
BARRIERS to chlamydia screening for adolescents and young adults (AYAs)

Chlamydia screening is not always offered to asymptomatic youth and may not be offered at all outside of sexual health visits. Additionally, it can be difficult for youth to access sexual health services and STI screening confidentially at a standard primary care clinic due to the risk that those services may appear on an Explanation of Benefits (EOB) sent home to parents or caregivers. Black and Brown youth may also distrust the health care system due to fears of discrimination, previous negative experiences, and historical medical racism. This could create an additional barrier for these youth to get tested and treated for chlamydia and other STIs.

GENDER INCLUSIVE language

In this guide, we use the terms Assigned Female at Birth (AFAB) and Assigned Male at Birth (AMAB). Many tests and treatments, including those for chlamydia, are specific to a person's anatomy. AFAB and AMAB are terms that are more inclusive of ALL people who may be seeking services at your practice. Keep in mind that a person's legal sex marker is not a fully accurate way to identify their anatomy and ultimately the screening or treatment they may qualify for. For more information on gender inclusive language, please refer to this guide: [Gender Inclusive Language](#).

STRATEGIES to increasing chlamydia screening rates

Instate universal chlamydia screening

Many settings have instated mass chlamydia screening for all people who are assigned female at birth (AFAB) aged 15-24. This may mean some people are over-screened. However, routine allows the opportunity to screen not only those who need it but also people whose visit type did not alert the provider to consider chlamydia screening. This strategy can catch cases of chlamydia that would otherwise go undetected. And, while some systems start routine screening at age 16, it may be more appropriate to start routine screening at age 15, or even 14, if practicing in an area that has higher rates of chlamydia or where youth are engaging in sexual activity at a younger age.

- Create workflows to ensure that any patient who is AFAB and aged 15-24 is screened. Below is a sample workflow:
 - If the patient has not been screened in the past year, they are given a letter at check-in about chlamydia screening, describing that it is a routine part of care recommended for all young people who are AFAB. The patient's caregiver is given a similar letter if the patient is under 18.
 - As they are called back for their appointment, the medical assistant (MA) collects a urine sample or has them self-swab, and then pends the order for chlamydia screening. Currently, the MA also gets the adolescent's direct contact number, regardless of age.
 - During the visit, the provider will talk to the patient and decide if the screening test should be sent.

Chlamydia Screening

- It's very important to get a direct contact number for the adolescent, because if there is a positive result in someone under 18, you want to contact them directly and treat them without them having to inform their family if they do not want to. It can be helpful to ask adolescents during the confidential part of their visit if they would like to include their caregiver if their test result is positive.
- By making chlamydia testing routine, families will hopefully not be surprised or concerned if STI screening is listed on an EOB since they have already been notified that the screening will take place for everyone.

Build-in reminder systems to your EHR

- Many electronic health records have built-in reminder systems for quality measures.
 - For example, EPIC can give you best practice advisories for chlamydia screening, which can cue the provider to offer screening to patients and remind medical assistants to collect a urine sample.
 - Use your EHR to its highest capabilities to help you remember when patients are due for specific services.
- Residency sites should consider adding a flag to the EHR to cue preceptors to ensure that residents addressed best practice advisories (BPAs) or quality care reminders. Such a prompt may read, "Were BPAs addressed during this encounter?"

Partner with safety net providers, including school-based health centers (SBHCs)

- Safety net providers, including Federally Qualified Health Centers (FQHCs), local health departments, Planned Parenthood clinics, and SBHCs, often offer free and confidential STI testing for AYA patients. Connect with your local safety net providers and encourage patients to utilize their services for confidential screening and treatment.
 - [Here](#) is an FQHC finder from HRSA. [Here](#) is the health center locator for Planned Parenthood. Find and connect with SBHCs in your area. Maintain a list of local resources to give to AYA patients.
 - If you and the SBHC use a shared EHR, you can pull reports of patients who have been seen at both sites. Care coordinators can help patients coordinate care between PCPs and SBHCs and ensure that care is provided across the continuum.
- PCP payment may hinge on meeting quality measures, including chlamydia screening, and it doesn't matter where the patient gets the screening, so creative partnerships may improve your bottom line.
- Read the [AAP's Policy Statement](#) on SBHC/PCP collaboration.

Should you also screen adolescents who are assigned male at birth (AMAB)?

[The United States Preventive Services Taskforce \(USPSTF\) recommends](#) that sexually active people who are AFAB and under age 25 get screened, and the [Centers for Disease Control and Prevention \(CDC\) states](#) that those who are AMAB should only be screened if they are at high-risk.

- Every office has to find their own way to approach screening those who are AMAB.
 - Even without automated screening for all people who are AMAB, the familiarity, comfort, and confidence in the benefits of chlamydia screening from an automated screening pathway for those AFAB may lead to screening many more people who are AMAB, as well.

