# HIGHER RATES OF INFECTIOUS SYPHILIS TEST POSITIVITY AMONG WOMEN IN AUSTRALIA EVER PRESCRIBED OPIOID AGONIST THERAPY

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**INTRODUCTION:** Surging infectious and congenital syphilis notifications associated with heterosexual transmission in Australia underscore the importance of identifying sub-groups at higher risk of infection. We calculated infectious syphilis testing and positivity, and association with history of OAT, among women attending a national sentinel network of services.

**METHODS:** Consultation, OAT prescribing and syphilis test data were extracted from sexual health, community health, and general practice services (n=55) for women aged 15–55 years between 2014–2025. We calculated annual test uptake (individuals tested/individuals attending) and test positivity (diagnoses/tests) for infectious syphilis, stratified by having been prescribed OAT (a proxy for ever injecting drugs). Associations between test positivity and OAT prescription were determined using logistic regression, adjusted for age and Indigenous status.

**RESULTS:** Among 593,636 women, 6,234 (1.1%) were prescribed OAT. Of these, 1,498 (24.0%) were tested for syphilis at least once (vs. 24.7% of women not prescribed OAT). Yearly syphilis test uptake fluctuated between 5–10% among women prescribed OAT, vs. 12–19% among women not prescribed OAT. Of 140,642 women tested for syphilis, 695 (0.5%) tested positive; of these, 408 (59%) had a subsequent test, of which 17 (4%) had ≥1 repeat

positive. OAT prescription was independently associated with greater odds of testing positive for syphilis (3.9% vs 0.5%; aOR=5.0, 95%CI: 3.7,6.9).

**DISCUSSIONS & CONCLUSIONS:** Among women tested for syphilis, those prescribed OAT had five times higher odds of testing positive than women not prescribed OAT. Despite increased syphilis notifications among women in Australia, annual testing rates remained low among our sample regardless of OAT history. Substantial numbers of women diagnosed with syphilis had no record of subsequent consultations following diagnosis, enhancing risk of onward transmission, including vertical transmission.

**IMPLICATIONS ON COMMUNITIES, PRACTICE, POLICY:** Our findings strongly support enhanced integration of sexual health models of care for women receiving OAT.

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