

Presumptive Treatment of Chlamydia contacts: an audit of treatment of chlamydia contacts at Family Planning NSW Clinics

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Background:

Australian guidelines on management of chlamydia have moved away from presumptive treatment of chlamydia contacts, instead advising to offer testing to sexual contacts and await results unless there are concerns about potential loss to follow up. This is to try and achieve improved antimicrobial stewardship and address increasing macrolide resistance in other pathogens.

Methods:

This retrospective file audit analysed outcomes of management of chlamydia contacts over a 2-year period at Family Planning NSW (FPNSW) clinics to assess the impact of this change in practice. Files were audited across 5 FPNSW fixed sites over a 2-year period where a prescription had been issued for azithromycin or doxycycline.

Results:

334 files were identified, with 71 prescriptions issued for the indication of chlamydia contact. 68 contacts were treated presumptively, and 3 contacts had treatment delayed until after a positive result was received. We found a chlamydia positivity rate of 50.7% among chlamydia contacts.

28% contacts were symptomatic and 72% were asymptomatic. Only 1 x positive chlamydia was lost to follow up for their result and had received presumptive treatment.

All but 1 Chlamydia contact reported heterosexual intercourse.

Conclusion:

In an almost exclusively heterosexual cohort of approximately equal male and female patients presenting as chlamydia contacts in a mix of both appointment based and drop-in clinics, we demonstrated a high positivity rate of around 50%. One patient was lost to follow up.

The negligible loss to follow up rate demonstrates delayed treatment is a safe option with the benefit of improved antimicrobial stewardship. This data will assist reassuring both clients and clinicians alike that a move away from presumptive treatment of Chlamydia contacts is a safe approach with the benefit of improved antimicrobial stewardship.

Disclosure of Interest Statement:

Family Planning NSW has no conflict of interests to declare relating to this research