Free Home Chlamydia Tests Net High Return

BY BETSY BATES

LOS ANGELES — Free home swab test kits requested via the Internet have detected hundreds of cases of chlamydia, gonorrhea, and *Trichomonas* using a simple online recruitment strategy that was so effective it is now being extended to several states.

The novel "I Want the Kit" program was devised by Johns Hopkins University researchers in 2004, alerting young women to facts about chlamydia and other sexually transmitted diseases, and offering kits with prepaid postage to allow for confidential testing.

Word went out via radio, magazine, and newspaper advertisements in Baltimore initially, but soon Internet traffic began to dominate responses.

"Our original objective was to reach out to teens who might have issues with fear and privacy going to a clinic," Dr. Charlotte A. Gaydos said at the annual meeting of the Society for Adolescent Medicine, where she presented interim study results.

Nearly 5,000 kits have been requested to date, 97% through the study's site www.iwantthekit.org.

About one-third of the kits were returned with vaginal swab samples collected at home, with positive chlamydia results in 10% and positive gonorrhea tests in 1%, Dr. Gaydos, professor of infectious diseases at the university, said in an interview.

Trichomonas testing was added in 2006 and has resulted in a detection rate of 12% in 1,032 returned samples.

Dr. Gaydos reported that more than 98% of women said the instructions for collection were easy, 97% said the collection itself was easy, and 92% said they would use an Internet-based program again for STD testing.

Once someone requests a kit, it arrives at her home in a plain envelope, listing as the return address only the street address of the project in Baltimore. The packet contains detailed instructions, the test swab, and return packaging—including postage.

About one-third of nearly 5,000 vaginal swab test kits requested were returned, with positive chlamydia results in 10% and positive gonorrhea tests in 1%.

"I'm reaching out to the 14-year-old who has no money for postage and is not going to tell her mother she's sexually active," said Dr. Gaydos.

Completed samples can be dropped off in any mailbox and are tested by nucleic acid amplification tests for all three STDs. The test method has been found in previous research to be highly accurate—and even more so with self-collected vaginal swabs than with urine specimens.

Positive test results are followed up by referrals to free treatment clinics close to the adolescents' or women's homes.

Beyond identifying cases of sexually transmitted infections that might not otherwise have been detected, the researchers were able to obtain demographic and sexual information from women who responded.

A few 14-year-olds participated but none were positive for chlamydia.

On the other hand, more than one-quarter of all respondents were aged 15-19 years, and they had the highest prevalence for chlamydia of any age group, at 15%.

About one-third of the respondents were aged 20-24 years. In this group, the prevalence rate was 11%.

Somewhat surprising to researchers was the high rate of participation among women 25-29 years (18% of respondents, with a prevalence rate of 7%) and those over 30 years (22% of the respondents, with a prevalence rate of 1%).

Researchers found a high rate of sexual risk among women participating in the study, with 55% reporting a history of an STD, 59% reporting more than one sex partner in the previous 90 days, 39% reporting a new partner in the previous 90 days, more than half reporting drinking before sex, 31% reporting anal sex, and 23% reporting a history of forced sex.

In a multivariate logistic regression analysis, only three factors were independently associated with a positive chlamydia test: black race vs. white (odds ratio, 3.4); age less than 25 years (OR, 3.4); and having a new partner during the past 90 days (OR, 1.7).

Among all respondents (most of whom did not test positive for an STD), 62% reported at least one symptom, including vaginal discharge (48%), lower abdominal pain (17%), pain during intercourse (15%), abnormal vaginal bleeding (7%), and/or pain during urination (6%).

Several audience members expressed concern about undiagnosed conditions in the population, but Dr. Gaydos assured them that the Web site makes it clear that respondents should seek medical attention in the face of symptoms and have a regular care provider.

A parallel study is ongoing for males, she said. The "I Want the Kit" testing is currently available via the Internet to girls and young women in Maryland; West Virginia; Washington, D.C.; Denver; and some counties in Illinois.

"Theoretically, this program could go anywhere in the U.S.," she said.

