

Using Normalizing and Opt-out Language for Chlamydia and Gonorrhea Screening

SAMPLE SCRIPT

Chlamydia (CT) and gonorrhea (GC) are the two most common notifiable diseases in the United States, and rates have increased in recent years.¹ Finding and treating infections in a timely manner is an effective way to limit the spread of infection and to prevent the long-term consequences of untreated infections in women (pelvic inflammatory disease, ectopic pregnancy and tubal infertility). This sample script is designed to help cstaff use normalizing and opt-out language to screen for CT/GC.

WHO SHOULD BE SCREENED?

Centers for Disease Control and Prevention (CDC)
Screening Recommendations for Chlamydia and Gonorrhea²

POPULATION	SCREENING RECOMMENDATION
Women	<ul style="list-style-type: none">Sexually active women under 25 years of ageSexually active women aged 25 years and older if at increased risk (i.e. a new sex partner, more than one sex partner, sex partner with concurrent partners, or sex partner with a STD)Retest approximately 3 months after treatment
Pregnant Women	<ul style="list-style-type: none">All pregnant women under 25 years of agePregnant women, aged 25 and older if at increased riskRetest during the 3rd trimester for women under 25 years of age or at riskPregnant women with chlamydial infection should have a test-of-cure 3-4 weeks after treatment and be retested within 3 months
Men	<ul style="list-style-type: none">Consider screening young men in high prevalence clinical settings or in populations with high burden of infection (e.g. MSM) for chlamydia
Men Who have Sex With Men	<ul style="list-style-type: none">At least annually for sexually active MSM at sites of contact (urethra, rectum) regardless of condom use; every 3 to 6 months if at increased risk
Persons with HIV	<ul style="list-style-type: none">For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter; more frequent screening if at risk

¹ CDC Sexually Transmitted Disease Surveillance, National Overview of STDs, 2017.

² CDC Screening Recommendations and Considerations Referenced in 2015 STD Treatment Guidelines.

NORMALIZING LANGUAGE

Use normalizing language when offering CT/GC screening to present screening as a routine part of a visit. When clinic staff use normalizing language, it helps clients feel that they are not being judged or singled out. Below are examples of how to offer CT/GC screening using normalizing language:

I talk to all of my patients about chlamydia screening. Untreated chlamydia can lead to infertility or the inability to have children. The test is simple and all we need is a urine sample.

To keep you healthy, I recommend testing for chlamydia and gonorrhea, which are common infections that usually have no symptoms, and which you can get from sexual contact.

OPT-OUT LANGUAGE

Opt-out screening is an approach that presents CT/GC screening as something that will happen by default unless the client actively declines. Sexually active women under 25 years of age can be offered opt-out CT/GC screening based on their age and sex alone, regardless of reason for visit (if there is not a recent CT/GC test result in the medical record). Instead of saying “Do you want testing?” or “Do you need testing?” clinic staff might say one of the following:

We recommend a test for chlamydia and gonorrhea to everyone under 25. Unless you've had those tests recently, I'd like to do that today. Do you have questions or concerns?

We test everyone your age for chlamydia and gonorrhea. These are infections you can get from sexual contact which are common in people your age and usually have no symptoms. Do you have questions or concerns?

We ask all of our patients your age if they've been tested for chlamydia and gonorrhea recently, since those tests should be done regularly and we don't want to miss chances to keep you healthy. I'd like to do that today. Do you have questions or concerns?