Results of a 2014 QLD trial of pharmacy accessed testing for Chlamydia trachomatis via retail self-test uri swab postal specimen kits

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BACKGROUND:
Chlamydia trachomatis infection is the most commonly notified sexually transmissible bacterial infection in the developed world [1]. Total notifications and rates of chlamydia infections in Australia have been increasing by 10% to 20% per annum over previous years with the highest rates identified in younger age groups [2]. Many infected or at-risk people do not actively seek testing due to the predominantly asymptomatic nature of chlamydial infections [3]. Consequently the majority of people infected with chlamydia will not be identified and will therefore be at risk for severe reproductive sequelae [4].

In Australia, the majority of testing for chlamydia is conducted at the primary health care level through general practice (GP) as opportunistic, on-demand or symptomatic screening. However, although more than 80% of the 16 to 24 year old women have presented to a primary health care provider at least once, only 7% were tested for chlamydia [5]. More recently a study found GP based chlamydia testing rates of 12.5% for sexually active females and 3.7% for sexually active males in the 16 to 29 age group [6]. Given the low rates of coverage within general practice, community pharmacy could be considered an effective alternative as geographically dispersed and accessible sites of testing.

METHOD:
A 9-month pilot of a retail self-test kit through 18 community pharmacies in the Brisbane Metro North region of Queensland. Each kit contained an uri swab, instructions, reply post envelope, pathology bag and form and information on chlamydia. The consumer indicated their preferred option for return of results e.g. SMS, email or phone call.

RESULTS:
Over a nine month period, 333 test kits were made available through pharmacies, of which 109 (32.7% of total) were sold. Of these, 43 specimens were returned for processing comprising 39.4% of sales, or 12.9% of total. Of these returned samples, 7 (16.3% of specimens) returned a reactive result, 34 specimens were non reactive and 1 was invalid. 18.6% of returned samples were purchased by consumers under the age of 18, 53.5% between 18 – 29 year and the remainder aged over 30 years. All reactive results were subsequently followed up and the patient treated.

CONCLUSION:
It would be advantageous to explore integrating community pharmacy into any comprehensive Australian chlamydia testing program. Pharmacies are already providers of sexual health products including contraception, pregnancy tests and emergency hormonal contraception. They are well placed to increase access to chlamydia testing over extended hours, provide an additional confidential option for testing and have the capacity to increase sexual health awareness and de-stigmatise chlamydia screening.

REFERENCES
2. The Kirby Institute HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2013. The Kirby Institute, The University of New South Wales, Sydney NSW

Example of marketing collateral created for the pilot

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