Chlamydia Screening

- There is a chance you may face barriers with insurance companies paying for universal screening for those who are AMAB.
 - Insurance companies are mandated by the Affordable Care Act to cover all USPSTF Grade A and B evidence screenings without cost-sharing on the patient's end. Screening AYA AFAB for gonorrhea and chlamydia get Grade B evidence, but for AMAB, screening get an "I" grade, for insufficient evidence for or against screening. So, there is no mandate for insurers to cover screening.

Additional RECOMMENDATIONS AND RESOURCES

- See sample universal chlamydia screening documents on the subsequent pages: 1) Sample workflows; 2) Script for MAs; 3) Sample caregiver letter; 4) Sample caregiver letter; (Spanish) 5) Sample patient letter; 6) Sample handout for patients
- Asymptomatic sexually active adolescents should be screened for certain STIs. Review [USPSTF recommendations](#) and [CDC recommendations](#) on preventive services and STI screening.
- The [NAHIC Summary](#) of Recommended Guidelines for Clinical Preventives Services for Young Adults provides a snapshot of STI recommendations, as well as other preventive recommendations.
- The CDC [STD Health Equity Project](#) includes a variety of resources and data about how STDs disproportionately impact people with different identities.
- CDC Chlamydia [Fact Sheet](#)
- [GYT: Get Yourself Tested](#)
- Adolescent Health Initiative's [Adolescent Risk Screening Starter Guide](#)

1) POSSIBLE WORKFLOWS FOR RISK SCREENING AND CHLAMYDIA SCREENING

Confidential risk screening

1. Front desk staff gives caregiver letter about confidential time with adolescent patients.
2. MA calls patient, explains to caregiver, "I'll be bringing your child back to get their vital signs and have them complete a brief health survey, and then I'll bring you to the room before the provider comes to see them."
 - a. MA can explain that "We are giving teens a chance to share their views on their health, and that's why we have them complete the health survey on their own." If there is caregiver push-back, the MA rooms the patient without doing risk screening, and the provider can address the issue.
3. The MA rooms the patient, has them complete the risk screening, and brings the results to the provider to review. The MA then gets the caregiver.
4. The provider meets with the caregiver and patient and then asks the caregiver to step out at the end of the visit for confidential time. The provider then reviews the risk screen with the patient.

Workflow for chlamydia screening

1. Front desk staff gives patient and caregiver letters about chlamydia screening.
2. MA collects urine sample or has the patient self-swab as they room the patient.
3. MA collects direct contact information for the patient for results.
4. MA "pends" the order for chlamydia screening in the EHR. The provider discusses the test with the patient and signs the order if the test is indicated.

Merged option for chlamydia screening and risk screening

1. Front desk staff gives patient and caregiver letters about chlamydia screening, letter about confidential time with adolescents.
2. MA calls patient, explains to caregiver "I'll be bringing your child back to get their vital signs and have them complete a brief health survey, and then I'll bring you to the room before the provider comes to see them."
3. MA collects urine sample or has the patient self-swab as they room the patient.
4. MA collects direct contact information for the patient for results.
5. The MA rooms the patient, has them complete the risk screening, and brings the results to the provider to review. The MA then gets the caregiver.
6. MA "pends" the order for chlamydia screening in the EHR.
7. The provider meets with the caregiver and patient and then asks the caregiver to step out at the end of the visit for confidential time. The provider then reviews the risk screen with the patient. The provider discusses chlamydia screening with the patient and signs the order if the test is indicated.

2) CHLAMYDIA SCREENING: MA CONVERSATION WITH PATIENT

- We are constantly working to improve the quality of care that we provide to our patients.
- One of the measures that we are including is routine chlamydia screening.
- Chlamydia screening is recommended by the United States Preventive Services Task Force for people who are assigned female at birth and your age.
- The screening is recommended because chlamydia is the most common sexually transmitted infection and often does not have symptoms, so you may not know you have it.
- The problem with chlamydia is that if it goes untreated it can lead to life-long complications, including infertility.
- It is easily treated with antibiotics.
- The test is simple – we just need a urine sample or self vaginal swab.

Information for MA

Proper handling of urine sample for chlamydia and/or urine culture

- Chlamydia screening alone:
 - For best results make sure that last void was more than 2 hours ago
 - (If not, ask if willing to do a vaginal self-swab instead)
 - First catch
 - Refrigerate immediately!
- Chlamydia screening and urine culture:
 - Clean catch
 - Refrigerate immediately

3) SAMPLE CAREGIVER LETTER

(Insert your health center’s logo, if appropriate)

Health Center Contact Information

Dear Caregiver:

Congratulations! Your child has reached the teenage years. Adolescence is a time of transition from childhood to adulthood. This is an exciting time of life that can bring up new questions or concerns for teens. During these years, it is also important to increasingly involve teens in their care to best prepare them to manage their health independently as adults. Therefore, we will start spending part of your teen’s visit meeting with them in private. During our time together, we will talk to them about how they are navigating the changes that come with being a teen and any questions and needs that they might rather discuss with us in private. If they are more comfortable, your child can request to have a caregiver/friend/someone else in the room, but we will still encourage them to talk privately.

