S08.4 WHAT IS 'SUSTAINABLE': THE COSTS AND COST-SAVINGS OF STRATEGIES TO EXPAND SERVICES

Jim Kahn*. *University of California San Francisco, San Francisco, USA*

10.1136/sextrans-2015-052270.51

Background Congenital syphilis imposes a significant global health and economic burden. Serious adverse events, including infant mortality and infection, occur in more than half of cases. The annual global medical cost burden exceeds $300 million. Syphilis screening and treatment, though simple, effective, and affordable, fails to reach most pregnant women. In this presentation we examine the financial sustainability of scaling-up syphilis screening and treatment in existing antenatal care (ANC) programs in diverse programmatic, epidemiologic, and economic contexts.

Methods We modeled the program cost, health impact, and net cost of expanded syphilis screening and treatment in ANC, for 1,000,000 pregnancies per year over four years. We described 8 generic country scenarios by varying three factors: current maternal syphilis testing and treatment coverage, syphilis prevalence in pregnant women, and the cost of healthcare.

Findings Program costs are estimated at $4,142,287 – $8,235,796 per million pregnant women. Net costs, adjusted for averted medical care and current services, range from net savings of $12,261,250 to net costs of $1,736,807. The program yields net savings in four scenarios, and has low net costs in the other four.

Conclusions Eliminating vertical transmission of syphilis through expanded screening and treatment in ANC appears highly sustainably in economic terms for varied settings. Countries with high prevalence, low current service coverage, and high healthcare cost would be most likely to realize net savings. This analysis approach can be adapted to other conditions.

S09 - Results from the Australian Chlamydia Control Effectiveness Pilot (ACCEPt)

S09.1 HOW CAN CHLAMYDIA SCREENING WORK IN AUSTRALIAN GENERAL PRACTICE?

Meredith Temple-Smith*. *University of Melbourne, Melbourne, Australia*

10.1136/sextrans-2015-052270.52

General practice potentially has an important role in the prevention and management of chlamydia in Australia, as most chlamydia infections are diagnosed in this setting. Although 80% of young adults attend their general practitioner (GP) annually, general practice chlamydia testing rates remain quite low. The Australian Chlamydia Control Effectiveness Pilot (ACCEPt) is a randomised controlled trial that aims to evaluate whether annual chlamydia testing for 16 to 29 year olds attending general practice can reduce the prevalence of chlamydia in the population.

ACCEPt drew on the Normalisation Process Theory (NPT) to guide the design of the intervention for this trial. NPT argues that successfully embedding a complex intervention into routine clinical practice requires a 'whole of practice' approach which engages all clinic staff including GPs, practice managers and practice nurses. The intervention designed to facilitate increased chlamydia testing in ACCEPt intervention clinics consisted of computer alerts, incentive payments to GPs and practice nurses for each chlamydia test conducted, quarterly audit and feedback on testing performance to individual GPs, GP and practice nurse training, and patient recall and reminders for follow-up testing. A total of 143 clinics servicing over 70,000 16 to 29 year olds were recruited across Victoria, Queensland, NSW and South Australia. Clinics where the practice manager was engaged and interested in research were better equipped to enable the establishment of a chlamydia testing pathway and the necessary systems to allow chlamydia testing to be successfully adopted within the clinic. Testing rates almost doubled in intervention clinics compared with control clinics (RR = 1.9; 95% CI: 1.8, 2.0). Following three years of intervention, the numbers of 16–29 year olds who were screened annually for chlamydia rose to approximately 27% of women and 15% of men in intervention clinics.

S09.2 THE PREVALENCE OF CHLAMYDIA AMONG 16 TO 29 YEAR OLDS IN AUSTRALIA

Alaina Vaisey*. *University of Melbourne, Melbourne, Australia*

10.1136/sextrans-2015-052270.53

The Australian Chlamydia Control Effectiveness Pilot (ACCEPt) is a cluster randomised controlled trial that aims to measure the effectiveness of a chlamydia testing intervention in general practice. Over 140 general practice clinics are participating in ACCEPt in 54 geographical areas across four Australian states (Victoria, New South Wales, Queensland and South Australia). The primary outcome of ACCEPt is change in chlamydia prevalence among 16 to 29 year old men and women attending general practice. This will be assessed as the difference in chlamydia prevalence between a survey conducted prior to randomisation in all participating clinics (survey 1) and a survey conducted at the conclusion of the trial (survey 2).

Both surveys have identical methodology. A research assistant employed by the research team is based in each of the participating clinics and invites consecutive patients to participate as they arrive for a consultation with a doctor. Men and women are eligible if they are 16–29 years old and have ever had vaginal and/or anal sex. Participants provide a self-collected urine specimen or vaginal swab for chlamydia testing and complete a questionnaire. The questionnaire includes items about demographic characteristics, sexual behaviour, reasons for attending and genital symptoms. Sexual behaviour questions includes number of partners in the last 12 months, concurrency (two or more overlapping partnerships), duration of most recent partnership and condom use (inconsistent or consistent use with most recent partner). The first survey was conducted between 2010 and 2012 with over 4000 men and women tested and an overall chlamydia prevalence of 4.6% (95% CI: 3.9%, 5.3%). The second survey commenced in July 2014 and will be completed in August 2015. Over 3,400 men and women had been recruited as of the end of June 2015. The results of the second survey will be presented and its findings compared with survey 1.