

and structural factors associated with not providing a specimen for chlamydia testing when a test is requested by GP.

Methods Chlamydia testing data for 16 to 29 year old patients, including test requests and whether the test was performed, were collected from 63 GP clinics participating in a trial of a chlamydia testing intervention in Australia. The primary outcome was “no test performed” when a test was requested by a GP. Logistic regression was used to investigate factors associated with no test performed.

Results During the study period there were 13225 chlamydia test requests and of these, a chlamydia test was not performed for 2545 patients (19.2%; 95% CI: 16.5%, 22.3%). Multivariate analysis found that males (adjusted OR[aOR] = 1.4; 95% CI: 1.3, 1.6), those aged 16 to 19 years (aOR = 1.3; 95% CI: 1.1, 1.4), those living in areas of increasing socio-economic disadvantage (aOR = 1.2; 95% CI: 1.1, 1.4 for each additional quintile of Index of Relative Socio-economic Disadvantage) and those attending clinics that did not provide pathology collection onsite (aOR = 1.4; 95% CI: 1.0, 1.9) had an increased odds of not testing when a test was requested.

Conclusion One in five young people did not submit a specimen for chlamydia testing despite their GP requesting it. To capitalise on efforts in general practice to increase chlamydia testing, systems need to be introduced to minimise opportunities for patients to not provide a specimen.

Disclosure of interest statement This study was conducted as part of the Australian Chlamydia Control Effectiveness Pilot (ACCEPt) which has been funded by the Commonwealth Department of Health, NHMRC, NSW Health and the Victorian Department of Health.

P08.31 SCREENING FOR CHLAMYDIA CONCURRENTLY WITH A ROUTINE PAP TEST IN PRIMARY CARE: COULD CERVICAL SCREENING CHANGES IMPACT ON CHLAMYDIA TESTING?

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Introduction The current Australian National Cervical Screening Program involves regular screening of sexually active women ≥ 18 years using a Pap test but changes to the program, effective in 2017, will only include women aged ≥ 25 years. These changes could inadvertently reduce chlamydia screening which is recommended in 15–29 year-olds and often occurs during reproductive visits. Using the ACCESS surveillance system we measured the proportion of chlamydia tests that may no longer occur in primary care following changes to the National Cervical Screening Program.

Methods Consultation, Pap and chlamydia testing data were extracted from patient management systems of 18 general practice and family planning clinics in Victoria and NSW. We calculated concurrent Pap and chlamydia testing (within 7 days) by age group, and chlamydia testing frequency among concurrent testers.

Results Between January 2009 and September 2014, 10,105 chlamydia tests were conducted among 44,694 women aged 18–30 years; 63% in 18–24 year-olds and 37% in 25–30 year-olds. In the same period, 10,178 Pap tests were conducted; 47% in 18–24 year-olds and 53% in 25–30 year-olds. The proportion of chlamydia tests conducted concurrently with a Pap test was 20% (2058/10,105), similar in both age groups. For 63% (1154/1835) of women with concurrent chlamydia/Pap tests it was their only chlamydia test during the study period.

Conclusion One in five chlamydia tests among 18–30 year-olds occurred concurrently with a Pap test and the majority of them had no other chlamydia test during the study period. Our results suggest changes to the National Cervical Screening Program could reduce opportunistic chlamydia testing in a particularly high risk group such as sexually active women aged 18–24 years. As chlamydia is mostly asymptomatic, regular and opportunistic screening is considered a key public health strategy in chlamydia control. New strategies will be needed to increase chlamydia testing in young women.

Disclosure of interest statement None.

P08.32 THE FEASIBILITY AND ACCEPTABILITY OF OFFERING OPPORTUNISTIC CHLAMYDIA SCREENING IN A NURSE-LED PRIMARY HEALTH CARE CLINIC

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Introduction Chlamydia rates are highest among young people. Screening is the best method of identifying asymptomatic infection. The study aim was to determine the feasibility and case finding effectiveness of routinely offered chlamydia screening in the nurse-led ACT Health Walk in Centre (WiC).

Methods Regardless of the purpose of their visit, all WiC attendees aged 16–30 years were offered chlamydia screening. Cases were managed by CSHC. Outcome measures were: number of specimens collected, proportion of positive tests, proportion of cases treated at CSHC and contact tracing yield.

Results 4341 people in the target age range (29.1% of total WiC presentations) attended between 13/8/12 and 31/5/13; 473 (10.9%) accepted screening. Screening was associated with female gender (293 vs. 180 $p = 0.0001$), 20–24 year age group and no particular reason for attendance. 28 (5.9%) tested positive (19 females, 9 males, 22 aged 16–25 years). 26/28 (92.9%) attended CSHC for treatment; 2 were treated elsewhere. 39 sexual partners were nominated by the 26 patients treated at CSHC; 23 were contacted by the index cases and 16 by CSHC staff.

Conclusions Offering chlamydia screening to young people attending the WiC is feasible and demonstrated excellent case finding effectiveness. Efforts to increase screening participation are needed.

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