

## TO TREAT OR NOT TO TREAT: THE INFLUENCE OF STAFF BELIEFS ON CLINICAL PRACTICE

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**Background:** Current guidelines recommend empirical antimicrobial treatment of asymptomatic sexual contacts of individuals diagnosed with chlamydia, gonorrhoea and syphilis. Such treatment is given prior to laboratory testing of clinical specimens with the aim of reducing the pool of infection in the community and the risk of reinfection to the index case. However, in an era of worsening antimicrobial resistance and enhanced antimicrobial stewardship, this public health strategy should be re-assessed.

**Methods:** As part of quality improvement project, we designed a short online staff survey for the local sexual health team on the management of sexual contacts of chlamydia, gonorrhoea and syphilis in April 2019. Staff commented on whether they routinely offer empirical antibiotic treatment to sexual contacts of these three bacterial sexually transmitted infections (STIs) and what patient factors might influence their management.

**Results:** Thirteen staff responded to the survey: 7 doctors and 6 nurses. Eleven(84%) had worked in Sexual Health for >10 years. Most(86%) believed that rates of STIs had increased locally, 90% stated they always offer empirical antimicrobials to contacts of gonorrhoea and chlamydia and 100% offered presumptive treatment to contacts of syphilis. Respondents were more likely to offer treatment if the contacts were sex workers, on HIV PrEP, Indigenous, MSM or homeless and less likely to offer treatment to those with drug/alcohol issues, victims of domestic violence or to contacts from CALD backgrounds. The decision to offer treatment was not related to staff perceptions on the likelihood that the contact would return for follow-up. 60% of staff believed that too many contacts of chlamydia and gonorrhoea were offered empirical antimicrobials.

**Conclusion:** Staff generally offered empirical antimicrobial treatment to sexual contacts of individuals with bacterial STIs. However, our data suggest that patient factors may influence staff adherence to local or national guidelines. The development of innovative tools to reduce excessive antimicrobial prescribing for sexual contacts in the Sexual Health clinic is warranted.

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