Screening & Treating Chlamydia in Primary Care

Wednesday, September 21, 2016
We Want To Hear From You!

Type questions into the Questions Pane at any time during this presentation.
Patient-Centered Primary Care Institute

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Oregon’s PCPCH Model is defined by six core attributes, each with specific standards and measures

- **Access to Care** “Health care team, be there when we need you”
- **Accountability** “Take responsibility for making sure we receive the best possible health care”
- **Comprehensive Whole Person Care** “Provide or help us get the health care, information and services we need”
- **Continuity** “Be our partner over time in caring for us”
- **Coordination and Integration** “Help us navigate the health care system to get the care we need in a safe and timely way”
- **Person and Family Centered Care** “Recognize that we are the most important part of the care team - and that we are ultimately responsible for our overall health and wellness”

Learn more: [http://primarycarehome.oregon.gov](http://primarycarehome.oregon.gov)
Introduce Presenter

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Three Effective Habits of Highly Successful Primary Care Providers (with Regard to Chlamydia)

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September 21, 2016
Learning Objectives

• Describe three important primary care activities to control Chlamydia and reduce infertility
• Explore Chlamydia screening practices
• Explore methods for recommending expedited partner therapy
• Learn the importance of re-testing everyone with a positive chlamydia screen
First

- The bug, symptoms, treatment, risk groups
- Size of the problem
Chlamydia

- *Chlamydia trachomatis* (bacterium)
- Incubation: 14–21 days
- Infects men, women, newborns
- Easily transmitted
- Throat, urethra, rectum, cervix, internal reproductive organs
(Infrequent) Chlamydia symptoms

- Women (70% to 90% have no symptoms)
  - cervicitis/vaginal discharge, pain with urination or intercourse
- Men (~40% to 90% have no symptoms)
  - Penile or rectal discharge, painful urination
Chlamydia complications

- Pelvic inflammatory disease, tubal infertility, ectopic pregnancy, chronic pelvic pain
- Testicle infection (epididymitis)
Tests

• “NAAT” tests most common
  – Urine
  – Urethral, throat, vaginal, cervical, rectal swabs
  – ‘Bundled’ with gonorrhea test
Preferred Sample Sources

- Women
  vaginal swab > cervical swab > first catch urine
- Men
  first catch urine = urethral swab
- Pharynx or Rectum
  (swab for NAAT) check with lab if validated
Chlamydia treatment

- Azithromycin 1 gram by mouth once
- Doxycycline 100 mg by mouth twice daily for 10 days
Chlamydia—Most Common Reportable Disease in US and Oregon

**FIGURE 1**

Reported chlamydia infection, Oregon & U.S., 2001–2013

- **Oregon**
- **U.S.**

Notes: 2013 U.S. data not available.

Source: Oregon Reportable Diseases Database and CDC (U.S. data)
Chlamydia rates in young men and women are very high.
Chlamydia more common among black or African American persons

Figure 3 — Rates of reported chlamydial infection by race and ethnicity, Oregon, 2012

- Black/African American: 699.2
- Hispanic: 398.4
- American Indian/Alaska Native: 318.9
- White: 251.4
- Asian: 151.3
$516 Million

US anticipated lifetime medical costs incurred per year attributable to new cases of (2008)
I’m convinced. Chlamydia is a problem. What should I do?
Three primary care habits to reduce chlamydia impact

- Screen
- Use Expedited Partner Therapy
- Repeat Chlamydia test 3 months later
First Good Habit: Screen
Cost effectiveness of Screening?

- Universal screening compared to none
- Cost-saving at 6.6% prevalence
- 36,680 thousand additional CT infections treated per million women screened
- Not cost effective when prevalence <3%
- Included direct and indirect costs
Chlamydia Screening Recommendations#—USPSTF, ACOG, CDC, AAFP

• **Recommended**
  – Sexually active non-pregnant women
    High-risk (e.g., multiple partners, new partner, inconsistent condom use, sex + alcohol or drugs, sex in exchange for $/drugs), Age ≤25* years (ACOG, CDC, AAFP), High community prevalence
  – Pregnant women
    High-risk, age ≤ 25* years, high community prevalence (USPSTF, AAFP), All (CDC)
  – Men who have sex with men at least annually (CDC)**
  – People with HIV

