



MANAGEMENT OF CHLAMYDIA CASES IN AUSTRALIA: HEALTHCARE PROVIDERS INTERVIEW FINDINGS

KEY FINDINGS

Chlamydia management encompasses more than just dealing with the infection itself, and participants. GPs spoke about the multifaceted nature of managing a chlamydia positive consult.

Testing

- GPs had no problems conducting STI testing, particularly when the patients directly asked for one, or during a related consult (for example, for contraception or cervical screening). Opportunistic testing during a non-related consult was more problematic, with GPs reporting the importance of choosing who to focus on and how to manage their time wisely.
- Practice nurses and managers acknowledged the difficulties GPs often faced in conducting STI tests in a time limited environment, and suggested that perhaps practice nurses could have a greater role in STI testing if their scope of practice was clear and appropriate education was provided for them.

Pelvic Inflammatory Disease (PID)

- Most GPs said they rarely diagnosed PID. They also said that PID can be difficult to diagnose, and that clearer guidelines and resources for GPs might help.

Retesting

- Most GPs retested for reinfection, although timeframes varied between 2 weeks to 3 months post infection. Some participants emphasised the difficulty in getting patients to test in the first place, let alone return for a retest.
- Recalls and reminders were important for getting patients to come back for a retest for reinfection. Automatic recalls and other reminder systems were often used to remind patients to return for retesting, while other clinics relied on their practice nurses to follow up patients, or utilised a combination of automatic SMS reminders, phone calls, or letters.

Partner Management

- Some GPs said that while they would never shy away from talking to their patients about partner notification, this conversation could be tricky, particularly when patients raise questions about where they may have acquired the infection and how long they might have had it for. Some participants suggested that better resources for patients that explain these issues would be helpful.
- Some GPs used resources like [Let Them Know](#) to support their patients to notify their partners.
- Most reported mixed feelings about Patient Delivered Partner Therapy (PDPT). Most raised concerns regarding the perceived medicolegal aspects of PDPT, and responsible antibiotic stewardship. Although many could see the potential benefits of PDPT, particularly if the partner was unlikely to seek care themselves. Better guidance regarding permissibility of PDPT and practicalities of doing PDPT were highlighted as key requirements if they were to engage in the practice.

THANK YOU AGAIN FOR YOUR PARTICIPATION, WE REALLY APPRECIATE YOU TAKING THE TIME TO SPEAK WITH US.

ABOUT THE INTERVIEWS

During 2019, we conducted telephone interviews with healthcare providers working in general practice to help us better understand the context in which their chlamydia positive patients are managed. In total, 24 GPs, 3 practice nurses and 1 practice manager participated in an interview. All participants were currently working (or had previously worked in) VIC, NSW or QLD. Most participants were female and had an average age of 47 years. Most GPs had received their medical qualifications in Australia, had been working as a GP in Australia for 15 years and worked 31 hours per week. On average, practices nurses and managers had been working in general practice for 9 years, and worked 33 hours per week.

GUIDELINES AND DEFINITIONS

[Australian STI Management Guidelines](#) recommend retesting the index case for reinfection 3 months post initial treatment and notifying sexual partners from the previous 6 months.

The NSW STI Programs Unit (STIPU) has some useful resources about diagnosing acute abdominal pain in women, see: <https://stipu.nsw.gov.au/gp/hiv-and-sti-clinical-management/acute-abdominal-pain-in-women/>

Patient Delivered Partner Therapy (PDPT) is a method of providing treatment for partners of a patient (the index patient) who has been diagnosed with chlamydia. The prescribing clinician offers their patient (the index patient) a prescription or treatment for a single dose of Azithromycin to give to their sexual partners. See: <http://contacttracing.ashm.org.au/contact-tracing-guidance/patient-delivered-partner-therapy>

ABOUT MoCCA

The Management of Chlamydia Cases in Australia (MoCCA) project is a National Health and Medical Research Council partnership project that is investigating strategies to strengthen management of chlamydia infections in Australian general practice with a particular focus on partner notification, retesting to detect reinfection, and detection of complications such as pelvic inflammatory disease. You can find more information about the project on [our website](#).

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Partner organisations: University of Melbourne, NSW Ministry of Health, Victorian Government, Dept of Health and Human Services, Queensland Health, North Western Melbourne Primary Health Network, Central and Eastern Sydney Primary Health Network, Family Planning Victoria, Family Planning NSW, True Relationships & Reproductive Health, Queensland, Victorian Cytology Service, Sydney Sexual Health Centre.

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This study has been approved by the University of Melbourne Ethics committee, ID: 1853183.

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