



Orange County Department of Health Chlamydia Management Program

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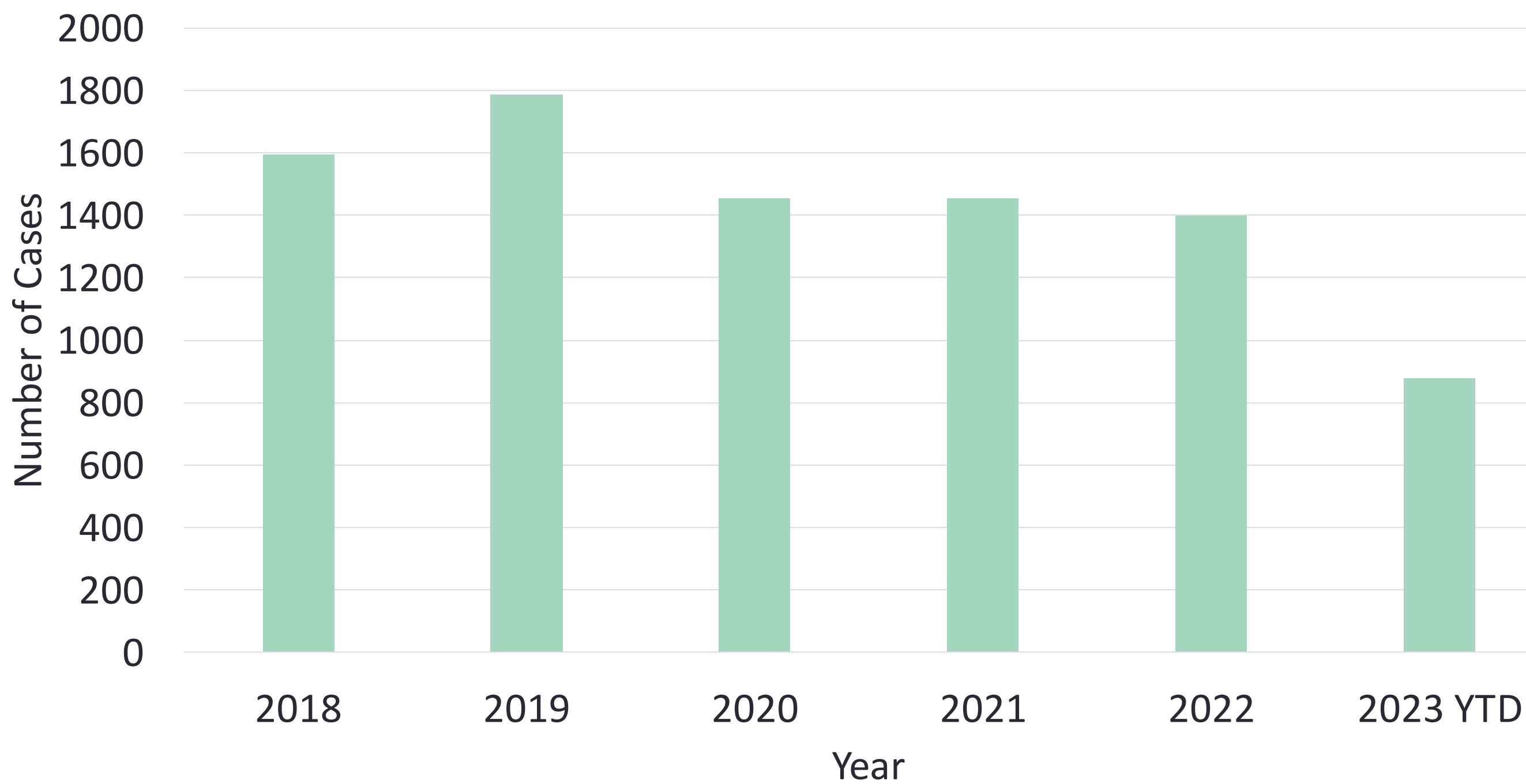


