

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.

TN Ryan White Chlamydia and Gonorrhea Tests by Provider 2010 - 2011

Chlamydia		2010		2011
Provider Name	Tests	Positives	Tests	Positives
West TN Regional Health Department	19	2	385	6
Upper Cumberland Regional Health Department	13	0	117	0
Chattanooga Cares	320	2	97	2
Christ Community Health Services	72	4		
Vanderbilt Comprehensive Care Center (CCC)	1290	21	1900	53
Robertson County CCC	4	0	102	1
Meharry Medical Center	210	2	256	1
Maury County Health Department				
Regional Medical Center			750	10
Stones River Medical Center	Unable to Obtain			
Knox County Health Department		7		
East Tennessee State University	Unable to Obtain			

Gonorrhea		2010		2011
Provider Name	Tests	Positives	Tests	Positives
West TN Regional Health Department	20	1	385	2
Upper Cumberland Regional Health Department	13	0	116	0
Chattanooga Cares	320	0	97	1
Christ Community Health Services	63	1		
Vanderbilt Comprehensive Care Center (CCC)	1290	14	1900	36
Robertson County CCC	4	0	102	0
Meharry Medical Center	211	1	260	2
Maury County Health Department		21		
Regional Medical Center			694	4
Stones River Medical Center	Unable to Obtain			
Knox County Health Department		1		
East Tennessee State University	Unable to Obtain			

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% (41 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.
- ❖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 aid in 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.

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