Screening Women for Chlamydia: Current Recommendations

- Recommendations by CDC, United States Preventive Services Task Force (USPSTF), medical associations
  - Screen all sexually-active females aged <25 years annually
  - Screen women aged ≥25 years if at increased risk

- USPSTF: A-rated recommended preventive service

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![Screening Women for Chlamydia: Current Recommendations](http://www.ahrr.gov/clinic/uspsf/uspschlm.htm)
Diagnosis and Treatment

- **Diagnosis**
  - Nucleic acid amplification tests (NAATs)
    - Sensitivity ~96%, specificity >98%
    - Specimens: Urine; vaginal, cervical, and urethral swabs
      - Self collected vaginal swab

- **Treatment**
  - Simple and efficacious: Single-dose oral azithromycin or oral doxycycline twice a day for 7 days
Chlamydia Screening Coverage* Trends (Women Aged 16-20 and 21-24 years, HEDIS)

*Among women enrolled in commercial or Medicaid plans who had a visit where they were determined to be sexually active

The State of Healthcare Quality, 2012:
What About Men?

- Screening men
  - No substantial secondary prevention
  - Men are difficult to reach due to limited health care seeking, this may change with new insurance options

- Highest risk: Partners of chlamydia-infected females
Expedited Partner Therapy (EPT)

- CDC and medical associations endorse expedited partner therapy (EPT)
- EPT: Providing prescriptions or medications to the patient to take to her partner
  - Without examining partner first
- Two RCTs: EPT useful in assuring partner treatment and reducing repeat infections

Schillinger et al, Sex Transm Dis 2005
Golden et al, NEJM 2005
Photo courtesy of Dr. Cornelis A. Rietmeijer, Denver Public Health Department
Current ACIP HPV Vaccine Recommendations: Females and Males

- **Routine vaccination of females aged 11 or 12 years with 3 doses of either bivalent or quadrivalent HPV vaccine**
  - Also for 13 through 26 year olds who have not been vaccinated previously or who have not completed the 3-dose series

- **Routine vaccination of males aged 11 or 12 years with 3 doses of quadrivalent HPV vaccine**
  - Also for 13 through 21 year olds who have not been vaccinated previously or who have not completed the 3-dose series
  - Gay, bisexual and other men who have sex with men are recommended to receive vaccine through age 26 years

www.cdc.gov/vaccines/pubs/ACIP-list.htm#hpv
ACIP: Advisory Committee on Immunization Practices
National Estimated Vaccination Coverage Levels among Adolescents 13-17 Years, NIS-Teen, 2006-2011

- Tdap
- MCV4
- ≥1 dose HPV (girls)
- 3 doses HPV (girls)
HPV vaccine is often presented as ‘optional’ whereas other adolescent vaccines are recommended.

Parents expressed mixed or negative opinions about the vaccine: ‘new vaccine’; concerns over safety/efficacy.

When parents expressed reluctance, providers were hesitant to engage in discussion.

Some providers shared parent’s views that teen was not at risk for HPV and could delay vaccination until older.

Goff, et al. Vaccine 2011
Hughes, et al. BMC Pediatrics 2011
HIV Screening: Current Recommendations

- The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults ages 15 to 65 years
  - A-rated recommended preventive service
- Younger adolescents and older adults who are at increased risk should also be screened
- The evidence is insufficient to determine optimum time intervals for HIV screening
- Repeated screening if to be at risk for HIV infection, actively engaged in risky behaviors, and living or receiving medical care in a high-prevalence setting
  - A high-prevalence setting is a geographic location or community with an HIV seroprevalence of at least 1%
  - Settings include adolescent health clinics with a high prevalence of STDs.

http://www.ahrq.gov/clinic/uspstf/uspschlm.htm
RECOMMENDATIONS FOR CLOSING THE GAPS
Strategies to Increase STI Clinical Preventive Services for Adolescents

- Training medical professionals
- Endorsing screening and vaccination by professional medical associations
- Developing tools and systems to facilitate office-based screening and vaccination
- Disseminating information
- Promoting quality measures to improve care of adolescents

NCC, National Chlamydia Coalition
AAP, American Academy of Pediatrics
NCQA, National Committee for Quality Assurance
Opportunities to Increase STI Clinical Preventive Services for Adolescents

- Potential shift of vulnerable, at risk populations because of investment in the health care system
  - Increased proportion of people with insurance coverage
  - Expansion of community health centers and their likely role as primary care providers for priority STD populations
  - Interest in quality of care

- Investment in health information technology in the transformed health care system
RESOURCES
CDC STD Treatment Guidelines

- Authoritative, evidence-based source for STD clinical management
- Available at www.cdc.gov/std
- Wall charts, pocket guides, eBook
- Webinars, podcasts
- STD Treatment Mobile App for Apple devices (iPhone & iPads) and Droid devices (phones & tablets).
Resources

- National Network STD/HIV Prevention Training Centers (NNPTCs)
  - http://www.nnptc.org

- STD Fact Sheets
  - http://www.cdc.gov/std/healthcomm/fact_sheets.htm

- Vaccine safety
  - http://www.cdc.gov/hpv/vaccinesafety.html

- HPV vaccines for preteens, teens

- HPV vaccines for Providers
  - http://www.cdc.gov/vaccines/who/teens/for-hcp.html
Summary

- Addressing the urgent public health priority of STDs in adolescents is everyone’s responsibility
- Effective prevention interventions are under-utilized
- More holistic and combined prevention intervention approaches are needed at all levels
  - Adolescents, parents, schools, community organizations including faith-based organizations, health care providers etc
- Maximize STD prevention through health care opportunities
- Leverage community resources
- Research and development of new approaches
  - Tests, treatments, vaccines, effective communication including the use of social media
Thank you!

For more information please contact Centers for Disease Control and Prevention
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E-mail: cdcinfo@cdc.gov  Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.