The New York City (NYC) Bureau of Sexually Transmitted Disease Control (BSTDC) operates 9 STD clinics which provide free and confidential services 6 days a week on a walk-in basis. In 2006, BSTDC began screening visits for asymptomatic patients not needing an exam, which consisted of urine-based chlamydia/gonorrhea (BSTDC) and rapid HIV antibody test.

From 2006 to 2010, visits to NYC STD clinics increased from 111,473 to 123,430 and screening visits as a proportion of all visits increased from 12% to 36%.

New York City Department of Health and Mental Hygiene, New York, NY, USA; 2 Centers for Disease Control and Prevention, Atlanta, GA, USA

Background

The New York City (NYC) Bureau of Sexually Transmitted Disease Control (BSTDC) operates 9 STD clinics which provide free and confidential services 6 days a week on a walk-in basis. In 2006, BSTDC began screening visits for asymptomatic patients not needing an exam, which consisted of urine-based chlamydia/gonorrhea (BSTDC) and rapid HIV antibody test.

From 2006 to 2010, visits to NYC STD clinics increased from 111,473 to 123,430 and screening visits as a proportion of all visits increased from 12% to 36%.

Results

As shown above, provider visits yield more positivity than screening visits for the STD testing that is done at both types of visits (Ct/GC/Syphilis). When you include additional STD diagnoses that occur at MD visits (MPC, NGU, Trichomonas, genital warts, LGV, HSV, pediculosis pubis, and contacts to an STD), the difference is even greater - 76% of provider visits yielded at least one STD diagnosis versus 9.6% of screening visits. There was almost no difference for rapid HIV positivity in these two types of visits.

Conclusions, Limitations and Next Steps

Screening visits increased STD clinic volumes without commensurate yield in morbidity. It costs twice as much to find one case of Ct/GC among screening visits as among provider visits. On the other hand, screening visits are slightly more cost effective in detecting rapid HIV positives than MD visits. In weighing what to cut, we calculated that screening visits including a rapid HIV test cost BSTDC approximately $800,000 annually; and those without a rapid HIV test cost $413,000 annually.

To cut costs and maintain priority services, as of March 2011, persons with no STD exposure or symptoms are offered HIV testing and a referral for screening/primary care services. Since March 2011, the number of visits without STD pathology has declined, allowing BSTDC to focus on persons most likely to have and spread disease.