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Dear Colleague:

You can help reduce the impact of Chlamydia infections in our communities by detecting and treating infections in asymptomatic individuals. A new generation of nucleic acid amplification tests (NAATs) makes it possible to screen men and women for Chlamydia using a swab or urine specimen. These tests are now available through most clinical laboratories and are covered by most major health care insurers and the Healthcare and Family Services Agency (formally known as the Illinois Department of Public Aid).

Undetected Chlamydia is common and has serious consequences. It is present in about 3% of the general population aged 18-35, and up to 6% of adolescents.^{1,2} Most women (75-85%) and many men (40-50%) have no symptoms, and even 60% of Chlamydia pelvic inflammatory disease (PID) cases are asymptomatic.^{3,4} If untreated, 20% to 40% of women with Chlamydia go on to develop PID.⁵ Among women, Chlamydia PID, frequently results in infertility due to tubal scarring (20%), chronic pelvic pain (18%), and ectopic pregnancy (9%).⁶

We urge you to consider routine testing for Chlamydia in these patient populations:

- **All sexually active adolescents and young adults less than 25 years of age**
- **Men and women with more than one sexual partner, or a history of a recent sexually transmitted disease, regardless of age**
- **All pregnant women at increased risk**

A *New England Journal of Medicine* study showed that screening young at-risk women led to a 56% decrease in PID compared with a control group of women who received routine care⁷. Data from several regions of the country also support aggressive screening and treatment of Chlamydia infections. ***We need your help to achieve similar success in our communities in Illinois!*** For more information on Chlamydia screening and treatment recommendations, types of tests for detection and the various resources on Chlamydia available to providers, please see the enclosed information or contact the Illinois Department of Public Health, STD Program at 217-782-2747 or TTY (for hearing impaired use only) 800-547-0466.

Thank you for your help in this effort.

Sincerely,

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Jeffrey N. Maurus, MD, MPH
Medical Director, Family Planning Program
Illinois Department of Human Services

ER:er

Enclosures

Chlamydia Screening Recommendations

Routinely Screen All Females* and Males

Who are sexually active and 24 years old or younger

or

Regardless of age,

- Who have new or multiple sexual partners

or

- Whose partners have had multiple partners, within the last year

or

- Who have a history of sexually transmitted disease, within the last year

or

- *Who are pregnant, including those who plan to terminate the pregnancy.
All pregnant women should be screened at least once during pregnancy.

Consider ordering chlamydia detection by urine nucleic acid amplification testing (NAAT), whenever **urine testing** would make screening more feasible.

Consider **rescreening any infected woman, **especially adolescents**, 3-4 months after treatment, due to the high incidence of reinfection.*

Note: the above recommendations are general guidelines based on national statistics. The prevalence of chlamydia in certain cities may warrant more or less aggressive screening activities and resources. Contact Chlamydia Screening (Infertility Prevention) Coordinator in your state for specific guidance.

The following medical and public health organizations endorse chlamydia screening of women.*

American Medical Association, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American Social Health Association, Centers for Disease Control and Prevention, National Committee for Quality Assurance, which monitors chlamydia screening nationally (HEDIS), U.S. Preventive Services Task Force (USPSTF)

*According to April 2001 American Journal of Preventive Medicine

CDC Recommended Chlamydia Treatment

Adolescents and Adults		Pregnancy	
<p><u>Recommended regimens:</u> Azithromycin 1 gm PO x 1</p> <p>or</p> <p>Doxycycline 100mg PO BID x 7d</p> <p>No "test of cure"</p>	<p><u>Alternative regimens:</u> Erythromycin base 500 mg PO QID x 7d</p> <p>or</p> <p>Erythromycin ethylsuccinate 800mg PO QID x 7d</p> <p>or</p> <p>Ofloxacin 300mg BID x 7d</p> <p>or</p> <p>Levofloxacin 500mg PO QD x 7d</p> <p>No "test of cure"</p>	<p><u>Recommended regimens:</u> Erythromycin base 500 mg PO QID x 7d</p> <p>or</p> <p>Amoxicillin 500mg PO TID x 7d</p> <p>Test of cure in 3-4 weeks</p>	<p><u>Alternative regimens:</u> Erythromycin base 250 mg PO QID x 14d</p> <p>or</p> <p>Azithromycin 1 gm PO x 1</p> <p>see 2002 CDC STD Treatment Guidelines for other options</p>

<http://www.cdc.gov/STD/treatment> -can browse, follow links, print, or order hard copy on-line. Free summary pocket guides and w all charts are also available. You can also obtain a free PDA download.

