

STD Testing at Emergency Contraception Visits:

New York City STD Clinics, 2005-2008

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Disclaimer: The findings and conclusions of this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.



Background: EC in NYC STD Clinics

- In 10 NYC DOHMH STD clinics since 2003
 - FREE
 - To women
 - No advance provision
 - Walk-in MD visits

Study Objective & Definitions

- Describe EC-request visits
 - Patient age
 - STD testing and positivity
- EC-request visit = pt. asks for EC (triage or MD)
 - EC-only visit = no other services requested
 - EC-plus visit = additional services requested
- STD testing = Chlamydia and gonorrhea (CT/GC)

Methods

- Project Period: Oct. 2005 – Apr. 2007 (19 months)
- Population: Women (age ≥12)
- Data Source: Electronic Medical Records
 - Visit-based analysis
 - Reasons for Visit / Chief Complaints
 - Age
 - Urine / endocervical NAATs and GC culture on cervical, anal, and oral specimens

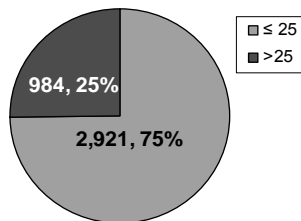
Results 1: EC-Request Visits

- 3,110 women made 3,905 EC-request visits
 - 20% repeats
 - 60% (2,329 / 3,905) are EC-only visits
- EC demand at NYC DOHMH STD clinics
 - Visits to STD clinics by women in 2006: 48,691
 - Est. EC-request visits per year: 2,460
 - 5% of women's visits are for EC

Results 2: Patient Age

- Median age at EC request = 21
 - Range: 13-49
- 3/4 EC-requests by women ≤ 25

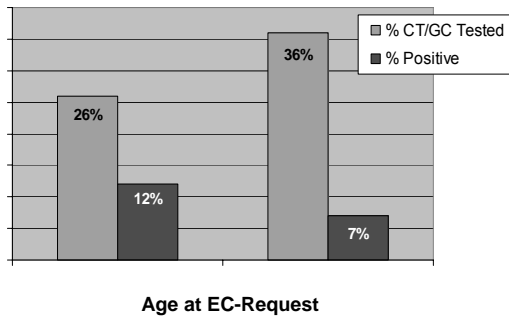
Age at EC-Request, in Years



Results 3: CT/GC Testing & Positivity

Visit Type	No.	% Tested for CT/GC	% Positive for CT/GC
All EC-requests	3,905	29% (1,115/3,905)	11% (118/1,115)
EC-only	2,329	4% (97/2,329)	8% (8/97)
EC-plus	1,576	65% (1,018/1,576)	11% (110/1,018)

Results 4: CT/GC Testing & Positivity at EC-Request Visits, by Age Group



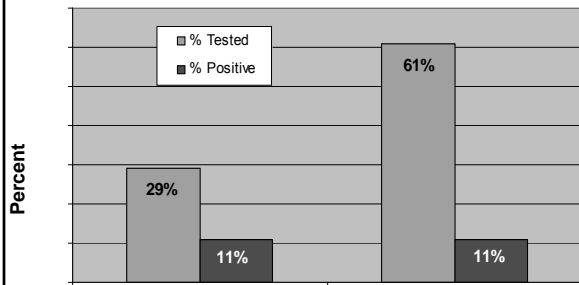
Limitations

- “Reason for Visit” data can be incomplete or inaccurate
- Did not include visits where EC received, but not recorded as requested
- Anorectal CT testing not assessed in this analysis

Conclusions

- Substantial % of visits by women are for EC
- Most EC-requests are by women ≤25
- Few EC-request visits included testing for CT/GC
- High CT/GC positivity among those tested
- **EC-Request Visits = Missed opportunity for CT/GC testing**

CT/GC Testing and Positivity at EC-Request Visits, Comparison Between Project and Follow-up Periods



Increased Capacity to Detect CT/GC Infections

- Presuming 2,500 EC-request visits per year
– 11% CT/GC positivity among those tested

Scenario	% Tested	# Tests Done / Year	# Infections Detected / Year
Original Protocol	29%	725	80
New Protocol	61%	1,525	168
Ideal World	90%	2,250	248

- The new protocol allows us to detect 88 more CT/GC infections per year.
- If we could test 90% of EC-requesters, we could detect 168 more per year than under our original protocol.

