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Attitudes of WA GPs to chlamydia partner notification

A survey

Background

Partner notification is essential to interrupt transmission of sexually transmissible infections. We surveyed the attitudes to partner notification of general practitioners seeing 1–5 cases of chlamydia annually.

Methods

We collected data on chlamydia notifications received in Western Australia from 1 July 2007 to 30 June 2008. Treating GPs were identified and 200 were randomly selected.

Results

One hundred and five (53%) GPs responded. They believed automatic partner notification by the Department of Health occurred following notification (45%) or by ticking the box on the notification form (88%). Ninety-seven percent of GPs encouraged partner notification; 55% ensured it occurred. Printable resources were favoured by 90%, but use of web based resources was low. Practice nurses were seldom involved in partner notification.

Discussion

Although GPs believed that partner notification was important, follow up was infrequent. They believed (erroneously) that the Department of Health would routinely undertake partner notification. Printable resources for partner notification would be welcomed.

Partner notification is essential for best practice sexual health management and the interruption of transmission of infection. It aims to identify asymptomatic partners of infected people so that they can be tested and treated. If partner notification is performed well, it complements sexual health education and can help to bring about sustained behaviour change in people with a sexually transmissible infection (STI).¹

In Western Australia (WA), both medical (or nurse) practitioners and diagnosing pathologists of a notifiable infectious disease have a legal obligation to report it to the Department of Health WA (DoHWA). The notification form gives the following tick box options for follow up/contact tracing: 'client informed that DoHWA may investigate possible contacts/sources', 'all contacts have been/will be tested and treated by me' and 'other' (free text). Genital chlamydia is the most frequently notified disease in WA, and in all of Australia. Between 1998 and 2007, the number of chlamydia infections reported to DoHWA increased almost threefold to 7743 in 2007.² The majority were diagnosed by general practitioners.

The aim of this study was to evaluate the attitudes of GPs to partner notification of chlamydia and to examine how they view their roles and responsibilities, and those of DoHWA, in doing this. It also explored the GPs' use of relevant print or electronic resources. This information will be used by the Australasian Society for HIV Medicine (ASHM) for developing an intervention to assist and improve partner notification in general practice.

Methods

We extracted details of all cases of chlamydia notified to DoHWA from 1 July 2007 to 30 June 2008, from the WA Notifiable Infectious Diseases Database (WANIDD). The database does not collect information on the gender of the reporting doctor/nurse. We excluded cases if the notification was from a specialist sexual health service or from a doctor who was not a GP. We selected GPs

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for randomisation if they saw 1–5 cases each, as 80% were in this category and were considered to be representative of the average GP (Figure 1).

We selected 1664 GPs with a case load of 3748 patients. We allocated a random number to each GP and sorted them by this number. We selected the first 200 names, based on an anticipated 50% response rate, to be recipients of the survey. If contact details for the GP could not be found in online directories, we deleted the GP from the list and replaced him/her by the next in the random number sort.

We sent GPs a letter and hard copy of the survey, with a link to an electronic version, by mail (Figure 2). General practitioners received one reminder telephone call if the survey had not been received after 1 week. We offered an opt in draw for a \$100 gift voucher, or free registration to a conference.

Results

Of the 200 GPs invited to participate, 74% (n=147) were from metropolitan areas and 26% (n=53) from regional areas, which is representative of the current split of WA GPs. One hundred and five GPs returned completed forms giving a response rate of 53% (56% for metropolitan and 43% for regional areas).

