

# Trends in Chlamydia and Gonorrhea Among Women Aged 15-24 Years Region VI FP and STD Clinics, 1996-2007

Florastine Mack, David Fine, Daniel Weiner, Center for Health Training, Austin, Texas / Seattle, Washington

## Background

The Region VI Infertility Prevention Project (IPP) is part of the National Infertility Prevention Program, a nationwide collaboration between the Centers for Disease Control and Prevention (CDC) and the Office of Population Affairs (OPA) to prevent and control Chlamydia and its resulting complications. The Region VI is a collaborative effort of the state STD, Family Planning (FP) and Public Health Laboratories programs in Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. These programs work together to address issues related to Chlamydia and gonorrhea control and prevention throughout the region.

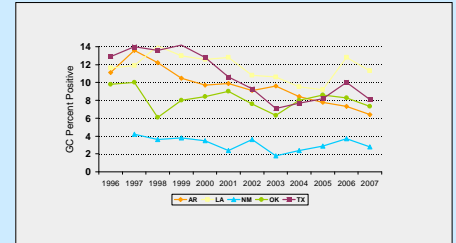
IPP screening sites include, but are not limited to: STD clinics, Title X family planning clinics, juvenile and adult justice centers, high school clinics, and maternity clinics. An integral part of IPP CT/GC testing is routine data collection on clients' background characteristics and test results. Each state is responsible for monitoring their client information and providing data entry services. State files containing CT and GC test records and client demographics are sent quarterly to CHT for management and analyses. CHT develops annual files that are routed to CDC/DSTP. Customized analyses and data summaries are regularly presented to IPP partners at semi-annual project meetings.

Data collected from these screening sites activities have assisted in the identification of screening and treatment gaps throughout the state, raised awareness and facilitated practical community interventions.

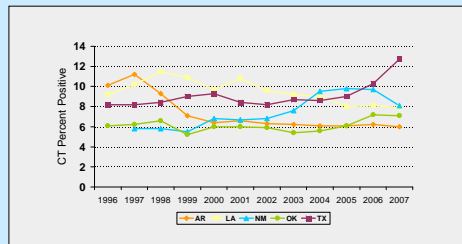
## Statistical Analysis

For Chlamydia and gonorrhea, observed positivity was calculated by dividing the number of positive test by the total number of test that were either positive or negative. CT and GC test results were stratified by age categories (15-19/20-24 years), race/ethnicity (non-Hispanic White and Black), and clinic type (FP/STD). Temporal trends are graphically presented. Test results were not adjusted for test type. For most of the study period, Region VI states relied on various non-amplified CT/GC tests.

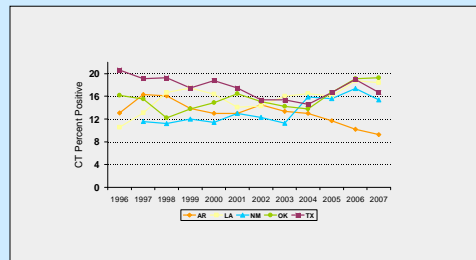
Gonorrhea trends in positivity in 15-24 year old women screened in STD clinics: Region VI States, 1996-2007



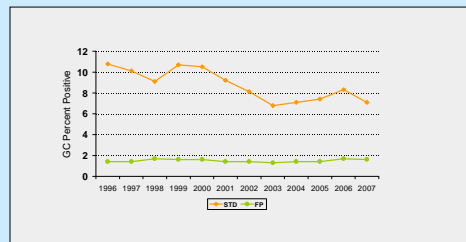
Chlamydia trends in positivity in 15-24 year old women screened in FP clinics: Region VI States, 1996-2007



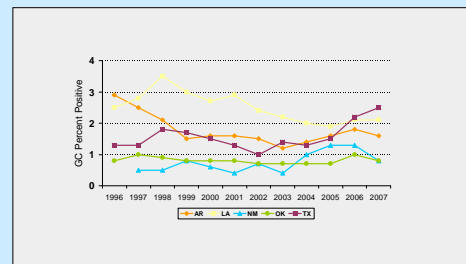
Chlamydia trends in positivity in 15-24 year old women screened in STD clinics: Region VI States, 1996-2007



Gonorrhea trends in positivity in 15-24 year old women screened in FP and STD clinics: Region VI, 1996-2007



Gonorrhea trends in positivity in women 15-24 year old women screened in FP clinics: Region VI, 1996-2007



