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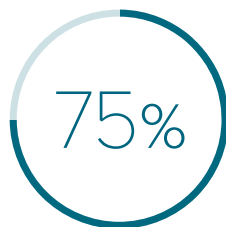
Screen. Protect.

With fertility at risk,  
choose a **universal approach.**

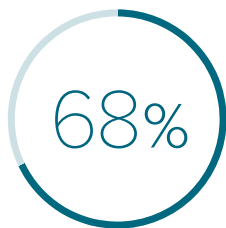
# STI Testing Requires Our Attention

The 2 most common reportable sexually transmitted infections (STIs) are **chlamydia (CT)** and **gonorrhea (NG)**. In fact, **3.6 million new cases** are estimated every year in the United States.<sup>1,2</sup>

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



of **chlamydia** infections are asymptomatic.<sup>3\*</sup>



of **gonorrhea** infections are asymptomatic.<sup>3\*</sup>

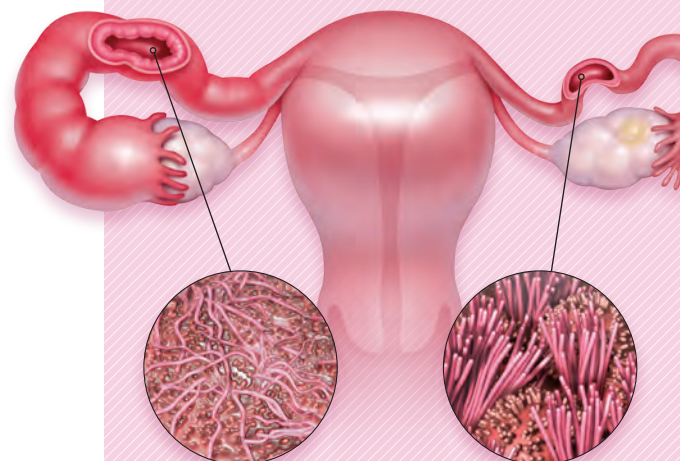
Many patients have concerns about confidentiality and may not admit to being sexually active.<sup>4</sup> This means many CT and NG infections go **undiagnosed and untreated**. As many as 30% of untreated CT infections progress to pelvic inflammatory disease (PID).<sup>5</sup>

# 24,000

women each year **become infertile** due to undiagnosed STIs.<sup>6</sup>

\* Calculations and data estimates based on cited references.

## 1 in 2 sexually active people will get an STI by age 25.<sup>\*7,8</sup>



Microscope image of fallopian tube lining **after PID**.

Microscope image of **normal** fallopian tube lining.

PID can lead to long-term health issues such as infertility and ectopic pregnancy.<sup>9</sup> A study estimated that **45%** of tubal factor infertility cases were caused by CT infections.<sup>10</sup>

# Improving Patient Care Through Established Screening Guidelines

National health organizations have implemented screening guidelines to address increases in CT and NG prevalence.

<b>CDC</b> <b>Centers for Disease Control and Prevention<sup>11</sup></b>	<b>ACOG</b> <b>American College of Obstetrics and Gynecology<sup>12</sup></b>	<b>AAP</b> <b>American Academy of Pediatrics<sup>13</sup></b>	<b>USPSTF</b> <b>U.S. Preventive Services Task Force<sup>14</sup></b>
<p>Sexually active women under age 25.</p> <p>Women age 25 and older at increased risk.<sup>a</sup></p> <p>Those who tested positive should be retested at 3 months.</p>	<p>Sexually active women age 25 and under.</p> <p>Women over 25 at increased risk.<sup>b</sup></p>	<p>Sexually active adolescents and young adult women under age 25 should be tested at least annually, even if no symptoms are present or barrier contraception is reported.</p>	<p>Sexually active women under age 25.</p> <p>Older women at increased risk for infection.</p>

**a.** Persons at increased risk include women who have new or multiple partners, have a history of STDs, exchange sex for payment and use injection drugs, those with a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has a sexually transmitted infection.

**b.** Patients are women with a history of multiple sexual partners or a sexual partner with multiple contacts, sexual contact with individuals with culture-proven STDs, a history of repeated episodes of STDs or attendance at clinics for STDs.

Please refer to each health organization's guidelines for complete recommendations.

## Risk-Based Screening = Missed Opportunities

### Current Risk-Based Screening Protocol:

- ▶ Patients' sexual history is taken to identify sexually active women who should be tested.<sup>15</sup>
- ▶ Cases of CT and NG were found even in patients who reported abstinence.<sup>15</sup>
- ▶ Healthcare providers request permission to test, asking "Do you want to be screened today?"

