

CHLAMYDIA CURRENTS

JUVENILE JUSTICE REPORT

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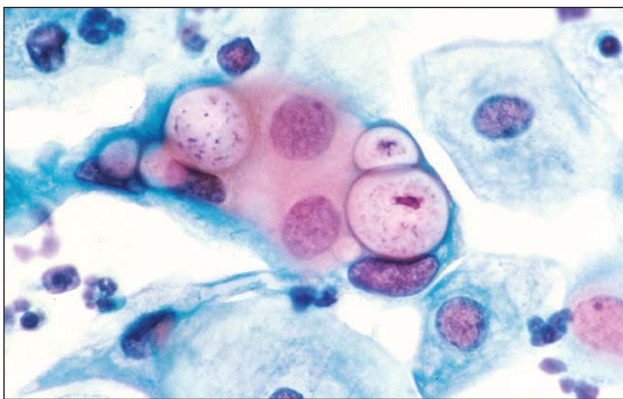
SEPTEMBER 2004

What is Chlamydia and what are the risks?

Chlamydia is the most common bacterial sexually transmitted disease (STD) in the United States. Chlamydia trachomatis (CT) is estimated to cause over 5 million cases per year in men, women and infants.

of all non-gonococcal urethritis and accounts for 50% of the cases of acute epididymitis, infection of the organ that produces sperm.

In women, CT causes a spectrum of disease, including infection of the cervix; acute pelvic inflammatory disease (PID); pre- and postpartum maternal infection; and infections in infants. More importantly, both symptomatic and asymptomatic CT infections in women are associated with significant complications and sequelae resulting in permanent upper reproductive tract damage. Chlamydia accounts for 25-50% of all cases



A close-up view of Chlamydia trachomatis (CT)

The primary risk factors for CT infection are being under the age of 25 and having unprotected sex.

In men, Chlamydia causes 20-55%

with signs or symptoms of PID and many more asymptomatic infections of the upper tract which, when combined, are associated with high rates of ectopic (tubal) pregnancy and tubal factor infertility. **In summary, infection with CT is the most common cause of preventable infertility in women.**

Chlamydia infections also facilitate HIV transmission in both men and women. An individual infected with CT is three to five times more likely to get HIV after a risky sexual encounter with an HIV-infected partner than an individual with no CT infection. Additionally, individuals who are co-infected with both CT and HIV are three to five times more likely to transmit HIV to a partner than an individual with no CT infection.

Therefore, untreated CT infections affect not only the individual, but the

Did you know . . .

Chlamydia is the most common bacterial STD in the United States.

community at large by increasing the rates of infertility and by promoting the transmission of HIV. Additionally, untreated CT infections have a substantial economic impact on society, costing the U.S. health care system \$3 billion to \$4 billion annually. ♦ ♦

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Useful acronyms

- CT** Chlamydia Trachomatis
- PID** Pelvic Inflammatory Disease
- STD** Sexually Transmitted Disease
- CIPP** California Infertility Prevention Project
- ClaSP** Chlamydia Screening Project
- HIV** Human Immunodeficiency Virus
- NAAT** Nucleic Acid Amplification Tests

News

In late July, the Federal Department of Health and Human Services, Centers for Disease Control and Prevention, released its announcement for the competitive renewal for funding of the Comprehensive STD Prevention Systems, Prevention of STD-Related Infertility, and Syphilis Elimination grants.

Did you know . . .

Up to 80% of women infected with Chlamydia have no symptoms.

In this announcement, there were over ten performance measures which require the development of systems for monitoring performance over the next five years. The feasibility of one of the performance measures was tested by participants through the California Project Area project, "ClaSP" (see box below). Congratulations and thanks to all who helped contribute to this meaningful work.

Chlamydia in California: a summary

Chlamydia continues to be the most commonly reported sexually transmitted infection in California. In 2003, 116,725 cases of Chlamydia were reported in the state, resulting in a rate of 324.8 infections per 100,000 individuals in the population. Although this 2003 rate is higher than the

2002 rate of 312.3 infections per 100,000 in the population, the increase likely reflects stepped-up screening and more sensitive diagnostic methods in conjunction with any actual increase in the number of cases.

Did you know . . .

Even without symptoms, people who have Chlamydia can transmit it to their sex partners.

The counties with the highest rates of infection were: Fresno (553.0); Los Angeles/Long Beach (475.1), Kern (474.4), Tulare (447.7), and San Francisco (423.4).

In contrast, counties with the lowest rates of reported infection were: Plumas (37.8), Mono (52.5), Mariposa (67.2), and Calaveras (78.1).

