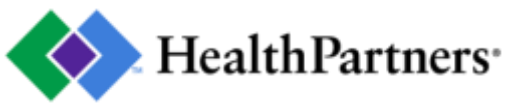


Chlamydia Screening



Provider Toolkit

Tools to increase chlamydia screening rates
in your practice



The electronic version of this document can be found here:

<http://www.stratishealth.org/pip/chlamydia.html>

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Blue Cross Blue Shield of Minnesota, HealthPartners, Hennepin Health, Medica and UCare have made every reasonable effort to include only accurate and reliable reference materials and websites and are not responsible for accuracy, content or information found on the referenced materials or websites.

Please share our toolkit with others who may be interested!

The online version will contain any updates made to the toolkit.

This project began Jan. 1, 2013. For more information, please see www.stratishealth.org/pip/chlamydia.html hosted by Stratis Health.

Contents

Performance Improvement Project: Chlamydia Screening in Women.....	- 3 -
Provider and Clinic Interventions.....	- 3 -
Supporting Existing Strategies	- 3 -
The Significance of Chlamydia in Minnesota	- 3 -
Chlamydia Infections Are Statewide.....	- 4 -
Complications of Untreated Chlamydia.....	- 5 -
Chlamydia Screening Recommendation	- 5 -
Patient and Parent Education Materials.....	- 6 -
Provider Materials.....	- 8 -
Sexual History Taking	- 8 -
Tests for Chlamydia Screening	- 8 -
STD Treatment Guidelines	- 9 -
Repeat Testing After Positive Results	- 10 -
Expedited Partner Therapy	- 10 -
Creating a Youth-Friendly Clinic Environment.....	- 11 -
Providing Confidential Care to Minors – Legal Considerations	- 11 -
Social Media	- 12 -
Continuing Education Opportunities	- 12 -
Bibliography	- 13 -

Performance Improvement Project: Chlamydia Screening in Women

This performance improvement project (PIP) is a collaborative effort among four Minnesota health plans: [Blue Cross and Blue Shield of Minnesota](#), [HealthPartners](#), [Medica](#), and [UCare](#) (hereafter called the Collaborative), with project support provided by [Stratis Health](#).

The goal of this PIP is to increase the rate of chlamydia screening in sexually active women ages 16 to 24 who are enrolled in Prepaid Medical Assistance Program (PMAP) and MinnesotaCare (MNCare).

Provider and Clinic Interventions

The Collaborative will work with clinics in a variety of ways to positively impact the chlamydia screening rates for PMAP and MNCare members:

1. **Provider Trainings.** The Collaborative will offer periodic online provider trainings on the topic of chlamydia, including the medical issues related to the disease such as symptoms, prevalence, treatment options, and short and long-term effects. Available training opportunities can be found at <http://www.stratishealth.org/pip/chlamydia.html>.
2. **Provider Toolkit.** The Collaborative has compiled this toolkit to help clinics and providers across the state improve their clinic processes and awareness of the issue.
3. **Targeted outreach to clinics.** Using Minnesota Community Measurement data, each health plan partner will identify clinics in their network for targeted outreach, and support these clinics in using this toolkit to improve their chlamydia screening rates.

Supporting Existing Strategies

Recognizing that the increasing rate of chlamydia infections is a public health issue, the Collaborative believes that the medical community cannot impact this issue alone. To that end, the Collaborative will participate with organizations already working on this issue. Examples of partnership support by the collaborative:

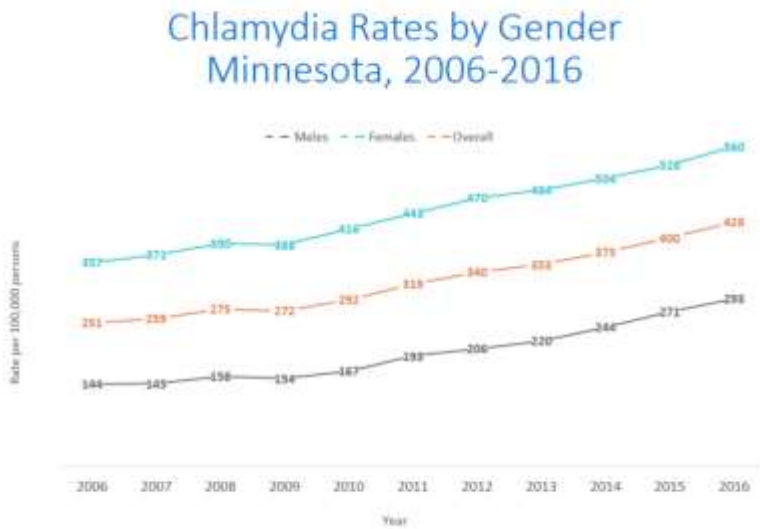
- Working with local public health, public high schools, and health services at colleges, universities, vocational and technical schools.
- Attending health fairs to share information on the importance of chlamydia screening with health plan members and the public.
- Attending conferences to share the toolkit and other resources available to impact chlamydia screening rates.
- Supporting the [Minnesota Chlamydia Partnership](#) in implementing the [Minnesota Chlamydia Strategy](#). Many details and graphics in this toolkit were provided by the Minnesota Chlamydia Partnership from their publication, *A Special Report: Chlamydia Prevention*, published in September 2012 and available online [here](#).

