PREVENTING INFERTILITY IN WOMEN

WHAT IS THE PUBLIC HEALTH ISSUE?

- Chlamydia and gonorrhea are the most important preventable causes of infertility and potentially fatal tubal pregnancy. If not adequately treated, up to 40% of women infected with chlamydia or gonorrhea will develop infection in the uterus or fallopian tubes. Known as pelvic inflammatory disease (PID), this infection can lead to infertility or ectopic pregnancy.
- Chlamydia is the most commonly reported notifiable disease in the United States. In 2002, a total of 834,555 chlamydial infections were reported to CDC from 50 states and the District of Columbia. An estimated 2.8 million cases of chlamydia occur annually. The number of reported cases is lower than the estimated total number because infected people are often unaware of, and do not seek treatment for, their infections.
- Each year about 718,000 people in the United States are infected with gonorrhea.
- Chlamydia and gonorrhea rates are highest among adolescent girls. In 2002, 41% of chlamydia infections in females were reported among 10- to 19-year-old girls, and 39% of gonorrhea infections were reported in this age group.
- Chlamydia increases the risk of HIV infection at least 3-fold to 5-fold.

WHAT HAS CDC ACCOMPLISHED?

CDC, in collaboration with the Office of Population Affairs (OPA), supports a national Infertility Prevention Program that funds chlamydia screening and treatment services for low-income, sexually active women attending family planning, Sexually transmitted diseases, and other women's healthcare clinics. This program has shown that routine screening of women can reduce chlamydia prevalence and PID incidence in women. Data from the Health Plan Employer Data and Information Set indicate that chlamydia screening of young, sexually active women in commercial-managed care settings is inadequate (less than 27%). CDC is conducting infertility prevention research that focuses on performance of diagnostic tests, factors associated with recurrent chlamydia infections, and effectiveness and feasibility of chlamydia screening in males to reduce infection in women.

Example of Program in Action

Since the start of a chlamydia screening program in 1988, chlamydia positivity in the Pacific Northwest has dropped 55% (from 13% in 1988 to 5.8% in 2002) among women attending family planning clinics. A randomized controlled trial conducted in a managed-care setting in this area also showed that screening programs can reduce cases of PID by almost 60%.

WHAT ARE THE NEXT STEPS?

Increases in program funding have helped expand this project to all 50 states. In 2002, program funding expanded to screen and treat about 59% of young, sexually active, and low-income women in the 20 states where screening was first initiated and 36% in the remaining 30 states. CDC aims to reduce this inequitable distribution of services and expand chlamydia screening and treatment to low-income women through the network of public service providers in each state. CDC also plans to examine reasons for recent increases in gonorrhea and re-evaluate gonorrhea screening criteria to help programs better target scarce resources and improve disease prevention strategies.