



# Chlamydia in Australia – The National Picture

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# Chlamydia

- Most common bacterial sexually transmissible infection (STI) in developed countries
- Chlamydia is the most frequently notified infection in Australia
- Often asymptomatic in both women and men
- Left untreated it can cause:
  - cervicitis, urethritis or upper genital tract infection, pelvic inflammatory disease, chronic pelvic pain and ectopic pregnancy in women
  - urethritis and occasionally acute inflammation of the testis and epididymis in men
- Treated effectively with a single dose antibiotic



Figure 15 Chlamydia by year and sex

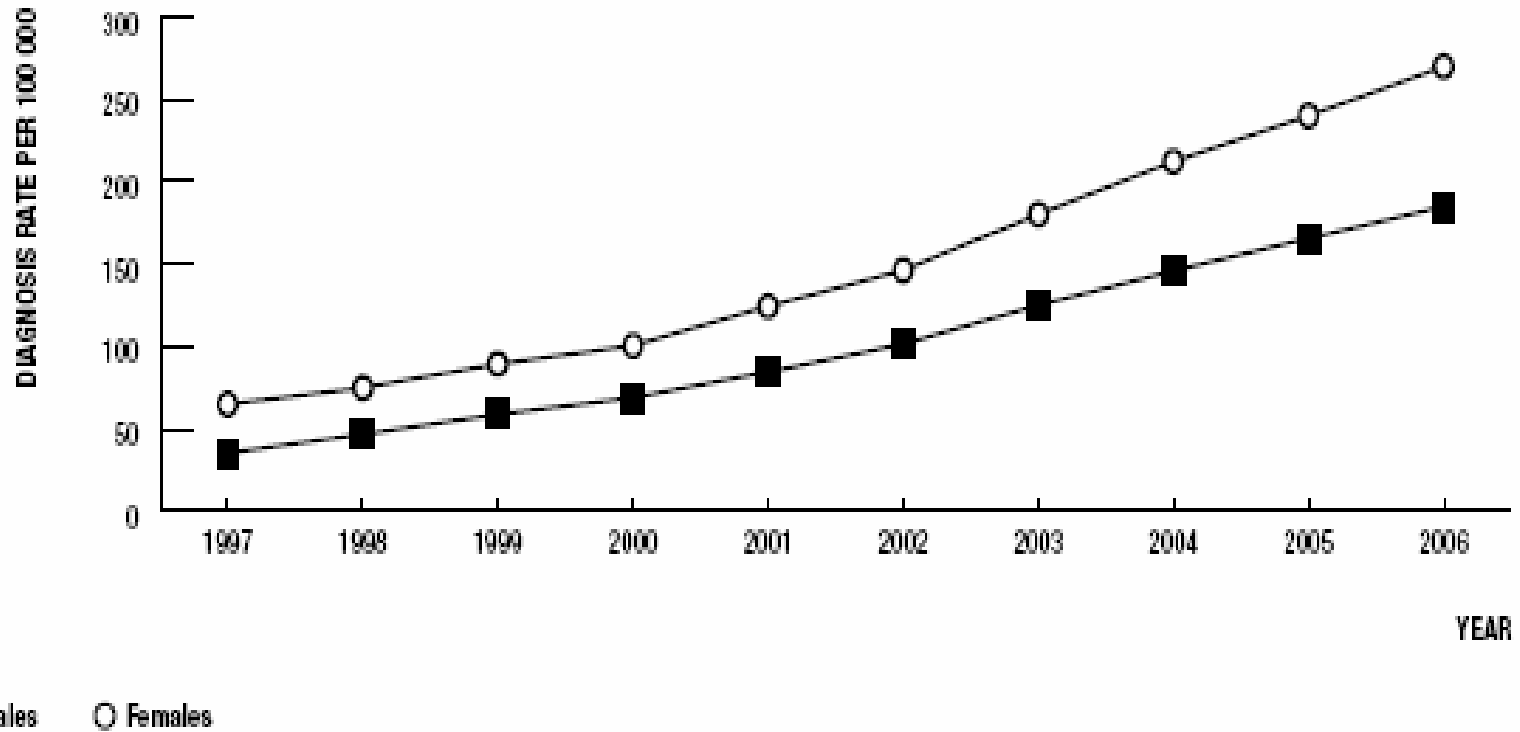
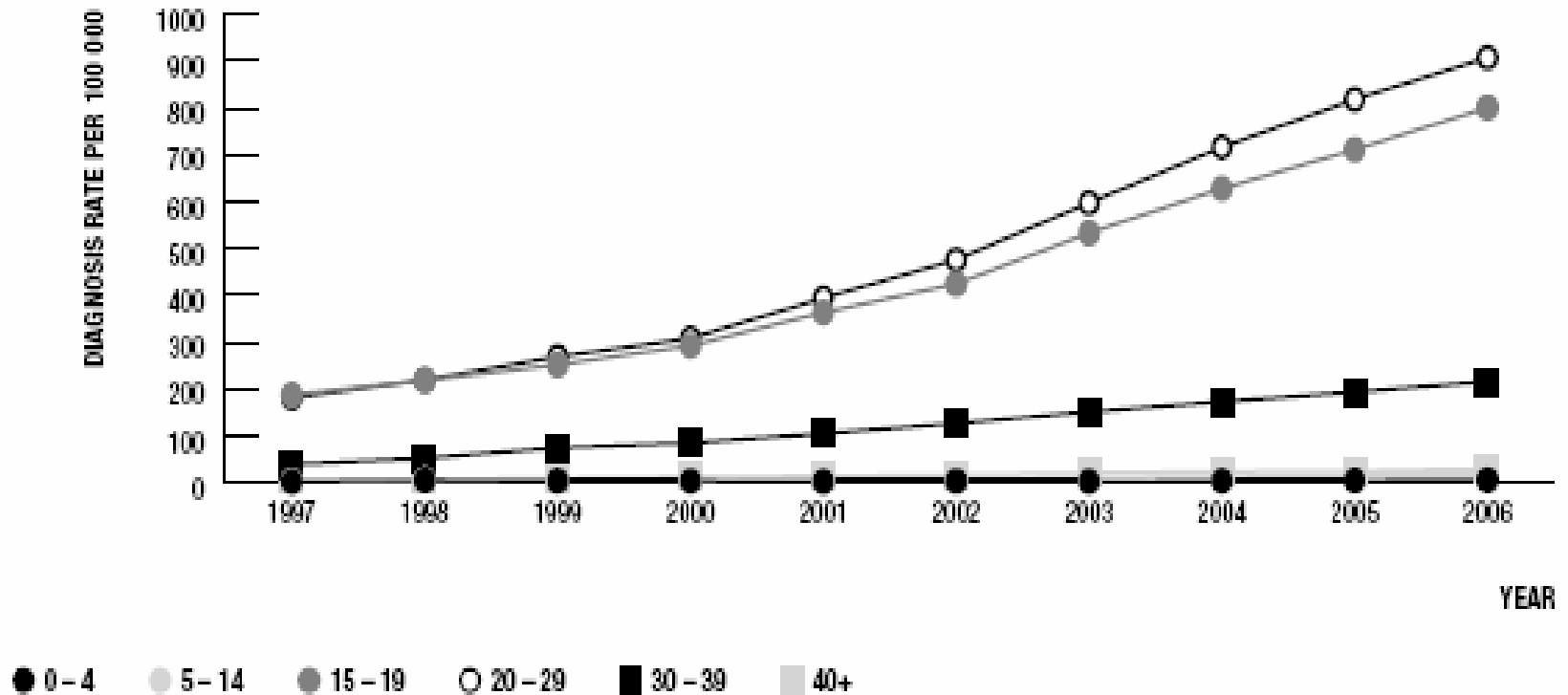




