

Assessment of screening for *Chlamydia trachomatis* infection of the lower genitourinary tract in France

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Aim

To assess the feasibility and the clinical and economic impact of screening for *Chlamydia trachomatis* infection of the lower genitourinary tract in France.

Results and conclusions

- (i) *Approaches to screening.* A number of countries have implemented screening strategies for *Chlamydia trachomatis*-induced infection in target populations selected by age, risk factors for sexually-transmitted disease, or symptoms.
- (ii) *Studies selected:* see Methods
- (iii) *Impact of screening programmes.* The studies have design weaknesses. However, the fact that their findings agree suggests that the reduced prevalence of *C. trachomatis*-induced urogenital infection and associated complications (pelvic inflammatory disease, extrauterine pregnancy, tubal sterility) is linked to screening.
- (iv) *Economic evaluation studies.* There is a significant financial benefit after 5 years of screening, notably from complications avoided.
- (v) *Advice of the working group.* In France, opportunist screening appears to be justified in young at-risk populations (15-25 years for women, 15-30 years for men) identified in centres where testing is offered anonymously and free of charge, STD clinics, and family planning and education centres. Such screening would include testing for *C. trachomatis* using a molecular biology method (*in vitro* gene amplification), and treatment with a single-dose of azithromycin for infected individuals and their partner(s).

Methods

ANAES searched the Medline, Embase, Pascal, and HealthSTAR databases (between 1990 and 2002) for consensus conferences, guidelines, and systematic reviews, and for clinical trials (in English or French) on the subject. This search was completed with a search of the contents pages of journals published during the previous 6 months, references cited in the articles selected, the grey literature and relevant websites. The report was submitted to a working group of 14 experts and to a peer review group of 42 experts recruited from the relevant learned societies.

Looking ahead

The following action is needed during 2003:

- (i) estimation of the prevalence of *C. trachomatis*-induced genitourinary infection in the general population, and verification of whether the selection criteria used to define at-risk populations are relevant in asymptomatic populations attending an outpatient clinic, before screening is extended to healthcare establishments other than those mentioned above;
- (ii) reinforcing primary prevention: an information campaign on *C. trachomatis*-induced genitourinary infection and use of condoms;
- (iii) promotion of pilot screening programmes in private practice or preventive medicine, to assess its feasibility (patient compliance, involvement of healthcare professionals, obtaining (i.e. type of sampling) and transport of specimens);
- (iv) operational research is needed to study the benefit of self-sampling methods in a screening situation;
- (v) a strategy needs to be established for the diagnosis and treatment of the infection and its complications, for the use of healthcare professionals;
- (vi) examination of the fees for *in vitro* gene amplification tests on endocervical specimens.