

Chlamydia Screening in Women Overview

Background

- Chlamydia is the most common sexually transmitted bacterial infection in the U.S.¹
- Each year, nearly 3 million people in the U.S. are infected with Chlamydia.²
- Missouri ranks 12th in the nation for number of reported cases of Chlamydia.³
- Chlamydia infection can cause pelvic inflammatory disease (PID) with chronic pain, ectopic pregnancy, and infertility in women.¹
- Chlamydia infection during pregnancy may result in miscarriage, preterm labor, low birth weight, and infant mortality.¹

Screening Guidelines

Guidelines released by the U.S. Preventive Services Task Force in June 2007 recommend:¹

- Screening all sexually active non-pregnant women aged 24 or younger and older non-pregnant women at increased risk (grade A recommendation)
- Screening all pregnant women aged 24 or younger and older pregnant women at increased risk (grade B recommendation)

Potential Barriers to Screening

Barrier	Description	Possible Solution
Awareness	Providers and members may not be aware of the need to screen for Chlamydia.	Managed care plans should educate providers and members about the prevalence of the disease and the current screening guidelines.
Time	Providers may not have the time to ask about sexual activity and to collect a sample.	Information about sexual history could be captured on an “intake” form if there is not enough face-to-face time. A urine sample can be used to screen for Chlamydia. This is much easier than collecting a vaginal or endocervical swab sample.
Provider Comfort	Providers may not be comfortable asking about a patient’s sexual activity. Research has shown that male providers are less likely to ask about sexual activity and to screen for Chlamydia than are female providers.	Information about sexual history could be captured on an “intake” form completed by the patient. There are tools available to help increase provider comfort levels regarding sexual history taking.
Patient Comfort	Patients may not be comfortable talking about sexual activity and may resist disclosure.	Information about sexual history could be captured on an “intake” form completed by the patient. There are tools available to help increase provider comfort levels regarding sexual history taking, which may in turn increase patient comfort.

Options for Screening

Screening Method	Advantage	Disadvantage
Opportunistic screening Screening ALL female members aged 24 or younger (regardless of sexual activity)	all members are treated the same and there is no need to ask about sexual activity	less cost effective method of screening
Targeted screening Screening only sexually active female members aged 24 or younger	more cost effective method of screening	providers must ask about members' sexual activity

Testing

- Urine samples may be collected for Chlamydia testing
- A lab test billed with the **CPT Code 87491** will count as a Chlamydia test

Missouri Care Recommendations

When visiting with Missouri Care members aged 16 – 24,

1. Ask about sexual activity at each visit.
2. Screen for Chlamydia.
 - a. At each well adolescent visit, screen female members ages 16 – 20 for Chlamydia.
 - b. At any visit, screen female members ages 16 – 24 who indicate they are sexually active for Chlamydia.
3. Collect urine samples for testing – they are easy to collect, and preferred by patients over swabs.

¹ *Screening for Chlamydial Infection*, Topic Page. June 2007. U.S. Preventive Services Task Force. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/uspstf/uspschlm.htm> (accessed July 21, 2008)

² *Take Action on HEDIS*. Centers for Disease Control and Prevention, Atlanta, GA <http://www.cdc.gov/nchstp/dstd/HEDIS.htm> (accessed July 21, 2008)

³ *Chlamydia Prevalence Monitoring Project Annual Report 2006*. Centers for Disease Control and Prevention, Atlanta, GA <http://www.cdc.gov/std/stats/tables/table2.htm> (accessed July 21, 2008)