

**Starting a
School-Based**

Chlamydia

**Screening and
Treatment Program**



**ETR Associates
Nicole Lezin
Julie Taylor**

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Santa Cruz, California

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ETR Associates (Education, Training and Research) is a nonprofit organization committed to fostering the health, well-being and cultural diversity of individuals, families, schools and communities. The publishing program of ETR Associates provides books and materials that empower young people and adults with the skills to make positive health choices. We invite health professionals to learn more about our high-quality publishing, training and research programs by contacting us at 4 Carbonero Way, Scotts Valley, CA 95066-4200, (800) 321-4407, www.etr.org.

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Preface & Acknowledgments

This manual is based on ETR Associates' history of commitment to adolescent reproductive health. For over 20 years, ETR Associates has been serving youth and adults who work with youth by designing, implementing and disseminating programs that promote comprehensive sexuality education and pregnancy and STD/HIV prevention.

In 2001, ETR Associates learned of the successful school-based STD screening programs taking place in Chicago, New Orleans, San Francisco and St. Paul, Minnesota. These programs were rigorously evaluated and found to be effective at diagnosing and treating chlamydia in the school setting. This guide was born of the compelling need to provide schools with a step-by-step process for implementing school-based STD screening programs.

The material for this guide was researched by interviewing and conducting site visits with school nurses, program coordinators, and the public health department clinical and laboratory staffs of the four school-based STD screening sites. After the initial draft was completed, a panel of experts in the areas of school nursing, adolescent sexuality, and STD diagnosis and treatment reviewed the guide.

Although this guide was originally designed for chlamydia diagnosis and treatment programs, advances in gonorrhea diagnosis now have been made that allow schools to screen for both chlamydia and gonorrhea at the same time. Research also is currently being conducted on urine-based HIV testing. These advances in STD diagnosis will allow schools to offer their students screening for multiple STDs.

We trust this guide will be a useful resource for planning and implementing school-based STD screening programs. Our hope is that through positive screening and treatment, schools can play a major role in the effort to decrease the rates of STD among adolescents.

Acknowledgments

This manual was coordinated, researched and written by ETR Associates. In addition to the authors, the project team included Alison Wakefield and Rebecca Rubin.

Many people involved in school-based STD screening programs contributed to the development of this guide. The expert advisors who provided the initial information for each chapter's content took the time to reflect on their own and their colleagues' work in this field. They summarized important findings, identified program goals and essential elements, offered tips and strategies for program development and pointed us to other valuable resources.

Staff of four school-based chlamydia screening program sites shared their insight about their programs and allowed us to learn from their experiences.

The New Orleans staff gave us their time for phone interviews and site visits, and served as part of our expert panel. Thank you to:

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Introduction

Background on this guide, how and why it was prepared, and how it's organized.

Background

Chlamydia, the most commonly reported infectious disease in the United States, represents a public health challenge as well as an opportunity. It is a challenge because it is often invisible—most of those infected do not have symptoms and can transmit the infection to others. Chlamydia's long-term health consequences are serious, especially for women. Untreated chlamydia can lead to pelvic inflammatory disease (PID), ectopic pregnancy, infertility and increased risk for HIV infection.

Chlamydia is also easily detected and treated. That's where the public health opportunity comes in. With a combination of noninvasive urine tests to screen for the disease and antibiotics to treat it quickly and effectively, communities across the country now have a fighting chance to halt chlamydia's spread—a better chance than they have ever had.

Chlamydia screening programs offer other benefits beyond detecting and preventing chlamydia and other sexually transmitted diseases. These include opportunities to discuss sexual health, alter risky behaviors and promote healthier alternatives, and link people to other health services. When programs involve young people, there is yet another bonus—affecting health behaviors and outcomes for a lifetime.

Chlamydia in the United States

In 2001, 783,242 cases of chlamydia were reported in the United States.¹ The majority of those cases occurred in adolescents and young adults. Since most infected females (and many infected males as well) experience no symptoms, most cases of chlamydia remain undiagnosed and unreported.

¹ Centers for Disease Control and Prevention. 2002. *Sexually transmitted disease surveillance 2001 supplement, chlamydia prevalence monitoring project*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

This means that the true number of people infected with chlamydia is probably many times higher than the number of reported cases—perhaps as high as 3 million new cases each year.² Reported case rates for chlamydia are consistently higher among adolescents.³ The availability of more sensitive, noninvasive DNA amplification tests has improved the ability to find chlamydia in the adolescent population at risk.

In one study, among females ages 12 to 60 who were screened for chlamydia from 1994 to 1996, 29% of all adolescent tests were positive for chlamydia. Fourteen year olds had the highest proportion of positive tests.⁴

Finding and treating the disease in this vulnerable age group will significantly affect the overall scope of chlamydia in this country. Although technically easy, detection and treatment are difficult because adolescents are unlikely to access routine health care and screening. Since chlamydia usually causes no symptoms, adolescents are even less likely to seek help for this particular infection. (Even teens who do seek care are unlikely to be screened for chlamydia. For example, a recent national survey of high school students found that only 43% of females and 26% of males who had a non-sick health care visit in the past 12 months even discussed STD or pregnancy.⁵)

School-Based Chlamydia Screening

This guide focuses on halting the spread of chlamydia among young people—particularly among sexually active high school students. When Willie Sutton was asked why he robbed banks, he replied, “Because that’s where the money is.” A similar logic drives the interest in school-based chlamydia screening—schools are where the adolescents are.

Teams of researchers, public health workers and dedicated staff in community-based organizations and schools all over the country have been working to prevent chlamydia’s spread among young people. Their efforts

2 Cates, W., et al. 1999. Estimates of the incidence and prevalence of sexually transmitted diseases in the United States. *Sexually Transmitted Diseases* 26 (suppl): S2-S7.

3 Centers for Disease Control and Prevention. 2001. Chlamydia in the United States. From website: www.cdc.gov/nchstp/dstd/fact_sheets/chlamydia_facts.htm. Accessed 8/12/03.

4 Burstein, G. R., C. A. Gaydos, M. Diener-West, M. R. Howell, J. M. Zenilman and T. C. Quinn. 1998. Incident Chlamydia trachomatis infections among inner city adolescent females. *Journal of the American Medical Association* 280 (6): 521-26.

5 Burstein, G. R., R. Lowry, J. D. Klein and J. S. Santelli. 2001. Primary care preventive care visits and sexually transmitted disease and pregnancy prevention services received by U.S. high school students. *Journal of Adolescent Health* 2:127.

got a much-needed boost from laboratory and treatment advances that made both testing for and treating chlamydia easier, faster and more cost effective. Thanks to their trial-and-error efforts and their willingness to share both successes and failures, this guide is able to collect their tips, strategies and lessons learned.

About This Guide

Schools may seem the most convenient places to reach adolescents with health messages and services, but of course, it's not that simple. School systems and the communities in which they exist are complicated subcultures, and adding sexual health into the mix can make them more complicated. Each school and community has unique views about the interaction of students, teachers, parents and outsiders, and rules and procedures that dictate whether and how to offer something new—especially something that may take away from class time. Some schools have school-based health centers, which can make offering health programs easier, but most do not.

Goal/Purpose

The goal of this guide is to make school-based chlamydia screening and treatment programs possible for any combination of school, health and community members willing to take on this challenge. The steps learned from those who've already been through the process can help others anticipate some of the obstacles and prepare for the inevitable fits and starts of program implementation.

Some of the material and steps in the guide may not be applicable to every setting or community, but the basic template can be adapted to meet the needs of any school whose students are at risk for this serious and preventable disease.

Audience

Many different types of individuals and organizations share an interest in adolescent health in general, and in preventing STD in particular. These include students and parents, state and local health departments, school health personnel, teachers and administrators, PTAs, school boards, research

groups, foundations, health care providers, people who work with teenagers, and community members. This guide is designed to encourage any of these potential audiences to get the process underway, but assumes a strong and early role for schools, since the program is school based.

As noted above, the sequence of events—who starts the process, who leads it, and who implements it—will differ from one community to the next, and also may change over time. But this guide should be useful to any group interested in this type of chlamydia prevention program.

Process

The first step in developing this guide was to visit a successful program and interview the people who made it a success. In New Orleans, Louisiana, a partnership of medical center faculty, health department staff, laboratory staff and school personnel launched a program that has been in place since 1995. Starting with 3 urban public schools and eventually expanding to 13, the New Orleans program has provided a wealth of information on how to start and maintain a school-based program. In addition, the program's years of data have provided evidence that these programs can succeed in reducing infection rates among this at-risk population.⁶

Because each community and its school system is unique, this guide also draws on variations of programs implemented in other cities. Staff input, approaches and materials from school-based chlamydia screening programs in St. Paul, Minnesota; Chicago, Illinois; and San Francisco, California have been added to the information from New Orleans. (See the box on page 6 for brief descriptions of these programs.)

In addition to those who provided the initial information and materials presented here, drafts of the guide were reviewed by panels of experts on school health, adolescent health, sexually transmitted disease and program development. (A list of reviewers is provided in Appendix A.)

⁶ For more information on the results of the New Orleans program, see:

Nsuami, M., and D. Cohen. 2000. Participation in a school-based sexually transmitted disease screening program. *Sexually Transmitted Diseases* 27:473-479.

Cohen, D., M. Nsuami, D. Martin and T. Farley. 1999. Repeated school-based screening for sexually transmitted diseases: A feasible strategy for reaching adolescents. *Pediatrics* 104:1281-1285.

Icon Key

Throughout the guide, several icons point to different types of information, as shown in this key.



Tips and strategies



Facts and data



Sample materials



Resources for more information



Checklists

How the Guide Is Organized

The remaining chapters in this guide cover 6 steps, in rough chronological order. These steps overlap, and, depending on your community and previous school health activities, they may not occur in this particular sequence. For example, a community that already has a strong partnership developed through another school-based screening program would be more concerned about adapting chlamydia-specific protocols than in building a team from scratch. Either way, in bulk or in pieces, the information should prove helpful.

- ◆ **Getting Started** covers basic information about assessing the need for a chlamydia screening program and introduces the remaining 5 steps.
- ◆ **Forming a Team** identifies potential allies, champions and buffers—people who can help protect the program from criticism or misinformation.
- ◆ **Making a Plan** offers a checklist for the main pieces that should be in place (with the understanding that these are likely to vary from one community to the next).
- ◆ **Making the Pitch** describes some ideas for winning the support of partners, other supporters and funders.
- ◆ **Making It Happen** goes into the nuts and bolts of arranging and implementing a screening and treatment program, such as working with school administrators and teachers; recruiting students; obtaining parental and student consent; conducting the actual screening; transporting urine samples to laboratories for testing; providing results, treatment and follow-up; and monitoring the entire process.
- ◆ **Making It Stick** makes some suggestions for evaluating the process and its outcomes, as well as moving forward by expanding to more schools and/or more students within a school.

Model Programs

New Orleans, Louisiana: The program began in 1995 as a collaboration among a medical center's faculty and researchers, a laboratory director and a school-based team. The program was launched in 3 urban public schools, with urine-based PCR or LCR testing of 1,933 students in grades 7 through 12. Testing was offered to all 3,278 students in these grades; ultimately, 86.9% returned parental consent forms and 67.8% of students were tested. The overall prevalence rate was 6.5%, with average rates for girls more than twice the rate for boys. The high prevalence rates documented through the initial screening and testing program helped make the case for expansion to more schools in subsequent years.

