Background

• Chlamydia trachomatis endemic in many countries
• Chlamydia testing is widely recommended
  – Early treatment to shorten infectious period
  – Prevent ascending genital tract infection in women
• Control remains elusive; limited evidence of effectiveness of screening programmes 1,2
• MOH draft Chlamydia management guidelines
• 3 pilot areas – Waikato, Lakes & 1 Auckland DHB

ECDC Guidance: Chlamydia Control, June 2009

Background

• The overall objectives of the projects are to:
  – Increase opportunistic testing and treatment for Chlamydia for under 25 year olds
  – Reduce health inequalities between Maori and non-Maori.

Waikato DHB Project

1. Need local baseline data:
   – Test coverage of U-25 yr olds, incl by ethnicity
   – Case management in a range of settings
2. Local providers suggested adapting national resources to better fit local needs
3. Education update for all primary care providers based on the baseline assessment
4. Evaluate, evaluate, evaluate
   • focus groups with providers around their needs
   • review of access for U-25 year olds to free S&RH care

BASELINE TESTING AUDIT
Current Surveillance Data

Test uptake & target coverage

- **Q**: how to find all asymptomatic Chlamydia infections without testing 100% adults? **Answer**: you can’t
- Instead, aim to reduce prevalence by targeting testing to those with highest prevalence
- The dark art of mathematical modeling
  - Australian aim is to test 40% of 15–24 year-old men and women each year
  - UK aim is 35% p.a. of under-25s (2009 target is 17%)
  - excludes GU med clinic tests
- need to test more women if testing less men
- models assume folk are not re-infected immediately!

Female Chlamydia Tests, Feb-Oct 2008

Baseline Audit of Testing

<table>
<thead>
<tr>
<th>Chlamydia tests, Feb-Oct 2008</th>
<th>Number of Tests¹</th>
<th>% Coverage Feb-Oct 2008</th>
<th>Number of Individuals</th>
<th>% Coverage Individuals</th>
<th>% Positive Tests</th>
<th>Case rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>131,924</td>
<td>7.2%</td>
<td>17,474</td>
<td>9.2%</td>
<td>15.7%</td>
<td>605</td>
</tr>
<tr>
<td>13-16 yrs</td>
<td>54,512</td>
<td>5.9%</td>
<td>8,283</td>
<td>5.8%</td>
<td>15.4%</td>
<td>278</td>
</tr>
<tr>
<td>17-20 yrs</td>
<td>11,470</td>
<td>11.4%</td>
<td>1,384</td>
<td>9.3%</td>
<td>15.5%</td>
<td>142</td>
</tr>
<tr>
<td>21-24 yrs</td>
<td>3,350</td>
<td>16.1%</td>
<td>465</td>
<td>9.5%</td>
<td>15.9%</td>
<td>584</td>
</tr>
<tr>
<td>25-34 yrs</td>
<td>1,193</td>
<td>26.2%</td>
<td>147</td>
<td>10.2%</td>
<td>16.2%</td>
<td>235</td>
</tr>
<tr>
<td>35-44 yrs</td>
<td>299</td>
<td>25.3%</td>
<td>42</td>
<td>9.7%</td>
<td>16.0%</td>
<td>124</td>
</tr>
</tbody>
</table>

¹ Multiple women/case sample counted as 1 test

Female Chlamydia Tests, Feb-Oct 2008

Baseline Audit of Testing

<table>
<thead>
<tr>
<th>Chlamydia positivity rates in SCREENS performed by UK NCSP, 2007</th>
<th>Chlamydia positivity rates in ALL Waikato DHB tests, Feb-Oct 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 16</td>
<td>16-19</td>
</tr>
<tr>
<td>Male</td>
<td>0.0%</td>
</tr>
<tr>
<td>Female</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Baseline Audit of Testing

<table>
<thead>
<tr>
<th>Test-Taken Fem and Males (in order of order)</th>
<th>Chlamydia positivity rates in ALL Waikato DHB tests, Feb-Oct 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females, 15-24 yrs</td>
<td>3554</td>
</tr>
<tr>
<td>% Positive tests</td>
<td>45%</td>
</tr>
<tr>
<td>Case rate per 100,000</td>
<td>100%</td>
</tr>
<tr>
<td>Test-Taken Females, 15-24 yrs</td>
<td>3560</td>
</tr>
<tr>
<td>% Positive tests</td>
<td>45%</td>
</tr>
<tr>
<td>Case rate per 100,000</td>
<td>100%</td>
</tr>
</tbody>
</table>

Urban myths, such as ‘Hamilton is the Chlamydia capital of New Zealand’ may help promote testing locally.

**Conclusions**

- High Chlamydia testing amongst young women
- Equitable testing in Maori and non-Maori
- Low uptake by all young men
- Of individuals tested,
  - 1 in 7 women aged 15-24 yrs were positive
  - 1 in 5 Maori cf 1 in 10 non-Maori for women under-25

**Conclusions**

- Age range of genital tests in 2008 = 3 – 96 years
- Nearly half of all tests were from women 25+ years
- Much lower positivity among females >25 yrs and esp those >30 years (3 in 100)
- Can we better identify those at risk for infection?
- Room for improvement – more U-25s, fewer oldies

**Conclusions**

- Local data suggests user-fees are a factor
- GPs with user-fees tested fewer registered U-25s in 2005–06 *
- Overseas GP testing rates reflect practice knowledge & awareness of Chlamydia
- Probable feedback loop – more U-25s, more cases, more awareness


**Audit of treatment and partner management**

- Identify gaps and potential barriers between Chlamydia guidelines and current practice
- Ethics approval
- Adapted UK audit tool
- 2258 cases in wide range of settings, Feb-Oct 2008
- Aim to audit settings with 25 or more cases
- Each setting – data on 20 consecutive cases
- 20 settings met criteria (1595 or 70% of all cases)
- Waikato DHB audit unit support

**CASE MANAGEMENT AUDIT**
Results – Demographics of 380 Cases (not 415)

- 76% female
- 41% Maori
- 4.5% Pacific Islander
- 78% under-25 years
- Previously tested
  - n/d: 34%
  - No: 28%
  - Yes: 38%

Note: n/d = not documented

Results - key performance indicators

- Main reason for test (asymptomatic vs diagnostic)
- Test specimen
- Treatment recorded
- Time to treatment (x% within 4 weeks)
- Partner management recorded

Key performance indicators

- Main reason for test:
  - males: symptoms 49%, contact of STI 20%
  - females: symptoms 41%, asymptomatic (pt request) 28%
- Tests:
  - most females by cervical swabs
  - 26% males diagnosed by a urethral swab
- Treatment:
  - 87% had documented treatment
  - 7% ‘not documented’, 5% Q blank, 1% ‘no treatment’
  - immediate treatment: 39% dispensed
  - delayed treatment: 26% dispensed

Results - key performance indicators

- Time to treatment:
  - average 5 days, 86% within 4 weeks
  - but 13% no data available

- Partner management
  - 60% documented ‘telling partners’
  - 49% documented # of partners in last 3 months
  - 18% documented any outcome

National MOH Resource Materials

- Provider summary
- Patient information leaflet
And the rest...

- Primary care education sessions that include feedback of baseline data
- Self-directed learning options, including web-based
- Project communication - community pharmacists, health promoters, young people networks, etc
- Data collection & reporting
- Advisory Group meetings
- ‘Evaluate’til it hurts