Chlamydia and gonorrhoea testing and positivity among women on opioid agonist therapy

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At Burnet Institute, we proudly acknowledge the Boon Wurrung people of the Kulin Nations as the Traditional Custodians of the land on which our office is located. We pay our respect to Elders past and present, and extend that respect to all First Nations people.

Disclosures

I have no conflicts of interest to disclose.

Background

- Women who use drugs have complex sexual risk profiles
- Limited understanding of rates of STIs among women who use drugs
- Some data indicate higher risk of STIs among women with injecting drug use[1]
- Current STI management guidelines do not consider people who use drugs

1. Brookmeyer KA, Haderxhanaj LT, Hogben M, Leichliter J. Sexual risk behaviors and STDs among persons who inject drugs: A national study. Prev Med. 2019 Sep 1;126:105779.

Background

- Drug use is often unreliably recorded
- Opioid agonist therapy (OAT) prescription can be used as a proxy for injecting drug use in surveillance datasets

Aim: Describe chlamydia and gonorrhoea testing and positivity among women on opioid agonist therapy

Data source

ACCESS

Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Blood-borne Viruses and Sexually Transmitted Infections

Data from 69 primary care and sexual health clinics across all jurisdictions

Methods

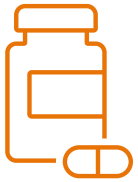
Study population: Females with at least one prescription for OAT

Aged 15-55 years

Study period: 2012-2024

Data: Chlamydia and gonorrhoea pathology test results

Results



6,581

women aged 15-55 years had an OAT prescription

2,159

Had an observed chlamydia or gonorrhoea test

36.6 years

Mean age at first OAT prescription

78%

≥ 30 years of age

9%

Aboriginal and/or Torres Strait Islander

Test uptake

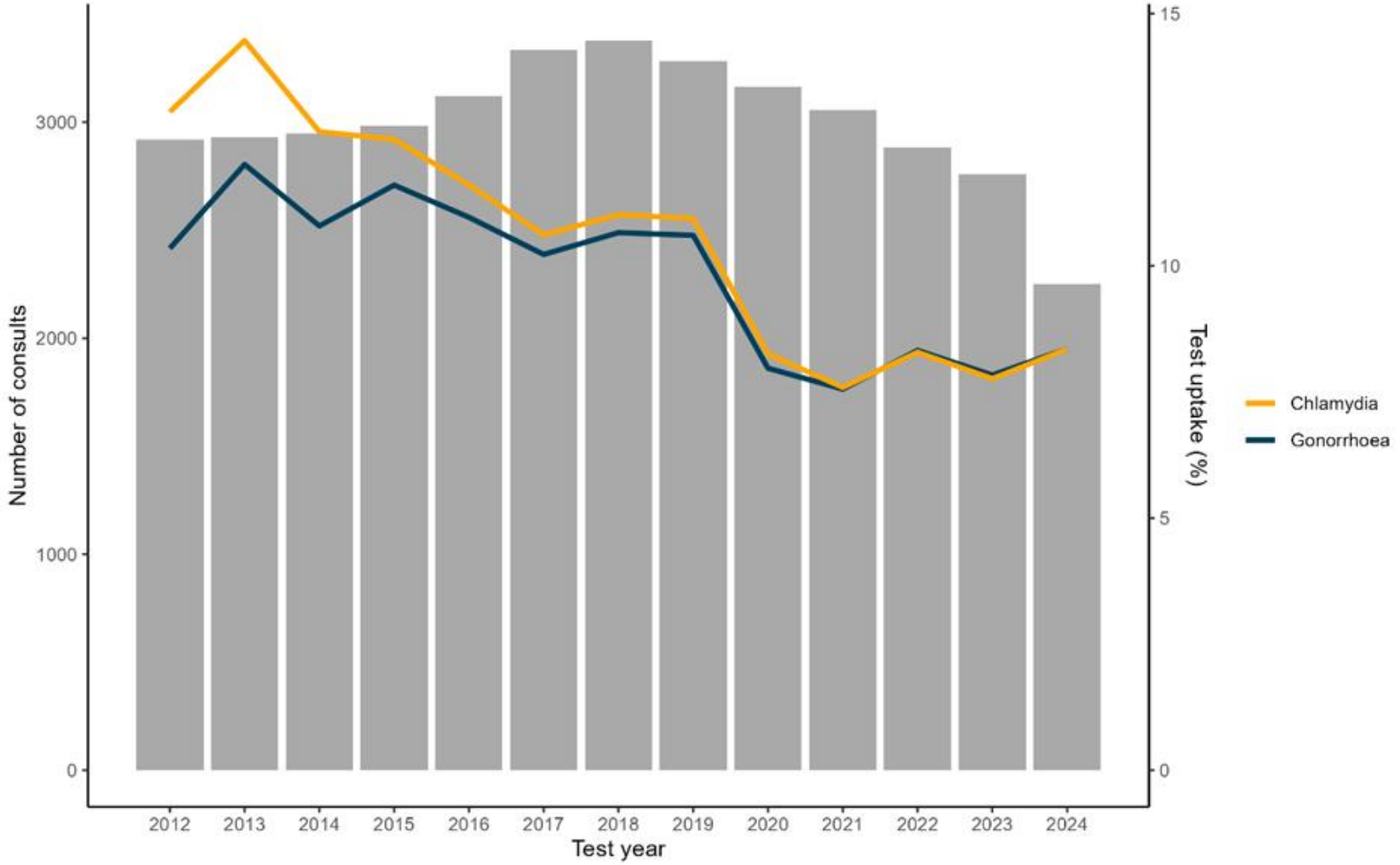


Figure 1. Chlamydia and gonorrhoea test uptake by year, for women aged 15–55 with evidence of prescription for OAT, ACCESS, Australia, n=6,581