ABSTRACT

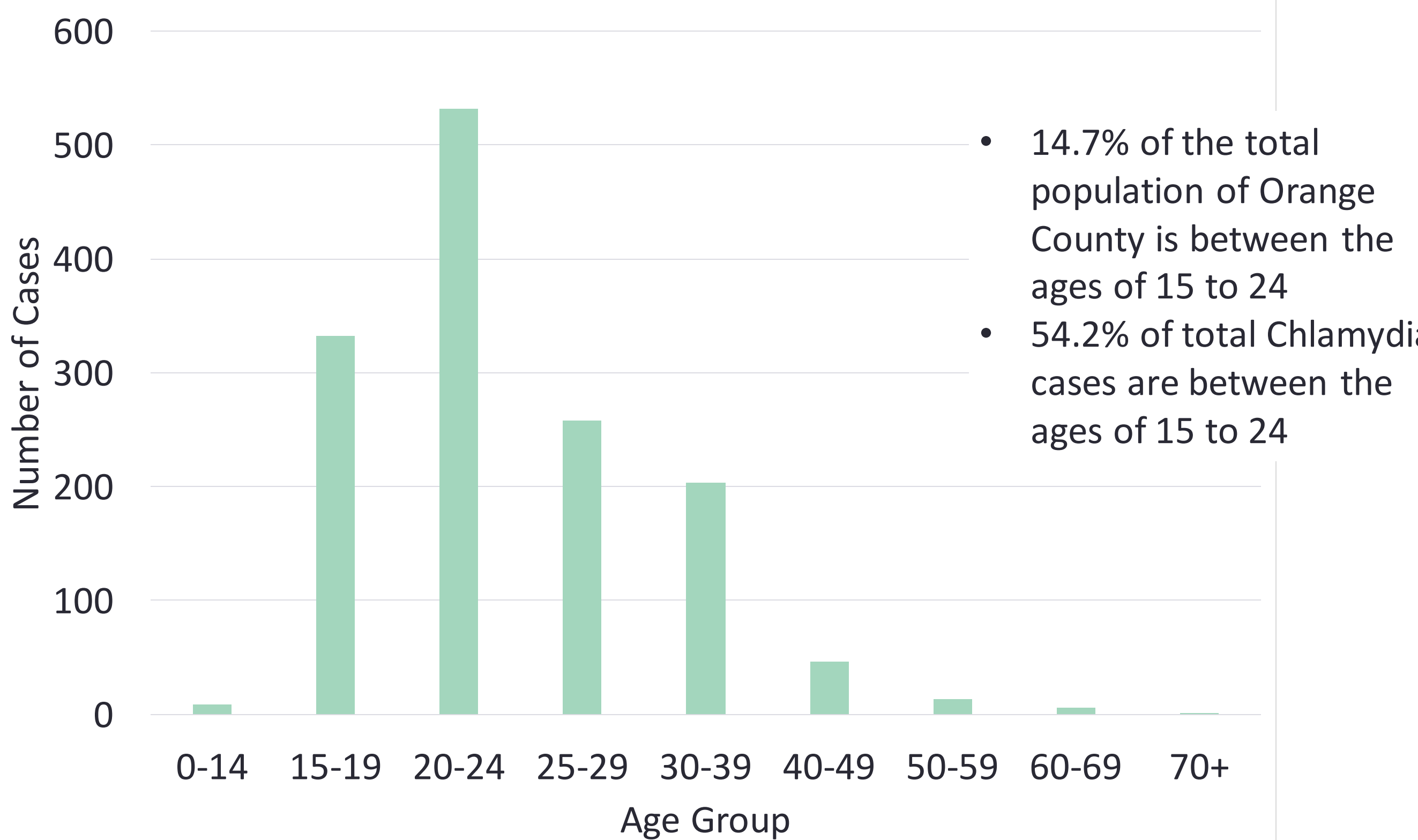
In recent years, Orange County (OC), NY has seen an average of 1,500 chlamydia cases annually. Untreated chlamydia can lead to severe reproductive complications in women and increases the risk of contracting additional STIs. The New York State Sanitary Code requires that all chlamydia diagnoses be reported to local health departments (LHDs) and requires LHDs to verify infection and treatment. According to our evaluation tool, only 40% of cases receive closure from a provider report form (PRF), which streamlines the treatment verification process. The Orange County Department of Health (OCDOH) must otherwise contact the provider and request the information. Due to the high volume of chlamydia cases and their low status on the programmatic prioritization chart, many cases go uninvestigated. This is especially problematic in cases involving minors, pregnant individuals, extragenital infections, coinfections, repeat infections, and untreated or undertreated cases. OCDOH developed the Chlamydia Management Program (CMP) to improve its response to the high volume of cases. The CMP, developed as part of OCDOH's participation in the 2022 CDC STD Program Evaluation Practicum in conjunction with Harvard School of Public Health, is a 15-point set of Indicators designed to track chlamydia response efforts and outcomes, with subsequent modifications to ease program implementation. Chlamydia response starts with managers reviewing all positive chlamydia lab reports daily. If an accompanying PRF is not received, program staff contact providers to acquire treatment information. The CMP monitors the number of priority investigations identified and investigations left open at the end of every month. The percent of chlamydia cases that were ultimately untreated or lost to follow-up are also tracked. The number of treatment verifications completed every week drastically increased from 2022-23, from an average of eight treatment verifications performed per week to 32. The percentage of PRFs received fluctuated between quarters, as did the number of priority cases identified. OCDOH met its goals regarding priority and untreated/lost-to-follow-up cases in the first two quarters of 2022. Implementation of this performance management project proved to be more difficult than anticipated, the volume of cases compounds this problem. To improve outcomes, CMP data need to be incorporated into monthly meetings and staff need to be thoroughly briefed on the program. This evaluation tool highlights tangible opportunities for improvement and will also be utilized to help target public health detailing efforts. Using this tool to evaluate OC chlamydia response will create better health outcomes for those we serve.

