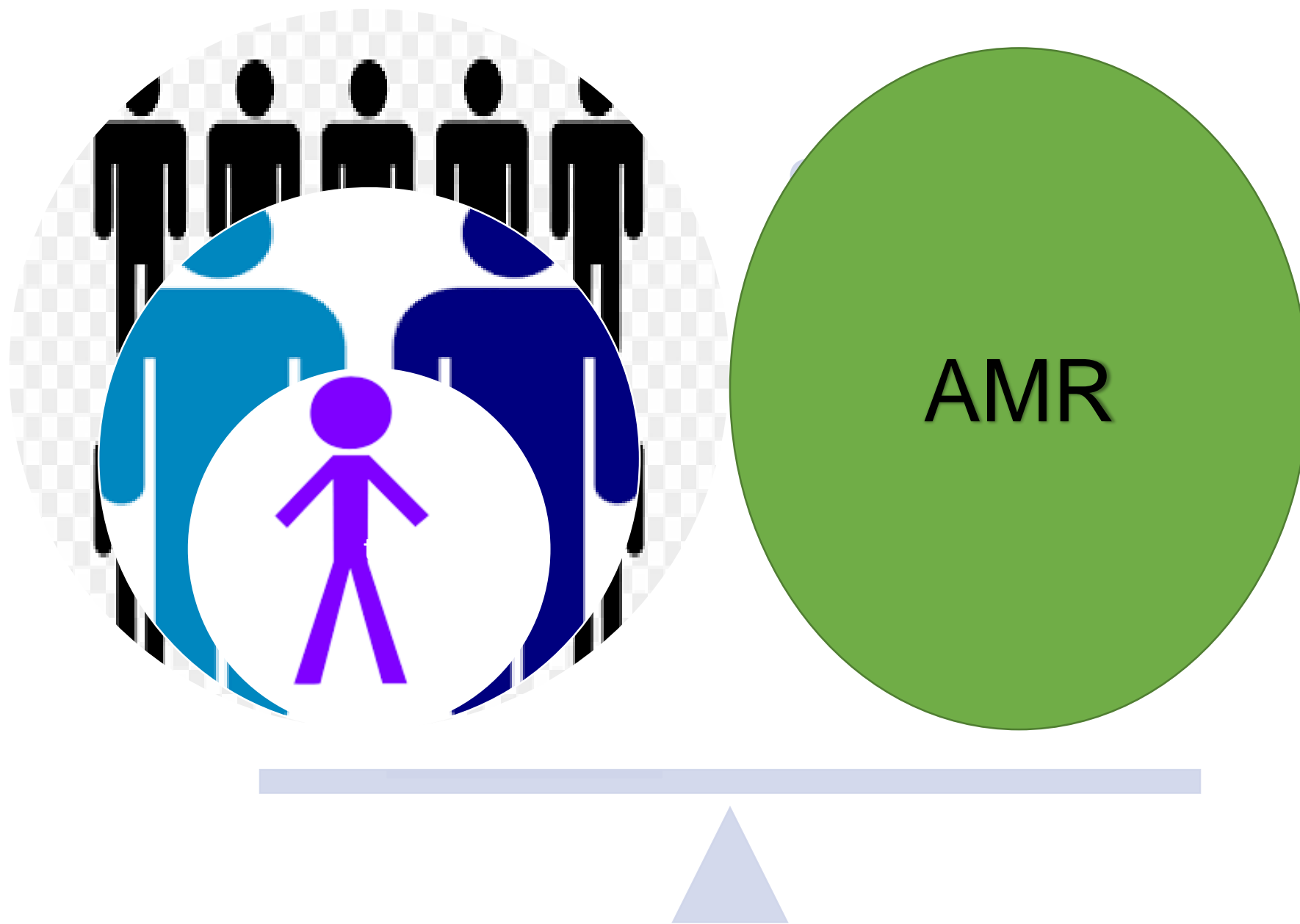
