

# Progress towards the elimination of sexually transmitted infections – trends in trichomonas testing and positivity in Indigenous Australian women, 2016-2024.

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## Background:

In Australia, trichomonas infections, like other STIs, remain disproportionately high among Aboriginal and Torres Strait Islander people and is a significant health inequity. Unlike other STIs, trichomonas is not part of national surveillance, and most epidemiologic data come from local, time-limited studies, which cannot monitor trends. The World Health Organization (WHO) global STI strategy targets a 50% reduction in STIs between 2020 and 2030. We analysed deidentified clinical data from the ATLAS surveillance network of Aboriginal Community Controlled Health Services (ACCHS) to assess trends in trichomonas.

**Methods:** Data from 53 ACCHS from 2016-2024 was used to examine trends in test positivity and uptake, for trichomonas compared to chlamydia, among Aboriginal and Torres Strait Islander people aged 15-54 years. Average annual changes in proportions were estimated using linear regression, stratified by sex, age, and remoteness.

**Results:** From 2016-2024, 99,983 unique people attended ACCHS; 53% were women, and the median age was 28 years (IQR, 19-40). Average annual trichomonas positivity was 9.1% in women and 3.0% in men. Among women, positivity was highest in remote (14.1%), regional (8.2%) and lowest in urban (3.4%) areas. Trichomonas positivity declined by 40% among women ( $p < 0.001$ ), with the largest reductions among women aged 15-24 years (52%,  $p = 0.001$ ) and in regional (39%,  $p = 0.002$ ) and urban (44%,  $p = 0.02$ ) areas. There was no decline in positivity in men by age group or remoteness, or for chlamydia positivity. Trichomonas testing uptake remained stable overall and was highest among young women (15-24 years, 21.9%; 25-34 years, 22.1%) and women in remote areas (36.0%).

**Conclusion:** Trichomonas positivity declined substantially among Aboriginal and Torres Strait Islander women from 2016–2024, with largest reductions among younger women and women living in regional and urban areas. These findings suggest progress toward WHO STI reduction targets and highlight the importance of expanding community-led test-and-treat programs to address persistent inequities and accelerate national STI control.

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approved by the ATLAS Clinical Hub Reference Group. The ATLAS Indigenous Primary Care Surveillance and Research Network holds specific Aboriginal and Torres Strait Islander ethics approvals from the following: Aboriginal Health and Medical Research Council (AH&MRC); Aboriginal Health Council of South Australia (AHCSA) Aboriginal Health Research Ethics Committee (AHREC); Far North Queensland Human Research Ethics Committee; Western Australian Aboriginal Health Ethics Committee (WAAHEC); and Kimberley Aboriginal Health Planning Forum (KAHPF) Research Sub-committee.