The Significance of Chlamydia in Minnesota

Chlamydia is a growing public health challenge. It is the most frequently reported sexually transmitted infection in Minnesota as well as the United States (Minnesota Department of Health, 2015). The number of chlamydia cases has steadily increased over the past 20 years with over 1.4 million cases reported in 2011 (CDC, 2012). From an all-time low of 115 cases per 100,000 in 1996, the incidence of chlamydia has reached an all-time high at 428 per 100,000 in 2016 (see [Figure 1](#)). This is a rate increase of 7% from 2015. The highest rate of chlamydia continues to be in females, ages 20-24, at 5,817 per 100,000.

There continues to be a disparity in rates of chlamydia dependent on race. The Black/African American population has rates that are 9 times higher than that of white Americans. The American Indian population had a rate that was 5 times higher than white Americans, the Asian/Pacific Islander population 1.7 times higher and the Hispanic/Latino population was 2.6 times higher.

Figure 1:



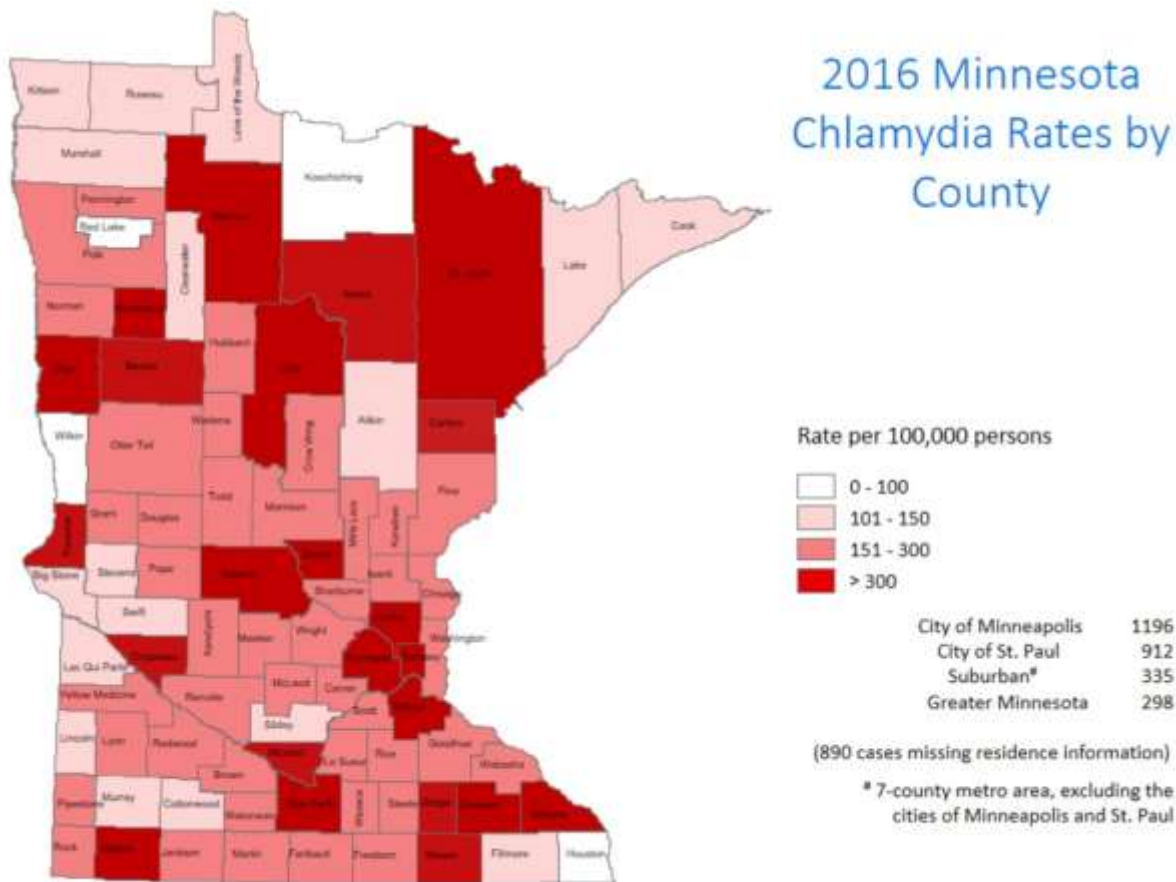
Source: Minnesota Department of Health, 2017

