



CHLAMYDIA AND GONORRHEA

Universal Screening



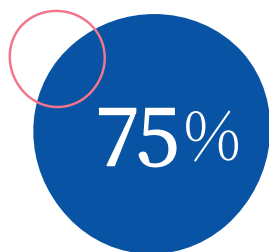


In 2019, data shows that chlamydia and gonorrhea were on the rise for the sixth year.¹

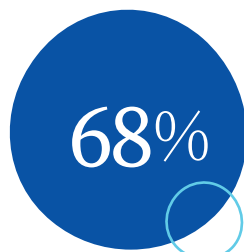
CT and NG are commonly asymptomatic. Many patients don't know they are at risk or that they are infected.

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

Many patients have concerns about confidentiality and don't always admit to being sexually active.³ 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).⁴

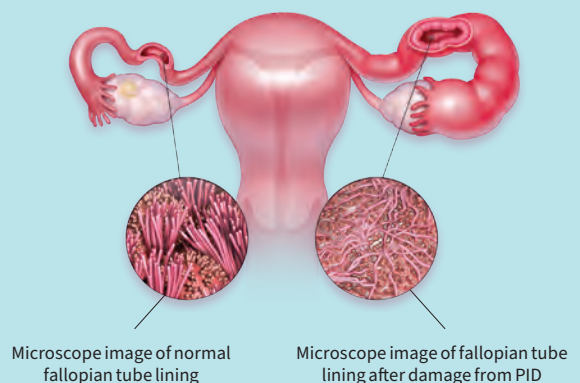


75% of women infected with chlamydia are asymptomatic²



68% of women infected with gonorrhea are asymptomatic²

Undiagnosed STI cause 24,000 women to become infertile each year⁵:



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 cases⁵

Guidelines

Centers for Disease Control and Prevention⁷

- Screening of adolescents and young adult females during clinical encounters can be considered regardless of reported sexual activity
- Sexually active women age 24 and under
- Women age 25 and older at increased risk
- All pregnant women ages <25 as well as older women at increased risk should be routinely screened at first prenatal visit. Pregnant women who remain at increased risk should be retested during the third trimester

US Preventive Services Task Force⁸

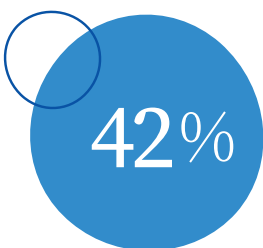
- Sexually active women under age 24
- Older women at increased risk for infection

Well-Woman Care Clinical Summary^{9,10}

- Age 13-24 annually
- > 24 annually if increased risk
- All pregnant women

American Academy of Pediatrics¹⁰

- 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 chlamydia¹¹

Missed Opportunities: Risk-based Screening

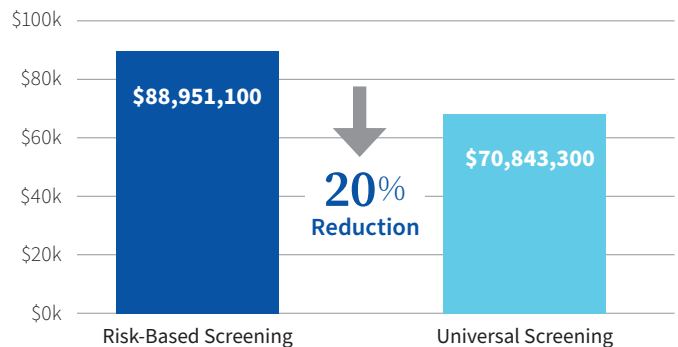
Requires taking a sexual history to identify sexually active women who should be tested for chlamydia, which is a barrier to screening. Even among adolescents who reported abstinence, cases of CT and NG were found.

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 approach

Target women within the high-risk age group covered by guidelines from USPSTF and CDC guidelines (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."

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



[†] 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.).

Reduce adverse outcomes

According to the new CDC guidelines, providers might consider opt-out chlamydia and gonorrhea screening (i.e., the patient is notified that testing will be performed unless the patient declines, regardless of reported sexual activity) for adolescent and young adult females during clinical encounters.⁷

Cost-effectiveness analyses indicate that opt-out chlamydia screening among adolescent and young adult females might substantially increase screening, be cost-saving, and identify infections among patients who do not disclose sexual behavior.⁷

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 [Labcorp.com](https://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™ Cross Account Search in eServices 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.

Cross Account Search in eServices* 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 Cross Account Search in eServices feature, a physician must have a Labcorp Link account, and the physician must agree to the Cross Account Search in eServices Terms of Use. Cross Account Search in eServices is only permitted when the physician is in a treatment relationship with the patient.

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For questions regarding Universal Screening, please contact your Labcorp representative or visit [Labcorp.com/contact-rep](https://www.labcorp.com/contact-rep).

