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Dear Colleague:

You can help to reduce the impact of chlamydia infections in our communities by detecting and treating infections in asymptomatic individuals – without the need for pelvic examinations in women or urethral swabs in men.

A new generation of nucleic acid amplification tests (NAATs) make it possible to screen men and women for chlamydia using a convenient urine specimen. These tests are now available through all of the clinical laboratories in New Mexico and are covered by all major health care insurers, including the Salud! Medicaid managed care plans.

We urge you to consider routine testing for chlamydia in these patient populations:

- Sexually active men and women 25 years and younger
- Men and women with more than one sexual partner, or a history of a recent sexually transmitted disease, regardless of age
- All pregnant women

Increased screening and treatment of chlamydia infections will reduce the rates of infection and its serious consequences, including pelvic inflammatory disease (PID), tubal infertility, and ectopic pregnancies. We have a real opportunity to improve the health of our communities by changing how we test for chlamydia infections!

For more information on how to order, collect, or submit specimens for chlamydia detection by NAAT, please see the enclosed information or contact your provider of laboratory services.

Thank you for your help in this effort.

Sincerely,

A handwritten signature in black ink that reads 'Bruce Trigg'.

Bruce Trigg MD
CPI Chlamydia Workgroup Chairman

Workgroup Members:

Wanicha Coggins MD	Al Chowning	Lori de Ravello MPH	John Golobic M(ASCP)SM
Annie Jung MEd	Alberta Kong MD	Ada Lee RN	Tessa Medina-Lucero
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New Mexico Clinical Prevention Initiative Chlamydia Screening Guide

Chlamydia Screening Recommendations

Routinely screen for chlamydia:

- sexually active women 25 years and younger
- women with new or multiple sexual partners, or whose partners have had multiple partners, within the last year, regardless of age
- women with a history of sexually transmitted disease within the last year, regardless of age
- all pregnant women, including those who plan to terminate the pregnancy, at least once, regardless of age
- consider rescreening any infected woman, especially adolescents, 3-4 months after treatment
- order chlamydia detection by urine NAAT, when it makes screening more feasible
- consider screening all males 25 years and younger who are at risk OR (who meet the criteria above) there are no clear guidelines...

CDC Recommended Chlamydia Treatment in Adolescents and Adults

Recommended regimens:

Azithromycin 1 gm PO x 1

OR

Doxycycline 100mg PO BID x 7d

No "test of cure"

Alternative regimens:

Erythromycin base 500mg PO QID x 7d

OR

Erythromycin ethylsuccinate 800mg PO QID x 7d

OR

Ofloxacin 300mg BID x 7d

OR

Levofloxacin 500mg PO QD x 7d

No "test of cure"

Chlamydia Treatment in Pregnancy

Recommended regimens:

Azithromycin 1g PO x 1*

OR

Erythromycin base 500mg PO QID x 7d

OR

Amoxicillin 500mg PO TID x 7d

Test of cure in 3-4 weeks

For alternative regimens, see 2002 CDC STD Treatment Guidelines

*Recommended by American College of Obstetrics and Gynecology, listed as alternative regimen by 2002 CDC STD Treatment Guidelines.

Available Chlamydia Tests

Test	Sensitivity	Specificity	CPT Code	Medicare Reimbursement*
Enzyme Immuno-Assay (EIA)	50-65%	>95%	87320	\$16.58
DNA probe (GenProbe)	60-70%	>95%	87490	\$27.71
Culture	70-80%	>99%	87110 for culture, any source 87140 Immunofluorescent Method	\$27.08 \$ 7.71
Nucleic Acid Amplification Tests (NAATs)**	85-90%	>98%	87491	\$48.50

*Lab prices may vary. Medicare rates are given for comparison.

**Able to use urine specimens

Associated ICD-9 Codes

078.88	Specified diseases due to chlamydiae
079.88	Other specified chlamydial infection
079.98	Unspecified chlamydial infection
099.41	Nongonococcal urethritis due to chlamydia trachomatis
099.5	Venereal diseases due to chlamydia trachomatis
483.1	Pneumonia due to chlamydia
788.1	Painful urination
788.7	Urethral or penile discharge
V73.98	Special screening exam for unspecified chlamydial diseases

Collection and Transportation of Specimen

For urine testing, or male urethral swabs, patient should not have urinated for 1-2 hours before collection. Cervical swabs may be obtained at the time of a routine pelvic exam.