• **Consider screening**
  – Men in high prevalence settings (CDC)**

#No recommended interval; annually is “pragmatic”
*USPSTF is <25 years, others are ≤25 years
**USPSTF: insufficient evidence
Does screening reduce pelvic inflammatory disease, infertility, ectopic pregnancy?
Relevant Probabilities of Sequelae in Women with Untreated Chlamydia

- PID after chlamydia: 15% of cases (40% of PID symptomatic)
- Ectopic pregnancy: 5% – 10% of all PID
- Tubal infertility: 10% – 20% of all PID
- Chronic pelvic pain: 15% – 20% of all PID
Increased screening coincides with declines in infertility

Percentage of US Couples with Infertility, by Year

NOTES: Infertility is defined as lack of pregnancy in the 12 months prior to survey, despite unprotected intercourse with husband in each month. Impaired fecundity is defined as physical difficulties getting pregnant or carrying a pregnancy to live birth. Impaired fecundity was not defined in the 1965 National Fertility Study. See Methods for more details.

SOURCE: CDC/NCHS, National Survey of Family Growth, 1982-2010, and National Fertility Study, 1965 (Reference 3 and Table 1 in the present report).
Increased screening coincides with declines in pelvic inflammatory disease

  - Chlamydia screening increased by ~25% from 220 to 270 tests/1000 person-years
  - Chlamydia diagnoses ~doubled from 449 to 806/100,000 person-years
  - Pelvic inflammatory disease diagnoses declined by half from 823 to 473/100,000 person-years
Increased screening coincides with ectopic pregnancy hospitalizations in British Columbia

How much screening is happening in Oregon?
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 75th percentile

Benchmark 63.0%

59.9%  2011

54.4%  2013
Strategies to help acquire the chlamydia screening habit

- Benchmarks
- Quality assurance activities
- Incentives for the health system or providers
- Subsidized testing in some safety net settings
- EHR systematic reminders
- Routine adolescent health care visit
Welcome to the Oregon Health Reminders.

This is the place where you can set customized text message reminders (and email and voice!) for regular HIV testing, daily medication reminders, prescription refill reminders and weekly health tips and life advice. Oregon Reminders is free, private and HIPAA compliant.

It's simple to get started. Watch the video to learn how much you can do with Oregon Health Reminders. You'll never forget your meds again!

Set Reminders. Get started:

What is your age? *

Select value

Zip/Postal Code *

Where did you hear about Oregon Reminders? *

Select

If Other please specify where you heard of Oregon Reminders.

Submit

Watch: How To Sign up for free HIV Testing Reminders, Medication Reminders and Prescription Refills in Oregon
We Want To Hear From You!

Type questions into the Questions Pane at any time
Second Good Habit: Use Expedited Partner Therapy
Expedited Partner Therapy (EPT)

...antibiotic treatment of sex partners of persons with sexually transmitted infections without a medical exam
How is EPT Done?

- Provider gives medicine or prescriptions for partners to patient
- Patient delivers medications or prescriptions to their partner(s).
2015 STD Treatment Guidelines

• “...medical providers should routinely offer EPT to heterosexual patients with chlamydia or gonorrhea infection when the provider cannot confidently ensure that all of a patient’s sex partners from the prior 60 days will be treated. If the patient has not had sex in the 60 days before diagnosis, providers should attempt to treat a patient’s most recent sex partner.”
• Chlamydia without gonorrhea
  – Azithromycin (Zithromax*) 1 gram (250 mg tablets x 4) orally once

• Gonorrhea with or without Chlamydia
  – Cefixime (Suprax*) 400 mg orally once
    OR:
  – Cefpodoxime (Vantin*) 400 mg orally once
    PLUS:
  – Azithromycin (Zithromax*) 1 gram orally once
EPT—Legal in Oregon
• Health professions boards may adopt rules permitting the practice of EPT
• Prescriptions issued for EPT valid even without name
• OHA shall
  – Determine which diseases appropriate for EPT
  – Make informational material available
STATEMENT OF PHILOSOPHY

EXPEDITED PARTNER THERAPY FOR SEXUALLY TRANSMITTED DISEASE

health the issue. When Chlamydia and gonorrhea are identified in a patient, the adequate treatment and prevention of recurrence in the patient often depends upon treatment of the patient’s partner or partners, who may not be available or agreeable for direct examination.