CHLAMYDIA EPIDEMIOLOGY

Number of Confirmed Cases of Chlamydia In Orange County, 2018-2023 YTD – OCDOH Data

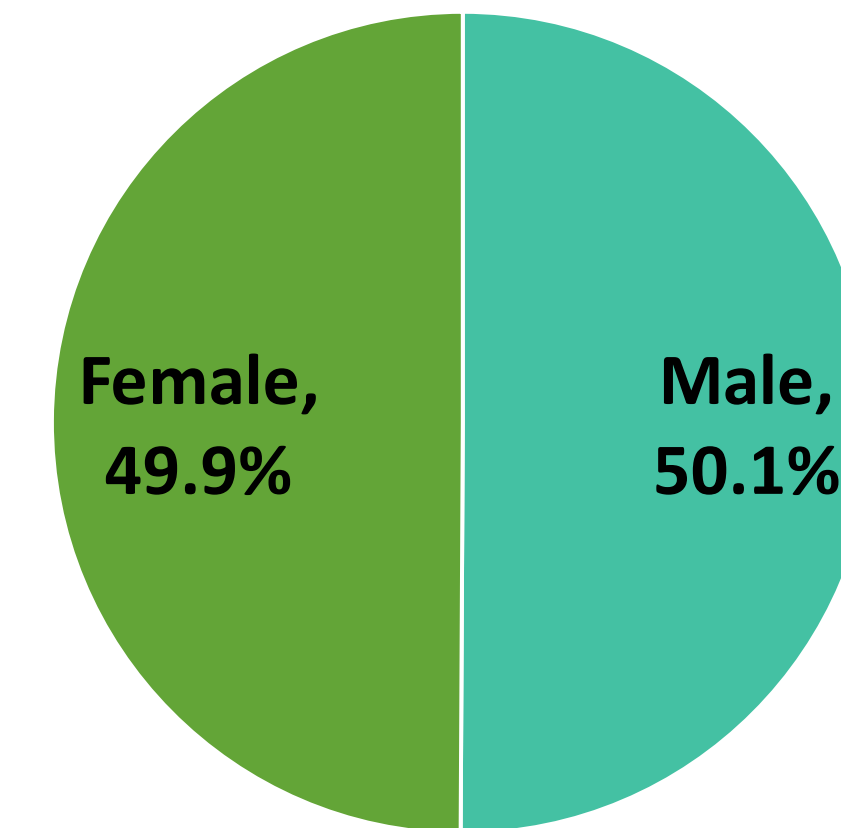


Number of Confirmed Cases of Chlamydia by Age Group, 2022 – OCDOH Data

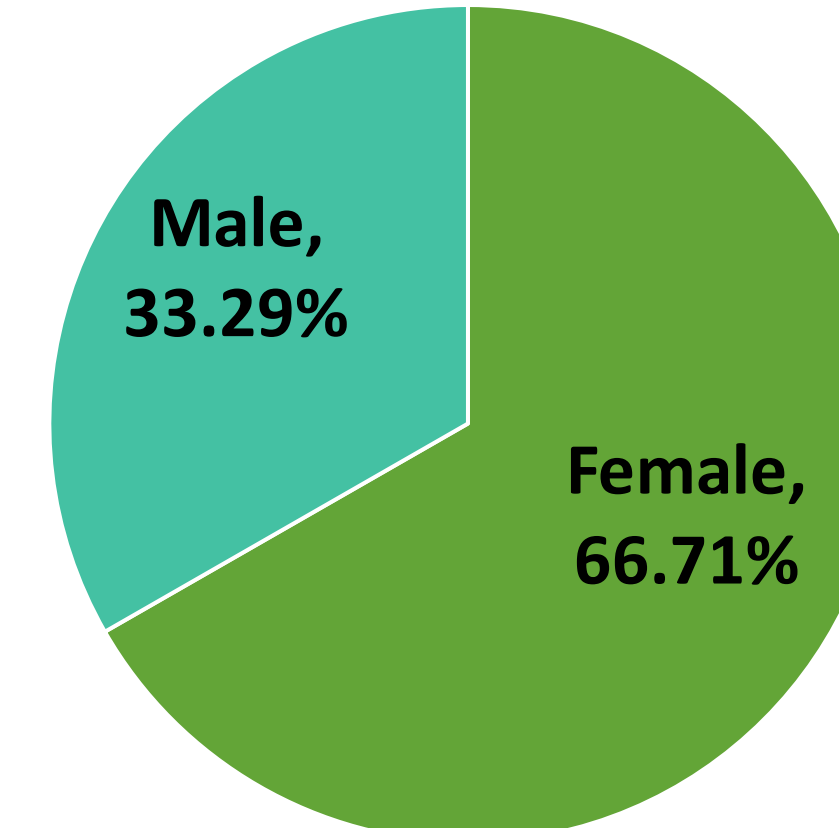


- 14.7% of the total population of Orange County is between the ages of 15 to 24
- 54.2% of total Chlamydia cases are between the ages of 15 to 24