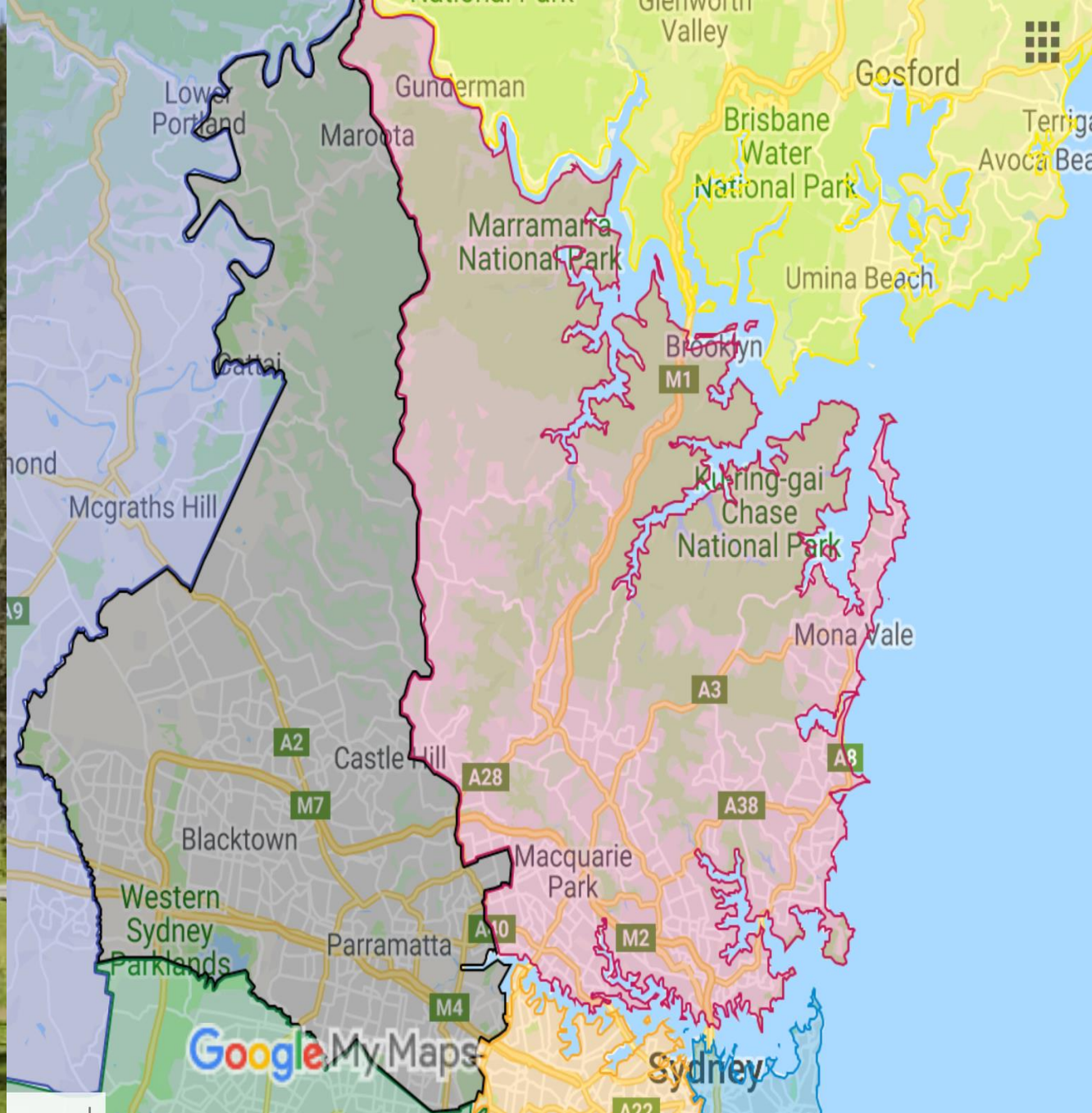