Chicago, Illinois: Chicago's program is funded and administered through federal, state and county public health funding, but the project coordinator works in close partnership with school-based clinics (with buy-in from school principals and PTAs). The program began in 1998 with one high school, and now offers screening in all 11 city schools with school-based health centers. In addition, prevention education and referrals for testing (to the health department's STD clinic) are available to all schools. The program had tested 1,630 students as of August 2002.

San Francisco, California: The county/city STD clinic in the health department launched the program with the chief of the school health program. This was made somewhat easier because San Francisco is a city and county, with just one school district. (The program was funded through the city's STD budget, via CDC funding.) The two groups drafted a resolution for the health commissioner to propose and approve, which in turn led to support from advocates among school board members and the PTA. The school board selected the schools with active health educators or teachers to launch the screening and testing program. One school had a clinic; the others had wellness centers. Testing was completed by the city's laboratory.

St. Paul, Minnesota: STD testing is offered through school-based clinics, not universally within schools. Over 2,000 tests are conducted each school year, with tests recommended to any students who visit the clinic and indicate any history of sexual activity. Funding comes from various sources: grants, the state health department, and, when confidentiality can be assured, insurance.

Getting Started

Assessing whether or not chlamydia screening is appropriate in your community; getting background information and initial contacts.

Is Screening Appropriate?

If you are reading this manual, you probably already are concerned about the rates of chlamydia and other STD among young people in your community. In order to move ahead with planning and implementing a full-fledged screening and treatment program, you will need to convince others that there is a problem and that the expense and effort of screening are worthwhile.

The first step is to find out as much as you can about chlamydia and STD rates among adolescents in your community. Although there is no magic number, some of the experts interviewed for this guide have suggested that a chlamydia infection rate of at least 3 to 5% among young people in a particular area warrants screening and intervention. (A 2.5% infection rate was cited in one study as the break-even point for justifying the cost of a screening program.⁷) Others feel that rates below this threshold still make screening worthwhile, because it is an opportunity to screen for risk behaviors, impart useful prevention information about STD and pregnancy, and get teens linked to care in the community.

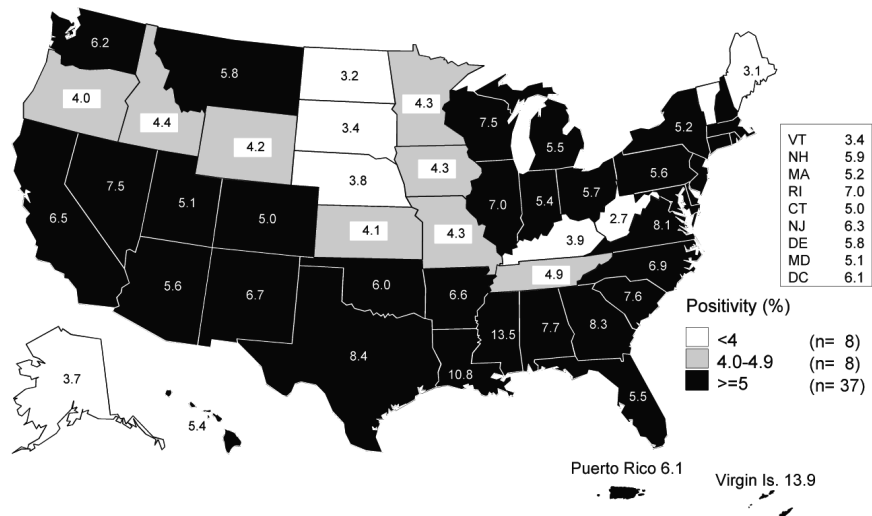
Once you have gathered the background information suggested in this section, this decision—whether or not screening is worthwhile for your community right now—is one that you will have to make, along with your team. Again, the costs and benefits will vary from one community to the next, and over time.

⁷ Howell, M. R., T. C. Quinn, W. Brathwaite et al. 1998. Screening women for Chlamydia trachomatis in family planning clinics: The cost-effectiveness of DNA amplification assays. *Sexually Transmitted Diseases* 25:108-117.

Getting Data About Chlamydia Rates and Other STD

Chlamydia rates vary across the country. The map below shows positivity rates (i.e., the percentage of women testing positive) among women ages 15 to 24 who were tested in family planning clinics during 2001.

Chlamydia Positivity Among Women Ages 15-24 Tested in Family Planning Clinics, by State 2001



Note: States reported chlamydia positivity data on at least 500 women ages 15-24 years screened during 2001.

Source: Regional Infertility Prevention Programs, Office of Population Affairs, Local and State STD Control Programs, Centers for Disease Control and Prevention.

As the map shows, 7 out of the 10 states with the highest rates are in the South. These higher levels of infection tend to match areas where screening and treatment have not been implemented as thoroughly as in other areas. For example, between 1988 and 1990, the rates of chlamydia infection among women tested in family planning clinics in 4 states in the Pacific Northwest—Washington, Oregon, Idaho, and Alaska—declined 62%.

State profiles of chlamydia rates are available from the CDC website: www.cdc.gov/std/Chlamydia2001/default.htm. The resource list on the next page shows some additional potential sources of information about chlamydia, other STD, and high school students' sexual risk behaviors in your state, county or community. Note that rates also may vary from one school to another, or from one part of town to another.



Resources for Data on Adolescent Sexual Health

Centers for Disease Control and Prevention
National Center for HIV, STD, and TB Prevention (NCHSTP)
Division of Sexually Transmitted Diseases
www.cdc.gov/nchstp/dstd

American Social Health Association
www.ashastd.org/stdfaqs/chlamydia.html

State/county health departments

State Youth Risk Behavior Surveillance Surveys
(conducted biannually by CDC and state and some local education agencies)
www.cdc.gov/nccdphp/dash/yrbs

University or other research organizations that have surveyed adolescents about sexual health beliefs and behaviors

National Assembly for School-Based Health Care
www.nasbhc.org
202-638-5872

National Association of Community Health Centers
www.nachc.com
301-347-0400

School and School Health Resources

As with any school-based health initiative, the school system's interest in health issues will be one of the most important factors in a chlamydia screening program's success.

As a first step, find out as much as you can about your community's middle and high schools. **For example, you might want to learn about:**

- ◆ school administrative structures (e.g., school boards) and how decisions are made
- ◆ school-related groups (outside the administration itself)—e.g., PTAs, advisory groups

- ◆ the school system’s prior history with health and health screening initiatives
- ◆ how the school’s health programs work, and whether or not there is a school-based health center
- ◆ state consent laws and how these are interpreted and implemented in the school

In many communities, school-based health centers (SBHCs) offer an excellent opportunity for promoting chlamydia screening, prevention and treatment. According to the Center for Health and Health Care in Schools, the past decade has been one of rapid growth for SBHCs. In 1990, only 200 SBHCs were in place across the country; 10 years later, there were an estimated 1,380 centers—an almost 7-fold increase. Only a handful of states—Idaho, Nevada, North and South Dakota and Wyoming—reported no SBHCs in the Center’s recent national survey.⁸

The existence of a SBHC within a school can be an advantage, but is no guarantee of success in terms of providing STD screening and other sexual health services. A survey of 498 SBHCs (or 48% of the 1,040 SBHCs in place in 1996-97), found that just under 60% offered STD diagnosis and treatment. Three-quarters—74%—were prohibited from providing any type of contraceptives. These restrictions were partly attributed to state laws (in about 20% of the centers), but more commonly (in 70 to 80% of the centers), the restrictions were put in place by school districts.⁹

Although access to a SBHC may make the process of setting up and implementing a chlamydia screening program easier, it is not the only way to succeed. In several settings reviewed for this guide, staff made screening programs work in schools with and without health centers.

⁸ The Center for Health and Health Care in Schools. School-based health centers: Results from a 50-state survey, school year 1999-2000. www.healthinschools.org/sbhcs/survey2000.htm

⁹ Fothergill, K., and A. Feijoo. 2000. Family planning services at school-based health centers: Findings from a national survey. *Journal of Adolescent Health* 27:166-169.



School and Adolescent Health Resources

Division of Adolescent and School Health (DASH)
Centers for Disease Control and Prevention (CDC)
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
www.cdc.gov/nccdphp/dash

Advocates for Youth
Support Center for School-Based and School-Linked Health Care
www.advocatesforyouth.org

The Center for Health and Health Care in Schools
www.healthinschools.org

Potential Allies

The next chapter, *Forming a Team*, goes into more detail about potential team members and their roles. However, while you are gathering background information about your community, schools, data and other resources, be on the lookout for helpful people and organizations. Some may be directly involved in your efforts. Others may be helpful behind the scenes, introducing you and your team to key decision makers or a funder, or helping you anticipate criticism or roadblocks.

Other Community Resources

In addition to cooperation from the school system, relationships will have to be built with other organizations:

- ◆ a laboratory with the capacity to handle the type of test and volume of screening (See Chapter 6 for more details.)
- ◆ a funding mechanism to cover initial and ongoing costs (See Chapter 5 for estimates.)
- ◆ specific types of staff expertise—evaluators, on-site staff, health educators—that may come from different organizations, such as medical centers, state and county health departments, and community-based organizations (See Chapter 3 for more information on staffing.)

- ◆ referral relationship to local STD clinics (for partners of students who test positive, who may not be in school or may not wish to use the school's services; or for assisting in programmatic tasks)
- ◆ ties to city, county and/or state STD control programs housed in health departments (Many programs have specific chlamydia prevention and control program coordinators.)



Background Information Checklist

- State and local chlamydia rates and trends (by census tract, neighborhood, zip code, etc. if possible)
 - State and local rates for other STD, unintended pregnancies, and youth risk behaviors
 - School system, including key players and possible candidates for pilot site
 - Legal issues:
 - State consent laws for adolescents and how they are implemented in schools (Check with the health department or state school health director.)
 - Laws on confidentiality of medical records and reporting to health departments (and who will have access to those records)
 - State partner notification reporting laws
 - Laws regarding reporting of statutory rape or child abuse (if young teenagers are treated for chlamydia)
 - Potential allies
 - Contacts at key partner organizations (e.g., schools, laboratory and health departments)
-

Forming a Team

Finding natural allies to help launch, sell, fund, implement and evaluate your program.

What to Expect

As you consider the types of individuals and organizations that will join your team, think about the types of tasks that lie ahead. **Begin by drafting your “dream team” to accomplish the following:**

- ◆ **Planning:** Deciding exactly what you’re going to do, when, and with whom.
- ◆ **Selling:** Making a pitch (or several different pitches, many times) to persuade partners to join your effort, funders to support it, and critics to respect your goals.
- ◆ **Implementing:** Getting schools, teachers, students and parents to participate; scheduling screening; recruiting students and getting consent from students and parents; conducting the screening itself; transporting samples to the laboratory and getting results from the lab; and providing results and treatment to students.
- ◆ **Monitoring and expanding:** Evaluating your work so far, fine-tuning it, and deciding what to do next—whether or not to present or publish your results and/or move on to more schools.

Who Can Help?

