

43. CHLAMYDIA TESTING RATES IN GENERAL PRACTICES ACROSS AUSTRALIA: THE AUSTRALIAN COLLABORATION FOR CHLAMYDIA ENHANCED SENTINEL SURVEILLANCE (ACCESS)

F. Y. S. Kong¹, R. Guy¹, D. J. Boyle², J. S. Hocking^{2,3}, T. Merritt⁴, H. Britt⁵, P. Lau², M. V. Pirotta², C. Heaf⁶, T. Brett⁷, J. Kaldor⁸, B. Donovan⁸ and M. E. Hellard¹

¹Centre for Epidemiology and Population Health Research, Burnet Institute, Melbourne, VIC, Australia.

²University of Melbourne, Melbourne, VIC, Australia.

³Key Centre for Women's Health, University of Melbourne, Melbourne, VIC, Australia.

⁴Hunter New England Population Health, NSW, Australia.

⁵Family Medicine Research Centre, University of Sydney, NSW, Australia.

⁶James Cook University, Mackay, QLD, Australia.

⁷University of Notre Dame, Fremantle, WA, Australia.

⁸National Centre in HIV Epidemiology and Clinical Research, Sydney, NSW, Australia.

Chlamydia is the most common bacterial sexually transmitted infection (STI) in Australia. Notifications have more than doubled between 2002 and 2007, with the majority being among 15 to 24 year olds, but there is so far limited information on the time trends and predictors of chlamydia prevalence in the Australian population. In 2007, the Australian Government funded the 'Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance (ACCESS)', to provide better national information on chlamydia testing and outcomes in a range of clinical contexts. One key setting is general practices (GPs).

ACCESS is making use of three data sources related to testing at GPs: (i) Health Insurance Commission (HIC), which provides data from GPs making Medicare-rebatable claims for chlamydia testing in Australia, (ii) a national sentinel network of GPs, which provides chlamydia testing data electronically through clinical data management systems and (iii) the Bettering the Evaluation and Care of Health (BEACH); which provides chlamydia testing and diagnosis data from a continuous national study of general practice activity. For the purpose of this paper, we analysed Medicare data for the period October 2007 to March 2008. We used population denominators to calculate age and sex specific rates of chlamydia testing in general practice.

During the study period, 6.3% of 15–24 year old females and 1.6% of 15–24 year old males were recorded by HIC as having been tested for chlamydia. In this age group, chlamydia testing rates varied by jurisdiction; the highest observed in Northern Territory (21.9% females, 6.8% males), Western Australia (8.7% females, 2.4% males) and Queensland (7.9% females, 2.1% males) and lowest in Tasmania (1.7% females, 0.4% males). Rates in other jurisdictions were in the range 5.0–5.8% for females and 1.2–1.5% for males.

Despite chlamydia testing being recommended for sexually active youth, Medicare data highlights that GP testing rates in this group are low; the highest observed in jurisdictions with the greatest numbers of Aboriginal people, suggesting that community screening programs in these jurisdictions are playing an important role in the uptake of testing. These findings will support the evaluation of testing initiatives designed to control chlamydia infection in Australia.