

# NEW COST-EFFECTIVENESS STUDY SHOWS: A CHLAMYDIA (CT) UNIVERSAL SCREENING STRATEGY IS EFFECTIVE AND IMPROVES HEALTH OUTCOMES AT A LOWER NET COST THAN CURRENT TESTING.<sup>1</sup>

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Optimal protection of the reproductive health of young women **requires annual testing** to detect infection, which is usually asymptomatic but if untreated can ascend to cause pelvic inflammatory disease (PID).<sup>1</sup>

Only about **38%** of sexually active women (15-24) that should be screened get tested.<sup>1</sup>



## What's causing the problem?<sup>1</sup>



The Risk-Based Screening approach requires taking the patient's sexual history.

Patients are hesitant to disclose sexual history.



Barrier to Screening.<sup>1</sup>

**1%** of patients reporting zero lifetime partners in computer-assisted self-interviews tested positive for CT.<sup>1</sup>

A novel approach is needed.



Replace Risk-Based Screening with a **Universal Screening** approach.

## Universal Screening for Chlamydia could lead to:<sup>1</sup>



More Effective



Less Costly

Reduction in CT prevalence

Reduction in CT sequelae\*

Reduction in total cost<sup>†</sup>

than **Risk-Based Screening**

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...this study suggests that implementation of an **Opt-Out Testing Strategy** to screen young women for chlamydia during clinical encounters might substantially increase screening coverage of sexually active young women, and be cost saving.<sup>1</sup>

Replace Risk-Based Screening with a **Universal Screening** approach for CT to provide better healthcare for your patients.

\*Sequelae refers to Pelvic Inflammatory Disease in women and epididymitis in men.

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

References: 1. 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.