



Retesting and reinfection rates following *Chlamydia trachomatis* infection in a Tasmanian outpatient clinic: a retrospective study.

Richardson A¹, Brailsford G¹, Roper D¹, Luttrell E¹, Wilson E¹, Ogden K^{1,2}

1 University of Tasmania, Launceston Tasmania, Australia

2 Family Planning Tasmania, Launceston Tasmania, Australia

Background

Family Planning Tasmania (FPT) is a state-wide, not for profit organization providing sexual and reproductive health clinic and education services.

In Tasmania, retesting rates following genital *Chlamydia trachomatis* infection are low (27% in females, 24% in males in 2012/13) despite the known high re-infection rate¹.

Objectives

This study aimed to evaluate the retesting trends and reinfection rates in patients treated for *C. trachomatis* infection in a FPT clinics .

References

1. Stephens N(2017) Chlamydia retesting and retest positivity rates: results from a state-wide laboratory data linkage study in Tasmania, 2012–13. *Sexual Health*

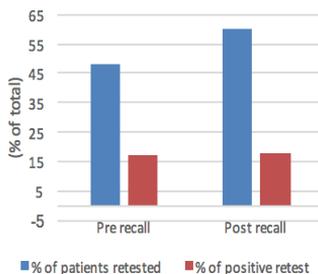
Contact: Richardson.amylee@gmail.com

Methods

A retrospective case series of 322 patients diagnosed with *C. trachomatis* and treated in three clinics. Two data-sets were reviewed, one before the implementation of a recall system (2012/2013) and one after (2015/16). Patient information was collected via electronic medical records. Primary outcomes were rates and timing of retesting occurring within 12 months and positivity rates.

Results

Proportion of total retesting rates and positive retesting rates



The study comprised 322 patients aged 14-47 years (Mean 21.9, SD 5.7, Median 20.0); 72 males (22.4%) and 250 females (77.6%). Pre-intervention cohort included 129 patients, with 193 patients in the post-intervention cohort. Overall, 53.7% of participants were re-tested within 12 months, significantly more women than men (61.2% vs 27.8%). Retesting occurred on average 4.1 months after treatment (median 3.5 months). There was a 11.1% increase in retesting rates from 48.0% in 2012/13 to 59.1% in 2015/16. The average time to retest decreased from 137.2 days to 105.3 days in 2015/16. Re-infection rates at 12 months were 17.0%, similar across the two cohorts.

Conclusion

The re-test rate for *C. trachomatis* in FPT clinics is higher than the state average and the implementation of a recall system has proven to further improve rates. Improvement in re-testing rates should be possible across Tasmania more broadly.