Figure 16 Chlamydia by year and age group





# Risk Factors for Chlamydia

- Young sexually active women or men
- Previous history of an STI
- New or multiple partners
- Inconsistent use of condoms
- Homosexually active men and men who have sex with men (MSM)
- Aboriginal and Torres Strait Islander people



# National STI Strategy

- The *National Sexually Transmissible Infections Strategy 2005 – 2008* provides a framework for the national response to STIs
- Modelled on the National HIV Strategy, the National STI Strategy is guided by the principles of:
  - Leadership – National Strategy approach
  - Evidence-based policy
  - Participation of affected and at risk people and communities in policy and program development
  - Early detection and intervention
  - Access to appropriate health care
  - An enabling environment
  - Non-partisan response
  - Health promotion



# Chlamydia in the National STI Strategy

- Chlamydia is identified in the strategy as one of seven STIs, other than HIV, that are of public health importance
- Suggested actions identified in the STI Strategy include:
  - chlamydia screening pilot
  - promotion of opportunistic testing in GP and sexual health clinics
  - improved partner notification; and
  - enhanced data collection for a national surveillance system
- In 2005 the Australian Government committed \$12.5 million to the Chlamydia Pilot Testing Program



# Chlamydia Pilot Testing Program

- The program has three stages:
  - Stage 1 – Chlamydia Targeted Grants Program
  - Stage 2 – Chlamydia Pilot in General Practice
  - Stage 3 – Monitoring, Evaluation and Recommendation



# Stage 1: Chlamydia Targeted Grants Program

- Stage 1 projects target high-risk groups:
  - young people aged 16 to 25 years
  - Aboriginal and Torres Strait Islander people
  - homosexually active men and MSM
  - pregnant women
- The projects address a number of the National STI Strategy chlamydia actions
- There are 20 projects funded in total, six of which are being undertaken in Victoria
- All projects are expected to be completed by December 2008



# Stage 1 Projects in Victoria

- The Macfarlane Burnet Institute for Medical Research and Public Health
- The Alfred Hospital
- Njernda Aboriginal Corporation
- University of Melbourne (three projects)

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In addition, Macfarlane Burnet, in partnership with NCHECR, have been funded to establish a national sentinel surveillance system for chlamydia



# Stage 2: Chlamydia Pilot in General Practice

- Aims to assess the feasibility, acceptability and cost effectiveness of an organised testing program in general practice settings
- Monitor the impact of increased chlamydia testing on the primary health care sector and the implications for a national program
- Assess the practicality of opportunistic chlamydia testing for target groups and the success of register generated recall in promoting regular testing



# Stage 3: Evaluation

- A final evaluation of both Stage 1 and Stage 2 will be undertaken
- Aims to provide a recommendation on whether screening for chlamydia should continue
- It is anticipated that the evaluation will commence in late 2010