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

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**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 reinfection rate¹.

**Methods**

A retrospective case series of 322 patients diagnosed with *C. trachomatis* and treated in three clinics. Two datasets 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**

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 retested 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 FTP clinics is higher than the state average and the implementation of a recall system has proven to further improve rates. Improvement in retesting rates should be possible across Tasmania more broadly.

**References**


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