Los Angeles County Department of Health Services

STD EXAMINER

Shirley Fannin, MD
Director, Disease Control Programs

Gary A. Richwald, MD, MPH
Director, STD Program

February 1997 Volume 2, Number 1

Remarks from Dr. Richwald

STD control took a dramatic leap in recognition recently with the publication of "The Hidden Epidemic: Confronting Sexually Transmitted Diseases," a 300-page report by the Institute of Medicine (IOM) that calls for a broad-based national effort to reduce the enormous burden of sexually transmitted diseases. Findings from the two-year study were released on November 20, 1996 and were widely covered by the national media. The study reported that while five of the ten most common diseases reported to the Centers for Disease Control and Prevention are STDs, *no* effective national system currently exists to combat these diseases. It also estimated that STDs cost Americans a staggering $17 billion each year.

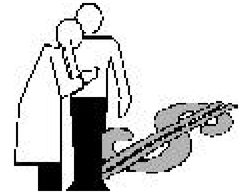
The good news for those of us involved in STD prevention and control is that the report comes from a prestigious, private, non-profit organization that advises the federal government on health policy. The IOM report does not merely legitimize our struggles, however. It offers us an invaluable opportunity to gain impetus, focus and direction for our disease control strategies in 1997 and for years to come.

According to the IOM Report, STDs are hidden from public attention for three major reasons: 1) many STDs are often asymptomatic and go undetected, 2) serious health consequences such as infertility, certain cancers and other chronic diseases occur years after the initial STD infection, obscuring their link to the STD, and 3) the stigma associated with having an STD has inhibited public discussion and frequently prevents clinicians from educating their patients regarding STDs. The report also emphasizes the dire need to improve

Please see DIRECTOR, page 4

Managed Care Update

Critical News for STD Services



In the next few months, a major medical, public health, financial and social "experiment" will begin in Los Angeles County. Over 1.2 million of the 1.9 million enrollees in Medi-Cal, the California health plan for the indigent, will be enrolled in managed care plans, replacing traditional fee-for-service care.

"With between 5% and 20% of patients at our County STD clinics eligible for Medi-Cal, how this new system meets the enormous challenges of STD care is obviously of concern," says Dr. Gary Richwald, Director and Chief Physician of the STD Program.

L.A. County has a dual plan managed care model: the local initiative (recently renamed L.A. Care Health Plan) and a commercial plan. In practice, L.A. Care will represent seven health maintenance organizations (HMOs): Blue Cross, Care First, L.A. Community Health Plan, Kaiser Foundation, Maxicare, Tower, and United Health Plan. The commercial plan is headed by Foundation Health with support from Molina Medical and Universal Care. L.A. Care is scheduled to begin full operation on March 1, 1997; the commercial plan on April 1. Current Medi-Cal clients will be required to either select or default into one of the two plans.

Although the State Medi-Cal Program has already signed contracts with the Plans, specific issues of public health and health care delivery have been left largely to be worked out at the County level. This will be accomplished through various agreements with the Board of Supervisors and memoranda of understanding between the Plans and our local Health Department. So far, the following issues have been more or less agreed upon: (1) Plan enrollees will have full access to County STD clinics without prior authorizations from their Plan; (2) for clinic patients who choose to reveal their Plan enrollment, the County can recoup payment for STD services provided at a limited number of permissible STD clinic visits, based on specific STD diagnosis; and (3) Plan physicians will be expected to follow guidelines recommended by the STD Program for diagnosis, treatment and partner follow-up services.

"The enrollment of hundreds of thousands of Medi-Cal patients in managed care organizations (MCOs) provides an opportunity for improved delivery of preventive and public health services," Dr. Richwald says. Compared with traditional fee-for-service Medi-Cal, MCOs have a financial incentive to provide preventive services. The Plans

Please see MEDI-CAL, page 2

Inside . . .

Clinical Corner . . . . .Page 2
STD/Family Planning Partnership . . . . . .Page 2
STD DataWatch . . . .Page 3
Clinic Re-opening . . .Insert
Inservice Info . . . . . . Insert

Clinical Corner

Chlamydia Diagnostic Tests: Not All Created Equal

Several FDA approved diagnostic tests are available for the identification of urogenital infections caused by *Chlamydia trachomatis*. However, all tests are not created equal.

In the past year, it has come to the STD Program's attention that some manufacturers are promoting the use of rapid clinic-based tests for chlamydia in non-DHS family planning clinics and other health care facilities. These tests, such as Clearview, Biostar OIA, QuickVue and Testpack, appear attractive because they are available at low cost and may be performed while the patient waits in the office. A closer look, however, reveals that such tests are significantly inferior to available laboratory-based chlamydia tests, including EIA, DFA, Gen-Probe, PCR and LCR. In fact, "as many as 50% of true chlamydia infections may go undetected with the use of rapid clinic-based tests," according to Irene Dyer, MPH, STD Program Clinical Laboratory Coordinator.

