

Increasing Compliance with Chlamydia Retesting After a Positive Diagnosis: Lessons Learned From a 2-Year Study

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INTRODUCTION

Chlamydia infection is the most common nationally notifiable sexually transmitted infection (STI) in the United States and disproportionately affects communities of color, with incidence rates highest in adolescents and young adults.

Current CDC recommendations include retesting in 3 months or within 12 months following an infection. Our study analyzed rates of chlamydia retesting in our clinic over two academic years. Utilizing data from our electronic medical record (EMR), we assessed baseline chlamydia retesting rates, established clinic performance goals, and implemented data-driven interventions with follow-up measures.

GOAL

1. 80% of patients who test positive for chlamydia will be advised to return for retesting.
2. 50% of patients will be retested in 3 months.
3. 75% will be tested within 1 year.

METHODOLOGY

The study sample included a review of 97 patient charts with a documented positive chlamydia diagnosis between June 2017 to May 2018.

Data analysis was performed to determine:

- ☒ Number of patients advised to repeat chlamydia testing.
- ☒ Number of patients with a documented repeat chlamydia follow-up test at 3 months or by the end of 1 year.

INITIAL FINDINGS (2017-2018)

1. 74% of patients were advised by their clinician to perform repeat testing in 3 months. **GOAL NOT MET.**
2. 22% of patients returned within 3 months for repeat testing. **GOAL NOT MET.**
3. 48% of patients returned within 1 year for repeat testing. **GOAL NOT MET.**

IMPLEMENTING CORRECTIVE ACTIONS

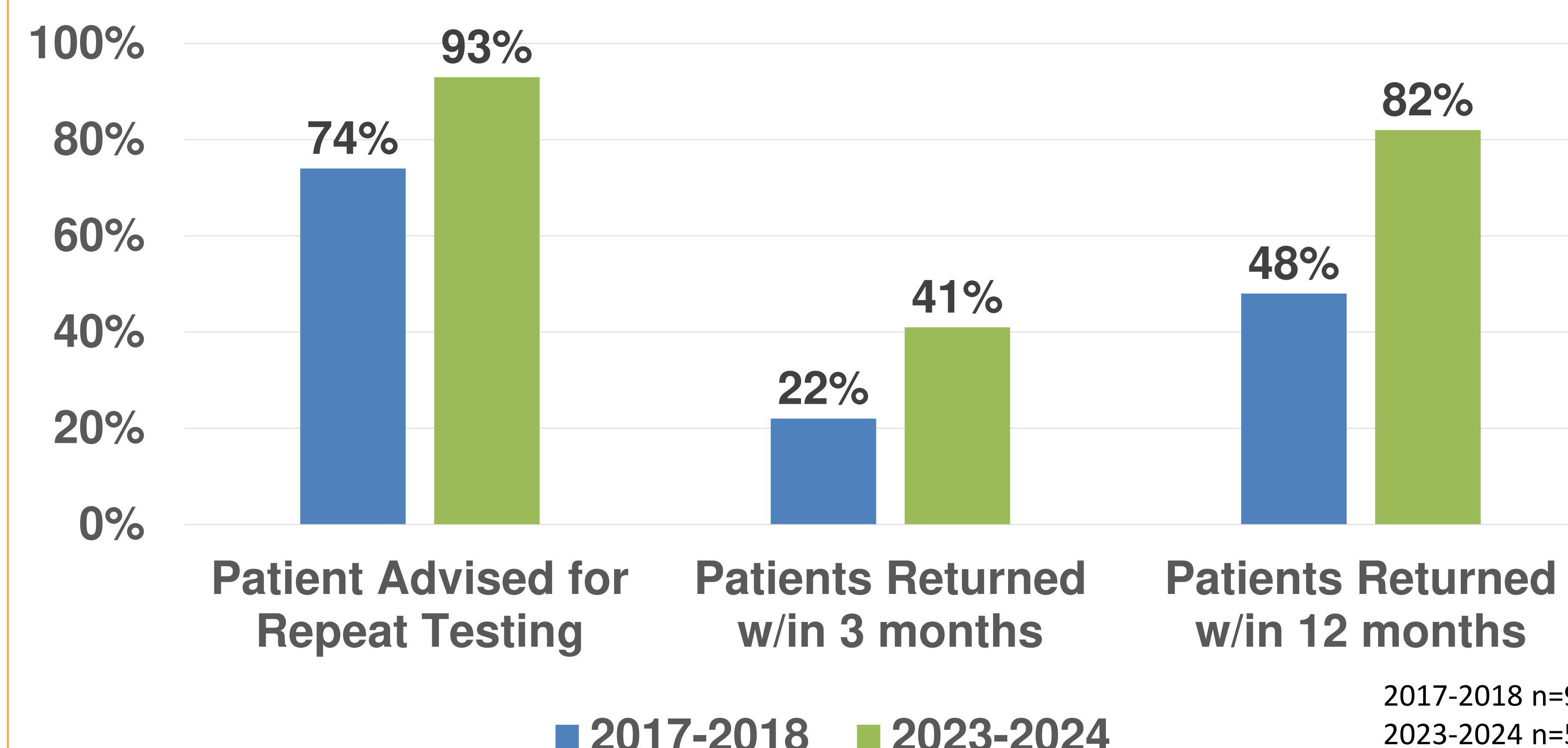
- Utilizing a combination of our EMR and clinic staff, secure reminder messages and/or phone messages were sent to patients at 2.5 months, 6 months, 9 months, and 12 months.
- Clinician education measures included a staff in-service and EMR smart phrase utilization.

