

**Chlamydia Positivity in American
Indian/ Alaska Native Women aged
15-24 y.o. seen at Family Planning
Clinics**

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Background

- More than 1 million Chlamydia infections reported to CDC in 2006
- Impact on reproductive health of women
- Persistent racial disparities
- Higher prevalence of chlamydial infection in AI/AN women reported in the past

OBJECTIVE

To assess trends in chlamydia positivity and risks for chlamydia among American Indian/ Alaska Native women ages 15-24 y.o. attending Infertility Prevention Project (IPP) Region X family planning clinics from 1997-2004

METHODS

- All CT tests from women age 15-24 y.o. seen in Region X IPP family planning clinics self-reporting as American Indian/ Alaska Native (N=7374)
- Standardized data collection including
 - Demographics
 - Clinical signs
 - Self-reported behavioral risks – new sex partner, multiple sex partners, and symptomatic sex partner in past 60 days

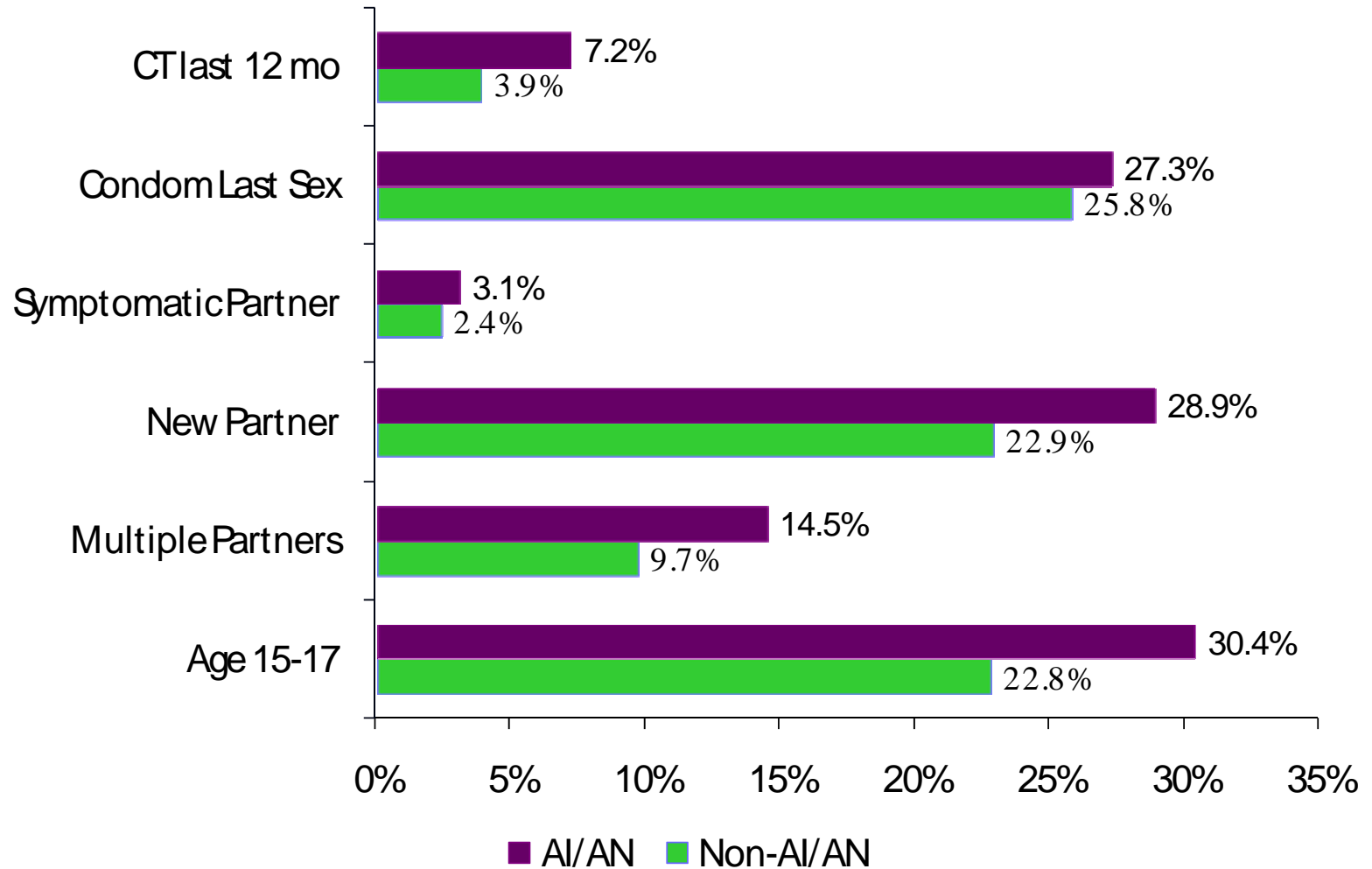
ANALYSIS

- Positivity = # of positive tests / total # of tests
- Evaluated trends in chlamydia positivity
 - Demographics, clinical findings, self-reported behavioral risks
 - Adjusted positivity for laboratory test method
- Compared positivity among AI/AN to non-AI/AN data over same time period
- Used multivariable modeling to assess factors associated with positivity

