

Effective Interventions Suggested References

Outreach screening/testing in non-clinical venues

Updated: January 24, 2014

Reference	Abstract
<p>Barry, P., et al. (2009 Feb). "Is jail screening associated with a decrease in Chlamydia positivity among females seeking health services at community clinics?-San Francisco, 1997-2004." <i>Sex Transm Dis.</i> 36((2 Suppl):S22-8).</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/18418298</p>	<p>BACKGROUND: Young adults entering jail are at increased risk for sexually transmitted diseases (STD) such as chlamydia, are released quickly, and are unlikely to be tested for STDs elsewhere. San Francisco jails performed targeted chlamydia screening and treatment since 1996. GOAL: To determine this program's impact on chlamydia positivity among females attending neighborhood medical clinics. STUDY DESIGN: During 1997-2004, jail testing density, a measure of the proportion of persons from year 2000 census blocks that were tested in jail, was compared by neighborhood. Chlamydia positivity among females aged 15 to 25 years were compared at 2 clinics serving areas with different jail testing densities. RESULTS: Of persons offered screening at intake, 89% accepted. A total of 42,952 tests were performed among 23,561 persons in jail (45% black, 73% male). A total of 2765 (6.4%) tests were positive for chlamydia; 81% of chlamydial infections were treated. Jail testing density significantly correlated with neighborhood female chlamydia rates. Mean jail testing density at Clinic S, calculated by using the residence of persons tested for chlamydia, was 7 times greater than that at Clinic O. Chlamydia positivity declined at Clinic S from 16.1% to 7.8% (Ptrend <0.001). No significant change occurred at Clinic O in chlamydia (4.7% in 1997 and 2004, Ptrend = 0.81). CONCLUSIONS: In San Francisco, screening young adults in jail focused testing on persons from neighborhoods with high chlamydia rates. Jail screening started immediately before chlamydia declines among young females at a clinic serving neighborhoods with high jail testing density. These programs might help reduce community prevalence and racial/ethnic disparities in STDs.</p>
<p>Huebner, D. M., et al. (2012). "Implementing bathhouse-based voluntary counselling and testing has no adverse effect on bathhouse patronage among men who have sex with men." <i>Int J STD AIDS</i> 23(3): 182-184.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/22581871</p>	<p>Implementing HIV voluntary counselling and testing (VCT) in bathhouses is a proven public health strategy for reaching high-risk men who have sex with men (MSM) and efficiently identifying new HIV cases. However, some bathhouse managers are concerned that VCT programmes could adversely affect business. This study examined whether offering VCT on the premises of a bathhouse changed patterns of patron visits. A collaborating bathhouse provided electronic anonymized patron data from their entire population of attendees. VCT was offered on premises with varying frequencies over the course of three years. Club entrances and exits were modelled as a function of intensity of VCT programming. Club entrances did not differ as a function of how many days per week testing was being offered in a given month. Additionally, club entrances did not decrease, nor did club exits increase, during specific half-hour time periods when testing was offered. Implementing bathhouse-based VCT did not have any demonstrable impact on patronage. Public health officials can leverage these results to help alleviate club managers' concerns about patron reactions to providing testing on site, and to support expanding sexual health programmes for MSM in these venues.</p>

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Reference	Abstract
<p>Joesoef, M. R., et al. (2009). "Sex and age correlates of Chlamydia prevalence in adolescents and adults entering correctional facilities, 2005: implications for screening policy." <u>Sex Transm Dis</u> 36(2 Suppl): S67-71.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/19125147</p>	<p>OBJECTIVES: To evaluate sex and age correlates of chlamydia prevalence in incarcerated populations. METHODS: Cross-sectional analysis of chlamydia prevalence by demographic characteristics from incarcerated females and males entering selected juvenile and adult correctional facilities (jails) in the United States in 2005. RESULTS: A total of 97,681 and 52,485 incarcerated persons aged ≥ 12 years were screened for chlamydia in 141 juvenile and 22 adult correctional facilities, respectively. Overall, chlamydia prevalence was high in females (14.3% and 7.5%) in both juvenile and adult facilities when compared with that in males (6.0% and 4.6%). The chlamydia prevalence was higher in incarcerated females than in incarcerated males for persons ≤ 35 years, and prevalence was highest among females aged ≤ 25 years (range, 11.3%-15.6%). In juvenile facilities, prevalence did not steadily increase with age in females (12.8% in 12-14 years, 15.1% in 15-17 years, and 14.3% in 18-20 years) whereas in males prevalence steadily increased with age (2.4% in 12-14 years to 8.7% in 18-20 years). In females and males the highest prevalence in juvenile facilities was in incarcerated blacks (18.4% and 9.6%, respectively). In adult facilities, the prevalence was consistently highest in younger detainees: in females it was 15.6% in 18- to 20-year olds compared with 1.5% in those >40 years; in males it was 8.8% in 18- to 20-year olds compared with 1.4% in those >40 years. CONCLUSIONS: The consistently high chlamydia prevalence among females in juvenile facilities and females (≤ 25 years) in adult facilities supports a screening policy in correctional settings consistent with Centers for Disease Control and Prevention and US Preventive Services Task Force guidelines. Although the prevalence of chlamydia in males is substantial, chlamydia prevalence in females exceeds that of males ≤ 35 years, and thus screening females for chlamydia in these facilities should take priority over screening males.</p>
<p>Mayer, K. H., et al. (2012). "Unprotected sex, underestimated risk, undiagnosed HIV and sexually transmitted diseases among men who have sex with men accessing testing services in a New England bathhouse." <u>J Acquir Immune Defic Syndr</u> 59(2): 194-198.</p> <p>PubMed Link http://www.ncbi.nlm.nih.gov/pubmed/22027871</p>	<p>American men who have sex with men (MSM) continue to have increased rates of HIV and sexually transmitted diseases (STD). Between 2004 and 2010, 1155 MSM were tested for HIV and/or STDs at Providence, RI bathhouse. The prevalence of HIV was 2.3%; syphilis, 2.0%; urethral gonorrhea, 0.1%; urethral chlamydia, 1.3%; 2.2% of the men had hepatitis C antibodies. Although 43.2% of the men engaged in unprotected anal intercourse in the prior 2 months, the majority of the men thought that their behaviors did not put them at increased risk for HIV or STDs. Multivariate analyses found that men who engaged in unprotected anal intercourse were more likely to have had sex with unknown status or HIV-infected partners; have sex although under the influence of drugs; tended to find partners on the internet; and were more likely to have a primary male partner. Men who were newly diagnosed with HIV or syphilis tended to be older than 30 years; had sex with an HIV-infected partner; had a prior STD diagnosis; and met partners on the internet. For 10.5% of the men, bathhouse testing was the first time that they had ever been screened for HIV. Of 24 men who were newly diagnosed with HIV infection, only 1 was not successfully linked to care. These data suggest that offering HIV and STD testing in a bathhouse setting is effective in attracting MSM who are at increased risk for HIV and/or STD acquisition or transmission.</p>

