THE HEALTH BENEFITS AND COST-EFFECTIVENESS OF SCREENING FOR AND TREATING SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases (STDs) include bacterial or fungal diseases such as chlamydia, gonorrhea, and syphilis which usually can be cured with antibiotic therapy, and incurable but treatable viral diseases such as genital warts, herpes, hepatitis B, and HIV. Diagnosis and treatment can cure a patient before serious complications emerge, alleviate the symptoms of illness, slow the progress of the disease, or prevent asymptomatic carriers from transmitting the disease to others.

- STDs affect approximately one in four Americans.

- Rates of syphilis, chlamydia, and gonorrhea have sharply increased over the last 40 years (CWH/AMWA, 1994).

- There are thirteen million new cases of STDs diagnosed every year, including four million cases of chlamydia and over 500,000 cases of genital herpes (CWH/AMWA, 1994).

STDs have a disproportionate impact on women:

- STDs are more easily transmitted to women than to men, more difficult to diagnose in women, and can be more harmful to women’s health than to men’s (CWH/AMWA, 1994).

- Many infected women do not get screened.

- Women who contract sexually transmitted diseases often do not get tested, either because they do not realize they are at risk or because the cost of screening is prohibitive.

- Screening for and treating many sexually transmitted diseases result in net savings through the prevention of ectopic pregnancies, pelvic inflammatory disease, and infertility.

- Implementing universal screening for chlamydia in California would result in net savings between $6 million and $13 million annually.

- Preventing pelvic inflammatory disease would have saved the United States $4.2 billion in 1990.
HEALTH BENEFITS OF PREVENTIVE EDUCATION, SCREENING FOR, AND TREATING STDs

Women should receive information concerning ways to prevent contracting STDs from their doctors and other reliable sources.

- High risk activities include intercourse in non-monogamous relationships or with infected individuals.

A review of the current medical literature (Cates and Stone, 1992) found that use of some contraceptives reduces women’s risks of contracting STDs:

- Use of condoms may reduce a woman’s risk of contracting herpes, human papilloma virus, and genital ulcers.

- Spermicides can reduce the risk of gonorrhea, gonoccal and chlamydial infections, and pelvic inflammatory disease.

- Women who use diaphragms are 50% less likely to have cervical gonorrhea or trichomoniasis than women who use no birth control.

Screening for and treating STDs prevent more severe infections and reduce the utilization of medical services.

- Screening for chlamydia and treating infections prevent the development of pelvic inflammatory disease, which causes infertility in 20 percent to 25 percent of the cases (Freund et al., 1992).

- Treating chlamydia infections early would help prevent the 22,000 ectopic pregnancies every year caused by pelvic inflammatory disease (Althaus, 1992).

- Early detection and treatment of chlamydia would prevent 200,000 hospitalizations and 1.3 million outpatient cases due to pelvic inflammatory disease annually (Althaus, 1992).

- Because up to 70 percent of women infected with chlamydia show no symptoms, universal screening is able to detect more cases than selective screening programs, which only identify 75 percent to 93 percent of infections (Freund et al., 1992; Humphreys et al., 1992; Sellors et al., 1992).

COST-BENEFIT ANALYSIS OF SCREENING FOR AND TREATING STDs

- One study estimated that implementing a universal screening program for chlamydia would save California family planning clinics between $6 million and $13 million annually, even after the costs of testing and early treatment were included.

  - Screening all 400,000 female patients for chlamydia and treating those infected was estimated to be cheaper than paying the medical bills for 33,526 untreated
chlamydia infections, 8,379 cases of pelvic inflammatory disease, 335 ectopic pregnancies, and 1,760 cases of infertility every year (Trachtenberg et al., 1988).

- Screening all family planning clinic patients for chlamydia would save Colorado approximately $3.81 million above the cost of the program over five years (Humphreys et al., 1992).

  - A program of selective screening would save $1.25 million over the same period.

  - In addition to saving more money than selective screening or no screening, universal screening would have yielded the best health outcomes by detecting and treating the most infections.

- A study of 373 patients at a maternity hospital in Texas found that it was less expensive to screen patients for chlamydia and gonorrhea and treat the infections than to pay for the medical services related to untreated infections (Begley, 1989).

**WHO SHOULD BE SCREENED?**

- Testing all women in high-risk population groups for chlamydia and other STDs and treating those infected saves money.

- High-risk populations can be found in STD clinics, adolescent clinics, and family planning clinics, where the chlamydia infection rate is often between 12 percent and 15 percent of the population (Freund et al., 1992).

- Screening women 18-40 for gonorrhea in hospital-based practices, emergency rooms, and outpatient clinics can also reduce overall costs (Phillips et al., 1989).

- It can be cost-effective to screen women in low-risk populations who exhibit physical or behavioral characteristics that indicate they are at a high-risk for having a STD (Freund et al., 1992).

**POTENTIAL SAVINGS**

- Based on estimates using data from the California Office of Statewide Health Planning, preventing pelvic inflammatory disease and its complications would have saved the United States $4.2 billion in 1990: $2.7 billion in direct medical costs, and $1.5 billion in indirect costs, such as lost wages (Althaus, 1992).

- Each prevented hospitalization from pelvic inflammatory disease saves between $4,079 and $13,934, depending on the hospital and the length of stay (Althaus, 1992; Humphreys et al., 1992).
• Based on average costs of treatment in California hospitals, each prevented fertility management treatment session would save $3,700 in medical costs, and each prevented ectopic pregnancy would save $8,913 (Althaus, 1992).

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IWPR has produced eight fact sheets and annotated bibliographies on the benefits and cost-effectiveness of women’s preventive health services relating to breast cancer, cervical cancer, domestic violence, family planning, mental health, prenatal care, osteoporosis, and sexually transmitted diseases. Each fact sheet/bibliography pair is available from IWPR for $5.00; the entire Kit, which includes all topics and comes in a three-ring binder, is available from IWPR for $20.00. Members of IWPR receive discounts on this kit and all publications. Please contact IWPR for information on membership and bulk order discounts.