

Implementing universal screening with opt-out for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (NG)

To help close gaps in sexually transmitted infection (STI) testing and care, CDC guidelines endorse universal screening with opt-out for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (NG) for all female patients ages 15 through 24—regardless of the patient’s sexual history.¹

“ Providers might consider opt-out chlamydia and gonorrhea screening (ie, the patient is notified that testing will be performed unless the patient declines, regardless of reported sexual activity) for adolescent and young adult females during clinical encounters.” —CDC¹

Getting started with universal screening with opt-out in your practice

Every employee in the practice plays an important role in the successful implementation of a universal screening with opt-out protocol.

Implementation considerations:

- Develop a written office protocol for screening all females ages 15-24 for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (NG) as a routine part of preventive healthcare visits
- Train staff on the universal screening with opt-out protocol and identify who is responsible for individual tasks as it relates to testing—emphasize how universal screening is important because it can:
 - Improve patient outcomes
 - Decrease transmission
 - Help improve HEDIS® quality scores
- Have a process to let patients know about the practice's screening protocol. Ask your Quest representative for a sample communication template your office can personalize

The waiting room:

- At intake, determine if the patient meets the practice's criteria for testing
- Remind her of the practice's screening protocol. Provide patient with materials regarding the office-wide protocol for females 15-24
- If the patient asks about cost, reassure her by reviewing insurance coverage. Under the Affordable Care Act, testing is covered without cost sharing at least once a year when utilized consistent with patient benefits

The exam room:

- Place an order for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (NG) tests for eligible patients in the EMR
- Educate her on the benefits of *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (NG) testing for STI prevention
- Remind her that she may opt-out of testing, but reinforce how screening is recommended for all female patients in this age group
- Discuss options for receiving test results to ensure privacy—the practice can call her directly if the test result is positive
- Collect specimen

Specimen collection options include:



Vaginal swab (preferred):

- Patient can self-collect if desired
- Healthcare provider can collect while performing a pelvic exam



Pap vial: If a Pap specimen is collected as part of an annual exam, *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (NG) testing can be performed from the same vial



Urine: Sample should always be a first catch urine sample, and patient should not have urinated for at least an hour before collection (approximately 20 mL-30 mL of urine is required)

Sample script to talk with patients and parents about testing

Using language that normalizes testing as part of routine preventive care can help avoid patient concerns about being judged or singled out due to assumptions about her sexual behavior. Key talking points could include:

When talking with parents:

"Our practice tests **all female patients** between the ages of 15 and 24 for chlamydia and gonorrhea because it is important to protect their long-term health—including fertility."

"We recommend all female patients 15-24 get tested for these infections because they can have an infection and not know it—testing is the only way to diagnose an infection."

When talking with patients:

"In coordination with recommendations from national health agencies,² our office screens all female patients ages 15-24 annually for chlamydia and gonorrhea."

"To keep you healthy, I recommend testing for chlamydia and gonorrhea. They are common infections that almost never have symptoms—but these infections can have long-term effects if they are not caught early and treated. We screen all our patients between the ages of 15-24, but you can choose to opt-out of screening."

Talking about test results

Reassure patients of their concerns over a potential positive result.

We caught it early.

"Early identification reduces your chances of developing other issues like pelvic inflammatory disease, chronic pelvic pain, and infertility."³⁻⁵

It's inexpensive to treat.

"Most insurances cover the treatment with a zero to minimal out-of-pocket cost."

It's easy to treat.

"The good news is it's easily treated with antibiotics."

After the result—next steps for patient care

For patients who test positive:

- The CDC recommends retesting 3 months after concluding treatment^{6,7}
- If Expedited Partner Therapy (EPT) is part of the practice protocol, explain how EPT allows the patient's partner to begin treatment simultaneously with the patient

For patients who test negative:

- Reinforce ways to prevent STI transmission, and the need for testing at the next wellness visit

At Quest Advanced® Women's Health, we are committed to working with healthcare providers to support universal screening with opt-out for females ages 15-24 to help close gaps in testing and care for patients.

Visit us online at [QuestWomensHealth.com/STI](https://www.questwomenshealth.com/STI) to learn more.

As part of mandatory reporting requirements to identify potential abuse, when testing minors under the age of consent, healthcare professionals may be required in certain jurisdictions to report positive results of sexually transmitted disease testing to authorities.

References:

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6. CDC. Chlamydia – CDC basic fact sheet. Updated April 12, 2022. Accessed September 7, 2022. <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm>
7. CDC. Gonorrhea – CDC basic fact sheet. Updated August 22, 2022. Accessed September 7, 2022. <https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea.htm>

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