# Factors Associated with Delayed Chlamydia Treatment, Massachusetts, 2015



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## Background

- In 2015, there were 24,143 laboratory confirmed chlamydia cases in Massachusetts; incidence rate was 357.9 per 100,000
- Delayed treatment in symptomatic pelvic inflammatory disease patients is associated with infertility and ectopic pregnancy
- Timely treatment is a key element for prevention and control of chlamydia infection

## **Objectives**

To examine factors associated with delayed chlamydia treatment in Massachusetts

### **Methods**

- All laboratory-confirmed chlamydia cases reported to the Massachusetts Department of Public Health in 2015 were categorized as metropolitan or non-metropolitan (micropolitan, small town, rural) by home address based on Rural-Urban Commuting Area (RUCA) codes developed from 2010 census
- We sampled all non-metropolitan cases (242 cases) and an equivalent number of metropolitan/unknown address cases (242 cases) were randomly selected
- Clinician phone interviews were conducted January 2016 through May 2016
- Cases were excluded if: prior infection in 2015, non-Massachusetts resident, homeless, incarcerated, clinician unavailable for interview, or treatment information unavailable
- Adjusted odds (aOR) of treatment delay (defined as  $\geq$ 4 days from specimen collection to antibiotic initiation) were calculated using multivariate logistic regression (backward elimination) in SAS 9.3 (SAS Institute, Inc, Cary, NC).









v	ariables	Non- metropolitan (n=200)	Metropolitan (n=224)	Overall (n=424)	P value	
Age (yr)	Mean (range)	27 (15-68)	24.5 (15-68)	25.8 (15-68)	-	
Gender	Female	109 (54.5%)	143 (63.8%)	252 (59.4%)	0.0506	
	Male	91 (45.5%)	81 (36.2%)	172 (40.6%)		
Race	White	141 (70.5%)	89 (39.7%)	230 (54.3%)	) ) < .0001	
	Black	23 (11.5%)	41 (18.3%)	64 (15.1%)		
	Hispanic	17 (8.5%)	54 (24.1%)	71 (16.8%)		
	Other	4 (2%)	18 (8.0%)	22 (5.2%)		
	Unknown	15 (7.5%)	22 (9.8%)	37 (8.7%)		
Sexual Orientation	MSM/MSMW*	37 (18.5%)	15 (6.7%)	52(12.3%)	0.0004	
	MSW*	39 (19.5%)	46 (20.5%)	85 (20.0%)		
	Men Unknown*	15 (7.5%)	20 (8.93%)	35 (8.3%)	0.0031	
	Women	109 (54.5%)	143 (63.8%)	252 (59.4%)		
	Symptomatic	76 (38%)	88 (39.3%)	164 (38.7%)	0.1611	
Reason Tested	Reported Contact	34 (17%)	24 (10.7%)	58 (13.7%)		
	Other/Unknown	90 (45%)	112 (50%)	202 (47.6%)		
	Community Health Center	54 (27%)	55 (24.6%)	109 (25.7%)	0.0009	
Treating	ED/Urgent care	17 (8.5%)	18 (8.0%)	35 (8.3%)		
Facility Type	Family Planning Clinic, STD Clinic, HIV Counselling	47 (23.5%)	25 (11.2%)	72 (17.0%)		
	Hospital-based Clinic	47 (23.5%)	70 (31.3%)	117 (27.6%)		
	Private practice/HMO	33 (16.5%)	41 (18.3%)	74 (17.5%)		
	School-based Clinic	2 (1%)	15 (6.7%)	17 (4.0%)		
Provider	MD/DO	93 (46.5%)	121 (54.0%)	214 (50.5%)	0.1222	
Туре	NP/PA/CNM	105 (53.5%)	103 (46.0%)	210 (49.5%)		
Time to	≥ 4 days	91 (45.5%)	88 (39.3%)	179 (42.2%)	0.1959	
Treatment	≤ 3 days	109(54.5%)	136 (60.7%)	245 (57.8%)		
Test	≥ 3 days	112(56%)	68(30.4%)	180 (42.5%)		
Turnaround Time	≤ 2 days	88 (44%)	156 (69.6%)	244 (57.6%)	< .0001	
Travel	> 4 miles	108(54%)	105(46.9%)	213 (50.2%)	0.143	
Distance	≤ 4 miles	92(47%)	119(53.1%)	211 (49.8%)		

