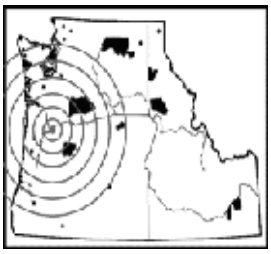
Northwest Portland Area Indian Health Board
Northwest Tribal Epidemiology Center



The Stop Chlamydia! Project

Annual Report
(October 2001–September 2002)

The Stop Chlamydia! Project, sexually transmitted disease (STD) surveillance report is an annual report based on Chlamydia case reports collected from 18 Northwest Indian health care programs from October 2001 through September 2002. This annual report is intended as a reference document for Northwest tribal program managers and health care planners, and others who are interested in the public health implications of Chlamydia.

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Introduction

Chlamydia trachomatis (CT or Chlamydia) is the most commonly reported bacterial STD in the United States. An estimated 3-4 million people contract Chlamydia every year of which only a small fraction is reported to the Centers for Disease Control and Prevention (CDC). In 2001, 783,242 cases were reported, representing an increase of 10.4% since 2000. Chlamydia cases among American Indian and Alaska Native (AI/AN) have also been increasing steadily. In 2001 there were a total of 13,164 cases of Chlamydia reported to CDC among male and female AI/AN, 299 cases more than the previous year. (CDC: STD Surveillance 2001)

Rates of reported Chlamydia infections among women have also been increasing year after year since the late 1980s when public programs for CT screening and treatment of women were first established. In 2001, 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 CT, as part of regular health care visits." The increase in CT case reports in 2001 most likely represents a continued increase in screening for this infection and also increased use of more sensitive CT screening tests than used in prior years. In 2001, Chlamydia positivity among sexually active 15-30 year old AI/AN women screened at clinics in four IHS regions ranged from 3.1% to 10.0%. With recent availability of urine testing, men are increasingly being tested for Chlamydia infection. (CDC: STD Surveillance 2001)

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 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.

References:

Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance*, 2001. Atlanta, GA: U.S. Department of Health and Human Services, September 2002

Indian Health Service National Epidemiology Center: Contact Laura K. Shelby IHS STD Coordinator @ (505) 248-4395

U.S Preventive Service Task Force, Agency for Healthcare Research and Quality at (800)-358-9295 or visit their website at at http://www.ahrq.gov/clinic/uspstf/uspschlm.htm

Data Limitations:

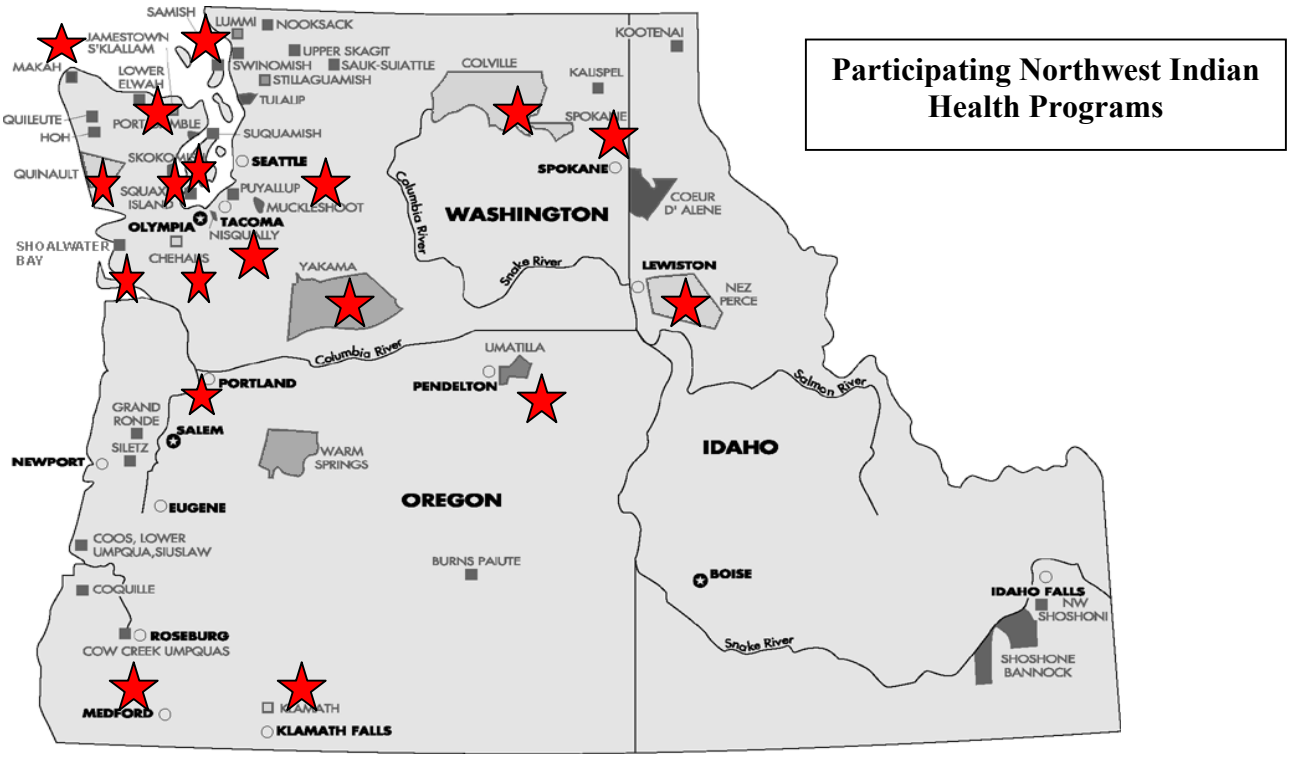
- Case based surveillance data only
- Asymptomatic Chlamydia infections not being detected
- Reports only reflect who is accessing testing services
- Voluntary participation in project, surveillance reports are only as accurate as the designated health care staff completing the surveillance form.
- Data reflects only the 18 participating tribes in the Stop Chlamydia! Project