To treat or not to treat: the influence of staff beliefs on the treatment of asymptomatic sexual partners of people with bacterial STI's.

Shapiro J¹, Hoskins F², Bopage R¹, Chung C¹, Power M¹, Lewis DA¹, Richardson D¹,

¹Western Sydney Sexual Health Centre, ²University of Nottingham Medical School





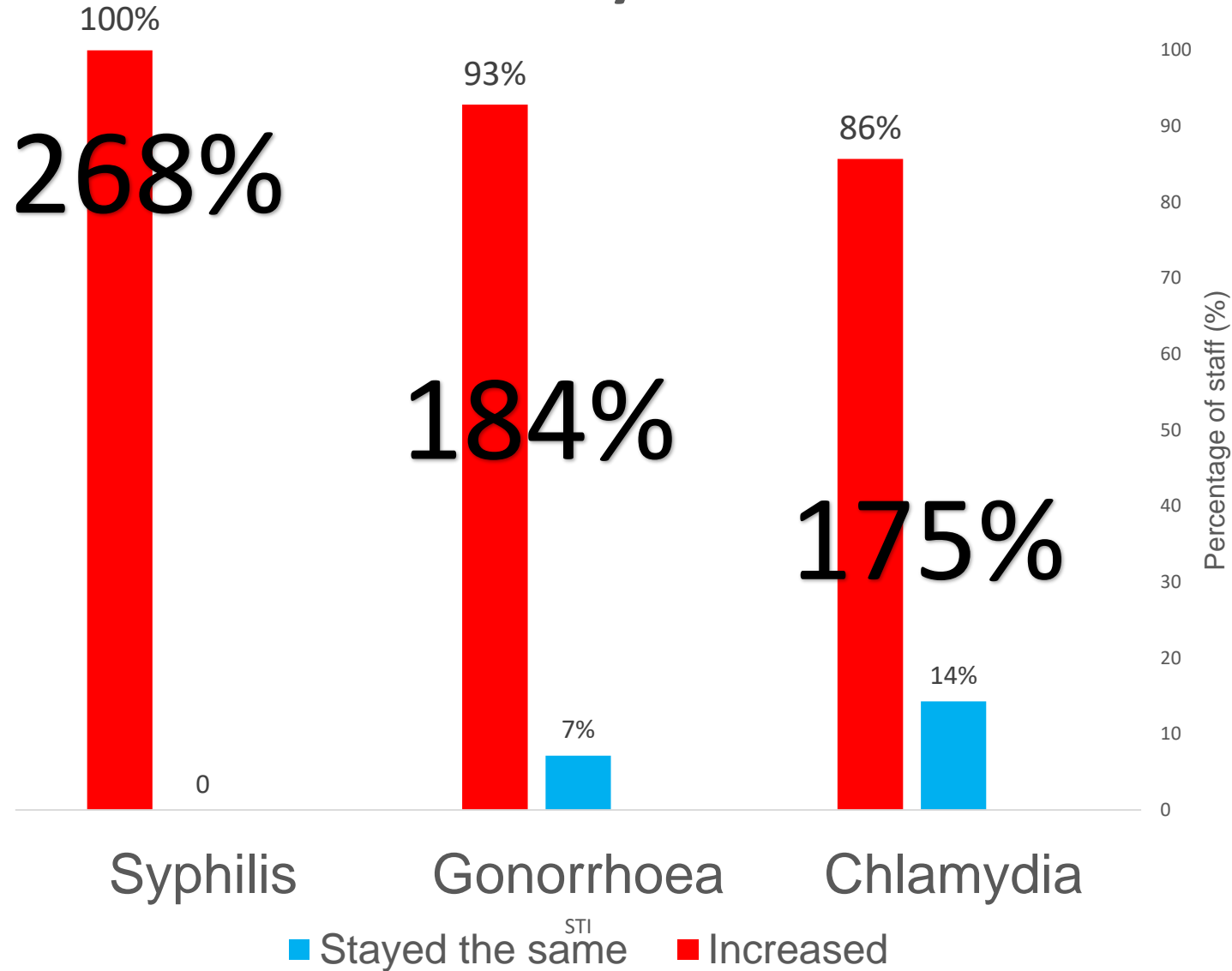
**Publicly funded outpatient
sexual health service
Western Sydney
Parramatta and Mt Druitt
clinics
Socioeconomically diverse
Largest urban Aboriginal
population
1/3 born overseas**



