With the launch of the chlamydia screening program, HMSA is working to educate providers about the rise of chlamydia in Hawaii and why it is called “the silent disease.” Because Hawaii has the sixth highest rate of chlamydia infection in the United States, HMSA is joining with the State of Hawaii’s STD/AIDS Prevention Branch to make chlamydia screening a top priority.

Providers and their staff members hold the cards to reducing the long-term consequences of untreated chlamydial infections through proactive efforts with their patients.

HMSA is committed to improving the physical, emotional and financial impacts of chlamydia on its members by:

- **Developing awareness of the symptoms and impacts of chlamydia**
- **Providing a test kit set up to aid and educate providers and their staff**
- **Informing providers of the availability of urine testing**

Prevention and treatment of chlamydia is so vital, HMSA reminds providers of coverage for chlamydia screening of PPO, HMO and QUEST members.

Some members may be more comfortable discussing sensitive information with a provider who is not their regular physician. Therefore, all providers have the ability to make a difference in regard to reducing chlamydia infections.

Providers can help patients to be healthier by helping them understand the impacts of chlamydia and other sexually transmitted infections, discussing means of protection within relationships and encouraging people at risk to schedule regular screenings.

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What the future holds: Why chlamydia efforts are imperative

Caused by the bacterium *Chlamydia trachomatis*, chlamydia is the most commonly reported bacterial sexually transmitted infection (STI). According to the Centers for Disease Control and Prevention (CDC), 2 million to 3 million new cases occur every year, resulting in more than $2 billion in annual healthcare costs in the United States.

However, chlamydia is easily screened and treatable. Every dollar spent on patient screenings and treatment is estimated to save $12 in long-term costs resulting from complications of undetected or untreated chlamydia.

Known as the “silent disease,” chlamydia is often asymptomatic. If symptoms do occur, they are usually present within the first three weeks of exposure. Chlamydia can be transmitted during unprotected vaginal, anal or oral sex. It can also be passed from an infected mother to her baby during vaginal childbirth.

While any sexually active person is at risk for chlamydia, having a greater number of sexual partners results in a greater risk for infection. Sexually active teenage girls and young women are at greater risk for infection because the cervix is not fully matured.

Most prevalent in people under the age of 25, chlamydia has the potential to lead to numerous complications if left untreated, including infertility or problems for newborns.

Most at risk are 15- to 19-year-old females, who represent 46 percent of all new infections, and 20- to 24-year-old females, who represent 33 percent of all new infections.

In women, the bacterium infects both the cervix and the urethra, resulting in an abnormal vaginal discharge or burning sensation during urination. Left untreated, the infection then spreads from the cervix to the fallopian tubes or to the rectum, according to the CDC. Women may experience lower abdominal pain, low back pain, nausea, fever, pain during intercourse or bleeding between menstrual periods.

In men, symptoms of a chlamydia infection might include discharge from their penis, a burning sensation when urinating, or burning and itching around the opening of the penis. Men or women who have receptive anal intercourse may become infected with chlamydia, which can cause rectal pain, discharge or bleeding. Chlamydia can also be found in the throats of people who engage in oral sex with an infected partner.

If left untreated, chlamydial infections can increase a woman’s risk for pelvic inflammatory disease (PID), ectopic pregnancies, infertility and human immunodeficiency virus (HIV). In addition, children born to mothers who have chlamydia have a greater risk of conjunctivitis, pneumonia and death.

Consulting the medium: Helping with communications

In an effort to reduce the number of new cases of chlamydia and expedite treatment for those who are infected, HMSA created an educational toolkit designed to help medical staff with their preventative efforts.

Patricia Avila, M.D., M.P.H., HMSA Medical Director, is available to meet with providers and their office staff to offer education in screening efforts and documenting services for quality reporting. HMSA has developed several materials to help in these efforts including:

- Chlamydia quick reference guide for providers serving sexually active adolescents and their partners
- Suggestions for taking a sexual history for teenage girls
- Chlamydia fact sheet for healthcare providers
- Chlamydia screening and treatment guidelines
- Chlamydia patient brochure
- STD Facts brochure charts
- Chlamydia patient poster
- Chlamydia care path
HMSA field representatives will deliver the brightly colored chlamydia packet/toolkit to providers statewide. By returning the Chlamydia Screening Program Inquiry sheet from the kit, providers can arrange a time for their staff to meet with Dr. Avila and arrange to receive additional educational materials. In these trainings, providers and their staff will work with Dr. Avila on developing or improving strategies for patient counseling and enhancing prevention methods.

“Providers should get their whole office involved in the screening process,” said Dr. Avila of the initiative to decrease the sequelae of untreated chlamydia. “Enlist the help of your staff to be communicators and patient educators on the importance of chlamydia screening.”

Dr. Avila also offers education on developing and tracking comprehensive sexual histories of patients to reduce reinfection rates.

The signs say: Testing won’t cost a fortune

With routine screenings, chlamydia rates can be reduced by up to 67 percent or more. The United States Preventive Services Task Force (USPSTF) recommends routine screening for all women, whether they are pregnant or not, if they:

- Are sexually active and are 25 years of age or younger
- Have more than one sexual partner, regardless of age
- Have had an STI in the past, regardless of age
- Do not use protection consistently, regardless of age

Routine screenings of women who are in these categories may reduce their risk of infertility and may improve the health of their newborn babies if they are pregnant.

According to the USPSTF, the cost of screening women who are not pregnant and who are at risk for chlamydia infection may be less than the cost of treating chlamydia and complications that arise from untreated cases, such as infertility.

Traditional culture testing provides a specificity of almost 100 percent, but is labor-intensive and expensive. Chlamydia tests with lower sensitivity, such as a DNA Probe or EIA, are less technically demanding than culture tests, but may not identify women who are actually infected or are more

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Chlamydia screening benefits

Currently, all eligible HMSA members participating in the Preferred Provider Plan, Health Plan Hawaii or HMSA QUEST plans receive benefits for chlamydia screenings.

- Preferred Provider Plan (PPP) members are covered at the plan’s benefit level (range of 70 to 100 percent) for laboratory/diagnostic tests. Member co-pay varies with their plan.
- Health Plan Hawaii (HPH) members are covered at 100 percent with no member copayment.
- HMSA QUEST members are covered at 100 percent for high-risk members only with no member copayment.
likely to show false positive results. In addition, all three tests are limited to cervical specimens only.

Nucleic acid amplification tests are 90 percent sensitive with the ability to use urine or cervical swabs as specimens. In using urine specimens, providers will be able to test men for chlamydia as well.

HMSA has a goal of reaching 70 percent or more members who are at risk for chlamydia by encouraging providers to:

- **Set up their exam room to have chlamydia testing swabs and urine cups readily accessible and visible**
- **Develop a chart reminder system for their at-risk patients to rescreen them 3 to 4 months after treatment for chlamydia due to the high prevalence of reinfection**
- **Have materials, such as posters and brochures, available to educate patients**

A patient’s sexual partners should also be tested so that reinfection does not occur. Providers should also encourage abstinence until their patient completes treatment.

**Control your destiny: Providing advocacy and education**

By taking a proactive approach to chlamydia, providers have the ability to help their patients have a healthier future.

HMSA remains committed to ensuring the comprehensive education on the impacts of chlamydia and other sexually transmitted infections, along with strongly recommending regular screenings for people who are most at risk.

For additional benefit information on chlamydia, please visit the Hawaii Healthcare Information Network (HHIN) at [https://hhin/hhin/html/index.asp](https://hhin/hhin/html/index.asp) and look for the “Laboratory Services & Diagnostic Tests – Inpatient and Outpatient” section.