Some of the topics that we will be talking about will include:

- healthy eating and sleeping habits
- connectedness with family and peers
- school performance and goals
- emotions, mood, and coping with stress
- sexual health and sexuality
- alcohol and other substances
- safety topics such as seat belt and helmet use, sun protection, and safety equipment use during sports
- any other topics your teen may want to discuss with their provider

We will always discuss these subjects in ways that are suited to your teen’s age and maturity.

In order for our discussions to be as open and helpful as possible, we will assure your teen that our discussions will be kept confidential. However, we also care about keeping caregivers involved, especially when there are serious concerns about a teen’s or teens’ health and safety. We will inform you if your teen might pose a threat to themselves or to others. We will also encourage your teen to share/communicate with information about matters that may not always be easy to talk about, such as sexually transmitted infections, birth control, pregnancy, and substance use. Also, to provide care that aligns with the United States Preventive Service Task Force, we will begin routine screening of all adolescents 15 years and older for an infection called chlamydia.

If there are any particular issues that you would like to have addressed, please let us know.

Thanks!

4) SAMPLE CAREGIVER LETTER (SPANISH)

(Insert your health center's logo, if appropriate)

Health Center Contact Information

Querido/a cuidador/a:

¡Felicitaciones! Su hijo/a ha llegado a la adolescencia. La adolescencia es una etapa de transición de la niñez a la adultez. Esta es una etapa emocionante de la vida que puede traer nuevas preguntas o preocupaciones para las y los adolescentes. Durante estos años, también es importante involucrar cada vez más a las y los adolescentes en su propio cuidado, a fin de que estén mejor preparados/as para manejar su salud de manera independiente como adultos/as. Por lo tanto, comenzaremos a usar parte del tiempo de visita de su adolescente reuniéndonos con ella o él en privado. Durante este tiempo, le hablaremos sobre cómo enfrentar los cambios que aparecen en la adolescencia, y sobre cualquier pregunta o necesidad que quieran hablar en privado con nosotros/as. Si se siente más cómodo/a, su hijo/a puede solicitar tener un/a cuidador/a, amigo/a u otra persona en la habitación, pero aun así le animaremos a hablar en privado.

Algunos de los temas sobre los que hablaremos incluyen:

- alimentación saludable y hábitos de sueño
- conexión con su familia y sus pares
- rendimiento y objetivos académicos
- emociones, estado de ánimo y formas de manejar el estrés
- salud sexual y sexualidad
- alcohol y otras sustancias
- temas de seguridad como el uso del cinturón de seguridad y el casco, la protección solar y el uso de equipos de seguridad al hacer deporte
- cualquier otro tema que su adolescente quisiera conversar con su proveedor/a

Siempre hablaremos estos temas de manera apropiada para la edad y el nivel de madurez de su adolescente.

Para que estas conversaciones puedan ser lo más abiertas y de la mayor ayuda posible, le vamos a asegurar a su adolescente que lo que hablemos será confidencial. Sin embargo, también queremos que las y los cuidadoras/es sigan estando involucrados, especialmente cuando existan serias preocupaciones sobre la salud y seguridad de su adolescente. Le informaremos si su adolescente pudiese ser una amenaza para sí mismo/a o para otras personas. También animaremos a su adolescente a comunicarse y a compartir información sobre temas que no siempre son fáciles de hablar, como las enfermedades de transmisión sexual, los métodos anticonceptivos, el embarazo y el consumo de sustancias. Además, con el fin de brindar atención acorde con el Grupo de Trabajo de Servicios Preventivos de los Estados Unidos, empezaremos pruebas rutinarias en todos/as los/las adolescentes de 15 años o más para detectar una infección llamada clamidia.

Si hay algún problema en particular que usted quiera que abordemos, por favor avísenos.

¡Gracias!

5) SAMPLE PATIENT LETTER

(Insert your health center's logo, if appropriate)

Health Center Contact Information

Dear Patient,

We are writing to inform you of a new process that is taking place in our office. We are constantly working to improve the quality of care that we provide. One of the measures that we are including is routine screening for chlamydia. Chlamydia screening is recommended by the United States Preventive Services Task Force for any cisgender women and those assigned female at birth between the ages of 15 and 24. Chlamydia is the most common sexually transmitted disease and often does not have any symptoms. If it goes untreated it can lead to serious pelvic infections including abscesses and Pelvic Inflammatory Disease. It is one of the leading causes of infertility.

