Re-attendance and chlamydia re-testing rates at 12 months among young people attending Australian General Practice 2007-2010: a longitudinal study

Weaver ER1, Bowring AL2, Guy R3, van Gemert C3, Hocking JH3, Boyle DI4, Merritt T5, Heal C6, Brit H7, Lau PM8, Donovan B2 and Hellard ME1 on behalf of the ACCESS collaboration

1Centre for Population Health, Burnet Institute; 2Kirby Institute, University of New South Wales; 3Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, University of Melbourne; 4Health Informatics Unit, Rural Health Academic Centre, Melbourne Medical School; University of Melbourne; Hunter New England Population Health, Hunter New England Local Health District; 5General Practice and Rural Medicine, James Cook University; 6Family Medicine Research Centre, Sydney Medical School; 7General Practice and Primary Health Care Academic Centre, University of Melbourne

Background

Clinical guidelines commonly recommend annual chlamydia testing in young people.1,3 General practice clinics play an important role in chlamydia control; nearly 90% of young females and 70% of young males visited a general practitioner (GP) in one year,4 and three-quarters of chlamydia infections in young people are diagnosed by GPs.5 Despite this, little is known about the timing of attendances and testing in these settings.

Methods

The Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Sexually Transmitted Infections and Blood Borne Viruses (ACCESS) system utilised University of Melbourne GRHANITE Technology to extract consultation and pathology data on 16-29 year olds attending 25 general practice (GP) clinics in 2007-2010. We calculated the proportion of individuals with a first negative test that re-attended at 12 months (+/- 3 months) and re-tested at 12 months (+/- 3 months). Individuals with an initial positive test were excluded as guidelines recommend re-testing at three months.

Results

Among 3,852 individuals who had an initial negative test, 2,201 (57.1%) re-attended at around 12 months (Table 1); re-attendance was higher among females (60.8%) than males (44.1%; p<0.001) and higher among 16-19 year olds (64.2%) than 25-29 year olds (50.8%; p<0.001). Of 2,201 individuals who re-attended at 12 months, 377 had a chlamydia test (re-testing rate of 9.8%); re-testing was higher among females (10.8%) than males (6.1%; p<0.01) and higher among 16-19 year olds (13.3%) than 25-29 year olds (7.5%; p<0.001).

Conclusion

Although over half of young people re-attended their GP clinic approximately a year after a negative chlamydia baseline test, only 9.8% were re-tested at this visit. Testing and retesting rates in general practice are inadequate and need to improve considerably to reduce chlamydia prevalence in Australia. Strategies are needed to promote regular attendance and testing to both patients and clinicians.

Table 1: Chlamydia re-attendance and annual testing rates among 16-29 year old individuals with a baseline negative test at participating GP clinics

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall</th>
<th>Male</th>
<th>Female</th>
<th>p value</th>
<th>Overall</th>
<th>Male</th>
<th>Female</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>858</td>
<td>551</td>
<td>59.0, 69.1</td>
<td>-</td>
<td>114</td>
<td>113.3</td>
<td>11.0, 15.9</td>
<td>-</td>
</tr>
<tr>
<td>2008</td>
<td>1,661</td>
<td>975</td>
<td>52.3, 64.5</td>
<td>&lt;0.001</td>
<td>163</td>
<td>8.3, 11.5</td>
<td>&lt;0.001</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>1,329</td>
<td>675</td>
<td>47.3, 54.3</td>
<td>&lt;0.001</td>
<td>100</td>
<td>6.1, 9.3</td>
<td>&lt;0.001</td>
<td></td>
</tr>
<tr>
<td>Major city</td>
<td>1,207</td>
<td>1,237</td>
<td>50.5, 61.5</td>
<td>0.58</td>
<td>215</td>
<td>8.7, 10.8</td>
<td>0.91</td>
<td></td>
</tr>
<tr>
<td>Non-major city</td>
<td>1,641</td>
<td>964</td>
<td>50.6, 66.2</td>
<td>0.58</td>
<td>162</td>
<td>8.5, 11.4</td>
<td>0.91</td>
<td></td>
</tr>
</tbody>
</table>

References