



FAMILY PLANNING VICTORIA

Chlamydia at the Action Centre ClaSP study

FPV



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Testing at the Action Centre

- Population: >90% women all aged <25 years
- Guidelines of RACGP followed
- Initial increased awareness with a prevalence study¹
 - All women (n=1107) attending the clinics during a 5 week period in 2001 were asked to participate in screening and questionnaire
 - 373 women at the AC consented, 18 positive (4.8%), but 6.2% positive in under 25s
 - Percentage positive higher than normal clinic positive rate of 3%
- Ongoing surveillance through Burnet institute, indicates current percentage positive is $\approx 7\%$, despite much higher testing

1. Williams H, et al. Sex Transm Infect 2003;79(1):31-4.



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Testing at the Action Centre

- Test all eligible
- Unlike general practice in the context of a comprehensive sexual history
 - Gonorrhoea: ♂ partners MSM, sex with OS partner, sex workers
- Not examined unless symptomatic
- Positive result
 - Recheck symptoms of pelvic infection
 - Re check for risk factors for other STIs
 - None of above: treat as uncomplicated chlamydia, contact trace, test of reinfection



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GP Education

- Emphasises most infections are asymptomatic
- Although there are recognised risk factors such as change of sexual partner and not using condoms, many will be in a “low” risk category
- Traditional signs and symptoms of chlamydia, including discharge, abnormal bleeding and pain are not good predictors of infection



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ClaSP study: GP Education

- Consortia led by the Sexual Health unit, University of Melbourne and includes, Melbourne Sexual Health Centre, Burnett Institute, General Practice Division of Victoria and Family Planning Victoria
- Objectives
 - To establish and deliver a pilot opportunistic testing program for high risk women (defined as those sexually active and aged between 16 and 24 years) attending general practitioners and similar primary health care agencies.
 - Determine the prevalence of chlamydia among women screened.
 - Increase provider awareness about chlamydia infection.
 - Assess consumer and provider acceptability of opportunistic testing for chlamydia.
 - Identify barriers and opportunities for implementing a targeted opportunistic screening program for chlamydia in the future.



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ClaSP: Design

- 12 general practices recruited in 6 matched pairs
 - 2 from moderately accessible Accessibility Remoteness Index of Australia (ARIA)
 - 2 from accessible ARIA
 - 8 from metropolitan Melbourne
 - 2 from most disadvantaged areas, 2 mid level of disadvantage, most advantaged
 - Includes 2 aboriginal centres
- All clinics receive education
- Clinics randomised within pairs to either receive or not receive a \$5 intervention



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ClaSP

- FPV have the role of educating GPs
- Package messages based on messages from Research
 - Don't need to take a sexual history
 - Don't need to be examined
 - Emphasise
 - Mostly asymptomatic
 - that treatment and testing are simple



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Australasian sexual health conference

- Stamp out chlamydia
 - pee in a cup.
 - Offered testing to 1512, of which 445 were tested and 1.8% diagnosed at a cost of \$13000 per diagnosis
 - \$10 incentive per test
 - at \$2500 per diagnosis
- Clued up
- <http://getcluedup.com.au/default.aspx>
 - Web site dedicated to chlamydia, developed in consultation with young people
 - An internet based intervention
 - Those who sign up for the web site are randomised to receive either automated messages or personal response from a nurse. No response to automated messages
 - Self reported chlamydia testing will be measured at the end of the study.