

IPP Lab Slip Changes for Maine

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Agenda

- Chlamydia screening guidelines
- Chlamydia burden
- Changes to the lab slip
- Definitions of new response options
- Commonly overlooked fields on lab slip
- Reminders
- 2010 Treatment Guidelines
- Questions
- Resources

Chlamydia Screening Guidelines

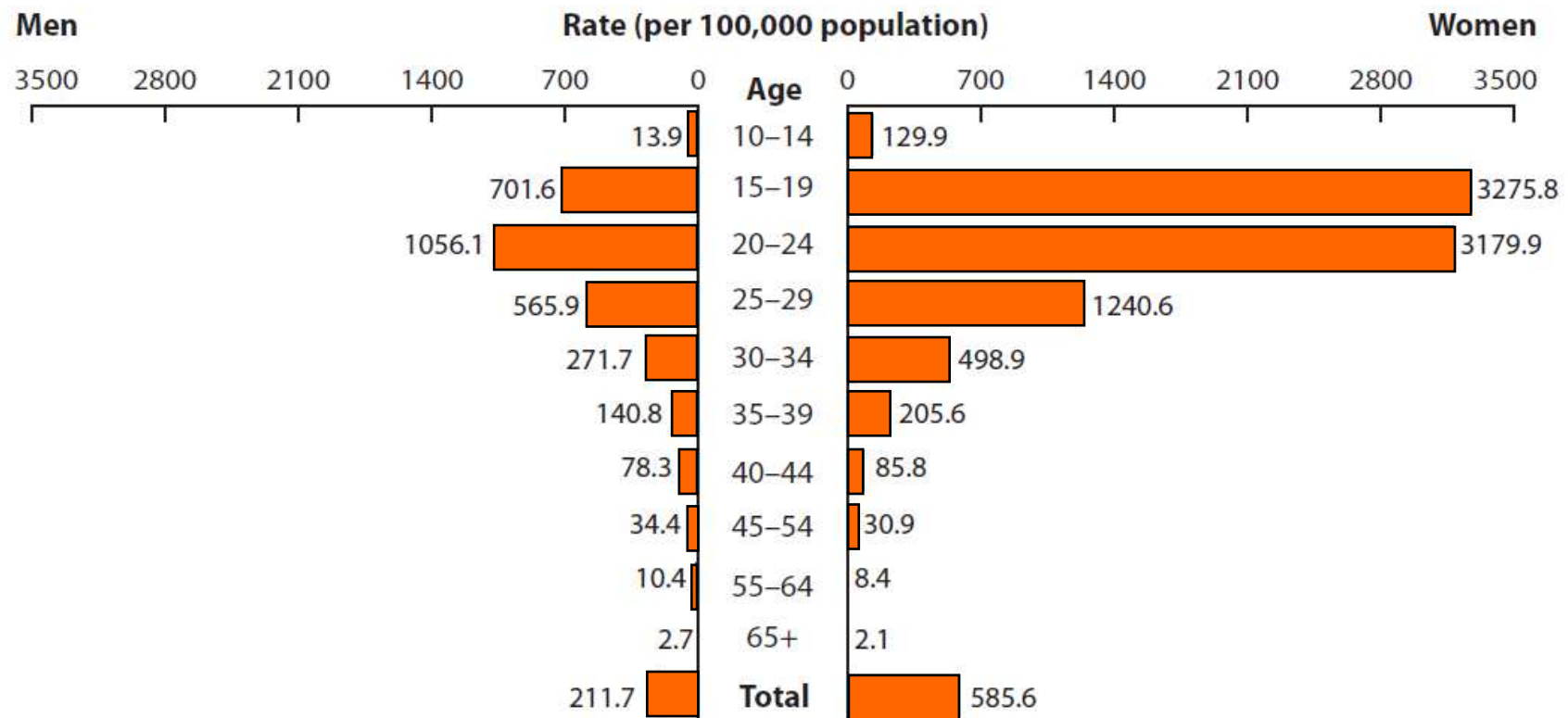
Maine

- Screen sexually active females 24 years and younger annually
- Screen women ≥ 25 years with new or multiple partners and/or who have been diagnosed with an STD in the previous 12 months
- Screen pregnant women at first prenatal visit

US Chlamydia Case Rates⁷

By Age and Sex, 2008

Figure 5. Chlamydia—Age- and sex-specific rates: United States, 2008



ME IPP Positivity Rates

10-14 year old FP clinic females	15-19 year old FP clinic females	20-24 year old FP clinic females	25 + FP clinic females with risk factor	25 + FP clinic females with NO risk factor
4.8% positive	4.9% positive	4.7% positive	4.07% positive	4.92% positive (3 out of 61 – low numbers)