Interest in chlamydia screening can come from many sources. **Various members of the school system may be natural allies:**

- ◆ student government, student clubs, or individual students
- ◆ parents’ organizations
- ◆ health and science teachers
- ◆ guidance counselors

- ◆ principals
- ◆ school boards
- ◆ school nurses
- ◆ school central offices
- ◆ other school health staff, including the school's health advisory committee
- ◆ private health care providers
- ◆ health department staff
- ◆ laboratory staff

Like school personnel, laboratory and health department staff will be important allies because they will be involved in the program directly—in the laboratory's case, by testing samples and reporting results, and, in the health department's case, by serving as a referral site for students' partners or assisting in implementing the program. University medical centers interested in adolescent health, STD and/or health education may help with staff, evaluation designs and other practical aspects of designing and implementing your program.



Finding Partners

To learn more about potential partners and how they can help:

- **Attend meetings** of these groups—PTAs, school boards, health department, professional associations—to understand more about their concerns and how they make decisions to support initiatives.
 - Get on groups' **mailing lists** to learn more about what types of issues concern their members.
 - Explore your own network of contacts to see whether you can **be introduced to the organizations' leaders**, either to obtain background information, or later when you have developed a more specific plan and are seeking support.
 - As you move forward, try to **keep everyone informed** of at least your basic plan, so no one feels blindsided when you are ready to implement your program. (See Chapter 5, Making the Pitch, for information about suggested fact sheets, letters and memoranda of understanding.)
-

Possible Roles and Responsibilities

Listed below are some roles and responsibilities common to several different types of programs. (*Note:* Some of these roles may overlap, depending on the program's size and scope.) In some cases, the roles will be filled by individuals; in others, contractual agreements with organizations might be more appropriate.

- ◆ **Program Director.** Someone has to be in charge. This is the person who makes strategic decisions about how to launch the program—whom should be approached and when, what types of funds are needed and how the project budget will be monitored, what materials should be developed, what kinds of agreements need to be in place with partners, and what kinds of internal policies and procedures will guide the program.



Community Advisory Board to the Rescue!

To assist with management and communication tasks, consider establishing a community advisory board or a similar group that can include key partners in your planning process in a more formal, systematic way.

- ◆ **Operations/Logistics Coordinator:** This team member will be responsible for the program's day-to-day operations, particularly coordinating the relationships with individual schools, making sure that consent and confidentiality procedures are in place (and are followed), and managing the exchange of specimens and results with the laboratory.

Depending on the scope of your program, one coordinator may be able to play this role for multiple schools, or each school may need its own coordinator. The coordinator also may help supervise other program staff (from your program or a partner's), such as nurses, health educators, staff who help collect and label specimens, nursing teams, etc.

- ◆ **Data Manager:** An effective screening and treatment program will generate a large volume of paper, specimens and information, all of

which need to be tracked for several different purposes (e.g., overall project management, delivering results and treatment to students, and evaluating the program). These pieces of information may include parent and student consent forms, student names and addresses, specimen identification numbers, results and school-by-school information (such as participation rates) from one year to the next. To track all of this information accurately and effectively, the program should have a data manager who can coordinate data from different sources and provide accurate, timely information to those who need it.

- ◆ **Laboratory Liaison:** The laboratory that tests specimens and provides results is a critical partner. In order for this partnership to work, laboratory staff should have a program contact who can answer questions, resolve problems (such as delays in transporting specimens or inconsistencies in labeling), and respond quickly to any laboratory-specific issues. (In some cases, this may be the same person as the Project Director or Operations Coordinator.)
- ◆ **Medical/Clinical Advisor:** A school-based chlamydia screening and treatment program may take place outside of a clinic setting (especially in schools with no school-based health centers), but is at its core a clinical process. A medical or clinical advisor (such as a licensed physician or nurse practitioner) can help review materials to ensure that they are accurate, keep up to date with recent advances in the field, work with staff to make sure they understand the clinical aspects of their work, work with counterparts within the school health system, and help answer clinical questions from school administrators, parents or others outside the program.

Remember that physicians can be influential advocates for your program, as well. Briefing the local medical society and inviting its members to participate on your advisory board could be a useful way to add allies to your program.

- ◆ **Communications/Public Relations:** In addition to all the managerial, logistical and clinical considerations, another important category of program work is communicating with others about the program. In many ways, this task is the job of every team member who interacts with partners, school staff, students and community members.

Beyond communicating with the students who will participate in the program, however, there are also some specific tasks related to

communicating about the project, such as giving presentations to potential supporters, answering questions and criticism from concerned parents and/or school staff, working with the media, and developing a variety of materials for sharing program results.

Once your team is in place, consider a series of training events and information sessions (with periodic updates) to make sure everyone understands the program's goals and procedures.



The Role of the School Nurse

Even if you and your staff handle all the logistics of information sessions and screening itself, you will need the assistance and support of school nurses for these elements and will have to rely on them even more for the treatment and counseling portions of your program.

Be sure that school nurses are consulted as early as possible as you plan your program and that you minimize the burden to them. Show your appreciation early and often. If your funding permits (or if someone on your board can help arrange it), identify incentives that will help make nurses' jobs easier and express your appreciation.



Expanding Your PR Team

Whether or not the program's communications and public relations tasks warrant a separate staff member, the program can tap partners and supporters for help in this arena. (If so, make sure everyone is reading from the same script!)

For example, a small group of interested and dedicated supporters could help serve as the program's public face, appearing by request at meetings of organizations seeking to learn more about the program. These same people and/or others could serve as buffers, prepared to step in to handle or defuse controversies as they arise. (Depending on the local situation, sometimes no PR will be the best PR!)

Finally, supporters who are not full-time staff or team members can still support the program by presenting program goals to their own organizations, whether it is the school's parent organization, the school board, a teacher's association, the local chamber of commerce, or others.

Making a Plan

Figuring out who will be screened, where, when and how.

Now that you have gathered basic information about chlamydia rates, the school system, and your fellow team members, you are ready to move into planning the nuts and bolts of your school-based chlamydia screening and treatment program. This section lists some of the topics and decisions to be discussed among your planning team, based on the information you have gathered so far.

Who Will Be Screened?

The first decision involves who will be screened—which age group, grade(s) and schools. Your data on chlamydia rates can help provide the answer. If a particular age group or grade has the highest rates, consider targeting that age group as well as the age or grade just below it. If your community's data are detailed enough, you may be able to focus your effort on a geographic area or even a school with higher rates.

The choice of which age group of students to screen also will be influenced by your sense of how supportive different schools may be. As a first choice, a school with moderate rates but an enthusiastic principal and school nurse might be a better initial choice than a school with high rates but less internal support. Once you succeed at the first school, you can take your success story to the second one to make your pitch next year.

Remember that your first effort may be just a starting point or pilot project for bigger and better things. Consider starting small and then expanding to more grades and more schools as your program matures.



The Case for Universal Screening (Screening Everyone)

At first glance, it may seem a waste of resources to offer screening to every student in a particular grade or school—even those who are not sexually active and therefore not currently at risk for chlamydia or other STD. Yet most program staff recommend universal screening (offering screening to every student in a grade or school).

Here are a few reasons:

- If every student in a grade or school is offered screening, no one feels singled out. It's easier for teachers and program staff to make the case that no one need be embarrassed (by admitting to sexual activity by agreeing to be tested) if everyone has an opportunity to be tested. Universal screening offers a layer of confidentiality that screening only sexually active students does not.
- The chlamydia test is relatively easy for students. It does not require drawing blood or other invasive procedures.
- If some students are tested and others are not, the program will have to devise a way to separate those who are at risk from those who are not. This is not an easy task. Students may not be honest in reporting their risk behaviors, and separating students in this way would require an extra layer of data collection and organization for collection of particular students' urine specimens, consent forms, etc., and risk breaching confidentiality.
- Even students who are not currently sexually active or at risk may become so later. In this sense, the screening serves as an opportunity to educate students about the risks and about ways they can protect themselves in the future.
- With higher participation rates, the program can make more accurate estimates of infection rates—and of progress in reducing them.

Where?

Which Schools?

As noted above, the best initial choice may be a school that has enough of a chlamydia, STD or unplanned pregnancy rate to warrant an intervention, but that also has a supportive team within the school, or a champion (such as the PTA president or a faculty group) willing to go to bat for your program.

If some schools in your community have school-based health centers, this feature also could help tip the balance. A school-based health center makes many aspects of a school-based screening and treatment program easier, although it is not the only way to create a successful program.

Where Within the School?

Once you've chosen a school (or schools), you will have to learn as much as possible about each school's procedures and how you can work your program into the schedule and facilities. For example:

- ◆ What are possible forums for interacting with parents, teachers and administrators?
- ◆ Which classes—health? science? homeroom? gym?—would be most suitable for introducing the program to students and handing out consent forms?
- ◆ Where can students meet as a group (near a restroom) to complete forms and then provide samples?
- ◆ Where and when are private rooms available so that program staff and/or a school nurse can confidentially give students their results and treatment?



A Note on Strategy: Start Small

The consensus from the experts is to **start small**—with as few as one or two schools—and then branch out. This will give you a chance to make sure your program is running smoothly, preferably in the friendliest and most supportive school environment, before tackling tougher or less familiar surroundings.

When?

Many of the program staff interviewed for this guide were able to launch a school-based chlamydia screening program within 6 to 8 months of their initial planning. Because the spring quarters in many school districts tend to be consumed with testing (not to mention spring breaks), some staff recommend a fall start for the program, if possible. Another advantage of a

fall start is being able to distribute materials and consent forms to both parents and students as part of registration and/or “back-to-school” nights.

In San Francisco, program staff took another approach, tying their screening program to National STD Awareness Month, which occurs in April every year. By conducting one-time universal screening in one school—coincidentally, just before the high school prom—the program established a high positive rate that provided convincing evidence that a program was needed.¹⁰



You Say You Want a Resolution...

In San Francisco, the Department of Health’s STD Prevention and Control team drafted a resolution about chlamydia and gonorrhea screening linking the program to STD Awareness Month. The resolution was unanimously passed by the city’s school board at its first reading.

The resolution concluded: “The board of education would like to promote and announce their support in the efforts to increase awareness of STDs among students and to provide access to testing, treatment, and education of STDs.”

(A copy of the resolution is provided in Appendix B.)

How?

Once one or more schools have been identified as potential sites, it’s time to secure funding, develop protocols and procedures for each aspect of the program (including evaluation), develop informational materials and consent forms, and order supplies (such as urine specimen cups).

Funding

Funds will be needed to cover the following costs (and others specific to your program):

- ◆ staff time and training

¹⁰ Kent, C. K., A. Branzuela, L. Fishcer et al. 2002. Chlamydia and gonorrhea screening in San Francisco high schools. *Sexually Transmitted Diseases* 29 (7): 373-375.

- ◆ laboratory tests
- ◆ transport of specimens
- ◆ screening supplies—urine specimen cups, labels, specimen storage and transport boxes
- ◆ printing of educational materials
- ◆ antibiotics to treat students who test positive and their recent partners
(*Note:* Check local laws about treating partners and, if that is an option, double the prevalence rate and make sure you have enough antibiotics on hand to treat students and recent partners who test positive.)

These costs vary, but some samples are provided in Chapter 5 as ballpark figures, along with examples of types of funding used by the programs interviewed for this guide.



Just Ask Socrates...

The Centers for Disease Control and Prevention (CDC) has developed an interactive computer program, Screening Optimally for Chlamydia: Resource Allocation, Testing, and Evaluation Software (SOCRATES), that can be downloaded for free. SOCRATES is designed to help program designers apply a simple cost-effectiveness model to analyze potential costs and benefits and to guide the choice of specific tests and screening strategies.

