

AIM Healthcare Facts

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AIM Healthcare Facts Regarding CT/NG

- All orifices including oral-pharyngeal, vaginal/penile (by urine), and rectal mucosae are being tested by CT/NG PCR
- All who test positive along with their sexual partners are treated
- The percentage estimates are particularly overinflated for Chlamydia because the testing includes false positives based on a small percentage of retained antigenic material which is true for all previously treated people during the minimum appropriate re-screening time of 7 days post observed treatment
- Many individuals especially adult industry performers, even though they are advised otherwise, insist on retesting prior to the time course before a test of cure should be taken and are counted more than once for a single infection

AIM Healthcare Facts Regarding CT/NG

- Approximately 6% of AIM Healthcare Clinic's population base consists of people who do not perform for the Adult Film Industry
- AIM Healthcare Clinics have performed between 12,000 and 16,000 CT/NG and related STI tests per year (HIV, Syphilis, etc.)

AIM Healthcare Facts Regarding CT/NG

- Because AIM Healthcare has a built in group within its tested population which is close to 6% of all individuals tested who are Non- performers within the Adult Film Industry, it is best to use this group as direct comparison to AIM Healthcare's population of Performers within the Adult Film Industry rather than to attempt to use any other group as a comparable population
- This comparison group accounts for over 800 paired tests per year on the average

AIM Healthcare Facts Regarding CT/NG

- The Prevalence of NG from 01/2005-present in Adult Film Industry Performers is 1.6%
- The Prevalence of NG from 01/2005-present in Non-Performers is 3.2%
- The Prevalence of CT from 01/2005-present in Adult Film Industry Performers is 2.5%
- The Prevalence of CT from 01/2005-present in Non-Performers is 3.0%
- We have not examined the data for symptoms on a case by case basis which may account for a slight elevation of Prevalence of NG in the Non-Performer population in that having symptoms may drive our Non-Performer population to test, but again this is true for any STI clinic.