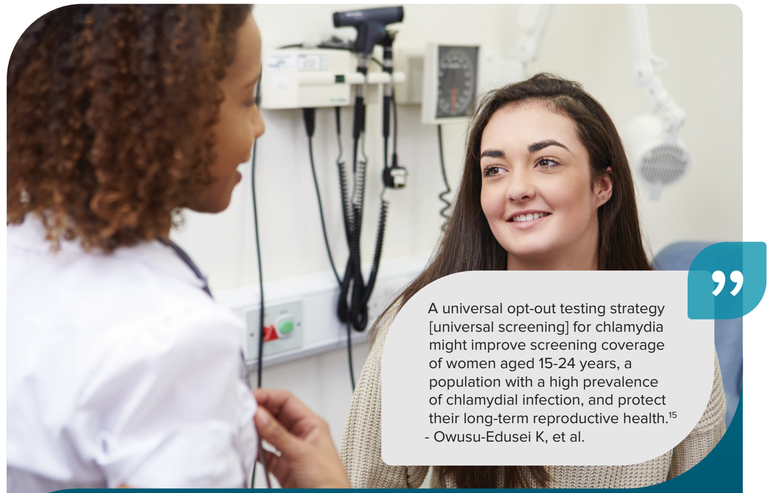


> A universal opt-out testing strategy [universal screening] for chlamydia might improve screening coverage of women aged 15-24 years, a population with a high prevalence of chlamydial infection, and protect their long-term reproductive health.[15]
> - Owusu-Edusei K, et al.

Primed to Protect Patients' Reproductive Health

Introducing a universal screening protocol can help to:

- Decrease STI prevalence
- Eliminate infertility due to undiagnosed infections
- Reduce total healthcare cost

In many cases, STI screening is covered by the Affordable Care Act.[16]
For patients, this may mean:

- No co-pay
- No deductible
- No out-of-pocket cost

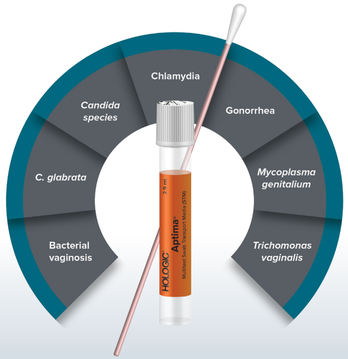
Flexible Testing Solutions

Introducing this new protocol is easy, starting with the way you collect a sample. Specimens collected with self- and clinician-collected vaginal swabs are **preferred by the CDC** for chlamydia and gonorrhea testing.[17] It's important to note that a pelvic exam is not required.

Aptima® Multitest Swab

One Sample. Multiple Results. Maximum Efficiency.

Detect up to 7 infections and disease states with just one vaginal swab sample.



Testing may also be performed with any of the following alternative specimen types:

- Urine sample
- Female endocervical swab
- Liquid-based cytology specimens
- Male urethral swab
- Rectal and oropharyngeal swab

* For female infections.
† HEDIS chlamydia measure for commercial HMO plans.
‡ All costs were calculated from the societal perspective and included direct medical costs for testing, treatment and indirect costs for lost productivity.

Visit **HologicWomensHealth.com** for more information.

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Hidden STIs

STI Testing Requires Our Attention

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

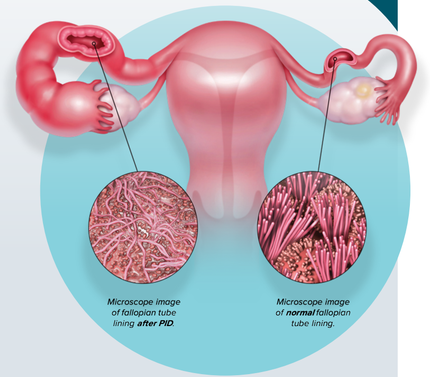
5.6m
new chlamydia and gonorrhea cases are estimated every year in the U.S., affecting young people more than any other age group.[4,5]

>84%
of chlamydia and gonorrhea infections are **asymptomatic**.[1]

30%

As many as 30% of **untreated chlamydia infections** progress to pelvic inflammatory disease (PID).[9]

Many patients have concerns about confidentiality and may not admit to being sexually active.[6] This means many chlamydia and gonorrhea infections go **undiagnosed** and **untreated**.