Specimen collection and transportation requirements vary; check with your laboratory to ensure specimen handling is done according to the assay's specifications.

Tricore Reference Laboratories	1-800-245-3296
Quest Diagnostics	1-800-765-2655
SED Medical Laboratories	1-800-999-5227 or 505-727-6360
Scientific Lab Division of NM	505-841-2500 or directly at 505-841-2541 or 505-841-2542

To obtain a copy of the latest CDC STD Treatment Guidelines

- <http://www.cdc.gov/std/treatment> - can browse, follow links, print, or order hard copy on-line. Free summary pocket guides and wall charts are also available. You can also obtain a free PDA download.
- Call 1-888-232-3228 to order by phone or call District Health offices for free copies.

To obtain more information or training about chlamydia and other STDs

The Department of Health presents several STD training workshops annually. Contact the Family Planning Program 505-476-8882 or the STD Program 505-476-3636 or 505-476-3611 to receive announcements. Clinical training opportunities can be arranged at one of the STD clinics by contacting your local public health office or the STD Program office in Santa Fe.

To contact the District Health Offices for more information about clinic services, times, and availability:

Albuquerque (District 1):	505-841-4100
Santa Fe (District 2):	505-827-3566
Las Cruces (District 3):	505-528-5143
Roswell (District 4):	505-347-2409

Contacts for telephone consultation on chlamydia and other STDs

Bruce G. Trigg MD, Medical Director, STD Program, District 1, NM Department of Health	505-841-4112
Steve Jenison MD, Medical Director of Stanford STD & Reproductive Health Clinic, NM Department of Health	505-841-4100 / Pager: 505-984-7115
Gary Simpson MD, Medical Director, Infectious Disease Bureau, NM Department of Health	505-827-2471 / Pager: 505-939-4040
UNM PALS line for MD's ONLY: Elaine Thomas MD - ID Specialist, Gary Overturf MD Pediatrics ID, Tony Ogburn MD - OB-GYN Specialist, or ask for on-call consultant	888-UNM-PALS or 505-272-2000



Clinical Prevention Initiative (CPI) Chlamydia Screening Fact Sheet June 2004

The NM Medical Society and the Department of Health are working together to evaluate clinical prevention interventions that can be integrated into office practice settings throughout New Mexico. The CPI Chlamydia Screening Group urges all health professionals to screen patients for chlamydia, because:

- Chlamydia infection is the most common reportable disease in the U.S.
- In 2003, more than 7,400 chlamydia cases were reported to the NM Department of Health.
- Rates among young women screened during prenatal testing are as high as 10%, similar to rates in sexual transmitted disease (STD) clinics.
- At least 75% of infected women and 50% of men have no symptoms.
- Cost-effective screening tests and treatments are now available to prevent chlamydia's serious complications.
- Highly accurate, non-invasive urine screening tests are now available.

Why is infection with chlamydia an important medical and public health problem?

- 15 to 40% of women with chlamydia infections develop pelvic inflammatory disease (PID).
- Of women with PID, 20% will become infertile due to tubal scarring, 18% will develop chronic pelvic pain, and 9% will have an ectopic pregnancy.
- PID may be sub-clinical and therefore absence of pelvic pain should not preclude testing for chlamydia.
- A single episode of PID increases the risk of ectopic pregnancy 6 to 10 fold.
- An infant born to a mother with chlamydia has a 25-50% chance of developing an eye infection and a 10-20% chance of developing pneumonitis.
- A person infected with chlamydia who is exposed to HIV is 3 to 5 times more likely to acquire HIV than is someone without chlamydia.

Who is most likely to be infected with chlamydia?

Rates of infection are highest among adolescents and young adults.

What are the current recommendations of national medical and public health organizations?

