Jim Doyle
Governor

Helene Nelson
Secretary

State of Wisconsin

Department of Health and Family Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

608-266-1251
FAX: 608-267-2832
www.dhfs.state.wi.us

December 2005

Dear Colleague:

You can help reduce the impact of *Chlamydia trachomatis* (chlamydia) infections in our communities by detecting and treating infections in asymptomatic individuals – without the need for pelvic examinations in women or urethral swabs in men.

Undetected chlamydia infections are very common and very serious. In Wisconsin, 40% of all reported chlamydia infections are among 15-19 year old women. At the two largest public health laboratories in Wisconsin the test positivity rate among all men tested in 2004 (~21,000) was 14%; the rate among all women tested in 2004 (~43,000) was 7%.

Chlamydia infection is present in about 3% of the general population aged 18-35, and up to 6% of adolescents.[1,2] About 75-85% of the infected women and at least 40% of infected men have no symptoms. If untreated, 20% to 40% of women with chlamydia infection will develop PID[5], 60% of whom may also be asymptomatic[3, 4]. Moreover, chlamydial PID frequently results in infertility due to tubal scarring (20%), chronic pelvic pain (18%), and ectopic pregnancy (9%).[6]

A new generation of nucleic acid amplification tests (NAATs) makes it possible to screen men and women for chlamydia infection using a convenient urine specimen. These tests are now available through nearly all clinical laboratories in Wisconsin and are covered by most major health care insurers.

We urge you to consider routine testing for chlamydia infection as recommended by the Centers for Disease Control and Prevention (CDC) in these patient populations:

- **All sexually active women aged 25 years and younger at least annually**
- **Women with a new sex partner, more than one sex partner, or a history of a recent sexually transmitted disease**, **regardless of age**
- **Women recently infected with chlamydia, 3-4 months after treatment**
- **All pregnant women**

A recent study demonstrated that screening young at-risk women led to a 56% decrease in PID when compared with a control group of women who received routine care[7]. Other data from several regions of the country support aggressive screening for and treatment of chlamydia infections as well. **We need your help to achieve similar success in our communities!** Implementing a screening strategy in your clinic may be as simple as collecting specimens for chlamydia testing at the time of routine Pap testing on all females 25 years or younger by placing chlamydia swabs or urine test kits next to Pap test collection materials[8] (chlamydia screening and treatment recommendations and an article reprint are enclosed).

For more information on chlamydia screening and treatment recommendations, types of tests for detection and the various resources on chlamydia available to providers, please contact your laboratory service or the

Wisconsin State Laboratory of Hygiene (Bobbie McDonald 608-262 -6505) or the Wisconsin Division of Public Health STD Program (Lori Amsterdam 608-267- 5220).

Sincerely,

Jeffrey P. Davis, M.D.
Chief Medical Officer and State Epidemiologist
for Communicable Diseases and Preparedness

Murray L. Katcher, MD, PhD
Chief Medical Officer
Bureau of Community Health Promotion
State Maternal and Child Health Director

Frits Broekhuizen, MD
Medical Director
Planned Parenthood of WI, Inc

Geoffrey R. Swain, MD, MPH
Associate Medical Director, City of Milwaukee Health Department
Center Scientist, Center for Urban Population Health
Associate Professor of Family Medicine, University of Wisconsin Medical School

References:

1. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2003. Atlanta, GA: U.S. Department of Health and Human Services, September 2004.

2. Stamm WE, Guinan ME, Johnson C. Effect of treatment regimens for Neisseria gonorrhoeae on simultaneous infections with Chlamydia trachomatis. *N Engl J Med* 1984;310:545-9.

3. Westrom L, Joesoef R, Reynolds G, et al. Pelvic inflammatory disease and fertility: a cohort study of 1,844 women with laparoscopically verified disease and 657 control women with normal laparoscopy. *Sex Transm Dis* 1992;9:185-92.

4. Hook EW III, Handsfield HH. Gonococcal infections in the adult. In: Holmes KK, Mardh PA, Sparling PF, et al, eds. *Sexually Transmitted Diseases*, 2nd edition. New York City: McGraw-Hill, Inc, 1990:149-65.

5. Stamm WE, Holmes KK. *Chlamydia trachomatis* infections in the adult. In: Holmes KK, Mardh PA, Sparling PF, et al, eds. *Sexually Transmitted Diseases*, 2nd edition. New York City: McGraw-Hill, Inc, 1990:181-93.

6. Zimmerman HL, Potterat JJ, Dukes RL, et al. Epidemiologic differences between chlamydia and gonorrhea. *Am J Public Health* 1990;80:1338-42.

7. Scholes D, Stergachis A, Heidrich FE, Andrilla H, Holmes KK, Stamm WE. Prevention of pelvic inflammatory disease by screening for cervical chlamydial infection. *N Engl J Med* 1996;34(21):1362-6.

8. Burstein GR, Snyder MH, Conley D, Newman DR, Walsh CM, Tao G, Irwin KL. Chlamydia Screening in a Health Plan Before and After a National Performance Measure Introduction. *Obstetrics and Gynecology,* Vol. 106, NO. 2, August 2005.