

Measure Title CHLAMYDIA SCREENING FOR WOMEN

Disease State Sexually transmitted infection, Pelvic Inflammatory Disease **Indicator Classification** Screening

Strength of Recommendation A

Physician Specialties Family Practice, Internal Medicine, Gerontology, Obstetrics/Gynecology, Pediatrics

Clinical Rationale **Disease Burden**

- In the United States, *Chlamydia trachomatis* is the most common sexually transmitted bacterial pathogen with a prevalence of 5% to 14% among routinely screened females aged 16-20 years and 3% to 12% of women aged 20-24 years.[1-3]
- *Chlamydia trachomatis* genitourinary infection results in insidious and often chronic unrecognized disease and is a major cause of tubal infertility, chronic pelvic pain, pelvic inflammatory disease (PID), ectopic pregnancy, and possibly increases risk for HIV and cervical carcinoma.[4-13]
- More specifically, chlamydial infections are responsible for 25% to 50% of the 2.5 million cases of PID that are reported annually in the United States.[14]

Reason for Indicated Intervention or Treatment

- Screening young, asymptomatic, sexually active women for *Chlamydia* is an effective method for preventing pelvic inflammatory disease and may be effective in reducing the prevalence of infection. [1] Furthermore, in young, pregnant women screening should lead to early detection, reducing complications for both the mother and newborn. [13]

Evidence supporting Intervention or Treatment

- Two randomized controlled trials, two ecological studies and one case-controlled trial investigating the effect of *Chlamydia* screening on rates of PID are reported in the literature.[15-19] While these studies are limited in the population size studied and short follow up periods, the evidence lends support for screening as effective in preventing PID.[20]
- Screening 100 percent of sexually active women aged 18-24 would prevent an estimated 140,113 cases of PID each year.[2]
- Annual screening of sexually active women age 16-25 has been shown to be cost effective compared to other screening regimens.[21]

Clinical Recommendations

- Screening for *Chlamydia* infection in asymptomatic sexually active female adolescents is recommended by the Centers for Disease Control and Prevention, the American College of Obstetrics and Gynecologists, the American Academy of Pediatrics, the American Medical Association, the American Academy of Family Physicians, The U.S. Preventive Services Task Force (USPSTF), and the Canadian Task Force for the Periodic Health Examination.[3, 10, 22-25]

Source Health Plan Employer Data and Information Set (HEDIS®) 2006 Technical Specification

Denominator	Continuously enrolled, sexually active women ages 16-25 by the end of the measurement year. Sexually active defined as: (1) <i>Women with at least one claim for pregnancy, delivery, or sexually transmitted diseases during the measurement year.</i> (2) <i>Women with at least one claim indicating an injection of contraceptives, a child delivery, prenatal care, or postpartum care during the measurement year.</i> (3) <i>Women with evidence of a pregnancy test during the first 358 days of the measurement year.</i> (4) <i>Women with at least one claim for a contraceptive prescription during the measurement year.</i>
Denominator Exclusion	Women who received a pregnancy test during the first 358 days of the measurement year followed <i>either</i> a prescription for Accutane (isotretinoin) or an x-ray within 0 – 7 after the pregnancy test. <i>This exclusion does not apply to members who qualify for the denominator based on services other than the pregnancy test alone.*</i> <i>*Note: Members may have more than one pregnancy test during the measurement year. If this is the case and one or more pregnancy tests is NOT followed by an Accutane prescription or an x-ray, the member should be considered sexually active.</i>
Numerator	Women who underwent screening for <i>Chlamydia</i> during the measurement year.
Interpretation of Score	High score implies better performance.
Physician Attribution	Score all physicians (in the selected specialties) who saw the member during the reporting year.
External Files Required for Analysis	Denominator file name: chlam_den_medlist_2006.xls Source: NCQA website Updated Annually
References	<ol style="list-style-type: none"> 1. Nelson, H.D. and M. Helfand, <i>Screening for chlamydial infection</i>. Am J Prev Med, 2001. 20(3 Suppl): p. 95-107. 2. Miller, W.C., et al., <i>Prevalence of chlamydial and gonococcal infections among young adults in the United States</i>. Jama, 2004. 291(18): p. 2229-36. 3. <i>Chlamydia screening among sexually active young female enrollees of health plans--United States, 1999-2001</i>. MMWR Morb Mortal Wkly Rep, 2004. 53(42): p. 983-5. 4. Hwang, L. and M.A. Shafer, <i>Chlamydia trachomatis infection in adolescents</i>. Adv Pediatr, 2004. 51: p. 379-407. 5. Teran, S., C. Walsh, and K.L. Irwin, <i>Chlamydia trachomatis infection in women: bad news, good news, and next steps in prevention</i>. J Am Med Womens Assoc, 2001. 56(3): p. 100-4. 6. Wallin, K.L., et al., <i>A population-based prospective study of Chlamydia trachomatis infection and cervical carcinoma</i>. Int J Cancer, 2002. 101(4): p. 371-4. 7. Fischer, N., <i>Chlamydia trachomatis infection in cervical intraepithelial neoplasia and invasive carcinoma</i>. Eur J Gynaecol Oncol, 2002. 23(3): p. 247-50.

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