

<b>Client</b>	HEALTH BENCHMARKS, INC. STANDARD ALGORITHM <i>Implemented for Blue Cross Blue Shield of Illinois</i>
<b>Measure Title</b>	CHLAMYDIA SCREENING FOR WOMEN
<b>Disease State</b>	Sexually transmitted infection, Pelvic Inflammatory Disease
<b>Indicator Classification<sup>1</sup></b>	Screening
<b>Strength of Recommendation<sup>2</sup></b>	A
<b>Clinical Intent</b>	To ensure that all eligible women who are sexually active receive a Chlamydia screening test at a clinically appropriate frequency.
<b>Physician Specialties</b>	Family Practice, General Practice, Internal Medicine, Mixed Specialty, OB–Gynecology, Pediatrics
<b>Clinical Rationale</b>	<p><b>Disease Burden</b></p> <ul style="list-style-type: none"> <li>• In the United States, <i>Chlamydia trachomatis</i> 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]</li> <li>• <i>Chlamydia trachomatis</i> 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]</li> <li>• In 2004, 929,462 Chlamydial infections were reported to the CDC from 50 states and the District of Columbia. Under-reporting is substantial because most people with <i>Chlamydia</i> are not aware of their infections and do not seek testing.[14] Also, testing is not often done if patients are treated for their symptoms. An estimated 2.8 million Americans are infected with <i>Chlamydia</i> each year. Women are frequently re-infected if their sex partners are not treated.[15]</li> </ul> <p><b>Reason for Indicated Intervention or Treatment</b></p> <ul style="list-style-type: none"> <li>• Screening young, asymptomatic, sexually active women for <i>Chlamydia</i> 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]</li> </ul> <p><b>Evidence supporting Intervention or Treatment</b></p> <ul style="list-style-type: none"> <li>• Two randomized controlled trials, two ecological studies and one case-controlled trial investigating the effect of <i>Chlamydia</i> screening on rates of PID are reported in the literature.[16-20] 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.[21]</li> <li>• Screening 100 percent of sexually active women aged 18-24 would prevent an estimated 140,113 cases of PID each year.[2]</li> <li>• Annual screening of sexually active women age 16-25 has been shown to be cost effective compared to other screening regimens.[22]</li> </ul>

### 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, 23-26]

<b>Source</b>	Health Plan Employer Data and Information Set (HEDIS®) 2007 Technical Specification
<b>Denominator</b>	Continuously enrolled, sexually active women ages 16-25 by the end of the measurement year.
<b>Denominator Exclusion</b>	Women who qualified for the denominator <u>only</u> by a pregnancy test during the first 358 days of the measurement year when it is followed <i>either</i> by a prescription for Accutane (isotretinoin) <b>or</b> an x-ray within 0 – 7 after the pregnancy test.*  *Note: Members may have more than one pregnancy test during the measurement year. If one or more pregnancy test is NOT followed by an Accutane prescription or an x-ray, the member is not excluded. For example, if a woman receives two pregnancy tests during the first 358 days of the measurement year and each pregnancy test is followed by an Accutane prescription in the 0-7 days after the pregnancy test, the member is excluded. If a woman receives three pregnancy tests during the first 358 days of the measurement year and only two of the tests are followed by an x-ray in the 0-7 days after each pregnancy test, the woman is NOT excluded from the denominator because one of the pregnancy tests was not followed by an Accutane prescription or an x-ray.
<b>Numerator</b>	Women who underwent screening for <i>Chlamydia</i> during the measurement year.
<b>Interpretation of Score</b>	High score implies better performance.
<b>Physician Attribution</b>	Score all physicians (in the selected specialties) who saw the member during the measurement year.
<b>References</b>	<ol style="list-style-type: none"><li>1. Nelson, H.D. and M. Helfand, <i>Screening for chlamydial infection</i>. Am J Prev Med, 2001. <b>20</b>(3 Suppl): p. 95-107.</li><li>2. Miller, W.C., et al., <i>Prevalence of chlamydial and gonococcal infections among young adults in the United States</i>. Jama, 2004. <b>291</b>(18): p. 2229-36.</li><li>3. <i>Chlamydia screening among sexually active young female enrollees of health plans--United States, 1999-2001</i>. MMWR Morb Mortal Wkly Rep, 2004. <b>53</b>(42): p. 983-5.</li><li>4. Hwang, L. and M.A. Shafer, <i>Chlamydia trachomatis infection in adolescents</i>. Adv Pediatr, 2004. <b>51</b>: p. 379-407.</li><li>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. <b>56</b>(3): p. 100-4.</li><li>6. Wallin, K.L., et al., <i>A population-based prospective study of Chlamydia</i></li></ol>