## Results

FP clinics accounted for 80% of the 1,300,000 CT/GC tests performed in Region VI FP/STD clinics, 1996-2007. About 48% were adolescents aged 15-19 years. When the data sets focused on racial sub-groups, the ratio of White to Black records was 3:2 (60% vs. 40%). Comparing 1996 and 2007, FP CT+ was stable (7.8%, 8.1%); STD CT+ trended higher (14.3%, 16.2%). FP GC results for 1996 and 2007 were low and stable for FP clinics (1996:1.4%, 2007: 1.6%); STD GC results fell from 10.8% in 1996 to 7.1% in 2007. CT age group differences were found for both FP and STD providers. In FP clinics, CT+ for women 15-19 years went from 9.7% in 1996 to 10.0% in 2007, while CT+ for women ages 20-24 years ranged from 5.8% to 6.7% during the same 12 year period. In STD clinics, CT+ for adolescents was high and relatively stable (1996: 17.8%, 2007: 19.2%). For women aged 20-24 years it increased from 10.4% in 1996 to 14.3% in 2007. Gonorrhea positivity was low and stable among adolescent and young adult women in FP clinics, ranging from 0.9% in women ages 20-24 in 1996 up to 2.2% for women ages 15-19 in 2007. GC levels were much higher in STD clinics; age differences were modest and GC+ trended down throughout the study period. For adolescent women ages 15-19 years, GC went from 11.9% to 7.8%; for women ages 20-24 it declined from 9.5% in 1996 to 6.6% in 2007.

Incorporating selected racial/ethnic data, FP and STD age comparisons were further stratified by non-Hispanic White and Black tests. CT trends in FP clinics clearly showed age and racial/ethnic differences. The lowest positivities were for non-Hispanic White women ages 20-24 years (4.1% to 4.4%), followed by non-Hispanic White women ages 15-19 years (6.4% to 5.8%). For non-Hispanic Blacks, women ages 20-24 years had CT+ of 8.1% in 1996 that increased to 11.0% in 2007; for minority women ages 15-19 years CT+ went from 14.3% to 18.3% over the 12 year period. For STD clinics, the CT trends by age and race/ethnicity were slightly less consistent. Non-Hispanic White women ages 20-24 years had CT positivities from 1996 to 2007 of 8.5% to 12.8%, respectively. White adolescent CT+ was stable at 14.7% at these study endpoints. Non-Hispanic Black CT+ for women ages 20-24 years increased from 11.3% to 15.3%. Paralleling that trend, Black adolescent women showed the highest CT+ that also increased over time—from 19.6% in 1996 to 23.7% in 2007. In FP clinics, non-Hispanic Whites had very low levels of gonorrhea regardless of age. For White women ages 20-24 GC ranged from 0.3% in 1996 to 0.5% in 2007; for White women ages 15-19 GC was 0.6% in 1996 and 0.7% in 2007. Among non-Hispanic Blacks, GC positivities were higher and varied by age. Black women ages 20-24 years showed GC levels of 2.2% in 1996 and 3.4% in 2007. Black adolescent women had the highest GC positivity, 4.9% in 1996 and increasing to 6.2% in 2007. In STD clinics, non-Hispanic adolescents and those ages 20-24 years had comparable GC positivities over time (6.2% to 4.1% for teens and 5.6% to 4.0% for the older age group). Among non-Hispanic Blacks GC positivity trended down from high levels. Adolescent GC levels went from 16.7% in 1996 to 15.5% in 2007 while for women ages 20-24 GC went from 11.9% down to 10.1% over the study period.

## Objectives

Describe trends in Chlamydia positivity from 1996 through 2005 in the Region VI Infertility Prevention Project

- \*Female clients aged 15-24 years
- \*Chlamydia test visits in Family Planning and STD Programs
- \*Regional and state summaries

## Methods

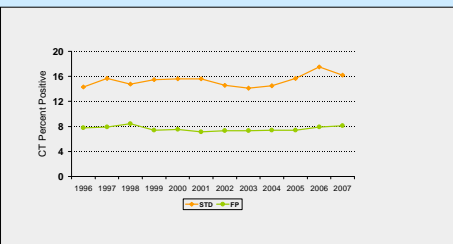
- IPP annual data files accessed from project files and CHT archives
- Test visits for women aged 15-24 years
  - High priority population (CDC)
  - Closest approximation to universal testing
- FP and STD clinics
  - Common clinic definition across all 5 states
  - Clinics in all 5 Region VI states

## Methods

### Data Sources

IPP annual data files were accessed from the Region VI IPP and its data archives covering the 12-year period from 1996 through June 2007. Chlamydia (CT) and gonorrhea (GC) test records were selected for women aged 15-24 years seen at family planning (FP) and sexually transmitted disease (STD) clinics. Over 500 clinics provided test records to IPP during the study period. These clinic types and client age range were selected because they represent a high priority population identified by the CDC's Division of STD Prevention, and screening criteria approximate universal testing. State-specific data collection forms and procedures were implemented. However, each state collects core data elements, including: client test date, date of birth, race/ethnicity, provider type, and CT and GC test results. Over 1,300,000 CT/GC test records were analyzed.

