

The Stop Chlamydia! Project

Annual Report

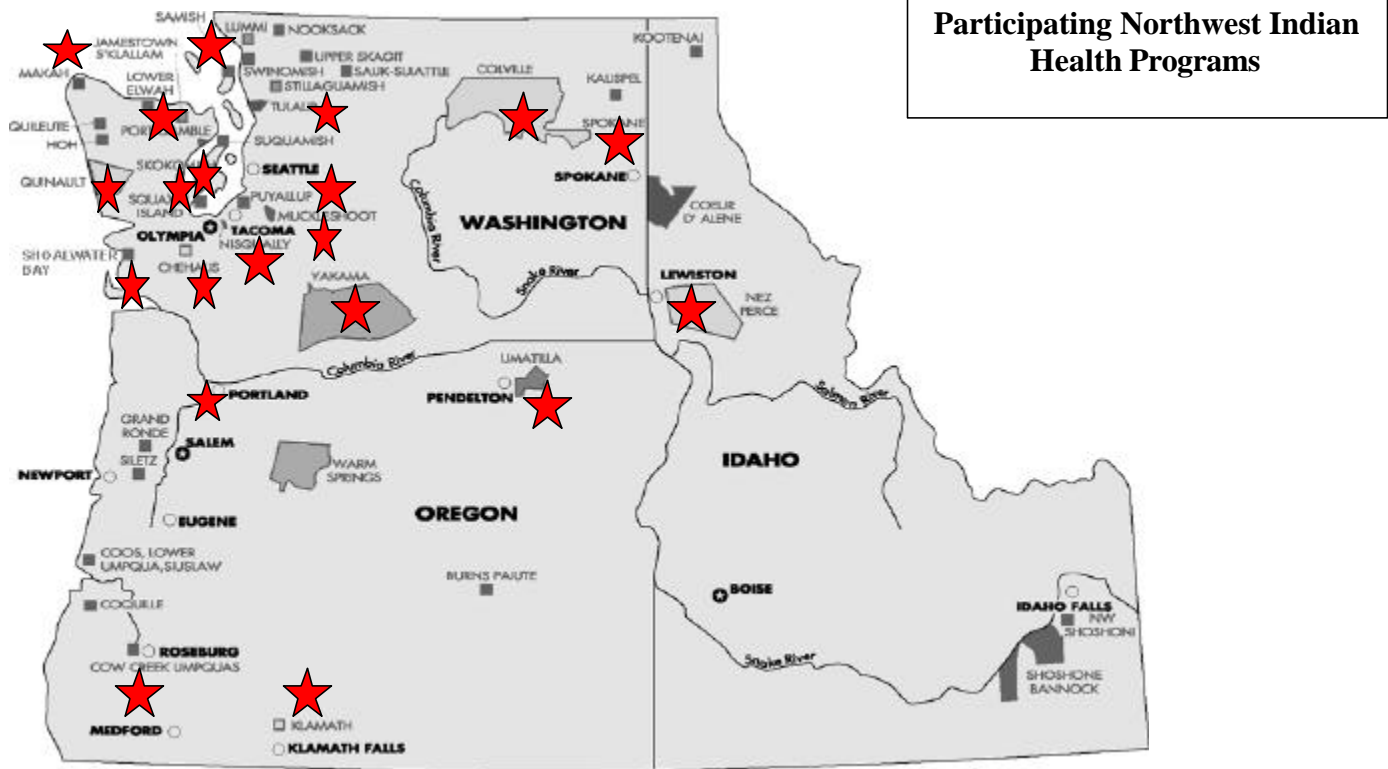
October 1999–September 2000



The Stop Chlamydia! Project

The Stop Chlamydia! Project is administered by the Northwest Tribal Epidemiology Center (*The EpiCenter*), a tribally operated epidemiology program located within the Northwest Portland Area Indian Health Board (NPAIHB). The Stop Chlamydia! Project is coordinated by the Centers for Disease Control and Prevention (CDC), the Indian Health Service (IHS) National Epidemiology Program, and the Northwest Indian tribes of Idaho, Oregon, and Washington. The project aims to lower chlamydia infection rates and obtain comprehensive information about *Chlamydia trachomatis* (CT) infection within Northwest American Indian and Alaskan Native (AI/AN) communities. The Stop Chlamydia! Project Specialist collects surveillance data from participating tribes and provides technical assistance to support their sexually transmitted disease (STD) prevention efforts.

