Children's Hospital of Philadelphia PolicyLab

The Relationship Between Directly Observed Therapy for Chlamydia Infections and Retesting Rates in an Adolescent Population

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Chlamydia trachomatis is the most common reportable sexually transmitted infection (STI) in the United States, with >60% of reported cases occurring in individuals aged 15-24. US practice guidelines recommend directly observed therapy (DOT) for the treatment of chlamydia in adolescents, but almost no research has been done to evaluate whether DOT results in improved outcomes. We conducted a retrospective cohort study of adolescents who sought care at one of three clinics within a large academic pediatric health system for a chlamydia infection. The study outcome was return for retesting within six months. Unadjusted analyses were performed using chi-square, Mann-Whitney U, and t-tests, and adjusted analyses were performed using multivariable logistic regression. Of the 1,970 individuals included in the analysis, 1,660 (84.3%) received DOT and 310 (15.7%) had a prescription sent to a pharmacy. The population was primarily Black/African American (95.7%) and female (78.2%). After controlling for confounders, individuals who had a prescription sent to a pharmacy were 49% (95%CI: 31-62%) less likely than individuals who received DOT to return for retesting within six months. Despite clinical guidelines recommending the use of DOT for chlamydia treatment in adolescents, this is the first study to describe the association between DOT and an increase in the number of adolescents and young adults who return for STI retesting within six months. Further research is needed to confirm this finding in diverse populations and explore non-traditional settings for the provision of DOT.

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