Chlamydia and gonorrhoea testing and positivity among women on opioid agonist therapy attending primary care clinics in Australia.

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Background: People who use drugs experience higher rates of sexually transmitted infections (STIs), however there is limited understanding of the patterns of testing and STI positivity among women who use drugs. We aim to describe chlamydia and gonorrhoea testing and positivity among women prescribed opioid agonist therapy (OAT) in Australia.

Methods: Data were from women aged 15–55 years attending any of 69 primary care clinics from 01-January-2012 to 31-December-2024, with evidence of OAT prescription during the study period across a network of primary care services. We report total test uptake (proportion of women tested during the study period) and annual test positivity. We determined post-diagnosis re-testing and reinfection. Outcomes were stratified by a binary age grouping of <30 or ≥30.

Results: Among 6,581 women prescribed OAT, 2,159 (33%) were tested for chlamydia or gonorrhoea at least once during the study period. Test uptake was 29% (2008/6581) for gonorrhoea and 32% (2134/6581) for chlamydia. Gonorrhoea test positivity was 6.5% for women <30 years and 4.6% for women ≥30 years (p<0.001). Chlamydia test positivity was 12% for women <30 years and 4.7% for women ≥30 years (p=0.09). Annual test positivity increased from 2.6-4.3% between 2012–2024 for chlamydia (p-value [test of trend]=0.02) and 0.3-2.7% between 2012–2024 for gonorrhoea (p-value [test of trend]<0.01). Among 94 gonorrhoea positives, 59 (63%) had subsequent gonorrhoea testing and nine had ≥1 additional positive gonorrhoea test. Among 148 chlamydia positives, 110 (74%) had subsequent chlamydia testing and 24 had ≥1 additional positive chlamydia test.

Conclusion: Despite high test positivity, particularly among young women, two-thirds of women on OAT were not tested for gonorrhoea or chlamydia at a participating service during the study period. Among those tested after a positive test, positivity was high, indicating either high rates of reinfection or sub-optimal rates of effective treatment.