Chlamydia and gonorrhoea testing by age group

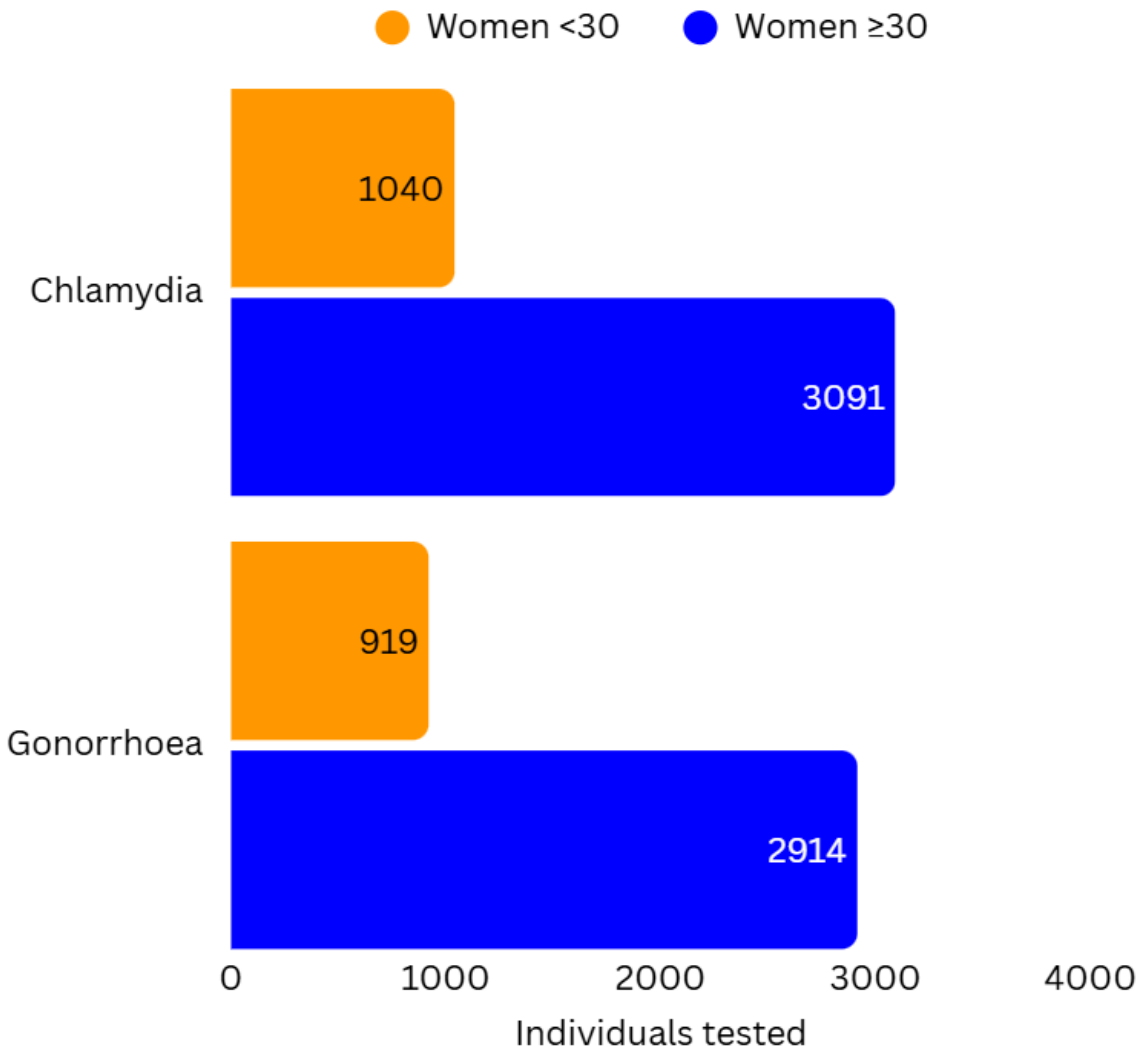


Figure 2. Chlamydia and gonorrhoea testing by age group, for women aged 15–55 with evidence of prescription for OAT, ACCESS, Australia.