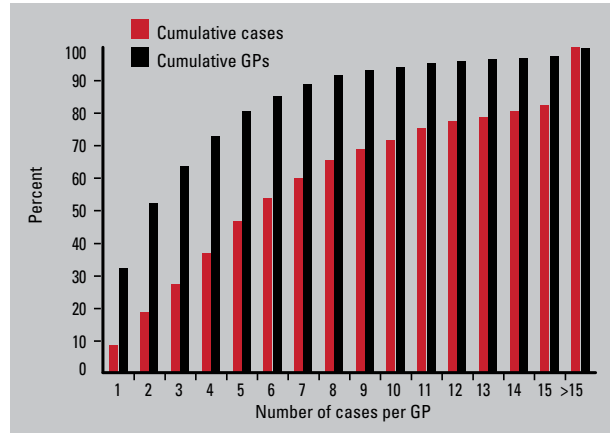
GPs' perceptions of the role of DoHWA in partner notification

There appeared to be uncertainty among GPs about whether notification of chlamydia automatically resulted in partner notification being conducted by DoHWA, with 19% (20/105) responding 'don't know', 45% (47/105) agreeing, and 35% (37/105) disagreeing that this would occur (Chi-square=11.22, df=4, p=0.024) (one GP did not respond to this question). However, the vast majority (88%, 92/105) believed that DoHWA would undertake partner notification if GPs ticked the box on the notification form.

GPs' attitudes to partner notification, and self reported practice in addressing partner notification

Most GPs (97%, 102/105) believed it their professional duty to encourage patients with chlamydia to tell their sex partners to get tested. However, only 55% (58/105) believed that it was their responsibility to ensure that this occurred. The majority of GPs (97%, 102/105) disagreed that there is no point in telling patients to notify their partners. Sixty percent (63/105) agreed that the patient would be very good at contacting their sex partners. There was divided opinion as to whether privacy issues about contacting patients' sex partners would compromise practice, with 44% (46/105) agreeing with this statement and 47% (49/105)

Figure 1. Cumulative cases and number of cases per GP



disagreeing. The majority of GPs (64%, 67/105) said they would give resources about chlamydia to their patients to give to their sex partners, and most (81%, 85/105) did not expect that a patient with chlamydia would be upset if asked to tell their sex partners to be tested. Regional GPs were more likely to be concerned about this than their metropolitan colleagues (30 vs. 10%, Chi-square=11.297, df=4, p=0.023). Approximately half (57%, 60/105) of the GPs stated that they would give information about a patient and their sex partners to DoHWA so that the department could advise the partners to get tested.

GPs' use of the practice nurse in partner notification

Only 10% (11/105) of GPs overall said that the nurse discusses partner notification with patients who have a positive chlamydia test. More nurses were involved in regional areas (42%) than in metropolitan areas (8%), (Chi-square=8.785, df=4, p=0.067).

GPs' attitudes to print and nonprint resources for conducting partner notification

There was general agreement (90%, 94/105) about the usefulness of printed information to give to patients about notifying their partners. The attitude to a website with printable patient materials was equally positive. However, only 10% (11/105) of GPs reported having used or referred patients to the DoHWA website on chlamydia (www.couldihaveit.com.au). There were mixed feelings about the value of a reminder on the pathology report to discuss partner notification, with 46% (48/105) in favour and 48% (50/105) against. More than half of GPs (55%, 58/105) reported the need for practical information on how to discuss partner notification with patients.

Discussion

We conducted a survey about partner notification for chlamydia in a randomly selected group of GPs, who had notified 1–5 chlamydia cases each in 12 months. It demonstrated that the role of DoHWA in partner notification for chlamydia is not clear to GPs and most expect that partner notification will be done by DoHWA if they tick

the box on the notification form. Most GPs supported the practice of partner notification, and encouraged their patients to do it, but few felt it was their responsibility to ensure it occurred. Most GPs agreed that patients would not be upset if asked to notify their sex partners and believed that they would do this well. Privacy considerations did not appear to compromise practice. Most GPs said they used printed resources and thought that they were useful.

