



Season's Greetings

With 2010 drawing to a close, the Australian Chlamydia Control Effectiveness Pilot reflects on a busy year.

It has been six months since ACCEPT started recruiting general practice

clinics, and so far, the response from clinics approached to participate has been overwhelmingly positive.

ACCEPT has already recruited dozens of clinics across Victoria, New South Wales and Queensland, from Wonthaggi to Cootamundra and onto Jimboomba. In total, clinics from 54 areas will be recruited into ACCEPT. Half will be randomised to carry out usual care, and half will receive a multifaceted intervention that includes feedback on chlamydia testing performance, incentive payments for tests conducted and education through multiple rounds of testing.

General practice clinics in 13 towns in rural Victoria, New South Wales and Queensland have been recruited into ACCEPT, as well as eight clinics in metropolitan Melbourne. That's a total of 31 clinics that have welcomed ACCEPT into their practices, with more joining each week.

The staff at ACCEPT have been humbled by the fantastic response and would like to wish all of the practice managers, practice nurses and general practitioners who have assisted them, a Happy Holiday Season and safe New Year.

Associate Professor Jane Hocking
Principal Investigator, ACCEPT

Whittlesea Medical Clinic ACCEPTs the Challenge

The Whittlesea Medical Clinic is one of the first in Metropolitan Melbourne to sign on and take part in ACCEPT. With support from GPs, practice nurses and clinic staff, ACCEPT has been welcomed into the Plenty Valley clinic on the northern outskirts of the city. It took less than three weeks for the ACCEPT team to recruit over 70 volunteer patients at the Whittlesea practice for the baseline prevalence survey of 16–29 year-olds. Involvement of clinics like the Whittlesea Medical Clinic will help to inform Australian chlamydia testing policy for the future.

Tracing Chlamydia's Contacts

Chlamydia re-infection rates are alarmingly high among Australian young adults – 25% of young people diagnosed with chlamydia will become re-infected within the next 12 months. Re-infection increases the risk of developing pelvic inflammatory disease (PID), so tracking down partners of people infected with chlamydia is crucial for effectively controlling the spread of chlamydia – almost as important as testing and treating.

Annual testing of young people is the health profession's first line of defence against increasing rates of chlamydia in the community. With around 80% of people who have chlamydia being asymptomatic, contact tracing, or partner notification, helps to identifying infected partners to prevent reinfection of index patients, and further unwitting transmission to new partners.

About two-thirds of male partners of infected women and female partners of infected men are infected with chlamydia. With infections potentially lasting for many months in both men and women, all sexual partners from the previous six months should be contacted and treated. While some patients may feel uneasy about informing their current or previous partners of an infection, research shows that most people infected with chlamydia believe that contact tracing is "the right thing to do".

The website www.letthemknow.org.au assists people in contacting partners via email, text message or letter. Patients can choose to notify partners anonymously if they prefer, and the site also provides useful resources for GPs such as 'contact letters' for patients to give to their sexual partners. Additional information on partner notification is available in the Australasian Contact Tracing Manual. The fourth edition of the Manual is now available in a searchable web-based format at <http://ctm.ashm.org.au/>.



ACCEPT's Christie McFadden with Whittlesea GP, Dr Muneer Saka

Monitoring Chlamydia Testing Rates with GHRANITE™

The aim of ACCEPt is to determine whether increased chlamydia testing in general practice can reduce transmission in the community. Monitoring the number of chlamydia tests being performed is therefore central to ACCEPt's operations.



GRHANITE™ is a data extraction tool that silently extracts relevant patient data from a clinic's medical records software. Patient data are de-identified before being sent securely to the GRHANITE™ databank for further analysis. GRHANITE™ was developed by staff at the Health Informatics Unit at The University of Melbourne's Rural Health Academic Centre in Shepparton. Christie McFadden (pictured) who works at the Centre for Excellence in Rural Sexual Health (CERSH) is the face of GRHANITE™ for ACCEPt, installing the program on practice software as clinics sign on. Additional information on GRHANITE™ is available at www.grhanite.com.

Data from pathology providers servicing GPs involved in ACCEPt will also assist in determining accurate chlamydia testing rates throughout the project.

Showcasing ACCEPt

- Alaina Vaisey presented a poster at the 2010 Australasian Sexual Health Conference held in Sydney from October 18–20. The poster outlined the role of practice nurses in increasing chlamydia testing rates in general practice.
- Associate Professor Jane Hocking gave a presentation on ACCEPt at the 2010 Australian Chlamydia Conference, held in Brisbane from November 23–25.
- "Schoolies at high risk of chlamydia" – November 24 article in *The Age*; news.theage.com.au/breaking-news-national/schoolies-at-high-risk-of-chlamydia-20101124-186t0.html
- "Sexual history unnecessary for chlamydia test" – November 29 article in *Medical Observer*; www.medicalobserver.com.au/news/sexual-history-unnecessary-for-chlamydia-test

Did you know...?

- Chlamydial infections were first described in 1907 by Ludwig Halberstaedter and Stanislaus von Prowazek, who were investigating eye infections on the Indonesian island of Java.
- For decades, chlamydial infections were thought to be caused by a virus, and it wasn't until the 1960s that the causative agent was discovered to be bacterial.
- Chlamydia was named after the ancient Greek word *chlamys*, for "cloak", which describes how inclusion bodies containing the bacteria are "draped" around an infected cell's nucleus.

Pelvic Inflammatory Disease

Pelvic Inflammatory Disease (PID) is an often debilitating condition that can be caused by chlamydial infection of the upper genital tract. It has been estimated that about 10 per cent of untreated chlamydial infections may result in PID.

PID can lead to inflammation or scarring of the endometrium, fallopian tubes, peritoneal cavity and the liver capsule (peri-hepatitis, or Fitz-Hugh–Curtis syndrome). Chronic pelvic pain and infertility are the more serious consequences of PID.

The diagnosis of PID is usually dependent on clinical experience, as there is no individual sign or symptom that is definitive of PID. PID can vary drastically in its clinical presentation, from virtually asymptomatic to severe abdominal pain and fever. PID can also be confused with irritable bowel syndrome and other gastrointestinal or gynaecological conditions. A high level of suspicion and low threshold for treatment are therefore advised for young women at risk of PID. Testing for chlamydia and treating with antibiotics are recommended when any one of the following signs is present: uterine tenderness, adnexal tenderness or cervical motion tenderness in sexually active young women at risk of STIs where no other cause is identified.

In addition to the unquestionable benefit for the patient, accurate diagnosis of PID enables specific and accurate records to be generated within the general practice setting. Such information contributes greatly to population health data. Regular testing of asymptomatic young people for chlamydia is also an important means of preventing PID and infertility in young women.

This project has been commissioned and is funded by the Australian Government Department of Health and Ageing.