

Abstract O6 Table 1 Rates of chlamydia and gonorrhoea infections in relation to practitioner group

Grade of staff	Band six nurses	FY1	ST2	GP	SAS	Registrar	Consultant	Whole cohort
No of staff	7	6	4	2	1	9	6	41
No of consultations	442	140	207	252	486	996	930	3453
No of PID diagnoses	17	8	9	14	21	50	47	166
% Of cohort diagnosed with PID	3.8	5.7	4.3	5.6	4.3	5	5.1	4.8
Chlamydia prevalence (%)	10.1	9.3	6.3	12.3	8.6	10.9	11.4	10.4
Gonorrhoea prevalence (%)	2	0.7	1.4	3.6	1.6	2.7	3.1	2.5
% Of PID patients chlamydia positive	5.9	12.5	11.1	28.5	23.8	24	31.9	23.5
% Of PID patients gonorrhoea positive	5.9	0	0	28.5	0	12	6.4	8.4
% Chlamydia positive patients diagnosed with PID	2.2	7.7	7.7	12.9	11.9	11	14.2	10.9

hypothesised that clinicians with less training and experience may tend to err on the side of caution and be more likely to diagnose PID than more senior colleagues.

Objectives To ascertain whether the rates of PID diagnoses differ by grade of clinician.

Methods Women attending our service as new or rebook patients between March 2009 and January 2010 were seen by eight different grades of clinician. Of these, all but Band five nurses saw symptomatic patients. Data were analysed by grade of staff conducting the consultation.

Results Chlamydia (CT) prevalence was broadly similar across all staff groups. The rates of PID diagnoses were also similar. However, the proportion of PID patients with CT differed significantly between staff groups. In the cases of PID diagnosed by more experienced staff, CT was found in 24% to 32% of patients. This is broadly consistent with the current understanding of PID aetiology. PID diagnosed by nurses and more junior doctors was less likely to have a confirmed STI aetiology. The rate ratio of diagnosis of CT positive to CT negative PID by consultants vs Band six nurses is 5.43 (95% CI 0.77 to 38.01) $p=0.089$. The rate ratio of diagnosis of CT positive to CT negative PID by experienced doctors (GP, SAS, Registrar, Consultant) vs nurses, FY1 and ST2 doctors is 3.09 (95% CI 1.01 to 9.43) $p=0.048$ (see abstract O6 table 1).

Conclusions Significant differences were found in the proportion of patients with chlamydia positive PID between experienced doctors and other clinicians. The broader experience of senior doctors may help them in differentiating PID from other causes of lower abdominal pain thus improving the specificity of their diagnosis.

Session title: Testing, service delivery and maintaining good practice

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07 THE DIAGNOSIS AND TREATMENT OF CHLAMYDIA AND GONORRHOEA IN GENERAL PRACTICE IN ENGLAND: ANALYSIS OF ELECTRONIC HEALTH RECORDS AND SURVEILLANCE DATA

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Background Primary care has become increasingly important in STI management in England but data on diagnosis and treatment in this setting are not routinely analysed.

Aims To investigate and assess the diagnosis and treatment of bacterial STIs in general practice (GP).

Methods We calculated age and gender standardised estimates of the incidence of diagnoses of chlamydia and gonorrhoea in GP using data from the GP Research Database and national population

statistics for the years 2003–2008. Since diagnoses made and treated elsewhere can be recorded in primary care notes, we estimated cases treated in primary care using an algorithm to identify appropriate prescriptions within defined window periods, accounting for other possible treatment indications. We estimated the proportion of all cases reported in England which were treated in GP, relative to other providers of sexual health services.

Results An estimated 21 423 diagnoses of chlamydia (42.3/100 000 registered population) and 1494 diagnoses of gonorrhoea (2.96/100 000) were made in GP in England/annum between 2003 and 2008. 35% of chlamydia diagnoses were in those over 25 years. 70% of chlamydia and 36% of gonorrhoea diagnoses recorded in GP were treated, comprising respectively 12% and 3% of all cases diagnosed in England. Doxycycline and azithromycin were most commonly prescribed drugs for chlamydia. Despite revision of gonorrhoea treatment guidelines in 2005, quinolones remained most commonly prescribed for gonorrhoea (42% in 2006–2008), although the proportion treated with cephalosporins rose gradually over the study period (29% in 2006–2008). The algorithm identified 12% and 30% more treated cases of chlamydia and gonorrhoea compared with including same-day prescriptions only.

Conclusions General practice makes an important contribution to the diagnosis and treatment of bacterial STIs. Efforts to ensure GPs are aware of and use recommended treatment guidelines are needed.

08 THE AUSTRALIAN CHLAMYDIA CONTROL EFFECTIVENESS PILOT (ACCEPt): FIRST RESULTS FROM A RANDOMISED TRIAL OF ANNUAL CHLAMYDIA SCREENING IN GENERAL PRACTICE

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Background ACCEPt is a cluster randomised controlled trial to evaluate annual opportunistic chlamydia screening for 16–29-year-old men and women in general practice (GP).

Objective To report enrolment and baseline results.

Methods The unit of randomisation is a town; all GP clinics are enrolled and towns are randomised using a minimisation design. In intervention towns a multifaceted approach to increase chlamydia testing includes: an education package, a computer prompt; incentive payments; a recall system for annual testing; partner notification; and regular feedback on testing rates. The intervention will be in place for up to 4 years. Control towns will continue usual practice. The primary outcome is change in chlamydia prevalence estimated from samples of 80–100 consecutive GP patients in each town (total 4000) at the beginning and end of the trial.

Results From July 2010 to December 2011, we enrolled 603 GPs from 154 clinics (clinic response rate >80%) in 52 geographically