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## Screening for klamydia med hjemmetest: en medicinsk teknologivurdering [Screening for chlamydia with hometest]

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### Authors' conclusions

It can thus be concluded that if the present diagnostic strategy is continued, the frequency of chlamydia and the number of urogenital infections, infertility, ectopic pregnancy and chronic abdominal pains will remain unchanged. If the present test possibilities in general practice among patients with symptoms of chlamydia and an extension including a home test screening offer to all young people in the 16-25 age group accompanied by identification of partner with home test are maintained, it will be possible to reduce the frequency of chlamydia to an insignificant level within 10 years. The costs in this period will be DKK 380 million, of this amount 42.5 million the first year. At the same time it will be possible to save DKK 238 million as a consequence of 57,000 fewer complications. This corresponds to a net cost of 141 million. If reduced loss of production is included, a further 376 million will be saved after ten years of screening. The strategy will be cost-saving after the fourth year of screening. Home tests are generally well-accepted by the target group which should have immediate access to information and advice due to the stigmatisation, however. A possible dispatch of an offered home test should also be accompanied by general information about the measures to take to prevent sexually transmitted diseases, and in this connection ethnic minorities should be given special consideration. A home test strategy is relatively easy to introduce in the present organization of the health service without major barriers.

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