Currently 20 Indian health care programs located within the Portland Area (Idaho, Oregon, and Washington) participate in this project: Chehalis, Colville, Cow Creek, Klamath, Lummi, Makah, Muckleshoot, Nez Perce, Nisqually, Port Gamble, Puyallup, Quinault, Shoalwater Bay, Skokomish, Spokane, Squaxin Island, Tulalip, Umatilla, and Yakama. In addition, one urban center (Native American Rehabilitation Association) located in Portland, Oregon, participates in the project.



Participation in the Stop Chlamydia! Project

In order for Indian health care facilities to participate in this surveillance project, they must submit two completed forms each quarter to the Stop Chlamydia! Project Specialist. These forms include: (1) the Chlamydia Surveillance Form (CSF), which is completed by a designated health care worker for each lab-confirmed CT case; and (2) the Azithromycin Distribution and Order Form (ADOF), which is completed by the designated pharmacist in order to track the amount of medication prescribed for CT treatment and to order additional Azithromycin. The CSF is completed for each newly diagnosed case of CT and includes: (1) patient demographics; (2) reason for medical visit; (3) symptoms presented by the patient; (4) treatment activities; and (5) follow-up activities. To compensate the participating facilities for their time and effort, the Stop Chlamydia! Project will analyze the collected data and provide reports to all participating facilities, as well as provide Azithromycin free of charge for the treatment of CT for patients and their partners.

Testing Update

The Stop Chlamydia! Project promotes the use of specific urine specimen testing methods that have been approved by the Food and Drug Administration (FDA). For example, the new amplified DNA probe test (URI *probe*TM by the Abbott LCx® Probe System) is the first test developed to test female or male patients for both CT and gonorrhea (GC) from a single urine sample. This test uses Abbott LCR® amplified DNA technology, which has a sensitivity of 93–98% and a specificity of 99.9% for diagnostic testing. (*Sensitivity* indicates the proportion of diseased positives that are correctly identified as positive by the test. *Specificity* indicates the proportion of non-diseased negatives that are correctly identified as negative by the test.) Just recently, GEN-PROBE gained FDA approval to go forward with their version of a similar combined testing system, called the APTIMA-Combo IITM test. The APTIMA-Combo IITM, which was just recently made available, can also test female and male patients for both CT and GC from a single urine sample.

Although urine based screening is more expensive than other testing methods currently administered, this advancement in screening has a number of benefits. First, urine-based testing for chlamydia and gonorrhea is less invasive and provides improved patient comfort when compared with the traditional and highly invasive swab methods, which collects samples from the female endocervix and urethra or male urethra. Because urine based screening is less invasive, patients (in particular male patients) may be more likely to undergo screening for CT or GC infection. Second, urine specimen collection provides additional convenience and ease for the health care professional administering the test. Third, the tests provide for the ability to screen for asymptomatic infections; urine-based screening for STDs should be given further consideration as an alternative means for detecting asymptomatic cases. Just recently, the U.S Preventive Service Task Force has recommended that, “primary care clinicians screen all sexually active women ages 25 and younger, as well as older women at risk for chlamydia, as part of regular health care visits.” For full recommendations, please contact: Agency for Healthcare Research and Quality at (800)-358-9295.

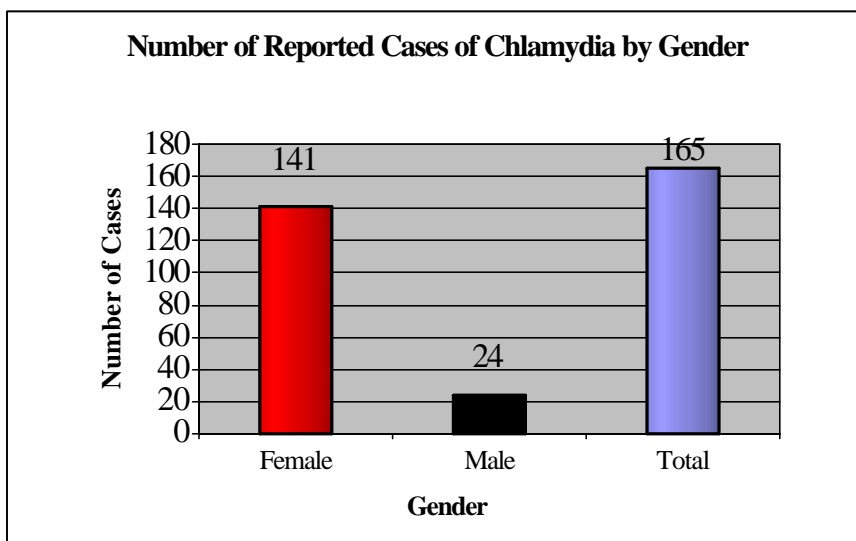
Project Results

The Stop Chlamydia! Project received 165 CSFs between October 1999 and September 2000 from 16 participating Northwest Indian health care programs. These forms are completed on a voluntary basis by designated staff at participating Northwest Indian health care programs. The information presented in this report was derived from the CSFs. The following figures provide information on the following information:

