ENHANCING OUTCOMES

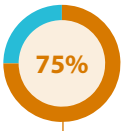
Universal Screening for Chlamydia and Gonorrhea

LabCorp

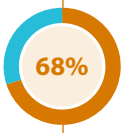
One in **two** people diagnosed with an STI will acquire it by age 25.[1]

CT and NG are commonly asymptomatic. Many patients don't know they are at risk or that they are infected.[2]

Chlamydia (CT) and gonorrhea (NG) are the two most common reportable sexually transmitted infections (STIs). Rates of chlamydia and gonorrhea are on the rise.



75% of women infected with chlamydia are asymptomatic[2]



68% of women infected with gonorrhea are asymptomatic[2]

Many patients have concerns about confidentiality and don't always admit to being sexually active.[2] This means that many CT/NG infections remain undiagnosed and untreated. As many as 10-20% of untreated chlamydia or gonorrhea infections progress to pelvic inflammatory disease (PID).[3]

Undiagnosed STI cause 24,000 women to become infertile each year[4]:

Microscope image of normal fallopian tube lining

Microscope image of fallopian tube lining after damage from PID

Chlamydia and gonorrhea are universally accepted etiological agents of Pelvic Inflammatory Disease (PID) – and have been implicated in one third to one half of PID cases[5]

Guidelines

Centers for Disease Control and Prevention[6]

- Sexually active women under age 25
- Women age 25 and older at increased risk
- Pregnant women at increased risk, tested early in pregnancy. Those who tested positive should be retested as needed.

US Preventive Services Task Force[7]

- Sexually active women under age 24
- Older women at increased risk for infection

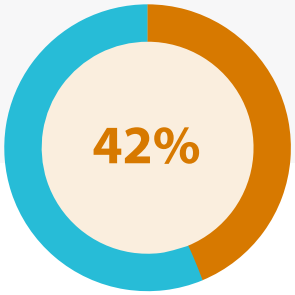
American College of Obstetricians and Gynecologists[8]

- Sexually active women age 24 and under
- Women over 25 at increased risk

American Academy of Pediatrics[9]

- Sexually active adolescents and young adult women under age 25 should be tested at least annually, even if they don't have symptoms and use barrier contraception

According to a recent HEDIS Survey, only 42% of young women are screened annually for chlamydia[10]



Missed Opportunities: Risk-based Screening

Requires taking a sexual history to identify sexually active women who should be tested for chlamydia, which is a barrier to screening. Even among adolescents who reported abstinence, cases of CT and NG were found.

In risk-based screening, the health care provider asks patients if they want to be screened, giving them the opportunity to opt out.

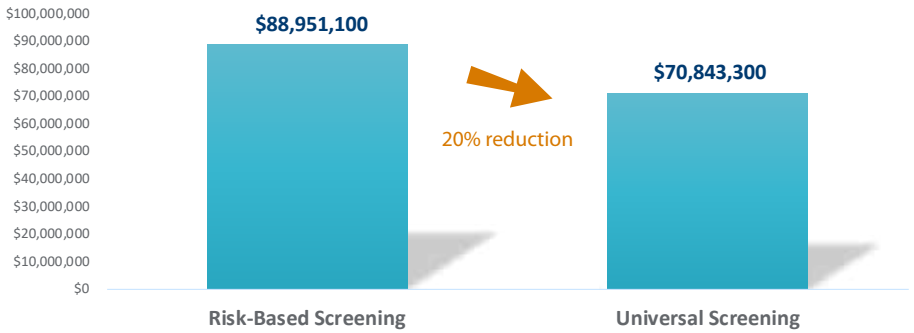
A universal screening CT/NG strategy

Strategy would target women within the high-risk age group covered by guidelines from USPSTF and CDC (women 15-24 years old) without regard to the sexual activity they report. Women 15-24 years old could be tested, unless their record is flagged when they check in that they have had a negative test within the past year, or they did not want to be tested. Health care provider would say to patients, "We are going to test you today."

Universally screening for chlamydia "might improve screening coverage of women aged 15–24 years, a population with a high prevalence of chlamydial infection, and protect their long-term reproductive health.[11]

– American Journal of Preventive Medicine

Total Cost for a Model Population of 100,000 Individuals* (15-24 years)[11]



Increased cost of screening was offset by reduction in overall health care system spend (fertility treatments, etc.)

