Chlamydia Testing: The New Gold Standard is Emerging

An alarming number of adolescent and young adult women enrolled in managed care plans are suffering from undiagnosed cases of chlamydia, despite the growing body of evidence that supports the testing recommendations issued by the Centers for Disease Control and Prevention (CDC), the Health Plan Employer Data and Information Set (HEDIS), and the U.S. Preventive Services Task Force. And because 75 percent of women infected with chlamydia are asymptomatic, this is considered to be a silent – yet preventable – epidemic. However, advancements in testing technology are breaking down the barriers to routine screening of all sexually active adolescents and young women. Nucleic acid amplification tests (NAAT), using urine specimens, are making collection easier and less intrusive. NAAT also offers the highest sensitivity and specificity, which means more patients can be tested, and there is better detection of infection, fewer missed positives and fewer complications than with culture testing.

The “Equal Opportunity” Disease

Despite some health care providers’ assumptions that chlamydia exists only in certain populations, it has proved to be an equal opportunity disease among commercially insured women and teenage girls. Alarming, only 20 percent of women ages 15-25, that belong to managed care organizations, are screened. Further, a significant proportion of screening tests are being performed on women over 25, even though they are at very low risk of harboring the sexually transmitted infection.

When left untreated, up to 40 percent of chlamydia cases may develop into pelvic inflammatory disease (PID) – a leading cause of infertility in women – at a cost of at least $1,167 per patient; making this disease not only a preventable human tragedy but a source of significant downstream cost. Both chlamydia and PID are treatable with a single course of antibiotics if detected and diagnosed early.

Managed Care Can Make a Difference

Dr. Kathleen Irwin, Chief of the Health Services Research Division of Sexually Transmitted Disease prevention at the CDC, noted, “Chlamydia screening ranked in the top 10 of cost-effectiveness to adults – higher than mammograms.” To read more about the findings published by NCQA that support this, please visit the Quest Diagnostics website at www.questdiagnostics.com.

The Emerging “Gold Standard”

Quest Diagnostics encourages following the recent published screening guidelines and using the amplified DNA methodology, which is more sensitive than traditional culture techniques and enables earlier detection for improved patient outcomes.

The diagnostic gold standard, until recently, has been a culture of organisms from urethral or endocervical swab specimens; however, specimen collection is uncomfortable for the patient and sensitivity is only 70 to 85 percent. NAAT, the highly accurate amplification-based urine tests, and a single-dose treatment regimen (1 g of azithromycin) should make chlamydia diagnosis and control efforts more effective.

“NAAT is clearly the assay of choice for both public health screening purposes and the care of individual patients,” said Herman Hurwitz, M.D., Senior Medical Director, Quest Diagnostics. “Women who are asymptomatic likely have low organism concentration, which presents the greatest challenge to recover and identify using older antigen-detection systems, which NAAT overcomes. Another advantage of NAAT is that a random urine sample can be used when a pelvic examination is not possible or feasible.”

All of this stacks up to a significant opportunity for improvement in early diagnosis and treatment, which is why Quest Diagnostics is working with managed care plans to increase physician and consumer awareness of NAAT testing – reducing the barriers to testing, curing and stopping the “silent epidemic.”

For more information about chlamydia or to see the original article, please visit our website at www.questdiagnostics.com.
Silent but Dangerous—and Easily Cured

Chlamydia is the most common bacterial sexually transmitted disease, with approximately 3 million new cases annually. Known as the “Silent Epidemic,” 75 percent of the infected women, and 50 percent of the infected men, will experience no symptoms, and, therefore, may not seek medical assistance for this easily curable, yet potentially life-altering disease.

Routine Screening
- Sexually active adolescent women, 15-24 years old, should be screened annually for chlamydia even if there are no symptoms.
- Annual screening of sexually active women 20-25 years old, and older women with risk factors, is recommended.

Testing in Pregnant Women
- A test for chlamydia should be performed at the first prenatal visit.
- To avoid postnatal complications or risk of infection to the infant, pregnant women less than 25 years of age, and those at increased risk for chlamydia infection, should be tested again for chlamydia and gonorrhea during the third trimester.

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ii Ibid.
iii Dr. Gail Bolan, chief of the sexually transmitted disease control branch of the California Department of Health Services, as reported at the annual meeting of the Association of Reproductive Health Professionals