The Oregon Board of Medical Examiners recognizes that it is a common practice for healthcare practitioners to provide antibiotics for the partner(s) without prior examination. This is known as Expedited Partner Therapy (EPT), and, as such, is encouraged by the Oregon State Department Human Services (ODHS), Office of Family Health and the Centers for Disease Control and Prevention (CDC) in situations where a face-to-face examination of the partner by a physician is unlikely or impractical. While this is not ideal in terms of the diagnosis and control of Chlamydia and gonorrhea, the OBME recognizes that this is often the only reasonable way to access and treat the partner(s) and impact the personal and public health risks of continued, or additional, Chlamydial or gonorrheal infections.

When using EPT the OBME urges practitioners to use all reasonable efforts to assure that appropriate information and advice is made available to the absent, treated third-party or third-parties.

OBME recognizes that this is often the only reasonable way to access and treat the partner(s) and impact the personal and public health risks of continued, or additional, Chlamydial or gonorrheal infections.
DIVISION 56
Clinical Nurse Specialist and Nurse Practitioner Authority to Prescribe and Dispense

(2) The abuse of the prescriptive or dispensing authority constitutes conduct derogatory to nursing standards and is defined as:

(c) Prescribing, dispensing, or distributing drugs to an individual who is not the clinical nurse specialist’s or nurse practitioner’s client unless written under expedited partner guidelines from the Department of Human Services or is not within the scope of practice or type of client population served;
Pharmacists may fill prescriptions not containing a name if “for EPT” or “EPT Prescription”

Clinics and health facilities with dispensing privileges may dispense medicines for EPT without name of partner on label if consistent with OHA protocol on EPT
How does partner get medicine?

• Partner medicine dispensed directly to patient
• Prescriptions written in name of partner or in name of patient with indication that Rx is for partner, e.g., “Jane Doe—Partner” or “Jane Doe—EPT Partner”
• If partner name absent, Rx must clearly indicate “for EPT”

Online Oregon protocol and patient materials: (google “Oregon Expedited Partner Therapy”
https://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/
SexuallyTransmittedDisease/Pages/partnertherapy.aspx
Partner Pack
Chlamydia
for EPI
Azithromycin 250 mg
Sig: 4 tabs P.O. x 1
disp: 4 tabs
Disp: Stan Schuff

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HAND WRITE "BRAND NECCESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.
You just found out that you may have been exposed to chlamydia, a sexually transmitted disease (STD)...

Now what?
Here's what you can do to take care of your health.
Please read this carefully.
- You are getting medicine or a prescription for medicine that cures chlamydia.
- Your sex partner was treated for chlamydia. One of you might have caught this from the other; sometimes it is difficult to tell who had it first.

The good news is that chlamydia is easy to treat.
Keep reading carefully to find out how you can take the medicine to take care of your health.

What are the symptoms of chlamydia?
Chlamydia is a sexually transmitted disease (STD) that you can get from having sex with a person who already has it. You can get chlamydia from having any kind of sex: oral, vaginal or anal.

Many people with chlamydia feel fine and do not have any symptoms. They still need treatment.

<table>
<thead>
<tr>
<th>Men may have:</th>
<th>Women may have:</th>
</tr>
</thead>
<tbody>
<tr>
<td>No symptoms at all.</td>
<td>No symptoms at all</td>
</tr>
<tr>
<td>Discharge (drip) from your penis.</td>
<td>Change in your usual vaginal discharge.</td>
</tr>
<tr>
<td>Pain and swelling in your testicles (balls).</td>
<td>Pain during sex.</td>
</tr>
<tr>
<td>Pain or discomfort when urinating (peeing).</td>
<td>Bleeding or spotting between periods or after sex.</td>
</tr>
<tr>
<td>Pain in lower belly or pelvis.</td>
<td>Pain when urinating (peeing).</td>
</tr>
</tbody>
</table>

Google “EPT Oregon”
Oregon EPT Highlights

• Must have gonorrhea or chlamydia
• In-person treatment is best option
• Avoid EPT in pregnancy and with MSM
• All sex partners ≤60 days or most recent if none ≤60 days
• Must provide instructional materials
• Abstain 7 days after treatment
• Retest patient in 3 months

Online Oregon protocol and patient materials: (google “Oregon Expedited Partner Therapy”)
https://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/SexuallyTransmittedDisease/Pages/partnertherapy.aspx
Why is EPT Necessary?

