

INDIAN HEALTH SERVICE

National STD Program

**Starting a School-Based
Chlamydia Screening
Project in Indian Country**

*Developed in collaboration with the Centers for Disease Control and Prevention,
National Center for HIV/AIDS, STDs & TB Prevention,
Division of STD Prevention*

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- ◆ the original School-Based STD Screening in Indian Country Workgroup members (see [Appendix A](#))
- ◆ pilot sites and partners
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 - tribes
 - state and county departments of health
 - Bureau of Indian Affairs
 - Indian Health Service

For an electronic copy of this document or to learn more about the IHS National STD Program, visit: <http://www.ihs.gov/medicalprograms/epi/index.cfm>.

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Goal

The goal of this guide is to help communities in rural Indian Country* implement school-based chlamydia screening projects.

Audience

Many different types of individuals and organizations share an interest in preventing sexually transmitted diseases (STDs) among adolescents, including students themselves, parents, teachers, health care providers, and other entities and organizations. Regardless of who initiates the idea for screening, it is imperative that all stakeholders are brought together into a multi-disciplinary group; this group will be responsible for deciding whether and how a school-based screening project will be implemented in the community. Since the project is school-based, a strong and early role for the local schools is critical.

Background

In 2005, Education, Training and Research Associates (ETR), a non-profit organization with considerable expertise in adolescent health issues, published *Starting a School-Based Chlamydia Screening and Treatment Program*.[±] ETR developed the guidelines to share findings and recommendations from several successful school-based screening projects in Chicago, New Orleans, San Francisco, and St. Paul. These projects were rigorously evaluated and found to be effective at diagnosing and treating chlamydia in school settings. The ETR guide provided schools with a step-by-step process for implementing school-based screening projects.

IHS National STD Program staff reviewed the ETR guidelines and convened a workgroup of experts in the field of adolescent health, STDs, and health care delivery in Indian Country (a list of the original work group members is included in [Appendix A](#)). The workgroup reviewed the ETR guidelines and determined that a modified version would better meet the unique needs of Indian Country. After discussions with senior staff at ETR, the IHS National STD Program was encouraged and given permission to tailor the existing guidelines for school-based settings in Indian Country.

In creating this guide, we wanted to provide concrete examples from Indian Country where screening had been implemented or attempted. Many of the lessons learned from these efforts are included in [Appendix B](#).

* Although these guidelines were developed with rural Indian Country settings in mind, they may also be of benefit to schools serving AI/AN students in urban settings. Urban settings should also review the original ETR guidelines.

[±] The ETR guidelines—and many other valuable educational materials for adolescent reproductive health care issues—can be ordered through the ETR website: <http://pub.etr.org>.

STDs & Adolescents: What are the Key Determinants and Public Health Concerns?

School-based chlamydia screening and treatment projects, 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. Yet, the need to work through and past these concerns is critical to address STDs, which are very prevalent in the adolescent population and present a serious public health challenge. Although much progress has been made in preventing, diagnosing, and treating certain STDs in recent years, the Centers for Disease Control and Prevention (CDC) estimates that 19 million new infections occur each year, almost half of them among young people ages 15 to 24.¹ In addition, STDs are not only physically and emotionally costly, but also pose a financial drain, with direct medical costs due to STDs in the U.S. estimated at \$13 billion annually.²

Even more alarming are the racial/ethnic and age disparities in STD rates; people from communities of color, including American Indian and Alaska Natives (AI/AN), have higher rates of STDs than the total population.³ In 2005, AI/AN youth (15-19 year olds) had the second highest rates of chlamydia, gonorrhea, and primary and secondary syphilis compared to other racial/ethnic groups.⁴

Teens (regardless of race) are at greater risk for STDs because they often have unprotected sex, are biologically more vulnerable to infection, change partners frequently, and have more difficulty accessing health care. Clinicians who care for teens can provide a critical role during clinic visits by addressing misconceptions about STDs, offering reproductive health education, linking them to other needed services, encouraging them to develop healthy sexual behaviors,⁵ and screening for and treating STDs.

AI/AN youth on reservations and in rural settings face barriers in accessing confidential and comprehensive reproductive health services. Unfortunately, AI/AN youth in urban settings do not fare much better.⁶ If you are reading this, you are probably already concerned about the rates of STDs or chlamydia among young people in your community or tribe. Key factors in the high STD rates among adolescents includes poor access to services (due to a lack of insurance or other ability to pay), lack of

¹ Weinstock H, Berman S, Cates W. Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health* 2004;36(1):6-10. Available at: <http://www.guttmacher.org/pubs/journals/3600604.pdf>.

² Chesson HW, Blandford JM, Gift TL, Tao G, Irwin KL. The estimated direct medical cost of STDs among American youth, 2000. Abstract P075. 2004 National STD Prevention Conference. Philadelphia, PA. March 2004.

³ American Social Health Association. *State of the Nation 2005: Challenges Facing STD Prevention in Youth—Research, Review, and Recommendations*. Research Triangle Park, NC:ASHA, 2005. Available at: http://www.ashastd.org/pdfs/ASHA_05.final.pdf.

⁴ Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2005 Atlanta, GA: U.S. Department of Health and Human Services, November 2006. Available at: <http://www.cdc.gov/std/stats/default.htm>.

⁵ CDC. 2002 STD Treatment Guidelines, available at: <http://www.cdc.gov/std/treatment/1-2002TG.htm#Reporting&Confidentiality>, accessed 2/7/2006.

⁶ Urban Indian Health Institute. The Health Status of Urban American Indians and Alaska Natives, available at: <http://www.uihi.org/reports/2004HealthStatusReport.pdf>, accessed on 2/7/2006.

transportation, discomfort with facilities and services designed for adults, and concerns about confidentiality.

Why Screen for Chlamydia?

In 2005, chlamydia was the most commonly reported infectious disease in the U.S., and most cases were in adolescents and young adults.⁷ Despite this occurrence, teens who seek medical care are unlikely to be screened for chlamydia. 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 STDs or pregnancy with the provider.⁸

Most infected women (and many men) experience no symptoms when infected with chlamydia, so most cases remain undiagnosed and unreported. This means that the true number of people infected with chlamydia is probably much higher than the number of reported cases—perhaps as high as 3 million new cases each year.⁹ The long-term health consequences of undiagnosed chlamydia are serious, particularly for women. Untreated chlamydia can lead to chronic pelvic pain, pelvic inflammatory disease (PID), ectopic pregnancy, infertility, and increased risk for HIV infection. Fortunately, chlamydia is easily detected and treated, especially with the advent of noninvasive urine screening tests and antibiotics to treat it quickly and effectively.

To address the high rates of chlamydia in adolescents and the serious complications of untreated disease in women, CDC and several other national organizations recommend that *all sexually active women 25 years of age and younger be screened annually for chlamydia.*

What about other STDs?

This guide focuses on chlamydia because of its prevalence and long-term adverse health consequences that result if it is left untreated. Some school-based screening projects screen for gonorrhea along with chlamydia, since the same urine specimen can be used at a minimal additional cost. However, gonorrhea is much less common than chlamydia. Each community must decide whether or not to screen for gonorrhea or other STDs based on prevalence rates and budget. STDs, such as syphilis, hepatitis B, human papillomavirus (HPV), and herpes, are much more difficult to screen for in a school-based setting and will not be discussed in this guide. CDC's *STD Treatment Guidelines, 2006* has screening recommendations for all STDs (<http://www.cdc.gov/std/treatment/2006/rr5511.pdf>).

⁷ Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2005 Atlanta, GA: U.S. Department of Health and Human Services, November 2006. Available at: <http://www.cdc.gov/std/stats/default.htm>.

⁸ Burstein GR, Lowry R, Klein HD and Santelli JS. 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.

⁹ 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.

How the Guide Is Organized

The chapters in this guide cover 6 broad steps, in an easy to use step-by-step order. Some of these overlap, and, depending on your community, tribe, and current school-based health activities, may not occur in this sequence. 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.

- ◆ **Getting Started** covers basic information about assessing the need for a chlamydia screening project.
- ◆ **Forming a Team** identifies potential allies, champions, and buffers—people from the tribe and community who can help get the project going and respond appropriately and factually to community concerns.
- ◆ **Making a Plan** describes the main components of the project.
- ◆ **Making the Pitch** suggests some ideas for winning the support of partners, other stakeholders, and funding sources.
- ◆ **Making It Happen** describes the nuts and bolts of arranging and implementing a screening and treatment project.
- ◆ **Making It Stick** offers suggestions for evaluating the process and its outcomes, as well as possible expansion to other students, schools, or settings.

2

Getting Started

To begin, the screening team (which will be discussed further in [Chapter 3, *Forming a Team*](#)) must find out as much as it can about chlamydia and other STD rates among adolescents in the community. Data is power and can be used to drive decision-making and to persuade stakeholders of the need for wider chlamydia screening in non-clinical (i.e. school) settings. Once the team has gathered the necessary information, it must decide whether screening is a worthwhile pursuit for the community at this time. The costs and benefits of STD screening are not static, but vary over time and from one community to the next.

How Do I Get STD Data for my Area?

Getting local STD data for AI/AN can be challenging, especially for adolescents. Start with the IHS, tribal health, or urban Indian health facility that serves your community. The idea is to document the chlamydia rates among adolescents in your community and then show how those rates compare to similar groups of adolescents; try to get data that corresponds as closely as possible to the youth in your own community, but be prepared to extend that data to the county, state, IHS Area, region, etc.

Service Unit-Level Data

Speak to the data analysis staff at your local IHS or tribal service unit to determine what kind of chlamydia data they have that you can access. This could be:

- ◆ Chlamydia* positivity rates by sex and age[±] for last calendar year.
- ◆ Stop Chlamydia Project data.[¶]

Positivity Rates

Positivity rates are determined by a simple calculation using the number of people screened or tested for chlamydia during a defined time frame in the denominator and the number of positives in the same time frame in the numerator.