Testing by site type

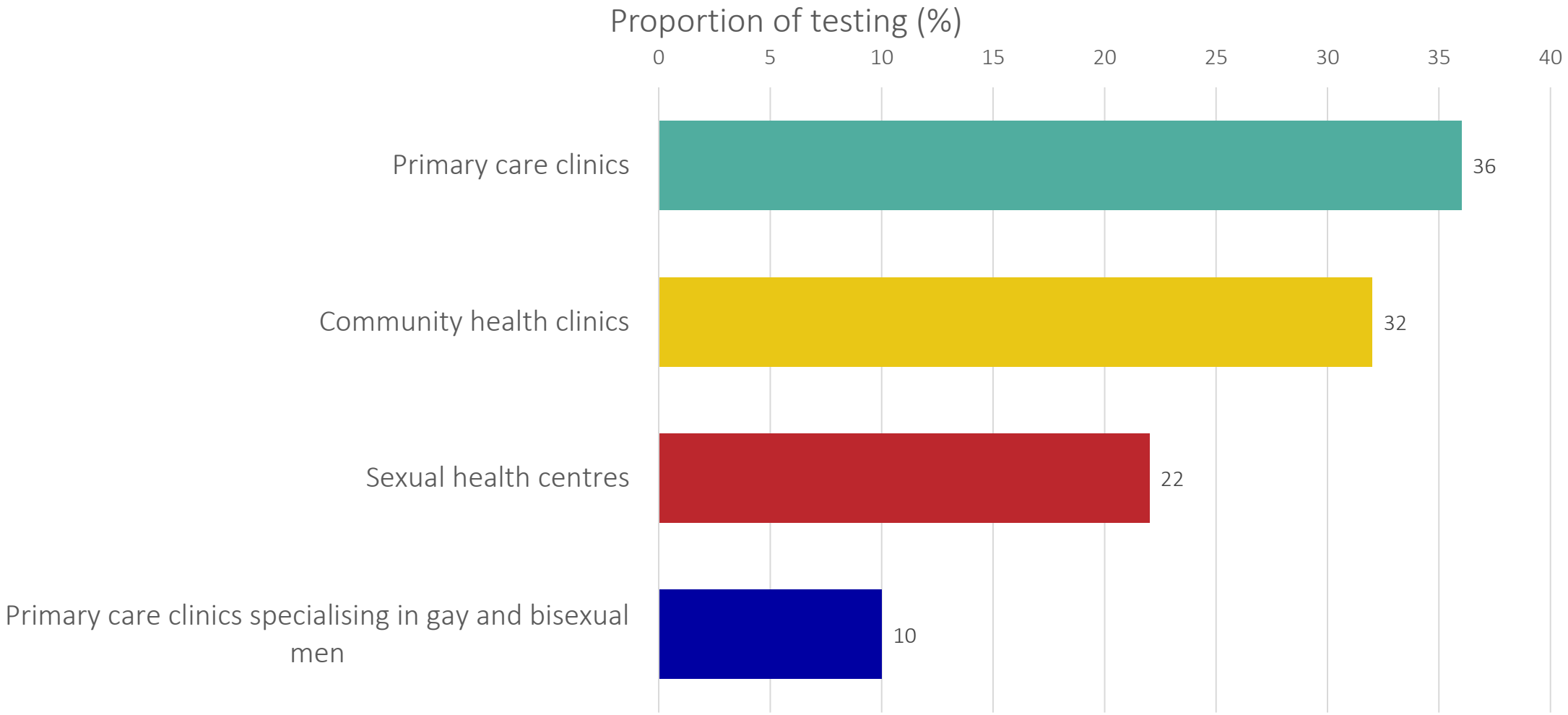


Figure 3. Chlamydia and gonorrhoea testing by site type, for women aged 15–55 with evidence of prescription for OAT, ACCESS, Australia.

Testing and positivity

Chlamydia

2,134
women tested for chlamydia

4,132
chlamydia tests observed

148
women had a positive chlamydia test

Gonorrhoea

2,008
women tested for gonorrhoea

3,833
gonorrhoea tests observed

94
women had a positive gonorrhoea test

Test positivity by year: chlamydia

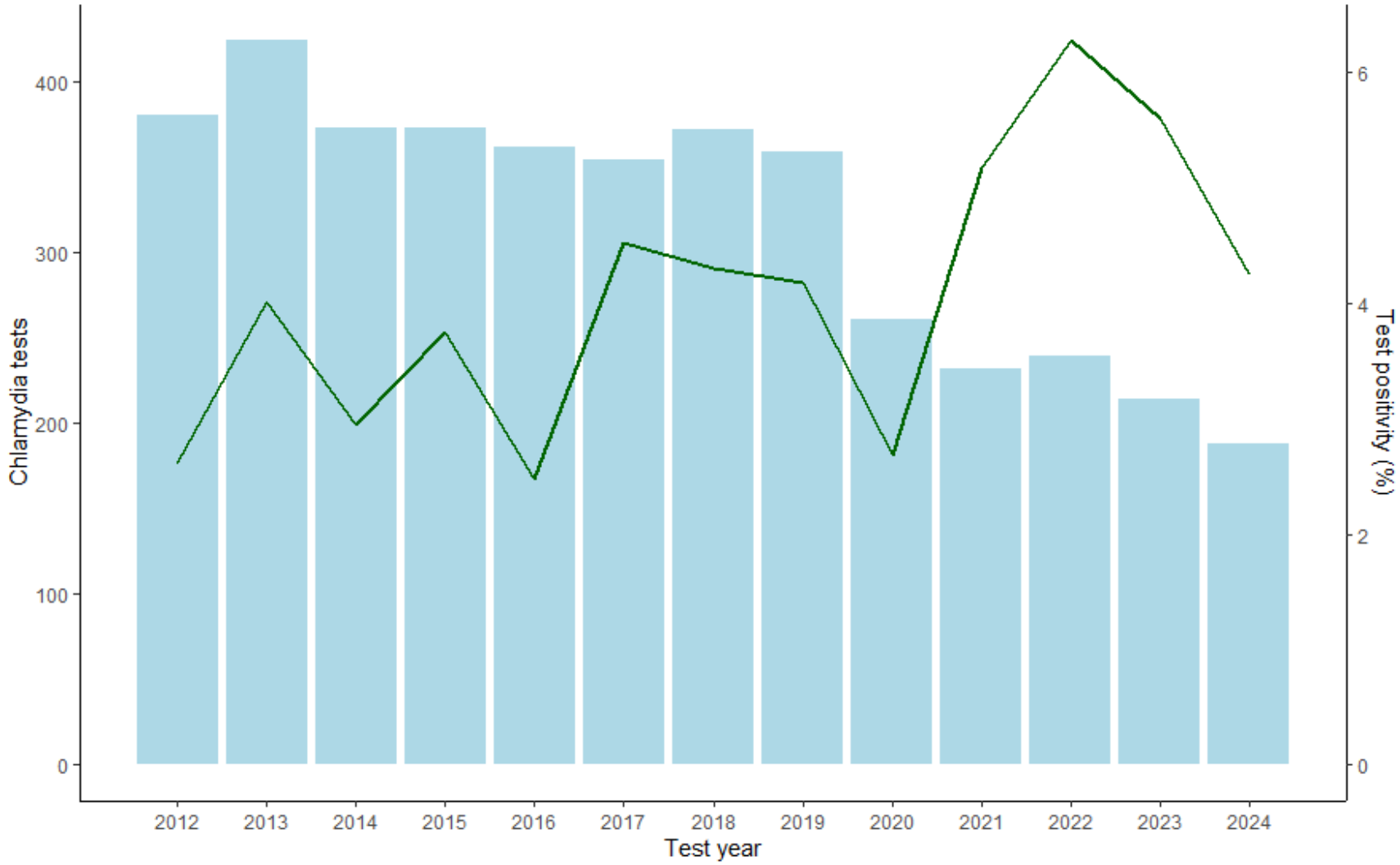


Figure 4. Tests observed and test positivity for chlamydia, by year, for women aged 15–55 with evidence of prescription for OAT, ACCESS, Australia, 2012–2024 (n=2,134).

