

Reducing the impacts of chlamydia in Australia

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We need to do more to prevent and manage chlamydia in Australia, argues a new Perspective article led by Burnet Institute and published in the *Medical Journal of Australia* on November 7.

Chlamydia remains our most frequently reported bacterial sexually transmissible infection (STI), said Dr. Stephanie Munari, a Ph.D. candidate and public health registrar at Burnet, who was the lead author of the article.

Often people with a [chlamydia infection](#) do not experience any symptoms, although if the infection is detected it can be easily treated with antibiotics.

"From 2014 to 2018, the overall number and rate of chlamydia notifications rose by 21% and 15% respectively," Dr. Munari said.

While most new chlamydia infections are occurring among young people aged 15 to 29, in 2019 women aged 15 to 24 recorded higher notification rates per 100,000 people compared to similarly aged men.

Chlamydia is also disproportionately high among Aboriginal and Torres Strait Islander people, people living in remote and very [remote areas](#), those with greater socio-economic disadvantage, and among gay and bisexual men.

People who are pregnant are also a priority population, where chlamydia infection is associated with miscarriage, stillbirth, [preterm birth](#), [low birth weight](#), and postpartum infections in the mother and/or newborn.

"What this means is chlamydia remains a significant public health issue in Australia, despite testing and treatment being readily available," Dr. Munari said.

Dr. Munari and her colleagues identified five gaps in chlamydia prevention and management that need to be addressed to reduce the impacts of chlamydia in Australia.

1. Improve chlamydia retesting

About one in five [young women](#) are reinfected with chlamydia after treatment, which both increases their risk of reproductive complications and the likelihood they will pass it on to others.

Re-testing people three months after a diagnosed infection, as recommended in the Australian STI Management Guidelines, can help to reduce these issues.

2. Improve diagnosis of pelvic inflammatory disease (PID)

Around 20 to 30% of cases of PID in the community are due to chlamydia, and 17% of untreated chlamydia infections progress to PID, and this risk increases by 20% with every subsequent reinfection.

But PID is currently underdiagnosed in [general practice](#), in part due to the many ways the disease can present, and the barriers GPs experience to conducting pelvic exams that would support a PID diagnosis.

3. Move away from asymptomatic screening

Many [high-income countries](#) are shifting away from asymptomatic screening towards improved management of chlamydia cases to reduce the complications of the [infection](#).

An increased focus on case and partner management will be required to reduce the impacts of chlamydia in Australia.

4. Enhance partner notification and management

Notifying, testing, and treating [sexual partners](#) from the previous six months can help to interrupt ongoing transmission of chlamydia, and reduce the risk of reinfection and complications.

5. Embrace new testing approaches

Innovative testing strategies may help to improve the detection and management of chlamydia, particularly among [young people](#) in Australia.

For example, the use of digital health technology in the form of online sexual health hubs, might help to overcome identified barriers to accessing traditional sexual health service delivery, including concerns about privacy, confidentiality, and perceived stigma.

"To reduce the burden of disease from chlamydia in Australia, comprehensive follow-up of cases and contacts to reduce the risk of complications is required," Dr. Munari said.

The researchers also recommended further studies into the timing of testing and treatment of [chlamydia](#) infections on the progression to reproductive complications be undertaken to help guide future public health strategies.

More information: Stephanie C Munari et al, Chlamydia prevention and management in Australia: reducing the burden of disease, *Medical Journal of Australia* (2022). [DOI: 10.5694/mja2.51749](https://doi.org/10.5694/mja2.51749)

Provided by Burnet Institute

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