For example, if 100 people were screened for chlamydia and 10 tested positive, this would be a 10% positivity rate.

$$\frac{10}{100} = .1 = 10\%$$

* ICD-9 codes for chlamydia trachomatis are: 099.41 - chlamydia trachomatis; 099.50 - 099.59 - Other venereal diseases due to chlamydia trachomatis; V73.88 - special screening for other chlamydial diseases; and V73.98 - special screening for unspecified chlamydial diseases

[±] Standard age groups are: 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-54, 55-64, and 65+

[¶] Stop Chlamydia is a project of the IHS National STD Program in which participating project sites submit chlamydia positivity data in exchange for azithromycin, the medicine used to treat chlamydia. To find out whether your facility participates in Stop Chlamydia, contact the STD Data Manager (505-248-4132). For general project information, visit

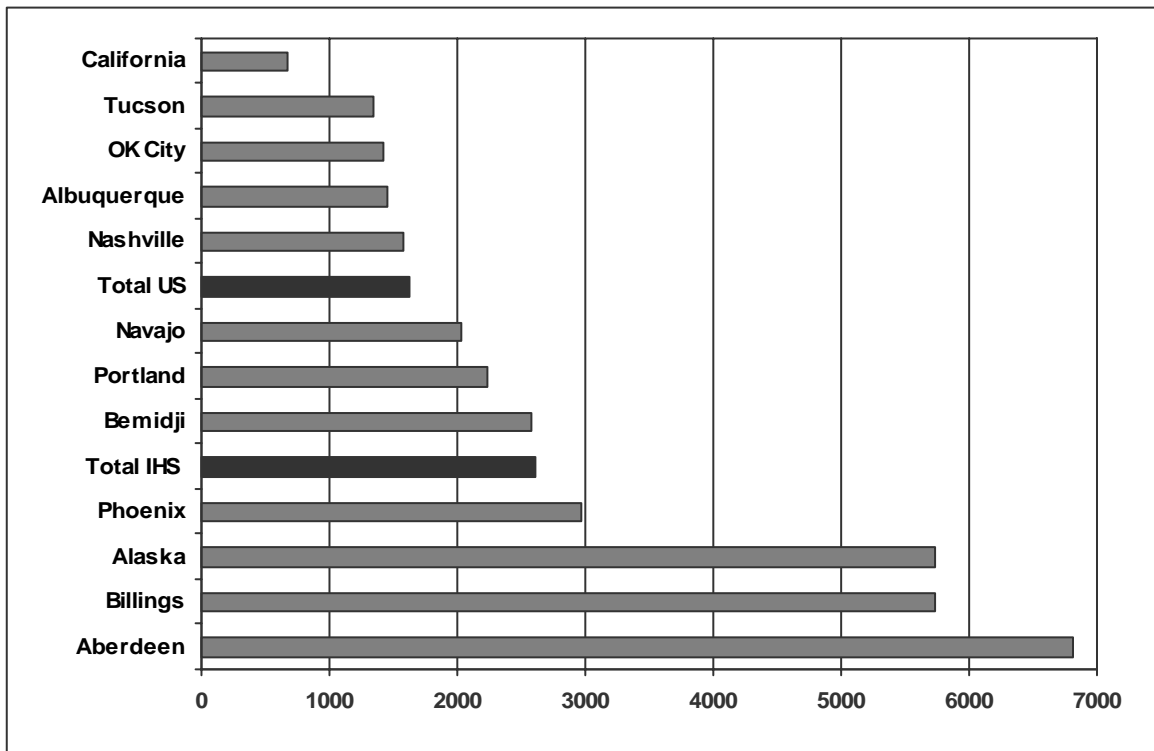
http://www.ihs.gov/medicalprograms/epi/index.cfm?module=health_issues&option=std&cat=sub_5.

- ◆ At some facilities, you may only be able to get the number of positive test results during a certain time frame, but not the total number of people screened or tested. These data are of limited use without the denominator data necessary to calculate positivity rates.
- ◆ Another option is to identify positive cases prospectively. The service unit can prospectively screen youth for a certain period of time to determine positivity rates. One clinician at an IHS clinic in the southwest did this for a six-month period and found 14% chlamydia positivity.

Area-Level Data

- ◆ The IHS National STD Program published a STD surveillance report in 2006 that presents CDC county-level data broken down by IHS Area. For detailed area-specific data, request a hard copy of the report or download it as a PDF from the IHS National STD Program website: http://www.ihs.gov/medicalprograms/epi/index.cfm?module=health_issues&option=std.

Figure 1. Chlamydia rates for 15-24 year olds (males and females) per 100,000 population, by IHS Area, 2004



Source: IHS Report, Sexually Transmitted Diseases, 2004. (2006)

- ◆ If your service unit does not participate in the Stop Chlamydia project, you may be able to get Area-level Stop Chlamydia data for participating projects in your IHS Area.*

County- and State-Level Data

You will be able to get some STD data from your local, state, and county health departments, however the data may or may not include a race category for AI/AN. The National Coalition of STD Directors has links to every state's STD program:

<http://www.ncsddc.org/programsites.htm>.

State & Tribe Youth Risk Behavior Surveillance Survey Data

Most states and some tribes participate in the CDC's Youth Risk Behavior Surveillance Survey (YRBSS). The national survey does not include an AI/AN race category and many of the participating sites are not in Indian Country. Nonetheless, it provides a good description of the types of risk adolescents in the U.S. engage in. Links to YRBSS data:

- ◆ Youth Online-Comprehensive State Results, <http://apps.nccd.cdc.gov/yrbss/>
- ◆ Youth Risk Behavior Surveillance—United States, 2005 Morbidity and Mortality Weekly Report, <http://www.cdc.gov/mmwr/PDF/SS/SS5505.pdf>

Bureau of Indian Affairs (BIA) schools also participate in the YRBSS. A report from 2001 is available on the BIA Office of Indian Education website (<http://www.oiep.bia.edu/>, look under "About Us", then "Studies and Reports". Tables 10 and 11 contain the STD-related data).

State & National-Level Data

CDC's Division of STD Prevention is a good source for national data and some state-level data.

- ◆ STD Morbidity Data Request <http://wonder.cdc.gov/std.html>. (NOTE: This is a very good source for local data, but data are not available by race.)
- ◆ Special Profile on Adolescents and Young Adults- 2005 Sexually Transmitted Disease Report <http://www.cdc.gov/std/stats/adol.htm>. (NOTE: This report provides good background data on STD trends among adolescents, but does not provide race-specific data.)
- ◆ Special Profile on Racial and Ethnic Minorities- 2005 Sexually Transmitted Disease Report (NOTE: Provides national-level race-specific data by age groups.)
 - Chlamydia: <http://www.cdc.gov/std/stats/tables/table10a.htm>
 - Gonorrhea: <http://www.cdc.gov/std/stats/tables/table20a.htm>

* Contact the IHS National STD Program's STD Data Manager (505-248-4132).

National Longitudinal Study of Adolescent Health (“AddHealth”)
<http://www.cpc.unc.edu/addhealth> (NOTE: AddHealth is a school-based, longitudinal study of the health-related behaviors of adolescents and their outcomes in young adulthood. Racial categories includes AI/AN)

What Do I Need to Know About Working with Schools?

While schools may seem convenient places to reach adolescents with health messages and services, they can be extremely complicated settings in which to work. Schools and their communities can have complicated subcultures, and introducing projects about sexual and reproductive health can be especially challenging. Each school, community, and tribe has unique views about the interaction of students, teachers, parents, and outsiders. Rules and procedures that dictate whether and how to offer something new may vary considerably, especially considering that it may take away from class time and is a sensitive topic.

While high schools in Indian Country can be similar to schools in other rural communities across America, they can also be quite unique. Schools in Indian Country can be public, private, parochial, tribal, operated by the Bureau of Indian Affairs (BIA), or BIA contract schools. They can be located on- or off-reservation. They can be boarding schools or day schools or a mix of the two. Different types of schools may require different approaches, so be sure to know the type of school and how it is structured before initiating discussions with the school administration or community. 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 project's success.

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

- ◆ School administrative structures (e.g., school boards) and how decisions are made. Find out when the school board meets and sit in on a few meetings to get a feel for the board members, the decision-making process, the tone of the discussions, and how decisions are made.
- ◆ School-related groups (outside the administration itself)—e.g., tribal councils, tribal committees or boards, PTAs, advisory groups.
- ◆ The school system's prior history with health services and health screening initiatives.
- ◆ Local and state policies concerning STD/HIV and sexual health education for students.¹⁰
- ◆ How the school's health programs work, and whether or not there is a school-based health center (SBHC).
- ◆ If there is a SBHC, how is it staffed? (By IHS, tribal, or private providers? Full-time or part-time?)

¹⁰ See *State Sex and STD/HIV Education Policies* from the Alan Guttmacher Institute for information on state-specific policies: http://www.agi-usa.org/statecenter/spibs/spib_SE.pdf.

- ◆ If there is a SBHC, is there a receptionist to interface with students?
- ◆ If there is a SBHC, are they able to conduct third-party billing to recoup costs?

In many communities, SBHCs offer an excellent opportunity for promoting STD screening, prevention, and treatment, and as a referral mechanism for other health related concerns that are disclosed. SBHCs provide comprehensive physical and mental health services to children in need of care at locations accessible to children and their families. They are mainly sponsored by hospitals, health departments, and community health centers, and are staffed by a multidisciplinary team of nurse practitioners, physicians, mental health and other providers. SBHCs are a core strategy for communities to address the unmet needs of young people.¹¹

School-Based Health Centers

In 2002, there were almost 1,500 SBHCs in public schools in 43 states.¹² Most SBHCs are funded with federal and state dollars through a variety of programs, including Healthy Schools/Healthy Communities, Maternal Child Health Block Grants, tobacco taxes, tobacco settlement dollars, Preventive Health and Health Services Block Grant, and third-party billing. Some private foundations, such as the [Robert Wood Johnson Foundation](#) and [W.K. Kellogg Foundation](#), also support SBHCs. Private, BIA, and parochial schools may also have SBHCs, but there is no single resource that provides a list of them. You will need to identify whether a school has a SBHC and then determine its funding source(s).

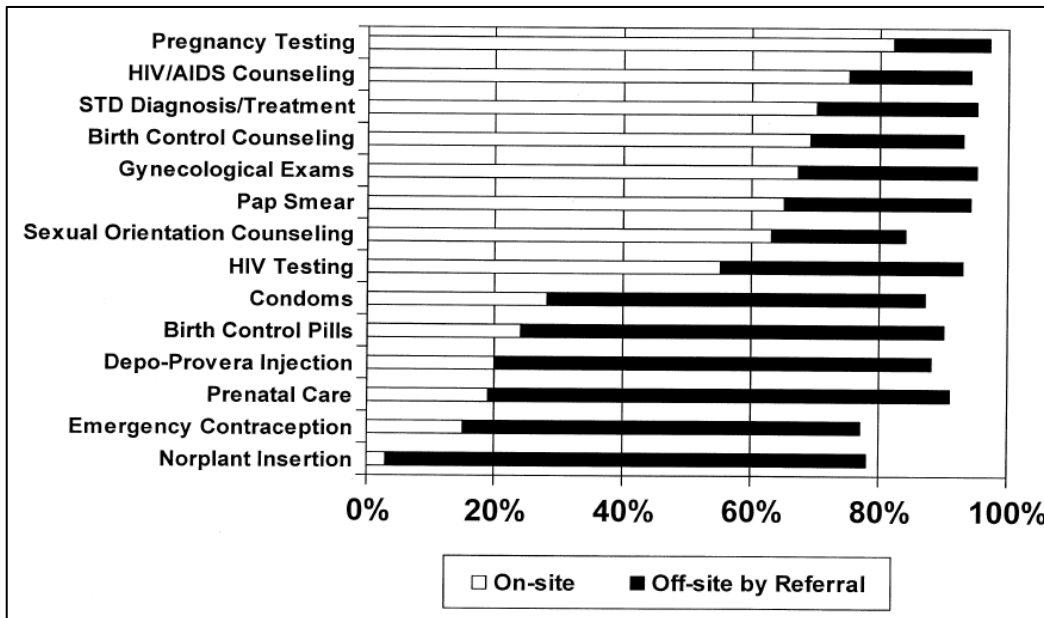
SBHCs provide many services, including mental health assessment and referral; health supervision (e.g., physical exams, behavior risk screenings, immunizations); acute care; general health examinations; and reproductive health services. Approximately 70% provide on-site STD diagnosis and treatment.¹³ (Figure 2)

¹¹ The Center for Health and Health Care in Schools. Aug. 11, 2003 Press Release. Available at: <http://www.healthinschools.org/press/survey03.pdf>, accessed 11/15/2006.

¹² The Center for Health and Health Care in Schools. *2002 State Survey of School-Based Health Center Initiatives*. Available at: <http://www.healthinschools.org/sbhcs/survey02.htm>, accessed 2/6/2006.

