Introduction ACCEPt is a randomised controlled trial of annual chlamydia testing for 16–29 year olds in general practice. Part of the trial examines whether practice nurses (PNs) can play a role in chlamydia testing. PNs previously identified education as an important facilitator to their involvement in testing. We evaluated the impact of education on PNs’ knowledge and attitudes in relation to chlamydia testing.

Methods The 2-hour education program was delivered at clinics to PNs by ACCEPt staff. A survey was conducted at baseline and repeated 6–12 months post education; analysis focused on PNs who completed both surveys. The survey used Likert scales, which were analysed as continuous variables (scores). We used t-tests to assess if changes in mean scores between survey rounds were greater in the education group.

Results In total 72 PNs completed both surveys (42 of which received education). Changes in mean scores between survey rounds in the education group were significantly different to the non-education group for the statements: most chlamydia infections in men are asymptomatic (p = 0.01); I would offer a chlamydia test to a 23-year old married female having a pap test (p = 0.04); I would like to be more involved with managing a recall/reminder system (p = 0.03); and time/workload constraints are barriers to testing (p = 0.001). The increases in mean knowledge score (p < 0.01) and mean barrier score (p = 0.03) were greater in the education group.

Conclusion Our evaluation suggests PN participation in the ACCEPt education program improved chlamydia testing knowledge and attitudes among PNs and could be utilised more widely across primary care. The findings also suggest time/workload constraints became a stronger barrier after education, presumably due to greater involvement in testing. Future analyses will determine if the education program combined with other initiatives have increased testing rates.

Disclosure of interest statement ACCEPt was commissioned and funded by the Australian Government Department of Health and Ageing. Additional funding has been received from the National Health and Medical Research Council, the Victorian Department of Health and NSW Health.

Background Chlamydia is the most common Sexually Transmissible Infection in Australia, with 23,535 notifications for the first quarter of 2015, more than half of which occurring in the 15 to 25 age group. More than 80% of this high risk age group presenting to a general practice at least once annually, however rates of testing are low at 12.5% for females and 3.7% for males. International and Australian studies have suggested pharmacy involvement in testing. Piloting access through Australia’s 5,450 pharmacies is essential to reduce the incidence and long-term consequences of chlamydia through early detection, treatment of asymptomatic infection and contact tracing.


Results Of 109 kits purchased, 39.4% were returned for processing, with 16.3% of those returning a reactive result. 18% of returned samples were purchased by consumers under the age of 18, 53.5% between 18 – 29 year and the remainder aged over 30 years. All reactive results were subsequently treated.

Conclusion This presentation will discuss integrating community pharmacy into any comprehensive Australian chlamydia testing program. Pharmacies are already providers of sexual health products, including contraception, pregnancy tests and Emergency Hormonal Contraception (EHC), where approximately 400,000 units of EHC provided each year. They are well placed for access to Chlamydia testing over extended hours, providing an additional confidential option access Chlamydia testing with the capacity to increase sexual health awareness and de-stigmatise chlamydia screening.

Disclosure of interest statement This pilot was a collaboration of the Pharmacy Guild of Australia QLD Branch and Metro North Hospital and Health Service, funded by Metro North Brisbane Medicare Local.
WEB-TOOL TO ASSESS THE COST-EFFECTIVENESS OF CHLAMYDIA POINT-OF-CARE TESTS AT THE LOCAL LEVEL

Introduction There is a lack of data on the sexual behaviour of patients between being tested for chlamydia, receiving the test result, and being treated. This time-period may be important in the transmission of chlamydia, as infection could continue to be spread to sexual partners whilst awaiting the test result and treatment.

We aimed to investigate the sexual behaviours of patients in this time-period in order to investigate the benefits a point-of-care test (POCT) might bring to clinical practice.

Methods A cross-sectional clinical audit of Genito-Urinary Medicine (GUM) clinic attendees in England. Clinic staff conducted a notes review of patients returning for chlamydia treatment following a positive chlamydia test result, and of age- and sex-matched chlamydia negatives attending for initial consultation. Initial consultation data were available for all patients; data on behaviour between test and treatment were available only for chlamydia-positives. The data also served as a sexual history taking audit for the GUM clinics, following British Association of Sexual Health and HIV (BASHH) guidelines.

Results Five of nine GUM clinics approached participated (July–December 2014). The sexual history BASHH auditable outcomes completion rates varied from 0–100%. 775 patients (442 females, 333 males) were included in analyses. Males with 2–4 partners, and those who reported never using a condom, were more likely to be chlamydia positive. For 21/143 (14.7%) positive patients who provided data, last new sexual contact was in the period between test and treatment.

Conclusion The BASHH 97% data recording target was only consistently met for one of six auditable outcomes, indicating required improvements in sexual history recording by GUM clinics.

Patients continue to form new sexual partnerships whilst awaiting chlamydia test results, allowing for the possibility of infecting new sexual partners. POCTs which remove the test to treatment delay could prevent this onward transmission.