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

Kelly Morrison Opdyke, MPH; Melissa Kyriakos Nelson, MSc; Titilayo Ologhobo, MPH; and Dawn Middleton, BS
Cicatelli Associates Inc., New York, NY, USA

Background

CDC recommends annual chlamydia (CT) screening for sexually active females aged <26 years. 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. The majority of data are reported by family planning and sexually transmitted disease (STD) monitoring units.

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 non-pregnant young women aged 24 and younger. 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.

Methods

To compare CT and GC positivity rates for non-pregnant females aged 15-25 years tested in CHCs with those tested in family planning (FP) clinics in the same counties. The CDC recommends annual CT screening for sexually active females aged <26 years.

Objectives

To compare CT and GC positivity rates among non-pregnant females aged 15-25 years tested in CHCs with those tested in family planning (FP) clinics in the same counties. The CDC recommends annual CT screening for sexually active females aged <26 years. Community health centers (CHCs) have been a focal point for health care reform, however little is known about CT prevalence among CHC clients.

Results (cont’d)

Table 1. Chlamydia and Gonorrhea Positivity Among Non-Pregnant Females Aged 15-25 Years by Facility Type, CY2010, Region II IPP PMD

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Age Group (Years)</th>
<th>Community Health Centers</th>
<th>Family Planning Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Tests</td>
<td>% Pos</td>
<td># Tests</td>
</tr>
<tr>
<td>Chlamydia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td>663</td>
<td>11.9%</td>
<td>9,843</td>
</tr>
<tr>
<td>20-25</td>
<td>2,454</td>
<td>5.7%</td>
<td>21,767</td>
</tr>
<tr>
<td>Total</td>
<td>3,117</td>
<td>7.1%</td>
<td>31,610</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td>877</td>
<td>1.1%</td>
<td>6,913</td>
</tr>
<tr>
<td>20-25</td>
<td>3,161</td>
<td>0.3%</td>
<td>15,663</td>
</tr>
<tr>
<td>Total</td>
<td>4,038</td>
<td>0.5%</td>
<td>22,576</td>
</tr>
</tbody>
</table>

Total 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)

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=677) and 0.3% (n=2,161), respectively, compared with 1.9% (n=6,913) and 0.5% (n=15,663) in FP clinics. (Table 1)

Results

Based on CY2010 Region II IPP Prevalence Monitoring Data, 3,117 CT and 4,038 GC tests were associated with 20 CHCs in the same counties reported 31,610 CT and 22,576 GC tests were associated with 20 CHCs in 12 counties in New Jersey, New York, and the US Virgin Islands. 32 FP clinics in the same counties reported 31,610 CT and 22,576 GC tests were associated with 20 CHCs in 12 counties in New Jersey, New York, and the US Virgin Islands. 32 FP clinics in the same counties reported.

Conclusions

The majority of data are reported by family planning and sexually transmitted disease (STD) monitoring units.

Community health centers (CHCs) have been a focal point for health care reform, however little is known about CT prevalence among CHC clients.

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.

References

2. Region II Infertility Prevention Project. www.cicatelli.org/IPP

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