For more information, visit: www.cdc.gov/nchstp/dstd/HEDIS.htm.

Protocols and Procedures

School-based chlamydia screening and treatment programs, by definition, combine several topics that are sensitive in many communities: adolescence, sexuality, sexually transmitted disease, consent, confidentiality, and the rights and responsibilities of schools, teachers, students, parents and health professionals just to name a few! Often, these programs involve staff and partners from multiple organizations, working together in different combinations and different settings.

Against this backdrop, it is *critical* that everyone involved with the program understand and follow clinical (screening, laboratory testing and treatment), data collection, consent and confidentiality protocols.

Sample content of protocols is discussed in Chapter 6 for the following program elements:

- ◆ recruiting
- ◆ consent
- ◆ screening
- ◆ lab transport, testing, and results
- ◆ data collection, storage, and confidentiality
- ◆ notification
- ◆ treatment
- ◆ counseling and prevention education
- ◆ referrals

Your specific program may have some additional elements. Take every opportunity to make sure that all your staff and partners understand your standards, especially regarding consent and confidentiality. Even small and inadvertent mistakes in these areas may jeopardize your credibility and your entire program.

Look to your state's HIV/AIDS protocols for guidance. Developing or adapting protocols, training program participants in their use, obtaining signed agreements that staff have read and understood these protocols, and using specific techniques such as preprinted labels and locked cabinets all are part of protecting confidentiality. These measures are time consuming, but HIV/AIDS programs have shown that they are effective.

Evaluation Design and Protocols

School-based chlamydia screening programs will produce a wealth of data about the number and characteristics of students who have been tested, changes in infection rates over time, and differences in infection rates across schools and grades.

All of these types of data can serve several purposes. For the program itself, they can help staff track participation rates (and whether these are affected by any other program variables); overall quality of screening, data collection, testing and treatment protocols; and resources required for different types of programs or schools. In evaluation terms, these are generally called *process* measures, because they count and describe various aspects of the process of getting adolescents screened and treated.

Another important evaluation goal is to track *outcomes*, or results. How many cases have been identified? How many cases were treated? Have chlamydia rates gone down as a result of the program? Do schools with school-based health centers have different outcomes from those without? How do infection rates vary by gender? by age? by school resources or programs, e.g., after-school activities such as sports? What else can this or other programs do to become more effective—to reach more students, make prevention messages more convincing, recruit more partners who are not students to be tested and treated too? These are the types of data that are useful not only to a specific program, but to others as well. In some cases, data can be used to fund and support separate research studies that explore specific questions related to adolescents and STD.

At this stage in the planning process, consider the types of questions you and/or your partners and funders will want to answer after 1 year, 3 years and/or 5 years of your program. Imagine yourself, several years from now, ruefully saying, “I wish we had collected that piece of information from the beginning!” If you think ahead, you can.

If you plan to expand your program to other grades and schools, you will want to plan to collect similar data over time and in each setting, so that the data from each place and year can be compared. Thinking ahead about what you need to know now to make program decisions and what you might like to know down the road will help you design a data collection system that efficiently produces information for your immediate program management needs, as well as more ambitious evaluations down the road.

If evaluation is the “e-word” for you (as it is for many people), consider getting some professional evaluation advice from a colleague, university researcher or consultant who has more experience and can help guide your efforts. An evaluation does not have to be fancy or expensive to be useful, but it’s worth the investment of time and resources to get this part right from the start.

Making the Pitch

Chapter

5

Selling your program to fans and foes alike.

As you prepare your school-based screening program, you will be asked to answer questions from administrators, teachers, parents, students and community members. The information in this chapter will give you a head start on customizing the information that will be most useful in your own community.

This chapter lists some common key points about why school-based chlamydia screening is important and what its potential benefits are for schools, students and communities. It also lists some of the problems or questions that have come up in other programs, to help you anticipate these, and provides examples of materials and costs.

Why Is School-Based Chlamydia Screening Important?

This is really a two-part question:

- ◆ **Why is chlamydia screening important?** Armed with data about STD rates among young people in your community (see Chapter 2, Getting Started), let your audiences know some key facts to answer this first part of the question. Your goal is to convince at least some people that chlamydia is a threat to young people and that something can be done about it.
- ◆ **Why should chlamydia screening take place in *schools*?** The answer to this second part of the question involves several points about teens' health-seeking habits and opportunities, and the characteristics of the chlamydia screening and treatment process that make it relatively easy to administer in a school setting.

To summarize:

- Teens are unlikely to get routine medical care. Even when they do, doctors currently are doing a very poor job of identifying sexually active adolescents and screening those at risk.
- Teens who do get regular medical care are unlikely to seek help specifically for this condition, since most teens do not feel comfortable discussing their sexuality concerns with a doctor and because most chlamydia-infected people do not experience any symptoms.
- Even though chlamydia may not cause immediate discomfort, its consequences are very serious. In fact, the consequences of untreated chlamydia (and the costs) are serious enough to warrant testing and treatment.
- Luckily, a new accurate test requires only a urine sample (not a blood or tissue sample), and the disease can be treated effectively with just one dose of antibiotics.

In short: if you can find chlamydia, it can be treated, and the most efficient way to find chlamydia among teens is to screen them where they are already gathered—at school.

Teens who do have chlamydia and find out through a school-based testing program will benefit because their disease will be detected and treated. They will avoid the most serious health consequences, learn about how to prevent chlamydia and other STD in the future, and prevent transmission to other partners. They also will have an opportunity to learn about health tests and screening in general, and how these can prevent disease and/or its consequences.

Teens who do not have chlamydia also will benefit. They too will be educated about STDs and how to prevent them. Armed with better information, they can help educate their peers.



Important Facts About Chlamydia

- Chlamydia is a **common** but **curable** bacterial infection of the male and female genital tracts.
- It is the most common bacterial sexually transmitted disease and **rates are particularly high among teens** and young adults. In some communities, as many as 5 to 30% of adolescent girls who are tested may be infected.
- Most female and many males with chlamydia do not realize they have the disease, because they **do not experience any symptoms**.
- In women, untreated chlamydia infections may lead to **pelvic inflammatory disease (PID)**, a serious disease that affects the reproductive organs and leads to **infertility** (the inability to bear children). Chlamydia infections may also increase the risk of HIV infection.
- The test to detect chlamydia requires only a **urine sample** (not a blood sample).
- Chlamydia is **easily treated** with one dose of an antibiotic (azithromycin in a single dose).

What Are the Program's Benefits?

Professional marketers—the ones who convince you that you really do need a new car or that a burger and fries would be good for dinner—know that in order to sell something, people have to see a benefit that outweighs the sacrifice required. Selling a chlamydia screening program is no exception. What are specific benefits you can communicate to your various audiences?

Benefits for Students

Some of the benefits for both infected and uninfected students include the opportunity to prevent future consequences of chlamydia (for themselves and partners), to learn more about STDs and how to prevent them, and to perhaps even change their health-seeking behaviors.

Linking students to other services such as primary care, mental health, pregnancy prevention and substance abuse services can be another selling point.

Benefits for Schools

At least initially, some school personnel are likely to view a chlamydia screening program as something that takes away from valuable class time and/or has the potential to draw unnecessary controversy from parents and community members. Appeal to their interest in students' overall health and well-being. Emphasize the benefits to students, and how the school will have an opportunity to be a positive influence in this area of students' lives and provide important health services that are currently lacking.

Respond to concerns about scarce class time by offering to conduct screening at other times, such as during home room or after school. Offer connections to academic content, such as examples related to chlamydia and other STD that can be used by science, math, health and history teachers. Be sure to minimize the burden to schools by being organized, offering materials they can use (such as consent forms or informational materials for students and parents), and being available for questions.

Schools realize that they cannot provide many of the services that students need and want, due to resource constraints. When you offer this service at the school, you can meet a well-documented need, while minimizing the burden on the school.

Benefits for Communities

As part of a broader community, schools can have an influence beyond the students themselves. For example, because chlamydia disproportionately affects young people in many communities, a school-based screening program has the potential to affect overall infection rates.

By reaching out to adults connected to the school, such as administrators, board members, parents, teachers and the media, a school-based program can educate adults whose knowledge may be limited (but who may also be at risk of chlamydia and/or other STD).

In communities hungry for good news, a school-based chlamydia screening program can be at the center of a real success story—one that involves strong collaboration among schools and other partners, engages the entire school community, and, most important, shows results.



Put Benefits on Your Evaluation List

Want to know exactly how students, schools, and the community benefited from your program? Consider adding potential benefits to your evaluation design.

For example, surveys of students could ask them about their knowledge of chlamydia and other STD and how to protect themselves before and after the program.

The same survey could ask about attitudes towards health care, or discuss students' and parents' values about sexuality and health. A more elaborate research study could compare students who have been screened with those who have not, to see how their attitudes and behaviors differ.

Anticipating Tough Questions

Teens, sex and schools—no matter how terrific your materials and presentations are, someone probably will object to this combination of topics. (However, most of the program staff interviewed for this guide were pleased and surprised to face minimal or even no opposition from parents, school personnel and community members.)

This section reviews some topics that others have had to confront privately or publicly. The best advice is to be prepared.

“This is a research project that’s using our kids as guinea pigs.”

Especially among minority populations, the legacy of experiments such as the Tuskegee Study loom large. (In the Tuskegee Study, physicians unethically withheld treatment from African-American men infected with syphilis in order to study the course of the disease, without the patients' knowledge or consent.) An initial reaction to any type of screening program might be skepticism, mistrust or outright hostility.

Even though screening programs may have a research component, they are primarily delivering a service to students. Explain the process clearly—how you will obtain consent, that the program is voluntary, that only students will be told of their results, and that they will receive treatment immediately and confidentially if they are infected.

“We don’t need this program. Our kids aren’t having sex, so they’re not at risk.”

Many parents want to believe this, and they may even be right. The problem is that for many parents and their teens, there’s no way to be sure until it’s too late. Use the data you have to document STD rates among young people in your community, as well as teen pregnancy rates and other risk behaviors (such as drug and alcohol use) that are implicated in unprotected sex. Note that untreated chlamydia—which is likely, since most of those infected experience no symptoms—can lead to infertility. This is a high price for a teen to pay later in life for an easily detected and treated infection.

Emphasize the benefits to adolescents who are not at risk as well as those who are. If teens who are not currently at risk are tested along with their classmates who are at risk, they are making it easier and safer for their friends to access this service.

Those who are not currently at risk will learn about their own health and how to avoid chlamydia and other STD in the future, either through abstinence or safer sex practices. They also will be able to counsel friends who ask for advice. In the future when they do become sexually active, they will know how to protect themselves. The screening program can also provide a window of opportunity for discussions between parents and their teens about sexuality and health.

“Schools are for teaching and learning, not health tests and treatment.”

Health tests and treatment can be part of teaching and learning. The more students learn about STD and other aspects of health, the greater chance they will have for improved health throughout their lives.

If you are working with other classes to weave in materials about STD, for example, calculating prevalence rates in math class, studying the plague in history or learning about quarantine laws in social studies, let parents and community members know.

Emphasize how few opportunities adolescents have to obtain routine and confidential health care. The school’s health services may be their only opportunity to ask questions, get factual information, and obtain needed referrals and treatment. This is not only important in the short term, but may affect their attitudes towards health and prevention throughout their lives.

“Why can’t I see my child’s test results?”