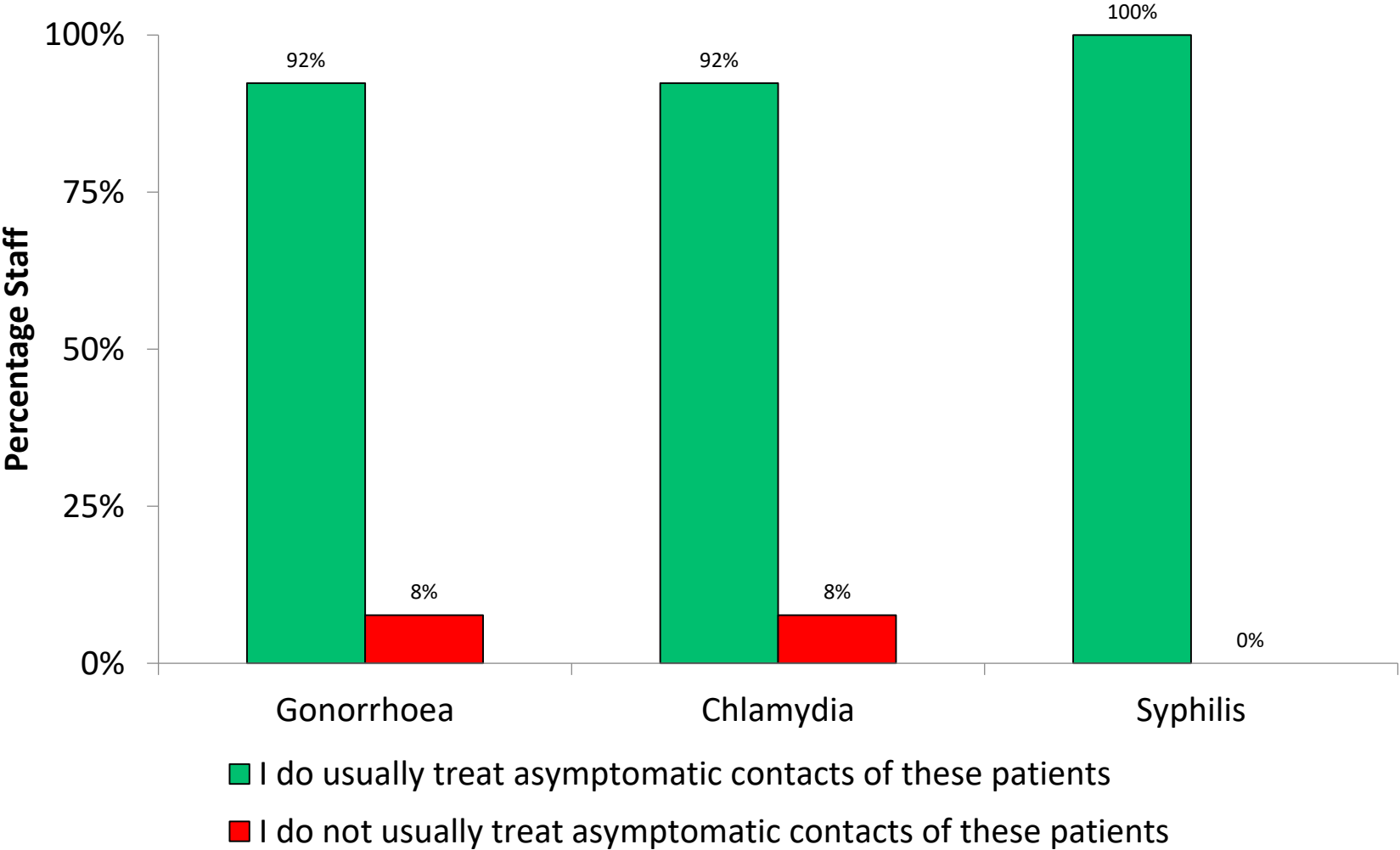
**Behavior
Change
Ahead?**

Staff perception of STI rates over