Chlamydia (CT) Screening in Family Planning: Maximizing Screening Yield Using Existing Testing Resources

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Background
- Infertility Prevention Project (IPP) subsists chlamydia and gonorrhea testing and treatment.
- Family Planning, STD, and women's health clinic.
- Targets: Low-income, sexually active women.
- Ongoing screening (ipsyched) to collect for infertilities and gonorrhea.
- National Scheduling Recommendation (NSR) for CT.

Data Sources
- Screening criteria.
- Effective screening criteria must consider for how to do.
- The Title X program subsidizes reproductive health.
- Title X Family Planning, STD, and other women's health.

Chlamydia (CT) Screening
- Fast, inexpensive, and highly sensitive.
- However, the majority (90%) of CT in females are asymptomatic.

Methods

Similar client base
- Many Title X clinics provide CT testing through IPP. For this study, analyses of CT and/or Ref were restricted to Title X clinics.

Phases
1. Region IPP (Washington, Idaho, Oregon, and Alaska)
- Pilot analysis using line-listed IPP and Title X.

Region V IPP
- Pilot analysis using line-listed IPP and aggregate Title X.

Analysis Method

Step 1: Determine the number of CT tests performed through IPP in the last year at Title X Family Planning clinics. This is the amount of "available resource" for testing.

Data source: IPP line-list data.

Step 2: Determine the number of patients that visited Title X Family Planning clinics in the last year, stratified by age. This is also the number of tests that would be required to screen 100% of patients in each age group.

Data source: Title X line-list data or published FPAR report.

Step 3: Calculate the current screening coverage of female patients that visited Title X Family Planning clinics in the last year (% of females tested for CT), stratified by age.

Data source: Title X line-list data or published FPAR report.

Step 4: Calculate the number of CT tests and CT positivity (% of all CT tests with a positive result), stratified by age. We used the positivity to estimate the number of positive CT tests in each age group prior to treatment.

Data source: IPP line-list data.

Step 5: Model – readthrough tests to cover 100% of the age group with the highest positivity rate (15-24 yrs). Allocate remaining tests to the next age group with the highest positivity (20-24 yrs). Multiply the total number of CT tests by the positivity to determine the # of CT cases expected in each age group. Compare this number to the actual number of CT tests in step 4.

Supplemental Analyses
- Region: X screening coverage was further stratified by state.
- National: Additional analyses were performed to identify opportunities to improve screening of adolescent, low-income, and CT-negative patients.

Results

Region X Analysis
- T17 screening coverage Clinic Visit Trials, 2010.
- Actual test distribution (IP vs. Ref) 2015.
- Hypothetical reallocation of test resources.

Analysis
- t0.05.

Supplemental Results: Increasing Teen Screening
- Among adolescent patients visiting Region X T17 X clinic during 2015, the majority (33%) in the Title X clinic had at least one additional test, compared to the IPP clinic.

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Acknowledgements

Conclusions
- This exploratory analysis suggests chlamydia screening of adolescents should be prioritized when resources are limited. Screening of teens should be increased, even if it means taking less tests from older women.

Implications for Programs, Policy, and Research:
- A pilot intervention targeting adolescents in family planning centers is needed to determine actual screening yield.

Shifts in clinic protocols can help improve teen screening coverage (as shown in women aged 15-19 during their first visit of the year), regardless of visit type.