

WHY WE NEED TO INCREASE CHLAMYDIA SCREENING IN FEMALES <25 YEARS OLD

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STATISTICS

- 5/2016: Colorado Department of Public Health (CDPHE) set state wide QI project. Goal: to increase state wide Chlamydia screening in women 24 years and younger by 10%.
- In 2015, the adolescent medicine department (the entire department) was screening 68%. The goal is to be above 80%, in actuality we should be higher than that.
- 1 in 4 sexually active females have a STI, most don't know they have an infection.
- 15-24 year olds acquire half of all new diagnosed sexually transmitted infections (CDC)
- May be at increased risk because of anatomy (cervical ectopy) or multiple barriers to screening and treatment (transportation, cost, confidentiality, etc).

CHLAMYDIA FACTS

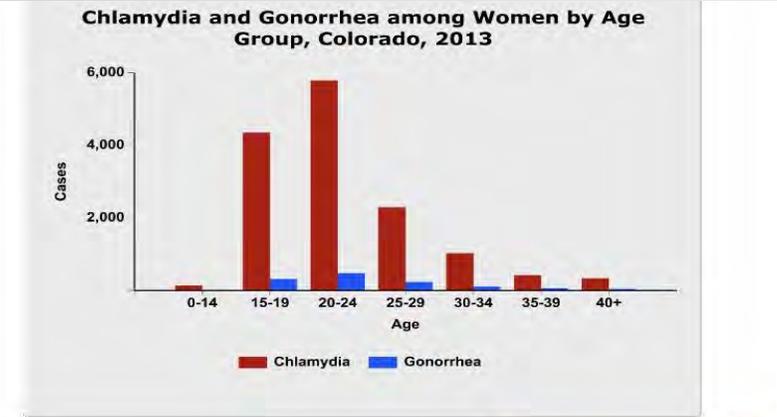
- Most chlamydia infections are asymptomatic and will continue if not tested and treated.
- Symptoms can include vaginal discharge, dysuria, cervicitis, and not as common pharyngitis. Complications can include PID, chronic pelvic pain, infertility, and ectopic pregnancy (AAP, 2017).

LET'S TALK ABOUT GUIDELINES

- CDC:
 - Annual screening for all sexually active women <25 yo.
- ACOG
 - Routine annual screening for CT for all sexually active women <25 yo
- National Commission on Prevention Priorities (NCPPI)
 - Ranked “Chlamydia screening as a 1 out of 10 most beneficial and cost-effective preventative services” (AAP, 2017)
- USPSTF
 - Screening for CT in sexually active women <24yo who are at increased risk for infection (defined as “age younger than 25 years for chlamydia and gonorrhea; and as high community prevalence for chlamydia and gonorrhea”) (USPSTF statement 12/2014).
- *So yes, that means: married, monogamous, 6 weeks postpartum...yes, you still test annually until 25 yo.*

STATS SPECIFIC TO COLORADO

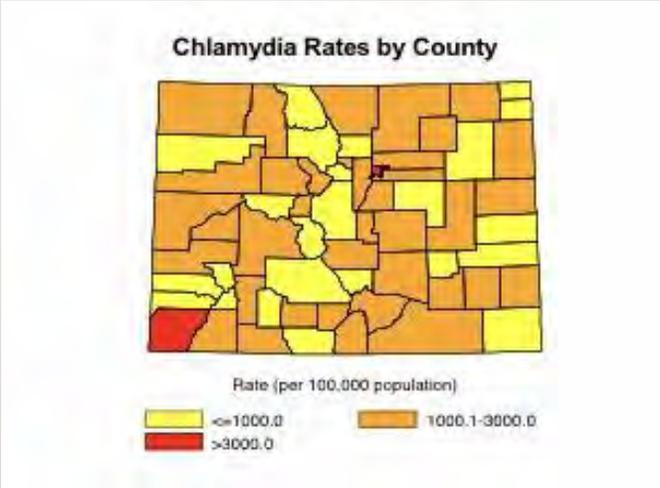
FROM CDC. LOOK AT OUR AGES!



D, and TB Prevention



FROM CDC. LOOK AT AURORA (THE 2 HORIZONTAL ORANGE BOXES NEXT TO THE SMALL RED)!