Every state receives Centers for Disease Control and Prevention funding for free STD testing through the CDC Infertility Prevention Program, and this strategy may reach a very high-risk group with intensive education and a means of confidentially, conveniently accessing a reliable test. Involving public health systems is critical, said Dr. Gaydos, because many commercial Internet sites offering STD tests use unreliable testing protocols. In fact, some are completely fraudulent, she said.

Dr. Gaydos disclosed that Gen-Probe, Inc. of San Diego provided free diagnostic kits for the study. ■

Pharmacies May Thwart Patients' Efforts to Get Plan B

BY ROBERT FINN

SAN FRANCISCO — Emergency contraception is available in 69% of Los Angeles pharmacies, and patients usually receive accurate information when inquiring about it, according to a study using sham patients.

However, in one-third of encounters in the study, the patients received the information only after multiple calls and multiple recitations of their situation, Dr. Anita L. Nelson said at a conference on contraceptive technology sponsored by Contemporary Forums.

Some pharmacies provided inaccurate information. For example, of 1,206 pharmacies contacted, 74 (6%) referred the woman to her clinician for a prescription. Another 12 pharmacies (1%) said that they knew that emergency contraception was available without a prescription, but that nevertheless they required women of any age to have a prescription.

At the time of the study, Plan B was available without a prescription to women aged 18 years and older. Recently, however, a U.S. federal judge ordered the Food and Drug Administration to make the emergency contraceptive Plan B (levonorgestrel) available to 17- year-olds without a prescription within 30 days, and the FDA complied.

Dr. Nelson and Dr. Cindy M. Jaime of the Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center, Torrance, Calif., conducted the study between October 2007 and October 2008. They attempted to contact all 1,440 unduplicated telephone numbers for pharmacies listed in the Yellow Pages for Los Angeles County; many of the phone numbers had been disconnected or were numbers for businesses selling medical marijuana or herbal remedies (Contraception 2009;79:206-10).

Female interviewers were trained to speak hesitantly to the person who answered and to say that she and her boyfriend had had sex the day before and that he had just told her that he had not used a condom. She then said that she had heard that maybe there was something she could take to keep from getting pregnant, and asked the person on the telephone if he or she knew about this.

Of the 1,206 pharmacies the investigators were able to contact, 835 (69%) responded that they carried emergency contraception and had it available on site without a prescription. An additional 232 (19%) responded that they did not have it in stock or did not carry it themselves but referred the caller to other pharmacies. Only 15% of those referrals, however, were to a specific local pharmacy. More commonly, the caller was referred to "any pharmacy" or to specific chains.

"What was very heartening is that when we finally got through to somebody, most of them gave very accurate information," Dr. Nelson said. Beyond that, some pharmacies responded in ways that Dr. Nelson described as "inspiring" and "heartwarming." For example, one person said, "We were going to close in about 10 minutes, but if you can get down here, I'll stay open for you."

But then there were the people who responded by telling the caller: "You need a doctor first to get a prescription for those pills," or "You could have a beautiful baby." Other comments included: "Next time be more careful," "Why are you not on the birth control pill?" and "Did you really have sex without a condom?"

Others provided inaccurate information. Plan B is most effective when taken within 72 hours after unprotected intercourse. However, three pharmacies said that emergency contraception had to be taken within 12 hours, three said 24 hours, and six said 48 hours. One pharmacy said that it was too early for the caller to use Plan B— that the pills needed to be taken 2-3 days after intercourse.

One pharmacist said that Plan B used to be available over the counter but was not any more, and two said that the person needed to be at least 21 years old to receive it.

Seventeen pharmacists hung up the phone after hearing the caller's question, and several hung up repeatedly upon being called back. Others asked overly personal questions such as "Are you married or single?" or "How long have you known him?"

As much as 29% of the time the women first spoke to a person who was not able to answer very basic questions, suggesting that pharmacies need to bolster their training of staff members. Dr. Nelson urged clinicians to consider prescribing emergency contraception in advance of need.

She stated that the study received no outside funding and disclosed that she has served on advisory boards and speakers bureaus, and has received research funding from, Duramed/Barr Pharmaceuticals Inc., which manufactures Plan B.

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