

Universal Screening For Gonorrhea And Chlamydia In Female Patients Ages 15-24

Jesse Cheung MD, Thu Nguyen MD, Ganiyat Oladapo MD,
Snezana Begovic MD, Daniel Blocker PhD, Naheed Momand DO MPH
Pomona Valley Hospital Medical Center Family Medicine Residency Program

Purpose

- ❖ Neisseria gonorrhea and Chlamydia trachomatis infections are major public health concerns globally and nationally, with increased incidence of both infections since 2009.
- ❖ These infections can be silent and result in severe reproductive tract complications, including infertility.
- ❖ The CDC and USPSTF recommend screening all sexually active women age less than 25 years and older women at increased risk for gonorrhea and chlamydia.
- ❖ However, these STIs are under-screened. Up to 90% of primary care physicians of all specialties do not take an adequate sexual history to identify risk factors for STIs.
- ❖ Studies in pediatric emergency departments and school-based programs have demonstrated universal screening to be effective in detecting additional cases of gonorrhea and chlamydia.
- ❖ We aim to improve screening and more timely treatment of gonorrhea and chlamydia by providing universal screening in female patients ages 15-24 annually regardless of sexual activity.

Methods

Study design: Prospective cohort study.

Setting: Family Health Center, primary clinic site for 24 residents and 8 attendings.

Population: 371 female patients ages 15-24 who are not pregnant regardless of reported sexual activity.

Interventions: Educating all residents, attendings, and staff by email/meeting reminders and a workshop on how to obtain a sexual history, screen and treat for gonorrhea and chlamydia, while addressing difficulties maintaining confidentiality, especially in adolescents.

Measures/ Main Outcomes/Analyses: After implementing the new screening practices, we conducted a chart review of the electronic medical record and Staying Healthy Assessment forms to determine how many patients are sexually active, screened for gonorrhea and chlamydia, and screen positive and appropriately treated.