Manufacturers' package inserts, which claim 80%-90% sensitivity for the clinic-based tests, are often misleading. These claims are based on comparisons with chlamydia culture testing, which recent studies have shown to be only 60%-80% sensitive. Using a more appropriate standard, a rapid clinic-based test which claims 85% sensitivity compared to culture has a true sensitivity of only 51%-68%. "We believe the tests' markedly inferior performance makes them unsuitable for use in most clinical practice sites," concludes Dyer.

Fortunately, two DNA amplification testing methodologies, Polymerase Chain Reaction (PCR) and Ligase Chain Reaction (LCR), which are significantly superior to other methods of chlamydia testing, are now available. The L.A. County Public Health Laboratory, as well as several private laboratories in L.A. County, have used PCR and LCR for diagnosing chlamydia since the tests were marketed in 1994 and 1996, respectively. The PCR and LCR assays provide diagnostic tests for chlamydia with greater than 95% sensitivity and nearly 100% specificity. "Since we began using these tests, we have seen an approximate increase of 20%-30% in the number of true chlamydia infections detected," says Dyer.

DNA amplification tests can be performed with urine samples rather than the more difficult-to-obtain cervical or urethral specimens, and they do not require repeat testing or additional confirmatory tests which increase cost and delay public health follow-up. Although slightly higher in initial cost, the greater accuracy of PCR and LCR tests translates into better diagnosis and subsequent treatment. This in turn may prevent complications such as pelvic inflammatory disease, ectopic pregnancy, and infertility, which cost millions of dollars annually in medical care, disability and time lost from work.

Chlamydia Project Partners STD, Family Planning Agencies

What is necessary to achieve the integration of services between STD programs and family planning agencies, two entities that have historically maintained separate agendas? The L.A. County Infertility Prevention Project (LACIPP) provides one successful model. LACIPP is a collaborative effort between the L.A. County STD Program and the L.A. Regional Family Planning Council, created with the goal of reducing the incidence of chlamydia and associated infertility among women and girls in L.A. County.

One of ten regional projects in the United States, LACIPP was established in April 1995 and is sponsored by the Centers for Disease Control and Prevention and the Federal Office of Population Affairs. The five-year project targets women and their sex partners attending public STD and Title X family planning clinics in L.A. County.

"Controlling the spread of chlamydia is essential to the reproductive future of young women," says Elizabeth Ciemins, MPH, LACIPP Coordinator. With over 18,500 cases reported in 1995 in L.A. County alone, chlamydia is the most prevalent bacterial STD on both the national and local levels, as well as California's leading cause of preventable infertility.

Since the project's inception, LACIPP staff have been

Please see PARTNERSHIP, page 4

Medi-Cal Managed Care

Continued from page 1

usually have highly-developed information systems capable of assisting the STD Program in monitoring STD trends, and can be held accountable to purchasers for specific performance standards.

"On the other hand, STDs have not been a high priority for MCOs," Dr. Richwald says, "We fear that the STD care these organizations provide may not be adequate or in keeping with our practice guidelines."

Other concerns are that STD cases and sex partners may not be promptly reported to the STD Program or that MCOs may not provide services to sex partners of Plan members if the partner is not a member. Another fear is that Plan physicians may refer members to STD clinics for services already covered by the Plan to avoid costs (known as "dumping").

Discussions between the Health Department and Plans are continuing on still more operational issues: methods to alert Plan members of the opportunity for confidential services in County STD clinics, legality of sharing confidential STD clinic records with Plan staff, and management of in-Plan and out-of-Plan sexual partners of infected patients diagnosed by Plan physicians.

"I want everyone to know that the STD Program is actively involved in this process," Dr. Richwald says, "We will continue to keep you informed as this massive experiment unfolds."

STD DataWatch

Reported STDs in Los Angeles County, Fourth Quarter 1996 (September 29 to December 28, 1996)
Provisional data; rates per 100,000 population