¹³ Santelli JS, Nystrom RJ, Brindis C, et al. Reproductive Health in School-Based Health Centers: Findings from the 1998-99 Census of School-Based Health Centers. *Journal of Adolescent Health*, 2003;32(6):443-451.

Figure 2. Reproductive Health Services Provided in School-Based Health Centers Serving Adolescents, 1998-1999



Source: Santelli et al. (2003)

Although working through a SBHC may make the process of setting up and implementing a chlamydia screening project easier, it is not the only way to succeed. Several school-based screening projects in Indian Country have successfully implemented projects in schools without a SBHC.

There are several excellent organizations dedicated to healthy youth and SBHCs:

- ◆ Advocates for Youth: <http://www.advocatesforyouth.org>
- ◆ American Medical Association: <http://www.ama-assn.org/ama/pub/category/1947.html>
- ◆ The National Assembly on School Based Health Care: <http://www.nasbhc.org/index.html>
- ◆ Division of Adolescent and School Health, CDC: <http://www.cdc.gov/HealthyYouth/>
- ◆ National Adolescent Health Information Center, UCSF: <http://nahic.ucsf.edu/>
- ◆ Program Archive on Sexuality, Health & Adolescence (PASHA), Sociometrics: <http://www.socio.com/pasha.htm>

Who Can Help?

The next chapter, *Forming a Team*, provides 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 people and organizations that may be of help to the project. Some may be directly

involved in your efforts; others may be helpful behind the scenes, including introducing you and your team to key decision makers and funding sources or helping you anticipate criticism or roadblocks.

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.
- ◆ A funding mechanism to cover initial and ongoing costs.
- ◆ Specific types of staff expertise—clinicians, 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.
- ◆ Referral relationship to IHS, a tribal health facility, or a county/state STD clinic (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.)
- ◆ Community-based organizations that may have experience providing comprehensive reproductive health services to adolescents.

A strong, supportive team of key stakeholders must be identified and engaged early in this process.

What Are the Legal Issues to Consider?

Before initiating screening, you must identify the tribal, state, and national laws that may affect such a screening project for adolescents. These laws may deal with consent, confidentiality of medical records, disease reporting to health departments, partner notification reporting, reporting of statutory rape or child abuse, and content of any health education components. (See [Appendix C](#) for references to select tribal, state, and national laws.)

What about Institutional Review Board (IRB) Approval?

Since STD screening is considered clinical and public health practice, and not research, IRB approval is generally not needed. It is also considered standard clinical practice to assess the risk of patients, so any brief risk behavior surveys included on screening project intake forms should not need IRB approval. In this case an IRB waiver is expected. Of course, if a goal of the screening project is to analyze and publish any resultant data, IRB approval must be sought. If it is decided that IRB approval is necessary, the project must go through the IRBs of the tribe, IHS Area, health department and any other involved parties (such as universities that may be brought on as research partners and/or to help with project monitoring and evaluation). Seeking IRB approval may also be a wise public relations move, demonstrating transparency and good intentions.

3

Forming a Team

What to Expect

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

- ◆ **Plan:** Decide exactly what you want to do and when. Identify who needs to be included and involved in the screening.
- ◆ **Promote:** Make a pitch (or several different pitches, many times) to persuade partners to join your effort and to seek funding support. It is important to prioritize these efforts, as the school districts, tribal health officials, and tribal leadership are the stakeholders that you must successfully sell on the project in order for it to be implemented.
- ◆ **Implement:** Get schools, teachers, students and parents to participate; schedule screening; recruit students and get consent from students and parents; conduct the screening itself; transport samples to the laboratory; get results from the lab; and provide results and treatment to students.
- ◆ **Evaluate and Next Steps:** Evaluate the effort, fine-tune the process, document lessons learned, and decide whether or not to replicate it (e.g., the following year, with other grades, for other STDs, in other schools).

Who Can Help?

Interest in chlamydia screening can come from many sources. Look to the groups and people in the table below as allies.

Finding Partners

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

- ◆ **Attend meetings** of the PTA, school board, health department, and 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 everyone is on the same page when you are ready to implement your program.

<p style="text-align: center;">Schools</p> <ul style="list-style-type: none"> • Students - student government, student clubs, individual students • Teachers – Health, Science • Parents - Parent-Teachers' organizations • Counselors • Principals, Vice Principals • Nurses • Receptionists • School Boards 	<p style="text-align: center;">Tribal Government</p> <ul style="list-style-type: none"> • Tribal Council, sub-committees (e.g., Health Advisory Committee) • Tribal Health Department – Director, STD/HIV Program Manager, Health Educator, Community Health Representatives 	<p style="text-align: center;">Public Sector, CBOs, Others</p> <ul style="list-style-type: none"> • Regional Tribal Epidemiology Centers • Indian Health Boards – regionally located throughout the U.S. • Universities – students/interns, evaluation specialists, education specialists, laboratories • Planned Parenthood • Regional Infertility Prevention Projects • National Network of STD/HIV Prevention Training Centers • IHS National STD Program • Centers for Disease Control and Prevention, Division of STD Prevention
<p style="text-align: center;">Indian Health Service</p> <ul style="list-style-type: none"> • Clinicians – Adolescent Medicine Specialists • Nursing – Public Health Nursing, STD/HIV Coordinator • Laboratories 	<p style="text-align: center;">Private Sector</p> <ul style="list-style-type: none"> • Pharmaceutical companies • Providers • Laboratories 	<p style="text-align: center;">Departments of Health</p> <ul style="list-style-type: none"> • STD Program – STD and HIV Program Manager, Disease Intervention Specialists • National Coalition of STD Directors • Other Programs - Adolescent Health, MCH, Minority Health • Laboratories

Roles and Responsibilities

There are several important roles and responsibilities common to screening projects. (Note: Some of these roles may overlap, depending on the project's size and scope.) In some cases, the roles will be filled by individuals; in others, contractual agreements with organizations might be more appropriate.

- ◆ **Project Director.** This person will make strategic decisions about how to launch the project—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 project.

- ◆ **Community Advisory Board.** Involving a key group of tribal, community, and school partners can facilitate management and communication tasks and increase participation and buy-in for the project.
- ◆ **Operations Coordinator.** This person will be responsible for 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 project, 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 project staff (from your project 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 project 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, evaluating the project). These pieces of information may include parent and student consent forms, student names and addresses, specimen identification numbers, and 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 project 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 project 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 project is still a clinical endeavor, even if it takes place outside of a clinic setting (like in schools with no SBHCs). A medical or clinical advisor (such as a licensed physician or nurse practitioner) must be identified and will be ultimately responsible for obtaining tests from patients and delivering results and treatment. In addition, this person 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 project.
- ◆ **The School Nurse:** The role of the school nurse will vary greatly depending on the particular school and nurse. Even if the nurse is not directly involved in providing the education sessions or conducting the screening, you will need the assistance and support of the school nurse and may rely on them significantly for delivering results, treatment, and counseling. Consult the school nurse as early as possible in the planning process and minimize the burden to them. School

nurses may have concerns about their school's capacity to handle such a screening project, they may worry that confidentiality will be compromised, or they may not see the need for screening in schools.

- ◆ **Communications/Public Relations:** In addition to the managerial, logistical and clinical considerations, another important task is communicating with others about the project. In many ways, this task is the job of every team member who interacts with partners, school staff, students and community members. In addition to communicating with students about the screening, there will be other opportunities to communicate 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 project 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 project's goals and procedures. This is particularly important when working in Indian Country where people may feel overly "studied" or otherwise suspicious of the project's goals.
- ◆ **Partner Management:** Persons infected with chlamydia should be treated and interviewed to identify recent sex partners so that those partners can also be treated. Partner management services such as this are usually handled by the state department of health Disease Intervention Specialist (DIS) and sometimes in collaboration with the Public Health Nursing (PHN) staff, or tribal STD/HIV program staff. Before beginning screening, you must be clear on how partner management activities will be handled.

Expanding Your PR Team

Whether or not the project's communications and public relations tasks warrant a separate staff member, the project can tap partners and supporters for help in this arena. For example, a small group of interested and dedicated supporters—such as parents, tribal leaders and/or teenagers from the community—could help serve as the project's public face, appearing by request at meetings of organizations seeking to learn more about the project. Supporters should be trained on the benefits of the screening program so they can educate others with a consistent and factual message.

A nurse practitioner who ran a successful school-based screening project out of a tribal health facility in the western U.S. found that spreading the word of the project throughout the community, especially to places frequented by teenagers, encouraged student participation; when the health care team came to the school to provide screening, students were already familiar with why they were there and what was going to happen.

Working with School Boards and Districts

Gaining the approval of the school board(s) and other school officials such as superintendents, principals, assistant principals, and school counselors is imperative. This can be an arduous task. Once schools have been identified as possible screening sites, it is necessary and critical to present the project to the school board.

Be aware: Getting on a school board's agenda can take months, and delays can occur if concerns arise or the board needs additional information.

Someone who is familiar with the community and who has their trust (such as a community health educator, school nurse, IHS/tribal health facility nurse) may be the best person to present to the school board. The first presentation to the board is critical; the presenter must be prepared and able to communicate clearly and concisely. In addition, the presenter should be honest, humble, transparent, and always “speak from the heart”. Screening adolescents for STDs can be a very sensitive subject; the school board and community members must see that you respect this and are going to work with them to make the screening fit the mores of their school and their community.

Based on experience, STD screening may be better received by the school board and community if it is presented as a component of a wider comprehensive adolescent health education effort; “We want to help your teens make healthier decisions” may be a more acceptable approach than “we want to screen your teens for STDs”. The current health education efforts in the school and any anticipated resistance from school officials should be kept in mind when preparing the strategy that will be used to present to school boards. If possible, approach principals first; if their buy-in is achieved, the process of school board approval may proceed more smoothly. Keep in mind that these approaches will need to be tailored to the particular school situation – whether it's public, private, BIA or a boarding school. Recognize that a significant amount of political savvy is necessary for negotiations with school boards and officials to be successful.

The Role of the Tribal Leadership

Gaining approval from tribal leadership is critical. Tribal leaders should be approached at the outset through appropriate channels. A letter of support from the tribe, signed by, for example, the tribal health director and chairs of the tribal health and education committees, could be requested. In order to get this, it is helpful to deliver a cover letter and proposal to the leaders of the tribe and tribal health department (see samples in [Appendix D](#)). It is important to be aware that approval from various tribal authorities could take a significant amount of time; generally proposals need to be circulated among various committees, tribal officials and the tribal council. This may also involve presenting to Area IHS authorities. Proceeding without explicit tribal approval can be a serious mistake and stop any project before it gets off the ground.

It is also important to make the local IHS Service Unit aware of all interactions with the tribal leadership and ensure that the process conforms to the Area's established policies and procedures for any collaborative efforts with the tribe.

You Say You Want a Resolution . . .

In San Francisco, the Department of Health's STD Program 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. (A copy of the resolution is provided in [Appendix D](#).)

Such a resolution from the tribal leadership may also be an important part of the initial approval negotiating process with the tribe and schools.

Many agencies, from the Bureau of Indian Affairs (BIA) to state health departments to the CDC, have Tribal Consultation Policies. In order to ensure tribal cooperation and, thus successful project implementation, make sure to be aware of any agency, tribal, or state policies that may be in place.

4

Making a Plan

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 project. 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 a particular school with higher rates.

The choice of which age group to screen also will be influenced by your sense of how supportive different schools may be. 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 for screening the next year.

