Screening for Gonorrhea and Chlamydia in HIV Care Settings in Tennessee
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**Background**
- Tennessee has, by case rate, consistently ranked in the top fifteen states for Chlamydia and Gonorrhea morbidity.
- HIV and STD are a single program in Tennessee.
- In 2011, laboratories utilized to process chlamydia and gonorrhea specimens have completed their verification studies to process anal and oral specimens in addition to urine and genital swabs.
- TN uses GenProbe Dual Assay to test for gonorrhea and chlamydia on the same specimen.

**Objective**
- To offer annual, opt-out gonorrhea and chlamydia screening to those at Tennessee's HIV Centers of Excellence (COE) for HIV care.

**Project Description**
- The TN Department of Health HIV/STD Medical Director issued a memorandum to all Centers of Excellence in December 2010 adding gonorrhea and chlamydia testing to the 2011 Performance Standards.
- Gonorrhea and chlamydia tests were also added to the Ryan White Part B medical services fee schedule.
- Screening variables were added to the annual site review forms.
- Data was collected from several sources including direct contact with the COE, the laboratory requisition database, the case management database, and CAREware.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knox County Health Department</td>
<td>7</td>
<td>2</td>
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<tr>
<td>Stones River Medical Center</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Maury County Health Department</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>Robertson County CCC</td>
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<td>2</td>
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<tr>
<td>Meharry Medical Center</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Chattanooga Care Center</td>
<td>120</td>
<td>140</td>
</tr>
<tr>
<td>Robertson County CCC</td>
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<td>10</td>
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<td>Chattanooga Care Center</td>
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<td>320</td>
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<tr>
<td>Upper Cumberland Regional Health Department</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>West TN Regional Health Department</td>
<td>24</td>
<td>28</td>
</tr>
</tbody>
</table>

**Findings**
- Testing was already being performed by many COEs prior to issuance of the memo.
- For the agencies where data for both years were obtained, there was a 35% increase in screening from 1856 tests for chlamydia in 2010 to 2857 tests in 2011. The same increase was seen for gonorrhea.
- Positivity also increased. Positivity for chlamydia in 2010 was 1.5% (27 cases) increasing in 2011 to 2.2% (63 cases).
- Gonorrhea positivity was 0.9% (17 cases) in 2010 and 1.4% (14 cases) in 2011.
- It was difficult to collect and analyze the data as there had been no requirement of entry into a database, no instructions given on coding if entered in the medical records database or variable name if entered into CAREware.
- Half of the COEs tested all body sites where exposure occurred and half screened with urine tests, only testing other body sites if symptomatic.
- All health department tests, including those from the COE, are entered into a central lab requisition database, making it impossible to separate out the tests done at the COE.
- Data was not able to be obtained from two COEs for both 2010 and 2011. Nor from 3 other COEs for an individual year.

**Conclusions**
- When requiring new tests, instructions must be given on how and where to record the information and the variable name to be used.
- Instructions should be given as to what tests and what body sites are to be screened, with all bodily sites of possible exposure tested.
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- With many non-integrated databases, a plan for merging and linking data across databases should be established prior to implementation.

**Implications for Programs, Policy, and Research**
- HIV and STD and HIV Care databases, as well as ELR and EMRs, should be interoperable to allow for accurate reporting and to be able to follow a patient from notification through care.
- HIV Care patients should have an annual chlamydia and gonorrhea test in addition to the annual syphilis test.