Private Practice Plays Key Role in STD Diagnosis

BY MELINDA TANZOLA

ATLANTA — Physicians who are in private practice identify more cases of chlamydia than any other type of provider in both urban and rural communities, according to the results of a retrospective analysis of sexually transmitted disease detection trends in a single state.

These findings indicate that private practice physicians are taking a leading role in the identification of new cases of STDs, the study's lead investigator, Wiley D. Jenkins, Ph.D., said at a conference on STD prevention sponsored by the Centers for Disease Control and Prevention.

Between 2002 and 2006, private medical physicians diagnosed one-third of all the chlamydia cases in Illinois. Hospitals were the second greatest source of chlamydia diagnoses in most counties, followed by family planning clinics and STD clinics, he said.

Private physicians also accounted for 25% of the diagnoses of gonorrhea in the state, which placed them second behind hospitals at 34%. Hospitals and STD clinics were the greatest sources of gonorrhea diagnoses in the 36 most densely populated counties, whereas private physicians were the greatest source in the 66 remaining counties, which were mostly rural, Dr. Jenkins reported.

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Overall, 247,725 cases of chlamydia and 106,645 cases of gonorrhea were reported during the 4-year study period. Females were diagnosed at a higher rate than males, accounting for 74% of the chlamydia cases and 54% of the gonorrhea cases.

African Americans accounted for the majority of both infections (52% of chlamydia and 68% of gonorrhea), though race was not listed in 18%-20% of cases, limiting the usefulness of this finding.

The proportion of cases occurring in females also increased as county populations decreased.

Private practice physicians and hospital providers were more widely distributed than other provider types, accounting for 539 providers in 100 counties and 229 providers in 66 counties, respectively.

Providers from other settings who reported STD diagnoses included those who worked in 158 family planning clinics located in 66 counties and 54 STD clinics in 35 counties. However, nearly half of the STD clinics (24 of 54) were located in Cook County (Chicago), leaving 30 clinics to serve the remaining 101 counties in the state.

"It might be easier and more effective to encourage existing physicians to screen according to USPSTF [U.S. Preventive Services Task Force] guidelines rather than establish new/expensive screening sites in areas of lower population and incidence," suggested Dr. Jenkins, who is with the department of family and community medicine at Southern Illinois University in Springfield.

The USPSTF recommends that annual screening for chlamydia be performed in sexually active females under the age of 25 years, but CDC data indicate that many women are not being screened according to guidelines.

In 2007, only 42% of sexually active women aged 16-25 years who had accessed care and were enrolled in U.S. commercial or Medicaid health plans were screened for chlamydia. Coverage varied by region, from 46% in the Northeast to 37% in the South (MMWR 2009;58:362-65).

According to USPSTF guidelines, depending on the local prevalence of chlamydia and gonorrhea, the screening of females for gonorrhea or males for chlamydia and/or gonorrhea may be justified. ■