

HOW ACCURATE IS PRESUMPTIVE CHLAMYDIA TRACHOMATIS TREATMENT? A SIX-MONTH CLINICAL AUDIT OF A WALK-IN SEXUAL HEALTH SERVICE

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Background/Purpose:

Chlamydia trachomatis (chlamydia) is highly prevalent and is an important sexually transmitted infection as it can lead to increased risk of HIV seroconversion; and if left untreated can cause infertility in women. Chlamydia is difficult to eradicate as it is largely asymptomatic and therefore clients may not present for treatment. Recent increased microbial resistance patterns have led to clinicians questioning presumptive treatments.

Approach:

To determine the accuracy of presumptive chlamydia treatment practices at a walk-in sexual health service in regional Australia, we audited all same-day screen and treat presentations prescribed azithromycin over a six-month period in 2018.

Outcomes/Impact:

A total of 325 cases were included in the analysis. Over half (54%) the presentations returned negative pathology for all pathogens investigated. One quarter (25%) of presentations were positive for chlamydia, and some of these (4% of total) reported a dual infection. A further one fifth (20%) were negative for chlamydia but positive for another pathogen. More symptomatic males than females returned positive pathology for chlamydia (8% versus 4%).

Innovation and Significance:

While presumptive treatment is recommended in the current guidelines, our findings indicate this resulted in over-treatment. Considering the increasing resistance patterns for *Mycoplasma genitalium*, which include azithromycin, presumptive treatments need to balance immediate client care needs against long-term community microbial resistance outcomes. This internal audit provided a feedback mechanism to the walk-in sexual service, enabling modification of practices to provide more precise, individual clinical care within the bounds of current STI guidelines, while balancing wider the objectives of antimicrobial stewardship.

Disclosure of Interest Statement:

All authors declare they have no conflicts of interest in regard to this manuscript.