



# **CHLAMYDIA SCREENING SPECIALTY SPOTLIGHT – RECOMMENDATIONS & CONSIDERATIONS FROM CHILDREN’S MERCY ADOLESCENT MEDICINE**

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# Chlamydia Screening in Young Women: Why It Matters

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# Objectives

- Understand recommendations for chlamydia screening and consequences of not screening
- Review ways a primary care provider in a busy practice could address chlamydia screening and overcome barriers

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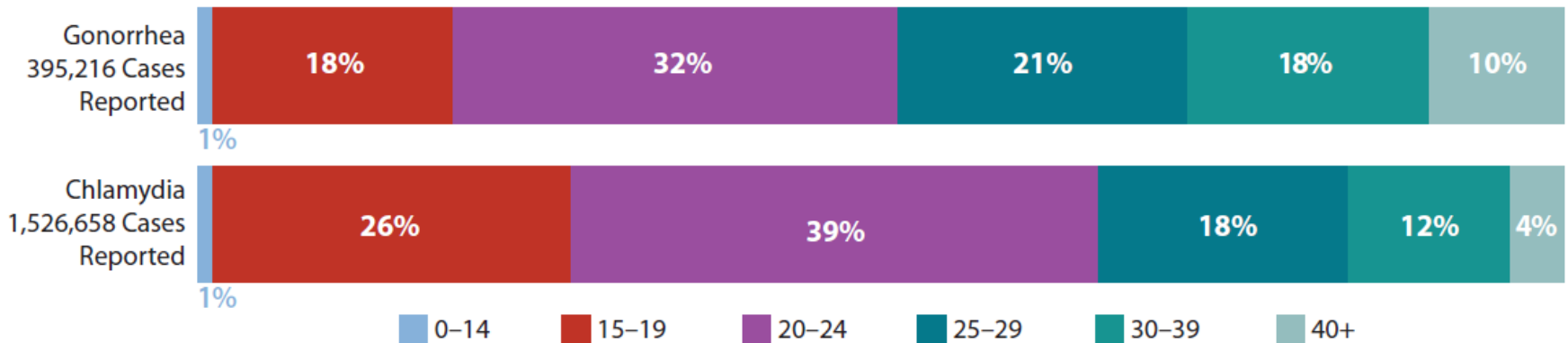
# Sexually Transmitted Infections

- Sexually active adolescents and young adults have the highest rates of Chlamydia, Gonorrhea, and possibly Human Papilloma Virus infections as compared to other age groups.
- High prevalence, cost, and complications
  - Adverse pregnancy outcomes
  - HIV transmission
  - Cancer
  - Impaired Fertility

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# 15-24-year olds account for ~25% of sexually active population, but...

**Most Reported Chlamydia and Gonorrhea Infections Occur among 15-24-Year-Olds**



CDC estimates that undiagnosed STDs cause >20,000 females to become infertile each year

[www.cdc.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf](http://www.cdc.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf)

# Chlamydia in Adolescents

- More than 1 million cases per year and rate is RISING
- 15-19 year olds rate increased 7.5% from 2016
  - Second highest rate of infection of all age groups
- 20-24 year olds rate increased 5.0%
  - Highest rate of infection for all age groups

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# Chlamydia Women Age 15-24 2017