If you will be screening in schools that have a mix of AI/AN and non-AI/AN students, it is imperative that you screen ALL students, regardless of their race or ethnicity. Singling out AI/AN students for screening would be unethical, may raise concern among tribal officials and make the screening logistically more difficult. In such a case, a strong and equitable partnership with the local health department will be critical.

Remember that your first effort may be just a starting point or serve as a pilot project for bigger and better things. Consider starting small and then expanding to more grades and schools as your project 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 STDs. Yet, most project staffs recommend universal screening (offering screening to every student in a grade or school).^{14, 15}

¹⁴ Nsuami M et al. The Need for STD Screening in School Based Health Centers. 2004 National STD Prevention Conference. <http://www.cdc.gov/stdconference/2004/Slides/C-sessions/C6/Nsuami.pps#294,17,Conclusions>

¹⁵ Tebb KB et al. Screening Sexually Active Adolescents for *Chlamydia trachomatis* : What About the Boys? AJPH. 2005;95(10): 1806-1810. <http://www.ajph.org/cgi/content/full/95/10/1806?ck=nck>

Here are a few reasons why:

- ◆ If every student in a grade or school is offered screening, no one feels singled out. It's easier for teachers and project 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 urine-based chlamydia test is easy and non-invasive, as it does not require a pelvic exam, urethral swab, or a blood draw.
- ◆ If some students are tested and others are not, the project 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. STD screening is an opportunity to educate students about risks, ways they can protect themselves in the future, and where they can access care.
- ◆ With higher participation rates, the project 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 a supportive team or a champion (such as the PTA president or a faculty group) willing to go to bat for your project.

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

Where within the school?

Once you've chosen a school, you will have to learn as much as possible about each school's procedures and how you can work your project into the schedule and facilities.

For example:

- ◆ What are possible forums for interacting with parents, teachers and administrators?

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 environments, before tackling tougher or less familiar surroundings.

- ◆ Which classes (for example health, science, homeroom, gym) would be most suitable for introducing the project, providing education, and getting consent? During one screening project at a school in the Northern Plains, English classes were used to launch both the education and screening, since 95% of the students had an English class.
- ◆ Where can students meet as a group (near a restroom) to complete forms and provide samples?
- ◆ Where and when are private rooms available so that project staff and/or a school nurse can confidentially give students their results and treatment?

When?

Many of the project staff interviewed for this guide were able to launch a school-based chlamydia screening project within 6 to 8 months of their initial planning. This will vary based on the time needed to gain approval from tribal leadership and school boards, therefore the earlier the planning begins, the better.

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 project. 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, a school-based screening project tied their screening project to National STD Awareness Month. The high positivity rates found through this one-time universal screening project were used to convince school administrators that a regular screening project was needed.¹⁶

Another convenient time to screen for chlamydia is during required sports physicals. Often urinalysis is a requirement of many states' physical requirements, but even if it's not required it would be easy to incorporate.

How?

Once a partnership is forged with a school, it's time to secure funding, develop protocols and procedures for each aspect of the project (including evaluation), develop informational materials and consent forms, and identify sources for supplies. Costs for screening vary across sites; some sample budgets and funding sources are provided in [Chapter 5, Making the Pitch](#).

What's Socrates got to do with it?

Screening Optimally for Chlamydia: Resource Allocation, Testing, and Evaluation Software (SOCRATES) is a free CDC software program that helps program managers apply a simple cost-effectiveness model to analyze potential costs and benefits of screening and to guide the choice of specific tests and screening strategies.

For more information, visit:

www.cdc.gov/nchstp/dstd/Software/Socrates.htm

¹⁶ 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.

Funding and resources

Funding needs will vary depending on specific circumstances and participating partners. It is likely that at least some additional funding or resources will be necessary.

- ◆ staff time and training
- ◆ development and printing of educational materials
- ◆ screening supplies (e.g., urine specimen cups, test kits, labels, specimen storage and transport boxes)
- ◆ transport of specimens
- ◆ laboratory processing
- ◆ antibiotics to treat students who test positive
- ◆ partner management (identifying, contacting, and treating partners of the students who tested positive)
- ◆ One of the ways school-based STD screening can be financed is through third party billing. The health care providers conducting the education and screening activities may be able to bill a student's private insurance provider or Medicaid. To find out more, contact the State Children's Health Insurance Program (SCHIP) in your state (<http://www.cms.hhs.gov/home/schip.asp>).
- ◆ Another good resource is the National Assembly of School Based Health Care (http://www.nasbhc.org/APP/APP_SBHC_Funding1.htm).

Grant-Writing Resources

For good ideas and advice on making a pitch to funding sources (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 tailored to the health field (www.ahp@go-ahp.org)

If your project is not in a position to do third-party billing, consider partnering with an agency that can. For example, if you partner with a local IHS facility to do the education or screening, they may be able to third-party bill as a Public Health Nurse visit, a Health Educator visit, or a Health Technician visit. If you partner with IHS, you will need to work out other logistics, such as determining which students already have medical charts at that facility and whether new charts will be created for those that don't.

Another option is to seek outside funding and support. There are many funding agencies that support these types of interventions, including health departments, federal agencies, local and national foundations, and even private industry. For example, several pilot sites were successful in getting pharmaceutical companies to donate test kits and reagents, and state public health labs and IHS labs to donate specimen processing services. Another source of funding and technical support may be through

CDC's National Infertility Prevention Project (IPP)¹⁷, IHS Area Offices and Service Units, the IHS National STD Program, state departments of health, the CDC, HIV/AIDS projects, and foundations and local universities.

Each funding organization has specific application requirements, but the main elements usually include a background statement describing the problem, an approach to solving it (i.e., your project, including goals and methods), evaluation strategies, and a budget. Sample proposal structure and content can be found in [Appendix D](#).

Protocols and procedures

A protocol is a precise and detailed written plan for how a project or study will be carried out. It is critical that everyone involved understands and follows a single protocol for all aspects of the project, including:

- ◆ recruiting students
- ◆ obtaining consent
- ◆ maintaining confidentiality
- ◆ collecting data
- ◆ conducting screening
- ◆ transporting specimens to the lab
- ◆ processing specimens
- ◆ delivering results to the screening project
- ◆ storing and managing data
- ◆ providing results (including counseling and education) to patients
- ◆ treating patients
- ◆ identifying partners
- ◆ contacting and treating partners
- ◆ making referrals

These aspects will be discussed in greater detail in [Chapter 6, Making It Happen](#). Your specific project 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 project.

Evaluation

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

¹⁷ Links to the 10 regional IPPs can be found at: <http://www.cdc.gov/std/infertility/ipp.htm>.

These data can serve several purposes: they can help monitor participation rates (and whether they are affected by other project variables); measure overall quality of screening, data collection, testing and treatment protocols; and identify resources required for different types of projects 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 were identified? How many cases were treated? Did chlamydia rates go down as a result of the project? Do schools with SBHCs have different outcomes from those without? How do infection rates vary by gender? By age? What else can this or other projects 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 data are useful to several different kinds of projects and can be used to advocate for new or expanded projects or to support funding requests.

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

If you plan to expand your project to other grades and schools, you need to plan ahead 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 project 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 project management needs, as well as more ambitious evaluations down the road.

If evaluation is new for you, or is a stumbling block, consider getting some professional evaluation advice from a colleague, [Tribal Epidemiology Center](#),¹⁸ 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.

¹⁸ A complete list of Tribal Epidemiology Centers can be found at: <http://www.cdc.gov/omh/Populations/AIAN/AIANEpiCntrs.htm>.

5

Making the Pitch

As you gear up to start your school-based screening project, you will be asked many questions by administrators, teachers, parents, students, and community members. This chapter discusses some key points about why school-based chlamydia screening is important and what its potential benefits are for schools, students, and communities, and will give you a head start on customizing the information that will be most useful in your own community.

Use the data you collected about STD rates among young people in your community to let your audiences know some key facts about this problem. 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 Is Chlamydia Screening Important?

Chlamydia screening is important because chlamydia is mostly asymptomatic—many people who are infected don't know they have it. Chlamydia can be easily treated, but the long-term effects are serious if left untreated.

Why Should Chlamydia Screening Take Place in Schools?

First, teens are most at risk for chlamydia. Second, the most efficient way to find chlamydia among teens is to screen them where they are already gathered—at school.

In addition, teens have limited access to health care services—and STD services in particular—for a variety of reasons, including:

- ◆ embarrassment about discussing STDs and sexual activity with providers
- ◆ being unaware they are at risk for STDs
- ◆ being unaware they have STDs because many are asymptomatic
- ◆ unfamiliarity with the health care system
- ◆ a perceived lack of confidentiality
- ◆ limited transportation
- ◆ inability to pay

Even when teens *do* access health care services, providers often do not discuss or screen for STDs.

What Are the Project'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 project is no exception. What specific benefits can you communicate to your various audiences?

Benefits for students

All students—those infected and uninfected, sexually active and not yet sexually active—will learn about STDs and how to prevent them, will learn how to prevent future consequences of chlamydia (for themselves and partners), and will perhaps even change their risk behaviors and 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.

Moreover, teens that have chlamydia and find out through a school-based project will benefit because their infection will be detected and treated. They will avoid the most serious health consequences and prevent transmission to partners.

Benefits for schools

At least initially, some school personnel may view a chlamydia screening project 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.

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.

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, a school-based screening project has the potential to affect overall infection rates in the community.

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

In communities hungry for good news, a school-based chlamydia screening project can be at the center of a real success story—one that involves strong collaboration among schools and tribes, engages the entire school community, and, most importantly, shows results by reducing chlamydia rates in the community.

Striving for Balance



The Circle of Life and maintaining balance in one's life are two very important concepts in Native American teachings and culture. It is important to strive for and maintain balance in all that we do—spiritually, physically, mentally, and emotionally. Yet, in a school setting the emphasis on mental activities only can result in imbalance. It's important to recognize that a school can also address the physical, spiritual, and emotional aspects of student's lives. Offering school-based screening and health services is one way to respond to the needs of our youth in a more holistic way.

Anticipating Tough Questions

We are happy to report that many staff involved in school-based STD screening in Indian Country have been pleased and surprised to face minimal or even no opposition from parents, school personnel, and community members. Still, no matter how terrific your materials and presentations are, when dealing with teens, sex and schools someone will probably object. The best advice is to be prepared with straightforward honest answers based on facts.

When Does a Screening Project Become a Research Project?

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.

Here are some things you might hear:

"This is a research project that's using our kids as guinea pigs."

Legacies of experiments conducted among minority populations—including among AI/ANs—loom large. An initial reaction to any type of screening project might be skepticism, mistrust, or outright hostility.

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

Also clearly explain that data obtained from evaluation efforts will only be used to improve the project and inform the community of its impact.

"Our kids aren't having sex, so they're not at risk."

Many parents—and perhaps school administrators and school health officials—want to believe this, and they may even be right. The problem is that for many parents and 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 associated with unprotected sex. Note that untreated chlamydia—which is likely, since most people infected experience no symptoms—can lead to chronic pelvic pain, pelvic inflammatory disease (PID), and 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 that 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 STDs 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 and if they do become sexually active, they will know how to protect themselves and where to go for care. The screening project 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 screening and treatment can be part of teaching and learning. The more students learn about STDs and other aspects of health, the greater chance they will have for improved health throughout their lives. Remember: 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?"

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. [Appendix C](#) has information on state laws on minors' right to consent to health care services.

Types of Materials

As you discuss your screening project with various groups, you should have appropriate materials describing the problem and the project on hand. They don't need to be glossy color brochures; simple documents that can be photocopied or printed are fine. Some sample materials are in [Appendix D](#).

