



**North Carolina Department of Health and Human Services
Division of Public Health**
1931 Mail Service Center • Raleigh, North Carolina 27699-1931

Michael F. Easley, Governor
Dempsey Benton, Secretary

Leah Devlin, DDS, MPH
State Health Director

March 4, 2008

Memorandum

TO: Local Health Directors
Directors of Nursing
Lab Managers

FROM: Evelyn M. Foust, Branch Head 
Communicable Disease Branch

Leslie A. Wolf, PhD, Laboratory Director 
State Laboratory of Public Health

Joe Holliday, MD, MPH 
Head, Women's Health Branch

SUBJECT: Chlamydia Screening Data Follow-up

In order to receive funding for Chlamydia testing, Infertility Prevention Projects (IPP) across the nation must meet certain CDC quality assurance criteria. North Carolina continues to be monitored as its data has not met CDC expectations.

In the spring of 2007, North Carolina Chlamydia testing data was under scrutiny because 52.2% of all women tested were listed as symptomatic as compared to 14.4% in other states in the region. This may have been due to LHD data manipulation practices to assure testing for women who did not meet the IPP criteria. While it is understandable that clinicians want to provide services to all of their clients, the resulting inaccurate data led the IPP advisory board to consider imposing sanctions such as having the laboratory return specimens of patients over 30 years with no exceptions, or instituting a chlamydia test kit allotment for each clinic.

In North Carolina, the Infertility Prevention Project (IPP) funded Chlamydia screening in local health department STD Clinics and Family Planning Clinics using the following original criteria until August 1st, 2007:

- Patient is a female less than 25 years of age
- Patient is pregnant
- Patient is a female 25 years of age or older and meets the following symptom criteria:
 - *Endocervical mucopus* - green or yellow discharge when viewed on a white cotton swab that has been inserted into the cervical os. "Positive swab test"; diagnostic of mucopurulent cervicitis.
 - *Cervical friability* - easily induced bleeding on the ectocervix or from the canal associated with the collection of specimens from the os, due to increased vascularity in the area.
 - *Cervicitis* - edema, erythema or follicle-like lesions in an area of ectopy OR the presence of cervical mucopus with approximately thirty or more polymorphonuclear (PMN) leukocytes per oil immersion field.



North Carolina Public Health
Working for a healthier and safer North Carolina
Everywhere. Everyday. Everybody.



- *Cervical motion tenderness* - moderate to severe tenderness elicited when the cervix is palpated or manipulated. These findings suggest complicated, upper genital track infection (pelvic inflammatory disease - PID, see below).
 - *Urethritis/urethral syndrome* - client complains of dysuria and frequency of greater than 7-10 days duration but denies hematuria or suprapubic tenderness. Urine culture is negative. On pelvic exam there may be urethral discharge and the meatus is reddened and swollen.
 - *Bartholinitis* - swollen Bartholin gland with pustular exudate from Bartholin's duct.
 - *Endometritis* - associated with intermenstrual bleeding and lower abdominal pain, fever, uterine cramping. May have pain with intercourse and vaginal bleeding after intercourse. Physical exam confirms uterine and parametrial tenderness on palpation. Temperature may be elevated.
 - *Salpingitis/Pelvic inflammatory disease (PID)* - signs vary and depend on actual site of infection. Minimal criteria for diagnosis include lower abdominal pain and tenderness, bilateral uterine/adnexal tenderness and cervical motion tenderness.
- Perihepatitis/Fitz-Hugh Curtis Syndrome* - associated with right upper quadrant pain, fever, nausea/vomiting, diarrhea.

On August 1st, 2007, in an effort to accommodate more requests for testing and improve the quality of data collected, the project implemented a pilot program that temporarily expanded our testing criteria for asymptomatic women 25 years of age or older. The State Lab Chlamydia/GC Detection Form (DHHS-4011) was modified to capture data for **asymptomatic** women 25 years of age or older who did not meet original IPP criteria. The following expanded testing criteria were added:

- retest for Chlamydia at three months post-treatment
- sex partner referral
- high risk history (i.e. new partner, multiple partners, etc.)
- Chlamydia testing prior to IUD insertion

Through November, 2007, pilot program data showed that the overall reduction in the number of patients characterized as symptomatic was over 20%. Also, there was not a notable increase in the number of specimens we received. **After analyzing this data, we are pleased to announce that we will be able to keep the expanded testing criteria in place until further notice.**

Please note that **asymptomatic** women 25 years of age or older will be tested **only** if one of the above criteria is checked.

The following instructions should be followed when completing the Chlamydia/GC Detection Form (DHHS-4011):

Chlamydia/GC Detection Forms (DHHS-4011) submitted to the State Lab must be filled out *accurately and completely*.

- Forms should not be filled out ahead of time.
- Include symptom information with *every* lab sample submitted, even if the patient is less than 25 years old and/or pregnant.
- The type of clinic should be checked off, but this is not a substitute for including the reason for testing the patient.
- If the patient does not meet IPP screening criteria, and there is no other source of funding for a NAAT test for gonorrhea and chlamydia, use a GC culture plate and epi treat for chlamydia. **Do not misuse the NAAT test funding for clinical convenience.**

Please contact Myra Brinson (919) 807-8835, Ron Higginbotham (919) 733-2030 ext 42, or your regional Women's Health Nurse Consultant with questions.