Laws regarding parental consent are in a constant state of flux, with the trend moving toward more disclosure to parents. In anticipation of this question, be prepared with specific knowledge about your state’s consent laws. Explain, as appropriate, that consent laws are there to protect young people’s confidentiality so that fear of disclosure will not prevent them from seeking and obtaining needed health care. Young people are always free to discuss the results with their parents *if they so choose*.

Types of Materials

As your program develops, you may want to have several types of materials in your tool kit. These need not be glossy color brochures. Simple documents that can be photocopied or printed will usually do the trick.

A starter list of materials might include the following:

- ◆ **chlamydia fact sheet** giving basic information about symptoms, transmission, testing, treatment and prevention
- ◆ **questions and answers (Q&A)** about your program (These could be tailored for different audiences—parents, school administrators, teachers, students, community groups.)
- ◆ **talking points** for speakers representing your program
- ◆ **brochures** describing the program and how to get more information



Sample Fact Sheet and Q & A Sheet

A sample fact sheet and questions-and-answers sheet are provided in Appendix B.

Proposals for Funding

One specific way to package materials is as proposals you may write to potential funders, such as health departments, federal agencies, or local or national foundations.

Each funding organization has its own requirements, but the main elements usually include a background statement describing the problem, an approach to solving it (i.e., your program, including goals and methods), evaluation strategies and a budget.

Here are a few key points for your proposal outline.

Statement of the Problem

- ◆ chlamydia rates among adolescents and young adults in your community
- ◆ other markers of risk (other STD, HIV, alcohol and drug use, teen pregnancy rates)
- ◆ asymptomatic nature of chlamydia for most people infected
- ◆ implications of untreated chlamydia, especially for women
- ◆ lack of routine access to health care for adolescents

The Solution(s)

- ◆ **Opportunity:** Students can be screened by an accurate, noninvasive urine test and receive rapid, effective treatment with antibiotics.
- ◆ **Goals:** Offer screening and treatment in schools, where adolescents are already gathered; reduce infection rates; educate students about prevention; refer students to other needed services.
- ◆ **Methods:** School-based screening; partnership among schools, laboratory, health department and/or others; communication with parents; consent from students and parents; treatment and counseling.

Evaluation Strategies

- ◆ **Process measures:** How many students give consent; how many are tested; how many receive their results; how many are treated; how many partners are referred; how participation rates differ by grade, school, year, etc.
- ◆ **Outcome measures:** Whether chlamydia rates decreased and by how much, in which age groups, grades and schools.

Budget

- ◆ staff time—management, operations team(s), medical advisor, data manager, laboratory liaison, communications/PR, others
- ◆ printed materials (brochures, fact sheets, etc.)
- ◆ supplies—urine cups; ice chests; labels; incentives for students, nurses and others
- ◆ testing (estimated at approximately \$20 per test), and transport of urine specimens (in some cases, by courier)
- ◆ treatment (antibiotics)—about \$15-20 per dose for azithromycin or about \$2 per 1-week course of doxycycline (In some cases, medication can be provided through the health department.)

When asked for cost estimates, program staff offered a wide range—including \$20,000 per school, \$200-250 per identified case, and \$150 per student tested. Staff noted that the costs per student tested drop depending on volume, because so many staff costs are fixed.

Medicaid programs are currently in flux, but in school districts where a substantial portion of students are eligible for Medicaid or the state's version of the Children's Health Insurance Programs (CHIP), these programs can be billed for the test itself. Because reimbursement rates are currently double the actual cost of the test (which is approximately \$20), a 45% Medicaid-eligible student population would allow the program to break even.

If a Medicaid or other insurance reimbursement strategy is used, one issue to consider is which organizational entity will do the billing. Possibilities include the laboratory, the school clinic or the health department, among others.



A Cost-Benefit Example

A recent analysis of the costs and benefits of the New Orleans school-based chlamydia screening program found that the New Orleans program prevented an estimated 38 cases of pelvic inflammatory disease, along with \$119,866 in treatment costs (or \$1,524 in savings per prevented case of PID). The study's authors concluded, "School-based screening programs of this type are likely to be a cost-effective use of public funds and can reduce the burden of STDs among adolescents."¹¹



Grant-Writing Resources

For good ideas and advice on making a pitch to funders (especially foundations), try these helpful resources:

- *Writing for a Good Cause: The Complete Guide to Crafting Proposals and Other Persuasive Pieces for Nonprofits* by Joseph Barbato and Danielle S. Furlich (Fireside Books, 2000)
- *Grassroots Grants: An Activist's Guide to Proposal Writing* by Andy Robinson (Chardon Press, 1996)
- Association for Healthcare Philanthropy (AHP) offers education and publications programs tailored to the health field (www.ahp@go-ahp.org)

¹¹ Wang, L. Y., G. R. Burstein and D. A. Cohen. 2002. An economic evaluation of a school-based sexually transmitted disease screening program. *Sexually Transmitted Diseases* 29 (12): 737-745.

Making It Happen

Chapter

6

Partners, consent issues, screening, testing, results, follow-up, protocols, funding issues.

Partners

Whether administered by a school, a community organization, a health department, a university, or some combination of the above, it's clear that this type of program requires collaboration among several partners. No single organization can implement a successful screening program alone.

Working with the Schools

The key to making a chlamydia screening program appealing to schools is to minimize the burden on school staff. The more you can offer in terms of materials, an efficient operation, back-up for school nurses or clinics (e.g., when results are given), curriculum ideas for teachers and health education for staff, the higher your chances of an enthusiastic reception.

Even if you have identified a great champion in a teacher or school nurse, make sure you work through the school's chain of command, in both the administrative and school health hierarchies. For example, ask your teacher or school nurse ally to help you schedule an informational session with the principal and/or school health director to explain your program and ask what the school will need from you in order to make it happen.

Some teachers may resent the intrusion into class time, but others may welcome your ideas for incorporating the chlamydia screening program into existing class discussions. For example, during the week or month that screening will be held, teachers in various subject areas can reinforce the health education message.

Math teachers can help students calculate prevalence rates. History and social studies teachers can explore some of the many examples of infectious diseases and social and political responses to them. English teachers can assign essays on these topics. And of course science and biology teachers can

explore how disease is transmitted, how bacteria affect cells and other relevant topics.

Remember that teachers and administrators may share their students' lack of knowledge about chlamydia and other STD. Think of your health education audience as the students and the adults around them, including parents, caregivers, teachers and administrators. Informed adults can help answer students' questions when you are not on site, and they may also benefit individually from the information. (Adults are vulnerable to these diseases too, and statistics show that they engage in similar risk behaviors.)

Memorandum of Understanding (MOU)

To avoid misunderstandings, be clear about your expectations for each partner's contributions. A formal, written Memorandum of Understanding (MOU) is a good way to ensure that everyone has the same understanding about who will do what.

For example, let's assume your program is administered through the health department and will take place in schools. **A joint MOU might include what the schools agree to provide, such as:**

- ◆ distributing consent forms
- ◆ providing space and/or storage
- ◆ promoting the screening program
- ◆ providing a school liaison

In addition, the MOU would list the main service the health department would provide, such as:

- ◆ screening
- ◆ counseling
- ◆ written materials
- ◆ health education for students and staff
- ◆ aggregate reporting
- ◆ referrals (e.g., for drug use, HIV, or pregnancy testing)
- ◆ treatment
- ◆ adherence to confidentiality and consent laws



Sample MOU

The memorandum of understanding need not be a lengthy legal contract. An example of a 1-page MOU is provided in Appendix B.

Keeping Partners Informed

Whenever you reach a key milestone—the first screening event, the first crop of data, or even glitches such as false positives—be sure that your partners hear both good and bad news from you first. Routine updates can be accomplished through memos, presentations at regular meetings, items in newsletters and the like.

Similarly, staff and supervisors alike always appreciate thank-you notes or letters admiring a job well done.

Recruiting Students

First, students will need to know the basics of your program—why it is important (i.e., the basic chlamydia and STD information), how the screening works (a urine test followed by results and treatment), when it will take place, and where they can go for more information.

Students are likely to be most concerned about the confidentiality of their results. In most states, results for students as young as age 12 will not be released to parents. Most state laws also protect the confidentiality of test results by stating that they can only be shared with other medical providers with the patient's written permission (except for reporting to state health departments). Be sure that you have a clear understanding of current laws in your state and that students understand exactly who will be able to see their results and under what conditions. Regardless of state laws, encourage them to discuss their results with their parents.

Because the test is a urine test, some students may fear that the results also will be used for pregnancy or drug testing. Let them know that you are testing for chlamydia (and, if appropriate, for gonorrhea) and no other diseases or conditions. (However, let them know that other types of

screening tests are available if they have a specific concern such as HIV or pregnancy.)

Ideally, your program's health educator will have an opportunity to work with the school and individual teachers to schedule information sessions to reach all the students who will be offered screening at around the same time. In some cases, this will occur in an assembly-style format, while in other cases you may have to inform students on a class-by-class basis. Either way, be sure to leave enough time for questions and answers after the presentation, and bring plenty of handouts that students can refer to after you've gone.

If behavioral risk questions are asked of students for research purposes (e.g., to publish conclusions about trends, as opposed to simply taking a medical history), be sure to review your data collection instruments and strategies with an Institutional Review Board (IRB) to receive an approval or waiver.

As noted in Chapter 2, program staff interviewed for this guide recommend offering screening to *all* students, so that no one feels singled out.

Obtaining Consent

The type of consent you obtain from students and parents will depend on current state laws and school policies. **Typically, a consent form includes the following:**

- ◆ a brief description of the screening program (health education, noninvasive urine test) and why it is important (health consequences of untreated chlamydia)
- ◆ a clear statement that only the person tested (the student) will receive results and that students who test positive will be treated with antibiotics
- ◆ a person to contact with questions or concerns

Some schools obtain a “blanket” or passive consent at the beginning of the school year, which gives parental consent for a variety of educational and health services unless the parent specifically requests that the student not participate in a particular activity. This is particularly common for school-based clinics.

The flip side is active consent, which is obtained from parents for each and every service.

In most states and jurisdictions, parental consent is not required for STD diagnosis and treatment. However, some school health programs choose to obtain parental consent anyway, to make sure parents are informed and to avoid controversy after the screening has occurred. In the programs reviewed for this guide, staff were able to get high rates of parental consent—usually 85% or higher.

If consent forms are entered into a database along with other information before screening occurs, put a mechanism in place for double-checking the entries and/or manually checking consents as part of the screening process. Just one data entry error can have serious consequences if a student is tested against a parent's wishes.

It is understandable that program staff will want to keep participation rates as high as possible, which can mean obtaining high rates of parental consent. Remember that chlamydia and other STD screening programs are entirely voluntary. It is never appropriate to pressure students or parents to give consent. You may not agree with a parent's decision, but you must respect it on behalf of your program.



“Refusal” vs. “Decline”

Words matter. Train yourself (and your colleagues) to view a “no” on a consent form as someone declining services for now. Try to understand the source of the objection.

Persuasion, on the other hand, certainly has a place. For example, if students are responsible for taking consent forms to their parents and returning them to the school, some may simply forget to obtain signatures or may misplace the form. (This is a different situation from parental objections.)

To encourage students to do their part, you might offer a pizza party for the class with the highest rates of returned consent forms. (However, be cautious about incentives. Some program staff warn that incentives may inadvertently encourage students to forge parents' signatures, which can jeopardize the program.) Some programs contacted the parent by phone to obtain consent on the day of testing if a student did not have a signed form completed.