Test positivity by year: gonorrhoea

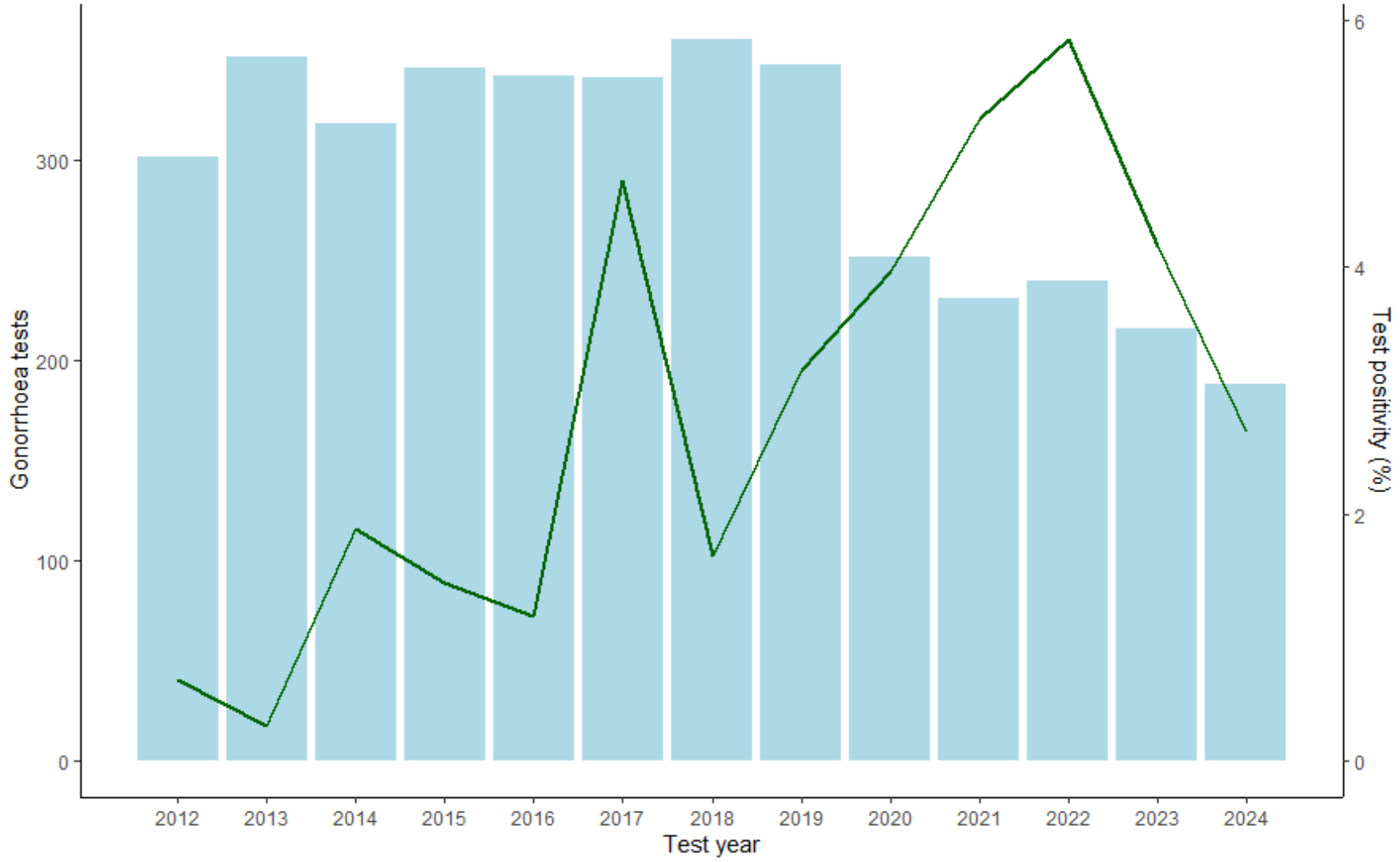


Figure 5. Tests observed and test positivity for gonorrhoea, by year, for women aged 15–55 with evidence of prescription for OAT, ACCESS, Australia, 2012–2024 (n=2,008).

