Chlamydia trachomatis: opportunistic screening in primary care

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SUMMARY

Following the publication of the Chief Medical Officer's report on chlamydial screening, we identified the sexual health of young women as an area for concern. As part of our review we decided to opportunistically search for chlamydial genital infections using a non-invasive technique. Sexually active women under 25 years of age were invited to submit a first void urine sample for polymerase chain reaction analysis. Over the period of a year we found out that 10.9% of sexually active young women tested positive for chlamydia in our practice.

Keywords: Chlamydia trachomatis*; opportunistic screening; genitourinary medicine.*

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Introduction

CHLAMYDIA trachomatis is the most common curable sexually transmitted organism in the United Kingdom. The consequences can be severe (pelvic inflammatory disease [PID], chronic pelvic pain, and infertility) and may have lifelong implications. It has been shown that screening for chlamydia can prevent PID.[1] Various work in primary care has indicated a prevalence of between 2% and 12% in British women but there is little data on how screening can fit into the routine of a practice.[2] In 1998, an expert advisory group set up by the Chief Medical Officer looked at various options for chlamydia screening. One of their recommendations was for the screening of asymptomatic sexually active women aged under 25 years.[3]

This study arose from an interest in developing a chlamydia screening strategy for young women in a single practice with minimal change of practice routines using non-invasive testing. Case finding of chlamydia in women with genital symptoms was included in this screening approach. Contact tracing success and outcome of referral to the local genitourinary medicine (GUM) clinic were also recorded.

Method

Practice and study characteristics

The White Rose Surgery serves a population of 8200 in an ex-mining community in West Yorkshire. In addition to routine family planning sessions the surgery offers a teenage drop-in service run by the health visitor and a free confidential condom service.

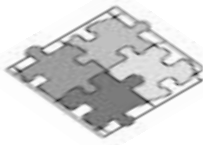
The target population included sexually active women between 13 and 24 years of age. Criteria for sexual activity were defined as all those in receipt of contraceptive services, or known to be pregnant. Women with symptoms suggestive of chlamydia, i.e. inter-menstrual or post-coital bleeding, vaginal discharge or lower abdominal pain, were also tested.

Eligible women were invited to submit a first void urine specimen (FVU) as they attended for a consultation with a doctor. Posters explaining the survey were displayed in waiting areas of the practice and the practice nurses and midwives received training about chlamydia.

FVUs were refrigerated at 2°C or frozen overnight at -22°C prior to transportation to the laboratory for polymerase chain reaction (PCR) analysis.[4]

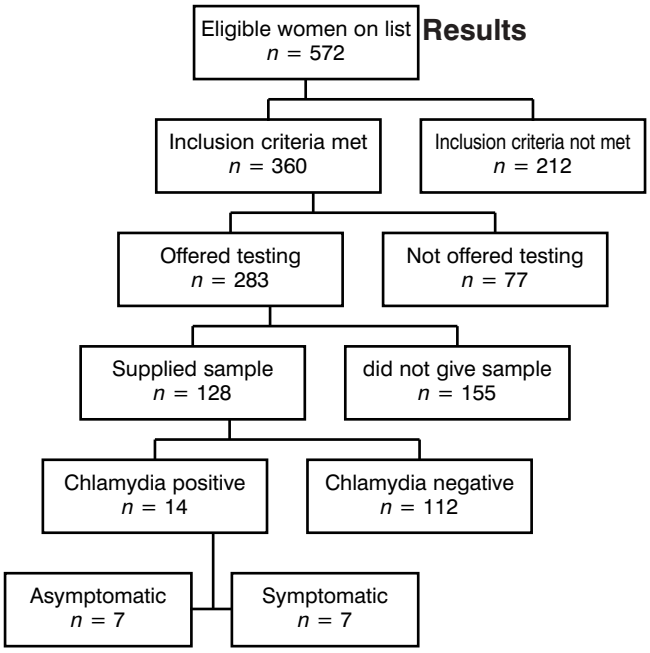
Women who tested positive were treated in primary care with Azithromycin 1g immediately or Amoxycillin 250mg three times daily for seven days if pregnant (two cases). They were advised to use condoms if having sexual intercourse after treatment and encouraged to attend the GUM clinic.

HOW THIS FITS IN



What do we know?
The sexual health of young women has previously been poorly served in primary care. *Chlamydia trachomatis* can lead to short-term complications, such as pelvic inflammatory disease, and long-term ones, such as infertility.

What does this paper add?
Chlamydia trachomatis is a common infection in sexually active young women. Opportunistic screening for it is feasible in primary care.



The study period ran from 1 December 1998 to 30 November 1999.

- Of the women who met the inclusion criteria, 256 attended a doctor on more than one occasion.
- Eight women submitted more than one sample.

Details of positive cases were faxed through to the GUM clinic where health advisers undertook contact notification. Contacts were treated in the GUM clinic. A high proportion of index cases (12 out of 14) and 9 out of 12 named contacts attended the GUM clinic. No co-existing sexually transmitted infections were identified among the index cases or their named contacts.

Discussion

Our work showed a prevalence of 10.9% for chlamydial genital infection for the 12-month period in which the study took place. Teamwork enabled 78% of the eligible population to be invited to submit a FVU; a considerable achievement in the timeframe of routine general practice. These figures compare favourably with the numbers recruited and followed up in previous chlamydia studies in primary care.[5,6] Given that the journey to the GUM clinic involved a 20-mile round trip, a large proportion of women and their named partners accepted this referral. In a survey of Glasgow practices, only 50% of GPs would refer to the GUM clinic and only one in five practices would attempt partner notification after a positive result.[7]

However, 60% of eligible women chose not to submit a FVU when counselled as to the nature of chlamydia. It is possible that acceptance rates would be higher with more publicity and information available as part of a nationwide campaign to promote the sexual health of young women. Owing to the pressure of the workload the practice offers routine appointments of 7.5 minutes duration and previous work has shown that consultations of 10 minutes duration result in more health promotional activity.[8] In addition, some are sexually active without seeking contraceptive services from their general practitioner.

Having shown a prevalence of 10.9% for *Chlamydia trachomatis* among young sexually active women in our practice, we have continued to offer chlamydia testing to women in our target population since the end of the study period.

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