Consider these materials at a minimum:

- ◆ **Fact Sheet:** giving basic information about symptoms, transmission, testing, treatment, and prevention
- ◆ **Frequently Asked Questions (FAQ):** answer FAQs about your project (These could be tailored for different audiences—parents, school administrators, teachers, students, community groups)
- ◆ **Talking Points:** for speakers discussing your project
- ◆ **Brochures:** describing the project and how to get more information
- ◆ **Consent Forms:** asking for permission to screen and treat students

6

Making it Happen

Partners

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

Working with the schools

The key to making a chlamydia screening project 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 are for 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 project 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 project 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.
- ◆ 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 STDs. Think of your health education audience as not only the students, but also 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.

The MOU should clearly define the roles and responsibilities of each of the partners. For example:

The school agrees to:

- ◆ distribute and collect consent forms
- ◆ provide space and/or storage
- ◆ promote the screening project
- ◆ designate a school liaison

The local/state health department agrees to:

- ◆ conduct screening
- ◆ provide counseling
- ◆ analyze data
- ◆ prepare confidential disease report for the state and/or tribe
- ◆ make referrals (e.g., for drug use, HIV, or pregnancy testing)
- ◆ provide treatment
- ◆ adhere to confidentiality and consent laws
- ◆ designate a health department liaison

The tribal department of health agrees to:

- ◆ provide written materials
- ◆ provide health education for students and staff
- ◆ adhere to confidentiality and consent laws
- ◆ designate a tribal health liaison

IHS agrees to:

- ◆ provide specimen cups and test kits
- ◆ transport specimens
- ◆ process specimens
- ◆ report positives to the health department liaison
- ◆ designate an IHS liaison

A representative from each organization will sign off on the MOU. The MOU should be time limited, allowing all partners an opportunity to revisit the effort annually and make

adjustments as necessary. The memorandum of understanding need not be a lengthy legal contract; [Appendix D](#) has an example of a 1-page MOU.

Keeping Partners Informed

Whenever you reach a key milestone—the first screening event, the first report, 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

Students will need to know the basics of your project—why it is important, how the screening works, 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 adolescents as young as age 12 cannot 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 the screening event and 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, and that these tests will be performed only upon specific request.

Ideally, your project'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. 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, or separate students by gender, depending on the individual needs of the students and school. 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. An anonymous question box is another strategy to encourage the students to ask questions; the questions and answers could be read in an assembly or small class setting.

Ideas for Getting the Word Out

- ◆ Place posters or flyers in the bathrooms
- ◆ Run an announcement or article in the daily bulletin or school newsletter
- ◆ Set up a table at Parent-Teacher's Night to answer questions and talk to parents

As previously mentioned, project staff interviewed for this guide recommended 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 state laws and school policies. In most states and jurisdictions, parental consent is not required for STD diagnosis and treatment for adolescents. However, some school health projects choose to obtain parental consent anyway, to make sure that parents are informed and to avoid controversy. In the projects reviewed for this guide, staff members were able to get high rates of parental consent (over 85% in some settings).

"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.

Typically, a consent form includes the following:

- ◆ A brief description of the screening project and why it is important
- ◆ A clear statement that only the person tested will receive results and that students who test positive will be treated with antibiotics
- ◆ A person to contact with questions or concerns

Types of consent:

- ◆ **Blanket consent:** Some schools obtain a blanket consent from parents at the beginning of the school year which cover a variety of educational and health services that might occur throughout the year.
- ◆ **Passive or opt-out consent:** For certain activities a passive or "opt-out" consent might be used; in this case, parents are informed of an activity that their child will participate in unless the parent specifically requests that the child does not. Since parental consent was not legally necessary at most of the successful screening project pilot sites, passive consent was used as a courtesy to parents. This is particularly common for school-based clinics.
- ◆ **Active or opt-in consent:** Another option is an active (or "opt-in") consent, which is an explicit consent obtained from parents for each and every service. Without consent, the student cannot receive the service.

Sample forms for both passive and active consents are included in [Appendix D](#).

If active consent is used and signed consent forms are tracked, create a mechanism to double-check before each student is screened. Just one data entry error can have serious consequences if a student is tested against a parent's wishes.

It is understandable that project 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 projects 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. Be prepared to deal with concerns from parents regarding consent and confidentiality.

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. Some projects contacted the parent by phone to obtain consent on the day of testing if a student did not have a signed form completed.

A few things to keep in mind:

- ◆ 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 screened, 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.

The Screening

Once consent has been obtained, students can be screened. Be sure you understand what the laboratory requirements are for specimen storage, transport, and identification and design your screening event accordingly. (See [Laboratory's Role](#), below.)

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

Paperwork:

- ◆ A [registration form](#) that includes 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.

Supplies to have on-hand

- _____ Educational materials
- _____ Paperwork
 - _____ Registration forms
 - _____ Consent forms
 - _____ Log sheets
 - _____ Student evaluations
- _____ Permanent markers
- _____ Urine specimen cups
- _____ Transfer tubes (possibly)
- _____ Adhesive labels
- _____ Small paper bags (lunch size)
- _____ Container for storing urine specimens (e.g. a box or cooler)

- ◆ 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.
- ◆ 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, make sure it is something they will be able to remember easily and can devise on their own.)

Staffing:

- ◆ As a rough estimate, plan on at least 3 staff and 1 hour for every 50 students. For every additional 50 students, increase the staff and time required. For example:

# Students to Screen	# Staff Needed	Hours required
50	3	1
100	3	1.5
150	4	2
200	4	2.5
250	5	3
300	5	3.5

- ◆ Staff will:
 - Give instructions, answer questions
 - Complete log/registration forms, collect questionnaires, get consent
 - Transfer urine to transfer tubes (in some cases) (*Note:* in some projects, on-site staff will be responsible for transferring urine from the specimen cups to the transfer tubes. [See photos, below.] This is a detail that must be worked out with the lab in advance of the screening day. If on-site staff will transfer the urine, make sure plenty of latex gloves are available and appropriate cleaning materials are on hand.)
 - Label specimens
 - Store specimens



Urine Specimen cup



Transport tube

Procedure:

- ◆ Decide whether to have an assembly style presentation or do a brief presentation* in each class.
- ◆ Introduce staff, explain why you are there, and give a brief presentation on STDs.
- ◆ Explain the screening process, answer any questions, and give instructions. For example, the students may be asked to complete registration paperwork and then approach the staff when they are ready to be screened.
- ◆ Identify method to screen students in an orderly fashion (e.g., by section of the auditorium, by classroom).
- ◆ Collect signed consent forms.
- ◆ Determine how student's specimen will be confidentially identified. For example, assign each student a unique code. One way to do this is to use the first two letters of the student's first and last names followed by the month and day of their birth. For example, the code for Lawrence Baca, born February 14, 1991 would be:

 L A B A 0 2 1 4

- ◆ Check off students using a roster with name, DOB, grade, age, and unique code.
- ◆ Write unique code on consent form, roster, and specimen cup (with a permanent marker).
- ◆ Some projects also mark a line on the specimen cup with a permanent marker that indicates the required minimum of urine needed to process the test. (Check with the lab processing your specimens to see whether there are any such requirements.)
- ◆ Some projects provide students with a bottle of water to drink while they are registering to increase the odds that they will be able to provide a specimen.
- ◆ Give each student a plain brown bag with a labeled specimen cup.

What if a *student* refuses to participate?

Once the screening team has provided information, answered questions, and described the process and how confidentiality will be maintained, each student must decide for themselves whether or not they will participate.

It is important to honor and respect each student's decision, regardless of what it is. A student who chooses not to participate at this time may come to the health care facility later to be screened, may agree to participate next time, or may share information learned with a peer.

* Some good resources for science-based, age-appropriate STD education curricula and materials include: SIECUS (<http://www.siecus.org/>), ASHA's teen site (<http://www.iwannaknow.org/>); Advocates for Youth (<http://www.advocatesforyouth.org/>); Planned Parenthood's Teen Wire (<http://www.teenwire.com/>); and ETR's Resource Center for Adolescent Pregnancy Prevention (<http://www.etr.org/recapp/>).

- ◆ Ask each student go into the restroom one at a time,* urinate in the cup, and return the bag with the sealed cup to a designated and secure location. Students who decide not to participate can do so discretely and confidentially by returning the cup in the bag without a urine specimen.
- ◆ If possible, obtain a list of students who were absent so that they can be offered testing at another time or location. Likewise, students who could not be tested because their consent forms were not on file (if required) can be given another consent form and offered testing at another time or place.

The Laboratory's Role

The technological breakthroughs that make urine testing for chlamydia possible are the nucleic acid amplification tests (NAATs), which amplify DNA material in urine specimens. These tests can be used to detect both gonorrhea and chlamydia in 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 project. As noted in [Chapter 2, Getting Started](#), 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 project to IHS, public health (state or city), or university laboratories.

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. See [Appendix E](#) for the specimen handling specifications of different NAATs currently on the market.

When you meet with the laboratory director, have this information readily available:

- ◆ An estimated number of specimens
- ◆ A rough idea of the timing (e.g., School X in early October with 350 students; School Y in late October with 725 students)
- ◆ A staff member who will serve as liaison to the laboratory

Unsatisfactory Specimens

- ◆ Specimen transport deviates from manufacturer's recommended time and temperature. (See [Appendix E](#).)
- ◆ No name on specimen
- ◆ Mismatched identifiers on specimen and laboratory form
- ◆ Quantity Not Sufficient (QNS)
- ◆ Broken tube or specimen leaked in transit

Source: Assoc. of Public Health Laboratories,
<http://www.aphl.org/docs/NCCSpecimenRejectionCriteria.pdf>

* Other projects have found that allowing only one person to go into the bathroom at a time decreases the possibility the student will be peer pressured into tampering with the sample.

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

- ◆ Testing requirements that your project 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)
- ◆ The format in which results will be reported
- ◆ To whom results will be reported
- ◆ A laboratory's liaison to your project

Guidance for Laboratories

CDC recently published a document that updates previous recommendations about screening and testing for both chlamydia and gonorrhea.¹ 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.

Disease Reporting

Chlamydia and gonorrhea are reportable diseases in every state; the lab is required to report the result and the provider is required to report the diagnosis. In turn, the state reports STD cases to CDC. How disease reporting is handled at IHS, tribal health, and urban Indian health programs will vary by facility. Many facilities have an Infectious Disease Officer who collects this information and reports it to a regular basis to the state. Before any screening begins, discuss how case reporting will occur with the project's [Medical Director/Advisor](#).

Providing Results, Treatment, and Follow-Up

Once the results are returned, you must let all students who were tested know their results (both positive and negative). There are several mechanisms for doing this. As mentioned previously, the project must identify a [medical provider](#) to serve as the ultimate responsible authority to collect specimens, deliver results, and treat patients. In some school-based projects, students are given a sealed envelope with a note to see the school nurse. In other projects the nurses and health educators returned to the school and called students in one-by-one to provide results, treat (if necessary), and re-emphasize prevention messages. Sometimes—especially if the school nurse has been unable to reach a student who tested positive for chlamydia—a state health department Disease Investigation Specialist (DIS) will contact the student. The mechanism that works best for your project will depend on the volume of testing, the number of students with chlamydia, and the staff and resources available.