There are significant differences in rates of Chlamydia infection between genders, and in California as elsewhere the rate of reported Chlamydia infection is much higher among females than among males. In 2003, the rate of Chlamydia infection among females was 472.3, while the rate of infection among males was 169.9. In part, this difference can be attributed to differences in health-seeking behaviors and rates of screening between the genders. Among both genders, rates

are the highest among Blacks and Hispanics (681.8 and 339.9 respectively). Among females, the highest rates of Chlamydia are in the 20- to 24-year-old age group (2642.7) and the 15- to 19-year-old age group (2278.0). Again, within these age groups rates are highest among Blacks and Hispanics. For the 15- to 19-year-old age group, the rate of Chlamydia infection among Blacks is 5215.5 per 100,000 of the population and 2047.3 among Hispanics. For the 20- to 24-year-old age groups, the respective rates of Chlamydia infection are 4282.6 and 2711.7.

For more detailed information on provisional data from 2003, please refer to the tables in the enclosed insert. ♦ ♦

What is ClaSP?

ClaSP (the Chlamydia Screening Project) is a prevention program that focuses on Chlamydia screening and treatment. It primarily targets young women in juvenile justice settings.

Long Term Goal: to decrease the prevalence of CT infection in the female juvenile justice population by 20%

Short Term Goals

- to screen as many booked females as close to booking as possible
- to identify and treat female detainees infected with Chlamydia
- to assess the positivity of Chlamydia infections in females in these facilities

Controlling Chlamydia in the United States

Targeting the juvenile justice population

In response to the societal and economic costs of Chlamydia, as well as the effect that it has on the reproductive health of individual women, the Center for Disease Control and Prevention (CDC) and the Office of Population Affairs (OPA) initiated the National Infertility Prevention Program (NIPP) in 1993. Programs were funded regionally, with the Region IX Infertility Prevention Project (Arizona, California, Hawaii and Nevada) beginning its programs in late 1994. The overarching goal of the program is to reduce the incidence of CT in women, thereby preventing many of the resulting medical complications that can lead to infertility. The program aims to assess and reduce the prevalence of Chlamydia infection and its associated complications through:

- increased screening,
- education and training,
- timely and effective treatment,
- effective partner referral and treatment, and
- dissemination of Chlamydia related information to providers and policy-makers.

Screening is essential

Screening for asymptomatic infection is the core component of any program to control Chlamydia. In general, screening produces two major outcomes: it decreases the incidence of PID by treating asymptomatic test-positive women, and it decreases the overall prevalence of Chlamydia within the community. Screening programs are essential in the identification of the majority of infected individuals, as many CT infections are asymptomatic. Seventy to ninety percent of CT infections in women and 55% in men would remain undetected in the absence of a thorough screening program. The relevance of screening is furthered because many asymptomatic infections are associated with significant complications

that could be prevented with prompt treatment. New single-dose therapy for Chlamydia and less invasive urine-based testing has improved the efficiency of screening programs in recent years.

Chlamydia screening programs are cost-effective if the prevalence of infection is greater than three percent in the population of women being screened, and, in general, higher prevalence within a particular population is associated with a more cost-effective program. Young adolescent women in the juvenile justice system in the state of California have a high prevalence of Chlamydia infection. In 2002, the Chlamydia prevalence among this group was second only to young women presenting at STD clinics (Figure 1, below).

Detainees are at high risk

In general, detainees in juvenile detention are at an especially high risk for STDs, in-

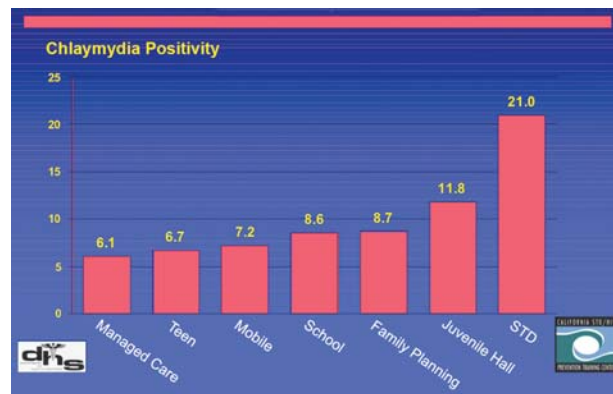


Figure 1: Prevalence of Chlamydia Infections in 15- to 19-year-old adolescent girls by health-care setting. Statistics for California, 2002.

cluding CT, due to the high prevalence of many risk factors within this population. These risk factors include:

- early sexual debut
- multiple sex partners
- inconsistent use of condoms
- substance abuse problems
- victims of physical and sexual abuse

Additionally, detainees do not have a

The importance of screening immediately upon booking cannot be overstated.

regular source of health care. Recent studies have shown that up to 40% of females and 55% of males reported having no health care or health care that was limited to correctional facilities.

In response, the California Infertility Prevention Project (CIPP), as part of the California Department of Health Services, STD Control Branch, initiated ClaSP (Chlamydia Screening Project), which targets Chlamydia screening and treatment for young women within the juvenile justice system. (Please see the box on page 2 for project goals.)