Source: Illinois STD-Related Infertility Prevention Alliance

The Illinois STD-Related Infertility Prevention Alliance is working together to monitor and reduce the prevalence of chlamydia and urges all health professionals to screen patients for chlamydia, because:

- Chlamydia infection is the most common reportable disease in the U.S.
- In 2003, 877,478 chlamydial infections were reported to CDC from 50 states and the District of Columbia.¹
- For women, the highest age-specific rates in the US of reported chlamydia in 2003 were among 15 to 19-year-olds (2,687 per 100,000 females) and 20 to 24 year-olds (2,564 per 100,000 females).¹
- In 2004, more than 47,000 chlamydia cases were reported to the Illinois Department of Health.
- Rates among young women screened during prenatal testing are as high as 10%, similar to rates in sexual transmitted disease (STD) clinics.
- At least 75% of infected women and 50% of men have no symptoms.
- Cost-effective screening tests and treatments are now available to prevent chlamydia's serious complications.
- Highly accurate, non-invasive urine screening tests are now available.

Why is infection with chlamydia an important medical and public health problem?

- If not adequately treated, 20% to 40% of women infected with chlamydia may develop PID.²
- Among women with PID, tubal scarring will cause involuntary infertility in 20%, ectopic pregnancy in 9%, and chronic pelvic pain in 18%.^{3,4}
- PID may be sub-clinical and therefore absence of pelvic pain should not preclude testing for chlamydia.
- A single episode of PID increases the risk of ectopic pregnancy 6 to 10 fold.⁵
- An infant born to a mother with chlamydia has a 25-50% chance of developing a conjunctivitis and a 10-20% chance of developing pneumonitis.⁶
- A person infected with chlamydia who is exposed to HIV is 3 to 5 times more likely to acquire HIV than is someone without chlamydia.
- Data from a randomized controlled trial of chlamydia screening in a managed care setting suggest that such screening programs can reduce the incidence of PID by as much as 60%.

Who is most likely to be infected with chlamydia?

- Rates of infection are highest among adolescents and young adults 15-24 years old.

Source: Illinois STD-Related Infertility Prevention Alliance

References:

Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2003. Atlanta, GA: U.S. Department of Health and Human Services, September 2004.¹

Stamm WE, Guinan ME, Johnson C. Effect of treatment regimens for *Neisseria gonorrhoeae* on simultaneous infections with *Chlamydia trachomatis*. *N Engl J Med* 1984;310:545-9.²

Stamm WE, Holmes KK. *Chlamydia trachomatis* infections in the adult. In: Holmes KK, Mardh PA, Sparling PF, et al, eds. *Sexually Transmitted Diseases*, 2nd edition. New York City: McGraw-Hill, Inc, 1990:181-93.³

Zimmerman HL, Potterat JJ, Dukes RL, et al. Epidemiologic differences between chlamydia and gonorrhea. *Am J Public Health* 1990;80:1338-42.⁴

Scholes D, Stergachis A, Heidrich FE, Andrilla H, Holmes KK, Stamm WE. Prevention of pelvic inflammatory disease by screening for cervical chlamydial infection. *N Engl J Med* 1996;34(21):1362-6.⁵

ACOG Committee Opinion "Sexually Transmitted Diseases in Adolescents" No. 301, Oct 2004, page 892-3.⁶

Scholes D, Stergachis A, Heidrich FE, Andrilla H, Holmes KK, Stamm WE. Prevention of pelvic inflammatory disease by screening for cervical chlamydial infection. *N Engl J Med* 1996;34(21):1362-6.⁷

Source: Illinois STD-Related Infertility Prevention Alliance

1. **What are the new noninvasive tests used to test for chlamydia?**
2. **What tests are currently available and reimbursable?**
3. **Is point-of-care (immediate result) testing available?**
4. **Should pregnant women be screened for chlamydia?**
5. **Is there currently a recommendation to screen asymptomatic men for chlamydia?**
6. **What instructions should be given to someone with chlamydia?**
7. **Is a repeat test recommended?**
8. **How can chlamydia infections be prevented?**

1. What are the new noninvasive tests used to test for chlamydia?

Nucleic Acid Amplification Tests (NAATs) are much more sensitive than other tests, though also somewhat more expensive. Urine-based NAATs are ideal for screening asymptomatic young people in non-clinical settings such as schools or correctional institutions where performing genital exams may be difficult.

2. What tests are currently available and reimbursable?

Almost all major laboratories in each state perform NAATs or send specimens to commercial laboratories that conduct NAAT testing. Most third party payers will cover the cost if the test is ordered and appropriate billing and diagnosis codes are submitted.

3. Is point-of-care (immediate result) testing available?

Point-of-care tests (similar to the EIA test) for chlamydia screening are less sensitive than laboratory based tests. We do not recommend them except in special circumstances in which patients may not return for results. FDA cleared chlamydia and gonorrhea tests that can be performed rapidly enough to qualify as point-of-care tests must be performed in a certified laboratory.

4. Should pregnant women be screened for chlamydia?

Chlamydia is common among women of childbearing age. Chlamydia can be transmitted to the infant during birth and result in conjunctivitis or pneumonia. All pregnant women, including those who plan to terminate the pregnancy, should be screened for chlamydia. Screening should be done at the first prenatal visit, and women at increased risk of infection during pregnancy (those 24 and younger, or with a new or multiple partners during pregnancy, or whose partner has multiple partners) should be screened again in the third trimester.