What are the options if parents do not give their permission for students to participate?

- ◆ Remember that the screening will be offered again if your program succeeds. Perhaps the parent and student will feel differently in the future.
- ◆ If a student wants to be tested but a parent has not given consent, refer the student to a local STD clinic, where parental consent will not be an issue.
- ◆ Try to prevent misunderstandings in the first place by offering a venue for answering parents' questions ahead of time (such as a back-to-school night) before screening occurs.
- ◆ Pay attention to the types of parental concerns and objections and assess whether your materials and presentations can help clarify issues or clear up any confusion.



Sample Consent Forms

Sample consent forms are provided in Appendix B.

The Screening

Once consent has been obtained, students can be tested. Be sure you understand what the laboratory requirements are for specimen storage, transport and identification, and design your screening event accordingly. (For more about the laboratory's role, see below.)

Although each program has its own approach depending on the school setting, staffing configuration, number of students screened at any one time, etc., the basics include:

- ◆ **Paperwork:**
 - a registration form (including locating information such as class schedule, home phone, cell phone, and/or pager so that students who test positive and do not return for their results can be reached (*Note:* Arrange a confidential message ahead of time in case the message is overheard.)

- additional data collection (in some cases), such as a confidential questionnaire about risk behaviors, which can be filled out while students are waiting
 - a log sheet on which staff record a student code or other identifying number, basic demographics (grade, date of birth, sex, race), medication allergies (if any), and whether or not the student has consented (if required)
 - adhesive labels with the student's code to match urine samples to student information (for giving results), preprinted if possible
- (*Note:* If the students will need a code to obtain their results (e.g., if they obtain results by phone), make sure it is something they will be able to remember easily and can devise on their own.)

◆ **Supplies:**

- urine specimen cups, to which identifying labels are attached
- container for storing urine specimens
- permanent markers to mark the level of urine required in specimen cups

◆ **Staffing:** Plan on 3 staff and at least 45-50 minutes for every 50 students. The staff members can cover:

- instructions/questions
- registration forms/questionnaires/consent checks
- specimens/labels/logging

◆ **Procedure:**

- Gather students in a classroom or assembly room near restrooms. Then have program staff explain the process, answer any questions and give instructions. For example, the students may be asked to complete registration paperwork (and any other questionnaires, etc.), and then approach the staff.
- Staff will confirm that a signed consent is on file (or whatever the program's policy is) and enter the student's code number on both a label (for the urine specimen) and the log sheet, along with any other information needed for the log sheet. Double-check an additional data item such as birth date in case any students have the same name.

- Ask students to urinate into the specimen cup and return the cup to the staff, who will then store it in the cooler until it can be refrigerated and/or transported directly to the laboratory.
- Inform students how long it will take to get their results, and how this will occur. (See the section on Providing Results on page 44.) A waiting area also provides opportunities for education and discussion as students are moving through paperwork and testing procedures.
- If possible, obtain a list of students who were absent so that they may be offered testing at another time or location. Likewise, students who could not be tested because their consent forms were not on file can be given another consent form and offered testing at another time or place.



Sample Testing Forms

A sample registration form, log form and behavior survey are provided in Appendix B.

The Laboratory's Role

The technological breakthroughs that make urine testing for chlamydia possible are the nucleic acid amplification tests (NAAT), which amplify DNA material in urine specimens. These tests can be used to detect both gonorrhea and chlamydia from urine. (Before this test was developed, screening tests for these diseases required that genital specimens, i.e. cervical or urethral, be collected.)

The laboratory's role is critical to the entire screening program. As noted in Chapter 2, an important early step is to identify a local laboratory with the capacity to handle the volume you anticipate, and the willingness to do so. In most cases, the cost will rule out private laboratories and link your program to public health (state or city) or university laboratories.



Guidance for Laboratories

CDC recently published a document that updates previous recommendations about screening and testing for both chlamydia and gonorrhea.¹² The recommendations offer specific technical guidelines for laboratories and summarize a number of studies conducted during the past decade.

For a copy, visit www.cdc.gov/std/labguidelines. Make sure colleagues at the laboratory have a copy too.

The laboratory director can help you determine the procedures to follow to get specimens to the laboratory and to get results back. Laboratory tests are regulated by the FDA and can only be conducted when test conditions are met, to help ensure that test results are accurate. For this reason, it is very important to meet the laboratory's requirements. If these requirements are not met, the specimens cannot be tested and the screening will have to be repeated. For example, one of the NAATs, the ligase chain reaction test (Roche or Beckton-Dickinson), currently requires that specimens be kept cool (in some hotter climates, refrigeration may be required) and be received by the laboratory within 4 days. (At that point, they may be frozen and tested later.) There are also other test methods that do not have to be kept cool, but may have other transportation requirements.

When you meet with the laboratory director, be prepared with the following:

- ◆ an estimate of the number of specimens you expect to require testing on, and a rough idea of the timing (e.g., School X in early October with 350 students; School Y in late October with 725 students, etc.)
- ◆ a staff member who will serve as liaison to the laboratory

From the laboratory, you will need to know the following:

- ◆ testing requirements that your program must meet (e.g., specimen storage, containers, labeling and transport)
- ◆ average turn-around times you can expect for test results
- ◆ information the laboratory will need in order to provide test results (e.g., copies of your log sheets)

12 Centers for Disease Control and Prevention. 2002. Screening tests to detect chlamydia trachomatis and Neisseria gonorrhoeae infections—2002. *Morbidity and Mortality Weekly Report* 51 (RR-15).

- ◆ the format in which results will be reported
- ◆ the laboratory's liaison to your program

The key to a smooth working relationship between a screening program and a laboratory is communication.

Providing Results, Treatment and Follow-Up

Once the laboratory tests are completed, you will face the task of letting the students who were tested know their results, positive or negative.

There are several mechanisms for doing this. In some school-based programs, students are given a sealed envelope with a note to see the school nurse. In other programs, students may call a toll-free 800 number and obtain their results by phone if they provide a 4-digit code that corresponds to their test result. Sometimes a health department disease control investigator will contact the student, especially if the school nurse has been unable to reach a student who tested positive for chlamydia. (In many cases, students who test positive for chlamydia are more likely to be difficult to find, either because they have dropped out of school or are avoiding hearing their results for other reasons.)

The mechanism that works best for your program will depend on the volume of testing, the prevalence of chlamydia, and the staff and resources available. Four key considerations should guide you: privacy/confidentiality, counseling content, treatment, and partner information.

Privacy and Confidentiality

Students are understandably concerned about who else will learn of their test results. State consent laws about disclosing adolescent health information to parents are in flux, so make sure you are current on your state's requirements. If your current state laws allow, as part of the consent process you may be able to guarantee that parents will only learn of their children's test results from the students themselves. Chlamydia is now a reportable disease in every state, so positive results will be reported to state health departments.

If all students are given test results, both positive and negative, then there should be less concern about being identified as infected or not. To protect students' privacy when they receive results, consider asking students to report to the guidance counselor's office (instead of the clinic or nurse's office). If the clinic or nurse's office is the only setting available, offer a pretext such as a hearing or vision test.

The matter of medical records is trickier. Of course, the nurse who treats a student with antibiotics will want to make a record of the treatment. In some schools and clinics, these records can be maintained separately (e.g., under lock and key at a central office, or at the health department, if treatment is given by a public health nurse) so that parents or other adults cannot have access to the records. School staff need to understand their access limitations to these records.

Counseling Content

Whether a student tests positive or negative for chlamydia, conveying test results is an opportunity to reinforce safer sex and/or abstinence messages to prevent future infections. In some programs, nursing or health education staff review student questionnaires about risk behaviors at the same time as giving the test results, to discuss any other health questions or behaviors that place the student at risk.

- ◆ **Messages for students who test positive:** Students who test positive should know that, although treatment is effective, they can be reinfected with chlamydia as well as other STD, including HIV, by the same partner or another partner in the future. Current and/or future infections may not result in symptoms, so for sexually active students a combination of safer sex and routine testing is recommended.

The nurse or educator can help students identify a risk reduction plan in which they identify the ways they can protect themselves in the future. (For example, sexually active students could discuss where to get condoms, and/or how to negotiate condom use with a partner. Even in schools that do not allow distribution of condoms or other contraceptives, students can learn where these methods are available.)



A Counseling Model

The CDC recommends a 2-session (15 to 20 minutes per session) “client-centered” counseling model for HIV and STD prevention that has been demonstrated to decrease the rate of new STD infections.¹³ A template for this strategy is summarized in Appendix C and a detailed description of the protocol can be found at www.cdc.gov/hiv/projects/respect/bcim.pdf.

For students with chlamydia, another issue is offering testing and treatment to their **partners**. In some cases, partners may not attend the same school (or, indeed, any school at all). In these situations, nurses and health educators can urge students to refer their partners to an STD clinic for testing and treatment.

Have referral cards and phone numbers available for this purpose, and let the clinic staff know that you are referring partners through your program. The same clinic can be a resource for future testing for the student, too. In partnership with the health department, your program may also be able to offer partner notification services, in which a trained disease investigator contacts the partner for the student, if he or she is not willing or able to do so. In some states, such as California, students who test positive are given extra medication to give to recent partners as a means of reducing reinfection.

- ◆ **Messages for students who test negative:** Students whose test results are negative but who are having unprotected sex are still at risk for chlamydia and other STD, and need the safer sex and/or abstinence message just as much (if not more than) those who test positive. In this sense, the counseling content is similar to that for students who test positive, except for the partner notification component.

Students who are not currently sexually active (or who say they are not) can still benefit from this information, so that they can protect themselves in the future and give accurate advice to peers who seek their help.

¹³ Kamb, M. L., M. Fishbein, J. M. Douglas et al. 1998. Efficacy of risk-reduction counseling to prevent HIV and STDs. *Journal of the American Medical Association* 280 (13): 1161-1167.

Treatment

The recommended treatment for chlamydia in adolescents is an antibiotic—either a single 1-gram dose of azithromycin or 1 doxycycline 100 mg pill every day for 7 days. Even though directly observed therapy is possible with azithromycin and poor compliance is a concern with doxycycline, studies show that actual cure rates are identical from both antibiotic regimens. The entire 1-week supply can be dispensed at the school, with the first dose directly observed by the nurse. Programs should consider using doxycycline instead of azithromycin if costs need to be cut.

As part of program planning, you will need to estimate the prevalence of chlamydia among the students tested through your program and make sure that enough doses of the antibiotic are on hand to treat students who have tested positive. Providers should have a back up plan for getting more antibiotics if their actual chlamydia rates are higher than anticipated.

Treatment considerations include:

- ◆ **Allergic reactions to medication:** In some programs, consent forms ask parents to note whether their child has ever had an allergic reaction to either azithromycin or doxycycline, or the related antibiotics erythromycin and tetracycline. The reported rate of allergic reactions to a single dose of azithromycin is less than 1 in 10,000.
- ◆ **Pregnancy:** Although doxycycline is contra-indicated for pregnant women, some researchers and physicians believe a 1-time treatment will not harm a developing fetus, and that curing the infection before it causes more damage and/or is transmitted to a child may outweigh this risk. Prescribing doxycycline to young women who may not know their pregnancy status is a decision to be considered and discussed with a program's medical advisor.
- ◆ **Prescription issues:** Know whether the school nurse can dispense treatment without a patient-specific prescription. In some programs, the nurse can do so under standing order from the program's Medical Director. In other cases, parental consent for screening includes consent for treatment if the student is infected.
- ◆ **Charting:** Consider how the treatment can be recorded in confidential medical records that allow the program to track treatment rates for infected students while protecting the students' privacy. Some programs

store records at the health department or at a central medical office so that they are not physically located within the school.