Background: 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. The Stop Chlamydia! Project is coordinated by Centers for Disease Control and Prevention, the Indian Health Service National Epidemiology Program, and tribes of Idaho, Oregon, and Washington. The project aims to lower Chlamydia infection rates and obtain comprehensive information about CT infection within Northwest AI/AN communities.

The Stop Chlamydia! Project collects surveillance data from participating tribes and provides technical assistance to support their STD prevention efforts. The Chlamydia Surveillance Forms (CSFs) are completed for each newly diagnosed case of CT and includes (a) patient demographics; (b) reason for medical visit; (c) symptoms presented by the patient; (d) treatment activities; and (e) follow-up activities. The Stop Chlamydia! Project analyzes data collected from Indian health care facilities and provides CT reports to all participating facilities. The project also provides Azithromycin free of charge for the treatment of CT for patients and their partners.

Currently 18 Indian health care programs located within the Portland Area (Idaho, Oregon, and Washington) participate in this project: Chehalis, Colville, Cow Creek, Klamath, Lummi, Makah, Nez Perce, Nisqually, Port Gamble, Puyallup, Quinault, Shoalwater Bay, Skokomish, Spokane, Squaxin Island, Umatilla, and Yakama. Also participating is one urban Indian center, Native American Rehabilitation Association, located in Portland, Oregon.

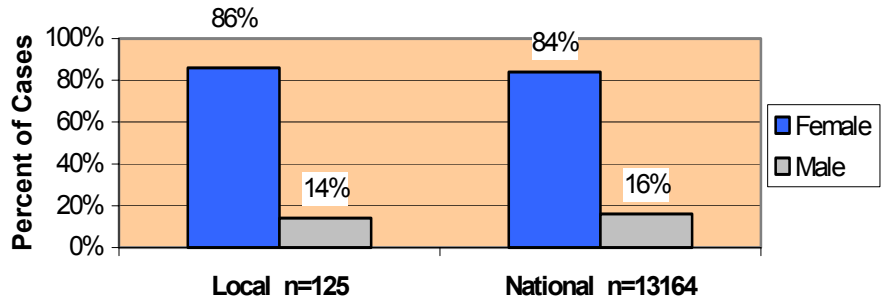


Project Results

The Stop Chlamydia! Project received 125 CSFs between October 2001 and September 2002 from 18 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.

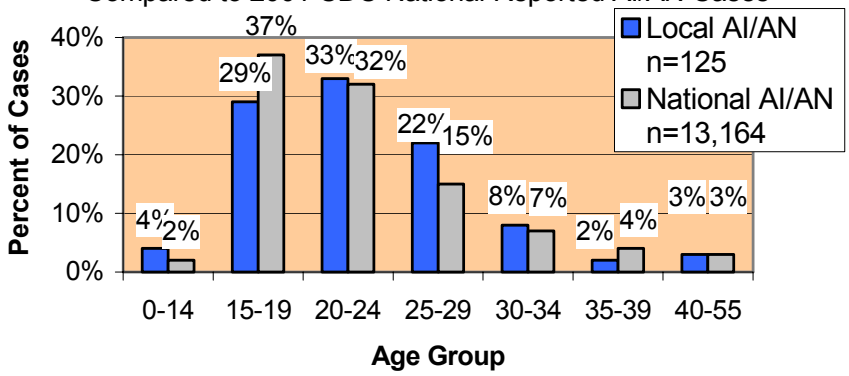
Females were diagnosed with CT 5 times more often then males. These rates are consistent with national statistics; CDC reported 13,164 total cases of AI/AN with CT in 2001 of which 84% (11,115/13,164) were female.