In spite of screening guidelines, implementation has faced multiple barriers:

- ▶ Lack of access
- ▶ Confidentiality concerns
- ▶ Lack of awareness

**Only 43%**

of sexually active women ages 16-20 are screened annually for chlamydia per guidelines.<sup>16+</sup>

– HEDIS Survey



# Universal Screening: An Inclusive Solution

- ▶ This strategy targets all young women within the high-risk age group covered by USPSTF and CDC guidelines (15-24 years), without regard to their reported sexual activity.<sup>15</sup>
- ▶ All young women aged 15-24 years are eligible for testing unless their records are flagged at check-in as having had a negative test within the past 12 months, or they declined to be tested.<sup>15</sup>
- ▶ Healthcare providers advise patients, *“We are going to test you today.”*

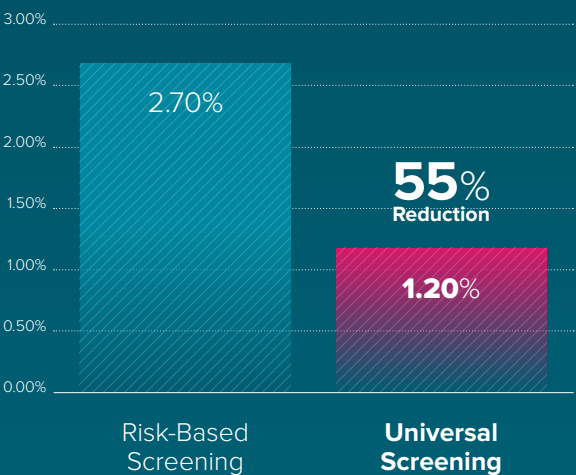
***“Universal screening for chlamydia might improve screening coverage of women aged 15-24 years, a population with a high prevalence of chlamydial infection, and protect their long-term reproductive health.”***<sup>15</sup>

– Owusu-Edusei K, et al.

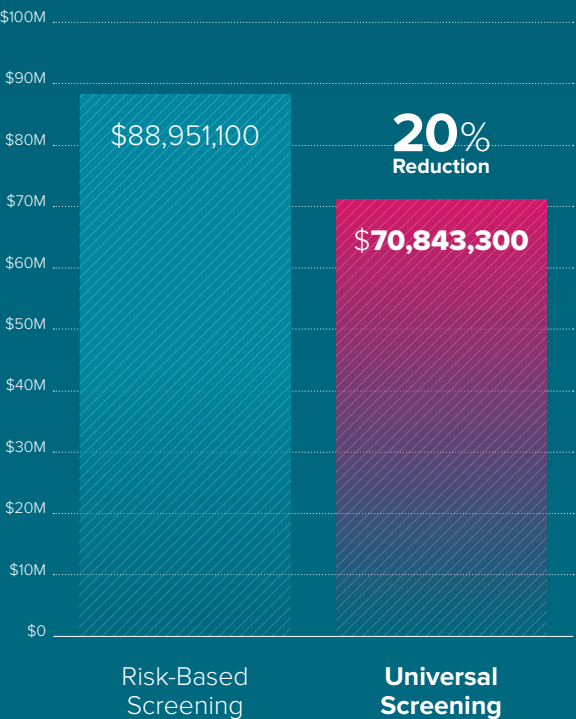
# Universal Screening: An Effective Strategy

Based on the model study by Owusu-Edusei, et al, the proposed strategy decreased the overall CT prevalence and was cost saving.<sup>15†</sup>

## Chlamydia Prevalence<sup>15</sup>



## Total Cost for Hypothetical Population of 100,000 Individuals (15-24 Years)<sup>15†</sup>



# Primed to Protect Patients' Reproductive Health

Introducing a Universal Screening protocol can help to:



- ▶ Decrease STI prevalence
- ▶ Infertility due to undiagnosed infections
- ▶ Reduce total cost

In many cases, STI screening is covered by the Affordable Care Act.<sup>17</sup> For patients, this may mean:



- ▶ No co-pay
- ▶ No deductible
- ▶ No out-of-pocket costs

Patients should consult their healthcare plans to verify coverage.<sup>9</sup>

## Flexible Testing Solutions

Introducing this new protocol is easy, starting with the way you collect a sample. Specimens collected with self- and clinician-collected vaginal swabs are preferred by the CDC for CT and NG testing.<sup>18</sup> It's important to note that a pelvic exam is not required; testing may be performed with any of the following specimen types<sup>18</sup>:



- ✓ Urine sample
- ✓ Self or clinician-collected vaginal swab
- ✓ Female endocervical swab
- ✓ Liquid-based cytology specimens
- ✓ Male urethral swab
- ✓ Rectal and oropharyngeal swab

***“Novel chlamydia screening strategies with high patient and provider acceptance could improve adherence to existing screening recommendation.”<sup>15</sup>***

— Owusu-Edusei K, et al.

