



# Chlamydia Screening and Treatment

*Legislator Policy Brief*

# The Healthy States Initiative

*A partnership to promote public health*

The Healthy States Initiative helps state leaders access the information they need to make informed decisions on public health issues. The initiative brings together state legislators, Centers for Disease Control and Prevention (CDC) officials, state health department officials and public health experts to share information and to identify innovative solutions.

The Council of State Governments' partners in the initiative are the National Black Caucus of State Legislators (NBCSL) and the National Hispanic Caucus of State Legislators (NHCSL). These organizations enhance information-sharing with state legislators and policymakers on critical public health issues.

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## Why public health?

State legislators play a vital role in determining the structure and resources available to state and local agencies dedicated to protecting the public's health. Public health agencies educate the public and offer interventions across a wide spectrum of public health issues including:

- Ensuring that children and at-risk adults are immunized against deadly diseases;
- Assisting victims of chronic conditions such as cancer, heart disease and asthma;
- Preventing disease and disability resulting from interactions between people and the environment;
- Researching how HIV/AIDS infections and other sexually transmitted diseases can be prevented;
- Promoting the health and well-being of people with disabilities; and
- Working with schools to prevent risky behavior among children, adolescents and young adults.

## Information resources for state policymakers

New information resources produced under this initiative include:

- Healthy States Web site. This unique Web site offers information and resources on many public health issues. Visit <http://www.healthystates.csg.org> to get information, sign up for publications and view other information on the initiative.
- Health Policy Highlights and Healthy States e-weekly. Each week, this free weekly electronic newsletter brings the latest public health news, resources, reports and upcoming events straight to your inbox.
- Healthy States Quarterly. CSG publishes a free quarterly newsletter covering public health legislative and policy trends, innovative best practices from the executive and legislative branches, current research and information on Healthy States activities.
- Forums and Web Conferences. Web conferences are offered to allow public health experts, legislators and legislative staff to interact on priority public health issues. Forums include educational sessions on public health issues, new legislator training and roundtable discussions with peers and public health experts.
- Healthy States Publications. New resources will assist state legislators interested in public health topics, including obesity and chronic disease prevention, HIV/AIDS and sexually transmitted disease prevention, vaccines, health disparities and school health.

## For more information

If you are interested in the learning opportunities available through the Healthy States Initiative, visit <http://www.healthystates.csg.org>, <http://www.nbcsl.org> or <http://www.nhcsl.org>.

# Chlamydia Screening and Treatment Overview

With nearly a million new cases reported in 2005, chlamydia is the most frequently reported sexually transmitted disease (STD) in the United States.<sup>1,2</sup> Chlamydia is caused by a bacterial infection and is easily treated with antibiotics. The effects of untreated chlamydia can include irreversible damage to women’s reproductive organs, pregnancy complications, infertility, and chronic pain.<sup>3,4</sup> Overall, an estimated 2.8 million new cases of chlamydia occur each year,<sup>5</sup> at an estimated cost of \$598 million.<sup>6</sup>

This brief informs state policymakers about chlamydia and its effects on public health, along with cost-effective prevention strategies that states are implementing.

## What Legislators Need to Know About Chlamydia

The Centers for Disease Control and Prevention (CDC) reports that nearly one in 20 sexually active women between the ages of 14 and 19—a group particularly vulnerable to the devastating complications of this infection—is infected with chlamydia.<sup>7</sup> Additionally, chlamydia infections are more commonly found among young adults, urban residents, African-Americans and socioeconomically disadvantaged populations.<sup>3,8</sup>

Annual chlamydia screening is recommended for all sexually active women age 25 or younger, and for women older than 25 with specific risk factors such as a new sex partner or multiple sex partners. This recommendation is endorsed by the CDC, all leading health and medical associations and the U.S. Preventive Services Task Force. Chlamydia screening is one of the most cost-effective yet underused prevention services available.<sup>9</sup>

Screening and early detection are proven high-value services that are critical to containing chlamydia and its long-term effects.<sup>10</sup> But chlamydia is often a “silent” infection, offering no warning signs or symptoms; therefore, individuals tend not to seek treatment. Public outreach and education about this infection and the importance of screening are core strategies in reducing the burden of chlamydia—particularly since this infection can be easily and effectively treated and costly side effects can be avoided.

