



AUDIT OF THE TREATMENT AND FOLLOW UP OF GENITAL CHLAMYDIA IN 2016

Caitriona Bennett and Emma Hollands
University of Notre Dame Audit Program (Prof. Donna Mak)

Supervisors: *Dr Richelle Douglas and Dr Alison Creagh*
SHQ

Acknowledgement of country

I would like to acknowledge that this meeting is being held on Aboriginal land and recognise the strength, resilience and capacity of Noongar people in this land.

Chlamydia threatens the health of young Australians

- In 2008 Chlamydia was the most diagnosed STI in Australia
- Associated with
 - PID
 - Tubal infertility
 - Ectopic pregnancy
 - Epididymo-orchitis
- Despite being easily treatable with azithromycin or doxycycline.....
 - 10-14% of Australians are re-infected within a year

What are we doing wrong?

- Poor case finding



- Poor contact tracing



- Re-infection risk

What is being done?

1. Guidelines

- ASHM
- BASHH

2. Research

- ACCEPT
- This audit!

Aims of this audit

Assess the compliance of a metropolitan sexual health clinic (SHQ) with the guidelines created by ASHM and BASHH re: **treatment** and **follow up** of chlamydia diagnoses

1. *100% of patients diagnosed with Chlamydia are treated with an appropriate antibiotic regime (ASHM)*
2. *Contract tracing is attempted in 97% of patients (BASHH)*
3. *50% of patients are re-tested at 3 months (ASHM)*

Methods

- Retrospective audit of positive genital chlamydial cases in 2016
 - Any age
 - Any sex
- Excluded
 - Pregnant
 - PID / epididymoorchitis
 - Rectal, anal or pharyngeal chlamydia
 - HIV positive

Methods

- Retrospective audit from patient digital files (ZEDMED)
- Each recorded positive result had a file review to extract relevant data
- Descriptive analysis in Excel via pivot tables

Data collection

- Total positive chlamydial cases in 2016 = **223**
- Excluded cases = **32**
 - Anal, rectal, pharyngeal chlamydia
 - Suspected or diagnosed PID or epididymo-orchitis
 - Pregnant women or HIV positive patients
- ***Total included = 191***

Demographic analysis

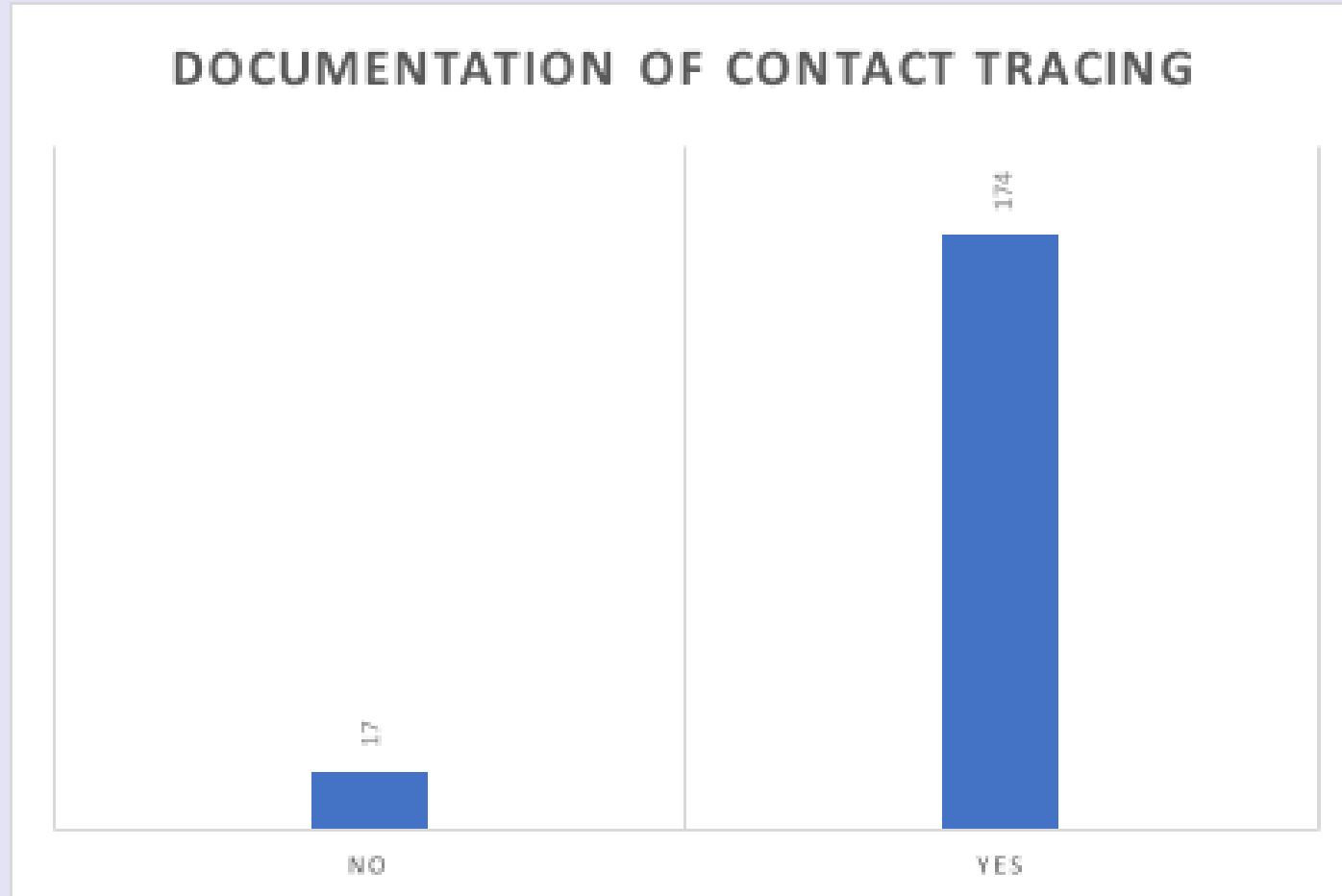
Demographic			
Age	Range	Median	Mean
	13-62	27.08	26
		n	% of total
Sex			
	Male	104	54.45
	Female	86	45.03
	Missing data	1	
Symptoms	Symptomatic	69	36.19
	Asymptomatic	115	60.21
	Missing data	7	3.66