Results

Additional chart review shows no significant difference

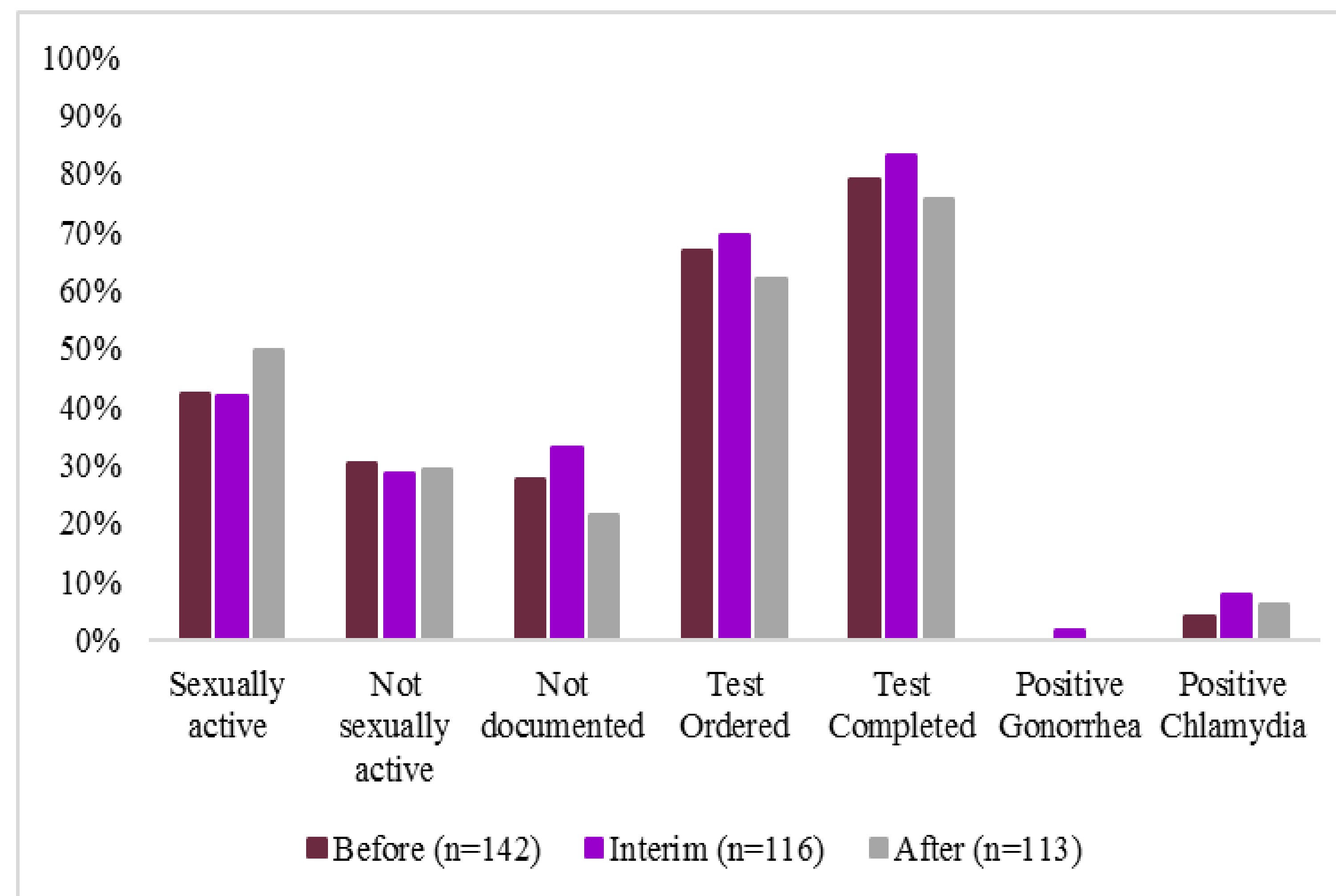


Figure 1. Documentation of sexual activity, and gonorrhea and chlamydia testing, before, during interim analysis, and after implementing new screening practices.

SEXUALLY TRANSMITTED INFECTIONS AMONG YOUNG AMERICANS

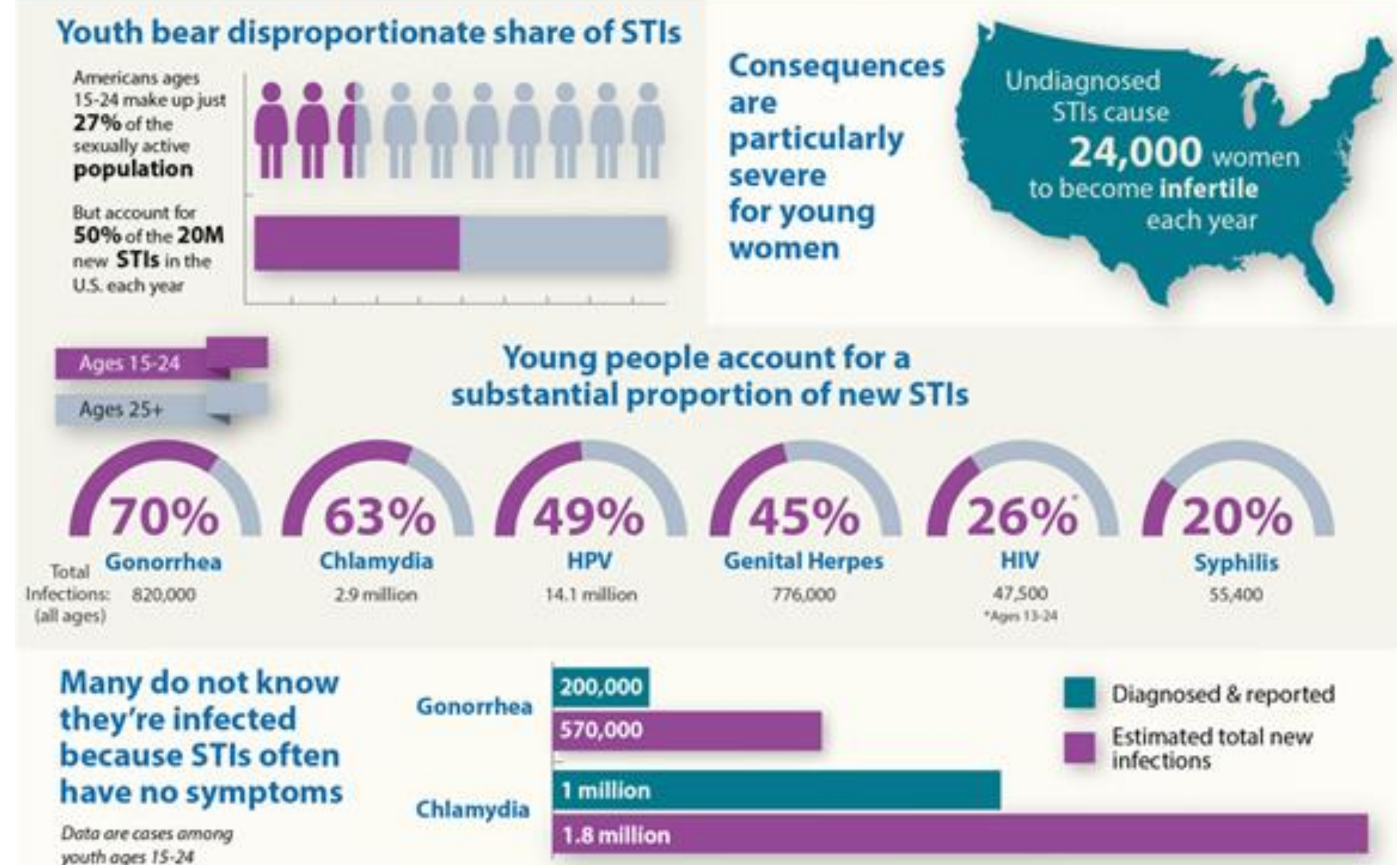


Figure 3. Sexually Transmitted Infections Among Young Americans. Infographic adapted from the CDC website¹.

