

Chlamydia Home Sampling in the Real World: A Cross Sectional Analysis

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Background:

Repeat chlamydia infection after treatment is common, and testing for reinfection is recommended at 3 months post-treatment. Retesting rates in Australia are low. Chlamydia home sampling has been shown to significantly increase retesting rates. Sydney Sexual Health Centre (SSHC) introduced chlamydia home sampling in 2019. The aim of this study is to describe home sampling in a real world setting.

Methods:

This was a retrospective study of routinely collected data from the SSHC electronic medical record. The total number of eligible clients testing positive for chlamydia at a urogenital site from 1st November 2019 to 31st October 2020 were identified, and those who agreed to be sent a home sampling SMS reminder at 2.5 months were included for further analysis. Descriptive statistics and attrition rates of the home testing care cascade were calculated using frequencies and percentages to describe each stage. 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 the chlamydia home sampling option, 115 (25.9%) agreed to be sent the home sampling SMS invitation, of whom 53 (46.1%) replied and were mailed a home sampling kit, 23 (43.4%) of those returned the kit, and of these 3 (13.0%) were positive for chlamydia. The majority, 21 (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. There were no associations between any of the variables measured and undertaking home sampling.

Conclusions:

This automated home sampling process for chlamydia reinfection screening had lower uptake than seen in a previous trial, and attrition rates were high at each stage.

Disclosure of Interest Statement:

None