11. Adapted from: Owusu-Edusei K, Hoover KW, Gift TL. Cost-effectiveness of opt-out chlamydia testing for high-risk young women in the U.S. *Am J Prev Med.* 2016;51(2):216-24. doi: 10.1016/j.amepre.2016.01.007.

*Population includes men and women.

Increased cost of screening was offset by reduction in overall health care system spend (fertility treatments, etc.)

Universal Screening may help to[11]:

- **Decrease STI prevalence**
- **Decrease infertility due to undiagnosed infections**
- **Reduce health care cost**

Convenient Test Options

LabCorp offers CT and NG test options from numerous collection devices, giving clinicians and patients convenient options:

Aptima® Multitest Swab

Aptima® Urine Specimen

Aptima® Unisex Swab

ThinPrep® Pap Test Vial

For the most current information regarding test options, including specimen requirements, please consult the online Test Menu at **www.LabCorp.com.**

Services

LabCorp is a one-source laboratory provider offering testing and services from screening to diagnosis, and counseling to support the continuum of your patient's care.

Physician access to referred patients' test results through LabCorp Link™ Global patient search is a feature of LabCorp Link that allows an authorized physician to have access to lab results that may have been ordered by other physicians for a referred patient.

Global Patient Search* allows you to:

- Search for a referred patient's lab test based on several search parameters
- Review results of the referred patient, gaining a more complete clinical picture of the patient's health
- Minimize the time you and your staff spend requesting copies of patients' lab results

* For global patient search feature, a physician must have a LabCorp Link account, and the physician must agree to the Global Search Terms of Use. Global search is only permitted when the physician is in a treatment relationship with the patient.

References

1. Cates JR, Herndon NL, Schulz SL, & Darroch JE. (2004). Our Voices, Our Lives, Our Futures: Youth and Sexually Transmitted Diseases. Chapel Hill, NC: School of Journalism and Mass Communication, University of North Carolina at Chapel Hill.
2. Farley TA, Cohen DA, Elkins W. Asymptomatic sexually transmitted diseases: the case for screening. *Prev Med.* 2003;36(4)502-509
3. Risser WL, Risser JM, Risser AL. Current perspective in the USA on the diagnosis and treatment of pelvic inflammatory disease in adolescents. *Adolesc Health Med Ther.* 2017;8:87-94.
4. Centers for Disease Control and Prevention. Sexually Transmitted Infections Among Young Americans. https://www.cdc.gov/std/products/infographics/images/Youth-STI-Infographic_620.jpg. Accessed April 19, 2018.
5. Centers for Disease Control and Prevention. Pelvic inflammatory disease (PID) – CDC Fact Sheet. https://www.cdc.gov/std/pid/stdfact-pid-detailed.htm. Accessed June 7, 2018.
6. CDC. STD & HIV Screening Recommendations. https://www.cdc.gov/std/prevention/screeningreccs.htm. Updated April 27, 2017. Accessed April 13, 2018.
7. USPSTF. Final recommendation Statement: Chlamydia and Gonorrhea Screening. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening. Published December 2016. Accessed April 13, 2018.
8. ACOG. FAQs: Chlamydia, Gonorrhea, and Syphilis. https://www.acog.org/Patients/FAQs/Chlamydia-Gonorrhea-and-Syphilis. Published December 2016. Accessed April 19, 2018.
9. American Family Physician. AAP Releases Policy Statement on Screening for Nonviral Sexually Transmitted Infections in Adolescents and Young Adults. 2015;91(9):652-654.
10. Wiehe S, Rosenman M, Wang J, Katz B, Fortenberry J. Chlamydia screening among young women: individual - and provider-level differences in testing. Pediatrics. 2011;127:e336-e344. doi:10.1542/peds.2010-0967.
11. Owusu-Edusei K, Hoover KW, Gift TL. Cost-effectiveness of opt-out chlamydia testing for high-risk young women in the U.S. *Am J Prev Med.* 2016;51(2):216-24. doi: 10.1016/j.amepre.2016.01.007.

LabCorp

www.LabCorp.com

For questions regarding Universal Screening, please contact your LabCorp representative or visit **www.LabCorp.com/contact-rep.**