Barriers to Chlamydia Screening of Young People and Possible Solutions as Reported by General Practitioners in Victoria and NSW

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Background

Regular chlamydia testing followed by treatment is the cornerstone of chlamydia control.

Although the majority of chlamydia testing and diagnoses in Australia occurs in general practice (GP), testing rates of young people aged 15-29 years fall well below current recommendations of annual screening1.

Methods

GP from participating clinics were sent reports on chlamydia testing rates and positivity among their patients by age and gender.

Completion of a clinical audit reflecting on their testing rates gained GPs continued professional development points from the RACGP.

In the audit, GPs selected barriers to chlamydia testing from a pre-defined list of common barriers and they completed a free text response suggesting ways to improve chlamydia testing at their practice.

Fifty-four GPs completed the clinical audit.

Results

Common reasons for lower testing rates

- Hard to justify bringing it up in completely unrelated consultations
- If they don’t come, we can’t test them!
- Taking a sexual health history can be awkward when parents are present

Suggested changes, initiatives or procedures

- I now have sticky note in a discrete place so may start asking routinely
- I need to be more proactive in offering testing
- Put some more posters in the waiting room about STIs

Conclusion

It is encouraging that the majority of male and female GPs do not feel uncomfortable talking about STIs with young people.

To increase chlamydia testing rates in GP, STI testing needs to be a routine part of appointments for all young people, irrespective of their presenting complaint.

Structural barriers around consultation and clinical processes were commonly reported as a barrier to STI testing which could be addressed by implementing simple changes within practices.

References