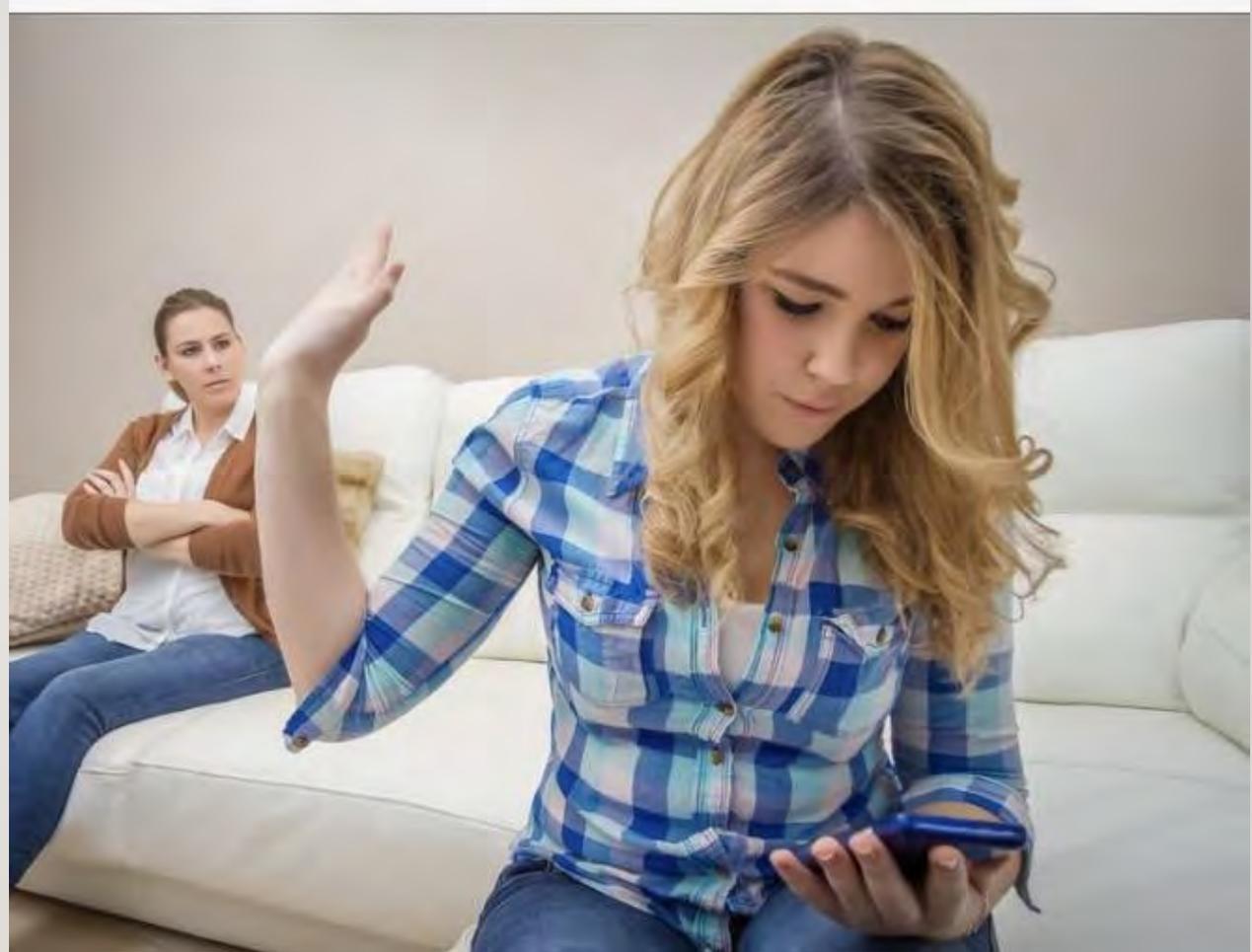
OPT IN TESTING- CURRENT METHOD USED BY A LOT

“ Do you want to be tested for STIs today?”

“no, I don’t need to be” (pt doesn’t think she’s at risk, has the same partner. OR doesn’t want parents to know she’s sexually active, or doesn’t want you to know)

Versus

The next slide...



OPT OUT METHOD OF STI TESTING

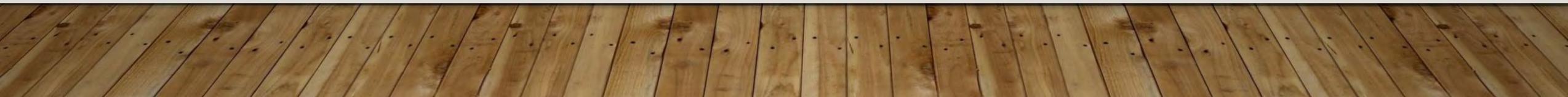
“The guidelines are that you be tested for gonorrhea and chlamydia once per year (CDC and our clinic). Since you’re a new patient (or it’s been more than a year), I’m going to send your urine for testing. What is the best number for me to reach you if anything is wrong?”

“720-.....”

Pts who are not sexually active or have never been will usually say, but I don’t think I need to be tested. You can at that point discuss this further.



HOW THIS CLINIC DOES OPT OUT TESTING FOR HIV (WATCH TO 1:35)



ANNUAL TESTING SAVES MONEY IN THE LONG RUN, WITH THE OPT OUT METHOD

-Reduced Chlamydia prevalence in the population (American Journal of Preventive Medicine, 2016).

-"One percent of patients who report zero lifetime partners in computer assisted interviews tested positive for Chlamydia, and in a recent study, even among adolescents who reported abstinence, cases of chlamydia and gonorrhea were found" (AJPM, 2016)

-Reduced treatment savings as CT diagnoses drop

-Decreased long term consequences (PID, infertility).