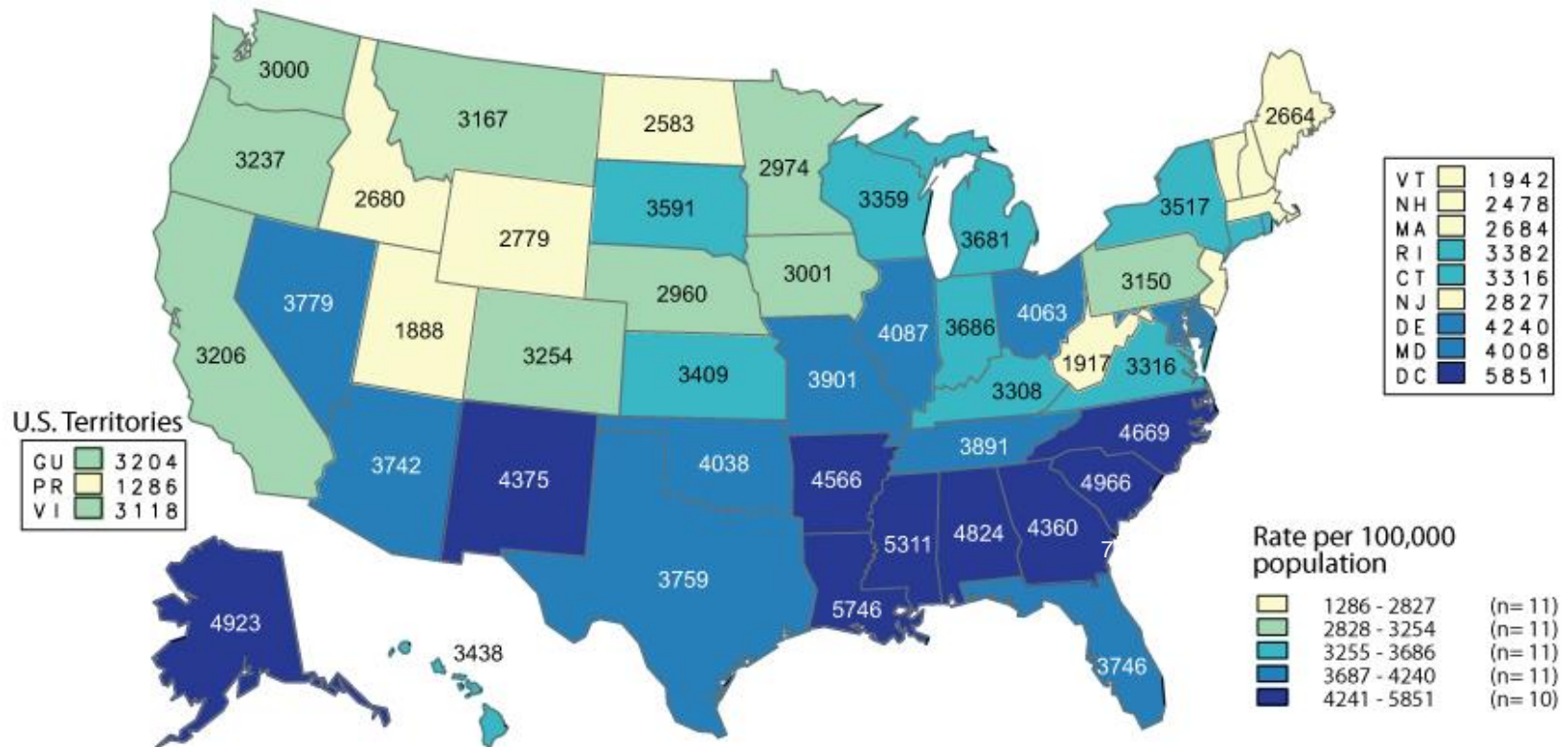