The third U.S. Preventive Services Task Force (USPSTF)* recommends that primary care clinicians routinely screen all women if they:

- Are sexually active and 25 years and younger
- Have new or multiple sexual partners, or have partners who have had multiple partners, and do not use barriers (condoms) consistently, within the last year
- Had a sexually transmitted disease within the past year, regardless of age
- Are pregnant, regardless of age

* Published in the April 2001 Supplement to the *American Journal of Preventive Medicine*.

The 2002 CDC STD Treatment Guidelines recommends that clinicians also consider rescreening any women, especially teenagers, 3-4 months after their treatment for chlamydia infection.

Other Medical and Public Health Organizations that endorse screening women for chlamydia include the American Medical Association, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Social Health Association, Centers for Disease Control and Prevention, and the National Committee for Quality Assurance, which monitors chlamydia screening nationally as part of the Healthplan Employer Data and Information Set (HEDIS[®]).

In addition, the CPI Chlamydia Screening Group suggests using the same criteria for screening young men, especially those 25 years and younger, who have any of the above risk factors.



Frequently Asked Questions by Providers About Chlamydia Screening and Treatment

Is there currently a recommendation to screen asymptomatic men for chlamydia?

- ▶ The U.S. Preventive Services Task Force concluded that there is currently insufficient evidence to recommend for or against routinely screening asymptomatic men for chlamydia. However, given the high rate of infection among young women in New Mexico, the frequent lack of symptoms in men, and the availability of relatively cheap, highly sensitive, non-invasive tests, the Chlamydia Screening Group suggests that clinicians consider screening all young men at increased risk.

Should pregnant women be screened for chlamydia?

- ▶ Chlamydia is common among women of childbearing age. Chlamydia can be transmitted to the infant during birth and result in conjunctivitis or pneumonia. We suggest that all pregnant women, including those who plan to terminate the pregnancy, be screened for chlamydia; however, the optimal timing is unclear. It is convenient to test at the first prenatal visit when other screening tests are done; however, some women will become infected later in the pregnancy. Therefore, women at increased risk of infection during pregnancy (those 25 and younger, or with a new partner or multiple partners during pregnancy, or those whose partner has multiple partners) should be screened again in the third trimester.

Does screening for chlamydia affect the rate of infection and complications in the community?

- ▶ Data from several regions of the country have shown that aggressive screening and treatment led to lower infection rates. A study published in the *New England Journal of Medicine* showed that screening young women at increased risk led to a 56% decrease in PID compared with a control group of women who received routine care.

What tests are most commonly used to screen for chlamydia? What are the new noninvasive tests?

- ▶ The commonly used direct DNA tests (such as Gen-probe TM) can be used to diagnose both chlamydia and gonorrhea. They require a speculum exam to obtain a sample from the cervix. In males, a thin swab is placed 1 inch inside the urethra. Nucleic acid amplification tests (NAATs) such as PCR (polymerase chain reaction) or LCR (ligase chain reaction) are available for both chlamydia and gonorrhea. Since NAATs may be performed on urine, they do not require a pelvic exam or urethral swab. NAATs are more sensitive than other tests but also more expensive. They are ideal for screening asymptomatic young people in non-clinical settings such as schools or correctional institutions where performing genital exam may be difficult.

Is point-of-care (immediate result) testing available?

- ▶ Point-of-care tests (similar to the EIA test) for chlamydia screening are less sensitive than laboratory-based tests. We do not recommend them except in special circumstances in which patients may not return for results. The CDC states that “FDA cleared chlamydia and gonorrhea tests that can be performed rapidly enough to qualify as point-of-care tests must be performed in a CLIA-certified laboratory because they are classified under CLIA as moderate complexity tests.”

What tests are currently available and reimbursable?

- ▶ All the major labs in New Mexico perform NAATs or send them out. Third party payers will cover the cost if the test is ordered and an appropriate billing and diagnosis code is submitted.

What is the CDC recommended treatment for chlamydia?

- ▶ Azithromycin (1 gram PO x1) or Doxycycline (100 mg PO BID x 7 days) are equally effective. Doxycycline is contraindicated in pregnant and lactating women (for recommended treatments in pregnancy see Chlamydia Screening Guide, attached). Azithromycin 1 gram costs approximately \$30.00 and Doxycycline 100 mg BID X 7 days costs \$10.00 retail.