Racial Disparities in US Chlamydial Infections, 2008⁸

Non-Hispanic
Blacks



Non-Hispanic
Whites

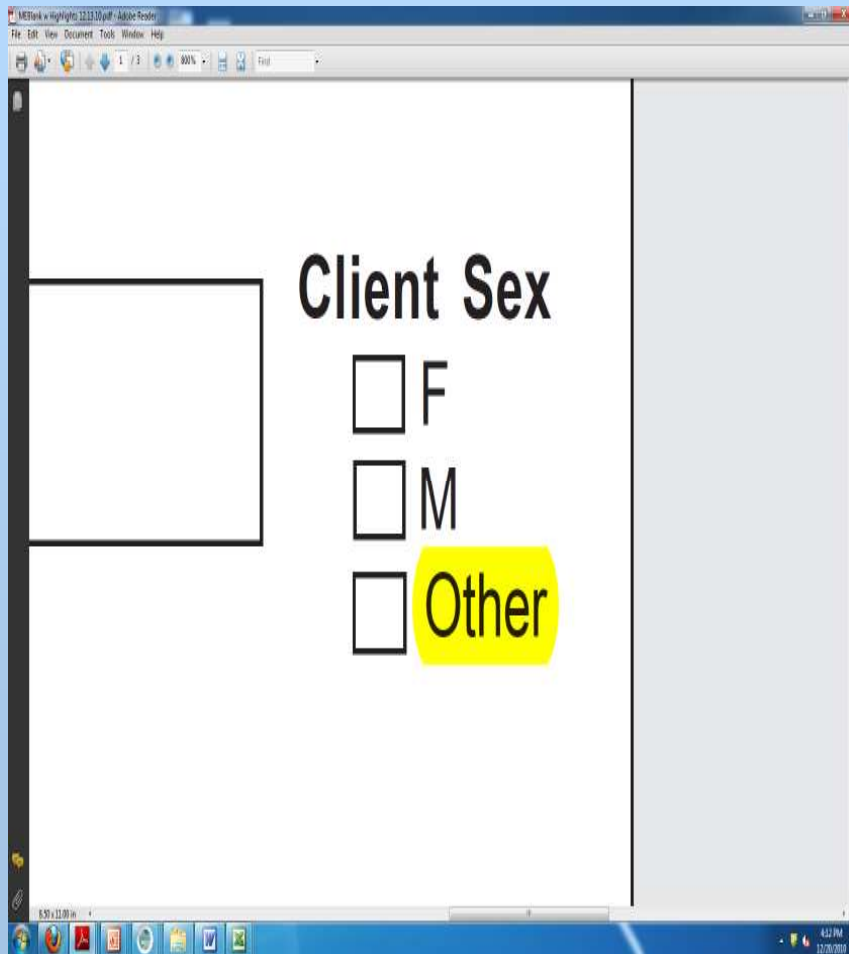


Non-Hispanic Blacks had 8.8 times the reported chlamydia rates of non-Hispanic Whites.

New Response Options Added to Lab Slip

A. Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/ Non-Latino	B. Race (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American American Indian or <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian Native Hawaiian or Other <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	C. Clinical Assessment: (check all that apply) FEMALE <input type="checkbox"/> Normal Appearance <input type="checkbox"/> Mucopurulent Cervicitis <input type="checkbox"/> PID <input type="checkbox"/> Other <input type="checkbox"/> Pregnant <input type="checkbox"/> No exam done MALE <input type="checkbox"/> Normal Appearance <input type="checkbox"/> Urethritis/ Discharge <input type="checkbox"/> Other <input type="checkbox"/> No exam done
D. Primary Reason for Exam (check all that apply) <input type="checkbox"/> Symptomatic for STD <input type="checkbox"/> Asymptomatic screen/visit <input type="checkbox"/> Pregnancy test only <input type="checkbox"/> Re-screen	E. Presumptive Treatment for CT <input type="checkbox"/> Yes <input type="checkbox"/> No CT Treatment Check One: <input type="checkbox"/> Zithromax <input type="checkbox"/> Doxycycline <input type="checkbox"/> Other	
F. Risk History since last CT test	Yes	No
1. 2 or more sex partners	<input type="checkbox"/>	<input type="checkbox"/>
2. New sex partner	<input type="checkbox"/>	<input type="checkbox"/>
3. STD diagnosis in previous 12 months	<input type="checkbox"/>	<input type="checkbox"/>
4. Condom used during last sex	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid # _____		
Patient Address: _____ _____ _____ _____		

Client Sex



The image shows a screenshot of a web browser displaying a form titled "Client Sex". The form contains three radio button options: "F", "M", and "Other". The "Other" option is highlighted with a yellow background. The browser window shows the address bar with "http://www.highlight.com/AdobeReader" and the Windows taskbar at the bottom.