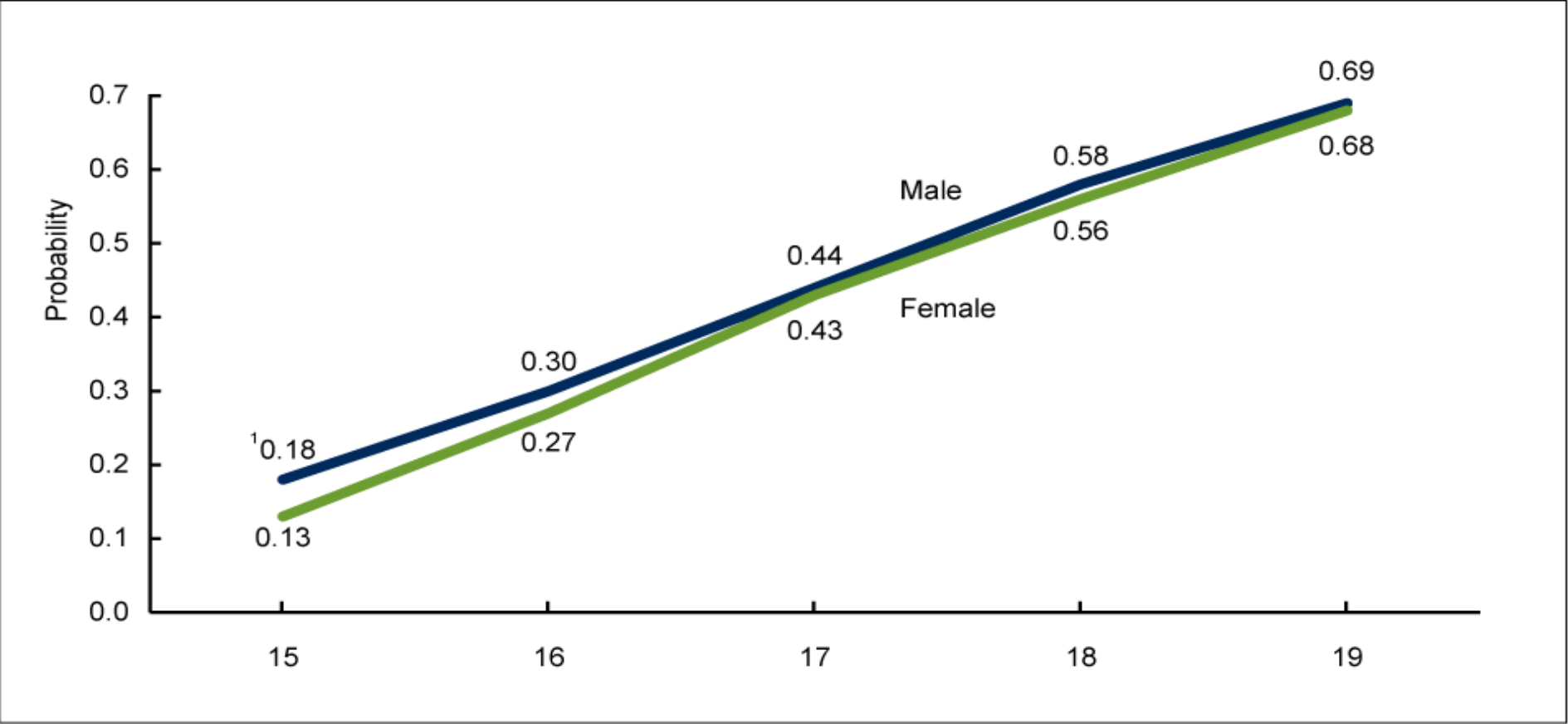