Chlamydia is known as a “silent” disease because so many who have the infection are asymptomatic. Up to 30% of males infected with chlamydia are asymptomatic compared to 70-90% of women (Minnesota Department of Health, 2012). Lack of symptoms promotes transmission and reinfection of the disease. People are often reinfected by having sex with partners who have not been screened and/or treated. Chlamydia is typically indicative of high risk behaviors that can result in additional health consequences if not addressed and treated.

Chlamydia Infections Are Statewide

Chlamydia is not just an urban problem. Rural and suburban counties in Minnesota account for over half of the chlamydia infections among young people (see [Figure 2](#)). Not surprisingly, the counties with the highest rates of chlamydia infection are often those with the least resources and the greatest challenges. Researchers have long known about the link between poverty, health and academic achievement. (Jensen, 2009)

Figure 2:



Complications of Untreated Chlamydia

Complications from chlamydia represent a serious threat to a woman’s reproductive health now and in the future. Up to 40% of women with unknown chlamydia will develop pelvic inflammatory disease (PID). More than 1 in 7 women of reproductive age receive treatment for PID each year, a condition that accounts for approximately 200,000 hospitalizations in the United States (Minnesota Department of Health, 2011).

Long term reproductive consequences for women with a history of PID include ectopic pregnancy, chronic abdominal pain, and infertility. Ectopic pregnancy affects about 9% of women with PID and can be life threatening. Of those with PID, 20% of women will become infertile and 18% of women with PID will have chronic pelvic pain which can be debilitating the rest of their lives.

Chlamydia Screening Recommendation

The recommendation to screen all sexually active females 25 years of age and younger for chlamydia infection annually is supported by the following organizations (Minnesota Chlamydia Partnership, 2012):

- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Preventive Medicine
- American College of Obstetricians and Gynecologists
- American Medical Association

- Centers for Disease Control and Prevention
- US Preventive Services Task Force
- Institute for Clinical Systems Improvement (ICSI)

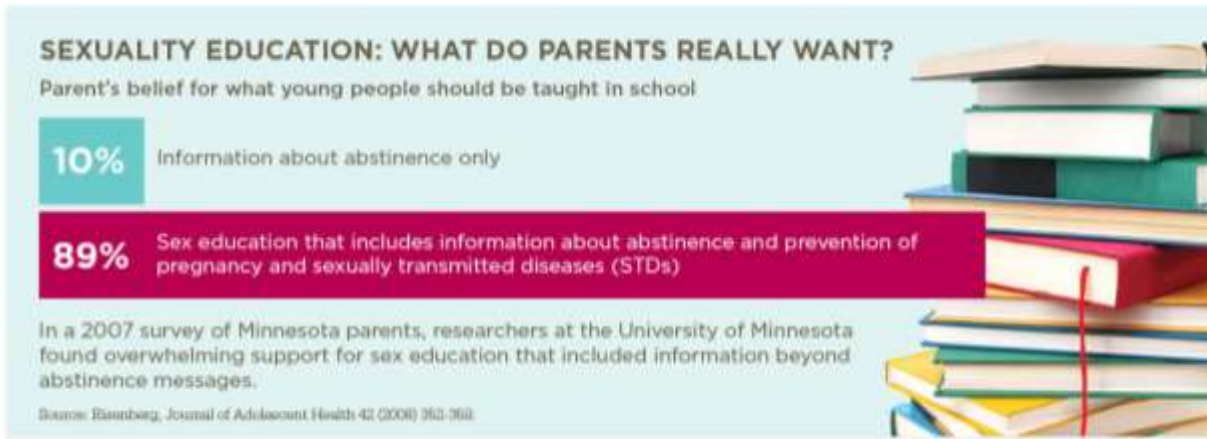
Patient and Parent Education Materials

Patient Education

Providing your sexually active patients with educational materials on chlamydia infection may provide them with information that they might not otherwise ask about. The following materials are available as resources for your patients. Some brochures and posters can be ordered for free or low cost to be available in your clinic.

