

Increasing repeat chlamydia testing in Family Planning clinics depends on perception of value & availability of low-burden flexible reminder systems

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INTRODUCTION

Re-infection after a chlamydia infection is common: 22% of young Australian women are re-infected within 4-5 months (Walker, et al, 2012). Re-infections increase the risk of pelvic inflammatory disease (PID) by 4-6 fold (Bowring, et al, 2011). Retesting is an important strategy to detect re-infection. Clinical guidelines note that repeat testing at least three months after a positive diagnosis be considered.

AIM

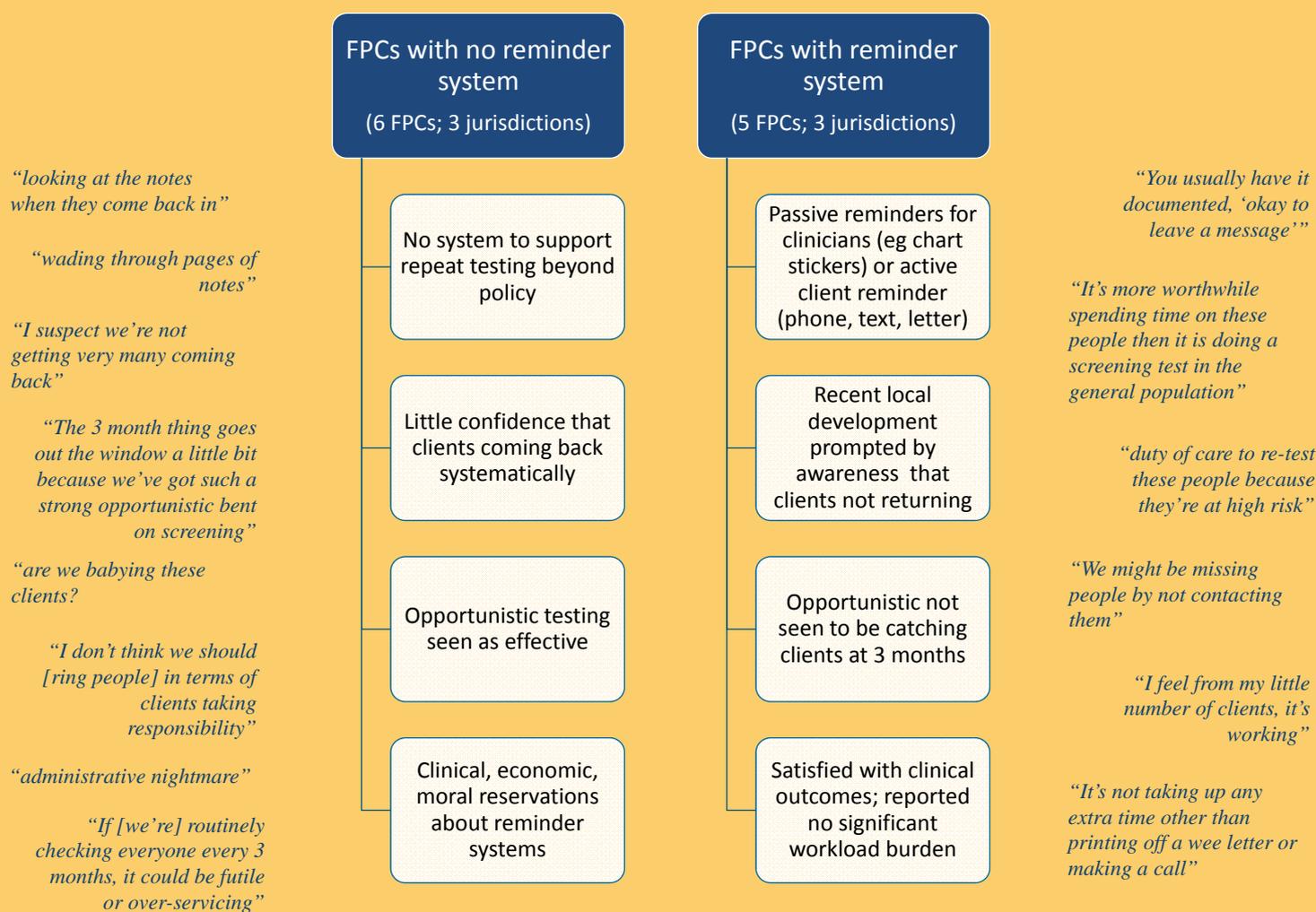
To understand Australian Family Planning clinicians' practices and perceptions of repeat chlamydia testing.

METHODS

We conducted focus groups June-October 2012 with 70 doctors and nurses working in 11 family planning clinics (FPCs) across 6 jurisdictions. Discussions explored chlamydia testing and management practices, and opportunities for improvement.

RESULTS

All focus groups reported FPC had a policy to recommend a three month repeat test to clients with a positive chlamydia. Clinicians reported implementing this in their practice. Perceptions and practices felt into two categories:



CONCLUSION

Reminder systems to support repeat testing of positive chlamydia tests had been implemented in some FPCs, with low workload impact. It was too early for evaluation of clinical success. These FPCs could share locally developed systems and positive experiences with FPCs skeptical about their value. This may also enhance awareness of the clinical value of retesting and the consequences of re-infection. Audits may help determine if clients are indeed being caught through repeat visits and opportunistic testing.