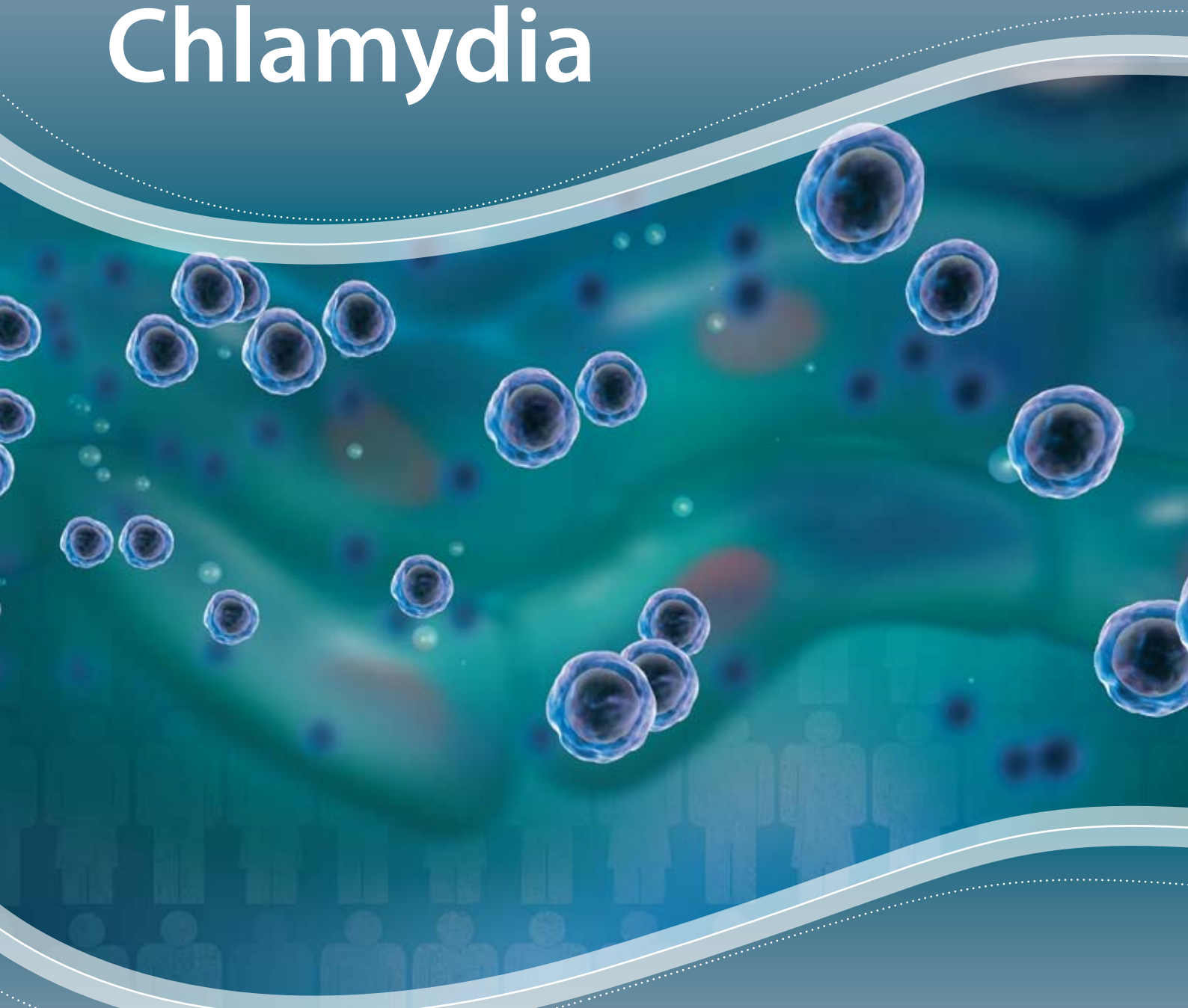


CLINICAL AUDIT

Targeted testing of **Chlamydia**



Background

In New Zealand the prevalence of Chlamydia has continued to climb over recent years. Rates are generally highest for young adult women, with the rate for Maori and Pacific people being significantly higher than that of Europeans. While the infection is generally asymptomatic, it has long lasting consequences including infertility, ectopic pregnancy, pelvic inflammatory disease and reactive arthritis.

The Ministry of Health recognises the importance of a Chlamydia management programme, to reduce both the duration of infection and the rates of reinfection in affected populations. The key components of effective management require increased testing of those with known risk factors, prompt identification and treatment of sexual contacts.

The best predictors of asymptomatic infection are age and sexual behaviour. Therefore it is recommended opportunistic testing for Chlamydia should be targeted at sexually active people under the age of 25 years.

