

## **SYPHILIS SCREENING IN PREGNANCY AT INDIGENOUS PRIMARY HEALTH CENTRES IN AUSTRALIA**

Nattabi B<sup>1</sup>, Rumbold A<sup>2</sup>, Matthews V<sup>3</sup>, Gibson-Helm M<sup>4</sup>, Boyle J<sup>4</sup>, Larkins S<sup>5</sup>, Bailie R<sup>3</sup>

<sup>1</sup>Western Australian Centre for Rural Health, University of Western Australia, Geraldton, Australia, <sup>2</sup>The Robinson Research Institute, Adelaide, Australia, <sup>3</sup>The University of Sydney, University Centre for Rural Health, Lismore, NSW, Australia, <sup>4</sup>Monash Centre for Health Research and Implementation, SPHPM, Monash University, Melbourne, Australia, <sup>5</sup>College of Medicine and Dentistry, James Cook University, Townsville, Australia

**Background:** Australia has seen a resurgence in infectious and congenital syphilis in the Aboriginal and Torres Strait Islander (Indigenous) population. Early detection and treatment of syphilis in pregnancy is essential for the health of the mother, to prevent adverse pregnancy outcomes and to prevent transmission to the infant. The aim of this study was to explore the extent of antenatal screening for syphilis and other sexually transmitted infections (STIs) and blood borne viruses (BBVs) in Indigenous primary health care (PHC) centres, and client and health centre characteristics associated with variation in screening practices.

**Methods:** Maternal health records (n= 4399) were audited at 91 Indigenous PHC centres across five Australian States, 2007 - 2014. Data were collected on demographic characteristics and documented provision of antenatal care. Descriptive analyses assessed the frequency of screening for syphilis and other STIs and BBVs including chlamydia/gonorrhoea, hepatitis B and HIV. Multilevel logistic regression was undertaken to quantify the variation in screening attributable to health centre and client characteristics.

**Results:** Screening for syphilis was documented for 88% of women (range across jurisdictions 74-96%). Syphilis testing rates increased from 73.9% in 2007 to 95.4% in 2014 and with CQI cycle (80.6% at baseline to 92.6% at three or more cycles). Aboriginal community-controlled centres had slightly lower rates of screening for syphilis (85% vs 89%), compared with government-run centres. Syphilis screening was independently associated with testing for HIV and other screening tests (full blood count, blood group, antibodies and Rubella).

**Conclusion:** Syphilis screening coverage was high among pregnant women attending Indigenous PHC centres but coverage varied across jurisdictions and varied with health centre factors. There is scope to improve antenatal testing for syphilis and other STIs and BBVs in health centres. These findings provide evidence to guide efforts for service improvement.

**Disclosure of Interest Statement:** B Nattabi, A Rumbold, M Gibson-Helm and J Boyle are NHMRC Fellows. The NHMRC funded the ABCD National Research Partnership and the CRE-Integrated Quality Improvement. In-kind and financial support has been provided by the Lowitja Institute and a range of Community-Controlled and Government agencies. No pharmaceutical grants were received in the development of this study.