

# OROPHARYNGEAL INFECTION IS MORE COMMON THAN UROGENITAL GONORRHOEA INFECTION AMONG FEMALE SEX WORKERS ATTENDING A SEXUAL HEALTH CENTRE IN MELBOURNE

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## Introduction:

Previous studies have reported high prevalence of oropharyngeal gonorrhoea among men who have sex with men but there has been limited research on female sex workers. Screening for oropharyngeal gonorrhoea and chlamydia is not mandated in Victorian regulations. In 2017, the Melbourne Sexual Health Centre (MSHC) started to screen for oropharyngeal infections among all female sex workers (FSW).

## Methods:

All females who self-identified as sex workers and attending MSHC for a sex work certificate from 2015 and 2017 were analysed. Chlamydia and gonorrhoea were tested by nucleic acid amplification test. HIV, syphilis, chlamydia and gonorrhoea positivity was calculated and chi-squared trend test was used to examine the changes in positivity over time.

## Results:

There were 8538 FSW consultations among 2,780 individuals during the study period. The median age was 31 years [interquartile range 26-38]. The three most frequent languages spoken at home were English (64%), Mandarin (9%) and Thai (6%). There was a 2-fold increase in urogenital gonorrhoea (from 0.5% [95% CI: 0.3-0.9%] to 1.1% [95% CI: 0.8-1.5%];  $p_{\text{trend}}=0.047$ ); and a 1.5-fold increase in urogenital chlamydia (from 2.2% [95% CI: 1.6-2.8%] to 3.2% [95% CI: 2.6-3.8%];  $p_{\text{trend}}=0.031$ ) during the period. In 2017, the positivity for oropharyngeal gonorrhoea was 2.1% (95% CI: 1.6-2.6%) and oropharyngeal chlamydia was 2.1% (95% CI: 1.6-2.7%). In 2017, 63% ( $n=59$ ) of the 93 gonorrhoea diagnoses were oropharyngeal and 38% ( $n=61$ ) of the 159 chlamydia diagnoses were oropharyngeal. The overall positivity for HIV (0.2% [95% CI: 0.1-0.3]) and syphilis (0.1% [95% CI: 0.0-0.2%]) remained low and did not change over time.

## Conclusion:

Urogenital gonorrhoea and chlamydia was uncommon among FSW in Melbourne but has risen over the last 3 years. Oropharyngeal gonorrhoea was more common than urogenital and suggest screening for oropharyngeal infections in FSW is important.

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