the last 10 years

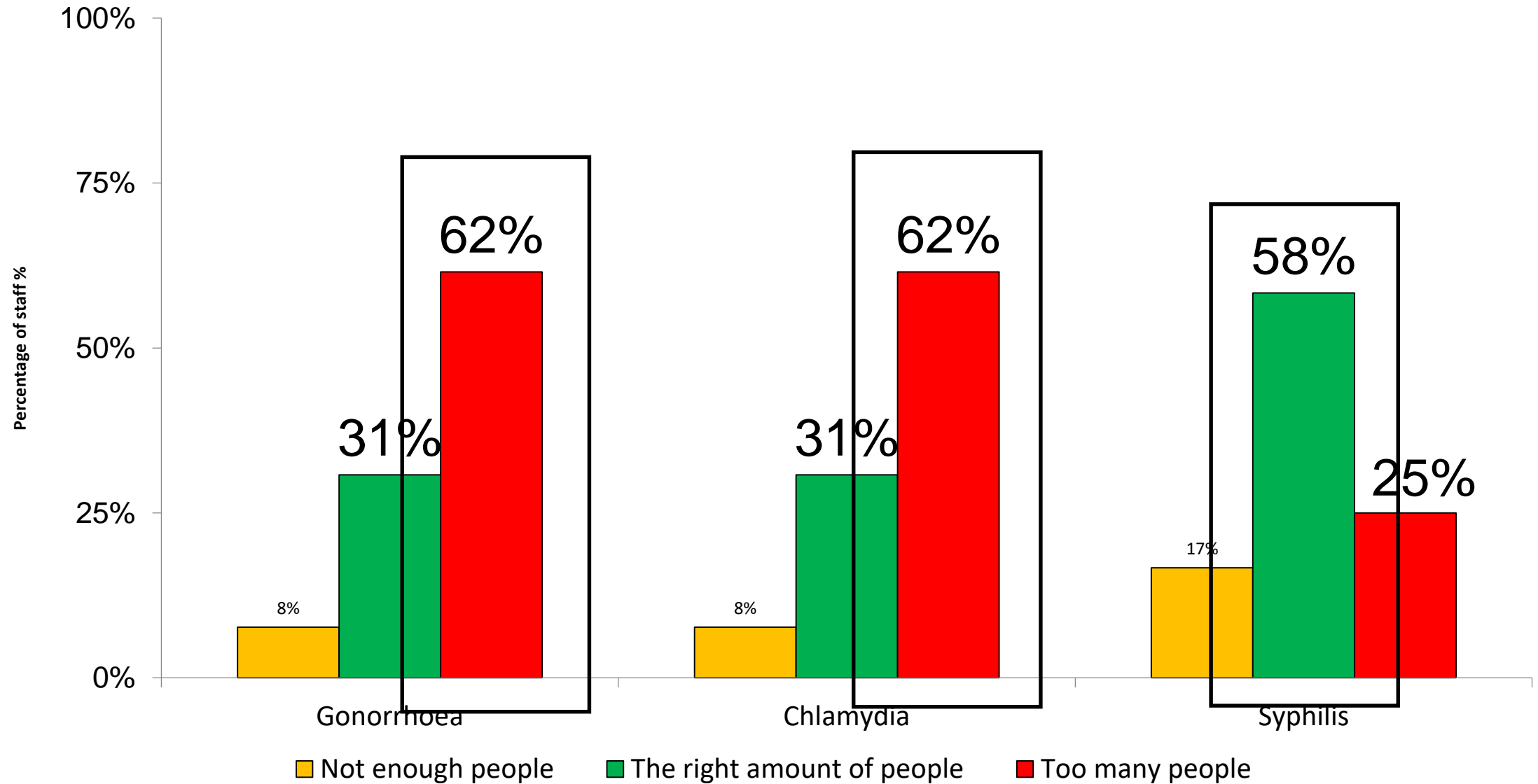
N-13



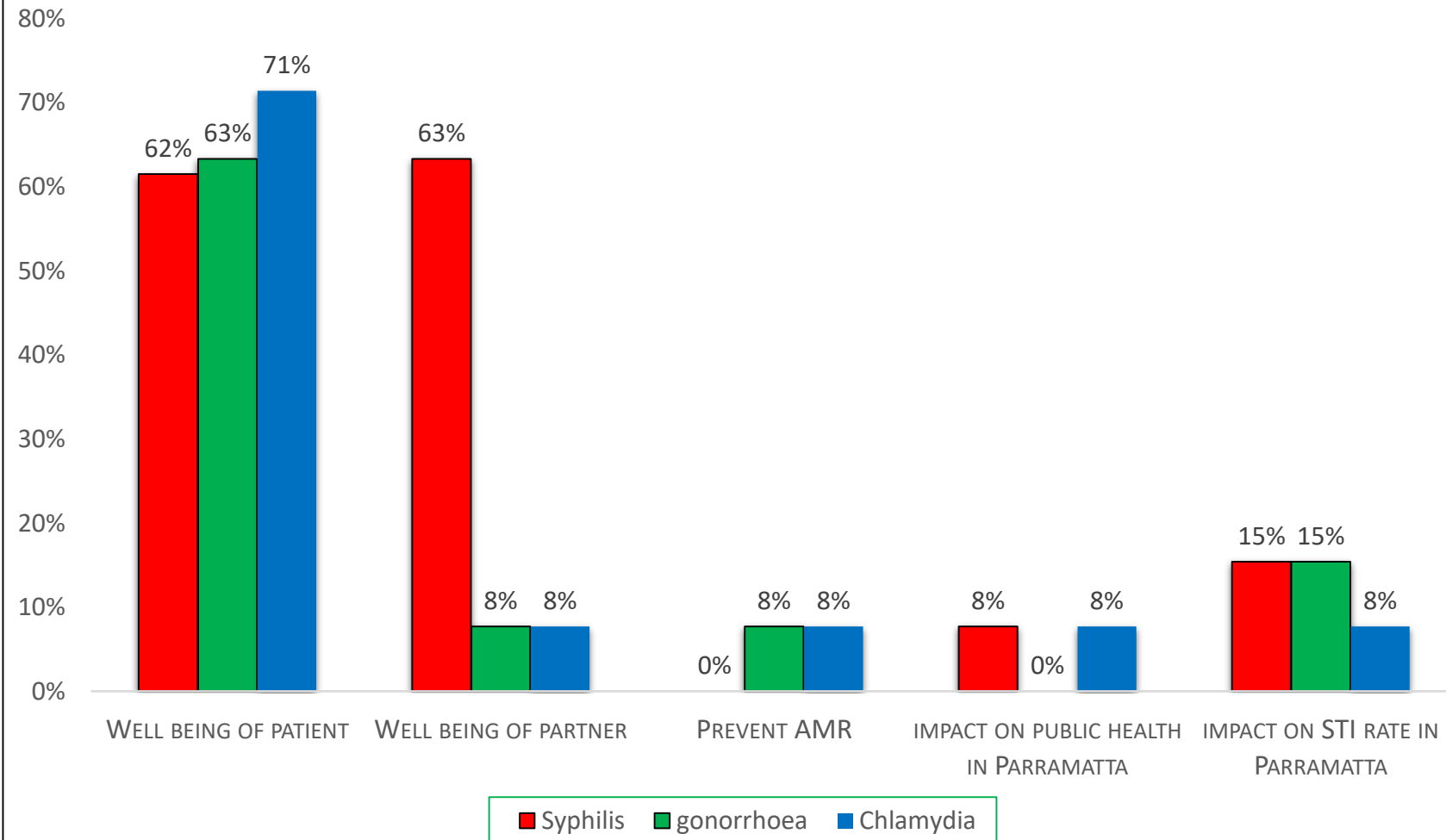
Do you usually recommend antimicrobial treatment of asymptomatic contacts of people with



