



Forging ahead

ACCEPT is now firmly in the intervention phase of the trial, and increasing chlamydia testing rates is our focus.

A baseline chlamydia prevalence survey has now been completed in almost all of our participating towns. Over 100 research

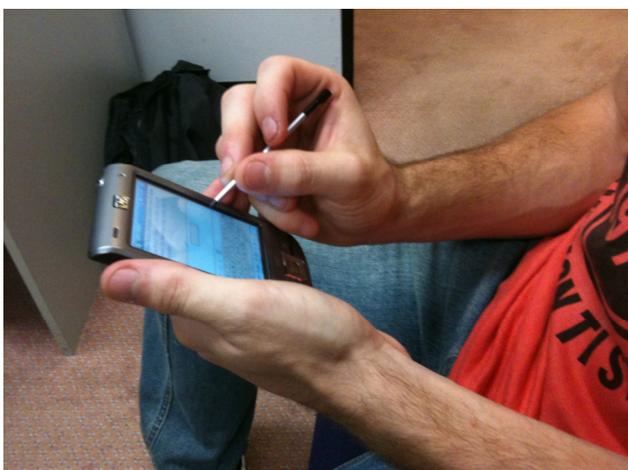
assistants have been hired to carry out the task of recruiting young people to have a chlamydia test and fill out a survey.

Our prevalence survey has shown that there is a lot of chlamydia in our rural areas – 4.7% tested positive for chlamydia with similar diagnosis rates among women (4.4%) and men (4.8%). This highlights how important it is to get our screening rates up.

Importantly, the baseline prevalence survey has also given us a solid starting point to assess the intervention phase of ACCEPT. When it comes time to conduct another prevalence survey at the end of the trial, we will have robust data to determine if increased testing works to reduce the rates of chlamydia in the community.

As with all components of the gargantuan endeavour that is ACCEPT, we are immensely grateful to the GPs, practice nurses, Aboriginal health workers, practice managers and receptionists who have made the prevalence survey such a success.

Associate Professor Jane Hocking
Principal Investigator, ACCEPT



STI info for GPs: GP Assist



The internet is awash with sexual health information, but knowing where to access high quality up-to-date information

for a general practitioner can be challenging. GP Assist, a site developed and maintained by the Melbourne Sexual Health Centre, was created with this goal in mind. The site, which can be accessed from the Melbourne Sexual Health Centre homepage (www.mshc.org.au), provides accessible information about the treatment of the more common STIs, including chlamydia, gonorrhoea, herpes, *Mycoplasma genitalium*, syphilis and trichomonas.

For chlamydia, GPs can easily find out what antibiotics to prescribe, when to order a re-test, and how to approach partner notification when a patient tests positive. Management guidelines for chlamydia in pregnancy, pelvic inflammatory disease and epididymitis are also provided.

GP Assist also contains simple tools such as partner letters and fact sheets for GPs to give to their patients, and help with discussions about partner notification.

Bookmark GP Assist on your web browser to have sexual health information at your fingertips when you need it.

ACCEPT progress report

>700	GPs participating in ACCEPT
148	Clinics that have agreed to be part of ACCEPT
>110	Practice nurses participating in ACCEPT
52	Rural townships that have seen 100% recruitment across clinics, as required for participation
8	Aboriginal Medical Services recruited
9	Metropolitan Melbourne clinics that have agreed to be part of ACCEPT
47	Postcodes that have completed the prevalence survey and been randomised to either the control or the intervention arm of ACCEPT

Chlamydia re-runs – when is best to test for reinfection?

One of the most important aspects of chlamydia management is a follow-up test after a patient has been treated. Re-testing patients after 3 months is the ideal time to detect chlamydia reinfections. The probability of a repeat infection is greatest in the first 12 months after a positive diagnosis, and is highest in young age groups.

A recent study found that among young women diagnosed and treated for chlamydia, over 20% were re-infected within about 3 to 6 months highlighting how important good partner notification and re-testing at three months is to reduce the harms associated with repeat chlamydia infection. This suggests that a large number of reinfection cases are



potentially being missed in women who do not return for a re-test. High reinfection rates also underscore the need for GPs to encourage patients to contact

all of their sexual partners so that they can be treated.

Repeat chlamydia infections place women at increased risk of developing pelvic inflammatory disease and other long-term complications including infertility.

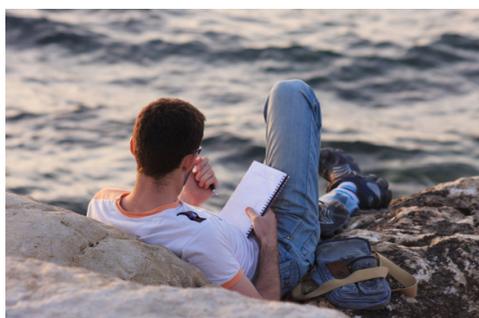
Did you know...?

- **Over 20%** of young people infected with chlamydia will get another infection **within 3 to 6 months**.
- The Australian Management Guidelines for Sexually Transmitted Infections **recommend re-testing** people diagnosed positive for chlamydia **3 months** after treatment (a test for re-infection).
- Re-testing for chlamydia **in the first 6 weeks** post-treatment can lead to **false positives** due to DNA from the initial infection still being present.
- Repeat infections are a **risk factor** for developing complications such as **Pelvic Inflammatory Disease**.

Young men: catch them when you can

Visiting a doctor is often completely off the radar for young men. Most young men see their GP at least once a year, whether it be for a prescription for the oral contraceptive pill, a general health check, or a bout of the flu. While this is the case for 90% of young women, only 70% of young men attend their GP annually.

Opportunistically testing young patients aged 16–29 years – especially men – for chlamydia is the best way to ensure that young people attending



your clinic are tested regularly. If the young men you see are up to providing a urine sample, why not offer

them a chlamydia test, as a sensible and simple preventive health measure that they might not

Looking for Points?

Intervention:

40 Category 1 RACGP points
10 ACRRM points

Also accredited for Women's Health points

See page i of your ACCEPt education pack for details
(Requirements must be completed by 30 June 2013)

Control:

Use your ACCEPt education pack for Self Recorded Activity points

have considered. Setting up recall and reminder systems can also help to get men back to the clinic for an annual test.

Encouraging patients who test positive for chlamydia to contact all of their sexual partners is another crucial way to reach young men who might not visit the GP of their own accord.

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