Once an individual is treated, his or her sex partners must also be treated. This may be achieved by health care providers contacting identified partners and providing public health services. But the large number of cases of chlamydia, and therefore, partners infected with the disease, typically makes this impossible or impractical for providers and public health departments. An alternate practice is expedited partner therapy, or EPT, in which health care providers give prescriptions or medication to the patient they are treating for him/her to deliver to his/her sexual partner. In addition to dispensing medication and providing counseling and instruction of the proper use of the medicine, providers encourage patients to urge their partners to seek evaluation and care.<sup>11</sup>

## What Can State Legislators Do to Help Prevent Chlamydia?

- Sponsor or support legislation requiring insurers to cover annual chlamydia screening.
- Serve on or support legislative task forces and focus groups that help to inform and motivate colleagues, raise awareness and support public advocacy for screening and treatment services.
- Promote funding for chlamydia screening and treatment for low-income and uninsured populations.
- Support or sponsor chlamydia prevention alliances among state and local departments of health and health care professionals.

# Actions for State Legislators

## Demonstrate Leadership

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- Create or serve on a statewide task force on STD education and control to increase awareness for prevention of STDs including chlamydia.
- Request, support or participate in community focus groups to explore obstacles and innovative solutions to encourage screening and treatment for chlamydia, and to identify opportunities for public and professional outreach and education. Consider ways to reach out to those people the disease more commonly affects, including young adults and African-Americans.
  - The Connecticut Health Policy Project conducted a focus group to explore solutions for reducing the incidence of chlamydia in the state. Focus group participants represented policy experts, adolescents, educators, health care professionals and legislators. Findings from the focus group include: proposing legislation to support chlamydia testing, coordinating with state and local health departments on public and provider outreach and education, and funding local organizations to expand access to testing and treatment for chlamydia.<sup>12,13</sup>
- Form partnerships with community and faith-based organizations, and women's health and reproductive health advocates to raise awareness about the importance of chlamydia screening, particularly in minority and at-risk populations.

## Support Comprehensive Screening and Education Programs

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- Sponsor or support legislation to:
  - Require public and private health insurers to cover the cost of annual chlamydia screening among adolescents and young adults;
  - Cover screening for chlamydia and other STDs for all patients of public or state-supported medical services;<sup>10</sup>
  - Support training for primary health care providers to test patients for chlamydia according to national guidelines, and support payment incentives that encourage providers to offer chlamydia screening to their patients;
  - Fund public information campaigns on the effects of chlamydia infection and the benefits of annual screening for young women; and
  - Encourage age-appropriate comprehensive STD prevention education in schools.
- Promote funding to provide chlamydia screening services for uninsured, at-risk populations in nontraditional settings such as worksites, prisons and halfway houses.<sup>14</sup>
- Work with local advocacy organizations to reduce disparities in the incidence of chlamydia:
  - Create and support culturally appropriate public education campaigns that encourage women to get screened for chlamydia;
  - Encourage local community health centers to offer chlamydia screening services to low income uninsured patients; and
  - Support providing screening for those without access to medical services.

