

Audit of contact tracing of gonorrhoea at Western Sydney Sexual Health Centre

Authors:

Emma Mason¹, Deborah Couldwell^{1, 2}

¹ *Western Sydney Sexual Health Centre, Western Sydney Local Health District, Sydney, NSW Australia*

² *Westmead Clinical School, University of Sydney, Westmead, NSW Australia*

Background:

Contact management is integral to sexual health care, to limit ongoing transmission and prevent reinfections. This audit aims to evaluate the clinical practice of gonorrhoea contact tracing at WSSHC and identify areas for improvement.

Methods:

Demographic, behavioural and clinical data on management of contact tracing for 101 sequential cases of gonorrhoea from 01/01/2020-13/03/2020 were extracted from the WSSHC electronic data base. Data analysis measured the proportions of patients who received contact tracing procedures and follow up, and relationships between demographic and behavioural factors and contact tracing procedures.

Results

Of 101 patients identified, 17% were female, 80% male and 3% transwomen. Median age was 32 years, 12% were sex workers, 10% were HIV co-infected and 30% were on PrEP. Patients reported a median of 3 partners (IQR 1-50) in the past 2 months (16% regular-only, 55% casual-only, 29% both regular and casual). Discussion of contact tracing was documented for the majority (89%), and provision of contact tracing resources was documented for 9%. Successful partner notification was recorded for 46 cases (46%), with a median of 1 partner contacted (IQR 1-5). Seventeen cases had treatment of a regular partner documented; treatment of only one casual partner was documented. Patients with an appointment booked at their treatment visit were significantly more likely to attend for test-of-cure (TOC) ($p=0.0193$), and to report contacting at least one partner ($p=0.0332$). Those on PrEP were also significantly more likely to attend for TOC. Of the 56 attending TOC, 22 (39%) had documented follow up of contact tracing outcomes.

Conclusion

Booking a TOC appointment at the time of treatment improved patient follow-up, completion of TOC and documentation of successful partner notification. Partner notification, particularly of casual partners, could be improved by more consistent provision of contact tracing resources and follow-up.

Disclosure of Interest Statement:

Nil