Privacy and confidentiality

Students are understandably concerned about who else will learn their test results. Most states have laws in place that specifically allow minors to confidentially access STD, so only the students themselves can receive the results. State consent laws about disclosing adolescent health information to parents can change over time, so make sure

you are current on your state's requirements.

If all students are given test results, both positive and negative, then there should be less concern about being identified as infected or not. Design your approach to delivering results to minimize the chance of a student's result being discovered by anyone else. For example:

- ◆ All students should be seen individually for their results and appropriately counseled regardless of their test result.
- ◆ Before providing results, students should be asked to show identification or otherwise provide a unique code that would ensure their identity.
- ◆ If prescriptions are given to students testing positive, make sure that every student receives a similar-looking piece of paper.
- ◆ If students testing positive will be called out separately, consider asking them 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.

Counseling

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 projects, nursing or health education staff might 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.

CDC recommends a 2-session client-centered counseling model for HIV and STD prevention (15 to 20 minutes per session). Correct implementation and use of this model has shown a decrease the rate of new STD infections. A guideline for these counseling sessions is summarized in [Appendix F](#) and a detailed description of the protocol can be found at www.cdc.gov/hiv/projects/respect/bcim.pdf.

Messages for students who test positive:

- ◆ Students who test positive should know that, although treatment is effective, they can be re-exposed and re-infected with chlamydia. They may also be at risk for other STDs, including HIV. 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 develop a risk reduction plan in which they identify ways to protect themselves in the future, whether they test positive or negative.
- ◆ The sex partners of students with chlamydia need to be informed so they can be tested and treated. In some cases the student will feel comfortable discussing this matter with their partner. If they are not comfortable, an alternative means of communication will need to be used. For example, in some places, a public health nurse or a public health department worker informs partners that they

have been exposed to a STD and they need to be tested and treated. This is done anonymously, without divulging the name of the positive person. In some cases, the practice of Expedited Partner Therapy (EPT) is being used. This is when students who test positive are given extra medication to give to recent partners as a means of reducing re-infection. CDC recommends this practice under certain circumstances.¹⁹

- ◆ In partnership with the state, county, or local health department, your project may be able to offer partner notification services, in which a trained public health worker, called a Disease Investigation Specialist (DIS) contacts the partner if the student does not want to do so. If partner notification services will be available, be sure that students are informed of this prior to testing and that the process is thoroughly explained when results are given.
- ◆ Have referral cards and phone numbers available for students to give to partners to connect them to testing and treatment services, and let the clinic staff know that you are referring partners through your project. The same clinic can be a resource for future testing for the student.
- ◆ CDC recommends that anyone who tests positive for chlamydia be re-screened at 3 months. This is not because of suspected treatment failure, rather research has shown that many people with chlamydia will become re-infected within 3 months time from having sex with the same/another person with chlamydia. Arrange to send a discrete reminder card at 3 months for the students testing positive.

False Positives

A false positive is the presence of a positive test result when there is no infection.

Although new laboratory testing techniques are extremely accurate, false positives can 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.

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 STDs, and should receive safer sex and/or abstinence messages. The counseling content is similar to that for students who test positive, except for the partner notification component.

¹⁹ CDC. Expedited Partner Therapy, <http://www.cdc.gov/std/ept/default.htm>.

- ◆ 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. Provide a positive abstinence message to those students who identified themselves as not having sex.

Treatment

Whether students can be treated on-site will depend on whether or not there is a SBHC overseeing the screening effort, which organization is conducting the screening (e.g., school, IHS, tribe), and whether standing orders are in place to treat for STDs. Ideally, to ensure medications are received and taken, students should be treated on-site and not referred to another facility for treatment.

Documentation of treatment will also vary by site, depending on whether there is a SBHC or whether students receive medical care from IHS, tribal health, or a local/state health department. Regardless of who treats a positive student, his or her medical chart should be reviewed in advance to ensure there are no drug allergies of concern.

The recommended treatment for chlamydia in adolescents is an antibiotic, usually a single 1-gram dose of azithromycin. An alternative treatment is 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. If possible, the single dose of azithromycin or the first dose of doxycycline should be directly observed. Until recently, doxycycline was much less expensive than azithromycin and was often used to keep costs down. However, azithromycin is now available in generic form and is less expensive than doxycycline.

As part of project planning, you will need to estimate the prevalence of chlamydia among the students tested through your project 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. The STD data you collected in [Chapter 2, Getting Started](#), should help you come up with an estimated number of positives.

Other treatment considerations include:

- ◆ **Allergic reactions to medication:** In some projects, 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. If parental consent is not obtained, students should be asked about any history of allergic reactions to medication. 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. Curing an infection before it causes more damage or is transmitted to an infant may outweigh the potential risk of using doxycycline. Prescribing doxycycline to young women who may not know their pregnancy status is a decision to be considered and discussed with a project's medical advisor.
- ◆ **Prescription issues:** Know whether the school nurse can dispense treatment without a patient-specific prescription. In some projects, the nurse can do so under standing order from the project's Medical Director. In other cases, parental consent for screening includes consent for treatment if the student is infected.
- ◆ **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.

Referrals for Other Services

In some projects, this encounter with health care providers prompted students to divulge many health, substance abuse, and social issues that were not directly related to the screening project or to STDs. Be prepared to provide a broad array of referrals for these adolescents, including mental health counseling, domestic violence intervention, family planning, pre-natal care, parenting classes, substance abuse treatment, etc.

Evaluation

Evaluation should be a critical part of your entire planning process so that data collection instruments capture what you need to know consistently, from the very beginning.

Uses of evaluation data:

- ◆ for overall quality control and management—e.g., learning that participation rates differ between schools, 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

The IHS National STD Program, IHS Service Unit staff, Tribal Epidemiology Centers, and local universities can be helpful partners in evaluation efforts.

Sample Evaluation Measures

- ◆ number and percent of students who consent to testing
- ◆ number and percent of students tested and treated
- ◆ prevalence of chlamydia infection (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 re-screened during subsequent screening events

Expansion

[Chapter 4, *Making a Plan*](#), repeated the advice of many project 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 encourages successes like success. When school health staff can see evidence that a school-based chlamydia screening project works—that it can be accomplished with minimal disruption to school routines, with high participation and consent rates, and with reductions in rates of 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 project 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 project 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 project in subsequent years.

Your success may also expand beyond screening projects for chlamydia and other STDs. 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.

A

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B

Pilot Sites and Lessons Learned

Pilot Site 1: Public High School on a Northern Plains Reservation

NOTE: This screening project was successfully implemented.

Background: In response to an 83% increase in chlamydia cases in the county, staff at the local IHS facility approached the local high school and tribe to initiate a school-based chlamydia screening project. The school board, tribe, and IHS all approved the project. The school board agreed to not require parental consent, since all students were at least 14 years old. Instead, parents were sent letters providing information on chlamydia and the screening project.

Funding: A one-time \$5,000 grant from the IHS National STD Program. The funds were spent on educational brochures (\$3,000) and test kits (309 tests at \$4/test = \$1,236).

Setting: Screening was done at a public high school on the reservation during school hours. The high school did not have a school-based clinic.

Methods: A team of health care workers comprised of a women's health nurse practitioner, public health nurses, clinic nurses, and disease intervention specialists (DIS) conducted the screening. They worked with school staff to provide an STD prevention seminar to all students (approximately 600) over a period of four days. Each student was offered the chance to provide a voluntary confidential urine sample for chlamydia and gonorrhea screening. Students were given a number-coded paper bag with a specimen cup and the opportunity to go to a bathroom where they could give a urine sample in private. Each student then left the paper bag in a specimen collection area, regardless of whether they actually gave a sample. The bags were sorted and then sent to the Department of Health lab for processing. The team returned to the school within a few weeks to provide counseling and results to all students; those who tested positive were counseled and treated; those who tested negative or did not provide a sample were simply counseled. The DIS conducted partner management activities in the usual manner.

Results:

- ◆ 67% of the enrolled students in grades 9-12 attended the STD prevention seminar
- ◆ 95% of the students that attended the seminar accepted a specimen cup
- ◆ 73% of the students that accepted a cup provided a specimen
- ◆ 5% positivity for chlamydia; 0% positivity for gonorrhea (4% positivity for males; 6% positivity for females)
- ◆ 16 sexual partners of positive cases were identified and 55% of them were treated.

Lessons Learned:

- ◆ The screening team felt this project became a starting point from which to advocate for a school-based clinic and a comprehensive school health curriculum.
- ◆ School staff speculated that fewer than expected people may have provided urine specimens because some students may have believed the urine would be tested for drugs.
- ◆ The percentage of students who provided a specimen was consistent with the percentage of students who reported being sexually active in the latest Youth Risk Behavior Surveillance Survey.
- ◆ The school was interested in repeating the project in the next school year.
- ◆ IHS staff reported that after the screening project, more high school students began using clinic services.

Pilot Site 2: Public High School on a Southwestern Reservation

NOTE: This screening project was never implemented.

Background: The IHS Service Unit and the local school district have a Memorandum of Understanding (MOU) whereby an IHS Public Health Nurse (PHN) staffs a SBHC at a public high school located on a reservation in the southwest. The PHN became increasingly concerned with high rates of STDs and wanted to implement screening, but had few resources to do so (especially manpower). The IHS Service Unit set some funds aside to support the project and it was approved by the local public Board of Education. Although the PHN obtained informal approval from key tribal leadership, official approval from the tribe was not sought or obtained.

Funding: Limited funding was obtained from the IHS Service Unit, which was to be used to purchase test kits and reagents. Treatment, staffing, other associated costs were to be provided by the IHS Service Unit. In-kind support was to be provided by the IHS National STD Program (staff participation in screening). Discussions were initiated with the state lab (for specimen processing), a local county STD program (for partner services), and with a leading pharmaceutical company (for test kits and reagents).

Setting: Screening was proposed for middle and high school students (appx. 1,500 students in grades 7-12).

Methods: The screening project would have occurred in two phases: the first was to target students getting their sports physical exams at the beginning of the school year. Phase two was ongoing screening as a regular part of the care provided to the students through the SBHC. Brief class-by-class educational sessions were planned the week before and the week of screening. Treatment would have been provided at the SBHC. A passive consent form was developed.

Results: In order to participate in the project, the IHS National STD Program requested the PHN and IHS Service Unit obtain formal tribal approval. After considerable discussion and deliberation, the IHS Service Unit decided not to proceed with the

screening at the time and to delay it indefinitely. Although the screening could have gone forward without the participation of the IHS National STD Program (and therefore without official tribal approval), the PHN decided too much focus had been brought to the issue to continue the project at the time.

Lessons Learned:

- ◆ It is critical to have written tribal approval early in process.
- ◆ It is possible to toggle together a viable screening project when partners each bring something to the table.

Pilot Site 3: Public High Schools Located Near a Northeastern Reservation

NOTE: This screening project was never implemented.

Background: The guidelines workgroup considered geographic diversity in seeking to identify potential pilot sites to initiate school-based screening projects in Indian Country. Because several potential sites were in the southwest, the IHS National STD Program approached a tribe in the northeast to consider collaborating as a pilot site. After several conversations, conference calls, and proposal submissions, the tribe decided not to partner with the IHS National STD Program on a STD screening project at that time.

Funding: As with Pilot Site 2, the IHS National STD Program was involved in discussions with several partners to assess resource available and interest in the project. In addition to the Tribal Health Department, other critical partners in this initiative would have been the regional Infertility Prevention Project, the local county health department, the state health department, a leading pharmaceutical company, the IHS National STD Program, and several local school districts.