## Contribute to State and Local Efforts to Identify and Treat Those Affected

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- Support legislation or regulatory change to allow expedited partner therapy (EPT), which allows health care providers to give medication or a prescription to a patient to deliver to his or her sexual partner.
  - Work with your state STD director, pharmacy board, medical board and other appropriate public health entities to determine if barriers to implementing EPT exist in your state—regulatory, statutory, policy or practice; and
  - Develop plans to reduce these barriers. To review the legal issues related to adoption of EPT in your state, see: <http://www.cdc.gov/std/ept/legal/default.htm>.
- Support funding for health departments to encourage pediatricians, family practitioners and other primary care providers to screen for chlamydia and treat chlamydia patients comprehensively.
- Support legislation for public and private insurers to cover:
  - Counseling and retesting of chlamydia patients; and
  - Medications to treat both the patient and his/her partner(s) through EPT to prevent reinfection.
- Support funding for state and local health departments to establish strategically located treatment sites with convenient (evenings, weekends) hours of operation. For example, establish satellite STD/chlamydia clinics to bring services to more citizens in more locations at times that do not conflict with work hours.
- Support collaborative efforts with the medical and pharmacy boards and state medical society to establish standing orders that permit nonphysician health care providers (physician assistants, nurse practitioners) to administer chlamydia screening and treatment services (including EPT) in medically underserved areas, such as industrial workplaces or geographically remote locations.
- Participate in coalitions of private health providers, women’s and reproductive health organizations, and state and local public health personnel to assure that all components of high quality chlamydia screening and treatment services are available in the community, specifically:
  - Prevention and monitoring components such as screenings, partner notification and case reporting;
  - Medication and counseling services for those affected by chlamydia and their partners; and
  - Ongoing education and training of private health providers and public health personnel.<sup>15</sup>

# State Policy Examples

## Chlamydia Prevention and Control in California

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A multifaceted public health intervention program to control chlamydia was launched in California in 2000. The California STD Control Branch and other public health leaders garnered political support and convened key stakeholders through the California Chlamydia Action Coalition (CCAC), a public-private partnership led by the California Department of Health Services, the California HealthCare Foundation and the University of California, San Francisco. The CCAC recruited stakeholders from both public and private sectors and initiated activities on several fronts, including screening, partner services, awareness campaigns and tracking.

In a coordinated effort, SB 648, sponsored by Sen. Deborah Ortiz, was enacted on Jan. 1, 2001, amending state law to allow physicians to prescribe and physician assistants, nurse practitioners, and certified nurse midwives to dispense antibiotic therapy for the sex partners of individuals infected with chlamydia—even if unable to perform a direct exam of the patient’s partner.

Research conducted since SB 648 was signed into law found that patient-delivered therapy (one form of EPT) was associated with reduced rates of infection.<sup>16</sup> A chlamydia “toolbox” supported by on-site training was developed to raise provider awareness and improve screening and treatment of those affected and their partners. Additionally, a chlamydia information clearinghouse was established to provide data to managed care organizations and public health agencies for disease reporting purposes.

*[http://www.ucsf.edu/castd/chlamydia\\_coalition.html](http://www.ucsf.edu/castd/chlamydia_coalition.html)*

## Increasing Screening in Tennessee

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In 2001, the Tennessee Department of Health met with managed care organizations that provide services for the state’s Medicaid population. Working together with the quality assurance arm of the organizations, the state was able to have chlamydia screening of sexually active females ages 15 to 24 included as a quality-of-care measurement.

To further expand the population being tested, the state started screening all females receiving a pregnancy test in the state’s family planning clinics. Furthermore, in 2006, the state Department of Health funded a grant to Knox County to screen everyone booked in the juvenile detention center. All of the screening tests use a urine-based test to screen for both chlamydia and gonorrhea.

Tennessee also is one of the few states in the country to have cleared legal or regulatory barriers to expedited partner therapy. In 2002, the medical practice rules of the Board of Medical Examiners were amended to allow physicians to dispense antibiotics for the partners of those infected with chlamydia even if they were not examined. Health care providers can write a prescription both for the patient and his or her partner within 60 days from onset of symptoms or positive test results.

*<http://health.state.tn.us/health/std/field.htm>*

## New Mexico Health Department and Medical Society Collaboration

About six years ago, the New Mexico Health Department and the New Mexico State Medical Society jointly formed the Clinical Prevention Initiative (CPI). The goal of the group was to help the state's doctors, nurses and other health care providers implement clinically proven interventions—based on the U.S. Preventive Services Task Force recommendation—in their practices. A steering committee helped guide the work and included representatives from managed care organizations and other health organizations, such as the American Cancer Society.

CPI focused its efforts on increasing routine chlamydia screening for all sexually active women 25 years or younger; men or women with more than one sexual partner or a recently diagnosed STD regardless of age; and all pregnant women. CPI developed informational handouts for patients about the symptoms and risks of chlamydia. The group also helped develop a Dear Colleague letter and training for health care providers to inform them of the reasoning behind the new testing guidelines, recommended treatments for infections and the costs and reimbursement rates for different testing methods.