- Under “Sex” you may choose Male, Female or Other
- Definition of “Other”:
Transsexual,
Transgender or
Intersex. Not
identifying as Male or
Female.

No exam done

- Added to lab slip since some visits (e.g. PTO, re-screen) do not require a physical examination
- Definition: No physical exam was conducted during visit.

The screenshot shows a PDF document titled 'MEBlank w Highlights 12.13.10.pdf' in Adobe Reader. The document contains a section titled 'C. Clinical Assessment: (check all that apply)'. This section is divided into two columns: 'FEMALE' and 'MALE'. Under 'FEMALE', there are checkboxes for 'Normal Appearance', 'Mucopurulent Cervicitis', 'PID', 'Other', 'Pregnant', and 'No exam done'. Under 'MALE', there are checkboxes for 'Normal Appearance', 'Urethritis/ Discharge', 'Other', and 'No exam done'. The 'No exam done' options in both columns are highlighted in yellow. The Windows taskbar at the bottom shows the time as 4:10 PM on 12/20/2010.

D. Primary Reason for Exam

Pacific Islander
 Other

D. Primary Reason for Exam (check all that apply)

Symptomatic for STD
 Asymptomatic screen/visit
 Pregnancy test only
 Re-screen

E. Date: History since last CT test

- Check all that apply
- The reason that you can check all that apply is that you may have an Asymptomatic screen/visit that is also Pregnancy test only, and/ or a re-screening visit.

Pregnancy Test Only

Pacific Islander
 Other

D. Primary Reason for Exam (check all that apply)

Symptomatic for STD
 Asymptomatic screen/visit
 Pregnancy test only
 Re-screen

E. Risk History since last CT test Yes

- Definition: Primary reason for visit was pregnancy test; staff offered additional STD testing when patient arrived but patient's reason for visit was the pregnancy test and not STD screening. No physical exam conducted.
- Added because studies have shown that positivity among women coming for a PTO visit are higher than average Chlamydia rates (ranges from 4-13%)
- Collecting data will allow the state to determine the positivity rate among PTO visits and determine if funds should be targeted at screening for this group

Pregnancy Test Only

Pacific Islander
 Other

D. Primary Reason for Exam (check all that apply)

Symptomatic for STD
 Asymptomatic screen/visit
 Pregnancy test only
 Re-screen

E. Risk History since last CT test ...

- Pregnancy Test Only Scenario 1:

- Client comes in for a visit and requests pregnancy test. A Chlamydia test is provided along with the pregnancy test.

- PTO (Pregnancy Test Only)

- Pregnancy Test Only Scenario 2:

- Client comes in for and STD screen and also requests a pregnancy test. A Chlamydia test is provided with STD screen, along with the pregnancy test.

- PTO (Pregnancy Test Only)

CDC Recommended Re-Screening

Chlamydia-infected women and men should be retested approximately 3 months after treatment...If retesting at 3 months is not possible, clinicians should retest whenever persons next present for medical care in the 12 months following initial treatment.



Re-screen

☐ Pacific Islander
☐ Other

D. Primary Reason for Exam (check all that apply)

☐ Symptomatic for STD
☐ Asymptomatic screen/visit
☐ Pregnancy test only
☐ Re-screen

F. Risk History since last CT test Yes No

Re-Screening: Screening a patient who previously had a positive Chlamydia test within the past 3-12 months and is being screened a second time because of that initial positive. Not a test of cure. Not an annual exam.

Re-screen

Form screenshot showing options for 'Primary Reason for Exam':

- Pacific Islander
- Other
- D. Primary Reason for Exam (check all that apply)**
- Symptomatic for STD
- Asymptomatic screen/visit
- Pregnancy test only
- Re-screen

- Re-screen Scenario 1:

Client comes in for a visit who has had a previous positive CT test six months ago. As part of visit, a CT test is done.

Re-screen

- Re-screen Scenario 2:

Client comes in for her annual exam. She had a previous positive CT test 12 months ago at her last annual exam. A CT test is done.