Test positivity by age-group

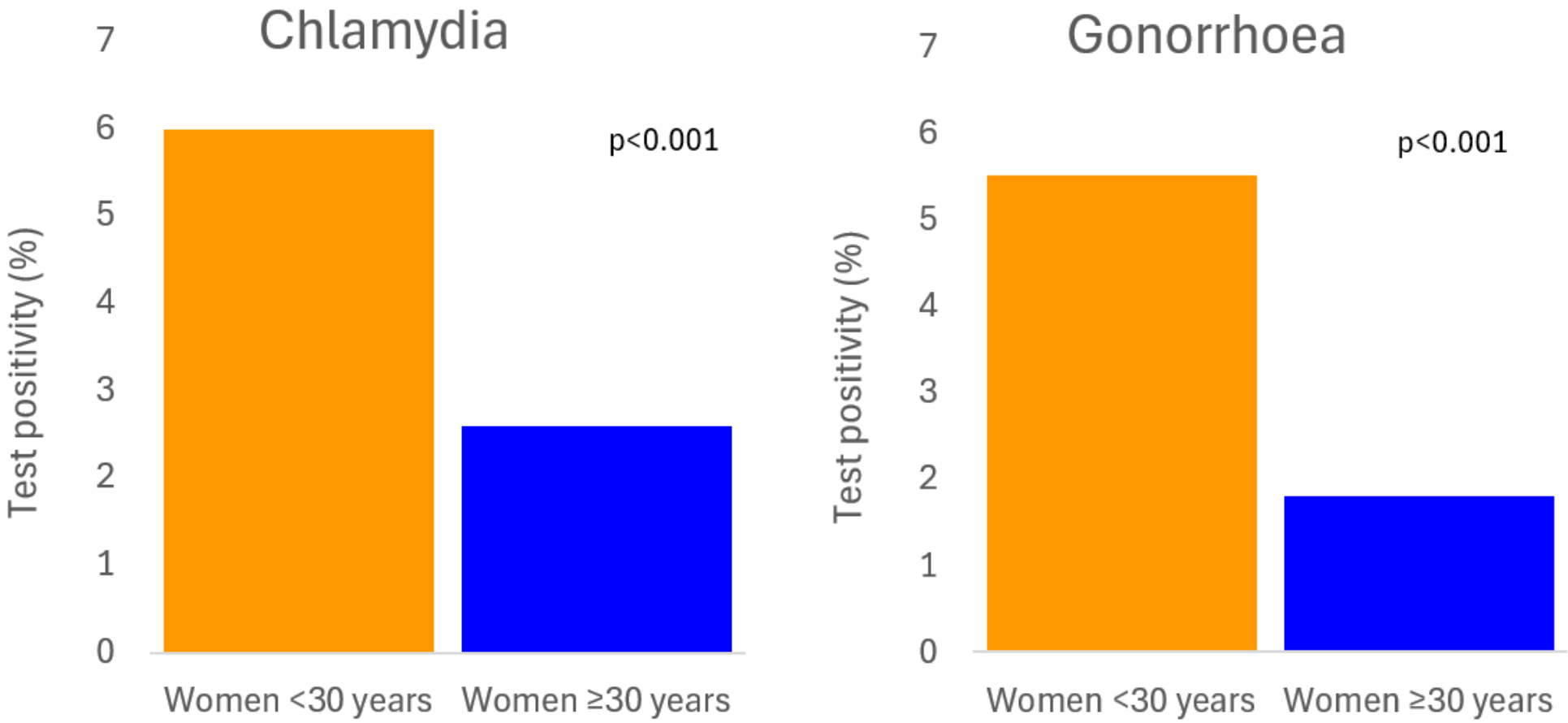
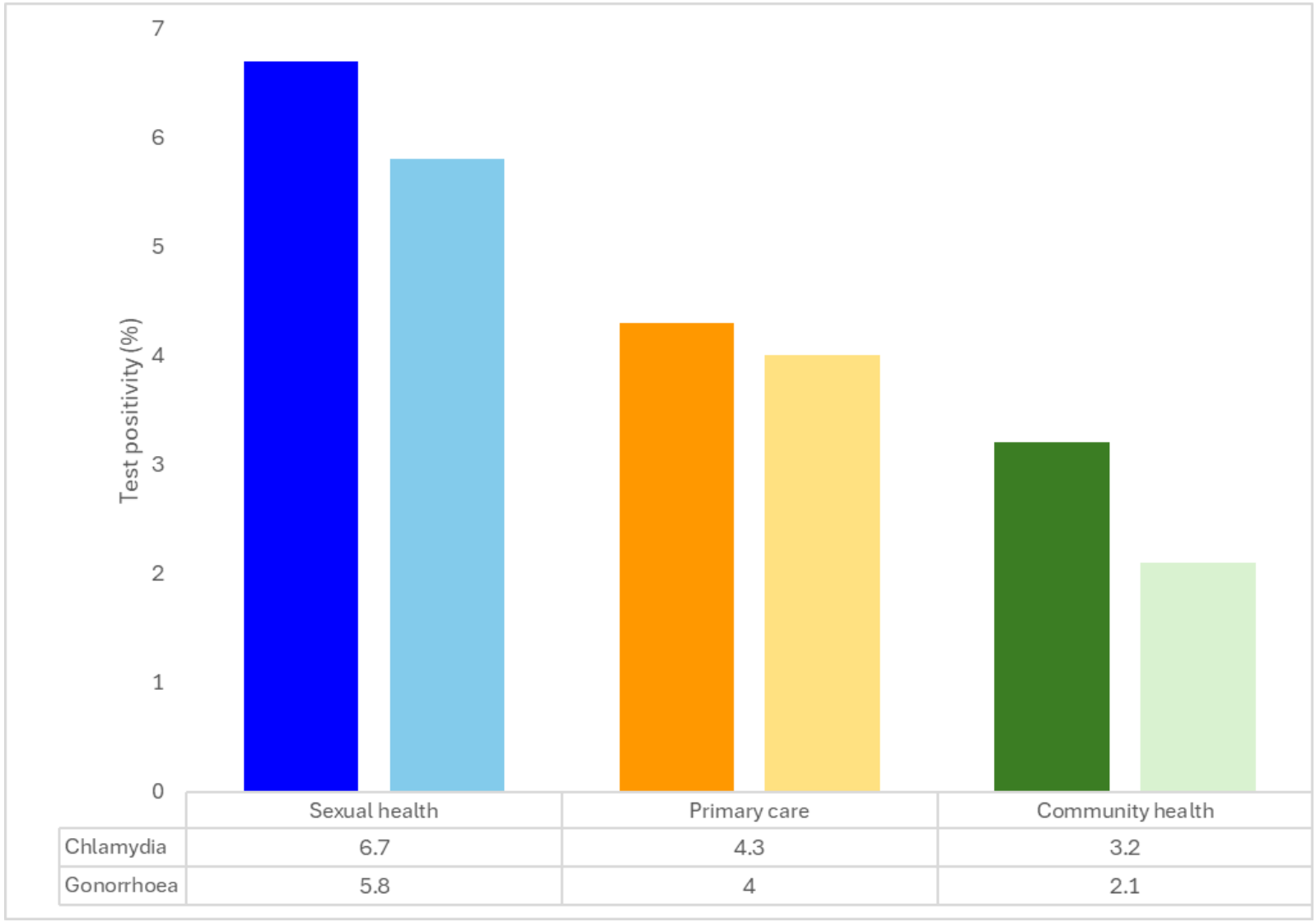


Figure 6a and b. Test positivity for chlamydia and gonorrhoea, by age-group, for women aged 15–55 with evidence of prescription for OAT, ACCESS, Australia, 2012–2024.