“Basically in the public sector, we’ve been screening for chlamydia for many years,” said Dr. Bruce Trigg, medical director of the STD Program, Regions 1 and 3, New Mexico Department of Health. “It’s relatively recent that screening has become prevalent in the private sector. It’s about 50 to 60 percent of women who should be screened are being screened. Compared to Pap smears, there’s a long way to go.”

[http://www.swcp.com/nmms/subpages/NMMS\\_CPI.htm](http://www.swcp.com/nmms/subpages/NMMS_CPI.htm)

## Reaching African-American Teens in Texas

The Texas Department of State Health Services (DSHS) launched a media campaign designed to increase awareness of STDs and the need for testing among sexually active African-American females ages 15–19. The DSHS Bureau of HIV and STD Prevention’s successful campaign received the National Public Health Information Coalition’s Bronze Award for excellence in Public Health Communication.

The STD Awareness Media Campaign, developed by the bureau with a public relations agency, used targeted television, radio and billboards to bring STD awareness and prevention messages to African-American adolescent girls in the cities of Tyler and Longview. The campaign’s tools included an interactive CD-ROM tool kit titled “CDCynergy,” for health care providers to use in designing public health communications.

Surveys of adolescents after the pilot campaign indicated that awareness of chlamydia as a sexually transmitted disease more than doubled. Of those who saw the campaign ads, 69 percent said the ads made them think more about STDs than they had before, 28 percent said they talked to someone about STDs because of the ads, and 19 percent said they got tested for an STD other than HIV because of the ads.<sup>17</sup> The ads continue to be used by public health departments throughout Texas for public information campaigns.

<http://www.dshs.state.tx.us/hivstd/info/stdmedia.shtm>

<http://www.cdc.gov/std/healthcomm/cdcynergy.htm>

# Advice from a State Legislator

## Requiring Health Insurance Coverage for Chlamydia Screening



*Nan Grogan Orrock  
Georgia Senate*

Sen. Nan Grogan Orrock's 20 years in the Georgia legislature have included successful initiatives on family medical leave and equity for contraceptives. Orrock also sponsored the 1998 Chlamydia Screening Act (HB 1565). The act requires health insurers to cover an annual chlamydia screening test for women under age 30, which results in physicians routinely testing women at risk for the infection on a timely basis. Orrock credits the act's success to legislators' commitment to protecting the health of young women and obtaining strong evidence that chlamydia screening would save money and improve health in local jurisdictions across the state.

Orrock worked closely with the Georgia Division of Public Health director, who wanted to reduce chlamydia and its severe complications through wide use of screening programs and a convenient one-time antibiotic treatment. Public health statistics from 265 sites across the state indicated that those who were disproportionately affected by chlamydia included women under 20, African-Americans and residents of some areas of the state.

With the help of Orrock—who was at that time a representative—and other legislative champions, state legislators were educated about the increasing cases of chlamydia across the state and the success of chlamydia screening and treatment programs in other states. A legislative study committee and meetings with the Women's Caucus, Health Committee, Appropriations Committee and the full House helped build support for the legislation. Public health officials also worked with the state Medicaid agency to reimburse physicians for administering the convenient single dose antibiotic to patients immediately upon diagnosis.

### Her Advice to State Legislators:

- **Do your homework.** Have the facts on the potential cost-savings and health benefits for young women and have the statistics for those affected in local jurisdictions across the state. Use public health experts to respond to questions on testing, medical conditions and treatment. Show potential cost-savings if ectopic pregnancies in Medicaid patients were prevented. Having the facts allows legislators to focus on policy decisions for these sensitive issues, which can be difficult to address.
- **Build a broad base of support.** Build legislator support for chlamydia screening across gender and party lines. A women's caucus is a great resource in building these alliances, as are groups committed to reducing health disparities.
- **Know the costs.** Be prepared for objections mandating insurance benefits; show the significant cost-savings possible through increased chlamydia screening and treatment.
- **Appeal to the common sense of the legislators.** "An ounce of prevention" for the costly effects of chlamydia, such as pelvic inflammatory disease, is worthwhile. The disease is "silent" for 75 percent of infected women, so those affected often don't know to seek treatment. Also, the availability of a one-time medication cure assures that those affected will receive treatment immediately.