- [Chlamydia: The Facts](#) (brochure), Centers for Disease Control and Prevention
This plain language brochure contains basic information about chlamydia.
- [Planned Parenthood](#)
This site takes parents or youth through a series of questions on how to handle tough situations when it comes to sex and relationships.
- [STD Facts: Chlamydia](#) (fact sheet for patients), Minnesota Department of Health
A fact sheet on chlamydia including information on signs/symptoms, transmission, testing, and prevention.
- [Minnesota Family Planning and STD Hotline](#) (hotline, texting and online chat for teens), Minnesota Department of Health and Family Tree Clinic
A hotline that provides reliable, medically-accurate and confidential sexual health information via phone, text, and web chat.





Parent Education

Parents should play the primary role in sexual education, but bringing up this sensitive topic can be a challenge to parents who may not have all the facts. As a provider, you have the opportunity to help arm parents with the information they need to have these conversations.

The following websites offer materials and resources to assist parents in preparing and talking to their children about sexual health.

- [It's That Easy: A Guide to Raising Sexually Healthy Children](#),
An initiative that offers parent educators the training and tools they need to empower parents to connect with their children, share their family's values and engage in meaningful conversations about sex, sexuality and relationships.
- [Sexuality Websites for Parents/Providers](#), Minnesota Department of Health
Links to websites for parents who are navigating conversations with their kids about sensitive health topics.
- [Infections: Chlamydia](#), KidsHealth/Nemours
A website dedicated to the health and development of children that provides a parent section containing factual information on a number of health-related topics.
- [Parents' Sex Ed Center](#), Advocates for Youth
The Advocates for Youth website includes the Parents' Sex Ed Center dedicated to providing parents with information to help them become their child's best advocate. The site includes topics such as Growth and Development, Getting Started: Helping Parents and Children Talk, and Advice from Parenting Experts.

Provider Materials

Research suggests that providers who are less knowledgeable about chlamydia and its effects are less likely to screen their adolescent patients (Wiesenfeld, Dennard-Hall, Cook, Ashton, Zamborsky, & Krohn, 2005). The following materials and resources will help improve your knowledge and understanding of chlamydia trachomatis.

- [Why Screen for Chlamydia? A How-To Implementation Guide for Healthcare Providers](#) National Chlamydia Coalition
This document provides the latest information and tools for healthcare providers to improve delivery of chlamydia screening to patients. It covers topics such as providing confidential care to adolescents, taking a sexual history, and making screening for and treating chlamydia routine practice.
- [American Sexual Health Association – Healthcare Providers](#) ASHA
This web-based resource page provides links to high quality, accurate, multi-media public awareness and education materials on chlamydia and other sexually transmitted diseases. It also identifies testing guidelines and recommendations, a provider continuing medical education opportunity.
- [Talking Points for Providers: HPV and Chlamydia](#) Meridian Health Plan
A handout to equip providers in having a successful conversation with parents and adolescents about necessary screenings such as HPV and chlamydia.

Sexual History Taking

It is important to take an adequate sexual history every time you see an adolescent for care. A sexual history dialogue allows you to provide risk-reduction counseling and identify young women at risk for chlamydia infection.

- [A Guide to Taking a Sexual History](#) Centers for Disease Control and Prevention
A booklet designed to help guide providers through a thorough sexual history based on “The 5 Ps of Sexual Health”: partners, practices, protection from STDs, past history of STDs, and prevention of pregnancy.
- [Sexual History Discussion Form](#) Centers for Disease Control and Prevention
This form walks clinicians through sample questions for taking a complete sexual health history to assess patient risk for STIs.
- [HEADSSS Assessment: Risk and Protective Factors](#) The American Academy of Pediatrics
The HEADSSS (Home, Education/Employment, Activities, Drugs, Sexuality, Suicide/ Depression, Safety) Assessment is a commonly used tool designed to help walk a provider through an interview or assessment of their patient and learn about issues that could be addressed with counseling or intervention.

