# Chlamydia and Gonorrhea Positivity Among Females Aged 15-25 Years Tested in Community Health **Centers in 12 Counties in CY2010, Region II Infertility Prevention Project**

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# Background

CDC recommends annual chlamydia (CT) screening for sexually active females aged <26 years.<sup>[1]</sup> Community health centers (CHCs) have been a focal point for health care reform, however little is known about CT prevalence among CHC clients.

The CDC-funded Region II Infertility Prevention Project (IPP) collects chlamydia (CT) and gonorrhea (GC) prevalence monitoring data (PMD) from participating facilities.<sup>[2]</sup> The majority of data are reported by family planning and sexually transmitted disease clinics, with a smaller number of records reported from other facilities including CHCs.

# **Objectives**

To compare CT and GC positivity rates for non-pregnant females aged 15-25 year tested in CHCs with those tested in family planning (FP) clinics in the same counties

### Methods

Based on CY2010 Region II IPP Prevalence Monitoring Data, 3,117 CT and 4,03 GC tests were associated with 20 CHCs in 12 counties in New Jersey, New York, an the US Virgin Islands; 32 FP clinics in the same counties reported 31,610 CT and 22 GC tests.

#### Results

• CT positivity among non-pregnant females aged 15-19 and 20-25 years, respectively, was 11.9% (n=663) and 5.7% (n=2,454) in CHCs, compared with 10.9 (n=9,843) and 6.0% (n=21,767) in FP clinics. (Table 1)

• GC positivity in CHCs for the same age groups was 1.1% (n=877) and 0.3% (n=3,161), respectively, compared with 1.9% (n=6,913) and 0.9% (n=15,663) in FP clinics. (Table 1)

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Total

# **Results (cont'd)**

0.5%

4,038

CY2009).

Non-Pregnant Females Aged 15-25 Years by Facilit Type, CY2010, Region II IPP PMD					
Test Type	e Age Group (Years)	Community Health Centers		Family Planning Clinics	
		<b># Tests</b>	% Pos	# Tests	% Pos
Chlamydia	<b>dia</b> 15-19	663	11.9%	9,843	10.9%
	20-25	2,454	5.7%	21,767	6.0%
	Total	3,117	7.1%	31,610	7.5%
Gonorrhea	<b>ea</b> 15-19	877	1.1%	6,913	1.9%
	20-25	3,161	0.3%	15,663	0.9%

# Conclusions

Over 99% of CT tests in CHCs were performed using highly sensitive nucleic acid amplification tests (NAATs), versus 87% of tests performed in FP (up from 55% in

• Among CHCs, the number of GC tests reported in these 12 counties increased by 40% from CY2009 to CY2010 and exceeded by 30% the number of CT tests reported in CY2010. Conversely, FP clinics reported 29% fewer GC tests than CT tests in CY2010.

# Table 1. Chlamydia and Gonorrhea Positivity Among

amily Planning Clinics					
# Tests	% Pos				
9,843	10.9%				
21,767	6.0%				
31,610	7.5%				
6,913	1.9%				
15,663	0.9%				
22,576	1.2%				

The burden of CT among females aged 15-25 years attending CHCs is comparable to that observed in FP clinics, and highest among teens; GC positivity rates were slightly higher in FP clinics than in CHCs.

# Implications

As safety-net providers, CHCs (both Federally Qualified Health Centers and "FQHC Look-Alikes") may play an increasingly integral role in providing screening to the most at risk populations. The U.S. Preventive Services Task Force (USPSTF) gives a grade "A" recommendation for screening for chlamydial infection for all sexually active nonpregnant young women aged 24 and younger.<sup>[3]</sup> As such, the Affordable Care Act provides that chlamydia screening for females <25 years of age must be covered by insurance – which should serve as an incentive for providers to screen.

The Region II IPP PMD provides an important data source for monitoring CT and GC positivity across participating facilities. While all FQHCs are required to report a standard set of information on clinic performance and operations through the Uniform Data System (UDS), this system only monitors the number of patients and visits with a primary diagnosis of "syphilis or other sexually transmitted diseases".<sup>[4]</sup>

Health departments should consider opportunities to partner with CHCs in high morbidity areas to ensure access to CT and GC screening and expand prevalence monitoring efforts, and to better understand screening practices in these settings.

### References

- 1. CDC Sexually Transmitted Disease Treatment Guidelines, 2010, MMWR, Dec 17, 2010, 59(RR-12).
- 2. Region II Infertility Prevention Project. www.cicatelli.org/ipp
- 3. USPSTF Recommendations for Chlamydia Screening. http://www.uspreventiveservicestaskforce.org/uspstf/uspschlm.htm

4. HRSA Bureau of Primary Care: Uniform Data System. http://bphc.hrsa.gov/healthcenterdatastatistics/index.html