Setting: Four public high schools in the surrounding area were considered as potential screening sites. None of the schools had more than 20% AI/AN population.

Methods: Although much of the details remained to be worked out by the project partners, the project would have had all of the standard components discussed in these guidelines.

Results: The tribe chose not to be involved in the screening at that time. Because the schools are public, not on the reservation, and are not a majority AI/AN, several of the partners are considering moving forward with STD screening in one or more of the schools identified.

Lessons Learned:

- ◆ It can be challenging to identify a point person within a tribal health department to “champion” this cause.
- ◆ If a tribe has not identified STDs or adolescent health care as a priority, it can be difficult to engage them around this topic or screening effort.
- ◆ By initiating a discussion with this tribe, we hope to have opened the door for future dialogue and potential collaborations.

- ◆ It is hard to approach a tribe with a proposed project such as this if you have no track record or history of working with that tribe.

Pilot Site 4: Bureau of Indian Affairs Contract Boarding School on a Southwestern Reservation

NOTE: This screening project is in the process of being implemented.

Background: The IHS National STD Program has many years of fruitful collaboration with this tribe and with staff from the IHS facilities which serve the tribe. A tribal health department employee, who is on the school board, suggested that we approach this school and offer technical assistance to implement STD screening. For our presentation, we took a general adolescent health approach, with STD screening being an important component. The board unanimously approved our going forward with the screening project.

We returned a month later to meet with key staff to get a better understanding of their concerns and their ideas for how to best implement screening. The staff was very receptive to the project and together we developed a game plan to move forward. The behaviors of some of the students put them at very high risk for STDs, HIV, and hepatitis C (e.g., tattooing, cutting, carving, unprotected sex, alcohol and drug use). Because of this, the nurse felt very strongly about expanding the screening to include syphilis, HIV, and hepatitis C.

Funding: At the time this manual was written, the school was investigating third-party billing for adolescent health care services. For the initial screening, the school may partner with the local IHS service unit so that IHS can bill for the education and screening services. The IHS National STD Program sponsored a two-day STD training for the school's counseling staff, who will play an important role in STD education and counseling for the students. A leading pharmaceutical company may donate the test kits and reagents. In this case, the IHS lab will process the specimens at no cost.

Setting: Middle and high school students at a 500 student K-12 BIA boarding school.

Methods: The exact details of the screening will be worked out by an ad hoc workgroup with members from the school and the IHS National STD Program. The IHS National STD Program will sponsor training on STD/HIV/Hepatitis C for the school's counseling staff, then will work with the staff to develop educational sessions for regularly scheduled evening sessions in the dorms. The school's nurse will work toward expanding services to include on-site comprehensive adolescent health care and roll-out screening in April, National STD Awareness Month.

Results: Because of personnel turn over and getting close to the end of the school year, the school decided to postpone the screening until the fall and to include a parental consent form in the registration packets for new students.

Lessons Learned:

- ◆ An adolescent health/healthy decision making approach can be less intimidating than directly discussing STD screening.

- ◆ An ad hoc workgroup with key players from the school and other partnering agencies increases ownership of the process and ensures that the screening project is appropriate to the needs of a particular school and community.

Pilot Site 5: Bureau of Indian Affairs Contract School on a Northern Plains Reservation

NOTE: This screening project began January 2007.

Background: Teens—and adults—on this reservation have very high rates of chlamydia and gonorrhea. To better address the STD prevention and control needs among teens, a tribal wellness groups (with representatives from IHS and the tribe) is establishing a school-based clinic for sexual health. Planned services will include education, STD/HIV screening, pregnancy prevention, assessment for sexual assault, substance abuse, and referrals.

Funding: The new SBHC will conduct third-party billing for services. Test kits and reagents may be donated by a leading pharmaceutical company. The IHS National STD Program may provide a modest one-time grant.

Setting: A 500 student BIA contract high school on a Northern Plains reservation.

Methods: Students will receive a one-on-one individualized risk assessment and an assessment of their understanding of STD/HIV issues. In addition, they will be offered STD/HIV screening based on their reported risks. Students testing positive will be treated on-site and partner services will be initiated. In addition, the SBHC will serve as a resource for the school, tribal leadership, and community for STD/HIV information.

Results: In the first three days of this project, 12 students were screened for chlamydia, 3 of whom were positive. The nurse was only able to screen this small number, because she became overwhelmed by the other pressing needs of the students. At the same time, she was very alarmed by the types of risks the students revealed to her. In that first week, she encountered these issues:

- ◆ Intravenous drug use (IVDU)
- ◆ Sexual abuse by a family member
- ◆ Statutory rape
- ◆ Pregnancy
- ◆ Complications from a miscarriage
- ◆ Unprotected anal sex
- ◆ A single student with more than 54 partners

Every student the nurse has spoken with so far has requested an HIV test. Three students that denied previous sexual activity agreed to HIV, chlamydia, and gonorrhea screening after their one-on-one counseling sessions on risk behaviors. The nurse reports barely being able to walk through the school's hallways without being stopped

by students to answer questions related to STDs, HIV, other behavioral risks. She has already made many referrals to other social services in the community.

Lessons Learned:

- ◆ Adolescents have critical health care and behavioral health needs that were previously unmet.
- ◆ Adolescents are starved for age-appropriate, confidential, and comprehensive health care services.
- ◆ Third-party billing can be a possible mechanism for establishing and sustaining SBHCs.
- ◆ Projects arising from community coalitions, in this case wellness teams, have shared ownership and responsibilities.
- ◆ School-based efforts can have intentional and unintentional benefits for the greater community.

Pilot Site 6: Public School on a Southwestern Reservation

NOTE: This screening project is in the process of being implemented.

Background: A representative from the tribal health program presented a proposal to implement a school-based STD screening project in the high school to the school board and it was approved. The high school already has a SBHC staffed by IHS clinicians.

Funding: IHS (and third-party billing by IHS) via the existing SBHC.

Setting: A 1500 student public high school on a reservation in the southwest.

Methods: As in Pilot Site 4, the school will form an ad hoc workgroup with school and health center representatives to work with the IHS National STD Program to develop the screening project.

Results: Screening has not occurred yet.

Lessons Learned:

- ◆ A pre-existing SBHC that can conduct third-party billing can eliminate or ease much of the cost constraints of a screening project.
- ◆ Approval to do school-based STD screening in Indian Country doesn't have to be a lengthy or contentious affair.

C

Resources on Tribal, State, and National Law

State consent laws and how these are interpreted and implemented in the school.

IHS providers must follow the laws of the state where services are being delivered. (See Minor's Access to STD Services from the Alan Guttmacher Institute for a listing of state specific laws concerning minor's access to STD services: http://www.agi-usa.org/statecenter/spibs/spib_MASS.pdf.)

Laws on confidentiality of medical records (and who will have access to those records).

- ◆ The Health Privacy Project provides updated summaries of state health privacy statutes. (http://www.healthprivacy.org/info-url_nocat2304/info-url_nocat_search.htm)
- ◆ National Center for Youth Law - Adolescent Confidentiality and Privacy Under the Health Insurance Portability and Accountability Act (http://www.youthlaw.org/downloads/adolescnt_confidentiality.pdf)
- ◆ The American Civil Liberties Union – Protecting Minor's Health Information Under the Federal Medical Privacy Regulations (http://www.aclu.org/FilesPDFs/med_privacy_guide.pdf)

Laws on disease reporting to health departments

- ◆ Every state has communicable disease laws that give the department of health the authority to determine which diseases are reportable. However, not every disease is reportable in every state.
- ◆ For STDs, many states have statutes that define the reportable diseases. The legal authority for deciding which conditions (and which accompanying case data) are reportable in a given jurisdiction can vary by state, territory or local law or regulation, but is usually the state and/or local health department.
- ◆ Every state requires physicians to report diagnosed cases of, and/or laboratories to report tests indicative of, specific diseases. In most states, other health care or public health professionals (persons in charge of hospitals, clinics, prisons, detention centers) are also required to report cases of specified diseases to the health department.²⁰

²⁰ CDC. Division of STD Prevention Program Operation Guidelines. Available at: <http://www.cdc.gov/std/program/surveillance/2-PGsurveillance.htm#components>.

- ◆ Chlamydia is a reportable disease in every state. Reporting can be provider- and/or laboratory-based. Clinicians who are unsure of local reporting requirements should seek advice from local health departments or state STD programs.²¹
- ◆ Although many STDs are nationally notifiable,²² reporting is currently mandated only at the state level. Therefore, the diseases that are considered notifiable vary slightly by state.²³ The National Coalition of STD Directors has links to every state's STD program where information on state-specific disease reporting laws should be found. (<http://www.ncsddc.org/programsites.htm>)

State partner notification reporting laws

Legal authority for the notification and referral of partners to persons with known STD infections is determined by the states. The National Coalition of STD Directors has links to every state's STD program, where information on state-specific partner notification reporting laws should be found. (<http://www.ncsddc.org/programsites.htm>).

State partner treatment laws²⁴

Traditional practices to inform, evaluate and treat sex partners of persons infected with STDs have relied upon patients or health care providers to notify partners of infected persons of their exposure to an STD. An alternative approach to assuring treatment of partners is expedited partner therapy (EPT). EPT is the delivery of medications or prescriptions by persons infected with an STD to their sex partners without clinical assessment of the partners. Clinicians (e.g., physicians, nurse practitioners, physician assistants, pharmacists, public health workers) provide patients with sufficient medications directly or via prescription for the patients and their partners. After evaluating multiple studies involving EPT, CDC recommended the practice of EPT for certain populations and specific conditions in its Sexually Transmitted Diseases Treatment Guidelines, 2006.

Throughout discussions of EPT, the legal status of the practice has remained an area of uncertainty. To assist state and local STD programs in their efforts to implement EPT as an additional partner services tool, CDC collaborated with the Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities to assess the legal framework concerning EPT across all 50 states and other jurisdictions (the District of Columbia and Puerto Rico). This analysis found that EPT is currently *permissible* in 10 states, *possible* in 29 states, and explicitly *prohibited* or likely prohibited in 13 states. A review of applicable laws in each state is available at: <http://www.cdc.gov/std/ept/legal/default.htm>.

An additional basic review of laws pertaining to the practice of EPT in Indian Country was also conducted. This review was quite complex and found different conclusions

²¹ CDC. 2006 STD Treatment Guidelines, available at: <http://www.cdc.gov/std/treatment/2006/rr5511.pdf>

²² CDC. Nationally Notifiable Infectious Diseases, 2006. Available at: <http://www.cdc.gov/epo/dphsi/phs/infdis2006.htm>, accessed 2/7/2006.

²³ CDC. Nationally Notifiable Disease Surveillance System. Available at: <http://www.cdc.gov/epo/dphsi/nndsshis.htm>, accessed 2/7/2006.

²⁴ CDC. Legal Status of EPT - Introduction. Available at: <http://www.cdc.gov/std/ept/legal/introduction.htm>, accessed 12/20/2006.

depending on whether 1) the provider is a federal employee or licensed by a state; 2) there are applicable tribal regulations; 3) the patient or partner is a tribal member; 4) the clinician is a tribal member; 5) care is rendered on tribal land; and 6) whether tribal, federal, or state law governs a particular matter. IHS is in the process of developing policy concerning the practice of EPT in its facilities.

