

# CHLAMYDIA SCREENING

**Screening Recommendations** — According to the U.S. Preventive Services Task Force (USPSTF), Centers for Disease Control and Prevention (CDC), and major medical professional groups, all sexually active females 25 years of age and younger should be screened for *Chlamydia trachomatis* (chlamydia) each year. Screening for pregnant women and older women with risk factors, such as multiple or new sexual partners, is also recommended.

## CHLAMYDIA FACTS:

- ▶ Chlamydia is extremely common. Rates are highest among sexually active young women.
- ▶ Most females with chlamydia have no symptoms.
- ▶ Urine-based screening tests make it possible to screen for chlamydia without invasive medical procedures.
- ▶ The high rates of chlamydia infections, coupled with the lack of symptoms, help make screening a cost-effective service for sexually active young women.
- ▶ Chlamydia infections, and other inflammatory STDs, facilitate transmission of HIV.

## SCREENING HELPS PREVENT SERIOUS COMPLICATIONS:

- ▶ Untreated chlamydia may cause Pelvic Inflammatory Disease (PID) which, untreated, can lead to infertility, ectopic pregnancy, and chronic pelvic pain.
- ▶ Half of pregnant women with untreated chlamydia transmit the infection to their infants.
- ▶ About 40% of eligible women who receive their medical care from commercial or Medicaid health plans are screened for chlamydia annually. If 90% of eligible women were screened, 30,000 cases of PID could be prevented each year.

## BARRIERS TO CHLAMYDIA SCREENING:

- ▶ Lack of awareness among young women of the need for annual screening and misconceptions that STD screening occurs whenever a Pap smear is done.
- ▶ Lack of awareness among some healthcare providers about urine-based chlamydia testing technology and high chlamydia rates.
- ▶ Lack of insurance coverage for screening (as opposed to testing patients with symptoms) and charges for copayments or deductibles paid by patients.
- ▶ Lack of reimbursement to healthcare providers for the service.
- ▶ All states allow teens to consent to STD testing, but insurance rules governing Explanation of Benefits lead to breaches of confidentiality for patients who are covered by a parent's insurance.

## BARRIERS TO PARTNER NOTIFICATION AND TREATMENT:

- ▶ To prevent re-infection, the partner/s of infected persons must also be treated. Due to the large number of cases, it is typically impossible for healthcare providers and public health departments to track partners.
- ▶ Expedited Partner Therapy (EPT) permits patients to deliver medication or a prescription to partner/s unlikely to obtain medical care. EPT is not permitted in all states.



## HEALTHCARE PROVIDERS CAN IMPROVE DELIVERY OF SCREENING IN THEIR PRACTICES:

*Why Screen for Chlamydia? An Implementation Guide for Healthcare Providers* covers the latest information and tools for healthcare providers to improve delivery of chlamydia screening to patients and make chlamydia screening and care a routine part of a medical practice. Sections address providing confidential care to adolescents and taking a sexual history with adolescent and adult patients.

The 12-page booklet can be accessed online or a printed copy can be purchased at [www.prevent.org/NCC](http://www.prevent.org/NCC).

## What policy makers can do:

### FOR PERSONS WITH HEALTH CARE COVERAGE AND A REGULAR SOURCE OF CARE

- ▶ Ensure full insurance coverage for chlamydia screening and other clinical preventive services recommended by the USPSTF and the Advisory Committee on Immunization Practices (ACIP).
- ▶ Fully cover chlamydia screening, without deductibles and copayments, for patients of all publically and state-funded medical services.

### FOR PERSONS WITHOUT MEDICAL COVERAGE OR CONFIDENTIAL CARE

- ▶ Fully fund programs that provide confidential chlamydia screening services.

### FOR PERSONS IN HIGH RISK POPULATIONS OR COMMUNITIES

- ▶ Support screening programs where infection rates may be high. For example, CDC recommends screening men who have sex with men, military personnel, Job Corps members, and persons entering jails or juvenile facilities.

### FOR ALL PERSONS

- ▶ Support training programs for primary care providers to screen patients for chlamydia according to national guidelines.
- ▶ Provide funding for programs to increase public awareness of chlamydia and its health consequences and the need for screening.
- ▶ Fund health departments to carry out STD control and prevention activities.

### RECOMMENDED PREVENTIVE SERVICES

Chlamydia screening and treatment for sexually active women age 25 years of age and younger was ranked by the National Commission on Prevention Priorities (NCP) as providing significant health benefits in a highly cost-effective manner. The NCP compared the relative value of clinical preventive services for the U.S. population recommended by the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices. For persons at high risk for disease, additional services and/or initiating services at different ages, may be recommended.

Source: Maciosek MV, Coffield AB, Edwards NM, Goodman MJ, Flottemesch TJ, Solberg LI. Priorities among effective clinical preventive services: results of a systemic review and analysis. Am J Prev Med 2006; 31(1):52-61.

*Partnership for Prevention® is a nonpartisan national membership organization dedicated to the adoption of sound disease prevention and health promotion policies and practices.*

## Chlamydia rates per 100,000 persons, U.S., 2007

