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Opportunistic Screening in General Practice for Chlamydia Trachomatis in Young Men

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Opportunistic Screening in General Practice for Chlamydia trachomatis in Young Men

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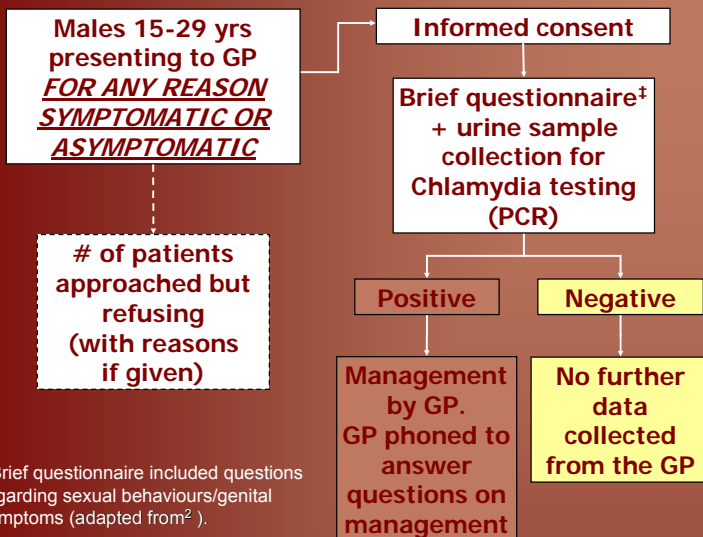
Background

- Little information available regarding the prevalence of genital Chlamydia trachomatis in young MEN in the general population.
- Community based rate of infection is estimated at 4.6% - over-representation of high-risk groups?¹

Aims

1. Provide information on the prevalence of Chlamydia infection in young men presenting to General Practitioners
2. Assess behavioural factors associated with having the disease
3. Assess GP management of patients testing positive

Methods



Results

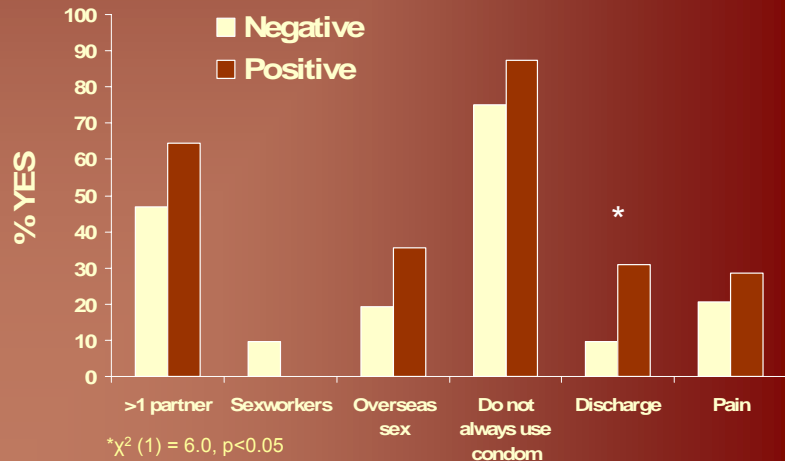
1. Chlamydia prevalence and behavioural factors:

- 386/401 met inclusion criteria
- AGE (mean (SD)) = 23.3 (3.9) yr.
- 373/386 urine PCR results available.

Prevalence of Chlamydia = 3.8% (95% CI 2.1 to 6.2)

Results cont...

- Figure below displays the % of participants who responded YES (indicating “risky” behaviour) to the sexual behaviour and genital symptoms questions as a function of PCR test results for Chlamydia.



2. GP follow-up of positive cases:

- 13/14 contacted by GP
- 11 attended follow up consultation

Table 1. Summary of GP management of positive Chlamydia cases.

Treated with azithromycin	10*
Contact tracing: by patient	5
by Pop Health Unit	3
by GP	1
not initiated	2
Department of Health notified	10
Testing offered for HIV/Hep B	6†

Note: *one patient was treated with doxycycline; †an additional patient had previously been tested for HIV/ Hep B

Discussion and implications for practice

- Prevalence of Chlamydia lower than previous report
- Prevalence of self reported “risky” behaviours high.
- Little relationship between self reported sexual behaviour/symptoms and Chlamydia (but small n).
- Offer screening for all individuals??

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References

1. Vajdic, C M et al, 2005. *Sexual Health*, 2, 169 – 183.
2. Temple-Smith, M and Mak, D (2005). Gold standard answers for questionnaire for GP. WA Department of Health.