California has the second-highest number of juvenile arrests in the country, with an average of 117,000 bookings in 2003, 18% of which were female. By using California's Title XV regulations requiring an intake health screening immediately upon booking and/or a medical assessment within 96 hours, ClaSP aims to screen as many juvenile detainees as close to booking as possible. The importance of screening immediately upon booking cannot be overstated, as it has been

estimated that approximately 50% of juveniles booked are released within 24 hours. Screening at or close to booking maximizes the number of individuals screened and the number of cases identified. Counseling and treating female CT cases found through universal screening in juvenile justice facilities may impact the prevalence of disease within the greater community. ♦ ♦

Goal is 20 percent decrease in Chlamydia

ClaSP Project objectives outlined

A review of health care in the juvenile justice system in California (see box below) indicates that few facilities screen a high proportion of their booked population for Chlamydia infection. Therefore, ClaSP has provided routine Chlamydia screening for these high-risk adolescents through partnerships between the juvenile justice system and the STD control programs of local health departments.

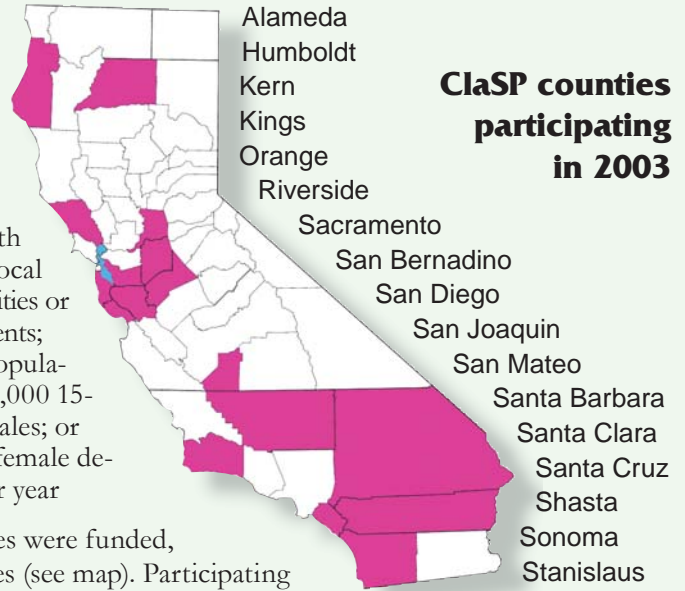
In order to ensure the cost-effectiveness of this screening program, ClaSP funds screening in those facilities where the prevalence of CT infection is greater than 5% among booked females and males. In order to maintain targeting of the ClaSP project to young adolescent females, a maximum of 20% of these funds could be used to target adolescent male screening after the preva-

(Continued on page 5)

Counties that participate in ClaSP meet the following criteria:

- Have the potential for collaboration between county health departments and local juvenile justice facilities or probation departments;
- Have a county population of at least 250,000 15- to 19-year-old females; or
- Have at least 50 female detainees booked per year

In total, 17 counties were funded, totaling 20 facilities (see map). Participating counties represented 67% of the estimated female bookings statewide. (Facilities in Los Angeles and San Francisco were excluded.)



2003 California juvenile justice survey: A review of medical and educational services

In California, juvenile justice facilities consist of a diverse group of institutions that comprise 59 halls in 51 counties, which handled an average of 117,000 booking in 2003. Statewide, approximately 18% of these bookings are female. Based on provisional data, almost 59% of these facilities receive wards who serve time on the weekend, and of those, 83% rebook each time the wards present for their weekend duties.

Medical Services

- Most facilities have medical services on site, although they rely upon a variety of service providers (county health departments, juvenile court health services, California Forensic Medical Group and private or contract providers).
- Most facilities have services available five to sixteen hours a day, and many offer 24-hour medical services. Medical services are usually offered between five and seven days a week. Testing is usually performed by the county public health laboratories.
- Most conduct medical appraisals within 96 hours.
 - 15% within 0-1 day of booking.
 - 40% occur within 2-3 days.

- 40% occur within 4 days.
- 5% occur in >4 days.
- Most juvenile justice facilities provide family planning services. Ninety-three percent routinely perform sexual risk histories during the health appraisal. The most common questions asked were:
 - the number of sexual partners,
 - history of an STD in the past,
 - past STD/HIV testing history, and
 - use of condoms, alcohol and drugs.

The least commonly asked questions were related to how and with whom an individual engaged in sexual relations.

Education

Many facilities (89%) provide combined HIV/STD instruction in the school setting, and many others provide special presentations about STD/HIV and hepatitis.

STD screening services

- Almost all facilities screen for STDs.
- 45% screen for Chlamydia at booking.
- an additional 41% screen for Chlamydia at the health appraisal.