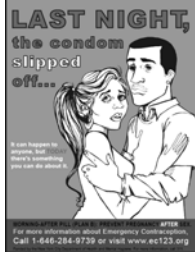
Next Steps

- Continued evaluation of yield of this approach
- Describe repeat EC patients
 - Look for prevention opportunities
- EC education in clinic waiting rooms
- Increase clinic capacity to provide EC
- Improve referrals to family planning services
 - Ft. Greene example
- On the horizon: Quickstart OCP

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Supplemental Slides

NYC STD Clinics

- 10 clinics
 - Free
 - ≥12 years old
 - No appointments
 - No insurance needed
 - Immigration status not checked
 - 114,685 visits in 2007
- Services include:
 - STD testing and treatment
 - HIV testing and counseling
 - Partner notification
 - Free condoms
 - Hep A & B vaccine
 - Nicotine patches
 - Pap tests
 - **Emergency contraception!**



Relative Burden of EC Demand at NYC DOHMH BSTDC Clinics

Clinic	EC Request Visits, 2007 ¹	Annual Visits by Women ²	% of Women's Visits Where EC is Requested ⁽¹⁾⁽²⁾	How many of the visits by women involve an EC request?	Rank: Volume of EC Demand
Central Harlem	242	4692	5.2%	1 in 19	7
Riverside	281	4615	6.1%	1 in 16	4
Corona	99	2877	3.4%	1 in 29	9
Ft. Greene	448	8447	5.3%	1 in 19	6
Jamaica	783	8460	9.3%	1 in 11	1
Chelsea	363	6819	5.3%	1 in 19	5
East Harlem	72	1890	3.8%	1 in 26	8
Crown Heights	255	3388	7.5%	1 in 13	2
Richmond	21	718	2.9%	1 in 34	10
Morrisania	509	7876	6.5%	1 in 15	3
TOTAL	3073	49782	6.2%	1 in 16	

¹ From analysis of EMR data, 10/05-4/07
² From BSTDC clinic utilization data for 2007

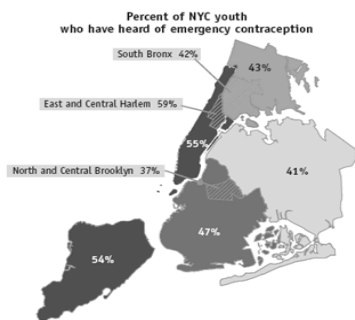
EC Resources

- <http://ec.princeton.edu/>
- <http://www.plannedparenthood.org/birth-control-pregnancy/emergency-contraception-4363%20.htm>
- <http://www.4women.gov/faq/econtracep.htm>
- <http://www.go2ec.org/>
- <http://www.cecinfo.org/>
- <http://www.womenshealth.gov/faq/econtracep.htm>

Understanding EC Effectiveness

- If 100 women had unprotected sex (sex without using birth control) in the fertile part of their cycle (when an egg is most likely to leave the ovary), about 8 of those women would become pregnant.
- If those same 100 women took progestin-only EC, only 1 would become pregnant.

Many people still don't know about EC...

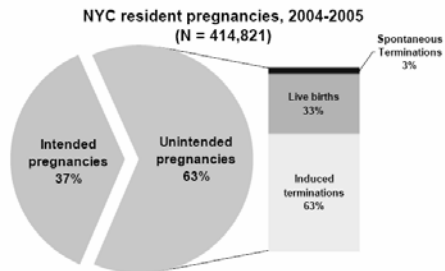


From: NYC DOHMH Vital Signs (Aug, 2007) "Teen Sexual Activity and Birth Control Use in New York City"
<http://www.nyc.gov/html/doh/downloads/pdf/survey/survey-2007youthsex.pdf>

Need for Anorectal CT/GC Testing Among Women Patients at BSTDC Clinics

- 8% of female visits to BSTDC clinics report receptive anal sex
 - 6% of 12-19 year old female visits
 - 8% of 20-29 year old female visits
- See poster at this conference by JA Schillinger et al.

Most NYC unintended pregnancies are terminated



Source: NYC PRAMS 2004-2005, NYC DOHMH Bureau of Vital Statistics (calculations by Bureau of Maternal, Infant & Reproductive Health); Guttmacher Institute



From presentation by Dr. Elizabeth Needham Waddell, BMIRH

Background 1: Unintended Pregnancy

- 1/2 of pregnancies in the US are unintended
 - 3.1 million in 2001
 - Healthy People 2010 Goal: reduce to 30%
- ~60% of pregnancies in NYC unintended
 - Highest among Black and Hispanic women
- Unintended pregnancies carry risks:
 - Health (physical and mental)
 - Social
 - Economic
- No form of contraception is 100% effective

Background 2: About EC

- Emergency Contraception (EC)
- Emergency = Used AFTER sex
- Contraception = PREVENTS pregnancy
 - not an abortifacient!

Background 3: Pills Formulated for EC

- Plan B[®] = FDA-approved in 1999
 - 2 pills; high dose of progestin
 - Effective up to 120 hours post-exposure
 - Effectiveness decreases over time
 - AKA: “the morning-after pill”



- Over-the-counter (August 2006)
 - For those 18 and over
 - Minors still need Rx
 - Costs \$30-\$70
 - Covered by some insurance, including Medicaid