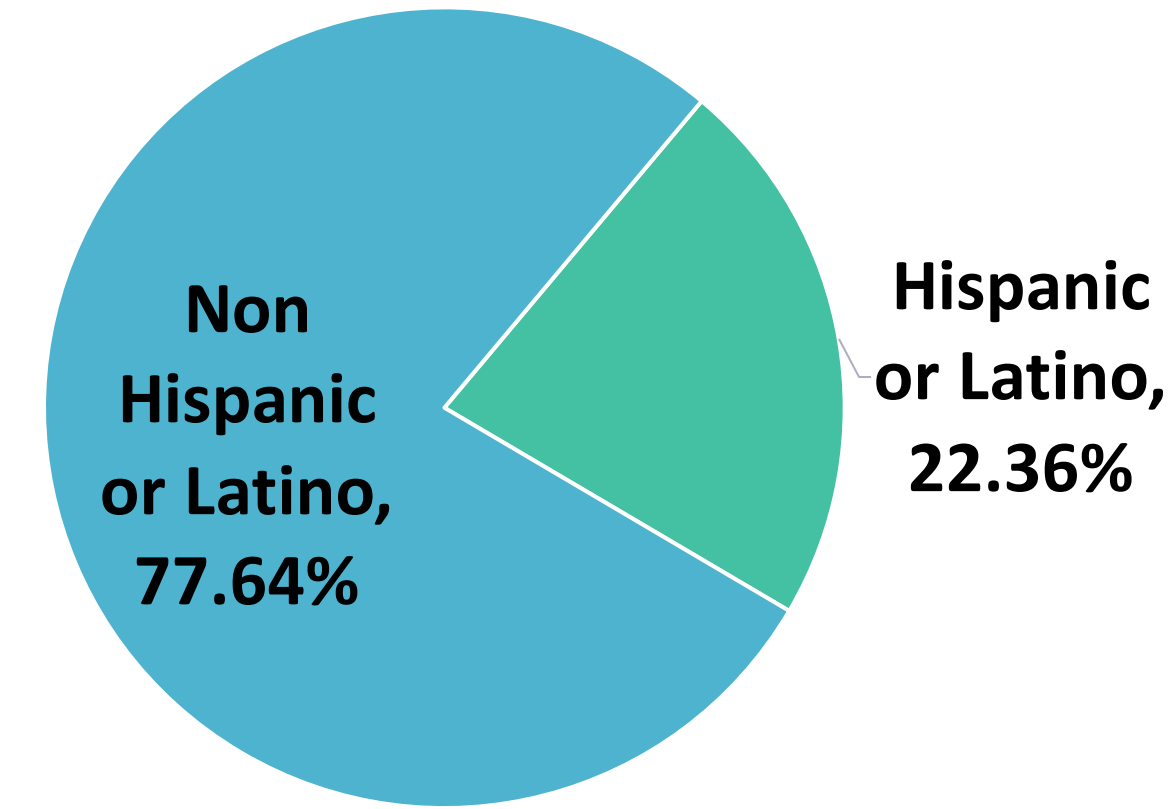
Gender Distribution of Orange County



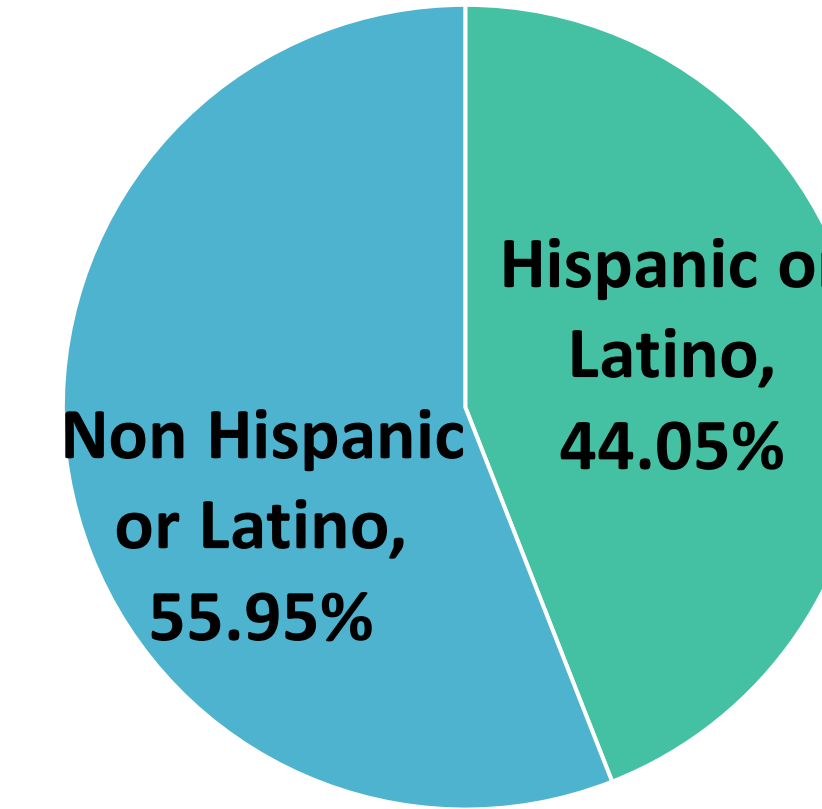
Confirmed Chlamydia Cases by Gender



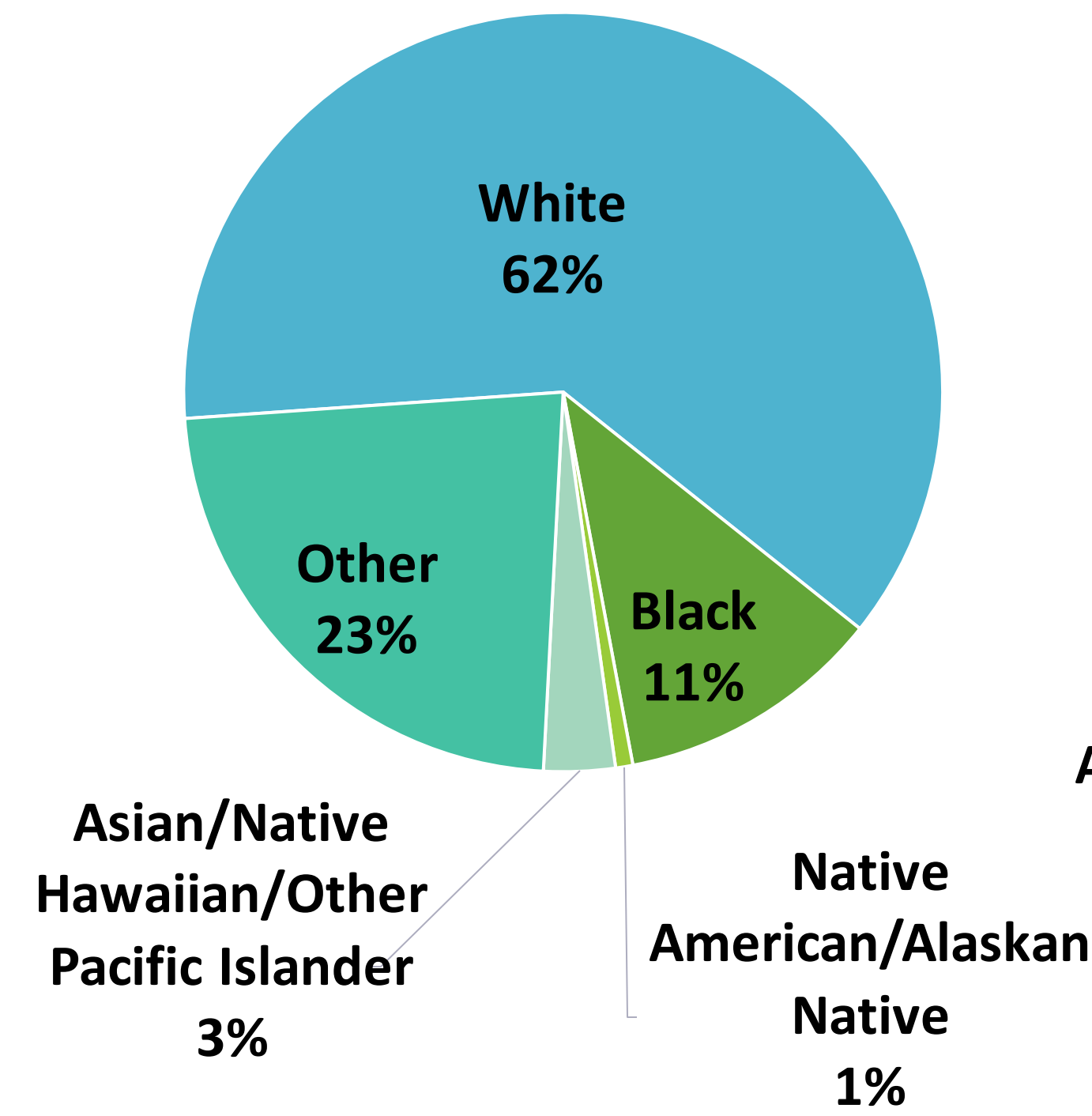
Ethnic Distribution of Orange County