Tests for Chlamydia Screening

Molecular tests called Nucleic Acid Amplified Tests (NAATs) are recommended by the Centers for Disease Control and Prevention as the chlamydia diagnostic assay of choice (CDC, 2010). NAATs are easy to administer, cost effective, provide greater sensitivity and specificity than previous chlamydia testing methods, and can be used to test cervical, urine or vaginal specimens.

A document discussing current diagnostic and testing methods; preferred specimens; new specimen types, such as urine and vaginal swabs; rectal and pharyngeal specimens; and alternative venues for screening.

STD Treatment Guidelines

Following the CDC’s recommended treatment regimens prevents sexual transmission of chlamydia to others. Chlamydia treatment should be provided promptly for all persons testing positive for infection to prevent complications of chlamydia infection such as pelvic inflammatory disease.

- [2015 Sexually Transmitted Disease Treatment Guidelines: Chlamydial Infections](#) Centers for Disease Control and Prevention
- [2015 STD Treatment Guidelines](#) Centers for Disease Control and Prevention
An e-version of the most up-to-date guidelines for both Apple and Android devices will be available at this site in 2015.

Figure 4: CDC Chlamydia Treatment Recommendations

CDC Chlamydia Treatment Recommendations			
Adolescents and Adults		Pregnancy	
Recommended regimens	Alternative regimens	Recommended regimens	Alternative regimens
Azithromycin 1gm PO x 1	Erythromycin base 500mg PO QID x 7D	Azithromycin 1gm PO x 1	See CDC STD Treatment Guidelines
OR Doxycycline 100mg PO BID x 7D	OR Erythromycin ethylsuccinate 800mg PO QID x 7D	OR Amoxicillin 500mg PO TID x 7D	
No “test of cure”	OR Ofloxacin 300mg PO BID x 7D	OR Erythromycin base 500mg PO QID x 7D	
	OR Levofloxacin 500mg PO x 7D	OR Erythromycin base 250mg PO QID x 14D	
	No “test of cure”	OR Erythromycin ethylsuccinate 800mg PO QID x 7D	
		OR Erythromycin ethylsuccinate 400mg PO QID x 14D	
		Test of cure in 3-4 weeks after completion of treatment	

Repeat Testing After Positive Results

Except in pregnant women, the CDC does not recommend a “test-of-cure” for patients who have tested positive and been treated for chlamydia with the recommended or alternative regimens unless therapeutic compliance is in question, symptoms persist, or reinfection is suspected. The validity of diagnostic testing at less than three weeks after completion of treatment has not been established and may result in a false positive result. However, due to a high prevalence of reinfection in women and men who have been treated for chlamydial infection, the CDC recommends that patients who test positive and are treated for chlamydia have a repeat screening 3-4 months following chlamydia treatment. If retesting in 3-4 months is not possible, the rescreening should be completed whenever the patient returns to the clinic in the next 12 months.

Expedited Partner Therapy

Expedited Partner Therapy (EPT) is the practice of treating sex partners of persons with chlamydia in the absence of medical evaluation or prevention counseling (MDH, 2011). EPT is implemented through the delivery of, or prescription for, therapy by the case patient to their partners.

EPT has been legal since 2008 when Minnesota pharmacy statutes were amended to remove legal barriers to implementing EPT. According to [Minn. Stat. Ann. § 151.37 Subd. 2\(g\) \(2012\)](#), “Nothing in this chapter prohibits a licensed practitioner from issuing a prescription or dispensing a legend drug in accordance with the Expedited Partner Therapy in the Management of Sexually Transmitted Diseases guidance document issued by the United States Centers for Disease Control”.

Providing EPT in a “paperless” clinic with an electronic prescribing system takes additional steps because prescriptions cannot usually be issued if the partner is not a patient in the system. Some providers have found success in creating a letter in their EMR system that will print a blank prescription without a patient name that can be hand-written for the index patient to give to their partner. Other providers have increased the number of doses and written in the comments section of the electronic prescription, “treatment for patient and partner”; however, if the patient has prescription drug coverage it may not cover a partner’s treatment.