Figure 2. Probability of having had sex by ages 15, 16, 17, 18, and 19 for males and females: United States, 2011–2013



<sup>1</sup>Male teenagers have a higher probability of having had sex at each age in teen years compared to female teenagers, except for ages 17 and 19 ( $p < 0.05$ ).  
NOTE: The estimates are based on females and males aged 15–24 at the time of the interview.  
SOURCE: CDC/NCHS, National Survey of Family Growth, 2011–2013.



# Chlamydia Screening in Women (CHL)

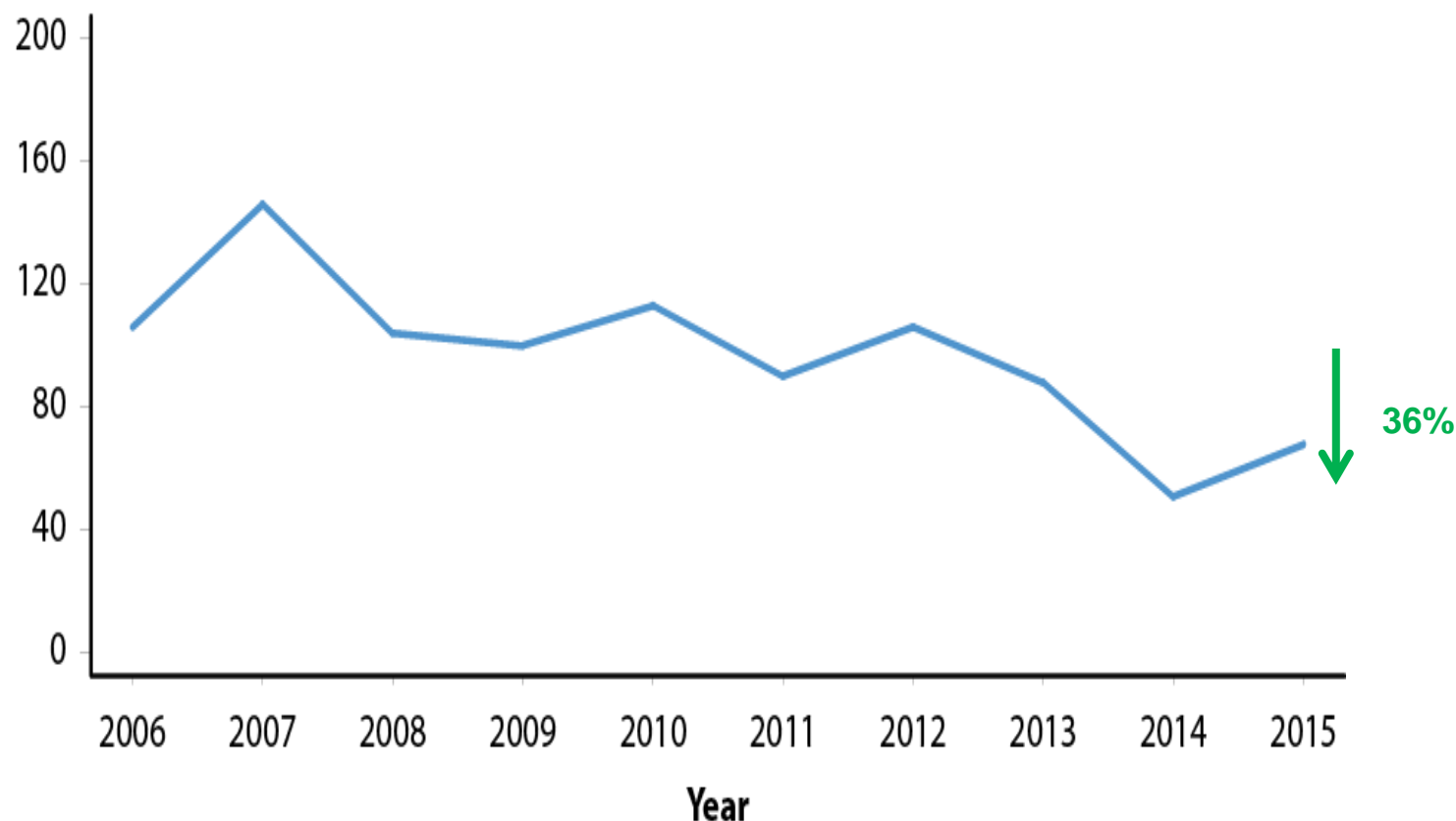
## Why it Matters

- Chlamydia is the MOST Common bacterial sexually transmitted disease in the United States
- Chlamydia occurs MOST often in adolescent and young adult females
- Untreated Chlamydia infections can lead to serious and irreversible complications:
  - Pelvic Inflammatory Disease (PID) *Up to 4 out of 10 women untreated*
  - Infertility
  - Increase risk of HIV infection *2-5 times more likely to get HIV if exposed to HIV.*
- More than half, and up to 75% of chlamydia infections in women, and 95% of infections in men are asymptomatic which leads to delayed medical care and treatment

NCQA [www.ncqa.org/hedis/using-hedis-measures/](http://www.ncqa.org/hedis/using-hedis-measures/)

# Pelvic Inflammatory Disease — Initial Visits to Physicians' Offices Among Women Aged 15–44 Years, United States, 2006–2015

Visits (in thousands)



**NOTE:** The relative standard errors for these estimates are 16%–23%.

**SOURCE:** National Disease and Therapeutic Index, IMS Health, Integrated Promotional Services™, IMS Health Report, 1966–2015. The 2016 data were not obtained in time to include them in this report.