Test positivity by site type



	Sexual health	Primary care	Community health
Chlamydia	6.7	4.3	3.2
Gonorrhoea	5.8	4	2.1

Figure 7. Test positivity for chlamydia and gonorrhoea, by site type, for women aged 15–55 with evidence of prescription for OAT, ACCESS, Australia, 2012–2024.

Re-testing and re-infection: chlamydia

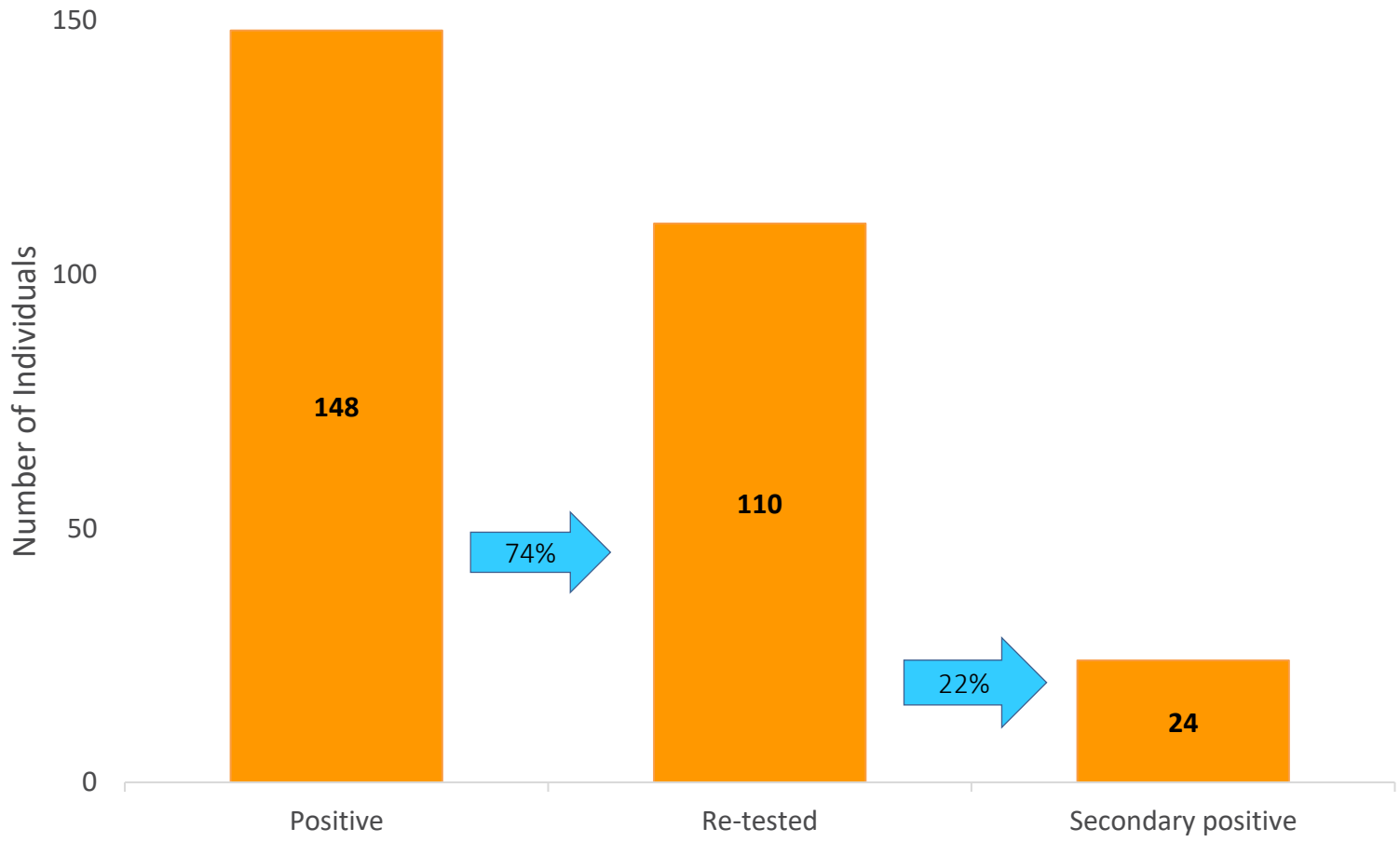


Figure 8. Chlamydia re-testing and reinfection for women aged 15–55 with evidence of prescription for OAT, ACCESS, Australia, 2012–2024 (n=148).

