



Valuable Insights

As more and more clinics sign on, ACCEPT data are already providing insights into chlamydia in Australia's young people.

ACCEPT has now recruited over 480 GPs from 37 rural centres and 9 Melbourne postcodes. With

prevalence surveys on-going in many of these areas, preliminary data are literally pouring in from ACCEPT clinics. And with this, a picture is already emerging of the state of chlamydia in young people.

One important finding so far, is that a significant number of young people who are asymptomatic are testing positive for chlamydia during the prevalence survey – the number is over 4% (see Update overleaf). Pregnant women are also among those testing positive. These results are encouraging – they show that we are on the right track in piloting an opportunistic testing regime for chlamydia.

Many of our clinics are now entering the intervention phase of ACCEPT, and the question of whether or not increased opportunistic testing decreases chlamydia prevalence will be tested – an exciting prospect indeed.

Associate Professor Jane Hocking

Principal Investigator, ACCEPT

Why Test Pregnant Women for Chlamydia?



Testing pregnant women for chlamydia is sometimes overlooked, despite being prudent for both mother and baby.

There is often a perception that pregnant women are not at risk of chlamydia infection – many are in stable, long-term relationships. This does not mean they

are not at risk. Chlamydia can persist for many months, and even years, perhaps from a previous relationship, and infection can also be easily introduced into a relationship through a third party. Testing for chlamydia during pregnancy also represents an opportune time to prevent chlamydial infection in newborns. Chlamydia present in the birth canal can lead to pneumonia and/or conjunctivitis after birth. In fact, the RACGP Red Book reports that untreated pregnant women infected with chlamydia have a 20–50% chance of infecting their infant at delivery.

Total Recall – Retesting for Chlamydia

Detecting chlamydia opportunistically in patients that are perhaps unaware they are even at risk is an important aspect of primary care for young people. Ensuring that they don't get re-infected is equally as important.



Australian research suggests that around 1 in 5 people who are successfully treated for chlamydia will become re-infected within a year. Unfortunately, it has also been shown that re-testing rates for Australian clinicians is low – a recent study found that only half of patients who tested positive for chlamydia were re-tested.

So, when should a repeat test be ordered? The National Management Guidelines for Sexually Transmissible Infections recommends re-testing 3 months after an initial infection is treated. If a repeat test is ordered too early – within the first 6 weeks – there is a chance that testing will detect the remains of the initial infection. On the other hand, waiting too long before a re-test can increase the risk of a re-infection causing chlamydia's longer-term consequences: PID and infertility in women, and epididymitis in men.

One of the easiest ways to ensure that patients are re-tested is to set up a recall system, so that patients are proactively contacted at the right time after their initial test.

ACCEPT Progress Report

>480	GPs participating in ACCEPT
126	Clinics who have agreed to be part of ACCEPT
37	Rural townships that have seen 100% recruitment across clinics, as required for participation
9	Metropolitan Melbourne clinics who have agreed to be part of ACCEPT
27	Postcodes that have completed the prevalence survey and been randomised to either the control or the intervention arm of ACCEPT

ACCEPt Update: High Chlamydia Rates in the Unsuspecting

At the latest meeting of the Australasian Sexual Health Conference, held in Canberra in late September, Associate Professor Jane Hocking gave delegates a taste of the first wave of data coming out of the ACCEPt prevalence surveys.

One of the key findings was that over 4% of the young people who reported no symptoms indicative of a genital infection tested positive for chlamydia. This means 1 in every 25 young people who attend a GP for reasons other than sexual health have chlamydia.

These figures further highlight the importance of opportunistically testing all young people for chlamydia, rather than waiting for symptoms or patient requests to indicate that a test should be ordered. These results are also a great endorsement of ACCEPt's intervention – to increase annual opportunist testing of young people who attend their GP for any reason.

To date, over two thousand young people aged 16–29 years have participated in ACCEPt prevalence surveys, with an overall prevalence of 4.5% in men and 5.1% in women.

ACCEPt – Taking a Tailored Approach

Every general practice clinic is unique. As such, individual attention is being given to all clinics in the intervention arm of ACCEPt, to determine how best to implement the intervention to assist clinics in increasing their chlamydia testing rates.

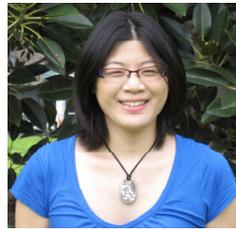
Central to the intervention is the ACCEPt education pack – *Chlamydia and Health Consequences in Young Adults* (pictured). The pack contains quick-reference cards, journal articles, a DVD and other helpful resources to bring GPs up-to-date with the latest in the treatment and management of chlamydia, PID and epididymitis in the general practice setting.

The education pack has been accredited by the Royal Australian College of General Practitioners, and by the Australian College of Rural and Remote Medicine. GPs can select from a range of activities to earn their professional development points, thereby tailoring their education to their own interests and their clinic's needs.



A Higher Purpose: Research Higher Degrees and ACCEPt

In addition to implementing and testing a pilot chlamydia testing regime in Australian general practices, ACCEPt is serving as a fertile training ground for future public health practitioners and researchers. Three students embarking on higher degrees by research through ACCEPt are:



Anna Yeung

The University of Melbourne

Anna Yeung is a Canadian who came to Australia to complete her Master of Public Health at the University of Melbourne, through the Melbourne Sexual Health Centre. During her Masters, she worked part-time as ACCEPt's resident "Condom Queen", sourcing free condoms for prevalence survey participant packs. Anna is now embarking on a PhD project looking at the acceptability and feasibility of ACCEPt using qualitative and quantitative methods. Her project will help to determine if increased testing in general practice is something that can be normalised into the daily routine at Australian clinics.



Rebecca Lorch

University of New South Wales

Rebecca Lorch is a UK-trained nurse and midwife who has been living in Australia for the past six years. An experienced sexual health nurse, Rebecca has been working with ACCEPt for the past 15 months, recruiting GP clinics across NSW. With a sense of both excitement and mild trepidation, Rebecca has commenced a study looking at whether an intervention directed at practice nurses (PNs) can help to increase chlamydia testing rates. She will be playing an active role in training PNs, and then assess whether utilising PNs in chlamydia testing is acceptable – to nurses, to GPs and of course, to patients.



Amie Bingham

The University of Melbourne

How does an area's social, structural and demographic make-up determine its chlamydia prevalence? This is a question that Amie Bingham is hoping to answer in her PhD project. Amie has come to ACCEPt with an undergraduate training in microbiology and sociology, and a Masters of Public Health in Social Health. She has been working in primary care-based research for the past four years, and has conducted studies to assess service delivery to marginalised and hard-to-reach populations. Amie has also been involved in GP training, and currently works part-time at the Australian Health Workforce Institute, looking into issues affecting the health workforce.

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