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The Pharmacy
Guild of Australia

To develop and pilot a best practice community pharmacy chlamydia screening model

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Miss JM – Stakeholder – female consumer

Miss XLY – Stakeholder – female consumer

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Mrs Geraldine Ormonde – Stakeholder – Western Diagnostic Pathology Centres

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INTRODUCTION

Chlamydia trachomatis is the most commonly notified Sexually Transmitted Infection (STI) in Australia. The number of positive cases increased from 9,096 in 1996 to 58,507 cases in 2008, with majority of them being in women between the ages of 16-30 years.

Active screening and case detection of chlamydia is difficult because approximately 75% of women do not exhibit any symptoms, and therefore do not seek appropriate health care. Studies suggest that up to 40% of untreated chlamydial infections may subsequently progress to pelvic inflammatory disease (PID), ectopic pregnancy, and infertility.

Currently, Australia does not have a national chlamydia screening program and women have to visit their general practitioner or a family planning service to be tested. To increase surveillance and actively find “silent” cases of undiagnosed chlamydia, the National Sexually Transmissible Infections Strategy of Australia recommended that:

1. Chlamydia screening programs should be specifically designed to target those who would not otherwise have been tested;
2. The screening sites should be easy to access, confidential, affordable, youth-friendly and have late evening and weekend opening hours; and
3. Chlamydia testing should be offered to individuals that have the following “risk-factors”:
 - All sexually active young men and women aged 15-29 years;
 - Those with new or multiple sex partners;
 - When no or inconsistent barrier contraception methods (condoms) are used; and
 - Those with a prior history of diagnosed STIs.

Community pharmacies can easily address the first two recommendations and are in an ideal position to offer chlamydia screening programs. In a recent study conducted by Gudka and colleagues, women asking the pharmacist for emergency contraception (EC), were identified as having at least two of the four “risk factors” listed in the third recommendation: women accessing EC are sexually active, typically between the age of 15-29 years and they had unprotected sexual intercourse (i.e. without or with inconsistent use of condoms). Some of these consumers may not use other sexual health services, and the pharmacist might be the only health professional that has the opportunity to offer sexual health advice and screening to them (Figure 1).

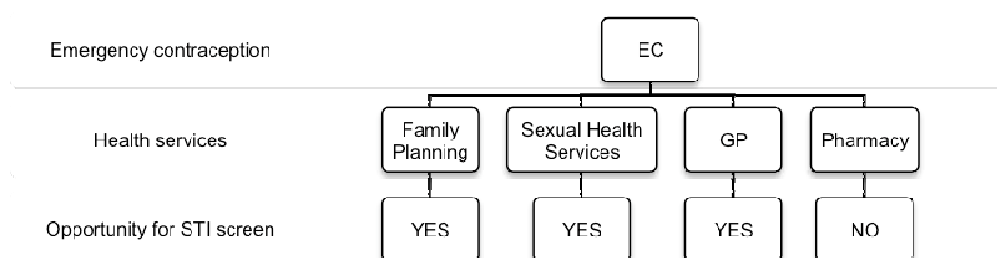


Figure 1: Current EC and STI screening services

The objectives of the study were to:

1. Develop a pharmacy-based chlamydia screening model; and
2. Conduct a 6-month feasibility from 20 pharmacies in Perth.

METHOD

A pharmacy-based chlamydia screening model was developed through literature review and stakeholder consensus. It was referred to as **ECompact (Emergency Contraception Mediated Pharmacy Access of Chlamydia Testing)** and involved collaboration between community pharmacists, pathology centres, general practitioners, family planning and sexual health services.

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The ECOMPACT study protocol required participating pharmacists to counsel the consumer on the importance of chlamydia testing due to its “silent” nature, and introduced them to the free chlamydia testing pilot study after the EC consultation. This was done in two stages.

Stage 1 – Eligibility Assessment

An Eligibility Assessment Checklist, comprising a series of 7 questions, was used to identify consumers with symptoms suggestive of any STIs. In accordance with the national chlamydia screening guidelines, this group of consumer were not eligible for the chlamydia test and required immediate referral to a physician for a full sexual health check.

Stage 2 - ECOMPACT Testing Kit

The pharmacist offered all asymptomatic (not having any symptoms) and eligible consumers a free ECOMPACT Testing Kit containing a low vaginal swab with instructions on how to use it, and completed a pathology request form.

To complete the test, consumers were required to collect their own sample and return it to one of the designated pathology drop-off sites in Perth. The pathology centres tested the samples and forwarded the results to a sexual health physician at Fremantle Hospital. The consumers obtained their chlamydia test results by calling a free-phone number at Sexual Health Services at Fremantle Hospital 7 days after later. A sexual health nurse at Fremantle Hospital, employed using funds from the study's grant, was responsible for disseminating the results, and answering any further queries the consumer may have about their sexual health. A sexual health physician at Fremantle Hospital was responsible for treating and managing all consumers that test positive for chlamydia.

Quantitative and qualitative data was collected from consumers, pharmacists, pathology centres and Fremantle Hospital on an ongoing basis to evaluate the feasibility and uptake of the ECOMPACT study protocol.

KEY RESULTS

In the 6-month period, a total of 769 EC consultations were recorded by the 20 pharmacies. 596 (78%) of the EC consumers were invited and 247 consumers agreed to participate in the study (recruitment rate of 41%). 33 (13%) consumers were identified as showing symptoms of undiagnosed STIs and referred for a full sexual health check. 166 consumers were eligible for the ECOMPACT Testing Kit and 46 consumers completed the full study protocol (return rate of 28%). All 46 consumers tested negative for *chlamydia trachomatis*.