Re-testing and re-infection: gonorrhoea

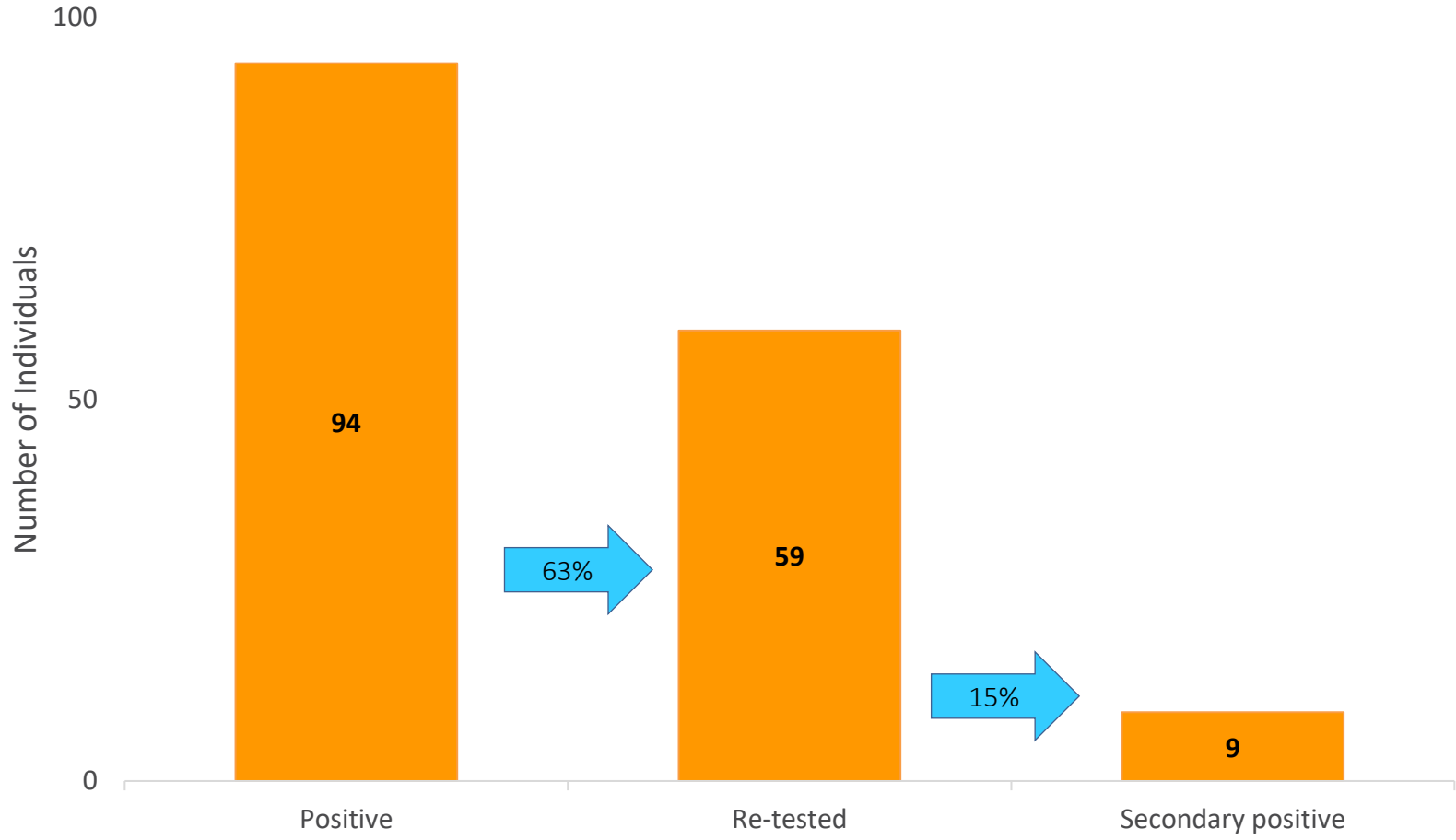


Figure 9. Gonorhoea re-testing and reinfection for women aged 15–55 with evidence of prescription for OAT, ACCESS, Australia, 2012–2024 (n=94).

Implications

Test positivity among women on OAT increasing over time

Despite this, only 33% of women on OAT were tested for chlamydia or gonorrhoea in the study period

Higher risk of infection among younger women

Despite clinical guidelines, only 2/3 of those with gonorrhoea infection were re-tested

Secondary infections suggest either sub-optimal treatment or re-infection

Limitations

- Care outside of ACCESS network is not captured
- OAT prescription is only a proxy for injecting drug use
- OAT prescription does not necessarily indicate ongoing drug use or ongoing risk
- Chlamydia and gonorrhoea testing among women aged 15-55 may be part of prenatal screening