- ◆ **Other disclosure issues:** These include child abuse or statutory rape. In some cases, concern about reporting may keep students from seeking test results and/or treatment. Many young teenage girls who are sexually active have older partners and may fear getting their partners into trouble. In either case, staff need to know what they are required to report, and how.



False Positives

A false positive is the presence of a positive test result when the true result is negative (i.e., no infection).

Although NAATs are extremely accurate, false positives can and do happen, especially in low-prevalence populations. (This is more common with gonorrhea than chlamydia.)

If a student with positive results insists he or she has not been sexually active, offer to retest the student to be sure.

Since the single-dose treatment has no side effects for those who are not allergic to the antibiotic and the risks of not treating an infected person are great, presumptive treatment should be given.

Making It Stick

Evaluation and expansion.

Evaluation

As noted in Chapter 4, evaluation questions should be part and parcel of your entire planning process so that any data collection instruments capture what you need to know consistently, from the very beginning.

Evaluating your program's process (how many students participate, and how) and outcomes (the results of testing) is useful in several ways:

- ◆ for overall quality control and management—e.g., learning that participation rates differ markedly from one school to another; estimating exact costs and staffing configurations for future funding proposals
- ◆ for communicating success stories to schools, other partners and the community, such as the number of new infections treated or declines in chlamydia infection rates
- ◆ for demonstrating a successful track record to convince other schools to participate
- ◆ for communicating results to a wider audience through newsletters, published journal articles or other media



Sample Evaluation Measures

The New Orleans chlamydia screening project used the following evaluation measures to gauge the feasibility and yield of urine screening, as well as the program's impact on chlamydia prevalence:

- number and percent of students who **consented** to testing
- number and percent of students **tested** and **treated**
- prevalence of chlamydia infection among tested students (overall and by age and gender)
- percent of infected students who reported (in counseling sessions) that their partners were not other students—and the age difference between them
- incidence rate of chlamydia infection among students rescreened during subsequent screening events
- chlamydia rates from family planning and STD clinics (to compare teenage chlamydia rates in neighborhoods with participating schools and those without)
- chlamydia rates among new and returning students in participating schools

Expansion

Chapter 4, Making a Plan, repeated the advice of many program staff to start small with one or two pilot schools. With a well-designed evaluation and efficient data management system in place, you will be ready to take your first success story to more schools.

Truly, nothing succeeds like success. When school health staff can see evidence that a school-based chlamydia screening program works—that it can be accomplished with minimal disruption to school routines, with high participation and consent rates, and with reductions in infection—they will be eager to replicate the results in their own schools.

Schools are indeed a logical place to screen adolescents and to impart an STD prevention message. If your program is expanding, consider other settings as well—juvenile detention facilities, shelters for runaway youth or community-based drop-in centers.

Noting Successes

Don't forget this important step—celebrate your success. Implementing and sustaining a program takes years of effort and often involves frustrations and sacrifices along the way. Public recognition for everyone who made it possible need not wait for your final piece of data, especially if you plan to continue the program in subsequent years.

Your success may also expand beyond screening programs for chlamydia and other STD. Successful partnerships can create the trust and relationships among schools, community-based organizations, health departments, managed care organizations, and universities that can make your next project go even smoother, as you work to make the lives of adolescents healthier and happier.



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Sample Materials

Sample Resolution

Sample Chlamydia Fact Sheet

Sample Questions & Answers

Sample Memorandum of Understanding

Sample Consent Forms

Sample Registration Form

Sample Behavior Survey

Sample Log Form

Sample Resolution

STD Awareness Month—April 1999

Commissioner Eddie Y. Chin

Whereas: Adolescents in San Francisco have the highest rates of Sexually Transmitted Diseases (STD) of any age group; and

Whereas: 1998 Chlamydia rate of infection is 2,210.9 cases per 100,000 in San Francisco, which is 6.6 times greater than adults, and

Whereas: 1998 Gonorrhea rate of infection is 613.7 cases per 100,000 adolescents in San Francisco, which is 1.6 times greater than adults; and

Whereas: More than 80% of adolescents will not know they are infected because they do not have symptoms; and

Whereas: Undetected and untreated infections can cause sterility (not being able to produce children); and

Whereas: The annual cost of chlamydia and its consequences in the United States is more than \$2 billion; and

Whereas: Every dollar spent on STD screening and treatment saves \$12 in complications that result from untreated chlamydia; and

Whereas: The Center for Disease Control and Prevention recommends chlamydia screening for sexually active adolescents at least annually; and

Whereas: Maintaining and protecting all aspects of the student's health is critical in their ability to learn and study; and

Whereas: A child infected with an untreated STD could develop medical complications that would greatly affect his/her ability to focus on learning; and

Whereas: The San Francisco Department of Public Health, STD Prevention and Control, in collaboration with the San Francisco Unified School District Health Programs will be piloting free, voluntary and confidential STD testing and prevention counseling during the month of April. Pilot screening sites included Balboa High School, Downtown High School, Raoul Wallenberg and Washington High School.

Therefore Be It Resolved: That the Board of Education of the San Francisco Unified School District hereby designates April as STD Awareness Month in the San Francisco Unified School District. The board of education would like to promote and announce their support in the efforts of the collaboration of the San Francisco Department of Public Health, STD Control and Prevention Services, and the San Francisco Unified School District Health Programs to increase awareness of STDs among students and to provide access to testing, treatment and education of STDs.

Sample Chlamydia Fact Sheet

Chlamydia (cla-MID-ee-ah) is a sexually transmitted disease (STD). It is caused by a type of bacteria or germ.

How Do People Get It?

Chlamydia is spread from one person to another during vaginal, anal and oral sex. It can be spread to the eyes by touching fluids from the vagina or penis and then touching the eyes. It can also be passed from an infected mother to her baby during childbirth. Babies can get eye or lung infections during birth.

What Are the Symptoms?

About 75% of women and 50% of men with chlamydia have no symptoms. If they appear, symptoms show up 1 to 4 weeks after having sex.

Here's what to look for:

Men

- ◆ Discharge (drip) from the penis, or stained underwear
- ◆ Burning or pain when urinating (peeing)
- ◆ Pain or itching around the head of the penis
- ◆ Urinating more often
- ◆ Swollen, tender testicles

Women

- ◆ Discharge from the vagina
- ◆ Burning or pain when urinating (peeing)
- ◆ Pain and itching of the vulva or vagina
- ◆ Pain or cramps in the abdomen (lower belly)
- ◆ Bleeding between periods or after having sex
- ◆ Pain when having sex

Even if symptoms go away, the person is still infected and can pass chlamydia to a sex partner.

Is It Serious?

Yes. If you have chlamydia and don't get treated, it can spread. It can cause pain and permanent damage to the reproductive organs. Chlamydia can make women and some men unable to have children.

Untreated chlamydia is a common cause of pelvic inflammatory disease (PID) in women. PID can damage a woman's sex organs and make her more likely to have a tubal pregnancy.

How Do You Know if You Have It?

The only way to know for sure if you have chlamydia is to be tested. Any person who is sexually active should be tested for chlamydia and other STD.

The test for chlamydia is a simple urine test. The test is painless and private.

How Is It Treated?

Chlamydia is treated with antibiotics. The clinic, doctor or nurse will give you medicine. It's important to take all the medicine. Chlamydia can come back if you don't.

Avoid having sex for a full week after treatment. Your sex partner needs to be told and treated too. Otherwise he or she could give chlamydia to someone else or back to you.

How Do You Keep from Getting It?

- ◆ **Don't have sex.** Not having sex is the best protection against chlamydia and other STD. People can choose to be abstinent even if they've had sex in the past.
- ◆ **Use latex condoms every time.** Condoms help protect you from STD, including chlamydia.
- ◆ **Plan ahead.** If you are thinking about having sex be sure to:
 - Talk to your partner about STD.
 - Get an STD checkup and be sure your partner does too before you have sex.
 - Talk about how you will protect yourselves.
- ◆ **Don't use drugs or alcohol.** They affect your ability to make smart and safe decisions about sex.

Chlamydia Screening Program

Sample Questions & Answers

It is helpful to develop a sheet of questions and answers about your particular program. This sheet can be used when discussing the program with parents, administrators and other educators. Each school should tailor the questions and answers to reflect its program. A sample is outlined here.

What is the program about?

The Chlamydia Screening Program was set up to educate students about sexually transmitted disease (STD) and to provide testing, diagnosis and treatment of chlamydia, a common bacterial STD.

Why is it important?

Nearly 4 million teenagers get a sexually transmitted disease (STD) each year, and 25% of all new STD cases occur among young people ages 15 to 19.

Chlamydia is one of the most common STDs among teens. However, about 75% of women and 50% of men with chlamydia have no symptoms. A majority of young people who have chlamydia have no symptoms and do not know they are infected.

Untreated chlamydia can be passed to a sexual partner. It can also cause permanent damage to the reproductive organs. Chlamydia is caused by bacteria and is easily treated with antibiotics. But teens need to know they are infected in order to seek and receive treatment.

What does the program provide?

(Note: Adapt to reflect your particular program.)

- ◆ Presentations about STD, including common types, modes of transmission, testing, treatment and prevention for students, school staff and parents.
- ◆ Risk assessment and counseling to individual students to help them assess their risk for STD and make a plan to protect themselves.
- ◆ Free on-site chlamydia testing for all students at the school. The test is private and noninvasive. Students provide a urine sample, which is sent to a lab for testing. Results are back in 10 days, and students are notified directly and confidentially.
- ◆ Treatment and medical referrals for any students testing positive for chlamydia.
- ◆ Incentives and rewards, such as movie tickets, gift certificates or novelty items to encourage participation in the screening program.
- ◆ Health education materials, including fact sheets and posters about STD.
- ◆ Training for school staff and peer educators on STD risk assessment and counseling skills.
- ◆ Special activities such as tours of local health clinics to encourage students to access care and discuss careers in the health field with medical professionals.

(continued)

Chlamydia Screening Program

Sample Questions & Answers *(continued)*

What does the school need to provide?

All program materials are provided at no cost to schools.

The school will need to:

- ◆ Appoint a contact person for the program.
- ◆ Designate an area for the screening, such as a classroom located near a restroom.
- ◆ Set up a confidential room for counseling and results disclosure.
- ◆ Secure parental consent.

What about parental consent?

Parents must sign a consent form for students to participate in the program. Only students whose parents sign the consent form will be tested. Program staff will need to be informed of any students who are excluded from receiving sensitive materials.

What about parental consent?

Parents must sign a consent form for students to participate in the program. Only students whose parents sign the consent form will be tested. Program staff will need to be informed of any students who are excluded from receiving sensitive materials.

Which students should be involved and why?

To help ensure confidentiality, all students should participate, regardless of their sexual experience or behavior. Even students who are sexually abstinent will benefit from the information given.

Many students do not know about or are misinformed about chlamydia and other STD. Most infected students are not aware of the infection and have no symptoms.

(Note: This is a good place to provide local data about infection rates from the health department. If local data is not available, national rates may be cited instead.)