Re-screen

STD diagnosed in previous 12 months

F. Risk History since last CT test	Yes	No
1. 2 or more sex partners	<input type="checkbox"/>	<input type="checkbox"/>
2. New sex partner	<input type="checkbox"/>	<input type="checkbox"/>
3. STD diagnosis in previous 12 months	<input type="checkbox"/>	<input type="checkbox"/>
4. Condom used during last sex	<input type="checkbox"/>	<input type="checkbox"/>

- Replaced “STD contact in previous 60 days”
 - Replaced to more accurately do program monitoring since screening guidelines state that risk is defined as “new or multiple partners and/or STD in previous 12 months”
- Definition: Client self reports or there is clinical record of client having been diagnosed with STD in previous 12 months

STD diagnosed in previous 12 months

F. Risk History since last CT test	Yes	No
1. 2 or more sex partners	<input type="checkbox"/>	<input type="checkbox"/>
2. New sex partner	<input type="checkbox"/>	<input type="checkbox"/>
3. STD diagnosis in previous 12 months	<input type="checkbox"/>	<input type="checkbox"/>
4. Condom used during last sex	<input type="checkbox"/>	<input type="checkbox"/>

- STD diagnosed in previous 12 months

Scenario 1:

During her annual exam a female client reports having had chlamydia 11 months ago.

STD diagnosed in previous 12 months

- STD diagnosed in previous 12 months

Scenario 2:

During interview female client reports that she currently has unprotected sex with her boyfriend who had primary outbreak of Herpes 3 months ago.

STD diagnosed in previous 12 months

Commonly Overlooked Fields

- Client zip codes

Reminders

- Complete all aspects of the form
- Be sure to check the appropriate specimen collection site

2010 RX Guidelines

- Rescreening Guidelines- PG women
- GC treatment
 - Ceftriaxone -250 mg IM in a single dose or if not an option:
 - Cefixime 400mg orally in a single dose
 - PLUS
 - Azithromycin 1g orally in a single dose
 - or
 - Doxycycline 100 mg orally twice a day for 7 days

Resources

- Provider Cards/Posters/Mouse pads
 - Also available for download from IPP Web site

Answers to Patients' FAQs about Chlamydia Screening

What is chlamydia?

- Chlamydia is the most commonly reported sexually transmitted infection in the U.S.
- It is very common among young women. 15- to 24-year-females represent over 80% of chlamydia infections.
- To reduce your risk for chlamydia and other STIs, use a condom every time you have sex.

Why is chlamydia screening recommended for young women?

- Up to 70% of women have NO symptoms, so a screening test is the only way to know for sure if you have it.
- Untreated chlamydia can cause serious health problems including pelvic inflammatory disease, chronic pelvic pain, ectopic pregnancy, and infertility.
- Chlamydia infection facilitates transmission of HIV.

What happens if the screening test shows that I have chlamydia?

- Chlamydia is easily cured with a full course of antibiotics.
- To prevent re-infection, your sex partner(s) must also be treated.
- Don't have sex for 7 days after taking your antibiotics.

Developed by: Region I Infertility Prevention Project, JSI Research & Training Institute, Inc. with support from Centers for Disease Control and Prevention in collaboration with the Office of Population Affairs of the U.S. Department of Health and Human Services. 2010

Region I Infertility Prevention Project www.ipp.jsi.com

Chlamydia...
*Hard to say. Easy to cure.
You just have to know if you have it.*

Chlamydia (Kluh-MID-ee-uh) is a sexually transmitted infection that can cause serious long-term health problems.

It's very common among teens and young adults, and most people have no symptoms.

That's why your health care provider may want to test you today for chlamydia.

HOW TO PREVENT INFERTILITY
SCREEN ALL WOMEN 24 & UNDER FOR CHLAMYDIA.

Up to 70% of women with chlamydia have no symptoms.

IN THE U.S., CHLAMYDIA IS THE LEADING PREVENTABLE CAUSE OF INFERTILITY.

JSI Research & Training Institute, Inc. • www.ipp.jsi.com • 2010

Resources cont.

- IPP Web site: ipp.jsi.com
- Electronic Preventive Services Selector:
<http://epss.ahrq.gov/PDA/index.jsp>
It allows you to search the U.S. Preventive Services Task Force (USPSTF) recommendations on your PDA or mobile device.
- CDC IPP data:
<http://www.cdc.gov/std/infertility/ipp.htm>



**REGION I
INFERTILITY
PREVENTION
PROJECT**

Questions?

<http://ipp.jsi.com/>

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