RE-MEASUREMENT FINDINGS (2023-2024)

56 patient charts were reviewed with a positive chlamydia diagnosis from August 2023 to May 2024.

1. 93% of patients were advised by their clinician to perform repeat testing in 3 months. **GOAL WAS MET.**
2. 41% of patients returned within 3 months for repeat testing. **GOAL NOT MET.**
3. 82% of patients returned within 1 year for repeat testing. **GOAL WAS MET.**

Evidence of Process Improvement

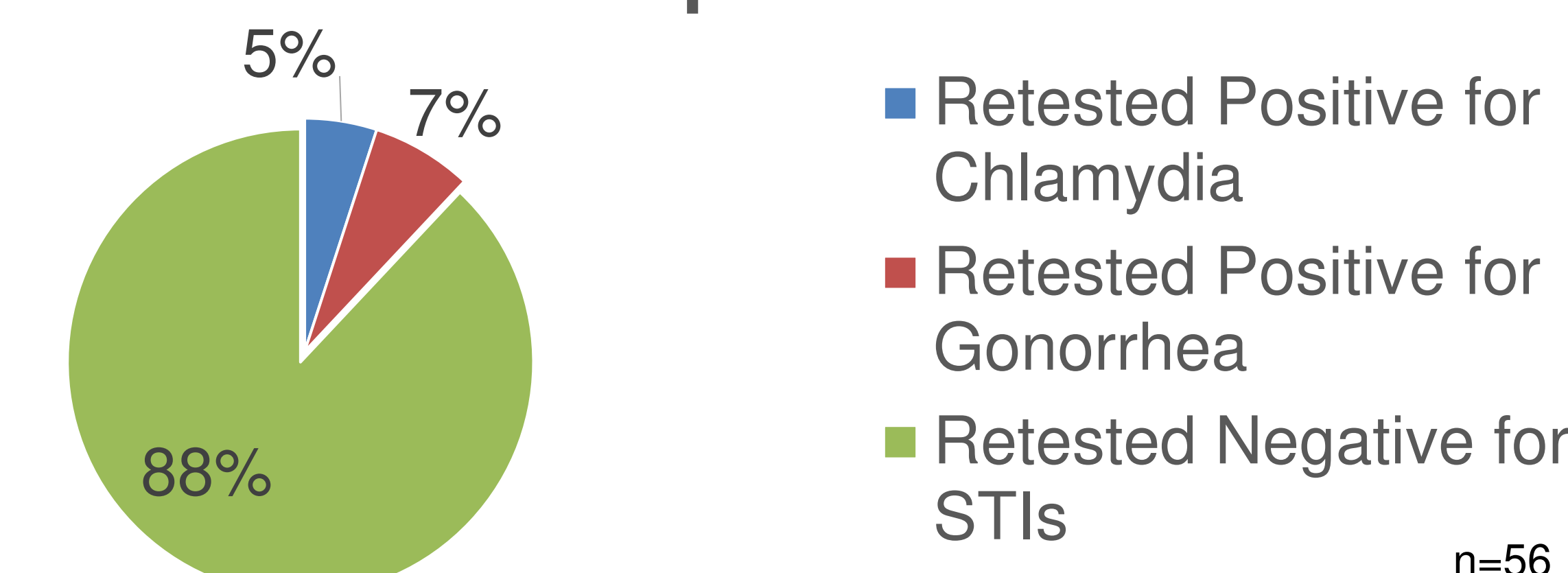


CONCLUSION

Implementing systemic changes increased compliance with chlamydia retesting within 3 months of diagnosis from **22% to 41%** and from **48% to 88%** within 12 months of diagnosis. It is important to note that while our initial performance goal focused on clinician-driven patient counseling, the subsequent performance goals focused on patient behavior and compliance, which are inherently more variable and challenging to influence.

The CDC (2021) reports that a high prevalence of chlamydia reinfection occurs within months following initial treatment. During repeat testing in our initial study, 5% (n=5) of patients tested positive for chlamydia. In our remeasurement study, 5% (n=3) tested positive for chlamydia and 7% (n=4) newly tested positive for gonorrhea.

2023-2024 Repeat Test Results



FUTURE DIRECTIONS

- **Vaginal self-swabs** for asymptomatic female patients to increase testing accessibility and patient autonomy.
- **Scheduling retesting appointments** at the time of diagnosis and/or treatment.
- **Targeted outreach** to campus communities disproportionately impacted by STIs, which aligns with the USDHHS National Strategic Plan while directly improving health outcomes for our students.

By continuing to refine our approach to STI management, we aim to create a sustainable model that other college health centers can adapt to reduce the burden of STIs in university populations.

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