

EVIDENCE-STATEMENT:

SEXUALLY TRANSMITTED INFECTIONS (Screening and Counseling)

Why This Chapter is Important for Employers: An Overview

This chapter covers screening and counseling interventions for the following sexually transmitted infections: chlamydia, gonorrhea, human immunodeficiency virus (HIV), and syphilis.

- Sexually transmitted infections (STIs) are among the most common infections that occur in the United States today, and they affect men and women of all backgrounds and economic levels.
- Untreated STIs can result in significant complications including major infections, infertility, and death.
- Screening allows for early identification and treatment, which improves outcomes and can prevent transmission of infections to others. Generally, early treatment is also less expensive. For example, the baseline cost of treating early-stage syphilis was estimated to be \$41.26 (in year 2001 dollars) compared to \$2,061.70 for late-stage syphilis.¹
- Sexually transmitted infections are a substantial economic burden to the U.S. healthcare system and to employers.
- The most recent estimate of the annual cost of chlamydial infection and its sequelae is \$460 million.²
- In women, some STIs can progress to pelvic inflammatory disease (PID). A conservative estimate of \$1,334, based on a national insurance claims dataset, was reported as the cost per case of PID in year 2000 dollars.² The average *lifetime* cost for women who develop major complications of PID is \$6,350 for chronic pelvic pain, \$6,840 for an ectopic pregnancy, and \$1,270 for infertility. Approximately 79% of these costs occur within 5 years of the precipitating infection.³
- HIV/AIDS often affects people during their prime working years and HIV/AIDS-induced morbidity and mortality can result in significant economic losses to businesses. Considering only the changes in insurance premiums, disability payments, unemployment benefits, retirement and pension benefits, and lost productivity, a recent study found that, in 2002, an asymptomatic HIV-infected employee would cost an employer in the United States an estimated \$37,320 and a symptomatic HIV-infected employee would cost \$50,347 per person-year.⁴
- Screening for sexually transmitted infections is especially important because many people with STIs do not experience symptoms in the early phases of disease. For example, it is estimated that 70% to 90% of women and a substantial percentage of men with chlamydia do not have symptoms.⁵

References:

Why This Chapter is Important for Employers: An Overview

1. Blandford JM, Gift TL. The cost-effectiveness of single-dose azithromycin for treatment of incubating syphilis. *Sex Transm Dis* 2003;30(6):502-8.
2. Chesson HW, Blandford JM, Gift TL, Tao G, Irwin KL. The estimated direct medical cost of sexually transmitted diseases among American youth, 2000. *Perspect Sex Reprod Health* 2004;36(1):11-19.

3. Yeh JM, Hook EW, Goldie SJ. A refined estimate of the average lifetime cost of pelvic inflammatory disease. *Sex Transm Dis* 2003;30(5):369-78.
4. Liu GG, Guo JJ, Smith SR. Economic costs to business of the HI/AIDS epidemic. *Pharmacoeconomics* 2004;22(18) 1181-1194.
5. U.S. Preventive Services Task Force. Screening for chlamydial infection. Summary of recommendations / Supporting documents. *Guide to Clinical Preventive Services* 3rd ed. Rockville, MD: Agency for Health Care Research and Quality; 2001.