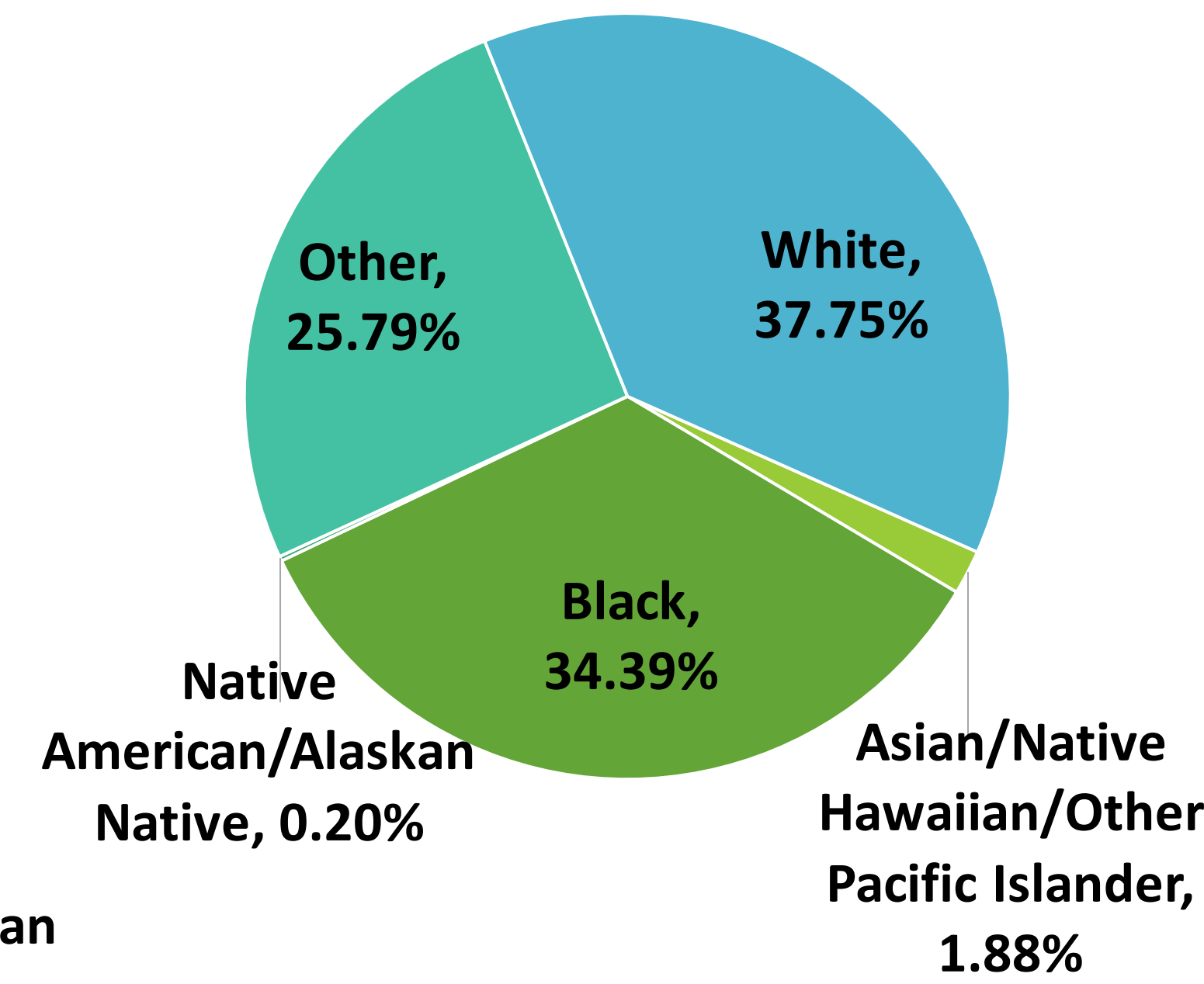
Confirmed Chlamydia Cases by Ethnicity



Racial Distribution of Orange County



Confirmed Chlamydia Cases by Race



COMPLICATIONS OF UNTREATED CHLAMYDIA

- Autoinoculation
 - Conjunctivitis
 - Rectal infections*
- Pelvic Inflammatory Disease (PID)
 - Ectopic Pregnancy
 - Infertility
- Increased risk of contracting HIV
- Perinatal transmission
 - Conjunctivitis
 - Pharyngitis
 - Trachoma
 - Pneumonia