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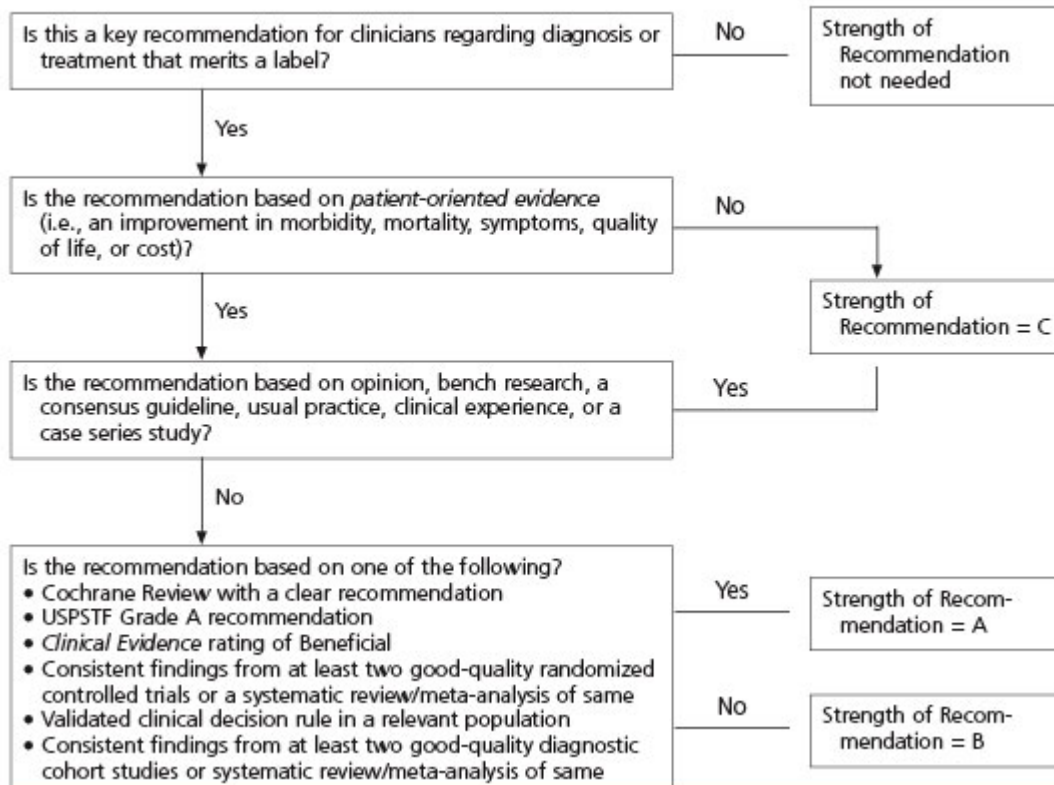
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<sup>1</sup> **Indicator Classification** (Adapted from Health Plan Employer Data Information Set (HEDIS®) technical specifications)

<b>Diagnosis</b>	Measures applicable to patients receiving diagnostic workups for a symptom or condition that delineate appropriate laboratory or radiological testing to be performed (e.g. evaluation of thyroid nodule; pregnancy test in patients with vaginal bleeding or abdominal pain)
<b>Effectiveness of Care</b>	
<b>Prevention</b>	Measures applicable to asymptomatic individuals that are designed to prevent the onset of the targeted condition (e.g. immunizations).
<b>Screening</b>	Measures applicable to asymptomatic patients who have risk factors or pre-clinical disease, but in whom the condition has not become clinically apparent (e.g. pap smears; screening for elevated blood pressure).
<b>Disease Management</b>	Measures applicable to individuals diagnosed with a condition that are part of the treatment or management of the condition (e.g. cholesterol reduction in patients with diabetes; radiation therapy following breast conserving surgery; appropriate follow-up after acute event).
<b>Medication Monitoring</b>	Measures applicable to patients taking medications with narrow therapeutic windows and / or potential preventable significant side effects or adverse reactions (e.g. thyroid stimulating hormone (TSH) testing after levothyroxine dose change; hepatic enzyme monitoring for patients using antimycotic pharmacotherapy)
<b>Medication Adherence</b>	Measures applicable to patients taking medications for chronic conditions that are designed to assess patient adherence to medication (e.g. adherence to lipid lowering medication).
<b>Utilization</b>	Measures applicable to patients receiving treatment for a symptom or condition that advocate appropriate utilization of laboratory and pharmaceutical resources (e.g. conservative use of imaging for low back pain; inappropriate use of antibiotics for viral upper respiratory infection).

## <sup>2</sup> Strength of Recommendation

### Strength of Recommendation Based on a Body of Evidence



**FIGURE 2.** Algorithm for determining the strength of a recommendation based on a body of evidence (applies to clinical recommendations regarding diagnosis, treatment, prevention, or screening). While this algorithm provides a general guideline, authors and editors may adjust the strength of recommendation based on the benefits, harms, and costs of the intervention being recommended. (USPSTF = U.S. Preventive Services Task Force)