

It's Easy to Get Screened

Depending on the clinic's policy, your healthcare provider (HCP) may offer "opt-out" with a universal screening approach to automatically offer CT/NG testing to all patients (15-24) as a part of their routine medical care, unless testing is specifically declined. Opt-out can lead to earlier treatment, better management of these infections, and a decrease in overall spread of CT/NG.^{12,13}

Screening for CT and NG is simple and treatment is easy with antibiotics. Your HCP may ask for a urine or self-collected vaginal sample or collect a sample during your Pap test.

Questions About Costs

In many cases, STI screening is covered by the Affordable Care Act.¹⁴ This may mean:



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

Talk to your HCP or consult your healthcare plan to verify coverage.[†]



The Results: What Happens Next

- ⊕ **If you test positive**, you are not alone. Your HCP will write a prescription; remember to re-test in 3 months.¹
- ⊖ **If you test negative**, that's good news! Don't forget to schedule your annual exam.

Protect Yourself and Your Partner

A positive test does not necessarily mean one of you is having sex with other people since infections can go undetected for years.

To prevent re-infection stop having sex until you and your partner(s) have completed treatment.¹

Visit HologicWomensHealth.com for more information

[†] Coverage may not be available to all women.

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Test

TODAY.
PROTECT YOUR
TOMORROW.

Safeguard your health and future fertility with simple and painless screening.

Chlamydia and Gonorrhea Screening



Untreated Infections Lead to Serious Health Problems

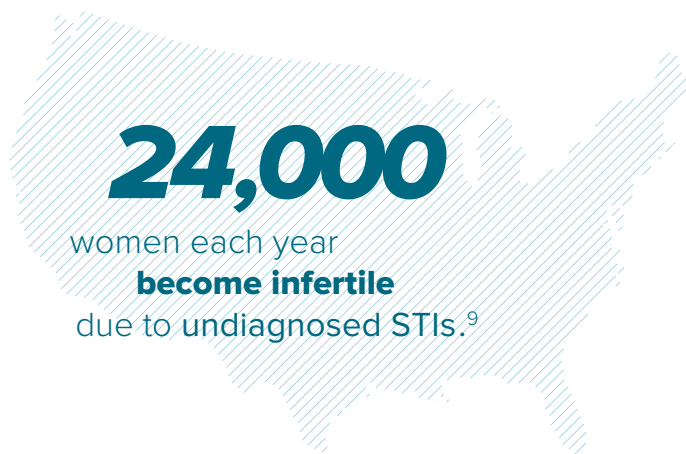
Over 84% of chlamydia and gonorrhea infections are asymptomatic.⁶

Most infected people do not have symptoms. If symptoms are present they may include: vaginal discharge, pain during sex, pain or burning during urination.^{2,3} It's easy to screen for and treat CT and NG; however, an untreated infection can cause health consequences including:^{1,3}

- ✓ Pelvic inflammatory disease (PID)
- ✓ Infertility
- ✓ Increase risk of getting or giving HIV
- ✓ Ectopic pregnancy (*dangerous pregnancy occurring outside the womb*)

As many as **30%** of untreated chlamydia infections progress to pelvic inflammatory disease (PID).⁷

A study estimated that **45%** of tubal factor infertility cases were caused by chlamydia infections.⁸



Chlamydia and Gonorrhea: Common and Curable

Two of the most common sexually transmitted infections (STIs), chlamydia (CT) and gonorrhea (NG), are bacterial infections that spread through unprotected vaginal, anal or oral sex.^{1,3}

1 in 2 new STIs were acquired by people aged 15-24 years old.*⁴

The latest CDC data revealed, 5.6 million new chlamydia and gonorrhea cases in the United States. Sexually active young adults aged 15-24 are at **higher risk** of acquiring STDs.^{4,5}

* Calculations and data estimates based on cited references.

When to Get Tested

Screenings are medical tests that check for diseases before symptoms occur. By screening for CT and NG, doctors can detect the infections early, making treatment easier and lessening the likelihood of complications.

Major public health and medical societies are all aligned in their recommendations on screening for chlamydia and gonorrhea.^{10,11}

CDC

Centers for Disease Control and Prevention

All sexually active women younger than 25 years should be tested every year. Retest approximately 3 months after treatment.^a

ACOG

American College of Obstetrics and Gynecology

Screen women 24 years and younger yearly, and older women at increased risk. Retest in 3 months.^b

AAP

American Academy of Pediatrics

Annual screening of all sexually experienced females younger than 25 years. After treatment, retest at 3 months.

USPSTF

U.S. Preventive Services Task Force

Screen all sexually active women aged 24 years and younger and in women aged 25 years and older who are at increased risk.¹²

AAFP

American Academy of Family Physicians

Screen women 24 years and younger, and older women at increased risk.

a. Persons at increased risk include women who have new or multiple partners, have a history of STIs, 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 STIs, a history of repeated episodes of STIs or attendance at clinics for STDs.

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