Health Disparities in the Medi-Cal Population

Chlamydia Screening



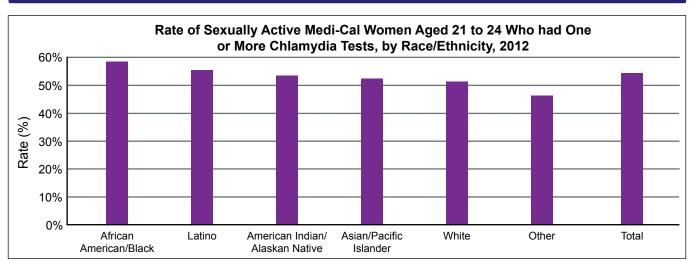
Chlamydia trachomatis is the most common sexually transmitted disease (STD) in the United States (U.S.).¹ According to the Centers for Disease Control and Prevention (CDC), 1,422,946 people were infected with chlamydia in 2012.¹ Chlamydia is more prevalent among females, ages 15 to 24.¹ In California, there are over 100,000 chlamydia cases among women every year.¹ Similar to the U.S., regardless of gender, the incidence of Chlamydia is highest among African Americans/Blacks and lowest among Asians/Pacific Islanders and Whites.²

According to CDC, it is essential that sexually active young adults are routinely screened,³ since the majority of women who have chlamydia do not experience symptoms.⁴ The main objective of chlamydia screening is to prevent pelvic inflammatory disease, infertility, and ectopic pregnancy, all of which have very high rates of occurrence among women with untreated chlamydia infection.⁴



In 2012, rates of chlamydia screening for sexually active women, aged 21 to 24, enrolled in commercial health plans both nationally⁵ and in California⁶ (49% and 57%, respectively) were lower than those enrolled in Medicaid (64%).⁵

In the California Medi-Cal population, a little over half of the sexually active women, aged 21 to 24, had one or more chlamydia test (54%) in 2012 (see Figure). African American/Black women were more likely to have been screened for Chlamydia (58%), followed by Latino (55%), American Indian/Alaskan Native (53%), Asian/Pacific Islander (52%), White (51%), and Other women (46%).



Figure

Source: Medi-Cal Management Information System/Decision Support System (MIS/DSS), 2012 Note: Members eligible for both Medicare and Medicaid were excluded

Click to link to more detailed graph by race/ethnicity

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Link to Data Sources and Methods