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Owusu-Edusei, K., Jr., et al. (2013). "Investigating the potential public health benefit of jail-based screening and treatment programs for chlamydia." *Am J Epidemiol* 177(5): 463-473.

PubMed Link

<http://www.ncbi.nlm.nih.gov/pubmed/23403986>

Observational studies have found mixed results on the impact of jail-based chlamydia screen-and-treat programs on community prevalence. In the absence of controlled trials or prospectively designed studies, dynamic mathematical models that incorporate movements in and out of jail and sexual contacts (including disease transmission) can provide useful information. We explored the impact of jail-based chlamydia screening on a hypothetical community's prevalence with a deterministic compartmental model focusing on heterosexual transmission. Parameter values were obtained from the published literature. Two analyses were conducted. One used national values (large community); the other used values reported among African Americans--the population with the highest incarceration rates and chlamydia burden (small community). A comprehensive sensitivity analysis was carried out. For the large-community analysis, chlamydia prevalence decreased by 13% (from 2.3% to 2.0%), and based on the ranges of parameter values (including screening coverage of 10%-100% and a postscreening treatment rate of 50%-100%) used in the sensitivity analysis, this decrease ranged from 0.1% to 58%. For the small-community analysis, chlamydia prevalence decreased by 54% (from 4.6% to 2.1%). Jail-based chlamydia screen-and-treat programs have the potential to reduce chlamydia prevalence in communities with high incarceration rates. However, the magnitude of this potential decrease is subject to considerable uncertainty.

Schachter, J., et al. (2005). "Vaginal swabs are the specimens of choice when screening for Chlamydia trachomatis and Neisseria gonorrhoeae: results from a multicenter evaluation of the APTIMA assays for both infections." *Sex Transm Dis* 32(12): 725-728.

PubMed Link

<http://www.ncbi.nlm.nih.gov/pubmed/16314767>

BACKGROUND: Vaginal swabs were recently U.S. Food and Drug Administration-cleared for detecting Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC) using Gen-Probe Incorporated's APTIMA COMBO2 Assay (AC2). We assessed the APTIMA CT Assay (ACT) for CT, APTIMA GC Assay (AGC) for GC, and AC2 for both organisms using patient- and clinician-collected vaginal swabs. **METHOD:** Women attending family planning, obstetrics and gynecology, or sexually transmitted disease (STD) clinics had first-catch urines (FCUs), patient-collected vaginal swabs, clinician-collected vaginal swabs, and endocervical swabs tested by ACT, AGC, and AC2. A second endocervical swab and FCU were tested using BD ProbeTec (Becton Dickinson) for CT and GC. We calculated sensitivity and specificity using vaginal swabs to detect CT and GC. **RESULTS:** Of 1,464 subjects enrolled, 180 had CT and 78 GC. ACT sensitivities and specificities for patient-collected vaginal swabs were 98.3% and 96.5%, respectively; for clinician-collected vaginal swabs, 97.2% and 95.2%, respectively. AGC sensitivities and specificities for patient-collected vaginal swabs were 96.1% and 99.3%, respectively; for clinician-collected vaginal swabs, 96.2% and 99.3%, respectively. AC2 results were similar. If an FCU tested positive for CT or GC, >94% of matching vaginal swabs were positive. Positive endocervical swabs showed slightly less concordance (>90% and >88%, respectively). More infected patients were identified using vaginal swabs than FCUs. With AC2, 171 CT-infected patients were identified using FCUs and 196 using patient-collected vaginal swabs. This difference was more pronounced for CT than for GC. **CONCLUSIONS:** Vaginal swab specimens allowed sensitive and specific detection of CT and GC in the APTIMA assays. Vaginal swabs identified as many infected patients as endocervical swabs and more than FCUs, and may well be the specimen of choice for screening.