See: Georgia Department of Human Resources, Division of Public Health, "An Overview, Gonorrhea and Chlamydia, Georgia," available at: [http://health.state.ga.us/pdfs/epi/hivstd/gonorrhea\\_chlamydia.pdf](http://health.state.ga.us/pdfs/epi/hivstd/gonorrhea_chlamydia.pdf).

# Advice from a Public Health Official

## *Implementing Expedited Partner Therapy to Reduce Chlamydia Infection*

*Dr. Bruce Trigg  
Medical Director of the STD Program  
Regions 1 and 3, New Mexico Department of Health*



Establishing positive working relationships between state agencies, medical societies and health care providers is critical when confronting difficult issues, said Dr. Bruce Trigg, medical director of the STD Program in the New Mexico Department of Health. For example, implementing EPT in a state can be challenging: many states face uncertainty over whether the practice is legal, whether regulatory or statutory changes are necessary to permit it and even which agency has authority.

The process has been made easier in New Mexico through the Clinical Prevention Initiative (CPI), a joint effort of the New Mexico Health Department and the New Mexico State Medical Society to encourage use of prevention services. When CPI officials began working on expanding guidelines for chlamydia testing, they discovered EPT was banned by the Medical Practice Act. Officials believed if they could convince the New Mexico Medical Board to support changing the regulations, they might be able to remove the barriers to implementing EPT.

Cooperation, a good working relationship and a willingness to talk helped move the process forward. “When we first approached them (the New Mexico Medical Board), they were extremely negative,” Trigg said. “... They saw this as an erosion of medical control over prescription medications.”

The CPI group sought endorsement of the proposed change from its two sponsors, the New Mexico Medical Society and the Department of Health. The public health department supported this effort, but the medical society was hesitant at first. After further discussion between the health department and the medical society, the proposal was endorsed unanimously.

The New Mexico Medical Board reacted positively when public health and the medical society collaborated to propose the regulatory change. According to Trigg, they were able to say, “This is the consensus of the medical and public health community and here’s all the studies and CDC recommendations (in favor of EPT).”

As a result, since early 2007 new EPT regulations allow doctors and physician assistants to prescribe medicine for the partners of patients who have been diagnosed with a sexually transmitted disease, without examining the partner(s).

### His Advice to State Legislators:

Trigg had two suggestions for legislators wanting to increase the number of constituents being screened for chlamydia:

- **First, talk to their state’s STD program director.** “I think it is something state legislators need to speak to their state health people about” to identify the barriers to increasing screening in their state, Trigg said.
- **Increase funding.** Trigg said it is essential to increasing the number of people who are screened. “... Our limitation right now is funding to be able to go into correctional facilities or the schools,” he said. “That’s where the chlamydia is, in young people. In some ways, to provide funding for the screening of young people is imperative for legislators. That’s keeping us from addressing the epidemic.”

# Key Facts and Terms

## Health Impact of Chlamydia Infection

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- Chlamydia is the most frequently reported bacterial sexually transmitted disease (STD) in the United States. Chlamydia infection often has no symptoms, so CDC recommends annual screening for chlamydia for sexually active women 25 and younger. Chlamydia infection is easily diagnosed by a laboratory test using either urine or a specimen obtained during a Pap test and is easily treated with a single dose of antibiotics. Complete treatment also includes counseling patients on preventing transmission and reinfection, encouraging patients to inform their partners and testing for reoccurrence of the infection.<sup>4</sup>
- Experts estimate that the nearly 1 million cases of chlamydia reported to CDC in 2005 represent only about one-third the actual number of infections.<sup>1</sup> Only 25 percent of women and about 50 percent of men infected with chlamydia experience symptoms of infection, which typically would be genital discharge, burning or discomfort.
- An estimated 2.8 million new cases of chlamydia occur each year,<sup>5</sup> at an estimated cost of \$598 million.<sup>6</sup> Under-reporting of chlamydia is significant since many people are unaware of their infections and do not seek testing.
- Nearly 40 percent of untreated chlamydia cases develop into more serious infection, resulting in additional treatment costs of \$1,167 per patient.<sup>18</sup> Untreated chlamydia can lead to irreversible damage to women's reproductive organs, recurring infection, pregnancy complications, infertility and chronic pain.