The following tools may help you implement EPT in your clinic:

- [Expedited Partner Therapy \(EPT\) for Chlamydia trachomatis and Neisseria gonorrhoea: Guidance for Medical Providers in Minnesota](#), Minnesota Department of Health
Guidelines for implementing EPT in your practice, including rationale, dispensing options, and legal guidance specific to Minnesota physicians.
- [Legal Status of EPT in Minnesota](#), Centers for Disease Control and Prevention
A CDC clearinghouse of the current legal status of EPT in the United States.



Creating a Youth-Friendly Clinic Environment

Create an environment that is welcoming to youth from the moment they step in the door. From providing teen-friendly reading material in the waiting area, to establishing a practice-wide policy of spending time with minor patients without a parent present, the following resources will help get you started.

- [Better Together Hennepin](#): The Better Together Hennepin program partners with a variety of organizations — from school districts to non-profit organizations to Hennepin County departments — to implement policies and practices that give young people the supports they need to avoid pregnancy and parenthood. Working with standards developed by the World Health Organization and the National Alliance to Advance Adolescent Health, Better Together Hennepin helps health care organizations evaluate their adolescent reproductive health services, and provide the training and technical assistance they need to align their services with the standards.
- [Youth Health Rights and Responsibilities Poster](#), Adolescent Health Working Group
An 8.5x11” poster to post in the lobby of your clinic to empower young patients.
- [Best Practices for Youth-Friendly Clinical Services](#), Advocates for Youth
Research-based information for youth-friendly clinical services (Recommended for School-based clinics or school nurses).

Providing Confidential Care to Minors – Legal Considerations

In the state of Minnesota a guide was developed to provide a brief review of laws that address the provision of health care to minors. While the document was developed in 2002, the information has not changed and remains accurate. It is intended to:

- Encourage providers to become knowledgeable about the legal parameters of minor consent
- Discuss the legal parameters of confidentiality as they pertain to the care of minors
- Differentiate between the mandated reporting of sexual abuse and the voluntary reporting of sexual assault.

[Consent & Confidentiality - Providing Medical and Mental Health Services to Minors in Minnesota: Guidelines for Professionals](#), Hennepin County Medical Center Department of Pediatrics

Social Media

Due to the ever increasing influence of social media in our communication, especially with youth and young adults, it is vital that health care providers are knowledgeable about the power of utilizing social media to connect with their patients.

The following documents are guides to using social media to improve the reach of health messages, and to improve health communication efforts.

- [The Health Communicator's Social Media Kit](#), Centers for Disease Control and Prevention
- [CDC's Guide to Writing for Social Media](#), Centers for Disease Control and Prevention
- [Megan's Story](#). HealthPartners conducted a public awareness campaign in 2014 and created a toolkit to share what was successful. The campaign included Facebook outreach, a web site, a member mailing and the story of a woman who couldn't have children because of an undiagnosed case of chlamydia. Please contact sarah.j.sonn@healthpartners.com to request a copy of the toolkit.

Social Media Pages

- [National Chlamydia Coalition](#) Facebook page
- [Minnesota Chlamydia Partnership](#) Facebook page
- [Minnesota STD Hotline](#) Twitter page



Possible Social Media Messages

Use these messages to jump start your social media campaign:

- *Chlamydia is not a flower....but it is the most frequently reported infectious disease in Minnesota, with nearly 17,000 cases reported in 2011, most of them in females under age 25.*
- *Do you know where your clinic is? Young people can find a sexual health clinic near them by contacting the MN Family Planning and STD Hotline. 1-800-78facts text: 66746 <http://sexualhealthmn.org>*
- *Did you know something as simple as chlamydia screening could reduce the incidence of pelvic inflammatory disease by 60%?*
- *Did you know that most people who have chlamydia don't know it? Untreated, this sexually transmitted infection can lead to pelvic inflammatory infection, and even infertility.*
- *Sexually transmitted infections can affect anyone. Rates are increasing in the rural and suburban communities as well as the urban areas of Minnesota. To find out more about STIs, check out <http://sexualhealthmn.org>*

Continuing Education Opportunities

The Health Plan partnership has hosted a series of webinars relevant to the topic of chlamydia screening and adolescent health. These are posted on the Project page of the [Stratis Health project](#) website and on the [Minnesota Chlamydia Partnership YouTube](#) channel.

Occasionally the CDC will offer webinars, self-study modules and online courses relevant to chlamydia screening. CMEs may or may not be available. Visit the CDC's [Sexually Transmitted Diseases Continuing Education Online](#) for current offerings.

The National Chlamydia Coalition hosts a page with [clinical education and resources](#).

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