

Spotlight on Health

Screening for Chlamydia and Gonorrhea in Young Women

Rates of chlamydia and gonorrhea are the highest ever reported.¹ At highest risk are young women <25 (15 through 24) years old, but screening rates are low in this population.^{1,2} Chlamydia and gonorrhea infections are commonly asymptomatic,³ so many otherwise healthy women may not know that they are infected. Thus, improving screening rates is key to stemming the increasing infection rates in this population. In addition, early detection of infection in young women facilitates early treatment, thus avoiding severe and long-lasting negative health consequences including pelvic inflammatory disease (PID), chronic pelvic pain, ectopic pregnancy, and infertility.³

This newsletter will discuss why universal screening for chlamydia and gonorrhea is important for sexually active women <25 years old. Also discussed are hindrances to screening and how you can better communicate with your patients to encourage appropriate screening.

Young Women Are at High Risk of Chlamydia and Gonorrhea Infection

The highest rates of chlamydia and gonorrhea are in adolescent and young-adult women under 25 years old (3,100 to 3,800 cases of chlamydia and 500 to 600 cases of gonorrhea per 100,000 young women).¹ These high rates are irrespective of socioeconomic status. However, only 3% of sexually active young women believe they are at risk of getting chlamydia,⁴ and only 2% believe they are at risk for gonorrhea.⁴

Low Screening Rates Despite Guidelines

The Centers for Disease Control and Prevention (CDC) recommends that all sexually active women <25 years of age be screened for chlamydia and gonorrhea every year starting at early adolescence.³ Routine screening of this population is also recommended by the American College of Obstetricians and Gynecologists and other medical organizations.⁵⁻⁷

Despite guideline recommendations, less than half of sexually active young women receive screening.² To explore why screening rates are so low, Quest Diagnostics surveyed healthcare providers, mothers, and young women regarding their knowledge and beliefs about sexually transmitted infections (STIs) in 2015 and 2017.⁴

For the healthcare providers surveyed, the survey found that many were not following screening guidelines⁴:

- One quarter (25%) do not follow screening guidelines for chlamydia or gonorrhea if a patient does not have symptoms.
- One quarter (25%) feel uncomfortable talking about STIs with their female patients.
- Only 70% would order chlamydia or gonorrhea screening for a sexually active female patient <25 years old who did not have any symptoms (even though screening is recommended).



Risk-Based vs Opt-Out Testing

Higher screening rates reduce chlamydia prevalence, cases of PID, and total healthcare costs as demonstrated by a recent modeling study.⁸ The study compared different methods of screening for chlamydia in women aged 15- through 24-years-old: risk-based testing (testing if risk factors were present) and opt-out testing (testing all women aged 15- through 24-years-old unless they opted out). The results showed that⁸

- Risk-based screening reduced the prevalence of chlamydia in young women from 6.4% to 3.2%; opt-out testing further reduced the prevalence to 1.4%.
- Models predicted that approximately 13,000 women would develop PID with no screening, compared to 7,300 with risk-based screening and 4,600 with opt-out screening.
- Models also predicted cost savings from screening: predicted healthcare costs decreased from \$110 million with no screening, to \$89 million with risk-based screening, and \$71 million with opt-out screening.

For the young women and mothers surveyed, results of the survey suggest⁴:

- A lack of understanding of chlamydia and gonorrhea infections
 - Nearly two-thirds (62%) don't ask for screening because they don't believe they are at risk.
 - Just over half (55%) don't ask for screening because they don't have any symptoms.
- A lack of communication between patients and providers
 - Half (49%) say their healthcare provider never asked them if they wanted screening for chlamydia or gonorrhea, and less than one-quarter ask their healthcare provider for screening (only 16% asked for chlamydia screening and 14% for gonorrhea screening).
 - Around half (51%) of the young women don't want to talk about sex or STIs with their healthcare provider; about a third (30%) don't always tell the truth about their sexual history.
 - Nearly three-quarters (74%) of the young women and 62% of mothers feel less embarrassed and not judged about screening if their healthcare provider tells them everyone gets tested.

A Call to Action to Healthcare Providers

Healthcare providers can educate patients about the importance of screening for chlamydia and gonorrhea infection, and make screening a routine part of patient care. Patients are receptive to this call to action. The Quest Diagnostics survey found that almost all (90%) of the women agreed that all sexually active women <25 years old should be automatically screened for chlamydia and gonorrhea.⁴ Almost all mothers (92%) and 79% of the young women trust their healthcare providers to know what tests are needed.⁴

Providers can improve screening rates for chlamydia and gonorrhea by⁴

- Incorporating an office-based opt-out protocol that follows guidelines³ and screens sexually active women <25 years old for chlamydia and gonorrhea, unless they ask not to be screened (see Sidebar on previous page)—patients are more comfortable being tested if they know everyone is being tested
- Understanding that patients may have limited knowledge about chlamydia and gonorrhea infections
- Explaining the importance and effectiveness of screening, and the potential consequences of untreated infections
- Helping patients understand the importance of being honest about their sexual history
- Becoming comfortable discussing sexual activity and STIs with patients
- Encouraging communication between mothers and daughters

How the Laboratory Can Help

Quest Diagnostics offers RNA testing for *Chlamydia trachomatis* (test code 11361), *Neisseria gonorrhoea* (test code 11362), and combined testing for both infections (test code 11363).

Models used for illustrative purposes.

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