Chlamydia trends in positivity in 15-24 year old women screened in FP and STD clinics: Region VI, 1996-2007



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## Introduction

First...

Check with conference organisers on their specifications of size and orientation, before you start your poster eg. maximum poster size; landscape, portrait or square.

The page size of this poster template is A0 (84x119cm), portrait (vertical) format. Do not change this page size, MIU can scale-to-fit a smaller or larger size, when printing. If you need a different shape start with either a landscape (horizontal) or a square poster template.

Bear in mind you do not need to fill up the whole space allocated by some conference organisers (eg. 8ftx4ft in the USA). Do not make your poster bigger than necessary just to fill that given size.

## Aim

How to use this poster template...

Simply highlight this text and replace it by typing in your own text, or copy and paste your text from a MS Word document or a PowerPoint slide presentation.

The body text / font size should be between 24 and 32 points. Arial, Helvetica or equivalent.

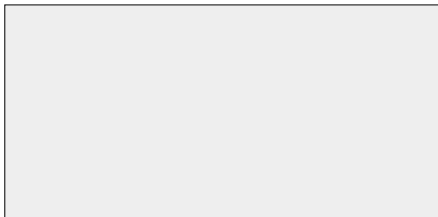
Keep body text left-aligned, do **not** justify text.

The colour of the text, title and poster background can be changed to the colour of your choice.

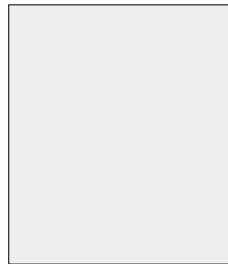
## Method

Tips for making a successful poster...

- Re-write your paper into poster format ie. Simplify everything, avoid data overkill.
- Headings of more than 6 words should be in upper and lower case, not all capitals.
- Never do whole sentences in capitals or underline to stress your point, use **bold** characters instead.
- When laying out your poster leave breathing space around you text. Don't overcrowd your poster.
- Try using photographs or coloured graphs. Avoid long numerical tables.
- Spell check and get someone else to proof-read.

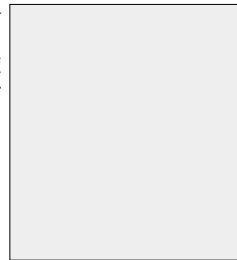


*Captions to be set in Times or Times New Roman or equivalent, italic, 18 to 24 points, to the length of the column in case a figure takes more than 2/3 of column width.*



*Captions to be set in Times or Times New Roman or equivalent, italic, between 18 and 24 points. Left aligned if it refers to a figure on its left. Caption starts right at the top edge of the picture (graph or photo).*

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## Results

Importing / inserting files...

Images such as photographs, graphs, diagrams, logos, etc, can be added to the poster.

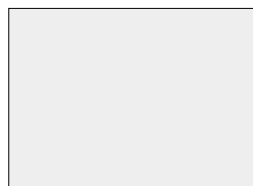
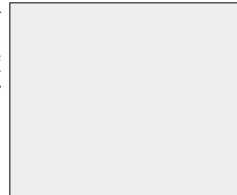
To insert scanned images into your poster, go through the menus as follows: Insert / Picture / From File... then find the file on your computer, select it, and press OK.

The best type of image files to insert are JPEG or TIFF, JPEG is the preferred format.

**Be aware** of the image size you are importing. The average colour photo (13 x 18cm at 180dpi) would be about 3Mb (1Mb for B/W greyscale). Call MIU if unsure.

**Do not use** images from the web.

*Captions to be set in Times or Times New Roman or equivalent, italic, between 18 and 24 points. Right aligned if it refers to a figure on its right. Caption starts right at the top edge of the picture (graph or photo).*



*Captions to be set in Times or Times New Roman or equivalent, italic, between 18 and 24 points. Left aligned if it refers to a figure on its left. Caption starts right at the top edge of the picture (graph or photo).*

Notes about graphs...

For simple graphs use MS Excel, or do the graph directly in PowerPoint.

Graphs done in a scientific graphing programs (eg. Sigma Plot, Prism, SPSS, Statistica) should be saved as JPEG or TIFF if possible. For more information see MIU.



*Captions to be set in Times or Times New Roman or equivalent, italic, 18 to 24 points, to the length of the column in case a figure takes more than 2/3 of column width.*

Printing and Laminating...

Once you have completed your poster, bring it down to MIU for printing. We will produce a A3 size draft print for you to check and proof read. The final poster will then be printed and laminated.

Note: Do not leave your poster until the last minute. Allow at least 5 working days before you need to use it.

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Cost...

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## Conclusion

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## Acknowledgements

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