CHILDRENS HOSPITAL CHLAMYDIA SCREENING DATA

- Adolescent Medicine Department (FP, YMC, ado med)
 - 2016: Females under 25 yo- 65.0% screening
 - Barriers: students (ordering), insurance (EOBs), trusting patients
- Adolescent Family Planning (confidential, no insurance-no EOBs, aka no barriers)
 - 2016: Females under 25yo-85.4% screening rate
 - 2017 from January to June-79.1% screening rate

TREATMENT GUIDELINES FOR CHLAMYDIA

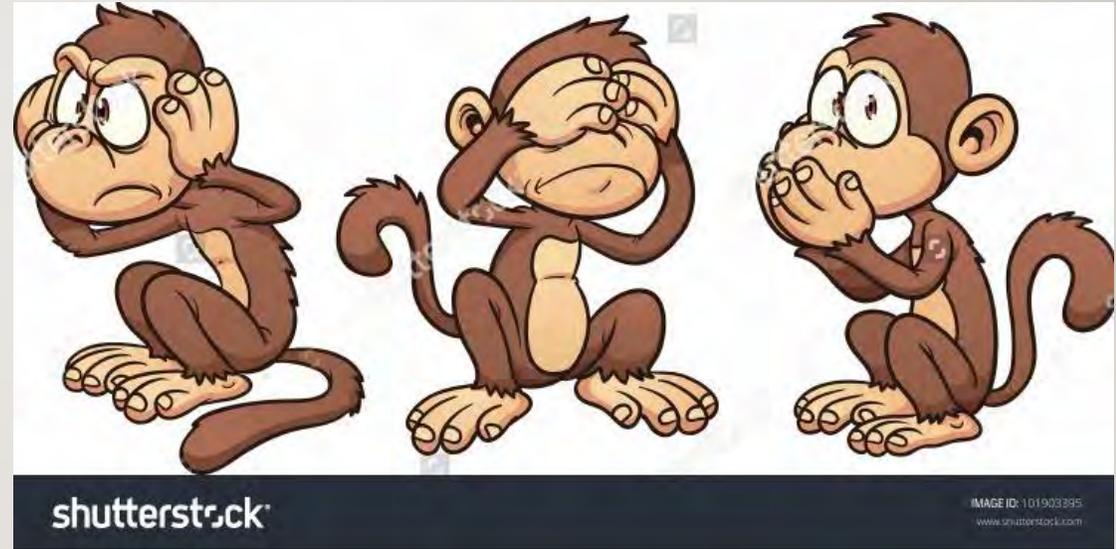
- Doxycycline 100mg PO bid x 7 days or Azithromycin 1,000 mg PO x 1
- Partners need to be treated as well. If there are multiple partners, they all need to be treated. Wait 7 days after the last person was treated to have sex.
- Any concern for abdominal pain, pain with sex, etc. Exam needs to be done to r/o PID.
- Pt needs to be rescreened in 3 mo per CDC guidelines to test for re-exposure.**
- <https://www.cdc.gov/std/tg2015/chlamydia.htm>



THINGS WE DON'T WANT TO TALK ABOUT

-Disabled patients. Unfortunately sexual abuse is very common. We should be screening for STIs in this population. Most likely their caregiver wants them to be tested as well. This can be done on a case by case basis.

-Past history of sexual abuse/rape. Have they been tested for STIs post assault? If not, they need to be tested. This may be part of the group that states they've never had sex but tests positive (those who don't disclose)....?



IN SUMMARY

- Screen your patients <25 years old at least once per year
- If insurance (confidentiality/EOB's) is a problem, you can put a visit under teen health, or refer to BC4U. If not in Denver/Aurora area, refer to local Title X clinics
- Educate residents/students about how to do the opt out method.
- If patients can't void, vaginal swabs are probably a better option of testing (more discrete, can be done in the rooms without parents knowing they went to the restroom).
- Make sure to get a confidential # for your patient –email, phone #, any way to reach these patients.
- And continue to screen at least annually
 - Thank you Jeanelle Sheeder, PhD for all of your work with the data

REFERENCES

- Committee on Adolescence and society for adolescent health and medicine. Screening for Nonviral Sexually Transmitted Infections in Adolescents and Young Adults. *Pediatrics*; June 30, 2014. DOI: 10.1542/peds2014-1024
- Owusu-Edusei, K., Hoover, K., Gift, T.L. (2016). Cost-Effectiveness of Opt-Out Chlamydia Testing for High-Risk Young Women in the U.S. *American journal of preventative medicine*, 51(2), 216-224.
- CDC Chlamydia facts, treatment: <https://www.cdc.gov/std/tg2015/chlamydia.htm>
- HIV opt out video: <https://www.youtube.com/watch?v=y7-RE4yGvs8>