45%

A study estimated that **45%** of tubal factor infertility cases were **caused by chlamydia infections**.[10]

PID can lead to **long-term health issues** such as infertility and ectopic pregnancy.[7]

24,000 **women each year** become infertile due to **undiagnosed STIs.**[8]

Know the Guidance

Improving Patient Care Through Established Screening Guidelines

Major public health and medical societies are all aligned in their recommendations on screening for chlamydia and gonorrhea.[11]

CDC
Centers for Disease Control and Prevention
All sexually active women younger than 25 years should be tested for chlamydia every year.

ACOG
American College of Obstetrics and Gynecology
Screen women 24 years and younger, and older women at increased risk.

AAP
American Academy of Pediatrics
Annual chlamydia screening of all sexually experienced females younger than 25 years.

USPSTF
U.S. Preventive Services Task Force
Screen for chlamydia in 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.

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

Chlamydia and Gonorrhea Are Often Asymptomatic, and Opt-out Screening Can Help Identify these Hidden Infections

The Department of Health and Human Services (HHS) assembled a task force to address increasing rates of STIs in young people with a specific focus on increasing screening in sexually active young females. In this new strategic plan, the outlined goal is to increase screening rates from 59% to 77% over a ten-year period.[14]

59%
Sexually active women ages 16-20 are screened for chlamydia per guidelines.[14]

77%
HHS Screening Goal

The CDC now recommends that providers might consider opt-out screening for adolescent and young adult females to increase screening, be cost-saving, and identify infections among patients who do not disclose sexual behavior.[13]

Don't Miss the Risk

Current Risk-Based Screening Process

- Patients' sexual history is taken to identify sexually active women who should be tested.[15]
- Healthcare providers request permission to test by asking, "Do you want to be screened today?"

Universal Screening Process

- All patients aged 15-24 years are eligible for testing unless their records are flagged at check-in as having had a negative test within the past 12 months, or they declined to be tested.[15]
- Healthcare providers advise patients, "We are going to test you today."

Outcome: Missed Opportunities

Cases of chlamydia and gonorrhea were found even in patients who reported abstinence.[15] Despite guidelines, risk-based screening has faced barriers such as lack of access, confidentiality concerns, and lack of awareness.

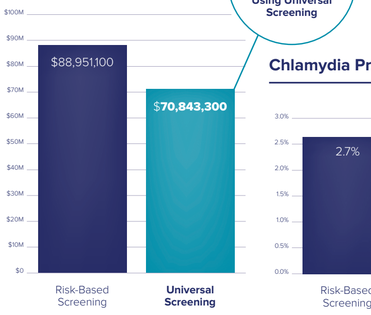
Outcome: An Inclusive Solution

This strategy targets all young women within the high-risk age group covered by USPSTF and CDC guidelines (15-24 years), without regard to their reported sexual activity.[15]

Universal Screening: An Effective Strategy

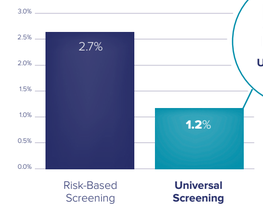
Based on the model study by Owusu-Edusei K, et al., the proposed strategy decreased the overall chlamydia prevalence and was associated with healthcare cost savings.[15]

Total cost for hypothetical population of 100,000 individuals (15-24 years)



20% Reduction Using Universal Screening

Chlamydia Prevalence



55% Reduction Using Universal Screening

Novel chlamydia screening strategies with high patient and provider acceptance could improve adherence to existing screening recommendations.[15]
- Owusu-Edusei K, et al.