Acknowledgments

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Test positivity by year

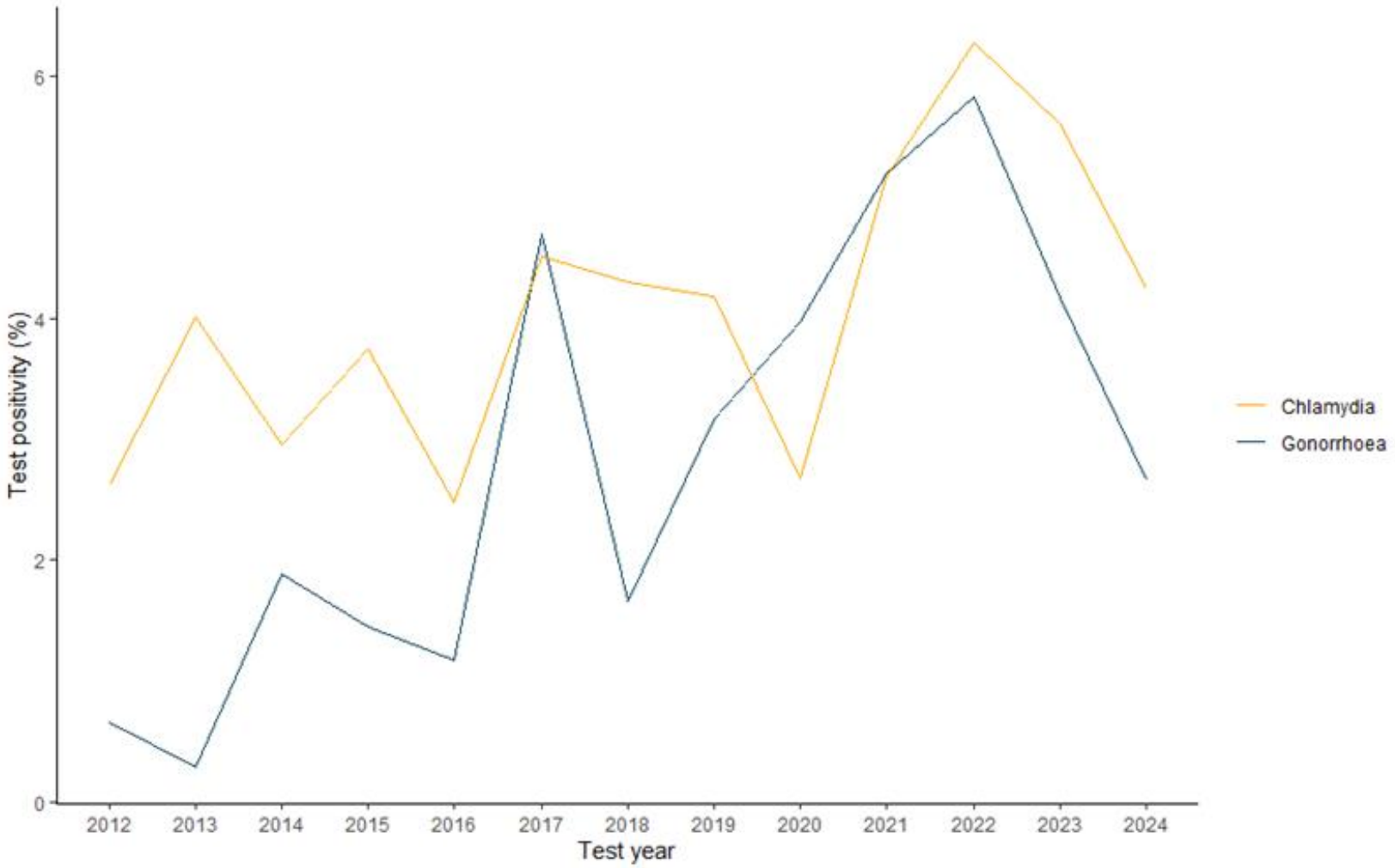
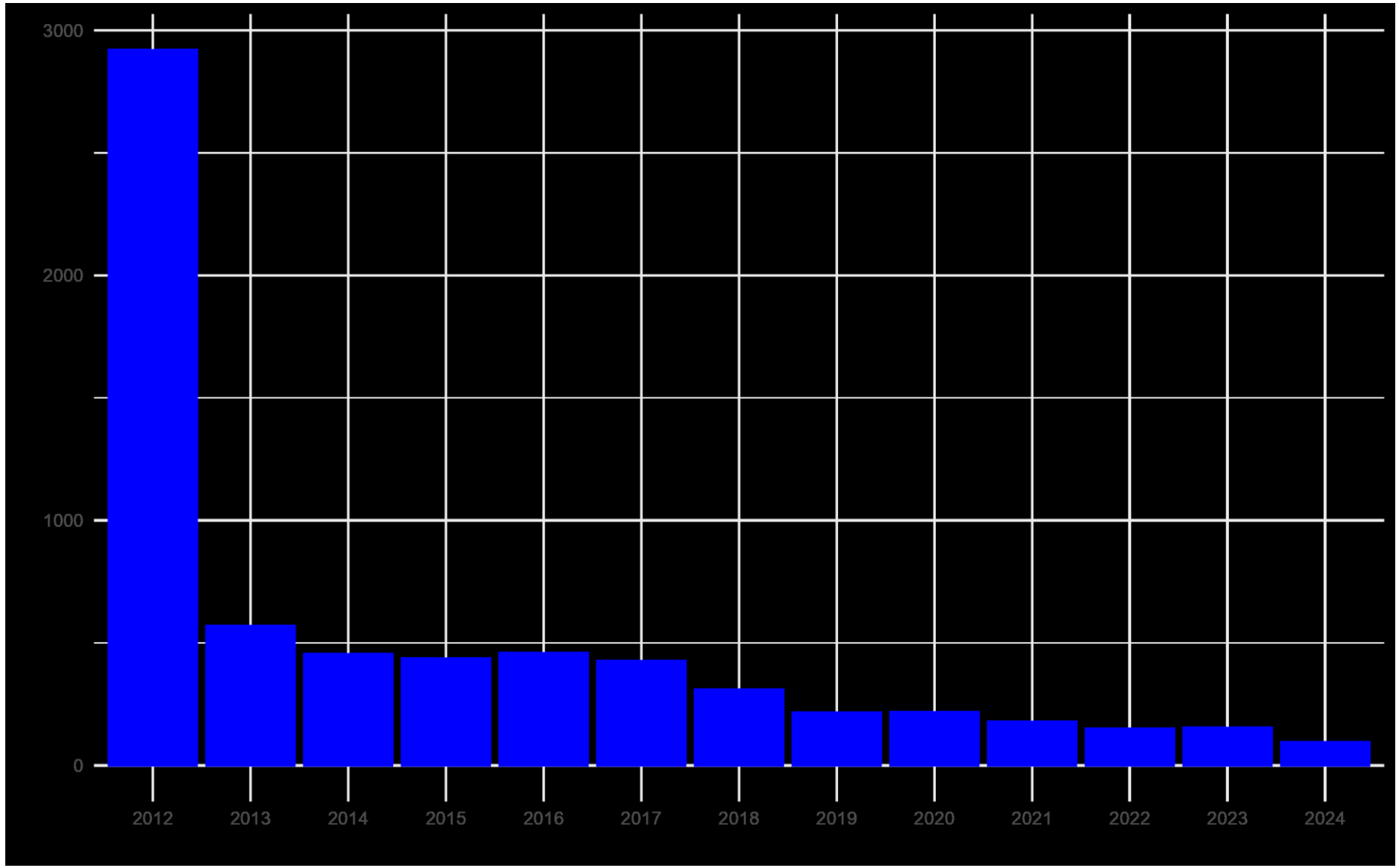


Figure 10. Test positivity for chlamydia and gonorrhoea, by year, for women aged 15–55 with evidence of prescription for OAT, ACCESS, Australia, 2012–2024 (n=2,159).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