*Typically in females. A rectal infection can also result from sexual transmission.

Source: University of Washington. *STD Lesson 2nd Edition*. National STD Curriculum. <https://www.std.uw.edu/custom/self-study>

Centers for Disease Control and Prevention. *Chlamydia – CDC Basic Fact Sheet*. <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm>

PRIORITY POPULATIONS

- Minors
- Pregnant persons
- Reinfected persons
- Co-infected persons
- Extragenital infections
- Untreated/Undertreated

INDICATORS

Table 1. Indicators for Process Evaluation		Table 2. Indicators for Outcome Evaluation	
Evaluation Question	Indicator	Evaluation Question	Indicator
Access			
To what extent are providers able to access public health detailing sessions with OCDOH?	# of providers that schedule public health detailing sessions	Does this program increase the number of PRFs received?	The percentage of PRFs received Goal: From 28.7% to 53.7%
Utilization			
To what extent are providers able to complete public health detailing sessions with OCDOH?	# of providers that completed at least one public health detailing session per year	Does this program reduce the number of priority cases missed?	The percentage of priority cases missed by program managers Goal: From 36.7% to 18.3%
Are there providers who are consistently not receiving public health detailing sessions?	List of which providers participate in public health detailing	Does this program maintain a standard for the timely completion of investigations?	The number of investigations left open longer than one month Goal: From baseline to ≤ 20
Adherence to Schedule			
Are OCDOH nurses coming in on scheduled days and completing treatment verifications and identifying priority cases?	#, % of days out of those scheduled that nurses conduct weekly follow-up with providers	Is this chlamydia response sustainable over time?	Meeting short-term outcomes quarterly over a 12-month period Goal: Yes for all outcomes
Quality			
Timeliness			
How many public health detailing sessions are provided by OCDOH per month?	# of public health detailing sessions provided monthly by OCDOH	Does this program help managers understand which chlamydia cases are most likely to be UT/LTF?	Demographic variables (race/ethnicity, zip code, age, gender) of UT/LTF Goal: Identify highest risk population for targeted efforts
Efficiency			
How many treatment verifications are being completed per week?	Average # of treatment verifications completed per week	Does this program reduce the number of UT/LTF chlamydia cases?	The percentage of UT/LTF chlamydia cases Goal: From 8.3% to 6.2%
Probity			
Are confidentiality and privacy standards with respect to patient information being upheld?	# of reported breaches/breaks of confidentiality practices	Table 3. Baseline Data for Outcome Indicators	
		Indicator	Baseline Data
Short-Term Indicators			
Is this program acceptable to the program staff given the current availability of resources?		The percentage of PRF received (PRFs received/positive lab reports received)	425/1479 = 28.7%
		The percentage of priority cases missed by program managers (priority cases missed/(priority cases missed+priority cases sent to e-assign))	166/(166+286) = 36.7%
Intermediates Indicators			
Does this program increase the workload for CMP staff (i.e. the number of cases assigned to DIS for further follow-up)?		The number of cases sent to e-assign	286
		Long-Term Indicators	
		The percentage of UT/LTF chlamydia cases (UT/LTF chlamydia cases/total chlamydia cases)	123/1479 = 8.3%

OUTCOMES

- Drastically increased weekly treatment verifications
- Cases sent to e-assign beyond our control, can only come from infection prevention
- Percentage of PRFs did increase, but not as much as hoped
- Percentage of priority cases missed determined by volume of other STIs, CT falls low on the matrix