

# HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 3



<b>Performance Measure:</b> Chlamydia Screening		<b>OPR-Related Measure:</b> No
Percentage of clients <sup>1</sup> with HIV infection at risk for sexually transmitted infections (STI) who had a test for chlamydia within the measurement year		
<b>Numerator:</b>	Number of HIV-infected clients who had a test for chlamydia	
<b>Denominator:</b>	Number of HIV-infected clients who: <ul style="list-style-type: none"> <li>• were either: a) newly enrolled in care; b) sexually active; or c) had a STI within the last 12 months, and</li> <li>• had a medical visit with a provider with prescribing privileges<sup>2</sup> at least once in the measurement year</li> </ul>	
<b>Patient Exclusions:</b>	1. Patients who were < 18 years old <sup>3</sup> and denied a history of sexual activity	
<b>Data Elements:</b>	1. Is the client HIV-infected? (Y/N) <ul style="list-style-type: none"> <li>a. If yes, is the client new to care, sexually active or had a STI within the last 12 months? (Y/N)             <ul style="list-style-type: none"> <li>i. If yes, was the client tested for chlamydia during the measurement year? (Y/N)</li> </ul> </li> </ul>	
<b>Data Sources:</b>	<ul style="list-style-type: none"> <li>• Electronic Medical Record/Electronic Health Record</li> <li>• CAREWare, Lab Tracker or other electronic data base</li> <li>• Medical record data abstraction by grantee of a sample of records</li> <li>• Billing records</li> </ul>	
<b>National Goals, Targets, or Benchmarks for Comparison:</b>	None available at this time	
<b>Outcome Measures for Consideration:</b>	<ul style="list-style-type: none"> <li>• Incidence of STIs in the clinic population</li> <li>• Incidence of pelvic inflammatory disease in the clinic population</li> </ul>	
<b>Basis for Selection and Placement in Group 3:</b>		
<p>Early detection and treatment of STIs may reduce the risk for STI and HIV transmission. Providers should screen for STIs to treat infections and decrease HIV transmission to sexual partners. Many STIs increase the number of HIV-infected white blood cells in the genital area and increase the risk of transmitting HIV infection.<sup>4</sup> STIs can also enhance the risk of transmitting HIV by increasing the viral burden in genital secretions.<sup>5,6</sup></p> <p>STIs in seronegative partners increase the risk for acquiring HIV because they increase the volume of white blood cells, including those that are targeted by HIV, in the genital region, and may cause ulcerative lesions, increasing the likelihood of infection.<sup>7</sup> Susceptibility to transmission may therefore be enhanced.</p> <p>Chlamydia infection in women may often be asymptomatic but like other STIs can also increase the risk for</p>		

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HIV transmission and enhance transmission susceptibility. Providers should test women for cervical chlamydial infection at least annually to treat infections and to decrease the risk of chlamydia and HIV transmission.

Identification and treatment of STIs can reduce the potential for spread of these infections among high-risk groups (i.e., sex or drug-using networks).<sup>8</sup>

The measure was placed in Group 3 because it focuses on similar aspects of care (STI marker) previously captured in measures included in Groups 1 & 2. There are currently no guidelines that delineate routine annual testing for chlamydia.

## US Public Health Guidelines:

“During the first visit, consider testing all patients for urogenital chlamydial infection. For subsequent routine visits, repeat tests periodically (i.e. at least annually) for all patients who are sexually active. More frequent periodic screening (e.g. at 3-month to 6-month intervals) may be indicated for asymptomatic persons at higher risk. Presence of any of the following factors may support more frequent than annual periodic screening: 1) multiple or anonymous sex partners; 2) past history of any STD; 3) identification of other behaviors associated with transmission of HIV and other STDs; 4) sex or needle-sharing partner(s) with any of the above-mentioned risks; 5) developmental changes in life that may lead to behavioral change with increased risky behaviors; or 6) high prevalence of STDs in the area or in the patient population.”<sup>9</sup>

## References/Notes:

<sup>1</sup> “Clients” includes all clients aged 13 years and older.

<sup>2</sup> A “provider with prescribing privileges” is a health care professional who is certified in their jurisdiction to prescribe medications.

<sup>3</sup> Onset of sexual activity is not reliably reported or recorded. The lower age bracket of 18 years is selected for performance measurement purposes only and should not be interpreted as a recommendation about the age at which screening should begin to occur.

<sup>4</sup> Cohen MS. Sexually transmitted diseases enhance HIV transmission: no longer a hypothesis. *Lancet* 1998;351(suppl 3):5-7.

<sup>5</sup> Buchacz K, Patel P, Taylor M, et al. Syphilis increases HIV viral load and decreases CD4 cell counts in HIV-infected patients with new syphilis infections. *AIDS*. 2004 Oct 21;18(15):2075-9.

<sup>6</sup> CDC. Recommendations and Reports: “Incorporating HIV Prevention into the Medical Care of Persons Living with HIV”. July 18, 2003/52(RR12);1-24.

<sup>7</sup> DT Fleming and JN Wasserheit, From epidemiological synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection, *Sex Transm Infect* 75 (1999), pp. 3–17.

<sup>8</sup> CDC. Recommendations and Reports: “Incorporating HIV Prevention into the Medical Care of Persons Living with HIV”. July 18, 2003/52(RR12);1-24.

<sup>9</sup> Ibid.