To learn more about Universal Screening in your practice, contact your Hologic representative.

\* Calculations and data estimates based on cited references.

<sup>1</sup> HEDIS chlamydia measure for commercial HMO plans.

<sup>2</sup> All costs were calculated from the societal perspective and included direct medical costs for testing, treatment and indirect costs for lost productivity.

<sup>3</sup> Coverage may not be available to all women.

About the study by Owusu-Edusei K, et al.: This modeling study used a basic dynamic compartmental transmission model with two groups based on self-reported sexual activity in 12 months. A model was developed to account for population-level transmission dynamics. Costs and benefits were tracked over a 50-year period, and the sensitivity of the estimated incremental cost-effectiveness ratios to the variables/parameters was determined.

**References:** **1.** STDs at record high, indicating urgent need for prevention [press release]. Atlanta, GA: Centers for Disease Control and Prevention; September 26, 2017. <https://www.cdc.gov/media/releases/2017/p0926-std-prevention.html>. Accessed May 3, 2018. **2.** Centers for Disease Control and Prevention. Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States. <http://www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf>. Published February 13, 2013. Accessed May 3, 2018. **3.** Farley TA, et al. Asymptomatic sexually transmitted diseases: the case for screening. *Prev Med.* 2003;36(4):502-509. doi:10.1016/S0091-7435(02)00058-0. **4.** Leichter JS. Confidentiality Issues and Use of Sexually Transmitted Disease Services Among Sexually Experienced Persons Aged 15–25 Years — United States, 2013–2015. *CDC. MMWR.* 2017;66(9):237-241. **5.** Swain GR, et al. Decision analysis: point-of-care Chlamydia testing vs. laboratory-based methods. *Clin Med Res.* 2004;2(1):29-35. doi:10.3121/cm.2.1.29. **6.** Centers for Disease Control and Prevention. Sexually Transmitted Infections Among Young Americans. [https://www.cdc.gov/std/products/infographics/images/Youth-STI-Infographic\\_620.jpg](https://www.cdc.gov/std/products/infographics/images/Youth-STI-Infographic_620.jpg). Published April 2013. Accessed April 19, 2018. **7.** Cates JR, et al. Our Voices, Our Lives, Our Futures: Youth and Sexually Transmitted Diseases. Chapel Hill, NC: School of Journalism and Mass Communication, University of North Carolina at Chapel Hill; 2004. **8.** CDC. GYT Talking Tips. [https://npin.cdc.gov/stdawareness/GYT\\_TalkingTips.aspx](https://npin.cdc.gov/stdawareness/GYT_TalkingTips.aspx). Accessed May 15, 2018. **9.** Pelvic Inflammatory Disease (PID) - CDC Fact Sheet. <https://www.cdc.gov/std/pid/stdfact-pid-detailed.htm>. Updated January 27, 2017. Accessed April 19, 2018. **10.** Price MJ, et al. How Much Tubal Factor Infertility is Caused by Chlamydia? Estimates Based on Serological Evidence Corrected for Sensitivity and Specificity. *Sex Transm Dis.* 2012;39(3):608-613. doi:10.1097/OLQ.0b013e3182572475. **11.** CDC. STD & HIV Screening Recommendations. <https://www.cdc.gov/std/prevention/screeningrecs.htm>. Updated April 27, 2017. Accessed April 13, 2018. **12.** ACOG. FAQs: Chlamydia, Gonorrhea, and Syphilis. <https://www.acog.org/Patients/FAQs/Chlamydia-Gonorrhea-and-Syphilis>. Published December 2016. Accessed April 19, 2018. **13.** American Family Physician. AAP Releases Policy Statement on Screening for Nonviral Sexually Transmitted Infections in Adolescents and Young Adults. 2015;91(9):652-654. **14.** USPSTF. Final recommendation Statement: Chlamydia and Gonorrhea Screening. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/chlamydia-and-gonorrhea-screening>. Published December 2016. Accessed April 13, 2018. **15.** Owusu-Edusei K, et al. 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. **16.** Chlamydia Screening in Women. NCCA. <http://www.ncca.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents/chlamydia-screening>. Published July 2016. Accessed April 13, 2018. **17.** CDC. Prevention Through Health Care: Preventive Service Tables. <https://www.cdc.gov/nchstp/preventionthroughhealthcare/preventiveservices/std.htm>. Updated May 2, 2018. Accessed May 4, 2018. **18.** CDC. Chlamydial Infections. <https://www.cdc.gov/std/tg2015/chlamydia.htm>. Updated June 4, 2015. Accessed May 4, 2018.

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