Testing

Over recent years sensitive methods of Chlamydia testing have been developed which means the collection of first void urine tests for men and self-taken vaginal swabs for women are a practical approach for Chlamydia testing. These are appropriate for testing asymptomatic individuals and they are generally well accepted by patients.

First Void Urine (FVU) tests for men are generally as sensitive in detecting Chlamydia infection as swabs and are generally better tolerated than traditional deep urethral swabs. The FVU is the first 25-30 ml of urine voided, preferably 2 hours since the man has last urinated.

Self-taken vaginal swab is collected by inserting the Chlamydia swab at least 2-3 cm into the vagina (about half way along the swab). The swab should be twirled, touching the inside walls of the vaginal and left in for at least 10 seconds.

For the targeted approach outlined in this audit, FVU and self-taken vaginal swabs are recommended, although if a cervical smear is being taken, an endocervical swab can be collected instead.

Focus of this audit

This audit focuses on the targeted testing of sexually active people under the age of 25 years, when they present for a consultation. All sexually active woman under the age of 25 years, should have at least one record of a Chlamydia test.

Most people presenting for contraception advice or young woman presenting for a cervical smear can be assumed to be sexually active.

Key recommendations

Ministry of Health – Chlamydia management guidelines¹

Recommendations for asymptomatic opportunistic testing

This is particularly important if the individual has not consistently used condoms.

Females

Testing should be offered to all sexually active females under 25 years of age if they have never been tested. The offer of testing should be repeated annually to all sexually active females under 25 years of age if they have:

- had two or more partners in the last 12 months, or
- had a recent partner change

Males

Consider testing in sexually active males if they are:

- aged under 25, and
- two or more sexual partners in the last year or a recent partner change, or
- co-infection with another STI

Recommendation for when Chlamydia testing is indicated

Testing should be routinely given to:

- those with symptoms suggestive of Chlamydia infection
- sexual partners of those with suspected or confirmed Chlamydia infection
- patients requesting a sexual health check
- patients with another STI
- pregnant women (test in first trimester and repeat in third trimester if there are ongoing risk factors)
- women undergoing a termination of pregnancy
- mothers of infants with chlamydial conjunctivitis or pneumonitis
- pre-menopausal women undergoing uterine instrumentation
- semen and egg donors
- men who have sex with men

Plan

Indicators

1. Women, aged 15–24 years, attending for contraception advice, have a Chlamydia test
2. Women, aged 15–24 years, attending for a cervical smear, have a Chlamydia test
3. Men, aged 15–24 years, attending for any reason, have a Chlamydia test

Criteria

1. Women, aged 15–24 years, attending for contraception advice, have a Chlamydia test recorded in the patient notes
2. Women, aged 15–24 years, attending for a cervical smear, have a Chlamydia test recorded in the patient notes
3. Men, aged 15–24 years, attending for any reason, have a Chlamydia test recorded in the patient notes

Standards

1. 50% of women, aged 15–24 years, attending for contraception advice, have a Chlamydia test recorded in the patient notes
2. 50% of women, aged 15–24 years, attending for a cervical smear, have a Chlamydia test recorded in the patient notes
3. 50% of men, aged 15–24 years, attending for any reason, have a Chlamydia test recorded in the patient notes

Data

If possible the data should be collected for each GP, not just at a practice level.

Eligible people

All women aged 15–24 years, presenting for either contraception advice or cervical smear, and all men aged 15–24 years are eligible for this audit.

Identifying patients

You will need to have a system in place that allows you to identify eligible patients. Many practices will be able to identify patients by running a 'query' through their PMS system.

Sample size

Number of eligible patients will vary according to your practice demographic. It would be optimal to identify 20–30 patients. If you identify more, take a random sample of 20–30 patients whose notes you will audit.

Data analysis

Use the data sheet to record your data and calculate percentages.

Compare these percentages to the standards set in advance by the practice team. Standards are suggested in this protocol but may also be set at a practice/practitioner level, dependent upon the practice population. Discussion amongst peers may be useful in establishing standards.

A recent modeling paper from Australia has predicted that if 40% of men and women under the age of 25 years are screened annually, the prevalence of Chlamydia infection will decrease rapidly over 10 years in all age groups, with >50% of the reduction being achieved during the first 4 years.²

References

1. Ministry of Health. Chlamydia management guidelines, 2008. Available from [www.moh.govt.nz/moh.nsf/pagesmh/8210/\\$File/chlamydia-management-guidelines.pdf](http://www.moh.govt.nz/moh.nsf/pagesmh/8210/$File/chlamydia-management-guidelines.pdf)
2. Regan DG, Wilson DP, Hocking JS. Coverage Is the Key for Effective Screening of *Chlamydia trachomatis* in Australia. *J Infect Dis* 2008;198:349–58.

