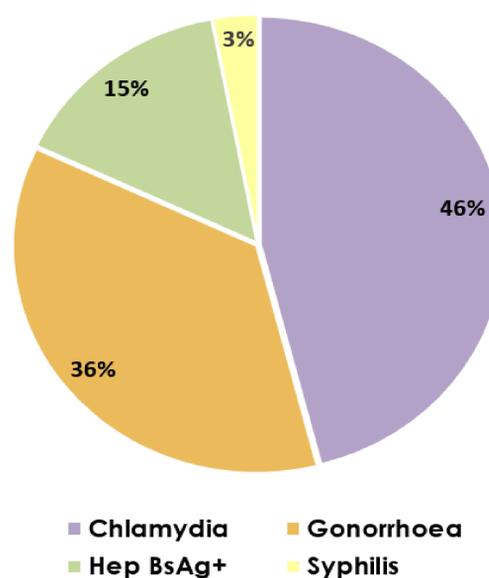


Results

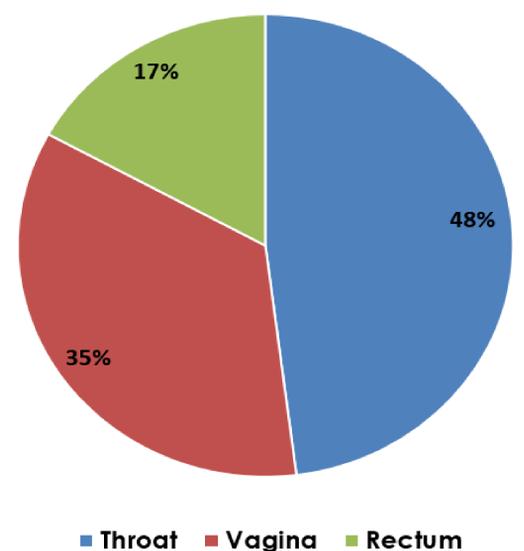
Some SWs were screened on more than one occasion throughout this reported period. Not all questions in the sexual history forms were answered by all SWs. Results were available after one week with sex workers choosing how they received their results. Chinese-speaking workers could either attend the WSSHC Chinese Clinic in person or a Mandarin speaking interpreter would call and provide results. Health Care Interpreters were used to provide results for other non-English speaking SWs. English-speaking SWs were given the option of an SMS.

133 SW screens were performed at 28 commercial venues, with 10 different nationalities identified in this group. The mean age was 42, 29 and 32 years for Chinese, Thai and Australian-born SW respectively.

STI/BBV relative prevalence amongst infected SWs



Chlamydia and gonorrhoea infections by site



Conclusions

This outreach initiative has identified a population of potentially vulnerable SW from SE Asian countries with a high prevalence of unsafe sexual practices and STIs. This predominantly Mandarin speaking population may not access existing health and screening services; a targeted, ongoing outreach screening program is warranted.

