

Rapid Response Summary: Mandatory testing of Sex Workers for HIV and other Sexually Transmitted Infections

Questions:

1. What are the implications of mandatory testing for HIV and other sexually transmitted infections (STIs) of sex workers?
2. Is mandatory testing of sex workers for HIV and other STIs effective in reducing the incidence HIV and other STIs?

The Issue and Why It's Important

In September 2010, the Ontario Superior Court ruled that federal prostitution laws violate sex workers' rights and increase harm. If upheld, the ruling will likely spur municipal and provincial policy responses, which may include licensing schemes, zoning restrictions and bylaws. One policy response used in other jurisdictions that license commercial sex (e.g., Victoria in Australia and Nevada in the United States) is the requirement for sex workers to undergo mandatory testing for HIV and other sexually transmitted infections (STIs).

Key Take Home Messages

- There is limited research evidence available describing the implications of mandatory HIV/STI testing for sex workers and whether it is effective at reducing the incidence of HIV/STIs.
- Commercial sex is currently licensed in Victoria, Australia and sex workers are required to have regular HIV/STI tests (monthly for gonorrhoea, chlamydia and trichomonas and every three months for HIV and syphilis). Two recent studies of the mandatory testing policy suggest that it is not an effective use of healthcare resources.
 - i. A cost-effectiveness analysis of the policy concluded that it is not cost-effective and that “[t]he current testing rate required of sex workers in Victoria is excessive. Screening intervals for sex workers should be based on local STI epidemiology and not locked by legislation” (1).
 - ii. Another assessment of the policy suggests that “[t]he current legislation requiring monthly STI testing is compromising the access for higher-risk individuals to sexual health” (2);

What We Found

Our searches yielded limited research evidence on the implications and effectiveness of mandatory testing for sex workers. The most relevant research evidence assessed the costs and resource implications of a mandatory testing policy for sex workers in Victoria, Australia where commercial sex is currently licensed.

Currently in Victoria, Australia, sex workers are required to be tested monthly for gonorrhoea, chlamydia and trichomonas and every three months for HIV and syphilis (2). Wilson et al. (2010) conducted a cost-effectiveness analysis of this mandatory testing policy and found high costs associated with the current testing frequencies (1). Specifically, they found that it costs:

- over \$A90 000 in screening for every chlamydia infection averted and \$A600 000 in screening for each quality-adjusted life year (QALY) saved
- over \$A4 000 000 for every HIV infection averted and \$A10 000 000 in screening for each QALY saved.
- The study further outlines that, at a willingness to pay \$A50 000 per QALY gained, “HIV testing should not be conducted less than approximately every 40 weeks and chlamydia testing approximately once per year” (1).

Wilson et al. noted that STI prevalence rates have been found to be low among sex workers tested in brothels in Melbourne, Sydney and Perth where testing is not mandatory. Based on this and the cost-effectiveness findings, the authors assert that “[s]ince STI screening varies between jurisdictions, but epidemiology of STIs and client behaviour is relatively similar, a change in policy in Victoria could have little change in social perceptions or spread of STIs but could save considerable financial and time resources.” (1)

Another study assessing the mandatory screening policy in Victoria, Australia reviewed computerized medical records of patients attending a sexual health centre in a major urban area (Melbourne) between October 2005 and October 2008 (2). The study provided the following key findings (excerpted directly from the article):

- “Monthly screening of sex workers consumed 15% of a sexual health centre’s clinical hours, but the rate of STI detection was one-third of other clients attending the clinic.
- Reducing the requirement for screening from monthly to every three months would save 8% of clinic hours.
- If this 8% of clinic time was used to see MSM [men who have sex with men], then potentially 139 STI would have been detected, including 10 cases of HIV each year.
- Regulations that require mandatory and frequent screening of sex workers when condom use is high and STI rates are low may limit access to services for high-risk groups.”

In general, the authors of the study found that the policy for mandatory testing is limiting access to sexual health services for higher-risk individuals (2).

A study from Germany compared anonymous STI counselling versus mandatory checks for prostitutes by assessing the clients and STI rates from a clinic before (1994) and after (2004) mandatory checks for prostitutes were abolished in 2001 (3). The study found that almost all clients in 1994 were sex workers and few STI cases were identified. In contrast, once converted into a walk-in clinic for those without access to regular healthcare and considered to be at-risk,

the clinic found a drop in the percentage of clients that were sex workers and a high number of acute STIs that required treatment (3). Based on this data, the authors concluded that "... an STD department providing comprehensive services anonymously and free of charge will reach a broader range of highly vulnerable persons in comparison with an obligatory [venereal disease] check of prostitutes."

Factors That May Impact Local Applicability

There is very limited research evidence related to the impact and effectiveness of mandatory testing for sex workers. The most relevant research we identified was conducted in Australia and Germany. The findings presented in this summary should be interpreted with caution given the lack of robust data that is available.

What We Did

We searched the Cochrane Library and the Database of Reviews of Effects for systematic reviews using a combination of text search terms¹. We also searched Health-Evidence.ca for systematic reviews using the following search strategy: HIV and test* and (sex work* OR prostitut*). We also searched for primary literature in Medline and Embase using a combination of text and MeSH (Medical Subject Headings) terms² and CINHALL using a similar set of terms³. None of the searches were limited by publication date or language.

Suggested Citation:

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¹ (HIV or sexually transmitted infection* OR STI OR sexually transmitted disease*) AND (prostitut* OR sex work*) AND [test* AND (mandatory OR compulsory)]

² [HIV (text term) OR sexually transmitted infection* (text term) OR STI (text term) OR Sexually Transmitted Diseases (MeSH term)] AND [Prostitution (MeSH term) OR sex work* (text term) OR prostitute* (text term)] AND [test* AND (mandatory (text term) OR compulsory (text term))]

³ (HIV or sexually transmitted infection* OR STI OR sexually transmitted disease*) AND (prostitut* OR sex work*) AND [test* AND (mandatory OR compulsory)]

Reference List

- (1) Wilson DP, Heymer K-J, Anderson J, O'Connor J, Harcourt C, Donovan B. Sex workers can be screened too often: A costeffectiveness analysis in Victoria, Australia. *Sexually Transmitted Infections* 2010;86(2):117-25.
- (2) Samaranayake A, Chen M, Hocking J, Bradshaw CS, Cumming R, Fairley CK. Legislation requiring monthly testing of sex workers with low rates of sexually transmitted infections restricts access to services for higher-risk individuals. *Sexually Transmitted Infections* 2009;85(7):540-2.
- (3) Nitschke H, Ludwig-Diouf B, Knappik A, Leidel J. Anonymous STD counselling versus mandatory checks for prostitutes--what is effective in STD prevention? *Gesundheitswesen* 2006;68(11):686-91.