Standard 1 – antibiotic treatment

Choice of antibiotic	<i>n</i>	%
Azithromycin	175	91.1
Doxycycline	3	1.57
Missing data	2	1.04
Treated elsewhere	11	6.28
Total	191	100

98.8% of patients treated at SHQ were documented as treated with an appropriate antibiotic regime.

Standard 2 – contact tracing



Standard 3 – 3 month re-test

	Yes (n)	%	No (n)	%
Advice given to re-test	110	57.59%	81	42.41%
Returned for re-test	41	21.5%	150	78.5%

Of patients advised to re-test (n=110), **only 37.2%** (n=41) did re-present at any stage.

So how did we do?

1. Choice of antibiotic – *almost MET*
 - 2 cases lost to follow up
2. Advice to contact trace **MET**
 - Largely patient led
3. Repeat testing at three months **NOT MET**
 - Low attrition rate in those advised to represent (37%)
 - ? Returned to different practice
 - ? Patient attitudes

Limitations

- Use of cases vs patients
- Patients attending different practices
 - Prescriptions & repeat testing
- Retrospective documentation

What next?

- Identifies the need for proactive strategies to increase the re-test rate
 - SMS contact identified as most successful in Cairns study
- Documentation & patient recall
- Repeat audit

Implications

- Benchmarks for sexual health clinics across Australia
 - BASHH vs ASHM auditable outcome
 - Other studies identified similar rates of contact tracing
 - USA studies identify low re-testing rates similar to SHQ
- Advocacy
- Education
 - Patients
 - Primary care practitioners

References

- Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine. (2016). Australian STI Management Guidelines for use in Primary Care - *Chlamydia*. Retrieved from <http://sti.guidelines.org.au/sexually-transmissible-infections/chlamydia#auditable-outcomes>
- Beyda, R. M., Benjamins, L. J., Symanski, E., Swartz, M., Risser, W. L., & Eissa, M. . (2013). Assessing Azithromycin Efficacy in Treatment of Chlamydia Trachomatis. *Journal of Pediatric and Adolescent Gynecology*, 2(26), 49.
- Fung, M., Scott, K.C., Kent, C.K, & Klausner, J.D. (2007). Chlamydial and gonococcal reinfection among men: a systematic review of data to evaluate the need for retesting. *Sexually Transmitted Infections*, 83(4), 304-309. doi:10.1136/sti.2006.024059
- Geisler, W.M, Uniyal, A.L., Jeannette, Y.L, Shelly, Y. J., Shacondra, P., Raymond C.W., Kerndt, P.R. (2015). Azithromycin versus doxycycline for urogenital Chlamydia trachomatis infection. *N England Journal Medicine*, 2015(373), 2512-2521.
- Guy, R., Wand, H., Franklin, N., Fairley, C., Chen, M., O'Connor, C., & Hellard, M. (2011). Re-testing for chlamydia at sexual health services in Australia, 2004–08. *Sexual health*, 8(2), 242-247.
- Hocking, J.S., Walker, J., Regan, D., Chen, M.Y., & Fairley, C.K. (2008). Chlamydia screening-Australia should strive to achieve what others have not. *Medical Journal of Australia*, 188(2), 106.
- Hosenfeld, C., Workowski, K., Berman, S., Zaidi, A., Dyson, J., Mosure, D., Bauer, H. (2009). Repeat Infection With Chlamydia and Gonorrhoea Among Females: A Systematic Review of the Literature. *Sexually Transmitted Diseases*, 36. 478-489. doi: 10.1097/OLQ.0b013e3181a2a933.

Questions?



Thank you!