Testing times

As the prevalence survey wraps up for ACCEPt towns, it’s time to focus on increasing testing.

Some of the first clinics to join ACCEPt have been in the intervention arm for a number of months, and we are already seeing increases in testing in a few, especially in women. This is a great sign. It shows us that when clinics are provided with the right support – information, resources and feedback – chlamydia testing rates start to rise.

Annual testing of women as well as men will be a key to achieving testing coverage that is high enough to result in a decrease in prevalence in the community. Most young people are unaware how common chlamydia is, and often don’t think to ask for a test. It is therefore up to GPs to offer chlamydia tests to their young patients, rather than waiting for a test to be requested.

The early increases in testing are also an encouraging sign for those of us at ACCEPt. It shows us that GPs see chlamydia testing as an important part of their practice, and are willing to work hard to test as many young people as they can.

Associate Professor Jane Hocking
Principal Investigator, ACCEPt

Making your clinic youth friendly

Seeing a doctor can be an intimidating and costly experience for young people. Here are some simple ways of making your clinic more accessible to younger patients:

- **Bulk bill chlamydia tests.** Pathology tests can be costly, but ticking the ‘bulk bill’ box on pathology request forms can prevent young people from being out of pocket for a smart preventive health check.
- **Relevant resources in the waiting room.** Posters and brochures that inform young people about issues that are important to them are an important way of making young people feel welcome.
- **Medicare cards for young people.** Patients aged 15 years and older are eligible to apply for their own Medicare card, so that they can attend without a parent present. GPs, practice nurses and receptionists can remind young people of this option, and help them to complete the application. Forms are available at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au).

Over 5% of young men have chlamydia

The baseline chlamydia survey, conducted at the beginning of the ACCEPt trial, has yielded some interesting insights into how many young people in Australia are infected. Importantly, the survey has shown that there is just as much chlamydia in men as there is in women. Over four thousand young people were tested for chlamydia at the beginning of ACCEPt.

Overall, 5.2% of men and 4.3% of women (4.6% overall) tested positive.

Chlamydia prevention programs frequently target women for increased testing. This is partly due to women experiencing the majority of adverse consequences, such as chronic pelvic pain and pelvic inflammatory disease (PID), if infections are left untreated. As a result, many young men consider chlamydia to be a female concern, and don’t think of themselves as being potentially infected, and able to infect others.

Annually testing asymptomatic young men for chlamydia can be an important way to prevent epididymitis, stop chlamydia transmission in its tracks, and also to help prevent complications in their female partners.

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

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ACCEPtability

Updates from the Australian Chlamydia Control Effectiveness Pilot

[Image]
Increasing testing – what strategies work?
Over the past decade, a range of strategies to increase chlamydia testing rates have been put to the test. ACCEPt investigators, led by Dr Rebecca Guy, recently undertook an analysis of chlamydia testing interventions in primary care to see which ones work. The most effective way to increase testing is to provide patients with a urine specimen jar before, during or immediately after the consult. Here’s a summary:

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Did it work?</th>
<th>ACCEPt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide urine jar to patients at registration</td>
<td>Yes: Intervention clinic testing rates were 44%, versus 16% in control clinics</td>
<td>ACCEPt staff work with each clinic to determine the best pathway for chlamydia testing in the clinic, and help to establish testing as routine</td>
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<tr>
<td>Opportunistic testing of young people</td>
<td>Yes: Interventions promoting a universal offer of testing to young people had the greatest impact on testing rates</td>
<td>ACCEPt recommends annual testing of all young people aged 16–29 years</td>
</tr>
<tr>
<td>Quality improvement program</td>
<td>Yes: A multifaceted program increased testing rates to 65% in intervention clinics, compared with just 21% in controls</td>
<td>ACCEPt offers a range of tools to improve chlamydia testing including: computer alerts, education and training, regular feedback, incentive payments, practice nurse training and resources</td>
</tr>
<tr>
<td>Computer alerts for GPs</td>
<td>Yes: Reminders that an eligible patient has presented can improve testing rates</td>
<td>A computer alert is available for use with the RACGP sidebar to alert GPs when a patient aged 16–29 years attends</td>
</tr>
<tr>
<td>GP education</td>
<td>Yes: Interactive workshops and internet-based education can improve testing rates in general practice</td>
<td>ACCEPt provides a comprehensive education and pack and training sessions for GPs and practice nurses to improve chlamydia knowledge</td>
</tr>
<tr>
<td>Free sexual health consultations</td>
<td>Yes: Intervention clinics offering free sexual health consultations to young people screened more young people than control clinics</td>
<td>ACCEPt encourages clinics to tick the bulk bill box for all pathology requests for chlamydia testing</td>
</tr>
<tr>
<td>Link screening to routine Pap smears</td>
<td>Yes: Interventions clinics tested 50% more eligible patients, compared to controls</td>
<td>ACCEPt encourages testing during Pap screening; however, men, as well as women from the age of 16 years also need to be tested opportunistically</td>
</tr>
<tr>
<td>Improve sexual history taking; Patient referral to web-based risk assessment</td>
<td>No: These strategies did not significantly improve testing rates</td>
<td>Young people are often unaware of their risk of infection, so ACCEPt recommends testing of all sexually active young people aged 16–29 years, regardless of whether they request a test or not</td>
</tr>
</tbody>
</table>

Showcasing ACCEPt
- The International Union against Sexually Transmitted Infection (IUSTI) World Congress 2012 was held in Melbourne on October 15–17. ACCEPt investigators, staff and students shared their work with the international STI research community in the following presentations:
  - Anna Yeung (PhD student, University of Melbourne): speech titled “Is this acceptable? High chlamydia prevalence among young men in Australia results from the Australian chlamydia control effectiveness pilot (ACCEPt)’’
  - Rebecca Lorch (PhD student and Project Officer, Kirby Institute, UNSW): speech titled “Are Australian General Practitioners and Practice Nurses Equipped for Increased Chlamydia Testing? Findings from ACCEPt’’
  - Alaina Vaisey (Project Officer, University of Melbourne): poster titled “The project sells itself’: maximising the appeal of STI research in general practice’’
  - Belinda Ford (Project Officer, Kirby Institute, UNSW): poster titled “The recording of Aboriginal and/or Torres Strait Islander status among GPs in regional areas: implications for Chlamydia notifications in Australia’’
- Primary Health Care Research Conference (Canberra, July 2012). Speeches by Alaina Vaisey, “A multifaceted intervention to increase chlamydia testing in Australian general practice’’; Anna Wood, “Can practice nurses increase chlamydia testing in general practice?’’; and Rebecca Lorch, “How willing are Australian practice nurses to take a greater role in chlamydia testing and management?’’

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