Predic	ctors (Female)	cOR	P value	aOR	P value
	15-17	2.22	0.14		
Age (yr)	18-25	1.22	0.50		
	>26	1.0	Ref		
	Hispanic	1.74	0.11		
	Non-Hispanic Black	1.29	0.49		
Race/Ethnicity	Other	0.77	0.64		
	Unknown	0.58	0.30		
	Non-Hispanic White	1.0	Ref		
Brognonov Statua	Pregnant	1.34	0.37		
Freghancy Status	Not Pregnant	1.0	Ref		
Reason Tested	Other/Unknown	7.29	0.01	16.09	0.0008
	Symptomatic	7.16	0.01	11.33	0.004
	Reported Contact	1.0	Ref	1.0	Ref
Treating Facility Type	Community Health Center	1.37	0.64		
	Family Planning Clinic, STD Clinic, HIV Counselling	8	0.003		
	Hospital-based Clinic	1.66	0.43		
	Private practice/HMO	2.63	0.15		
	School-based Clinic	0.64	0.66		
	ED/Urgent care	1.0	Ref		
Brandidan Terra	NP/PA/CNM	1.77	0.03		
Provider Type	MD/DO	1.0	Ref		
Test Turnaround Time	≥ 3 days	6.84	<.0001	8.69	<.0001
	≤ 2 days	1.0	Ref	1.0	Ref
Metropolitan Status	Non-Metropolitan	1.71	0.04		
	Metropolitan	1.0	Ref		
-	≤ 4 miles	1.6	0.06		
Travel Distance	> 4 miles	1.0	Ref		

Multivariate logistic regression, backward elimination

Predictors (Male)		cOR	P value	aOR	P value
Age (yr)	15-17	1.18	0.86		
	18-25	0.75	0.38		
	>26	1.0	Ref		
	Hispanic	1.49	0.38		
	Non-Hispanic Black	0.75	0.56		
Race/Ethnicity	Other	1.52	0.6		
	Unknown	0.73	0.57		
	Non-Hispanic White	1.0	Ref		
Sexual Orientation	MSM/MSMW	7.47	<.0001	3.41	0.01
	Male Unknown	1.87	0.18	2.04	0.18
	MSW	1.0	Ref	1.0	Ref
Reason Tested	Other/Unknown	18.000	<.0001	14.41	<.0001
	Symptomatic	2.78	0.08	2.72	0.13
	Reported Contact	1.0	Ref	1.0	Ref
	Community Health Center	6.33	0.006		
Treating Facility Type	Family Planning Clinic, STD Clinic, HIV Counselling	0.94	0.94		
, . , , , , , ,	Hospital-based Clinic	4.22	0.05		
	Private practice/HMO	1.86	0.44		
	School-based Clinic	3.8	0.16		
	ED/Urgent care	1.0	Ref		
Drevider Ture	NP/PA/CNM	1.17	0.62		
Provider Type	MD/DO	1.0	Ref		
Test Turnaround	≥ 3 days	3.9	<.0001	3.77	0.002
Time	≤ 2 days	1.0	Ref	1.0	Ref
Metropolitan	Non-Metropolitan	0.98	0.96		
Status	Metropolitan	1.0	Ref		
Travel Distance	≤ 4 miles	1.05	0.87		
Traver Distance	> 4 miles	1.0	Ref		

Multivariate logistic regression, backward elimination

MSM/MSMW represented 37 (40.6%) and 15 (18.5%) of non-metropolitan and metropolitan nales, respectively (52 (30.2%) of all selected males)

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Mean 4.5 days Median 3 days 75% were treated within 6 days (Range 0 - 99 days)

Primary outcome is treatment delay - Defined as  $\geq$  4 days from specimen collection to antibiotic initiation

### LOGISTIC REGRESSION, MALES (N=172)

## Conclusions

- Nearly one-third of male chlamydia cases reported same-sex engagement
- $\sim 40\%$  of non-metropolitan male cases and  $\sim 18\%$ of metropolitan male cases were MSM
- 42% of chlamydia cases investigated had delayed treatment
- In multivariable analyses, findings among both males and females indicated
  - Persons who were tested because they were contacts of chlamydia cases had the lowest frequency of delayed treatment
  - Test turnaround time was strongly associated with delays in chlamydia treatment among females and males
- Among males, those who were MSM/MSMW were more likely to have treatment delays

## Implications for Programs, **Policy, and Research**

- Results of the study can enhance health services planning
- Improved laboratory test turnaround time could reduce potential delays in treatment

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