

SUSTAINABILITY OF POINT-OF-CARE TESTING FOR SEXUALLY TRANSMISSIBLE INFECTIONS IN REMOTE COMMUNITIES IN AUSTRALIA – TRANSITION FROM TRIAL TO PROGRAM

Authors:

Causer LM¹, Andrewartha K², Walley B³, Smith K¹, Shephard M², Wand H¹, Richards JN², Badman SG¹, Tangey A^{1,4}, Marshall-Lang R⁵, and Guy R¹, on behalf of the TTANGO2 collaboration

¹The Kirby Institute, UNSW Sydney; ²International Point-of-Care Testing Centre, Flinders University, SA; ³Aboriginal Health Council of Western Australia, WA; ⁴ Ngaanyatjarra Health Service, WA; ⁵ Communicable Disease Control Directorate, Department of Health, WA

Introduction:

New molecular-based point-of-care (POC) tests for chlamydia and gonorrhoea used by remote Aboriginal primary care health services have been shown to be accurate, acceptable and improve the timeliness of treatment (TTANGO trial). Scale-up of this POC testing strategy, the first internationally, is currently underway at regional and remote health services in Australia to determine the sustainability and impact of broader implementation (TTANGO2 program).

Methods:

We compared POC testing uptake during the TTANGO trial period (12 months use: June 2013 – Dec 2015) with POC testing uptake during the TTANGO2 program period (ongoing use: Jan 2016 – June 2018) at health services. We used descriptive statistics (median, mean, interquartile range) to summarise the number of tests per month by period, and conducted a formal comparison using the rank sum test, overall as well as by health service.

Results:

A total of 7361 POC tests were included in the analysis conducted at 9 health services participating in both periods: TTANGO trial (n= 2537) and TTANGO2 program (n= 4824). Overall, there was no statistically significant difference between the median number of tests per service per month during the trial (18.0; interquartile range [IQR]:10.5-28.5) compared to the program (15.4; IQR:11.8-22.0; p-value=0.1005). Similarly, at the health service level, no statistically significant difference was observed at 7 of the 9 health services, while for two services, the median monthly testing was higher in the trial than the program period (12.3 vs 5.2; p=0.002; 25.5 vs 6.0; p=0.006).

Conclusion:

Our findings suggest that uptake of POC testing for chlamydia and gonorrhoea outside of a research trial can be sustained at busy regional and remote primary care settings in Australia. Challenges impeding sustained POC testing at some health services is being explored. These findings are encouraging and suggest broad programmatic implementation is feasible. Ensuring sustainable funding is critical and is currently being investigated.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.