1. Number of reported cases of Chlamydia by gender
2. Number of diagnosed cases of Chlamydia by age group
3. Reason for medical visit by female patients
4. Asymptomatic versus symptomatic reports for female patients
5. Reason for medical visit by male patients
6. Asymptomatic versus symptomatic reports for male patients
7. Male and female patients diagnosed with an STD within previous year
8. Follow-up activities, Table 1

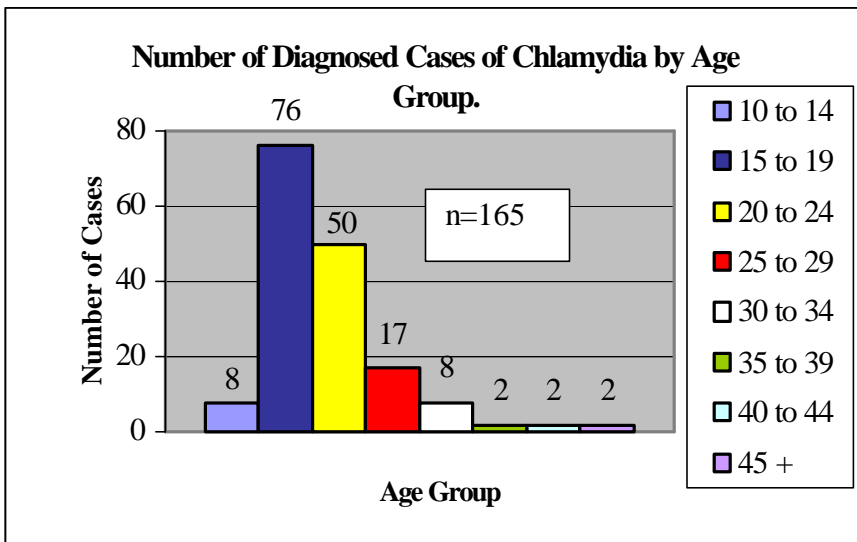
A summary of the project results, including information on follow-up activities, will follow the figures below.

Figure 1.



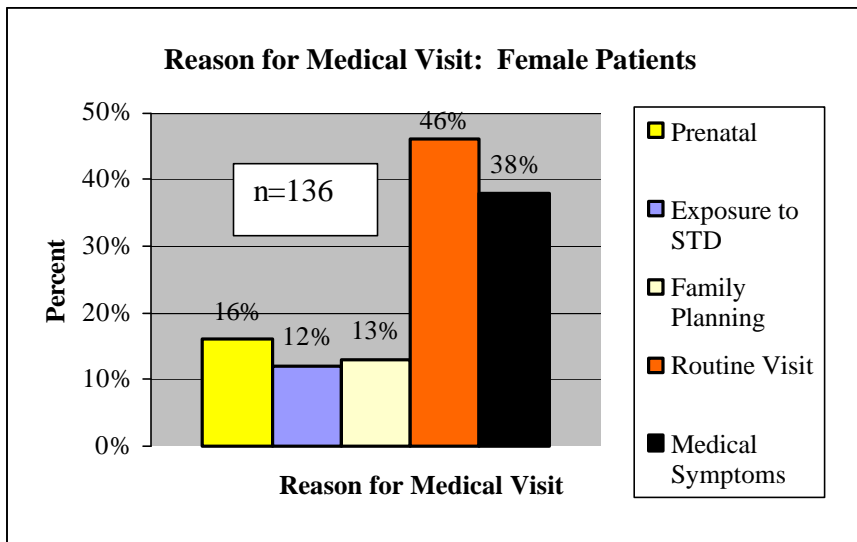
Females are more easily identified in most CT screening programs because of their access to health care for routine pap exams and family planning visits. For CT screening to be successful, men must also be routinely screened and treated.

Figure 2.