## Health Disparities

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- Chlamydia infections are more commonly found among young adults, urban residents, African-Americans and socioeconomically disadvantaged populations.<sup>3,8</sup> Cultural barriers must be addressed when educating on chlamydia prevention.
- African-American, Hispanic and American Indian women all have higher rates of chlamydia than white women. African-American women have more than seven times and American Indian women have nearly five times the chlamydia rate of white women.<sup>19</sup>
- Key barriers to chlamydia screening and treatment in minority communities include lack of access to care, insurance coverage, and funds for payment for services and inadequate information and education.<sup>20</sup>

## Sexual Partner Services

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- To prevent reinfection by their sexual partner(s), chlamydia patients are asked to notify their partner(s) that treatment is necessary, although this approach has been only modestly successful.<sup>11</sup> Another alternative, asking the patient for the name of his or her sex partner for follow-up by the state health department, also encounters difficulties due to staff time constraints and the patient's discomfort in revealing his or her partner's name.
- Expedited partner therapy (EPT) allows health care providers to give medication or prescriptions to the patient they are treating to deliver to his or her sex partner to reduce reinfection. In addition to dispensing the medication, providers offer counseling and instruction on proper use of the medicine, and recommend that patients encourage their partner(s) to be tested for chlamydia.

# What Scientific Research Says

## Chlamydia Screening Is a Proven But Underused Strategy \_\_\_\_\_

- Identifying and treating chlamydia early is an effective and cost-saving approach because it stops the spread of infection and reduces risk of serious complications.<sup>9,10</sup>
- Although annual chlamydia screening is recommended for all sexually active women age 25 or younger, less than half of young women receive screening tests. In 2005, sexually active women were screened at these rates:
  - Ages 16–20 years old: 49 percent with Medicaid, and 34 percent with commercial insurance; and
  - Ages 21–25 years old: 52 percent with Medicaid, and 35 percent with commercial insurance.<sup>21</sup>
- Ongoing education and training of health care providers is needed to improve the chlamydia screening rates.

## Behavior Change Is Crucial \_\_\_\_\_

- Effective chlamydia prevention requires changing the behaviors that place people at risk, and encouraging those behaviors that reduce risk, such as practicing abstinence, using condoms, limiting the number of sex partners and modifying sexual behaviors.<sup>22</sup>
- Prevention efforts demand sustained outreach and education—both of which have been proven to reduce the risk of individuals becoming initially infected, infecting others or experiencing more severe medical complications.<sup>23</sup>

## Expedited Partner Therapy (EPT) Demonstrates Promise \_\_\_\_\_

- EPT can alleviate some of the health and fiscal burdens of chlamydia by reaching more infected individuals. CDC sponsored studies found that EPT is medically effective, cost-effective and cost-saving.<sup>11,24</sup>
- EPT is not without barriers to implementation. Health care providers are often hesitant or not legally permitted to dispense medication for an individual they have not examined, evaluated and counseled. The potential risks for the partner include allergic reactions, medication taken improperly and undiagnosed STDs or other medical conditions that might contradict the use of a specific antibiotic.<sup>11,24</sup>
- A study of laws in 50 states, Puerto Rico and the District of Columbia suggests that EPT is prohibited in 13 states. In the remainder of the states, the practice is clearly permitted or is potentially allowable, subject to interpretation or clarification of ambiguities in state law.<sup>25</sup> (For an assessment of each state's status, see: <http://www.cdc.gov/std/ept/legal/default.htm>)

## Want to Know More?

*We'll help you find experts to talk to about this topic*

If you would like to explore this topic in greater depth, contact us at the Healthy States Initiative and we'll help you connect with:

- an expert on this issue from the CDC.
- fellow state legislators who have worked on this issue.
- other public health champions or officials who are respected authorities on this issue.

