Chlamydia home sampling in the real world: a cross sectional analysis

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Background

- Retesting rates for chlamydia in Australia are low
- Chlamydia home sampling can increase retesting rates
- Sydney Sexual Health Centre (SSHC) introduced chlamydia home sampling in 2019 for heterosexual males and non sex-working females
- This study describes home sampling in a real world setting

Methods

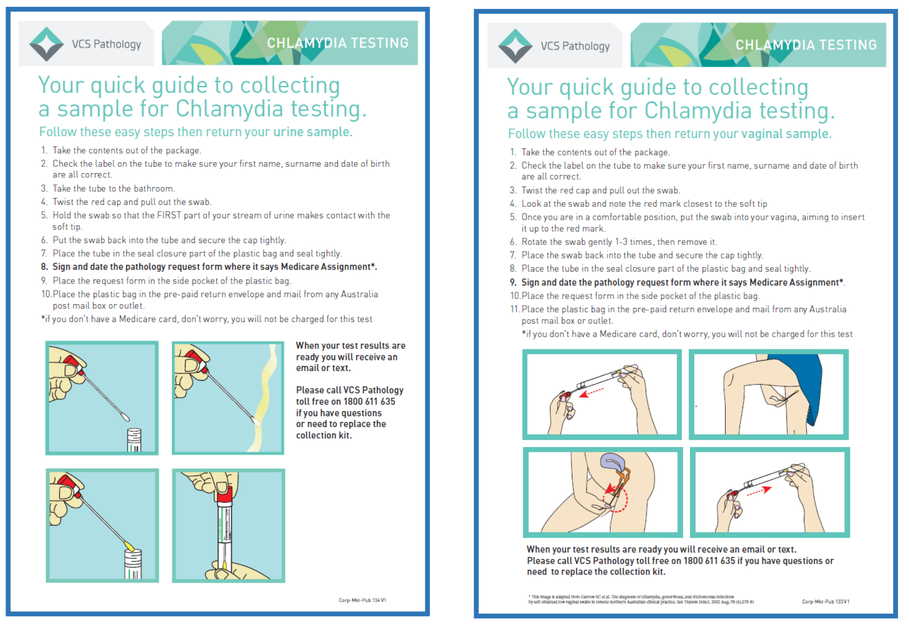
- Retrospective study 1 November 2019 to 31 October 2020
- All clients eligible for home sampling (heterosexual males and non sex-working females positive for chlamydia at a urogenital site) were identified based on local diagnostic codes
- Participants who had agreed to receive a home sampling SMS reminder at 2.5 months were included for further analysis
- Descriptive statistics and attrition rates of the home sampling cascade were calculated using frequencies and percentages
- Bivariate analyses of the main covariates by each stage, assessing crude associations, were performed using chi-squared tests