DISCUSSION

Application of the ECOMPACT study protocol in the pharmacy setting identified almost 15% of the EC consumers as having symptoms of STIs. Their referral to a physician by the pharmacist was a timely intervention, which may have prevented future complications, such as PID, and subsequent costs to the consumer and on the health system. This finding clearly demonstrates that pharmacy-based EC consumers are at “high-risk” of STIs and warrants the need for pharmacists to actively screen and test all EC consumers for chlamydia.

The 166 asymptomatic and eligible women were given information (health promotion) on chlamydia screening and an opportunity to test themselves (diagnostic and long-term prevention). To obtain their results, consumers contacted the sexual health service at Fremantle Hospital. This further enhanced the STI and chlamydia screening messages they received in the community pharmacy.

This feasibility study showed that pharmacists successfully requested what is typically called a “medicare” pathology test for 166 consumers from the pharmacy. There were no queries from the pathology centres over any of the pathology requests made by the pharmacists. Disseminating results from pathology centres to the nominated sexual health physician at Fremantle Hospital was also seamless. These findings prove that the infrastructure and channels developed by the research team were strong and that community pharmacists in Australia are capable of requesting direct-to-consumer chlamydia tests.

Within the participating pharmacies themselves, the service was embraced and integrated with minimal changes to existing practice, because it was an extension to EC consultations. The pharmacists actively engaged with almost all of their EC consumers in consultations about STIs, chlamydia, and the ECOMPACT study. Furthermore, every pharmacy issued ECOMPACT Testing Kits to their consumers and had at least one chlamydia test returned to a

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pathology centre. The participating pharmacist raised infrastructure issues within the pharmacy, such as time spent on consultations and re-imbursement as their most common concerns.

Consumers and pharmacists both considered the service to be highly convenient, and the timing of offering a chlamydia test with an EC consultation as highly appropriate. The most common barrier that prevented the consumer from completing ECOMPACT was having to return the test to a designated pathology drop-off site.

ECOMPACT was the first study of its kind in Australia and required a level of participation of pharmacists not seen before. It also tested the willingness of consumers to embrace and use a new service related to sexual health. Considering that almost half agreed to participate, ECOMPACT has shown that pharmacists can provide STI screening services and that their consumers are willing to accept these services.

SCOPE OF THE STUDY

Currently, consumers need to make an initial appointment with a physician to get a chlamydia pathology request, and a follow-up appointment if found positive. Our research has shown that the average EC consumer was 24 years old and works full time. These women may find it difficult to take time off for an appointment, especially if they do not experience any or only mild symptoms. By allowing the pharmacist to request a direct-to-consumer pathology test for chlamydia, pharmacists provide a convenient, easier and more accessible option for this “high-risk” group of women.

Using the Eligibility Assessment Checklist on the 247 consumers that accepted to participate in the study, the pharmacists identified 33 (13%) as having symptoms suggesting an undiagnosed STI. A study in Melbourne found that 70% of women that have the symptoms tested positive for chlamydia. Other population based studies suggest that almost 40% of women with undiagnosed chlamydia could end up with PID and its complications. Based on these findings, it is probable that just using the Eligibility Assessment Checklist, pharmacists may have identified and prevented cases of PID.

CONCLUSION

This research has developed a model for pharmacy-based chlamydia screening and its evaluation has established clear evidence that the ECOMPACT model is feasible in the Australian healthcare setting. Its success is defined by two basic strategies: Firstly, targeted chlamydia screening is an extension of the PSA EC protocol already used in pharmacies. It utilises existing infrastructure within the pharmacy setting to implement a service with minimal and disruption to current practice. Secondly, targeting EC consumers ensures that screening is offered to a general population that displays at-risk behaviour for chlamydia and other STIs and may otherwise not have been screened.

The ECOMPACT model allows community pharmacists to utilise the concepts of primary health care and prevention and significantly contribute to sexual health care.

KEY RECOMMENDATIONS

Recommendation 1: Integrate the Eligibility Assessment Checklist into the existing EC supply protocol.

The pharmacists identified 13% of consumers as having symptoms of STIs by using the Eligibility Assessment Checklist and were immediately referred to a physician.

We strongly recommend that the Eligibility Assessment Checklist should be integrated in the Pharmaceutical Society of Australia's national EC supply protocol.

Recommendation 2: Integrate chlamydia screening with all EC consultations in all community pharmacies.

769 consumers requested EC from 20 pharmacies and the pharmacists assessed 247 consumers for symptoms of STIs and requested a chlamydia pathology test for 166. These women would otherwise not have had an STI intervention at that point in time. ECOMPACT provides new avenues for screening for chlamydia based on convenience and increased accessibility.

We strongly recommend integration of the ECOMPACT model with all pharmacy-based EC consultations.

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Recommendation 3: Improve the existing ECOMPACT model to increase uptake and return rates of chlamydia tests.

The barriers identified in the evaluation of ECOMPACT should be addressed and the strategies suggested to improve ECOMPACT should be considered.

We recommend to increasing the number of pathology drop-off sites and consider options for postal return for the chlamydia test.

Recommendation 4: Secure funds for the wider availability of ECOMPACT.

We strongly recommend the Pharmacy Guild of Australia to secure “block funding” for the ECOMPACT model through one of these strategies.

- The second National Sexually Transmissible Infections Strategy;
- The Preventative Health Taskforce; or
- The Fifth Community Pharmacy Agreement.
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