	CHLAMYDIA			GONORRHEA			EARLY SYPHILIS'			CONGENITAL SYPHILIS		
HEALTH DISTRICT	Cases	Rates*	% ChangeH	Cases	Rates*	% ChangeH	Cases	Rates	% ChangeH	Cases	Rates+	% ChangeH
Alhambra	86	**112.0**	+4	12	**15.8**	0	0	**0.0**	+1	0	**0.0**	0
Bellflower	109	**147.6**	-49	20	**27.4**	-20	2	**2.4**	-2	0	**0.0**	-63
Central	193	**251.5**	+81	56	**73.9**	-36	14	**16.1**	-24	1	**53.5**	-428
Compton	213	**347.3**	-118	85	**140.0**	-44	8	**11.8**	-6	1	**57.7**	-173
East L.A.	96	**190.8**	+4	8	**16.0**	+4	7	**12.8**	+7	0	**0.0**	-78
East Valley	186	**219.2**	-12	33	**39.4**	+7	1	**1.0**	-6	1	**50.5**	-101
El Monte	164	**173.0**	-36	21	**22.5**	-16	2	**1.8**	-4	0	**0.0**	-120
Foothill	82	**124.6**	-2	12	**18.4**	+9	1	**1.4**	-7	1	**75.0**	0
Glendale	53	**73.1**	-22	12	**16.7**	-13	0	**0.0**	-5	0	**0.0**	0
Harbor	77	**167.8**	-52	15	**32.9**	-29	1	**2.0**	-6	0	**0.0**	0
Hollywood-Wilshire	218	**205.6**	+5	130	**124.8**	-23	15	**11.8**	-11	1	**44.4**	-178
Inglewood	357	**414.8**	-92	123	**145.0**	-178	14	**14.1**	-28	0	**0.0**	-428
Northeast	188	**243.5**	+25	19	**24.9**	-11	4	**4.6**	-3	0	**0.0**	-98
Pomona	164	**155.3**	-7	31	**29.9**	-11	1	**0.8**	-5	0	**0.0**	-83
San Antonio	184	**202.2**	-28	25	**27.9**	+2	3	**2.8**	-12	0	**0.0**	-74
San Fernando^	182	**242.3**	-18	43	**58.0**	-32	3	**3.5**	-6	1	**62.4**	-250
South	194	**500.8**	-73	76	**197.5**	-172	14	**34.0**	-49	3	**277.1**	-462
Southeast	142	**361.4**	+108	38	**97.3**	-84	3	**7.2**	-29	0	**0.0**	-613
Southwest	362	**447.0**	+8	139	**174.0**	-87	15	**16.2**	-6	4	**195.0**	-439
Torrance	103	**111.9**	+6	27	**29.8**	+12	0	**0.0**	-2	2	**114.7**	+57
West	155	**130.5**	+22	46	**39.5**	+7	4	**2.7**	-3	0	**0.0**	-147
West Valley	212	**149.1**	-40	52	**37.4**	+1	1	**0.5**	-7	3	**89.4**	+89
Whittier	99	**145.2**	-54	14	**20.8**	-15	1	**1.3**	0	0	**0.0**	0
DISTRICT SUM	3,819			1,037			114			18		
District Unknown	841			211			2			0		
COUNTY TOTAL	4,660	**174.5**		1,248	**47.4**		116	**5.2**		18	**41.3**	

* Rates adjusted for cases with Health District Unknown.
H Percent change from fourth quarter 1995 to fourth quarter 1996.
' Early Syphilis = Primary, Secondary and Early Latent Syphilis.
\+ Rates expressed per 100,00 live births.
^ Includes cases reported from Antelope Valley.

Director

Continued from page 1

outreach to women and adolescents, who are disproportionately impacted by the health consequences of STDs.

The IOM Report includes extensive recommendations on improving STD prevention through innovative approaches and closer collaborations between STD programs and other health care providers. It is gratifying to note that many of our Program's outreach projects at high schools, family planning clinics, day-labor sites, custody facilities and hair salons exemplify the IOM vision for a new wave in STD screening, education and partner services.

Nevertheless, the report is yet another wake-up call. With the extreme structural and financial difficulties the County DHS continues to face, the STD Program must make a thorough evaluation of our ability to respond to these newly-defined challenges in STD prevention. In this regard, the STD Program has recently initiated efforts to develop a new STD Program Strategic Plan to take us through the end of the century.

Partnership forged to prevent infertility

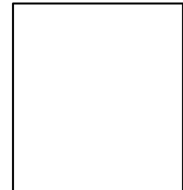
Continued from page 2

monitoring chlamydia screening, treatment, reporting, partner referral and educational practices in 29 public STD, 42 public prenatal, and 85 Title X family planning clinics in L.A. County. To date, the project has collected prevalence data representing over 112,000 chlamydia tests and patient-specific behavioral and demographic information from nearly 3,000 clients in L.A. County. Chlamydia prevalence through September 1996 for males in STD clinics and females in STD, prenatal and family planning clinics was 13.6%, 8.9%, 5.2% and 3.4%, respectively.

Other project activities aim at improving the quality and availability of chlamydia-related clinical services, provider training and patient education, as well as increasing integration of STD and family planning services. LACIPP staff have coordinated the broadcast of several national video teleconferences on chlamydial infections for L.A. County health care professionals and make weekly site visits to participating clinics to conduct provider in-service training sessions, monitor the collection of project data, and provide clinic-specific feedback based on data collected. Project staff also meet quarterly with STD and family planning program staff from California, Arizona, Hawaii and Nevada to develop and implement regional policy and protocols.

"We are very excited about the expansion of project activities to new sites in 1997 including school-based clinics, juvenile justice facilities, teen clinics, and other non-traditional settings," says Ciemins. Future project activities also include the implementation of chlamydia partner notification models in several clinical settings, provision of provider education sessions including train-the-trainer components, and publication of a newsletter on regional project activities.

STD Examiner
Los Angeles County STD Program
2615 S. Grand Avenue, Room 500
Los Angeles, CA 90007



STD Examiner is published quarterly by the Los Angeles County Sexually Transmitted Disease (STD) Program. We welcome your comments and suggestions.

Editor-in-Chief
Gary A. Richwald, MD, MPH

Managing Editor
Robyn K. Davis, MPH, CHES

Editorial Staff
Jane Baeumler
Karen Bernstein, MPH

STD EXAMINER
Los Angeles County STD Program
2615 S. Grand Avenue, Room 500
Phone: (213) 744-3070
FAX: (213) 749-9606