

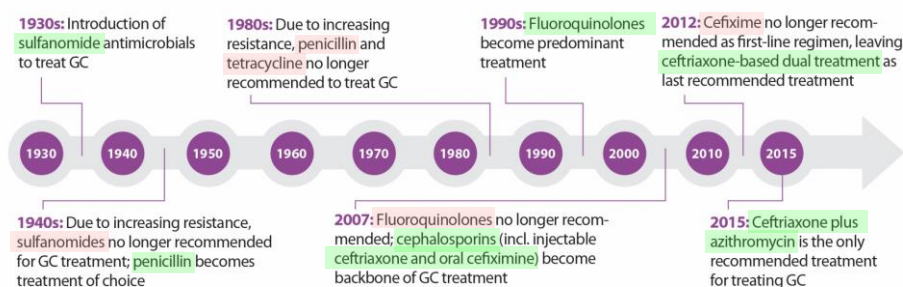


## Patient attitudes to the routine provision of antibiotic therapy to those who are a contact of *Neisseria gonorrhoeae*

Low S<sup>1</sup>, Varma R<sup>2,3</sup>, Vickers T<sup>3</sup>, McNulty A<sup>2,4</sup>

1. Faculty of Medicine, University of New South Wales, Kensington, NSW, Australia, 2052
2. Sydney Sexual Health Centre, South East Sydney Local Health District, Sydney, Australia, 2000
3. The Kirby Institute, University of New South Wales, Kensington, NSW, Australia, 2052
4. School of Public Health and Community Medicine, University of NSW, Kensington, NSW, Australia, 2052

### Antimicrobial resistance and *N. gonorrhoeae*



- First dual treatment failure in UK, 2014
- Potential spread to other co-infections, e.g. *M. genitalium*



## Contact management

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- Current guidelines: empirical treatment of all contacts of NG
- Based on:
  - Historical methods of diagnosis... NAAT
  - Risk of transmission or complications... adequate counselling
- 4 studies on prevalence of NG in contacts
  - Range from 22.9% – 49%
  - Sydney Sexual Health Centre audit in 2015 – 34.2% in MSM



## Aims

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To determine the acceptability and predictors of patient preference for non-empirical (delayed) treatment in sexual health clinics in NSW, Australia



## Methods

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- **Study design:**  
Cross-sectional survey
- **Recruitment sites:**  
Sydney Sexual Health Centre, rural sexual health clinics in Dubbo, Broken Hill, Orange



## Methods

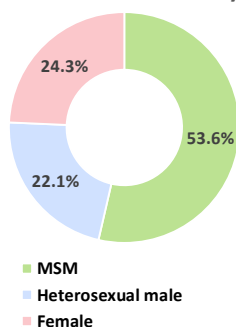
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- **Study group:** English-speaking patients visiting sexual health clinics
- **Data collection:** 22-item questionnaire
- **Data analysis:** Frequencies, cross-tabulations, and ordered multivariate regressions

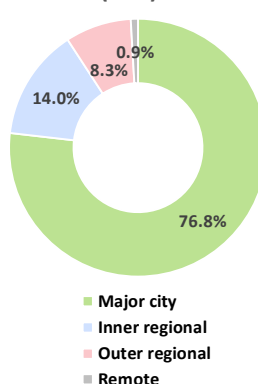
## Demographics

$n = 823$

Gender and sexuality



Region of residence (Aus)



Median age: **29**

IQR: **24-36**

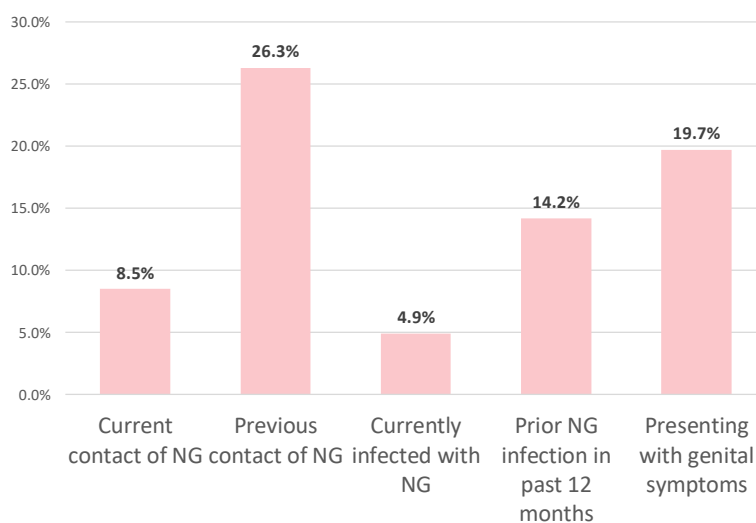
**5.4%** Aboriginal and/or  
Torres Strait Islander

**45.8%** born in Australia

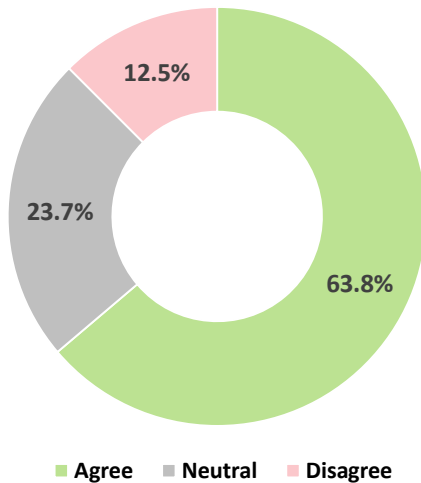
**21.1%** had stayed in  
Australia <1 year