[www.cdc.gov/std/stats16/](http://www.cdc.gov/std/stats16/)



# Chlamydia Screening in the United States

- Medical Consensus
- Routine annual **chlamydia** and **gonorrhea** screening for **sexually active** ♀ <25 years
  - Centers for Disease Control and Prevention
  - American Academy of Pediatrics
  - American Academy of Family Physicians
  - American College of Obstetricians and Gynecologists
  - Society for Adolescent Health and Medicine
  - United States Preventive Services Task Force (B recommendation)
  - Numerous other organizations

# Women who should be tested

- Sexually active and age 25 or younger
  - Those seeking a pregnancy test, birth control, STD testing, or gynecological visit
  - Vague sexual history
  - History of sexual assault or abuse
- 
- Premera Blue Cross

# Strategies for Improvement—Quality Toolkit

- Incorporate a sexual history into the History and Physical
  - Screen all sexually active women for chlamydia through age 25
  - Educate members about STDs including signs, symptoms and treatment
  - Educate members about safe sex and abstinence
  - Document all screenings in the medical record, including follow-ups, results, and abnormal findings.
- 
- Aetna Better Health of Pennsylvania
  - Aetna Better Health Kids

# Tips for provider or staff when talking to patient

- Chlamydia screening is a tool to prevent serious infections and lifelong gynecological problems
- Make discussion of this screening a standard part of every visit
- Screening is covered by insurance
- Antibiotic treatment cures chlamydia
- Diagnosis is easy and non-invasive
- No pelvic exam is necessary for screening and diagnosis
- Diagnosis can be made via urine

# Strategies Employed in Practice

- Standardize sexual activity history and screen universally for sexual activity
  - Standardize private interview (HEEADSSS exam)
- Patient Centered Medical Home-manage your population health (HEDIS lists)
  - Pre-visit planning (who needs immunizations, HEDIS measures etc.)
  - CHN Portal (reach out to those coming due or overdue for their Chlamydia screen, well visit, HgbA1C)
- Screen for Chlamydia with pregnancy testing (and consider pregnancy risk with CT screen)
- Screen for Chlamydia in sexually active adolescents with dysuria
- Allow for easy collection of urine in current workflow
  - Consider universal collection as part of check in process
- If refer out reproductive health, make it easy for specialist to screen for you--“evaluate and treat”

# Strategies Employed in Practice (2)

- Standardize how you explain screening to your population:
  - “This is standard for all of our patients on contraceptives”
  - Consider including in your educational or practice materials
- Normalize screening as part of the medical visit:
  - “Recommended by all major health organizations”
  - “Recommended by your health plan”
  - “Our practice follows national medical guidelines to annually screen for chlamydia in all of our patients”
  - “I recommend this screening for all of my patients”



# Strategies Employed in Practice (3)

- Clear recommendation for screening in ALL those who are sexually active
  - “I recommend that you be screened today, and at least annually, for chlamydia, the most common bacterial sexually transmitted infection in the US. We can test your urine, so no additional exam is required.”
- Universal OFFER of screening if vague or unknown sexual history
  - “We offer annual urine-based screening for chlamydia, the most common bacterial sexually transmitted infection. [It is covered by your insurance]. Would you like to be screened today?”

# Universal screening is NOT recommended

- Not recommended to screen those who are NOT sexually active
- Screening tests for those NOT at risk:
  - Increased FALSE positive rate
  - Increase costs
  - Decrease trust in medical system
  - Decrease trust in competence of provider

# Universal screening is NOT recommended

- But...
- May be performed in those 21-25
- May be considered after age 18 in an adult practice

# Chlamydia Screening in Young Women: Why It Matters

**Division of Adolescent Medicine**  
**WE ARE HERE TO HELP**  
**Consultation via CMH Provider Portal**  
**816-960-4152 for appointments and questions**  
**Provider on call 24/7**

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# Provider Resources and Toolkits

- [https://www.ncqa.org/wp-content/uploads/2018/08/20071200\\_HEDIS\\_Improving\\_Chlamydia\\_Screening.pdf](https://www.ncqa.org/wp-content/uploads/2018/08/20071200_HEDIS_Improving_Chlamydia_Screening.pdf)
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5055217/>
- <https://www.cdc.gov/std/chlamydia/hedis.htm>
- <https://www.cdc.gov/std/chlamydia/ctmessages.htm>
- [https://www.stratishealth.org/pip/documents/Chlamydia\\_Toolkit.pdf](https://www.stratishealth.org/pip/documents/Chlamydia_Toolkit.pdf)
- <http://chlamydiacoalition.org/improving-chlamydia-screening-rates/>