

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

An Evaluation of Gonorrhea and Chlamydia Incidence, Treatment, and Guideline Adherence in an Ambulatory Healthcare System

Priority 1 (Research Category)

Infectious Diseases (not respiratory tract)

Presenters

Adam Visconti, MD, MPH, Chandra Char, PhD, MPH

Abstract

Context: The District of Columbia and Baltimore both rank within the top five cities in per capita rates for chlamydia (CT) and gonorrhea (GC). GC and CT infections significantly impact both immediate and long term quality of life, and disproportionately impact youth and persons identifying as sexual and racial minorities. In 2020 and 2021, CDC guidelines changed recommended treatment for both GC and CT. Objective: This study evaluates incidence of CT and GC, treatment associated outcomes, and adherence to guideline changes. Study Design / Analysis: Retrospective descriptive analysis, we analyzed 5 years of data using descriptive and comparative statistics, as well as univariate analysis on demographic and treatment associated variables of interest. Setting: MedStar Health, a multidisciplinary and multispecialty health care system in the mid-Atlantic US. Population studied: Individuals with gonorrhea and chlamydia positive tests. Results: Between 1/1/2019 and 12/31/2021, 4385 persons were treated for chlamydia and gonorrhea were documented within the MedStar system. 52.7% (n=2311/4385) were diagnosed in a Hospital / ED setting, 25.2% (1107) within a primary care setting, and 18.1% in an urgent care setting. 58.7% (2573) received empiric treatment – with 82.3% (3609) treated within one week, and 87.8% (3851/4385) within 1 month. 2.8% of positive tests had no documented treatment (n=122). When considering positive tests by infection, 3243 of 3447 chlamydia tests (94.1%) received treatment compared to 1939 of 1959 (99.0%) gonorrhea positive tests (p<0.001). 52.0% (n=1792/3447) of chlamydia tests received treatment on the day of testing compared to 67.8% (n=1329/1959) of gonorrhea tests (p<0.001). In the 6 months following guideline changes, 92.2% of documented gonorrhea treatment and 80.5% of documented chlamydia treatment adhered to new guidelines. Conclusions: Within MedStar, both GC and CT pose a large burden of disease, particularly within the hospital / ED setting, and treatment was provided in the vast majority of cases. Response to new guideline changes was rapid with most cases receiving treatment per new guidelines soon after the

publishing of new guidelines. Future studies plan to explore associations between time to treatment and site of care, and an additional analysis of persons not receiving treatment.

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