Opportunistic Screening in General Practice for Chlamydia Trachomatis in Young Men

Dana Hince  
University of Notre Dame Australia, Dana.Hince@nd.edu.au

Diane Arnold-Reed  
University of Notre Dame Australia, darnold-reed@nd.edu.au

Tom Brett  
University of Notre Dame Australia, tom.brett@nd.edu.au

Donna Mak  
University of Notre Dame Australia, dmak@nd.edu.au

Robert Moorhead  
University of Notre Dame Australia, rmoorhead@nd.edu.au

See next page for additional authors

Follow this and additional works at: https://researchonline.nd.edu.au/med_conference

Part of the Medicine and Health Sciences Commons

This conference paper was originally published as: Hince, D., Arnold-Reed, D., Brett, T., Mak, D., Moorhead, R., & Bulsara, M. (2008). Opportunistic Screening in General Practice for Chlamydia Trachomatis in Young Men. Australian Sexual Health Conference.
Opportunistic Screening in General Practice for Chlamydia trachomatis in Young Men

Hince, D A¹, Arnold-Reed D E¹, Brett T¹, Mak D B², Moorhead R¹, Bulsara M¹,³
¹General Practice and Primary Health Care Research and ²Population and Preventative Health Domain, School of Medicine, University of Notre Dame Australia, Fremantle
³School of Population Health, Faculty of Medicine, Dentistry and Health Sciences, University of Western Australia

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

Males 15-29 yrs presenting to GP FOR ANY REASON SYMPTOMATIC OR ASYMPTOMATIC

# of patients approached but refusing (with reasons if given)

Inform consent

Brief questionnaire¹ + urine sample collection for Chlamydia testing (PCR)

Positive

Management by GP. GP phoned to answer questions on management

Negative

No further data collected from the GP

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.

   *χ² (1) = 6.0, p<0.05

   • 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.

   % YES

   >1 partner Sexworkers Overseas sex Do not always use condom Discharge Pain

   *χ² (1) = 6.0, p<0.05

   0

   10

   20

   30

   40

   50

   60

   70

   80

   90

   100

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??

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

<table>
<thead>
<tr>
<th>Treated with azithromycin</th>
<th>10*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact tracing: by patient</td>
<td>5</td>
</tr>
<tr>
<td>by Pop Health Unit</td>
<td>3</td>
</tr>
<tr>
<td>by GP</td>
<td>1</td>
</tr>
<tr>
<td>not initiated</td>
<td>2</td>
</tr>
<tr>
<td>Department of Health notified</td>
<td>10</td>
</tr>
<tr>
<td>Testing offered for HIV/Hep B</td>
<td>6¹</td>
</tr>
</tbody>
</table>

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

References


This project was funded by Pfizer Investigator Initiated Research Grant (IIR No: AUS-NDE-06-003)