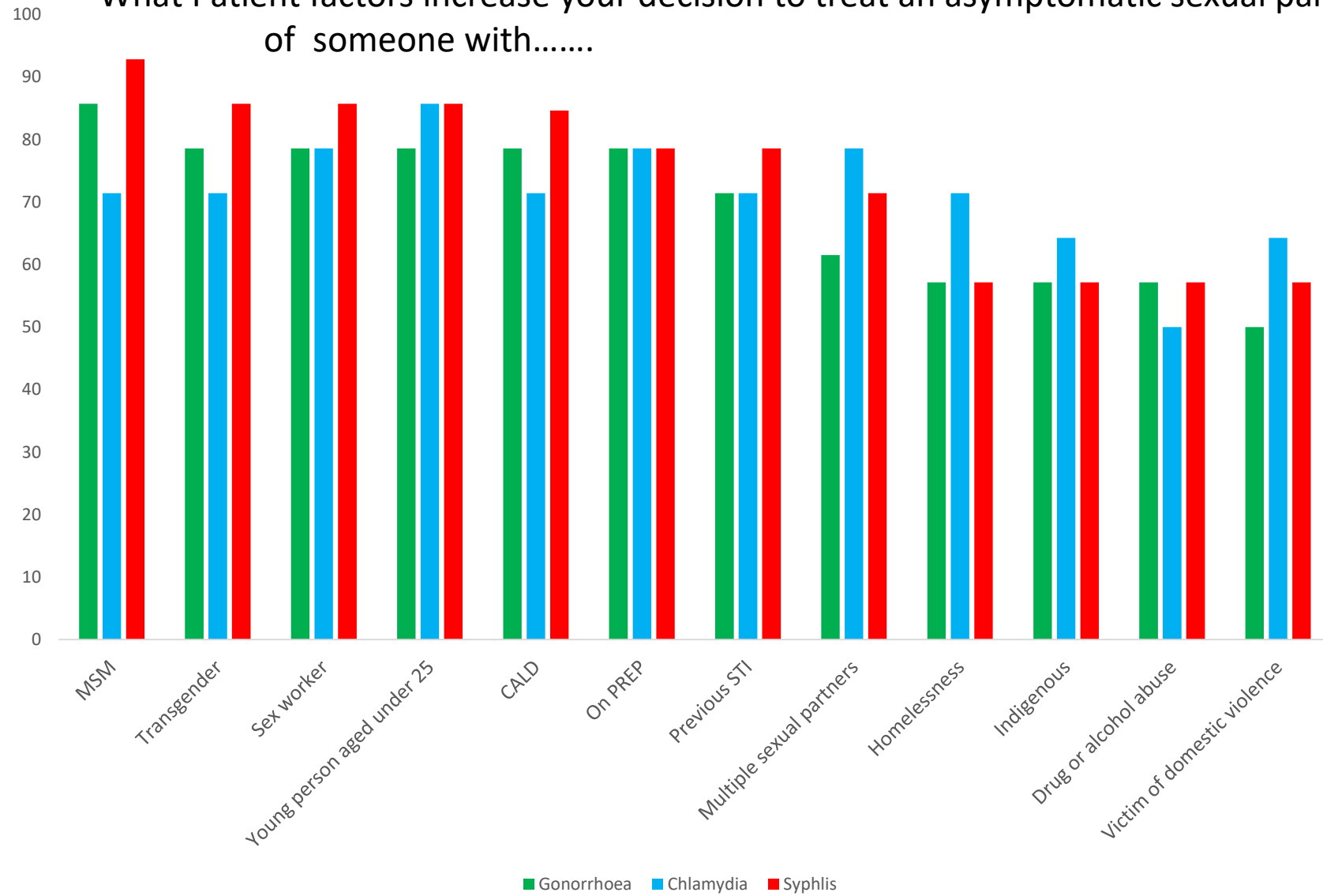
What is your opinion on the number of contacts we are treating?



What matters most to you when managing sexual contacts of people with STI's?



