

Chlamydia and gonorrhea have increased among younger women, study finds

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Rates of chlamydia and gonorrhea are increasing among women ages 18 to 30 in the United States, a recent study by Quest Diagnostics suggests.

The study, recently published in the *American Journal of Preventive Medicine*, analyzed more than 17 million laboratory samples taken between 2010 and 2017 from females ages 12 to 30. Researchers found that while there was a decline in cases of chlamydia and gonorrhea among adolescents ages 12 to 17, [women](#) of ages 25 to 30 experienced a 50% increase in positive test results. Women 18 to 24 had a 21% increase in positive test results over the period of the study.

The U.S. Centers for Disease Control and Prevention (CDC) recommends annual screenings for sexually transmitted diseases (STDs) among sexually active women under 25, said Harvey Kaufman, director of Quest's Health Trends Research Program. For women 25 and older, the CDC recommends screenings only for those with specific risk factors, such as reporting that their sex partner may have a concurrent sex partner. Kaufman, a co-author of the study, said the findings suggest that sexual and contraceptive

practices have changed since 2002, when the CDC guidelines were first published.

Kaufman pointed out that the CDC guidelines were largely influenced by a 1998 study published in the *New England Journal of Medicine* that found that the overall rate of chlamydia among female Army recruits was 9.2%. As a result, the authors of the study recommended a screening program for female recruits 25 and under.

"Military recruits tend to be a younger, convenient sample," Kaufman said. "We think that's the basis for this CDC guideline. It's not based on what we think is best for women's health care. That's why we hope that this report provides insights to public health, and that those who remake guidelines consider this study."

Annual STD screenings can lead to the identification of early infections, said Sarah Wood, a pediatrician in adolescent medicine at Children's Hospital of Philadelphia.

"We know that when we screen, we can treat, and we can have a better long-term outcome," she said.

Wood said both negative and positive test results can lead to important conversations about safer sex practices, the opportunity for patients to get screened for HIV, and more awareness about general reproductive health.

"When we think about STIs, we're never thinking about just the one individual," she said. "We're thinking about their partner and their partner's partners. When we catch early infections, we may identify young men who need to come in and get treated as well."

Unfortunately, COVID-19 shutdowns have interrupted testing at community sexual health centers, making it particularly difficult for health-care providers to catch early infections this year.

The availability of test kits has dwindled as well - the CDC released a letter this month outlining how individuals who need STI testing should be prioritized.

"That's going to be a real challenge to expanding screening programs," Wood said. "Even maintaining the level of screening that we're doing right now is difficult."

Sharan Abdul-Rahman, a gynecologist with a practice in Center City, said that clinicians currently screen for risk of STDs by asking patients questions about their sexual behavior. Risk factors can range from having new or multiple partners to not using condoms on a consistent basis. If STDs go untreated, consequences such as infertility, chronic pelvic pain and increased risk of ectopic pregnancies can emerge.

"Clearly the question is ... are we doing an adequate job in detecting chlamydia and gonorrhea based on the criteria we currently use?" Abdul-Rahman said. "If we're asking the right questions, we shouldn't be missing that many women. If we're not asking questions at all, then we need to move to something more universal."

Wood, at CHOP, said the increase of chlamydia and gonorrhea in women did not surprise her. She pointed out that CDC data have shown annual increases in chlamydia, gonorrhea, and syphilis in the last five years.

"We know that these infections are happening mostly in teenagers," Wood said. "But when we think about providing health services to this group of women in their late teens or early 20s, we have to realize that's a really vulnerable population, because they're transitioning from pediatrics to adult health care. It drives home that we shouldn't forget about that population, which has unique health-care needs."

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