Ten Year Review of a Shared Care Network Approach in the Management of Ocular Chlamydia Trachomatis Infections

M. Shah[1], S. Gishkori[1], M. Edington[1], S. King[2], A. Winter[2], D. Lockington[1]

[1]Tennent Institute of Ophthalmology, Gartnavel General Hospital, Glasgow, UK

[2]Sandyford Sexual Health Services, Glasgow, UK

Introduction

- Since 2007, the ocular 4:1 multiplex PCR assay in NHS Greater Glasgow and Clyde includes *Chlamydia trachomatis* (ocular chlamydia (OC)) testing due to the rising number of cases seen within the population -**Figure 1**
- A published audit from 2008 identified only 25% of our OC patients attended and completed sexual health management, particularly when ophthalmologists initiated treatment.
- We subsequently created a shared care network between ophthalmology, virology and sexual health (including a designated sexual health advisor) to address these clinical issues
- Our aim was to compare the recorded clinical management with the locally chosen standards and to see if the lessons and solutions identified previously were still being followed

Methods

- A 10-year retrospective service review from January 2010 to December 2019 was performed to assess effectiveness of the shared care network
- Patients were identified from the shared care database which receives electronic copies of all positive PCR OC results processed by the West of Scotland Regional Virology Centre.
- Parameters measured included documentation of communication of diagnosis, onward referral for complete STI assessment, appropriate treatment, sexual health screen, management of any concurrent disease and follow up of sexual contact tracing

Results

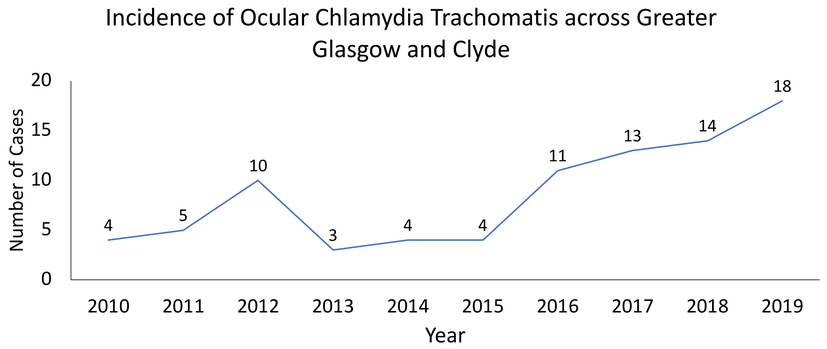


Figure 1: Graph illustrating the rising incidence of OC in Greater Glasgow and Clyde over the 10 year study period

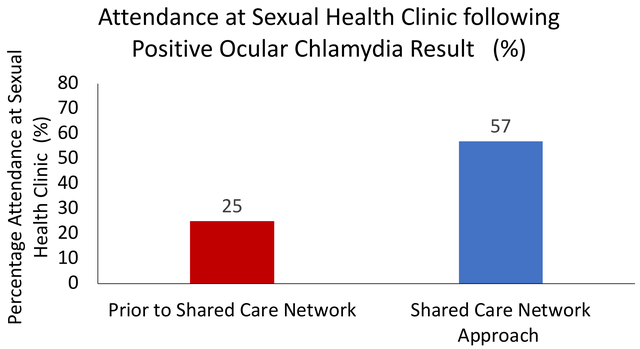


Figure 2: Percentage attendance at sexual health clinic showing an increase following implementation of the shared care network. Here, patients are offered adequate systemic treatment, full sexual health screen and contact tracing

Results

- A total of 86 patients were identified (49 males (57%), median age 23 years (range 16–77))
- Ophthalmologists initiated treatment for 37 patients (43%) prior to onward sexual health referral
- Of this group, 5 (13.5%) received sub-optimal treatments, and 15 (40.5%) subsequently failed to attend sexual health services for partner notification
- Of the 49 (57%) patients who attended the sexual health clinic, 25 (51%) had genital chlamydia co-infection, and 98% received adequate systemic treatment
- All who attended the sexual health clinic were offered full sexual health screening and 46 (93.9%) completed partner notification

Conclusion

- This OC shared care approach more than doubled the proportion of patients attending sexual health services (previously under 25%, now 57%)-**Figure 2**
- Ophthalmologists could defer treatment to sexual health for more effective OC management, however challenges remain to address real-world issues of non-attendance, inadequate treatment and incomplete contact tracing
- We recommend a multi-disciplinary approach to best manage OC, particularly as asymptomatic patients are being identified due to routine laboratory processes