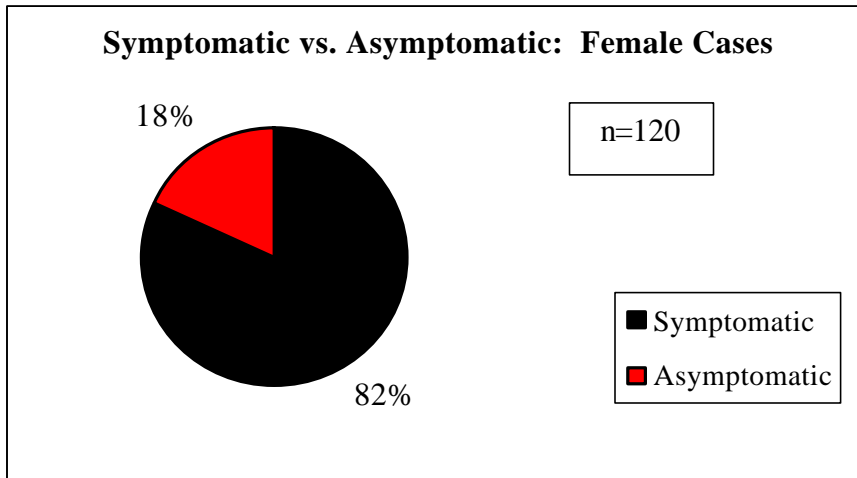
Eighty-seven percent (87%) of the positive CT cases were in the 15–29 year age group. This rate is consistent with national rates.

Figure 3.



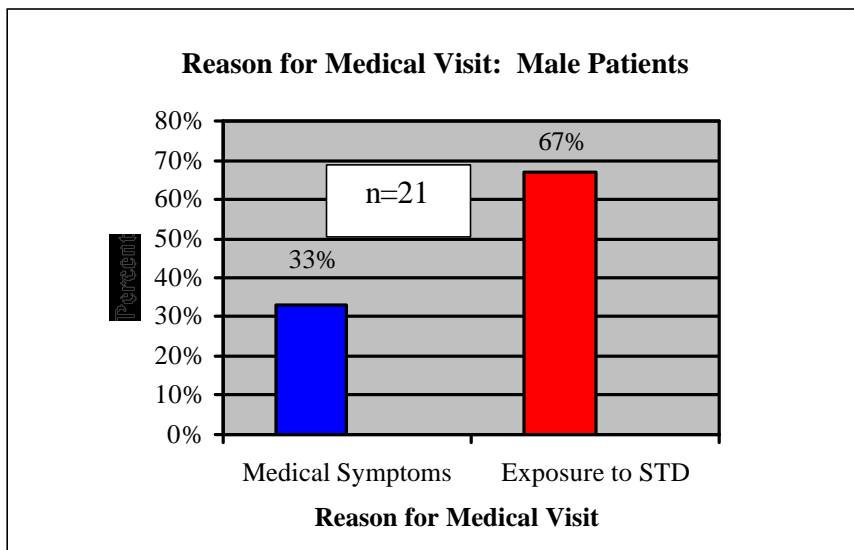
Forty-six percent (46%) of female patients were diagnosed with CT during a routine PAP visit, followed by (38%) who were seen for medical symptoms. (Note: Patients listed more than one reason for medical visit).

Figure 4.



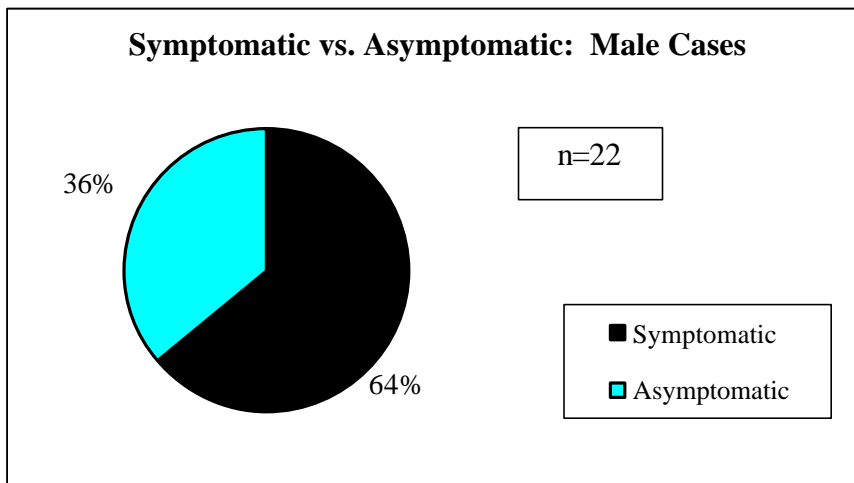
Eighty-two percent (82%) of the female patients presented medical symptoms at the time of the medical visit. The most common symptoms for CT reported by women were vaginal discharge (48%, 58/120), followed by pelvic pain (23%, 28/120) and dysuria (11%, 13/120). Eighteen percent (18%) reported having no symptoms at the time of visit. (Note: Twenty-one respondents did not answer this question).

