

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

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Title

Utilization of Treatment for Chlamydia and Gonorrhea in the Primary Care Setting Using the American Family Cohort

Priority 1 (Research Category)

Infectious Diseases (not respiratory tract)

Presenters

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Abstract

Context: Chlamydia and gonorrhea are the two most common sexually transmitted infections (STI) in the United States. Since untreated cases can have severe health consequences, non-adherence to the Centers for Disease Control and Prevention Sexually Transmitted Disease Treatment guidelines (CDC) remains a concern.

Objective: This study examined guideline adherence for chlamydia and gonorrhea treatment in primary care settings.

Study Design and Analysis: A retrospective cohort from 2018-2022. Unadjusted and adjusted time ratios were estimated using shared frailty parametric multivariable Weibull Accelerated Failure Time Models (AFT).

Setting or Dataset: Electronic health records from the PRIME Registry, years 2018-2022. The electronic health records are stored in the American Family Cohort, the largest national United States primary care database.

Population Studied: Study population were patients having one or more chlamydia and/or gonorrhea infections between 2018 and 2022 identified with a confirmed, positive test result from the electronic medical records.

Intervention/Instrument: Key patient characteristics such as race/ethnicity and social determinants of health were considered.

Outcome Measures: The primary outcome was the first date of CDC-recommended medication administered within 30-days. The secondary outcome was the time to first date of any antibiotic medication within 30-days.

Results: We identified 6,678 confirmed positive tested chlamydia cases and 2,206 confirmed positive tested gonorrhea cases, with 75.3% and 69.6% treatment rates, respectively. Females, individuals aged 10-29, those living in suburban areas, and patients with STI co-infections saw higher treatment rates compared to other groups. 15% of the chlamydia cases were treated using doxycycline, and 38.7% of gonorrhea cases were treated by ceftriaxone. Chlamydia cases among older adults and Non-Hispanic Blacks had longer time to treatment.

Conclusion: Barriers to guideline adherence remain for chlamydia and gonorrhea treatment across primary care practices. Efforts are needed to develop management plans for better quality of STI-related care and health equity.

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