

# MoCCA

Management of Chlamydia Cases in Australia

Newsletter #5: Pelvic Inflammatory Disease

## Study update

**Hello, and thank you for your participation in the MoCCA study!  
Recruitment to MoCCA is now finished, we have 15 clinics enrolled.**

You may have seen [news](#) that STIs are on the rise among young people post-pandemic. Offering STI testing opportunistically to young people is key. It is also important to consider pelvic inflammatory disease (PID), which is associated with chlamydia and gonorrhoea.



**Thank you to all who responded to our last poll. Our next two-minute poll is now live! [Click here](#) to answer a few short questions about MoCCA.**

## When should PID be considered?

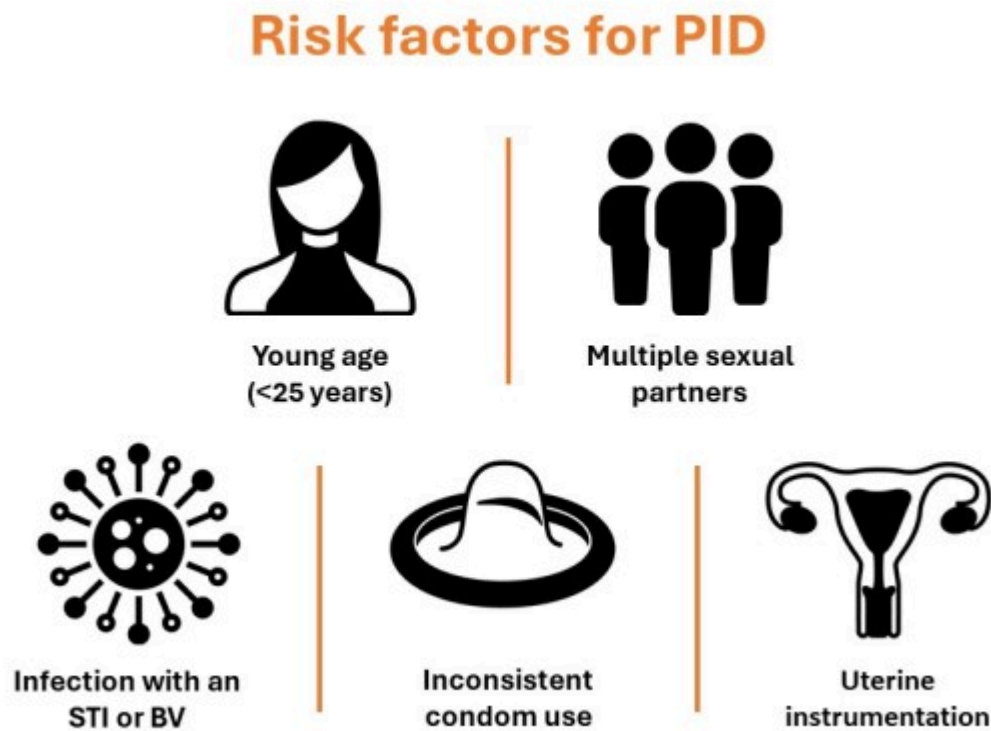
PID can increase the risk of infertility or ectopic pregnancy in patients with female reproductive organs. Initiate presumptive treatment promptly after excluding emergency differential diagnoses, as per [Australian STI Management Guidelines](#).  
**Do not wait for STI results.**

The clinical features of PID vary widely and frequently has minimal symptoms that may not be raised by patients unless prompted. There are two main clinical situations for which a PID diagnosis should be considered:

- **Reproductive aged patients presenting with recent onset (last 30 days) lower abdominal pain:** consider PID and exclude serious differential diagnoses (eg. ectopic pregnancy).

- **Patients attending for chlamydia or gonorrhoea treatment:** ask about new onset lower abdominal pain, deep dyspareunia or other PID symptoms (eg. abnormal vaginal discharge).

Risk factors are closely related to STI acquisition (see image below).



Images created by WEBTECHOPS LLP, Vectors Point, 1516, mungang kim, and Alice Design from the Noon Project

## Tips from the experts

**We asked our MoCCA clinical collaborators for their tips about PID.**

Thank you to Professor Kit Fairley, Professor Deborah Bateson and Dr Clare Boerma for these suggestions.

**PID diagnosis** is difficult and varies even among experienced sexual health physicians. Consider PID as a differential diagnosis in patients presenting with abnormal vaginal discharge, dyspareunia or new onset lower abdominal pain.

Physical examination (including bimanual) is important in diagnosis. Over treatment is necessary to ensure treatment for most cases.

**Discussing PID with patients.** Despite the uncertainties about PID, it is important to communicate clearly to your patients. For example you could say:

*"It is difficult to be sure if you have PID or not, but if we delay treatment you may get complications that may lead to chronic pain, or make getting pregnant more difficult. We therefore recommend treatment even if we are not certain of the diagnosis."*

Professor Kit Fairley: Director, Melbourne Sexual Health Centre. Dr Clare Boerma: Medical Director, Family Planning NSW. Professor Deborah Bateson: Daffodil Centre, University of Sydney & former Medical Director, Family Planning NSW. Pictured below, left to right.



## PID Resources

- Need decision support when assessing low abdominal (pelvic) pain? [Click here for differential diagnosis](#) and [here for a PID diagnosis flowchart](#).
- [Click here](#) for a refresher on speculum and bimanual pelvic examinations.
- Need patient information about PID? Save the MoCCA PID factsheet to your EMR. (Factsheet and instructions [here](#)).
- Want an overview on PID diagnosis and treatment? [Read this "How to Treat" article](#) in Australian Doctor.

All of these resources, and additional information about PID are available on our website: <https://mocca.org.au/home/consider-pid>

## Seeking patient feedback

The MoCCA team wish to hear about patient experiences. Please pass a survey flyer to patients diagnosed with chlamydia or PID. Patients who complete the survey will receive a \$20 voucher.

**Clinics will also receive \$20 per completed patient survey.**

Let us know if you need more flyers, or access them [here](#).

## DID YOU JUST VISIT A GP?

**Tell us about your experience in an anonymous online survey and receive a \$20 gift voucher!**



Information from this study will help to improve what happens when someone is diagnosed with chlamydia and/or PID at the doctor.

For more information and to complete the survey, visit:

<https://go.unimelb.edu.au/k68e>

Questions? Email us at: [mocca-info@unimelb.edu.au](mailto:mocca-info@unimelb.edu.au)



This study has been approved by The University of Melbourne Ethics committee. Ethics ID: 22665

## Thank you for your feedback!

Thank you to everyone who participated in an interview. Your feedback is invaluable, and it's great to hear how you are using MoCCA resources and how they can be improved.

## Key guidelines

- [Australian STI Management Guidelines for use in Primary Care](#)
- [Australasian Contact Tracing Guidelines](#)
- [RACGP Red Book, Sexually Transmissible Infections](#)
- [STI Atlas \(Melbourne Sexual Health Centre\)](#)
- [Therapeutic Guidelines](#)

## Need to get in touch?

You can reply to this email, or email us at [mocca-info@unimelb.edu.au](mailto:mocca-info@unimelb.edu.au)



THE UNIVERSITY OF  
MELBOURNE

[Unsubscribe here](#)

MoCCA is funded by the National Health and Medical Research Council (APP1150014) and is a collaboration between the University of Melbourne and our project investigators and partner organisations in Victoria, New

South Wales and Queensland. [Click here](#) for a list of our collaborators.

We acknowledge and pay respect to the Traditional Owners of the lands upon which this research is being conducted.

© 2024 MoCCA, The University of Melbourne