What instructions should be given to someone with chlamydia?

- ▶ Whichever treatment is given, the patient should be told to have no sex for 7 days after they and their sexual partners have been adequately treated. All sexual contacts in the past 60 days (or if none in that period, then the most recent sexual partner) need to be treated, whether or not they have symptoms or a positive test.

(over)

Is a repeat test recommended?

- ▶ A “test of cure” is not recommended because treatment is very effective and some test methods show positive results for several weeks after treatment. The CDC STD Treatment Guidelines 2002 recommend that clinicians consider advising all women, especially adolescents, to be rescreened 3 to 4 months after treatment. This is not because of treatment failures but because of high rates of reinfection due to exposure to untreated or new partners. Rescreening may be done using a urine test instead of a pelvic exam.

How can chlamydia infections be prevented?

- ▶ Abstinence, mutual monogamy (two uninfected people having sex only with each other), and consistent and correct use of condoms are the best ways to prevent infection. Every client needs individual risk reduction counseling that includes information on how to protect themselves from chlamydia, other STDs, HIV, and unintended pregnancy. Natural condoms (animal membrane) and condoms with nonoxynol-9 (N-9) lubricant are not recommended to prevent STDs. We recommend “male” latex or polyurethane condoms or “female” polyurethane condoms (Reality TM).

How effective are condoms in preventing chlamydia?

- ▶ When used consistently and correctly, condoms substantially reduce the transmission of HIV infection and other STDs including gonorrhea and chlamydia.

How and where do patients get condoms?

- ▶ Male and female condoms are available over-the-counter. Medicaid, including all managed care options, covers both male and female condoms. Since managed care organizations rules vary for over-the-counter products, we recommend offering a written prescription for condoms to all sexually active clients. Other clients can be referred to public health offices to obtain free condoms.

How should chlamydia infections be reported?

- ▶ State law requires that clinicians and laboratories inform the Department of Health of all reportable diseases including chlamydia, gonorrhea, syphilis, and HIV. Contact the STD Program office in Santa Fe (505-476-3636) to request forms and to file reports. Staff at the Department of Health are specially trained and legally bound to maintain strict confidentiality.

What arrangements can be made to assure that sexual partners are treated?

- ▶ In some counties, a Disease Prevention Specialist (DPS) or public health nurse will contact the reporting clinician or the patient directly to assure that medication has been obtained. They will also help the client arrange for all sexual contacts within the past 60 days to be referred for testing and treatment. In other counties, including Bernalillo County, the DPS staff will follow up with clients only if requested by the reporting clinician. Due to inadequate staffing levels, priority is given to contacting teenagers, pregnant women and their partners, and other patients at high risk of not following up with treatment (e.g. homeless people, commercial sex workers, substance abusers). Contact the local Public Health Office to discuss follow-up for a specific patient.

How to obtain testing or treatment for those who have no insurance or other way of paying.

- ▶ Federally Qualified Health Centers offer income based sliding fee scale discounts for examinations, testing and often for treatment of chlamydia and other STDs.
The New Mexico Department of Health offers free examinations, tests, and treatment for anyone who cannot afford or access medical care. Sexual partners of someone with an STD can receive services at a Health Department STD clinic. Clinicians are asked to send a written referral with the patient, or notify the STD clinic by phone, when sending a client who needs medications, immunizations, additional tests, or treatment. STD clinics are currently scheduled in Roswell, Las Cruces, Santa Fe, Albuquerque, Farmington and Bloomfield. Other public health offices may be able to test and treat STDs.

Do clinicians have to notify a parent when a minor is diagnosed with an STD?

- ▶ No. New Mexico law enables teenagers to receive confidential services for medical problems related to sexually transmitted diseases, family planning, pregnancy, and substance abuse/mental health without parental permission.

NOTE: Please check the CPI page of the New Mexico Medical Society webpage at www.nmms.org for more information and materials on chlamydia screening and treatment.