## Demographics – symptoms and contact history



## Concern regarding antimicrobial resistance



### More concerned:

MSM (OR 1.7)

Age (OR 1.2 per 10 years)

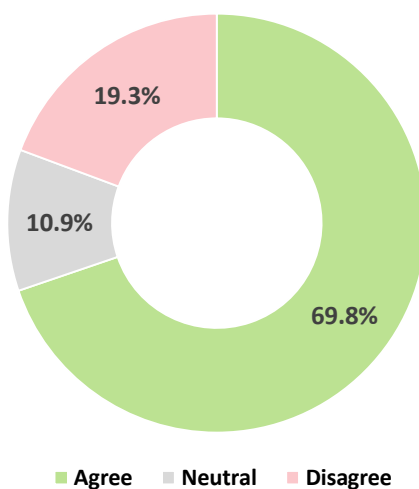
### Less concerned:

Aboriginal and/or Torres

Strait Islander (OR 0.4)



## Delayed treatment if 30% chance of infection



### Less likely to agree to delayed treatment:

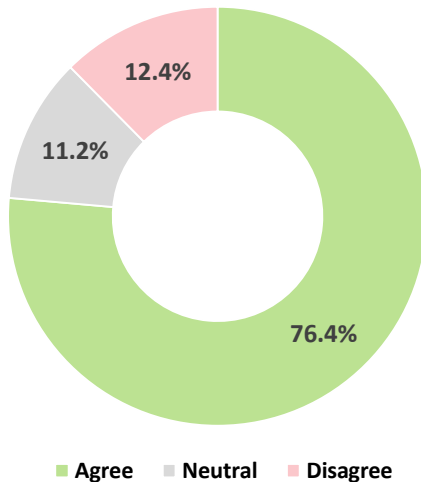
MSM (OR 0.7)

Inner regional (OR 0.5)

Outer regional (OR 0.4)



## Delayed treatment if results in two days



### Less likely to agree to delayed treatment:

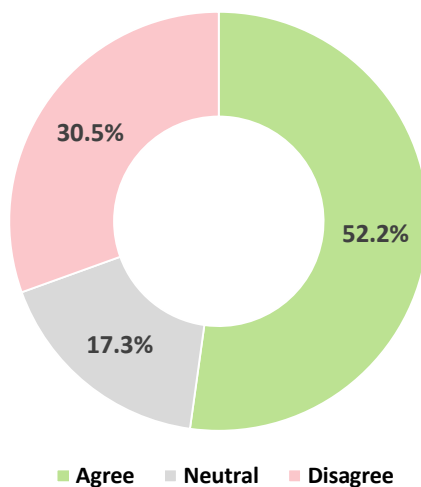
Inner regional (OR 0.5)

Outer regional (OR 0.4)

Current contact of NG (0.4)



## Delayed treatment if results in seven days



### Less likely to agree to delayed treatment:

MSM (OR 0.6)

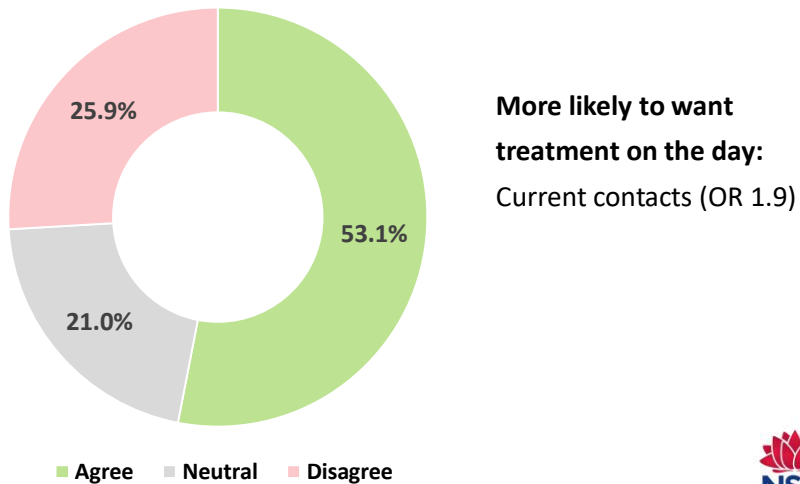
Inner regional (OR 0.6)

Outer regional (OR 0.6)



## Empirical treatment, even if results returned negative

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## Key Findings

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1. Non-empirical treatment generally acceptable by patients, although dependent on timeliness of results
2. MSM and those living in inner regional and outer regional areas less likely to agree to non-empirical treatment
3. Lower level of concern about antimicrobial resistance in Aboriginal and Torres Strait Islander patients

## Strengths & Limitations

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### Strengths:

- First study to look at patient acceptability of non-empirical treatment – patient centred care
- Included range of patients from different geographical locations



## Strengths & Limitations

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### Limitations:

- Decreased external validity?
- Did not exclusively survey contacts of gonorrhoea – the target audience of current guidelines





## Acknowledgements

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- Ms Jo Lenton (Broken Hill), Ms Margie Crowley (Dubbo), Ms Donna Hatfield (Orange) - recruitment
- Dr Vickie Knight, Ms Ruthy McIver – study implementation
- Stefanie Vaccher – statistical advice
- Mr Heng Lu – technical support
- Patients involved in this study



## Questions

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