

EC Visit Is a Prime Time to Screen for STDs

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CHICAGO — Only 27% of women requesting emergency contraception received screening for chlamydia and gonorrhea, and of those who were screened, 12% were positive for at least one infection, according to the findings of a study conducted in 10 New York City–based sexual health clinics.

“Emergency contraception visits represent an important opportunity to improve STD testing and treatment. ... Screening more women who request emergency contraception should be a high priority,” said the study’s lead investigator, Shoshanna Handel, a public health official with the Centers for Disease Control and Prevention and the New York City Department of Health and Mental Hygiene.

Clinic visit data from a 19-month period were analyzed. During that time, 3,758 women made 4,657 requests for emergency contraception (EC). For 66% of these women, EC was the main reason for the visit, Ms. Handel said at a conference on STD prevention sponsored by the Centers for Disease Control and Prevention.

The patients’ median age was 21 years, but 12% of the requests came from women younger than 18 years, who are unable to buy EC at a pharmacy without a prescription. More than 75% of the requests came from women aged 25 years

or younger, precisely the group for which the CDC has recommended annual chlamydia and gonorrhea screening.

Overall, 27% of the EC visits included testing; 11% of these patients tested positive for chlamydia and 2% for gonorrhea. Women aged 25 and younger were significantly more likely to test positive than women older than 25 were (14% vs. 7%), a finding Ms. Handel said “is consistent with surveillance data showing that gonorrhea and chlamydia case rates are

highest among women under age 25.”

When she separated the visits into EC-only requests and visits that included EC and other services, she found a significant difference in how often screening was offered. “At the EC-only visits, only 4% of women were screened. But at the EC-plus visits, 71% were screened.”

After reviewing the analysis last October, the New York City STD clinics changed their screening policy for women seeking EC, Ms. Handel said. “Our previ-

ous protocol stressed expedited EC access. Now we offer chlamydia and gonorrhea screening as a package with emergency contraception.”

In the 3 months following the new protocol, Ms. Handel said the clinics increased their STD screening significantly among women seeking EC.

“During the follow-up period, our chlamydia and gonorrhea screening rates were 57%, compared to only 27% before the change.” ■

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breaks were ongoing in four (Arizona, Michigan, New York, and Wisconsin). A total of 59 cases occurred among U.S. residents, and 54 were associated with the importation of measles from other countries. In all but one case, patients were unvaccinated or had unknown vaccination status. In all, 43 (67%) of the patients were less than 19 years of age and 32 (50%) were less than 4 years old.

When the San Diego boy presented on Jan. 25, 2008, with rash, fever, yellow discharge, and red lips, his family physician and pediatrician suspected scarlet fever. This diagnosis was ruled out on the basis of a negative rapid test for streptococcus. “If you’ve seen measles, it can be clearly differentiated, [but] younger physicians do not recognize this diagnosis in the United States,” Dr. Baker said.

The boy was correctly diagnosed the following day based on laboratory tests and his presentation at a children’s hospital emergency department with a 104° F fever and generalized rash.

Measles is a very contagious disease that can spread airborne and through physical contact. In fact, a 53-year-old woman who sat one row ahead of the Japanese boy on a Detroit-to-Baltimore flight prior to the event developed measles; she could not recall being immunized.

More than 90% of “susceptibles” will be infected, Dr. Baker said. Despite receiving two doses of MMR, 1% of vaccinated people can develop measles, as well as some persons born before 1957, she added. “Very few vaccines are 100%.” ■

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