Figure 2. Study questionnaire

| Survey of opinions on chlamydia partner notification | | Strongly agree | Agree | Disagree | Strongly disagree | Don't know |
|--|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | The WA Department of Health conducts contact tracing for all positive chlamydia cases I notify | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | The WA Department of Health will conduct contact tracing if I tick the box on the notification form | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | As a GP it is my professional duty to encourage patients with chlamydia to tell their sex partners to get tested | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | For most patients, there is no point in telling them to notify their partners because I know they will not do it | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | In my experience patients are very good about contacting their sex partners | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | I offer to contact a patient's partners if they do not feel confident to do this | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | Notifying sex partners is very important because it protects my patient from becoming reinfected | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 | I do not offer to contact patients' sex partners because there are privacy issues that could compromise my practice | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 | I give my patients with chlamydia resources (brochure, letter or website) to give to their sex partners about chlamydia and the importance of testing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | I would expect a patient who tests positive for chlamydia to be upset if I asked them to tell their sex partners to be tested | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | As a doctor it is my responsibility to ensure that my patients' sex partners are contacted and told to be tested | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | I would give the WA Department of Health the information about a patient and his or her sex partners so that the department could tell the partners to be tested | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | My practice nurse discusses partner notification with patients who have a positive chlamydia test | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | I would find it useful to have printed information such as brochures or letters to give to patients about notifying their partners | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | I would find it useful to have a website where I could print information to give to patients about notifying their partners | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | I know of and have used or referred patients to the website www.couldlhaveit.com.au | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | I would find it useful to have an automatic reminder to discuss partner notification on the pathology report | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | I would like practical information on how to discuss partner notification with patients | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | Any further comments on partner notification or related issues? | | | | | |
| 20 | Would you like to receive chlamydia information materials and go into a draw for other prizes? Yes/No | | | | | |
| 21 | Would you like to receive a short report giving the results of this survey? Yes/No | | | | | |
| 22 | If yes to either, please write your name and postal address | | | | | |

Few GPs used the website www.couldihaveit.com.au. There was variable support for pathology reminders about partner notification, and mixed interest in having practical information on how to discuss partner notification. Only 8% of metropolitan GPs involved their practice nurse in partner notification, compared to 42% of regional GPs.

The finding of a positive attitude of GPs to discussing partner notification is consistent with other surveys of GPs.^{3–5} However, a recent audit of GP medical records in WA⁶ found that a discussion about partner notification was only recorded in 29% of records. The apparent failure of many GPs to ensure that partner notification occurs is consistent with previous studies.^{4,5} The misconception about the role of DoHWA is another common theme.^{3,7,8} Regional GPs, of whom there is an acute shortage in WA, are more likely than metropolitan GPs to enlist the practice nurse in partner notification.

General practitioners in our study favoured having website based printable resources for partner notification, which agrees with previous studies^{8,9} that found that GPs who see relatively few cases in a given year are unlikely to have resources, such as partner letters, readily available. In Australia, over 88% of general practices have ready access to computers and can access web based material,¹⁰ making this an option worth considering. In Victoria in 2007, a web link was developed⁹ and printed on positive laboratory reports for chlamydia. This led to an increase in the number of partner notification letters sent out and brochures issued. The WA reference laboratory now prints web links on positive chlamydia test results, regarding notification forms and online guidelines for treatment and contact tracing. The practice nurse in Australia is underutilised in the area of sexual health and could be engaged to assist GPs with partner notification. This survey was limited to GPs in WA, but the findings are likely to be relevant to GPs across Australia.

Limitations of this study

The main limitation of this study is the respondent bias; responders may have had a greater interest in sexual health than the nonresponders and may not be representative of GPs in general. Exclusion of GPs due to insufficient contact details may have introduced selection bias.

Implications for general practice

- GPs understand the importance of partner notification but are uncertain of their role and that of DoHWA.
- GPs are willing to discuss partner notification with their patients, and they need to be supported in this role.
- The ambiguous role of DoHWA needs to be clarified so that GPs understand that the department has limited capacity to undertake partner notification of chlamydia.
- GPs are willing to use printed and online resources to assist them with partner notification, and these resources are being developed further by ASHM and DoHWA.

Conflict of interest: This survey is part of a project funded by WA Health and implemented by the Australasian Society for HIV Medicine. Simona Achitei works as a senior project officer on this project. This survey was conducted by the Combined Universities Centre for Rural Health.

Acknowledgment

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