

THE IMPACT OF REDUCED TESTING FOR ASYMPTOMATIC CHLAMYDIA DETECTIONS AMONG WOMEN VISITING THE SEXUAL HEALTH CENTRE IN AMSTERDAM, THE NETHERLANDS

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Background:

Routine testing for asymptomatic chlamydia infections is under debate, especially whether benefits outweighs harms of antimicrobial (over)use. In the Netherlands, testing guidelines are scheduled to change by mid-2024 for women: testing for chlamydia will only be indicated when symptomatic or notified by a partner. We aimed to quantify the proportion of chlamydia detections that will remain undiagnosed and identify predictors of a missed chlamydia detection under the new guideline.

Methods:

We included chlamydia consultations (2015-2023) of cisgender women aged ≥ 16 years who attended the sexual health centre of the public health service of Amsterdam, the Netherlands. We assessed the proportion of women who would not have received chlamydia testing under the new guideline (no symptoms; not notified), and those chlamydia detections that would be missed. Predictors of a missed detection were assessed using multilevel logistic regression. Analyses were stratified by age ($<25/\geq 25$ years).

Results:

168,225 consultations of 81,831 cisgender women were included. Among women <25 years, 100,753/126,576 (81.1%) consultations were conducted among women without symptoms/partner notification, and there were 17,639 chlamydia detections of which 12,093 (68.6%) would have been missed under the new guideline. Among women ≥ 25 years, 25,823/43,938 (58.8%) consultations were among women without symptoms/partner notification, and 1,498/3,534 (42.4%) detections would have been missed. Predictors of a missed detection in women <25 years were younger age, non-Western region of origin, no/primary/secondary or vocational education, only having sex with men, ≥ 3 partners, anal sex, and no sex work (all in past 6 months). Younger age, anal sex, and no sex work were associated with a missed detection among women >25 years.

Conclusion:

Changing guidelines towards not testing of asymptomatic women for chlamydia will result in substantial decreases in chlamydia diagnoses and antimicrobial consumption. The impact on possible clinical consequences is yet to be analyzed.

Disclosure of Interest Statement:

The authors have nothing to disclose.