Results

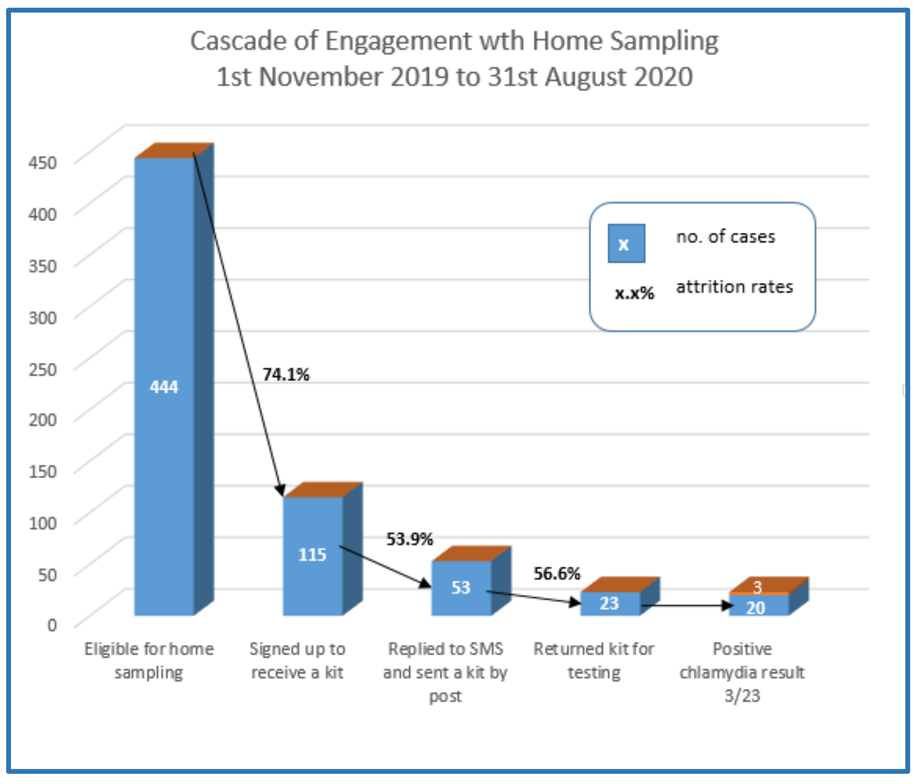
- 444 people attending SSHC were eligible for chlamydia home sampling
- 115 (25.9%) agreed to be sent the home sampling SMS invitation, 53 (46.1%) of these replied and were mailed a home sampling kit
- 23 returned the kit, and of these 3 were positive for chlamydia
- The majority (91.3%) of tests were performed within 6 months of original diagnosis
- Of those who initially agreed but then did not undertake home sampling, 26 (22.6%) subsequently tested in clinic at SSHC and of these 2 were positive
- In total, 49/115 (42.6%) had a repeat chlamydia test either sampled at home or in clinic, of which 5 (10.2%) were positive.
- There were no associations between any of the variables measured and undertaking home sampling

Conclusion

- Home sampling for chlamydia reinfection screening in heterosexual men and non sex-working women at SSHC had a lower uptake than seen in a previous trial with high attrition rates at each stage



Self sampling instruction leaflets sent with home sampling kits



Home sampling cascade engagement

	Did not have home sample (n = 92)		Had home sample (n = 23)		P-value	Did not reply to SMS (n = 62)		Replied to SMS (n = 53)		P-value	Total (n = 115)	
	n	%	n	%		n	%	n	%		n	%
Gender					0.777					0.421		
Cisgender male	39	42.4	9	39.1		28	45.2	20	37.7		48	41.7
Cisgender female	53	57.6	14	60.9		34	54.8	33	62.3		67	58.3
Mean age, years (range)	25.8 (19–40)		26.4 (20–41)			25.5 (19–40)		26.4 (20–41)				
Indigenous status					0.616					0.353		
Indigenous	1	1.1	0	0		1	2.7	0	0		1	0.9
Non-Indigenous	91	98.9	23	100		61	97.3	53	100		114	99.1
Medicare eligible					0.925					0.187		
Yes	41	44.6	10	43.5		31	50.0	20	39.0		51	44.3
No	51	55.4	13	56.5		31	50.0	33	61.0		64	55.6
No. partners in the 3 months prior to original test					0.129					0.447		
3 or fewer	61	66.3	19	82.6		45	68.9	35	66.1		80	69.6
4 or more	31	33.7	4	17.4		17	31.1	18	33.9		35	30.4
Symptoms at initial presentation					0.709					0.656		
Yes	44	47.8	12	52.2		29	46.7	27	50.9		56	48.7
No	48	52.2	11	47.8		33	53.2	26	49.1		59	51.3
STI contact at presentation					0.068					0.381		
No	53	57.6	18	78.3		36	58.1	35	66.0		71	61.7
Yes	39	42.4	5	21.7		26	41.9	18	34.0		44	38.3
Condom use last 3 months					0.090					0.110		
Never	23	25.0	2	8.7		17	27.4	8	15.1		25	21.7
>0%	69	75.0	21	91.3		45	72.6	45	84.9		90	78.3
Able to speak English					0.153					0.892		
Yes	62	67.4	19	82.6		44	71.0	37	69.8		81	70.4
No	30	32.6	4	17.4		18	29.0	16	30.2		34	29.6
Attended clinic within 6 months of initial test					0.674					0.764		
Yes	24	26.1	7	30.4		16	25.8	15	28.3		31	27.0
No	68	73.9	16	69.6		46	74.2	38	71.7		84	73.0

Reference: Foster R et al. (2022) Sexual Health doi: 10.1071/SH22054