

## **Chlamydia and Gonorrhea Screening among Private Providers: Communication Strategy**

### **Most recent screening rates, IPP**

- In 2007, private providers, who submitted data to the Region VIII IPP database reported screening coverage was 26%, with the range being 12%-35%
- FP clinics reporting screening data to the IPP database was 49% with the range being 43%-56%.
- **Literature review**
- **Key Informant Interviews**
  - One IPP member from each state
- Sample questions:
  - What do you see as the biggest obstacles to private providers in providing Chlamydia screening to asymptomatic women?
  - What do you see as issues that may be unique to your state or region concerning how to frame messages to the private sector or targeting private providers?

### **Findings**

- Barriers
  - Funding & reimbursement issues were cited most frequently
- Also mentioned
  - provider education/ awareness of screening criteria
  - provider time limitations
  - priorities during provider visits
  - inconsistencies in reporting practices
- Suggested ideas for communication tool
  - The most frequent response was provider education-specifically instructor-led education
  - Other suggestions:
    - short educational videos
    - lunch time talks
    - instructor led sessions at provider organizational meetings such as at American Medical Association conferences
  - The majority agreed that a screening card to serve as a reminder to providers on the screening guidelines was a good idea to use as part of a pilot project

### **Recommendations**

- Start with a small, controlled study to serve as a pilot program
- Use private providers in the region that currently submit their data to the IPP
- Use pre/post intervention data to evaluate effectiveness of the program

### **Proposed Intervention**

- Mail providers a laminated screening card as a reminder of current recommended screening criteria and as a cue to action
- We currently have private providers in 3 states that submit data to the IPP (MT, UT, ND)
- Follow-up letter to private providers reviewing the CDC recommendations and the Chlamydia screening tool
- Phone call to providers to assure they have received/ reviewed screening card, and find out if it is being used

### **Evaluation**

- Post-intervention survey of providers
  - information on changes in screening practices
  - increased awareness/ knowledge of screening recommendations
  - barriers to implementation
  - overall feelings on screening card

### **Draft Timeline**

February 17-21: Mailing of the initial communication strategy

March 2: Draft cover letter for 2nd mailing due to JSI

March 2-6: JSI to distribute draft of cover letter to each of the three states participating in the pilot for review/feedback

March 2-6: Follow-up phone calls from IPP RAC members to ensure that material was received.

2nd goal of calls is to verify contact > info.

March 9-13: Follow-up mailing that includes NCC guidance

March 16: Draft Evaluation to JSI

March 23-27: JSI to distribute draft of evaluations to each of the three states participating in the pilot for review/feedback

April 1-3: Evaluations initiated with providers

April 6-10: Follow-up to remaining evaluations

April 24: Draft of evaluation summary due to JSI

April 27 - May 1: Evaluation summary finalized and distributed to RAC members.

## Selective Screening Criteria For Women

1. All sexually active women age 25 or younger should be screened annually
2. Women older than 25 with one or more of the following:
  - (a) New sex partner in last 60 days
  - (b) Multiple sex partners in last 60 days
  - (c) Mucopurulent cervicitis (MPC)
  - (d) Cervical friability
  - (e) Pelvic Inflammatory Disease (PID)
  - (f) Positive test for chlamydia infection within the last 12 months

Reference: CDC STD Treatment Guidelines, 2006

## Additional Resources

### Region VIII Infertility Prevention Project (IPP)

The website contains useful resources for professionals involved in the design and delivery of STD prevention services in Public Health Region VIII, including guidelines and protocols.

<http://www.region8ipp.com>

### California STD/HIV Prevention Training Center

The Center offers CMEs to clinicians through an online Chlamydia Course on their website.

[http://www.stdhivtraining.net/educ/training\\_module/index.html](http://www.stdhivtraining.net/educ/training_module/index.html)

### The Centers for Disease Control and Prevention

This website includes chlamydia surveillance and prevalence monitoring reports, treatment guidelines, and other helpful resources for providers.

<http://www.cdc.gov/std/infertility/default.htm>

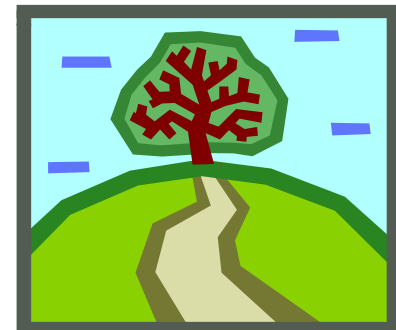
## Help keep your patients on the right **PATH**:

**P**artners: New sexual partner or multiple sexual partners in last 60 days

**A**ge: All sexually active females age 25 or younger should be routinely screened; selective screening of females 26 and over meeting additional criteria (*see selective screening criteria on inside page*)

**T**reated for chlamydia infection in last 12 months

**H**ave clinical symptoms including: PID, MPC, or cervical friability



## Testing

Preferred Testing is:

Nucleic Acid Amplification  
Technology (NAAT)

<b>BRAND NAMES</b>	Gen-Probe APTIMA © BD ProbeTec ©
<b>Collection sites</b>	Urine Endocervical and urethral swabs
<b>Sensitivity</b>	80-90% <sup>1</sup>
<b>Specificity</b>	> 98%
<b>Comments</b>	<ul style="list-style-type: none"><li>• Most sensitive test available</li><li>• Cervical swabs can be obtained when a pelvic exam is indicated</li><li>• Non-invasive urine testing available in addition to swabs</li><li>• Patient should be instructed to collect first 20-40 ml of urine, not midstream</li></ul>

Reference: *CDC STD Treatment Guidelines, 2006*

<sup>1</sup> Sensitivity may be lower for urine compared to swab specimens in NAAT, so if a pelvic exam is performed an endocervical swab would be more appropriate

## Treatment For Uncomplicated Chlamydia Infection

### Recommended Regimens:

Azithromycin 1g orally in a single dose

or

Doxycycline 100mg orally 2 times a day for 7 days

### Alternative Regimens:

Erythromycin base 500mg orally 4 times a day for 7 days

or

Erythromycin ethylsuccinate 800mg orally 4 times a day for 7 days

or

Ofloxacin 300mg orally 2 times a day for 7 days

or

Levofloxacin 500mg orally once daily for 7 days

Reference: *CDC STD Treatment Guidelines, 2006*

## Follow-Up Testing

### 1) Test of cure:

Due to the high efficacy of therapy, patients do not need to be retested for chlamydia after completing treatment with above regimens, unless therapeutic compliance is in question, symptoms persist, or reinfection is suspected.

### 2) Re-screen high risk clients for reinfection:

Clinicians should consider advising all women with chlamydial infection to be re-tested approximately 3 months after treatment.

Reference: *CDC STD Treatment Guidelines, 2006*