

Australia. We compared self-report of infection by women with the use of linked testing and medication administrative data to identify chlamydia infection.

Methods: We used data from 8474 women aged 22-27 years from the Australian Longitudinal Study on Women's Health in 2017. We compared self-report of a chlamydia infection in the previous 12 months with chlamydia infection estimated by having a prescription filled for azithromycin (the most commonly recommended treatment for chlamydia) within 28 days of having a chlamydia test through data linkage with the Medicare and Pharmaceutical Benefits database over the same 12-month period.

Results: Chlamydia infection was identified by self-report by 238 women. In contrast, 151 women had a prescription filled for azithromycin within 28 days of having a chlamydia test. Of the 151 women identified with chlamydia infection through data linkage, 101 also self-reported chlamydia infection (positive percent agreement = 67%). Of the 8323 women who did not have a chlamydia infection identified through data linkage, 8186 women also did not self-report a chlamydia infection (negative percent agreement = 98%).

Conclusions: Our study is consistent with previous studies indicating only moderate agreement between self-report of chlamydia infection and infection identified through data linkage. Further triangulation with medical records is needed to ascertain which of the two methods is more accurate.

Key messages: It remains unclear whether linked administrative data is preferable to self-report in estimating chlamydia infection in population studies.

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Agreement between self-reported chlamydia infection and chlamydia infection ascertained using testing and medication administrative data

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Background: Chlamydia trachomatis is the most frequently notified sexually transmitted infection (STI) in several countries, including