Characteristics of AI/AN Women Tested

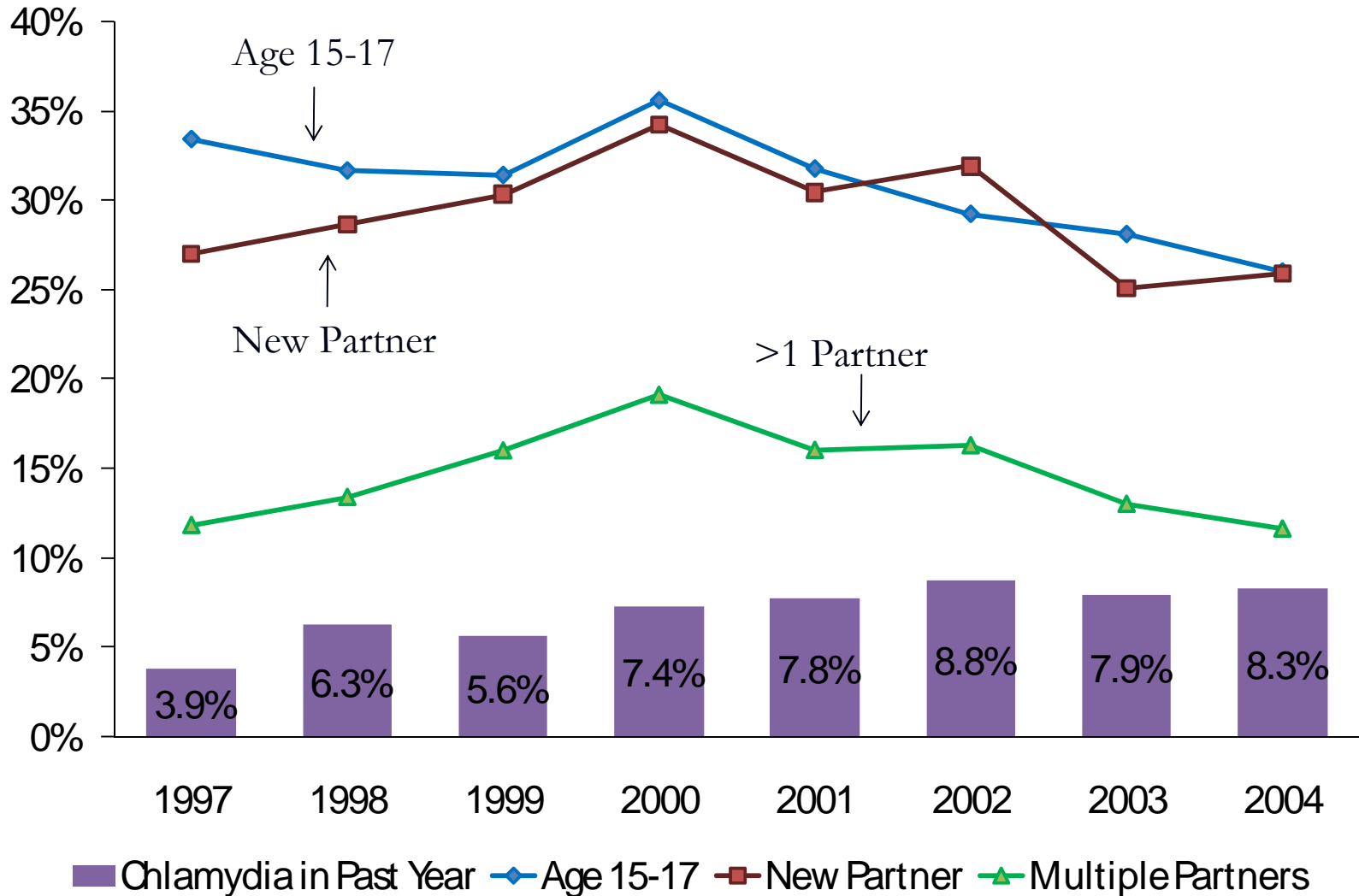
Characteristic	Percent
Age Group	
15-19	56%
20-24	44%
“Routine visit”	70%
Behavioral Risks (in past 60 days)	
New sex partner	29%
Multiple partners	15%
Symptomatic sex partner	3%
One or more behavioral risk factor	33%
Condom use at last sex encounter	27%
Reported CT in last 12 months	7%