• ~15,000 reported cases of Chlamydia in Oregon each year
• ~45,000 actual infections in Oregon each year
• ~5-10% of sexually active adolescent females currently infected
• Up to 85% of cases may be asymptomatic
• After treatment, ~15-30% of infected young women will become re-infected within 6 months!
...more Why is EPT Necessary?

- Many sex partners do not seek treatment
  - Nationwide only about 12% of Chlamydia patients receive partner-notification services.
  - 65% of STD patients report ≥1 untreated partners
  - ~1/2 of all partners of persons with GC or CT receive treatment.

Infection During Follow-up Among Patients Completing the EPT Trial

- **Gonorrhea**
  - Standard care: 10.6%
  - Expedited care: 3.4%
  - N = 358

- **Chlamydia**
  - Standard care: 13.2%
  - Expedited care: 10.8%
  - N = 1595

- **Gonorrhea or Chlamydia**
  - Standard care: 13%
  - Expedited care: 9.9%
  - N = 1860

**P-values**
- Gonorrhea: P = .02
- Chlamydia: P = .17
- Gonorrhea or Chlamydia: P = .04

Source: Golden et al., NEJM 2005; 352:676-85
EPT Increases Partner Treatment/Notification

- Schillinger (2002)
  - EPT: 47% RX to all partners in EPT arm
  - Standard approach: 25% informed and referred all partners in standard arm
- Golden (2005)
  - EPT: 61% all partners treated or tested
  - Standard arm 49% all partners treated or tested
- Kissinger (2006)
  - EPT: 76% partner reported taking medicine
  - Standard approach: 70% partners reported to have taken medicine
Strategies to Expand EPT

• Free meds
• On site meds
• Get written support of clinic medical director
• Develop written policies, plans and materials in advance
• Talk with pharmacies
• Talk on phone with partners if possible
• Add a structured data field in the medical record
• Establish EPT-related quality assurance measures
• Add a reminder to electronic medical record
• Strategize about EPT for presumptively treated patients
We Want To Hear From You!

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Third Good Habit: Re-Test After Three Months
Sexually Transmitted Disease Treatment Guidelines, 2015 (CDC)

…. Men and women who have been treated for chlamydia should be retested approximately 3 months after treatment, regardless of whether they believe that their sex partners were treated. If retesting at 3 months is not possible, clinicians should retest whenever persons next present for medical care in the 12-month period following initial diagnosis.
Actual proportion of women undergoing retesting for chlamydia 3 to 12 months after treatment <30%
Infection During Follow-up Among Patients Completing the EPT Trial

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  - P-value: 0.04
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Source: Golden et al., NEJM 2005; 352:676-85
Strategies to help acquire the chlamydia retesting habit

– Benchmarks or quality assurance measures
– Incentives
– Subsidized testing in some safety net settings
– EHR systematic reminders
– Patient reminders such as Oregon Reminders, emr generated texts or other applications
Review

...$...

The City of Dallas Region

Remember! Retest in 3 Months
Thx
What Questions Do You Have?

Type questions into the Questions Pane at any time
Thank You!

Please complete post-webinar survey

Next *Primary Care and Public Health Series*
Webinar:

November 17, 2016
10:00am – 11:00am

*Preventing Falls in Primary Care*
Resources

• http://www.oregonreminders.org/

• http://www.cdc.gov/std/tg2015/

• OHA website (https://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/SexuallyTransmittedDisease/Pages/partnertherapy.aspx) or google “Oregon expedited partner therapy”
• Papp JR, Schachter J, Gaydos CA. Recommendations for the Laboratory-Based Detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* — 2014. MMWR 2014;63(RR02);1–19


References

• EPT: Online Oregon protocol and patient materials: (google “Oregon Expedited Partner Therapy”
  https://public.health.oregon.gov/DiseasesConditions/HIVSTDViralHepatitis/
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