


Department of Health

Sexually Transmitted Infection Intervention
Results and Recommendations




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Data Collection

518 Patients participated in the research

Alachua CHD – 223 enrolled participants

- Data collected from 8/5/2020 – 8/31/2021


Bay CHD – 123 enrolled participants

- Data collected from 8/5/2020 – 8/31/2021

Orange CHD – 172 enrolled participants

- Data collected from 11/5/2020 – 8/31/2021

*Implementation at Orange County was delayed due to complications arising from COVID-19



Intervention Overview

Site-specific testing for Chlamydia and Gonorrhea based on exposures & symptoms

Tests Needed:

- Throat NAAT
- Urine or genital NAAT
- Rectal NAAT
- Syphilis serology

Venous blood draw for Syphilis testing

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Chlamydia and Gonorrhea Incidence Rates by County

	Alachua			Bay			Orange			Total Incidence across All Counties
	Total	Lab (+)	Incidence Rate	Total	Lab (+)	Incidence Rate	Total	Lab (+)	Incidence Rate	
Rectal	47	6	12.8%	81	11	13.6%	53	11	20.8%	15.5%
Throat	96	3	3.1%	97	6	6.2%	63	7	11.1%	6.3%
Urine	188	10	5.3%	99	11	11.1%	115	7	6.1%	7.0%
Vaginal	32	2	5.6%	30	3	10%	0	0	0.0%	8.1%

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Chlamydia and Gonorrhea among Research Participants at Alachua, Bay, and Orange Counties

	Positive	Total labs	Incidence Rate
Extragenital	44	437	10.1%
Genital	33	464	7.1%

Across all three counties, the relative risk of Chlamydia and Gonorrhea incidence is 1.42 times higher in samples collected from extragenital sites as compared to genital sites.

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Extragenital Cases of Chlamydia/Gonorrhea among Research Participants in Alachua, Bay and Orange Counties

	Total Cases	Asymptomatic Cases (%)	Negative Urine Test but Positive Mucosal Swab*
Chlamydia	22	14 (64%)	18 (82%)
Gonorrhea	21	10 (48%)	9 (43%)
Total	43	24 (56%)	27 (63%)

*Cases would have been missed with urine screening alone

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Results of Syphilis Screening

- Alachua = 5.6%
- Bay = 3.5%
- Orange = 8.6%

Syphilis Labs among Research Participants at Alachua, Bay, and Orange Counties		
Total labs	Total (New +)	New Case Incidence Rate
458	27	5.9%

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Intervention Benefits

- Increased frequency of appropriate exposure-based testing and screening
- Exposure-based testing improved diagnostics for chlamydia and gonorrhea
- Self-collection reduced burden on clinic and was preferred by most clients
- Standardized sexual health history and automated risk assessment reduced potential interviewer bias
- Improved privacy for patients responding to sensitive questions
- Provided additional health education opportunities

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Sustainability

Patient takes assessment at home or in clinic

➔

Recommended labs link to EMR or brought to clinic by patient

➔

Patient attends lab or clinic & provides specimens

- Retention of the automated sexual risk assessment to reinforce comprehensive STI screening and improve diagnostics
 - Patient portal expansion
 - ACASI for continued use in clinics
 - Web version
- Provider training on self-collection efficacy

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Automated Sexual Risk Assessment

- 7 question section on signs and symptoms
- 3-12 question section on risk factors experienced since the last provider visit

1	Since your last health care provider visit, have you had any sex including oral or vaginal or rectal?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Why do we ask this? All types of sex can transmit STDs, including oral sex. It is important to consider all types of sex since your last health care visit to evaluate your sexual health.</i>					
If no, skip to Question 11					
2	What types of sex have you had since your last health care provider visit. (Select all that apply)	Anal	<input type="checkbox"/>		
		Oral	<input type="checkbox"/>		
		Vaginal	<input type="checkbox"/>		
<i>Why do we ask this? There are different tests that need to be performed based on the types of sex you have. Be sure to talk to your doctor about all of the kinds of sex you have.</i>					
If yes to oral sex, see Question 3					

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Health Education Component

Why do we ask this?

Many STDs can stay hidden with no symptoms for years. So, while your partner may have given it to you, they may have had it before they were with you. The most important thing is for both of you to get tested and treated at the same time so you don't re-infect each other.

Please select the type of provider you have had since your last provider visit.

1. Specialist or other specialist Generalist or family doctor Other

Why do we ask this? Different tests are needed based on the type of sex you have.

2. Number of times you've sexual partners since your last health care provider visit. Yes No

Why do we ask this? It is recommended that you get tested for STIs every time you have sex with a new partner.

3. Have you ever had a sexually transmitted infection (STI) with a new sexual partner? Yes No

Why do we ask this? It is important that you get tested for STIs every time you have sex with a new partner. If you've ever had an STI, you should be tested for all STIs and HIV.

4. Has your current or past partner's last diagnosed or treated for a sexually transmitted infection since your last health care provider visit? Yes No

Why do we ask this? Not all people who have an STI will have symptoms. If your partner has recently been diagnosed for an STI or HIV, it is important that you get tested for STIs and HIV to make sure you both are treated at the same time.

5. What was your partner diagnosed with or treated for? Chlamydia Gonorrhea Syphilis HIV Other

Why do we ask this? Having STIs can stay hidden with no symptoms for years. So, while your partner may have given it to you, they may have had it before they were with you. The most important thing is for both of you to get tested and treated at the same time so you don't re-infect each other.

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Questions?

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