Front Page

Title: Three Simple Steps to Universal Screening

1. Hand out letter at check-in
2. Collect CT/NG specimen
3. Send specimen to lab for testing

Back Page

Universal Screening Workflow for Chlamydia (CT) and Gonorrhea (NG)

Universal Screening is an inclusive strategy in which all young women within the high-risk age group covered by USPSTF and CDC guidelines (15-24 years), without regard to their reported sexual activity.[1] Studies have shown that implementing a Universal Screening approach can help to decrease CT/NG prevalence and reduce infertility due to undiagnosed infections.[2]

1. **At check-in, the patient (and parent, if the patient is a minor) is given a letter.**
   - The letter explains to patients (and parents) that CT/NG screening is a routine part of care, and family will less likely be surprised or concerned when CT/NG screening appears on the explanation of benefits.
   - Most states have laws that allow minor patients to submit to STI testing without parental consent. Many practices choose to remind parents – in person or in a letter – of the importance of confidential time between their children and providers.

2. **When the patient is called back for the appointment, a medical assistant (MA) will collect a CT/NG test specimen and the patient's direct contact number.**
   - The patient can provide a first-catch urine sample or self-collected vaginal swab, and the specimen will be kept until the end of the patient's exam.
   - Obtaining a direct contact number from the patient allows the MA to deliver screening results privately to the patient.

3. **During the visit, the healthcare provider determines if the specimen should be sent to the lab for testing.**
   - If a patient has not submitted a specimen before the exam, the provider may choose to collect one during the exam.
   - The patient may take this opportunity to ask any questions about CT/NG testing and may choose to decline testing.

It's important to deliver information about sexual health and STI screening *with* respect, sensitivity and confidentiality and *without* judgment.

References: 1. Owusu-Edusei K, et al. Cost- Effectiveness of Opt-Out Chlamydia Testing for High-Risk Young Women in the U.S. Am J Prev Med. 2016;51(2):216-24. doi:10.1016/j.amepre.2016.01.007. **2.** Gold MA, Demonbreun K. Adherence to guidelines for universal screening of sexually active adolescents and young adults: A guide to solutions and strategies. *Contemp Pediatr*. 2017 (suppl 1-4).