Send your inquiry to <http://www.healthystates.csg.org/> (keyword: inquiry) or call the health policy group at (859) 244–8000 and let us help you find the advice and resources you need.

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- <sup>23</sup> CDC. "Program Operations. Guidelines for STD Prevention: Community and Individual Behavior Change Interventions." Atlanta, GA: U. S. Dept. of Health and Human Services. Accessed from <http://www.cdc.gov/std/program/community.pdf> September 7, 2006.
- <sup>24</sup> Klausner JD, Chaw JK. "Patient-delivered Treatment for Chlamydia: Putting Research into Practice." *Sexually Transmitted Diseases* 2003; 30(6): 509–11.
- <sup>25</sup> CDC. "Legal Status of Expedited Partner Therapy (EPT)." Accessed from <http://www.cdc.gov/std/ept/legal/default.htm> June 13, 2007.

## Centers for Disease Control and Prevention

### Infertility and STDs

<http://www.cdc.gov/std/infertility/default.htm>

### Chlamydia Fact Sheet

<http://www.cdc.gov/std/Chlamydia/STDFact-Chlamydia.htm>

### Legal Status of Expedited Partner Therapy (EPT)

<http://www.cdc.gov/std/ept/legal/default.htm>

### CDC National Prevention Information Network

<http://www.cdcnpin.org>

## Other Sources

### American Social Health Association: Chlamydial Infections

[http://www.ashastd.org/learn/learn\\_chlamydia\\_facts.cfm](http://www.ashastd.org/learn/learn_chlamydia_facts.cfm)

### Action Agenda for Chlamydia Prevention and Control in California: A Five Year Plan

[http://www.ucsf.edu/castd/CAR\\_full.html](http://www.ucsf.edu/castd/CAR_full.html)

### Chlamydia facts from the California Chlamydia Coalition

[http://www.ucsf.edu/castd/chlamydia\\_coalition.html](http://www.ucsf.edu/castd/chlamydia_coalition.html)

### National Coalition of STD Directors: State Program Sites

<http://www.ncsddc.org/programsites.htm>

### Connecticut Health Policy Project, Information for Policymakers on Chlamydia Focus Group

<http://www.cthealthpolicy.org/policy/chlamydia.htm>

### Council of State Governments' Healthy States Web site

<http://www.healthystates.csg.org>

### CSG's Tool Kit on HIV and STD Prevention

<http://www.healthystates.csg.org/Publications>

### Partnership for Prevention: Chlamydia Screening

<http://www.prevent.org/content/view/69/96/>

<http://www.prevent.org>

# Preventing Diseases:

## *Policies that work based on the research evidence*

### **1) Promote healthy eating.**

Policies that give kids healthier food choices at school can help curb rising rates of youth obesity. Ensuring that every neighborhood has access to healthy foods will improve the nutrition of many Americans.

### **2) Get people moving.**

Policies that encourage more physical activity among kids and adults have been proven to reduce rates of obesity and to help prevent other chronic diseases.

### **3) Discourage smoking.**

Policies that support comprehensive tobacco control programs—those which combine school-based, community-based and media interventions—are extremely effective at curbing smoking and reducing the incidence of cancer and heart disease.

### **4) Encourage prevention coverage.**

Policies that encourage health insurers to cover the costs of recommended preventive screenings, tests and vaccinations are proven to increase the rates of people taking preventive action.

### **5) Promote health screenings.**

Policies that promote—through worksite wellness programs and media campaigns—the importance of health screenings in primary care settings are proven to help reduce rates of chronic disease.

### **6) Protect kids' smiles.**

Policies that promote the use of dental sealants for kids in schools and community water fluoridation are proven to dramatically reduce oral diseases.

### **7) Require childhood immunizations.**

Requiring immunizations for school and child care settings reduces illness and prevents further transmission of those diseases among children. Scientific, economic and social concerns should be addressed when policies to mandate immunizations are considered.