Data sheet – cycle 1

Audit: Targeted testing of Chlamydia

	Women (aged 15-24) having contraception advice, have record of Chlamydia test?	Women (aged 15-24) having a cervical smear, have record of Chlamydia testing?	Men (aged 15-24) have record of Chlamydia test?
	YES/NO	YES/NO	YES/NO
1			
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30			
Total			
%			

Data sheet – cycle 2

Audit: Targeted testing of Chlamydia

	Women (aged 15-24) having contraception advice, have record of Chlamydia test?	Women (aged 15-24) having a cervical smear, have record of Chlamydia testing?	Men (aged 15-24) have record of Chlamydia test?
	YES/NO	YES/NO	YES/NO
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28			
29			
30			
Total			
%			

Identifying opportunities for CQI

Taking action

The first step in taking action is to identify where gaps exist between expected and actual performance and decide on priorities for change.

Once priority areas for change have been decided on, an action plan should be developed to implement any changes.

The plan should assign responsibility for various tasks to specific members of the practice team and should include a timeline.

It is important to include the whole practice team in the decision-making and planning process.

It may be useful to consider the following points when developing a plan for action (RNZCGP 2002).

1. Problem solving process

- What is the problem or underlying problem(s)?
- Change it to an aim.
- What are the solutions or options?
- What are the barriers?
- How can you overcome them?

2. Overcoming barriers

- Identifying barriers can provide a basis for change.
- What is achievable? – find out what the external pressures on the practice are and discuss ways of dealing with them in the practice setting.
- Identify the barriers.
- Develop a priority list.
- Choose one or two achievable goals.

3. Effective interventions.

- No single strategy or intervention is more effective than another, and sometimes a variety of methods are needed to bring about lasting change.
- Interventions should be directed at existing barriers or problems, knowledge, skills and attitudes, as well as performance and behaviour.

Review

Monitoring change and progress

It is important to review the action plan against the timeline at regular intervals with the practice team. It may be helpful to discuss the following questions:

- Is the process working?
- Are the goals for improvement being achieved?
- Are the goals still appropriate?
- Do you need to develop new tools to achieve the goals you have set?

Following the completion of the first cycle, it is recommended that practices complete the first part of the CQI activity summary sheet (Appendix 1).

Undertaking a second cycle

In addition to regular reviews of progress with the practice team, a second audit cycle should be completed in order to quantify progress on closing the gaps in performance.

It is recommended that the second cycle be completed within 12 months of completing the first cycle. The second cycle should begin at the data collection stage. Following the completion of the second cycle it is recommended that practices complete the remainder of the CQI activity summary sheet.

Claiming MOPS credits

This audit has been endorsed by the RNZCGP as a CQI Activity for allocation of MOPS credits. General practitioners taking part in this audit can claim credits in accordance with the current MOPS programme. This status will remain in place until April 2012.

To claim MOPS points, you can indicate completion of the audit on the annual claim sheet, or alternatively you can go to the RNZCGP website, and claim your points at “MOPS online” at www.rnzcgp.org.nz

As the RNZCGP frequently audit claims you should retain the following documentation, in order to provide adequate evidence of participation in this audit:

1. A summary of the data collected
and
2. A Continuous Quality Improvement (CQI) Activity summary sheet (included as Appendix 1).

Appendix 1: RNZCGP Summary Sheet – CQI Activity

DOCTORS NAME	
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The activity was designed by (please tick appropriate box):

- RNZCGP
- Organisation e.g. IPA/PHO/BPAC (name of organisation)
- Individual (self)

[bpac^{nz}](#)

TOPIC	Targeted testing of Chlamydia
Describe why you chose this topic (relevance, needs assessment etc):	

FIRST CYCLE

1. DATA	Information collected
Date of data collection:	
Please attach:	
<ul style="list-style-type: none">▪ A summary of data collected or▪ If this is an organisation activity, attach a certificate of participation.	

2. CHECK	Describe any areas targeted for improvement as a result of the data collected.

3. ACTION	Describe how these improvements will be implemented.

4. MONITOR	Describe how well the change process is working. When will you undertake a second cycle?

SECOND CYCLE

1. DATA	Information collected
Date of data collection:	
Please attach: <ul style="list-style-type: none">▪ A summary of data collected or▪ If this is an organisation activity, attach a certificate of participation.	
2. CHECK	Describe any areas targeted for improvement as a result of the data collected.
3. ACTION	Describe how these improvements will be implemented.
4. MONITOR	Describe how well the change process is working.
COMMENTS	

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