Sample Memorandum of Understanding

Between San Francisco Department of Public Health (SFDPH) STD Prevention and Control

and

San Francisco Unified School District (SFUSD)

For Provision of STD Education and Screening Services

This MOU outlines our respective agreements between SFDPH STD Prevention and Control Services and the SFUSD in the provision of STD education and chlamydia (CT) screening.

San Francisco Unified School District and/or individual schools agrees to the following:

- ◆ Be responsible for the distribution of parental notification and consent of screening session.
- ◆ Notify SFDPH screening coordinator of students who can not participate in screening session.
- ◆ Provide space and storage (if available) for screening session.
- ◆ Promote screening sessions to students including distributing of flyers, posting of announcements and announcing activity over PA system prior to sessions to ensure high participation.
- ◆ Maintain confidentiality of students participating in activity.
- ◆ Provide name of school representative to notify students of follow-up needed by DPH.

The STD Prevention and Control Services Program agrees to the following:

- ◆ Provide the agreed upon chlamydia screening to all students on a regular basis.
- ◆ Provide STD risk assessment and reduction counseling on request.
- ◆ Provide written material including parental notification/consent, STD information (reviewed by SFUSD) and other education materials that can be reproduced by SFUSD for distribution to students.
- ◆ Provide STD health education presentation if requested by SFUSD staff.
- ◆ Provide statistical report on the number of students testing, rate of positive tests and other data collected.
- ◆ Adhere to Health and Safety Code, California Code of Regulations, Family Code (#6926) which allows individuals 12 years and older to access STD testing and treatment without parental consent.
- ◆ Provide referrals to students for appropriate agencies in seeking care including treatment of STD, mental health and substance abuse counseling and primary care.
- ◆ Maintain confidentiality of all students participating in screening sessions.
- ◆ Ensure SFDPH staff has been fingerprinted as required by DPH hiring protocol and SFUSD.

The SFDPH, STD Prevention and Control Services and SFUSD, Health Programs Department each have the option to cancel this agreement with 30-day notice. STD Prevention and Control may opt to cancel agreement should the funding for these activities be reduced or restricted, if STD prevalence rates are consistently below the minimum rates required by this agreement, or if the screening sites fail to comply with program protocols.

Signature

Date

Signature

Date

Sample Parent/Guardian Consent Form

Dear Parents/Caregivers/Guardians

The Department of Public Health in collaboration with the School District will be at our school to provide information and pilot a health screening project for our students. Materials available have been reviewed by the School Health Programs.

The consequences of undetected and untreated STD are serious. New urine tests allow easy screening without pelvic exams or uncomfortable swabs. In an effort to find these hidden infections, we will allow the Department of Public Health to offer voluntary testing for our students.

While the State Health Code allows individuals 12 years or older to seek testing and treatment of STD, we are notifying parents/guardians of this opportunity to participate in the STD pilot program. Due to medical confidentiality laws, results can only be disclosed to individuals who have been tested.

Participation in this program may include receiving information regarding STD, counseling in reducing or eliminating risk and urine testing.

The Department of Public Health will have:

- ◆ Fact sheets about sexually transmitted diseases
- ◆ STD pamphlets
- ◆ Health care provider referral list

If you have any questions or concerns about this project, contact _____ at _____

Tear off and return to homeroom teacher

I give my permission for my child _____, to participate in the STD Screening Project. Participation may include receiving information regarding sexually transmitted diseases, counseling in reducing or eliminating risks for STD and voluntary urine testing for STD. I am aware that State Health Code allows for individuals age 12 and older to seek testing and treatment for STD without parental consent. I am aware that State Medical Record Confidentiality laws forbid disclosure of test results to anyone other than the individual who is testing.

Student's Name (Please Print) _____

Parent/caregiver's Name (Please Print) _____

Parent/caregiver's Signature _____

Date _____

Home Phone (_____) _____

Work Phone (_____) _____

Sample Registration Form

Department of Public Health

STD Prevention and Control

High School Screening Program

- ◆ Please complete form.
- ◆ Provide the best way for us to contact you **privately** if your test result is positive. **Results are given to you only.**
- ◆ Return form to staff.

for office use only:

Date:		
Screening Site:		
Test	Done	Result
CT		
GC		

Please Print Clearly

Name: (Last)	(First)	Date of birth:	Age:
Best time to contact you:	Home phone number:	Pager/cell #:	Message #:
Home Address (Number)	(Street)	City	Zip code
Emergency contact (Relative/Friend)		Contact phone	Pager #
Contact's home address		City	Zip code

1. What is your gender? <input type="checkbox"/> Female <input type="checkbox"/> Male	2. What is your sexual orientation? <input type="checkbox"/> Straight <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Refused	3. What is your race/ethnicity? <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander (please specify) _____ Other: (please specify) _____
4. For women only: Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	5. Are you having any of the following symptoms or signs? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>(If yes, check all that apply.)</small> <input type="checkbox"/> Discharge <input type="checkbox"/> Pain or burning with urination <input type="checkbox"/> Abnormal bleeding <input type="checkbox"/> Lower abdominal pain <input type="checkbox"/> Would like to discuss with health counselor	

6. Where do you receive medical care? _____ None

7. **Would you like a confidential appointment to discuss your results?** Yes No

8. Are you sexually active? Yes No

I hereby give the Department of Public Health consent to perform a urine test for chlamydia screening. It has been explained to me that in the event of a positive test result, I will be asked to receive a physical exam when I seek treatment. To the best of my knowledge, the above information is correct.

Client Signature: _____

Date: _____ Staff Initials: _____

Sample Behavior Survey

Today's Date: ___/___/___ Date of Birth: ___/___/___ Lab Form Number: _____

Student ID: _____ Sex: Male Female Grade: _____

Ethnicity: African American American Indian Asian Hispanic White Other

1. Are you allergic to azithromycin or cefixime?

Yes No Don't know, never took them

2. Are you pregnant?

Yes No Don't know No, I am a male

3. Do you participate in any after-school activity or do you plan to participate in any later this school year?

Yes. I participate or plan to.
 No. I don't participate and don't plan to.

4. What after-school activities do you participate in that are not sponsored by the school?

None Sports Music Dance
 Arts Religious Volunteer Work Other

5. Do you work to earn money after school?

Yes No

6. How many hours do you work each week?

0 1-5 6-10 11-15 16-20
 21-25 26-30 31-35 36-40
 more than 40 hours

7. Which adults do you live with most of the time?

Mother only Father only Mother and father
 Other family member/guardian

8. How many days a week do you take care of yourself in the afternoon or evening after school without an adult being there?

0 days 3-4 days
 1-2 days 5 days

9. On average, how many hours each day do you take care of yourself in the afternoon or evening after school without an adult being there?

0 hours 3 hours 6 hours or more
 1 hour 4 hours
 2 hours 5 hours

10. How old were you when you had sexual intercourse for the first time?

I have never had sexual intercourse
 Less than 13 years old 15 years old
 13 years old 16 years old
 14 years old 17 years or older

11. During your life, with how many people have you had sexual intercourse?

I have never had sexual intercourse
 1 person 4 people
 2 people 5 people
 3 people 6 or more people

12. During the past 3 months, with how many people have you had sexual intercourse?

I have never had sexual intercourse
 1 person 5 or 6 people
 2 people 7 or more people
 3 or 4 people

How do you agree with these statements (13-17)?

13. I feel close to people at this school

Strongly Agree Agree
 Neither agree nor disagree
 Disagree Strongly disagree

14. I feel like I am part of this school.

Strongly Agree Agree
 Neither agree nor disagree
 Disagree Strongly disagree

15. I am happy to be at this school.

Strongly Agree Agree
 Neither agree nor disagree
 Disagree Strongly disagree

16. I feel safe in my school.

Strongly Agree Agree
 Neither agree nor disagree
 Disagree Strongly disagree

17. I feel safe in my neighborhood.

Strongly Agree Agree
 Neither agree nor disagree
 Disagree Strongly disagree

Please provide us with a confidential 4-digit code number: _____

Thank you! Staff initials _____

Sample Log Sheet

Run #: _____ Date Collected: _____ School: _____

Position	Code	Grade	DOB	Sex	Race	Allergy	Antibiotic	Dipstick	Ct LCR	Gc LCR	Symptom	Med Care	STD Test	Preg.	Void/2hr
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															

Urine Prep Date _____ Lot # _____ Exp. Date _____ Date Complete _____
 Amp. Date _____ Lot # _____ Exp. Date _____ Initials _____



CDC's Client-Centered HIV Prevention Counseling Model

Step	Goal	Counseling Skills
Session 1: (15 to 20 minutes)		
Personalized risk assessment	An indepth discussion encouraging client to identify, understand and acknowledge the range of his or her own behaviors and circumstances that put the client at increased risk of acquiring HIV.	Nonjudgmental attitude; empathy; positive regard; use of open-ended questions to better elicit range of risks; attentive listening; addressing dissonance or ambivalence; conveying a sense of concern and urgency.
Exploration of previous risk reduction efforts	A discussion of previous attempts to reduce risk, including the successes and challenges that occurred in prior efforts.	Use of both open-ended and directed questions to understand range of risk reduction behaviors; reflection; encouragement and support; motivation; positive reinforcement.
Exploration of current risk reduction options	Engaging the client in a focused exploration of personal risk reduction options.	Attentive listening.
Negotiation of a risk reduction step	Encouraging client to identify and commit to a single, explicit step to reduce risk. The step should be concrete, specific, incremental and achievable.	Roleplay scenarios; skill-building exercises; problem solving.
Session 2: (15 to 20 minutes)		
Provision of test results	Provide HIV results in simple and clear terms, exploring to ensure the client understands the results.	Ask client to reinterpret; attentive listening; directed questions.
Discussion of risk reduction step	A detailed discussion of the risk reduction step, including successes and challenges that occurred and evaluation of the effectiveness of the plan.	
Negotiation of further risk reduction steps	Based on previous step, help client identify and commit to additional (and perhaps more challenging) small steps on way to larger risk reduction goal.	Roleplay scenarios; problem solving; skill-building exercises; addressing dissonance or ambivalence.
Referral to other services	Based on ongoing risk, provide appropriate referrals (e.g., medical support services, prevention case management, partner notification, ongoing prevention counseling, etc.)	Referral sources in community.

Stop Chlamydia Among Teens!

This guide gives you practical advice for starting a school-based chlamydia screening and treatment program. It offers strategies and tips from successful programs around the country to strengthen your efforts.

Why It's Important

- Chlamydia is the most commonly reported infectious disease in the U.S.
- The majority of chlamydia cases occur among adolescents and young adults. Many teens don't know they are infected.
- The long-term health consequences of untreated chlamydia are very serious.
- Chlamydia is easily detected and treated. New advances make it practical to test and treat teens in schools.
- Finding and treating chlamydia among teens will not only significantly lower the disease rate, but provides an excellent opportunity to discuss sexual health and alter risky behaviors.

This Guide Helps You:

- **Assess** the need for a chlamydia screening program in your community.
- **Form a team** of potential supporters.
- **Plan** the program.
- **Make the pitch** to win support from community members and funders.
- **Implement** the program, including recruiting students, obtaining parental consent, conducting the screening, and providing results, treatment and follow-up.
- **Evaluate** the process and outcomes.
- **Expand** your successful program to more students and schools.

Chlamydia can be treated!
Protect students from this dangerous STD!