



MANAGEMENT OF CHLAMYDIA CASES IN AUSTRALIA: GP SURVEY FINDINGS

CHLAMYDIA TESTING

Guidelines recommend regular STI testing for sexually active under 30s¹

Most GPs (86%) tested patients regularly for chlamydia (Figure 1).

When conducting STI testing, over three quarters of GPs discussed the following with their patients:

- Use of condoms during sex
- Patient sexuality or gender of their partners
- Number of sex partners
- Sexual activities

Discussion also included symptoms, patient concerns, and contraception. Most GPs (88%) were comfortable discussing these topics.

CHLAMYDIA MANAGEMENT RESOURCES

The most popular resources used by GPs when managing chlamydia were:

- [Australian STI Management Guidelines](#)
- [Electronic Therapeutic Guidelines](#)
- Sexual health, family planning or other specialist service resources

PARTNER MANAGEMENT

Guidelines recommend an index patient's partners from the past 6 months are notified.²

Most GPs reported they routinely advised index patients that their sexual partners should be informed and tested for chlamydia and most GPs thought the patient has the main responsibility for notifying partners (Figure 2).

GPs varied in what timeframe they advised patients to contact their sexual partners. About 80% advised patients to contact partners within the last 3 to 6 months. Almost half of GPs reported they had ever offered patient delivered partner therapy (PDPT) to a patient. Few GPs (10%) reported routinely offering PDPT.

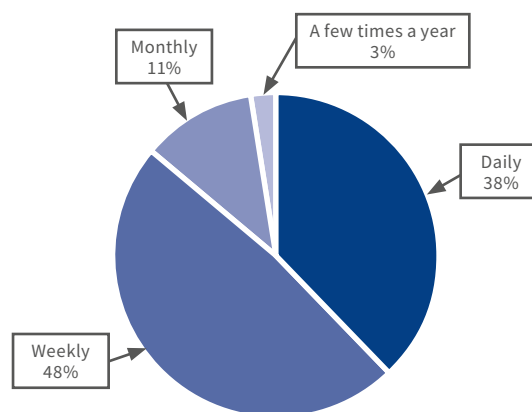


Figure 1: Frequency with which GPs conducted chlamydia testing in general practice

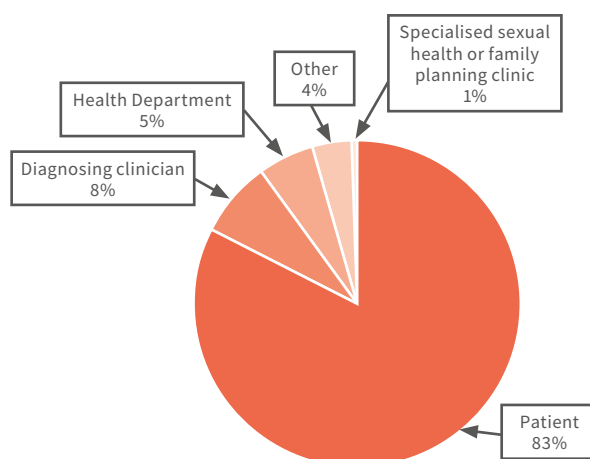


Figure 2: GP responses to the question 'Who do you think has the main responsibility for partner notification for chlamydia?'

TEST FOR REINFECTION

Guidelines recommend that patients with chlamydia are tested for reinfection 3 months after treatment.³ Re-testing within 4 weeks of treatment is too soon as it takes up to 4 weeks to clear the chlamydial DNA from the body.

Nearly 80% of GPs routinely asked their patients to return for a test of reinfection. Almost all advised their patients of an appropriate retesting time frame.

PRACTICE NURSE INVOLVEMENT

- Around one third of GPs reported the PN was involved in sexual and reproductive health care, including discussing STI risk and follow up for tests for reinfection.
- Over three quarters responded that extra training and skills and a clearly defined scope of practice for PNs and GPs would support PNs to have a greater role in STI treatment and management. Around half of GPs responded that the option for patients to make an appointment with the PN would also help.

GPs ALSO TOLD US IN THE FREE TEXT COMMENTS...

- Improving patient health literacy and awareness regarding chlamydia and PID risk is an important issue
- Some integration of chlamydia management resources and tools into clinical software would be useful
- The survey has prompted them to be more vigilant in initiating chlamydia testing
- GPs are well positioned to discuss the sensitive issue of STIs with patients, especially when there is an existing doctor-patient relationship
- Time, funding and resource constraints are a challenge for GPs in managing chlamydia infections. These issues may be compounded in certain settings with high-risk populations.
- A check list for management of chlamydia in general practice would be useful
- Views about PDPT varied. Some GPs were interested in providing PDPT in the future but need more educational resources. Others emphasised that a direct consultation with the partner is preferable.

**THANK YOU AGAIN FOR YOUR PARTICIPATION,
WE REALLY APPRECIATE YOU TAKING THE TIME TO COMPLETE THE SURVEY.**

ABOUT THIS SURVEY

In 2019 a total of 323 GPs participated in an online MoCCA survey about their chlamydia case management practices. Participants were mostly female (72%), with an average age of 42 years (range 24-72) and had worked in Australian general practice for an average of 10.4 years. GPs were from the following States/Territories- NSW (26%), NT (3%), QLD (19%), SA (7%), TAS (3%), VIC (34%), WA (7%).

DEFINITIONS

Patient Delivered Partner Therapy (PDPT) is a method of providing treatment for partners of patients who have been diagnosed with chlamydia. The prescribing clinician offers their patient a prescription or treatment for a single dose of Azithromycin to give to their sexual partners.³

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**.

Lead investigator: Professor Jane Hocking, Melbourne School of Population and Global Health, University of Melbourne.

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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REFERENCES

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- 2 Australasian Sexual Health Alliance. Australian STI Management Guidelines: ASHA; 2018. [Available: <http://www.sti.guidelines.org.au/about-asha>]
- 3 Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine. Australasian Contact Tracing Manual: ASHM; 2016 [Available: <http://contacttracing.ashm.org.au/>]