### **8) Encourage immunizations for adults.**

Policies that support and encourage immunizations of adults, including college students and health care workers, reduce illness, hospitalizations and deaths.

### **9) Make chlamydia screenings routine.**

Screening and treating chlamydia, the most common sexually transmitted bacterial infection, will help protect sexually active young women against infertility and other complications of pelvic inflammatory disease (PID) that are caused by chlamydia.

### **10) Promote routine HIV testing.**

Making HIV testing part of routine medical care for those aged 13 to 64 can foster earlier detection of HIV infection among the quarter of a million Americans who do not know they are infected.

Learn more about these and other proven prevention strategies at <http://www.ahrq.gov/clinic/uspstfix.htm>, <http://www.thecommunityguide.org/policymakers.html> and [http://www.prevent.org/images/stories/health\\_policy.pdf](http://www.prevent.org/images/stories/health_policy.pdf).

# What the CDC Does for States

The Centers for Disease Control and Prevention (CDC) is part of the United States Department of Health and Human Services, which is the main federal agency for protecting the health and safety of all Americans. Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities and environmental health threats.

Helping state governments enhance their own public health efforts is a key part of CDC's mission. Every year, CDC provides millions in grants to state and local health departments. Some funds are in the form of categorical grants directed at specific statutorily-determined health concerns or activities. Other funds are distributed as general purpose block grants, which the CDC has more flexibility in deciding how to direct and distribute.

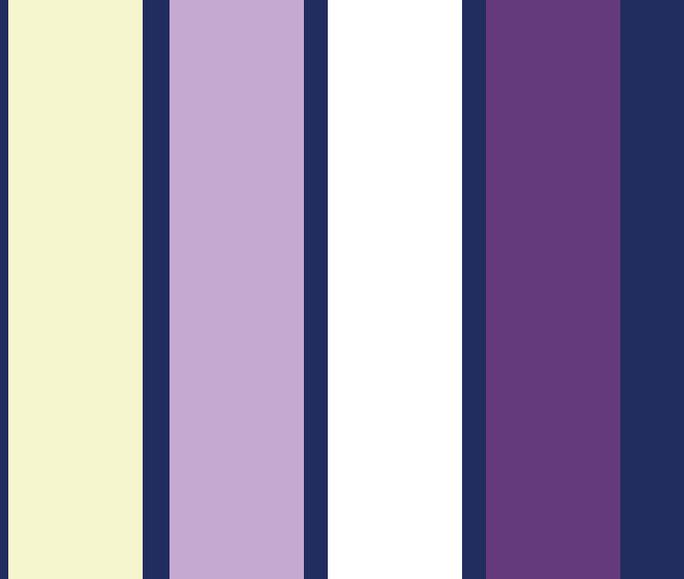
The CDC does not regulate public health in the states. Rather, it provides states with scientific advice in fields ranging from disease prevention to emergency management. It also monitors state and local health experiences in solving public health problems, studies what works, provides scientific assistance with investigations and reports the best practices back to public agencies and health care practitioners.

For state legislators who are interested in improving their state's public health, the CDC offers a wealth of resources, including:

- Recommendations for proven prevention strategies;
- Examples of effective state programs;
- Access to top public health experts at the CDC;
- Meetings specifically aimed at state legislative audiences;
- Fact sheets on policies that prevent diseases; and
- State-specific statistics on the incidence and costs of disease.

This publication from the Healthy States Initiative is also an example of CDC's efforts to help states. The Healthy States Initiative is funded by a cooperative agreement with the CDC.

The CDC has developed partnerships with numerous public and private entities—among them medical professionals, schools, nonprofit organizations, business groups and international health organizations—but its cooperative work with state and local health departments and the legislative and executive branches of state government remains central to its mission.



The Council of State Governments' (CSG) Healthy States Initiative is designed to help state leaders make informed decisions on public health issues. The enterprise brings together state legislators, officials from the Centers for Disease Control and Prevention, state health department officials, and public health experts to share information, analyze trends, identify innovative responses, and provide expert advice on public health issues. CSG's partners in the initiative are the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators.

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