

# Estimated incidence of Chlamydia trachomatis (CT) genital infection in New Zealand

Righarts A\*, Gray A, **Dickson N†,** Morgan J, Connor J, Hocking J, Saxton P, Sherwood J, Green A, Low N

\* Funded by Lotteries Post-doctoral Fellowship

+ No conflicts of interest

### Background

CT diagnosis rate by sex, age and ethnicity known from ESR data on CT diagnoses.

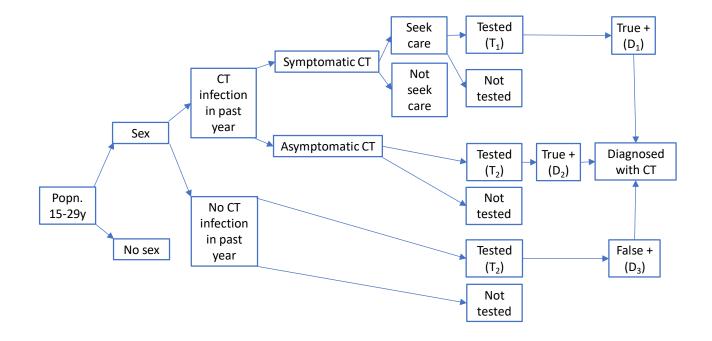
#### Aim

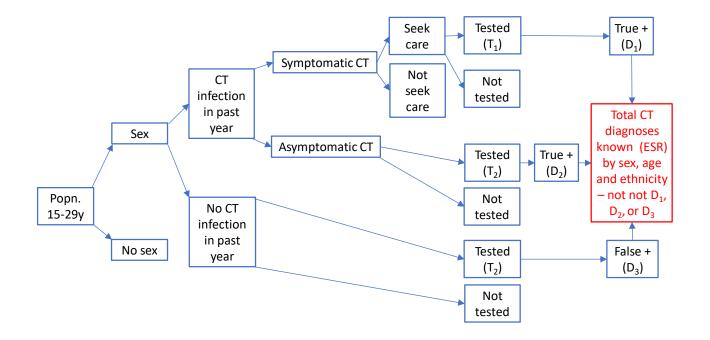
Estimate the <u>underlying CT incidence rate</u> for whole population aged 15-29y, by sex, 5-yr age bands, and ethnicity, using ESR data and certain assumptions.

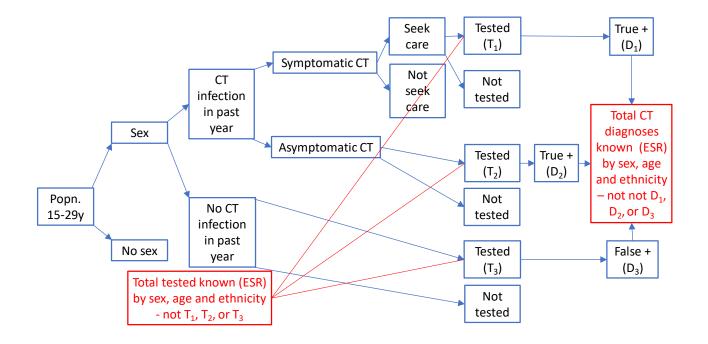
#### Method

Based on a Bayesian mathematical model developed by "Australian chlamydia incidence estimation group" using routinely collected national notifications and testing data. (Ali H. *et al.* Sex Transm Infect 2015;91:513–519.)

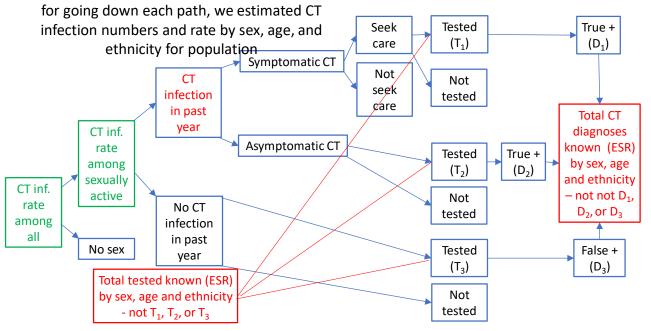
An International collaboration comparing CT incidence in New Zealand, Australia and UK







#### Using known data and assumptions for probabilities



## Assumptions/Priors

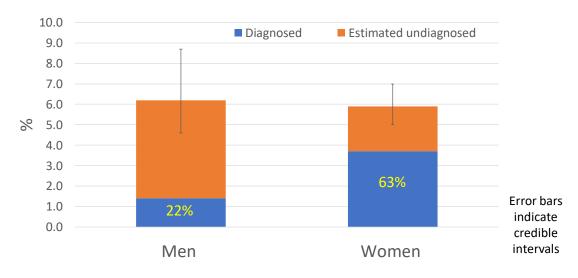
For all aged 15-29yr

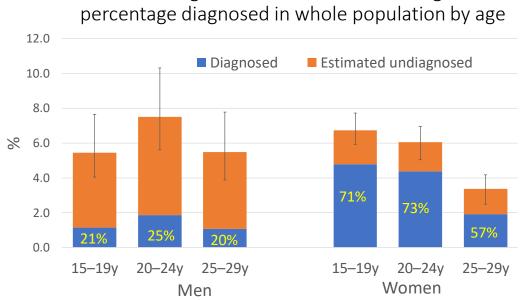
	Men	Women
CT infections symptomatic	9%	16%
Symptomatic people with CT seek care	80%	85%
Symptomatic people having care being tested	95%	95%
Asymptomatic people with CT being tested	18%	60%
Uninfected sexually active being tested	9%	40%

#### As used in Australian model Based on NZ testing data and NZHS data

Age and ethnicity models used age and ethnicity specific priors based on ESR testing data

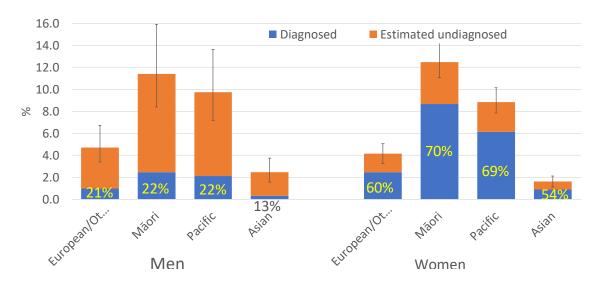
# Annual rates of diagnosed and estimated undiagnosed CT and percentage diagnosed in whole population 15-29 years





Annual rates of diagnosed and estimated undiagnosed CT and

Annual rates of diagnosed and estimated undiagnosed CT and percentage diagnosed in population aged 15-29y by ethnicity



# Limitations

• More evidence required for priors

# Conclusions

- A high incidence of CT (about 1 in 17 annually), which unlike diagnoses is similar between men and women
- Peak incidence older for men than women
- Much lower proportion of infections diagnosed in men plausibly driving ongoing high incidence overall
- Higher rates among Māori and Pacific people

# Next steps

- Encourage primary prevention and increase proportion of men diagnosed
- Compare our model and data with those from Australia and the UK, refine, then compare infection rates