5. Is there currently a recommendation to screen asymptomatic men for chlamydia?

Currently there is insufficient evidence to recommend for or against routinely screening asymptomatic men for chlamydia. However, given the high rate of infection among young women across the nation, the frequent lack of symptoms in men, and the availability of relatively inexpensive, highly sensitive, non-invasive tests, clinicians should consider screening all young men at increased risk.

6. What instructions should be given to someone with chlamydia?

Patients should be told to have no sexual contact for 7 days after they and their sexual partners have been adequately treated. All sexual partners in the past 60 days (or if none in that period, then the most recent sexual partner) need to be treated, whether or not they have symptoms or a positive test.

7. Is a repeat test recommended?

A “test of cure” is not recommended because treatment is very effective and some test methods show positive results for several weeks after treatment. However, clinicians should consider **rescreening** all women, especially adolescents, 3 to 4 months after treatment. This is not because of treatment failures but because of high rates of reinfection due to exposure to untreated or new partners. Rescreening may be done using a urine test instead of a pelvic exam.

8. How can chlamydia infections be prevented?

Abstinence, mutual monogamy (two uninfected people having sex only with each other), and consistent and correct use of condoms are the best ways to prevent infection. Every client needs individual risk reduction counseling that includes information on how to protect themselves from chlamydia, other STDs, HIV, and unintended pregnancy. We recommend “male” latex or polyurethane condoms or “female” polyurethane condoms (Reality™). Natural condoms (animal membrane) and condoms with nonoxynol-9 (N-9) lubricant are not recommended to prevent STDs.

Source: Illinois STD-Related Infertility Prevention Alliance

9. How should chlamydia infections be reported?
10. Do clinicians have to notify a parent when a minor is diagnosed with an STD?
11. What other Confidentiality/Privacy issues should a clinician consider?

9. How should chlamydia infections be reported?

Illinois state law requires that clinicians and laboratories report positive cases of chlamydia, gonorrhea, syphilis, chancroid and HIV/AIDS to their local health department. Contact your local health department to request forms and to file reports. Staff at the health department are specially trained and legally bound to maintain strict confidentiality.

10. Do clinicians have to notify a parent when a minor is diagnosed with an STD?

No. Illinois state law enables teenagers to receive confidential services for medical problems related to sexually transmitted diseases, family planning, pregnancy and substance abuse/mental health without parental permission. Specific steps should be taken to protect the confidentiality of minors.

ACOG states in its October 2004 Committee Opinion article on "Sexually Transmitted Diseases in Adolescents" (pp. 892-3).

"Physicians are encouraged to establish office policies regarding confidential care for adolescents and clearly communicate these policies to adolescents and their parents. Although providing confidentiality to adult patients is relatively easy, parental consent and billing issues for the treatment of adolescents can make confidentiality for adolescents a much more complex task."

11. What other Confidentiality/Privacy issues should a clinician consider?

Many patients, not only adolescents, will consider privacy involving STD testing an essential issue. A specific review of policies and practices to protect patient privacy is strongly recommended. Areas that should be reviewed include third party access to patient health care information, billing related communications and correspondence, and correspondence to the patient's home address (such as internal quality assurance reviews, appointments, etc.)

Source: Illinois STD-Related Infertility Prevention Alliance

Test	Sensitivity	Specificity	Type of Specimen
ENZYME Immuno-Assay (EIA)	50-65%	>95%	swabs
Nonamplified DNA probe (GenProbe)	60-70%	>95%	swabs
Culture	70-80%	>99%	swabs
Direct Fluorescent Antibody (DFA)	75-85%	>99%	swabs
Nucleic Acid Amplification Tests (NAATs)*	85-95%	>98%	swabs and urine
GenProbe Aptima			
BD ProbeTec			

*Able to use urine specimens

Important:

Clinicians should know the test methodology used by the lab conducting the testing because protocols for specimen collection and interpretation of results will vary depending on the type of test used.

Please consult your laboratory.

For information about Chlamydia and other STDs:

CDC National STD/HIV Website and Hotline	http://www.cdc.gov/std/	800-227-8922
The Cincinnati STD/HIV Prevention Training Center	http://www.stdptc.uc.edu/	513-357-7325
CDC National Prevention Information Network (NPIN)	http://www.cdcpin.org	800-458-5231
American Social Health Association (ASHA)	http://www.ashastd.org	800-783-9877

Provider Training on STDs and Sexual Health:

The Cincinnati STD/HIV Prevention Training Center	http://www.stdptc.uc.edu/	513-357-7325
Health Care Education & Training, Inc.	http://www.hcet.org/	317-247-9008
Online Chlamydia Training Course	http://www.stdhivtraining.org/educ/training_module/index.html	

Contacts for telephone consultation on chlamydia and other STDs

Illinois Department of Public Health, Sexually Transmitted Diseases Section	217-782-2747
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Source: *Illinois STD-Related Infertility Prevention Alliance*