AI/AN Compared to Non-AI/AN Women

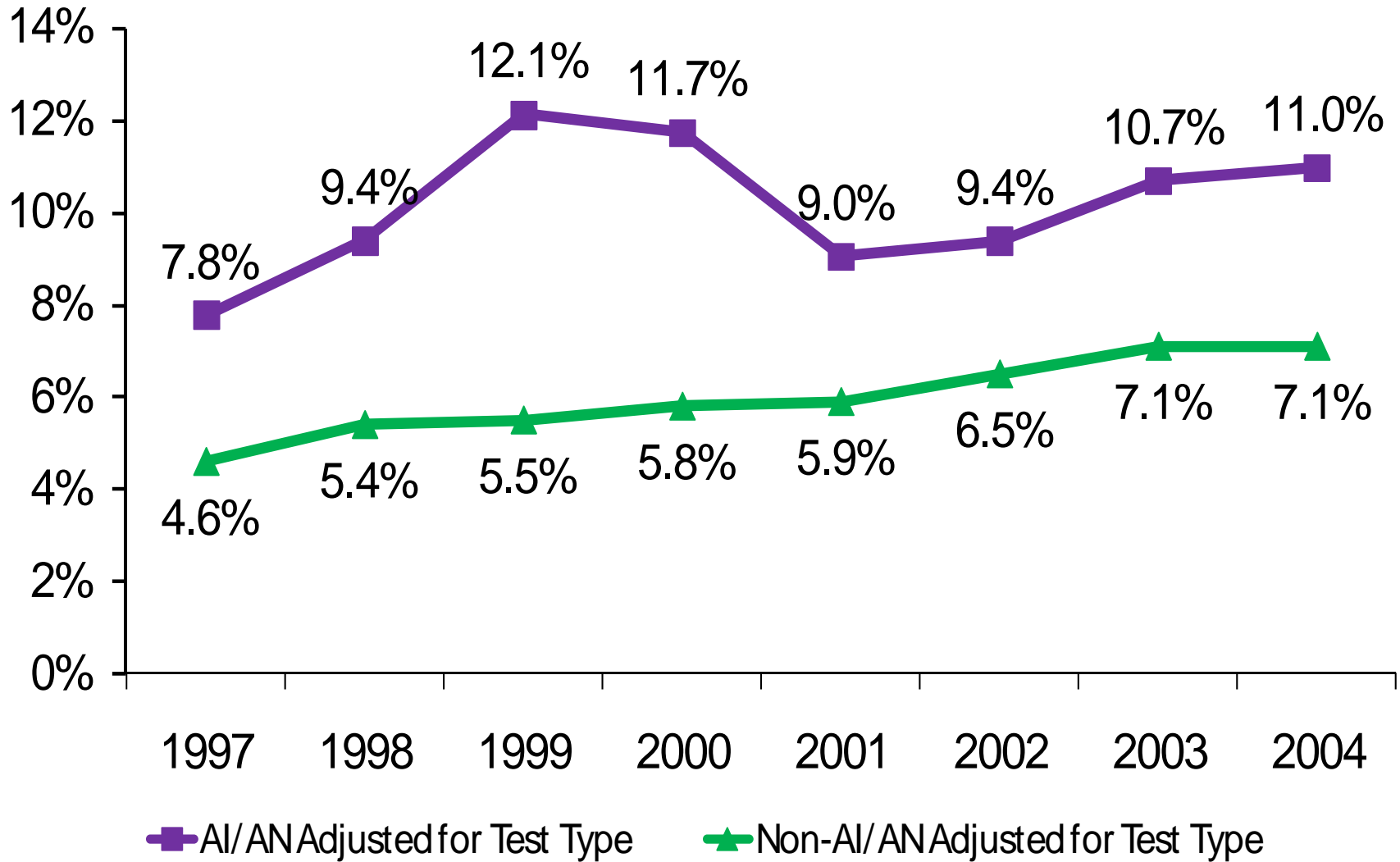


$p < 0.01$ for all comparisons

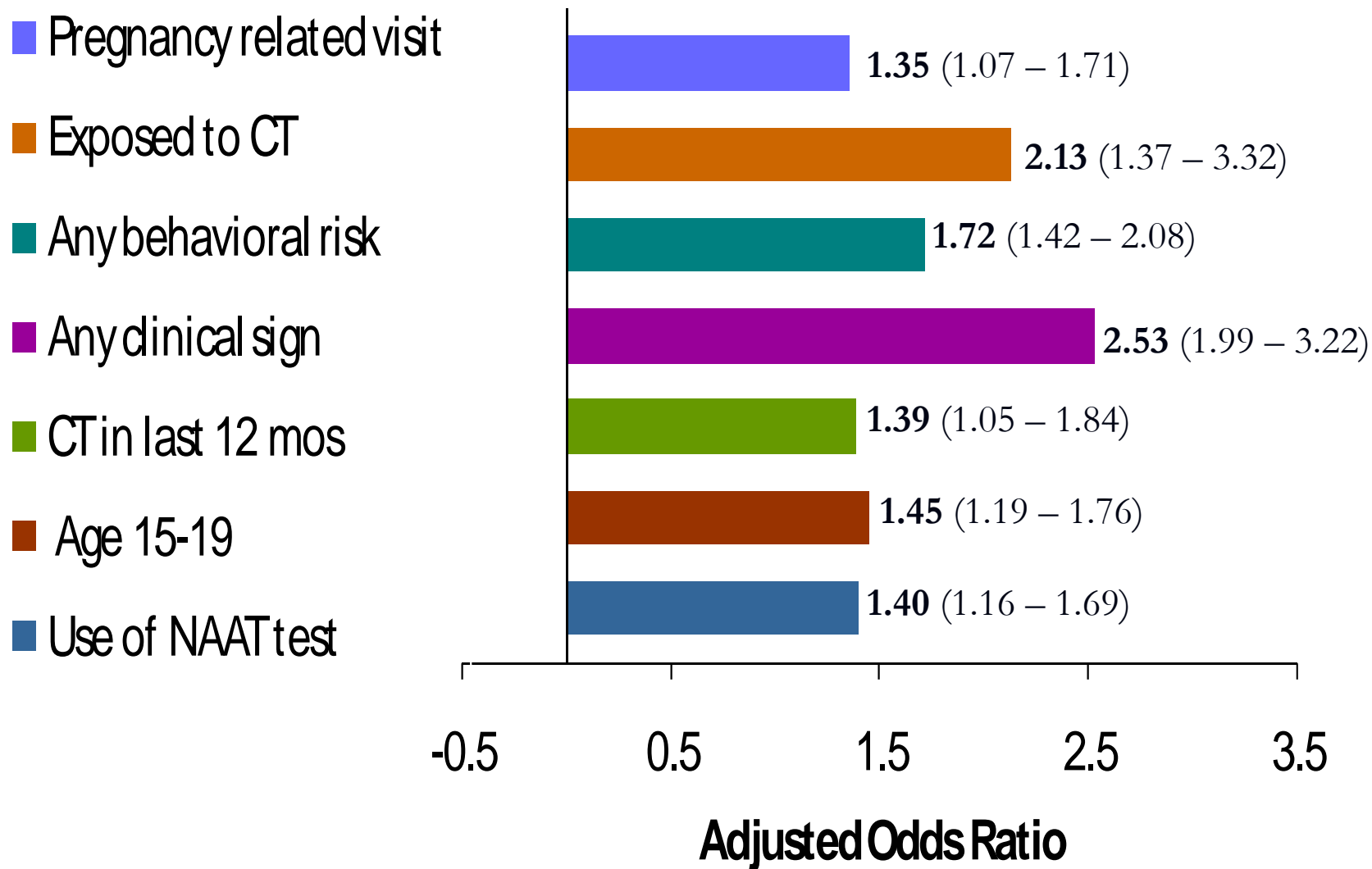
Time Trends for AI/AN Women



Trends in Chlamydia Positivity



Risk Factors for Chlamydia in AI/AN Women



Conclusions

- AI/AN women had CT positivity higher at all time points – 1.5 to 2.2 times non-AI/AN levels
- AI/AN women more likely to report CT+ test in past year
- Risks for CT in AI/AN women consistent with commonly recognized risks
 - AI/AN women presenting for pregnancy services had an increased risk of CT

Limitations

- Source data limited to one geographic region
 - May not be representative of all AI/AN women
- Limited number of risk factors
- Potential repeat testing of the same woman
- No data on extent of coverage of screening among AI/AN women
 - Need better understanding of who is being screened

Future Directions

- Broader understanding of the burden of disease in AI/AN populations
- Identifying protective or risk factors unique to AI/AN populations
- Assessing access to screening services
- Examining CT in women presenting for pregnancy testing
- Designing appropriate prevention and treatment services