Figure 5.



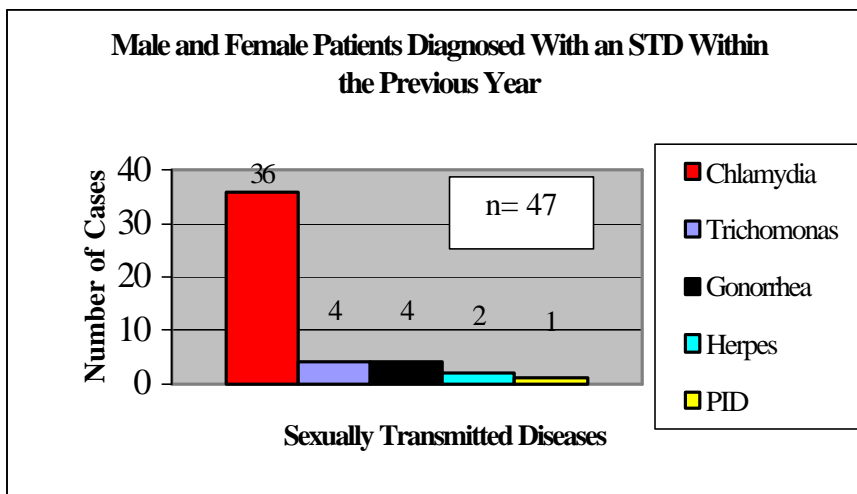
Of the 21 patients who answered this question, sixty-seven percent (67%, 14/21) of the male patients reported exposure to an STD as the primary reason for their medical visit. Thirty-three percent (33%, 7/21) reported having medical symptoms as their reason for the medical visit. (Note: Three patients did not answer this question).

Figure 6.



Sixty-four percent (64%) of male patients diagnosed with CT experienced medical symptoms and therefore sought medical treatment. Most of these patients presented symptoms of penile discharge (36%, 8/22) followed by dysuria (27%, 6/22). Thirty-six percent (36%, 8/22) of the male patient reported no symptoms at the time of visit. (Note: Two patients did not answer this question, therefore were not included in this dataset).

Figure 7.



Forty-seven (47) patients indicated they had been diagnosed with an STD within the previous year. The most common STD was CT (n=36), followed by Trichomonas (n=4) and GC (n=4), Herpes (n=2), and PID (n=1).

Summary of Project Results

The majority (86%, 141/165) of positive CT cases were reported for women compared to men (15%, 24/165). Eighty-six percent of all reported cases (male and female patients combined) were between the ages of 15 and 29 years. These data are consistent with national CT rates.

Female Patients

One hundred twenty CSFs indicated whether female patients were either symptomatic or asymptomatic at the time of diagnosis. During the last 12 months of reporting, 82% (99/120) of the female patients indicated symptoms, whereas 18% (21/120) were asymptomatic at the time of diagnosis. Forty-eight percent (48%, 58/120) of the symptomatic female patients presented vaginal discharge at the time of the medical visit, whereas 23% (28/120) reported having pelvic pain.

Of the female patients diagnosed with CT, almost half (46%, 62/136) of the diagnoses occurred during a pap-smear visit; 38% (52/136) were diagnosed during a medical visit, with symptoms present; 16% (22/136) of the patients were diagnosed during a prenatal visit; 12% (16/136) had sexual contact with an individual who had tested positive for an STD and therefore sought screening for STDs; and 13% (18/136) were diagnosed during a family planning visit.

Male Patients

Sixty-four percent (64%, 14/22) reported being exposed to an STD as the primary reason for their medical visit, and thereby, sought medical treatment. Of those patients with symptoms, penile discharge was most prevalent (36%, 8/22) at the time of medical visit followed by dysuria (27%, 6/22). Thirty-six percent (36%, 8/22) of the male patients were asymptomatic at the time of screening. (Note: Two patients out of the twenty-four did not answer this question, therefore were not included in this analysis.)