Discussion

- ❖ Our study showed that less than 50% of patients are documented to be sexually active in this cohort in our clinic, in contrast to the CDC's statistic that 55% of adolescents have sex by age 18.
- ❖ Many barriers exist for universal screening, including documenting sexual histories, provider and patient/parent comfort/stigma with universal screening, time, and confidentiality.
- ❖ Additional education and implementation of a standardized workflow may help improve sexual history-taking and screening.
- ❖ A larger sample size would help to determine how many additional gonorrhea and chlamydia infections can be detected and treated with universal screening, with additional analysis for cost-effectiveness.

References

1. Infographics (2017). CDC Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. Accessed April 2019. Link: <https://www.cdc.gov/std/products/infographics.htm>

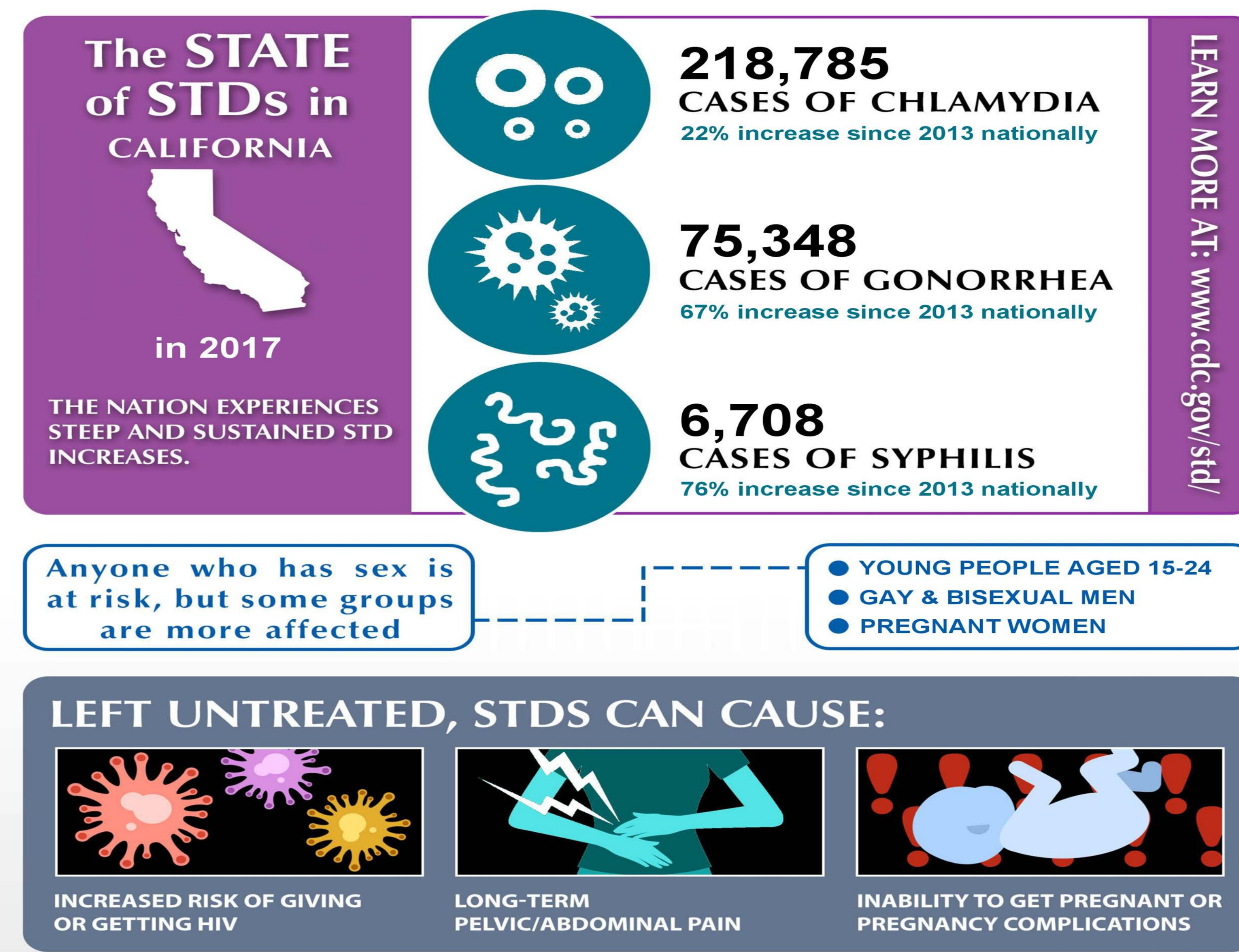


Figure 2. The State of STDs in California. Infographic adapted from the CDC website¹.