Figure 1. Gender Distribution of Chlamydia Cases:
FY 2001-02 Local Stop Chlamydia Project Cases Compared to 2001 National CDC Reported Chlamydia Cases



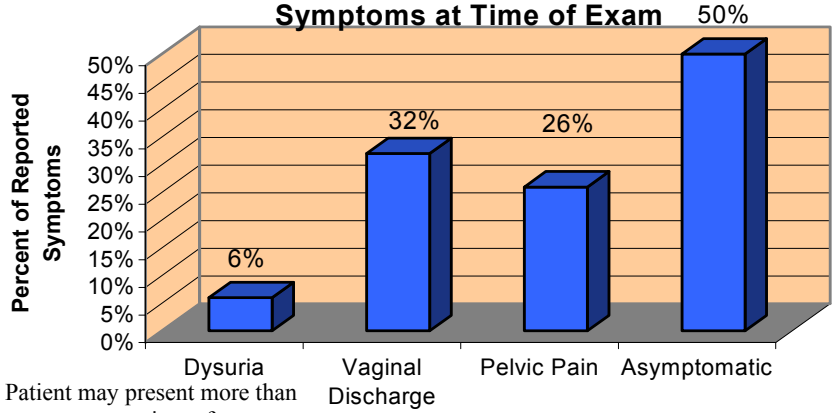
Male and female patients combined, 83% (104/125) were between the ages of 15 and 29 years; these rates are also similar to national trends in the burden of CT among the adolescent and young adult population.

Figure 2. Chlamydia Cases by Age Group:
Local Stop Chlamydia Project FY 2001-02 AI/AN Cases, Compared to 2001 CDC National Reported AI/AN Cases



According to national data, approximately 75% of female and 50% of males who were infected with CT were asymptomatic, and the majority of CT cases reported were diagnosed during a routine medical visit. Of the female patients diagnosed locally, 51% (55/108) were diagnosed during a

Figure 3. Percent of Female Patients that Presented Symptoms at Time of Exam



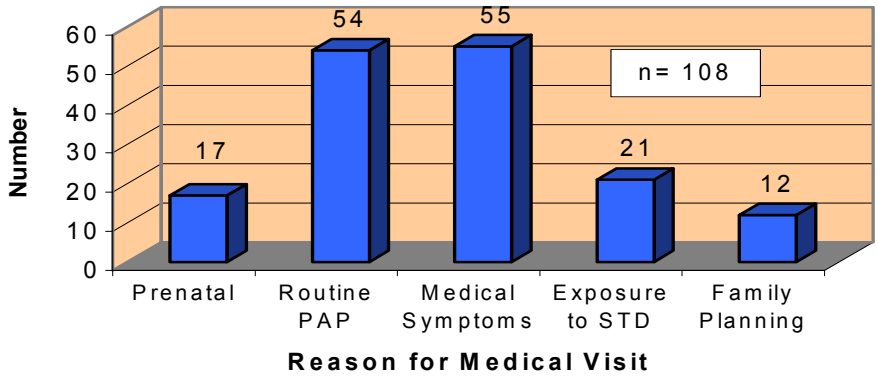
* Patient may present more than one symptom at time of exam.

medical visit, with symptoms present, while half 50%, (54/108) were diagnosed during a pap-smear visit. 19% (21/108) had sexual contact with an individual who had tested positive for an STD and therefore sought screening for STDs.

There were 36 patients that indicated they had previously been diagnosed with an STD. The most common STD was Chlamydia (20 patients) followed by Gonorrhea (12 patients).

Half (50%, 54/108) of the female patients had no medical symptoms at the time of the medical visit. Of those that were symptomatic at the time of diagnosis, 32% presented vaginal discharge and 26% presented pelvic pain. Of the male patients diagnosed with CT, 65% (11/17) reported dysuria as the primary reason for their medical visit.

Figure 4. Most Frequently Reported Reasons for Medical Visit for Females



* Patient may list more than one reason for medical visit.

In addition of the 125 patients treated, 45 partners were treated. Of the total patients and partners treated, 78% (133/170) were treated with Azithromycin as opposed to other treatment types

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 is truly missing, inadvertently not included, or unknown. Table 1 summarizes the follow-up activities for CT diagnoses.

Table 1. Follow-Up Activities. CSF Questions and Outcomes	Total n=125	% Yes
Were medications given to original patient for sex partners?	**41**	**33%**
Was patient offered counseling and testing for HIV?	**93**	**74%**
Was the state health department notified?	**113**	**90%**
Were patients counseled on CT and other STDs?	**112**	**90%**
Were contacts traced and treated?	**49**	**39%**