Follow-up Activities

Several questions on the CSFs focused on follow-up activities. However, these questions are often left unanswered by the staff who submit the forms. It is unknown whether the data are truly missing, inadvertently not included, or unknown. The quality of this report is highly dependent on the medical staff who fill out the forms and submit them each quarter. In order to make the data more complete, on-site reviews will need to be conducted to ensure that the proper reporting protocol is followed. Table 1 summarizes the follow-up activities for CT diagnoses. Table 1 is followed by a more in-depth description of the responses on the CSFs regarding follow-up activities.

Table 1. Follow-Up Activities.

CSF Questions and Outcomes	Total n =	Total Yes	% Yes
Did the patient have a previous history of STDs?	47	36	77%
Were medications given to original patient for sex partners?	140	57	41%
If female, was the patient positive for Pelvic Inflammatory Disease?	113	8	7%
Was patient offered counseling and testing for HIV?	133	97	73%
Was the state health department notified?	137	133	97%
Were patients counseled on CT and other STDs?	140	125	89%
Were contacts traced and treated?	64	33	52%

STD: *Did the patient have a previous history of STDs?*

Of the 165 CSFs submitted by Northwest Indian health care programs during October 1999–September 2000, 47 forms included answers for the question regarding a previous history of an STD. Chlamydia topped the chart with 36 (77%, 36/47) positive cases within the previous year.

Follow-Up with Sexual Partners: *Were medications given to original patient for sex partners?*

Of the 165 CSFs submitted during October 1999–September 2000, 140 forms included answers for the question regarding medication distribution for sexual partners. Of these, 57 (41%) forms indicated that patients with CT were given medication for their sexual partner(s).

Pelvic Inflammatory Disease (PID): *If female, was the patient positive for (PID)?*

Of the 141 CSFs for females diagnosed with CT during October 1999–September 2000, 113 forms included answers for the question regarding positive PID. Of these, eight forms (7%, 8/113) indicated a positive result.

HIV Counseling and Testing: *Was patient offered counseling and testing for HIV?*

Of the 165 CSFs submitted during October 1999–September 2000, 133 forms included answers for the question regarding HIV counseling and testing. Of these, 97 (73%) forms indicated that patients with CT received HIV counseling and were offered testing.

State Health Department: *Was the state health department notified?*

Of the 165 CSFs submitted during October 1999–September 2000, 137 forms included answers for the question regarding reporting of CT to the respective State Health Department. Of these, 133 (97%) forms indicated that new cases of CT were reported to the state health departments of Idaho, Oregon, and Washington.

CT and STD Counseling: *Were patients counseled on CT and other STDs?*

Of the 165 CSFs submitted during October 1999–September 2000, 140 forms included answers for the question regarding counseling patients on CT and other STDs. Of these, 125 (89%) received counseling for CT and other STDs.

Contact Treatment: *Were contacts traced and treated?*

Of the 165 CSFs submitted during October 1999–September 2000, 64 forms included answers for the question regarding tracing and treating contacts. Of these, 33 (52%) forms indicated that contacts were traced and treated.

Discussion

Between October 1999 and September 2000, 16 Northwest Indian health care programs participated in the Stop Chlamydia! Project. These programs reported 165 new cases of CT to the Stop Chlamydia! Project during this time period.

Of the 165 diagnosed cases, CT was most common among female patients between the ages of 15 and 29 years who were screened during a routine medical visit. Substantially fewer male patients were screened and diagnosed with CT at Northwest Indian health care programs for the annual reporting period. Of the males diagnosed, penile discharge was the most common symptom that prompted them to seek medical services and treatment.

According to published data, approximately 75% of females and 50% of males who were infected with CT were asymptomatic, and the majority of CT cases reported nationally were diagnosed during a routine medical visit. Low rates of CT among men suggest that many of the partners of women with CT remain infected and untreated for CT. Until more males get screened and treated for CT, infection rates will increase and the cycle of re-infection will continue.

Conclusion

In summary, the availability and accessibility of STD screening remains a priority for Northwest Indian health care programs. Identifying CT infection among individuals who do not demonstrate any signs or symptoms will greatly minimize the potential long-term health complications resulting from untreated CT. If CT is left untreated significant health complications may result, including ectopic pregnancy, infertility, and PID. However, once detected, CT is easily treated and cured with antibiotics, preferably a single dose of Azithromycin. Obtaining information on topics, such as the magnitude of CT infection, various risk behaviors, and patient follow-up and treatment plans within Northwest AI/AN communities, continues to be an important first step towards development of effective STD prevention programs and for improving the overall health of Northwest Indian communities.

For More Information

If you would like additional information regarding the Stop Chlamydia! Project, please contact:

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