Today in clinic, we will ask you to leave a urine sample or self-swab for chlamydia testing. If your screen is positive, we will contact you via your cell phone to let you know confidentially. We will prescribe an antibiotic for you to take. It is recommended that you notify any sexual partners so that they may also be treated. Your provider may be able to provide you with treatment for your partner(s) – ask them about EPT, which stands for Expedited Partner Therapy. All positive results will be reported to the Health Department. They will contact you via your cell phone if treatment is not ordered.

Thank you!

6) SAMPLE CHLAMYDIA HANDOUT

Chlamydia Screening

WHAT IS CHLAMYDIA?

Chlamydia is a common sexually transmitted infection (STI). It can infect all genders and can cause serious, permanent damage. It may even affect someone's ability to become pregnant and have children. Chlamydia is very common, especially among young people. Youth ages 15-24 account for half of the 20 million new sexually transmitted infections in the United States each year.

HOW COULD I GET CHLAMYDIA?

You might get chlamydia by having sex with someone who has the infection. You would not know a person has chlamydia because they might not even know. "Having sex" means anal, vaginal, or oral sex. Chlamydia can be transmitted even if ejaculation doesn't happen. People who have had chlamydia and were treated for it can be infected again if they have sex with an infected person. It's also important to note that chlamydia can be transmitted between partners of the same gender or biological sex.

WHAT ARE THE SYMPTOMS OF CHLAMYDIA?

Chlamydia is known as a 'silent' infection because most infected people do not have any signs or symptoms. Chlamydia can cause an abnormal vaginal discharge or a burning sensation when urinating. Even when it causes no symptoms, chlamydia can lead to infertility (not being able to get pregnant). For this reason, sexually active people need to be tested regularly. This is called chlamydia screening.

WHAT HAPPENS IF CHLAMYDIA IS NOT TREATED?

If not treated early, chlamydia may cause serious health problems, including infertility. If the infection spreads to the uterus and fallopian tubes, it can cause pelvic inflammatory disease (PID). PID is a serious disease that may lead to several problems:

- Severe pain that can be long-lasting
- Permanent damage to reproductive organs that would make it impossible for someone female assigned at birth to have children. This damage may also cause ectopic pregnancy – a pregnancy that occurs outside the uterus. This condition can be life-threatening.
- Untreated chlamydia may also increase a person's chance of getting HIV or infecting others with HIV.

WHO SHOULD BE TESTED FOR CHLAMYDIA?

If you are age 25 or younger and sexually active, we recommend yearly chlamydia testing. Talk to your healthcare provider about your risk factors so they can determine if you need more frequent testing. If you are scheduled for a vaginal exam today, the doctor can take a cotton swab of your vagina to test for chlamydia. Otherwise, you will need to provide a urine sample or self-vaginal swab that will be tested in the lab.

CAN CHLAMYDIA BE CURED?

Chlamydia can be **easily treated and cured** with antibiotics. If you have chlamydia, do not have sex for seven days after taking single-dose antibiotics, or until you complete your course of antibiotics. This will prevent the spread of chlamydia to sexual partners.

Repeat infection with chlamydia is common. Persons whose sex partners have not been treated are at high risk for re-infection. Having chlamydia more than once increases your risk of serious health complications, including pelvic inflammatory disease and ectopic pregnancy. If you have chlamydia, you may need to be re-tested about three months after treatment to ensure the infection has been cured. Please discuss with your provider if you will need to be re-tested.

WHAT ABOUT YOUR PARTNERS?

If you are diagnosed with chlamydia, you need to tell all anal, vaginal, or oral sex partners from the past 2 months so that they can see a doctor and be treated. You may also ask your provider about Expedited Partner Therapy, which allows you to get antibiotics for your partner/s. This will reduce the risk that the sex partner/s will develop serious complications from chlamydia and will also reduce the person's risk of becoming re-infected. A person with chlamydia and all of his or her sex partners must avoid having sex until they have completed their treatment for chlamydia (i.e., seven days after a single dose of antibiotics or until completion of a seven-day course of antibiotics) and until they no longer have symptoms. For tips on talking to partners about sex and STI testing, visit It's Your (Sex) Life's resource on talking to your partner:

<http://www.gytnow.org/talking-to-your-partner/>.

HOW CAN CHLAMYDIA BE PREVENTED?

Using latex condoms, consistently and correctly, can reduce the risk of getting or giving chlamydia. Another way to prevent giving or getting chlamydia is to have all partners be tested regularly for chlamydia (and other STIs). Another option is to avoid vaginal, anal, and oral sex or to be in a mutually agreed relationship with a partner(s) who has been tested and is known not to be infected.

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