What Patient factors increase your decision to treat an asymptomatic sexual partner of someone with.....



Syphilis

MSM

Transgender

Sex Worker

<25

CALD

HIV PrEP

Previous STI's

Multiple Partners

Gonorrhoea

Chlamydia

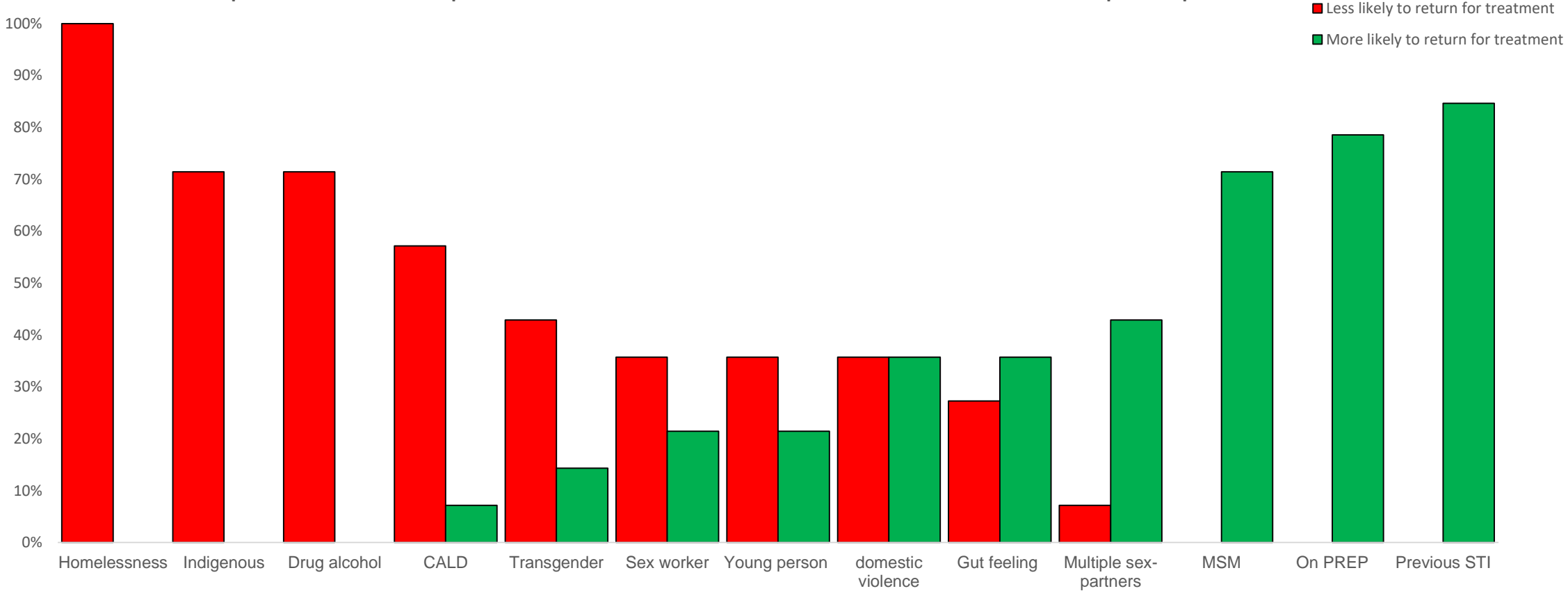
<25

Sex Worker

HIV PrEP

Multiple Sexual Partners

What aspects about the patient makes them return for treatment? Staff perceptions.



← Less likely to return

More likely to return →

Bringing it all together

- STI rates are increasing
- We follow guidelines
- We think we treat too many contacts of gonorrhoea and chlamydia
- Attitudes to syphilis different
- Prioritise the well being of our patients over beliefs about AMR and population health
- We have opinions about who to treat empirically and who will come back for treatment

Next Phase

- Further surveys in different departments
- Interviewing using qualitative health approach
- Use the information from these to inform workplace changes.
- Opportunity for development of staff training about AMR