

State Fact Sheet

Montana

**Infertility
Prevention Project**

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Special points of interest:

- From January 1 to June 30, 2006 Montana conducted 11,822 Chlamydia tests. Of these, 802 (6.8%) were positive.
- During the first six months of 2006, 27% of diagnosed cases of Chlamydia occurred in the Native American population.

Background

As the fourth largest state in the nation, Montana varies considerably in population density and economy. The demographic characteristics of Montana find a substantial number of STDs among the young, female population as well as a disproportionate number of Native American women. Increased success of STD prevention programs at the local level is linked to respectful interpretation of community mores; the support of community leaders is accessed to define their community's or

tribe's perspectives. The STD/HIV Section utilized the services of community and state-wide media representatives, and local public health department, STD, and HIV clinic liaisons, to access and provide information to community and tribal leaders.

Lab Facts:

*Test Type: Gen-Probe Aptima Combo2 nucleic acid amplification testing (NAAT)

Screening Criteria:

- 1.) All sexually active women under age 25
- 2.) Women 25 years of age and older with one or more of the following:

*Non-specific cervicitis

*Cervical friability or ectopy

*Mucopurulent Cervicitis (MPC)

*Reported exposure to Chlamydia

*Sex with a symptomatic partner in last 60 days

*Chlamydia infection in last 12 months

*Pelvic Inflammatory Disease (PID)

- 3.) Prior to IUD insertion

Interesting Initiatives

Partner Referrals

Montana's STD and Family Planning clinics are exemplary in obtaining partner referrals. An overwhelming majority (65% during first 6 months of 2006) of located partners are empirically treated; the remaining locatable partners were tested and treated (20%),

and 8% were not infected.

Adolescent and Young Adult Chlamydia Screening

Chlamydia screening for the adolescent and young adult population is provided at all STD clinics (15 Family Planning, 4 Community Health Centers, 1 migrant clinic)

and I.H.S. units. The STD clinics adhere to a sliding-fee scale but do request clients to make a donation towards their costs to engender a sense of accountability. No client is turned away due to a lack of funding.