Tribal Laws

Federally-recognized tribes have the sovereign right to enact and enforce laws that they deem necessary and appropriate for the well-being of their tribal members. Some tribes may defer to state codes for health-related issues, while others may differ. In some tribes, a person with a contagious disease who refuses treatment can be imprisoned and even forced to take the prescribed treatment. You can view specific tribe's laws, codes, and regulations at the website of the National Tribal Justice Resource Center (<http://www.tribalresourcecenter.org/tribalcourts/codes/default.asp>)

Laws regarding reporting of statutory rape or child abuse (if young teenagers are treated for STDs)

- ◆ State laws requiring the reporting of sexual intercourse involving an underage minor ("statutory rape") are meant to protect adolescents from sexual coercion and exploitation, particularly by older partners. This body of law is complex and sometimes unclear, and therefore can be difficult for law enforcement agents, school officials, reproductive health care providers, and other adults who frequently interact with adolescents to decipher.²⁵
- ◆ Statutory rape reporting requirements present a particular challenge for those who recognize the value in both assuring that minors have access to confidential health care and protecting adolescents from sexual exploitation. This is particularly true for reproductive health care providers, who are often obliged to report suspected cases of sexual abuse. At the same time, they are ethically, and sometimes legally, required to honor a patient's privacy rights.
- ◆ The Society for Adolescent Medicine published a position paper on this issue in 2004:
http://www.adolescenthealth.org/PositionPaper_Protecting_Adolescents_Ensuring_Access_to_Care_and_Reporting_Sexual_Activity_and_Abuse.pdf

²⁵ AGI. Politicizing Statutory Rape Reporting Requirements: A Mounting Campaign? Available at: <http://www.guttmacher.org/pubs/tgr/08/3/gr080301.html>, accessed 2/7/2006.

MINORS MAY CONSENT TO:

STATE	CONTRACEPTIVE SERVICES	STD SERVICES	PRENATAL CARE	ADOPTION	MEDICAL CARE FOR MINOR'S CHILD	ABORTION SERVICES
Alabama	All†	All*	All	All	All	Parental Consent
Alaska	All	All	All		All	▼ (Parental Consent)
Arizona	All	All		All		Parental Consent
Arkansas	All	All†	All		All	Parental Consent
California	All	All	All	All		▼ (Parental Consent)
Colorado	All	All	All	All	All	Parental Notice
Connecticut	Some	All		Legal counsel	All	All
Delaware	All†	All†	All†	All	All	Parental Notice‡
Dist. of Columbia	All	All	All	All	All	All
Florida	Some	All	All		All	Parental Notice
Georgia	All	All*	All	All	All	Parental Notice
Hawaii	All†,†	All†,†	All†,†	All		
Idaho	All	All†	All	All	All	▼ (Parental Consent)
Illinois	Some	All*	All	All	All	▼ (Parental Notice)
Indiana	Some	All		All		Parental Consent
Iowa	All	All				Parental Notice
Kansas	Some	All*	Some	All	All	Parental Notice
Kentucky	All†	All†	All†	Legal counsel	All	Parental Consent
Louisiana	Some	All†		Parental consent	All	Parental Consent
Maine	Some	All*				All
Maryland	All†	All†	All†	All	All	Parental Notice
Massachusetts	All	All	All		All	Parental Consent
Michigan	Some	All†	All†	Parental consent	All	Parental Consent
Minnesota	All†	All†	All†	Parental consent	All	Parental Notice
Mississippi	Some	All	All	All	All	Parental Consent
Missouri	Some	All*	All*	Legal counsel	All	Parental Consent
Montana	All†	All†	All†	Legal counsel	All	▼ (Parental Notice)
Nebraska	Some	All				Parental Notice
Nevada	Some	All	Some	All	All	▼ (Parental Notice)
New Hampshire	Some	All†	Some	All ^Ω		▼ (Parental Notice)
New Jersey	Some	All†	All†	All	All	▼ (Parental Notice)
New Mexico	All	All	All	All		▼ (Parental Consent)
New York	All	All	All	All	All	
North Carolina	All	All	All			Parental Consent
North Dakota		All†,†		All		Parental Consent
Ohio		All		All		Parental Consent
Oklahoma	Some	All†	All†	All†	All	Parental Consent and Notice
Oregon	All†	All	All*, ^Φ			
Pennsylvania	Some	All	All	Parental notice	All	Parental Consent
Rhode Island		All		Parental consent	All	Parental Consent
South Carolina	All ^Ω	All ^Ω	All ^Ω	All	All	Parental Consent
South Dakota	Some	All				Parental Notice
Tennessee	All	All	All	All	All	Parental Consent
Texas	Some	All†	All†			Parental Consent
Utah	Some	All	All	All	All	Parental Consent and Notice
Vermont	Some	All		All		
Virginia	All	All	All	All	All	Parental Consent
Washington	All	All†	All	Legal counsel		
West Virginia	Some	All		All		Parental Notice
Wisconsin		All				Parental Consent
Wyoming	All	All		All		Parental Consent
TOTAL	25+DC	50+DC	32+DC	28+DC	30+DC	2+DC

▼ Enforcement permanently or temporarily enjoined by a court order; policy not in effect.

Notes: "All" applies to minors 12 and older unless otherwise noted. "Some" applies to specified categories of minors (those who have a health issue, or are married, pregnant, mature, etc.). The totals include only those states that allow all minors to consent.

* Physicians may, but are not required to, inform the minor's parents.

† Applies to minors 14 and older.

‡ Applies to minors younger than 17.

Ω A court may require parental consent.

Φ Applies to minors 15 and older.

◇ Applies to mature minors 15 and younger and to minors 16 and older.

Source: Alan Guttmacher Institute, www.guttmacher.org/statecenter/spibs/spib_OMCL.pdf.

D

Sample Materials

1. **Sample Funding Proposal Structure**
2. **Proposal Cover Letter to a Tribal Health Director**
3. **Proposal to a Tribal Health Department**
4. **Resolution**
5. **Fact Sheet**
6. **Brochure**
7. **Frequently Asked Questions About School-Based STD Screening Projects**
8. **Memorandum of Understanding**
9. **Parental Notification Letter**
10. **Passive (opt-out) Consent Form**
11. **Active (opt-in) Consent Form**
12. **Registration Form**
13. **Student Evaluation Form**
14. **Behavior Survey**
15. **Log**

1. Funding Proposal Structure

Background statement

- ◆ Chlamydia rates among adolescents and young adults in your community
- ◆ Other markers of risk (other STDs, 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

Approach to solving the problem

- ◆ **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 participate in the STD education session(s); how many give consent; how many are tested; how many receive their results; how many are positive; how many are treated; how many partners are named; how many partners are contacted and treated; how participation rates differ by grade, school, year, etc.; whether knowledge about chlamydia and STDs changed; whether an increase in adolescents seeking services occurred.
- ◆ **Outcome measures:** Whether chlamydia rates decreased over time and by how much, in which age groups, grades and schools. (Also include student screening evaluations for each site. See sample evaluation forms in Appendix D.)

Budget

- ◆ **Staff Time:** management, operations team(s), medical advisor, data manager, laboratory liaison, communications/PR, others.
- ◆ **Printed Materials:** brochures, fact sheets, consent forms, etc.

- ◆ **Supplies:** urine cups; 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 \$1 per dose for azithromycin or about \$2 per 1-week course of doxycycline. (In some cases, medication can be provided through IHS or the health department.)

2. Proposal Cover Letter to a Tribal Health Director

My name is [REDACTED], and I am the Program Director for the IHS National Sexually Transmitted Disease (STD) Program. For more than 10 years, IHS and the Centers for Disease Control and Prevention (CDC) have collaborated to staff and fund our program, which is housed in the IHS Division of Epidemiology and Disease Prevention in Albuquerque, NM. We work closely with IHS, tribal, county, state, and federal partners to address the issue of STDs among American Indian/Alaska Natives (AI/AN) using a variety of strategies. (For more information on our program, please visit our website at [REDACTED]. One of our current projects is to develop guidelines for school-based STD screening for Indian Country. We are partnering with a number of tribes to do this and are hopeful that the [REDACTED] tribe will also choose to collaborate with us on these important guidelines.

As you may be aware, chlamydia is the most frequently reported bacterial STD in the United States and disproportionately affects adolescents. This is of particular importance among AI/AN youth, since 15-19 year old AI/AN had the second highest rates of chlamydia, gonorrhea and syphilis in 2004. The school-based screening guidelines we are developing will give tribes, school, and IHS practical tools and strategies to implement this important public health intervention to prevent and treat STDs among adolescents who otherwise may experience barriers to accessing health care.

A multi-disciplinary work group from across the country comprised of representatives from tribes, tribal organizations, IHS, states, the CDC and school health officials is charged with developing, piloting and disseminating these screening guidelines.

Attached is a proposal for your participation in the screening project. Many of the details will be determined by your organization depending on specific concerns and needs. We are happy to present different options and share what other tribes have done.

We are looking forward to the possibility of working with you to improve the health of AI/AN adolescents in your tribe and throughout Indian Country. My colleagues and I are happy to come to the (insert tribe here) to meet with you regarding this proposal. Thank you for your consideration, and we look forward to speaking with you regarding moving forward with this project.

3. Pilot Site Proposal to a Tribal Health Department

Indian Health Service (IHS), in partnership with tribes, schools, and state and local health departments, is developing school-based STD screening guidelines for Indian Country. This proposal lays the framework for collaboration between the [REDACTED] tribe, IHS, local school districts and other interested partners to develop a plan to establish chlamydia screening pilot sites for all students at schools that serve [REDACTED] tribe youth. This proposal outlines possible strategies, stakeholders and resources. Many of the specific details of the project are dependent on [REDACTED] tribe concerns and needs and will be finalized following future discussions. We are happy to facilitate this process and can present options and share what other pilot sites have done.

Project Overview

A multi-disciplinary work group from across the country comprised of representatives from, tribes, tribal organizations, counties, states, IHS, the Centers for Disease Control and Prevention (CDC) and school health officials is developing, piloting and disseminating guidelines for implementing school-based sexually transmitted diseases (STD) screening projects for Indian Country. We are seeking to identify potential school districts in Indian Country that can serve as pilot sites. We will work with the pilot sites to develop and conduct the screening and to capture lessons learned. We will summarize the pilot sites experiences into a guideline document for distribution throughout Indian Country

Goal

To offer STD screening and treatment in schools; reduce infection and re-infection rates; educate students about prevention; and refer students to other needed services.

Project Need

STDs are very common infections in the US and around the world and are a serious public health challenge. Even though much progress has been made in preventing, diagnosing, and treating certain STDs in recent years, the CDC estimates that 19 million new infections occur each year, almost half of them among young people ages 15 to 24.²⁶ In addition to the physical

²⁶ Weinstock H, Berman S, Cates W. Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health* 2004;36(1):6-10.

and emotional aspects of STDs, they are also costly, with direct medical costs in the US estimated at \$13 billion annually.²⁷

STD rates are even more alarming when looked at by race/ethnicity, as people from communities of color have the highest rates of STDs.²⁸ In fact, in 2004, American Indian/Alaska Native (AI/AN) youth (15-19 year olds) had the second highest rates per 100,000 population of chlamydia, gonorrhea, and primary and secondary syphilis compared to other racial/ethnic groups.²⁹ We are particularly concerned with the very high rates of chlamydia among youth, as this bacterial infection is largely asymptomatic and can have devastating long-term consequences if left untreated, including pelvic inflammatory disease, chronic pelvic pain, ectopic pregnancy, and infertility.

All teens (regardless of race) are at greater risk for STDs because they often have unprotected sex, are biologically more vulnerable to infection, change partners frequently, and have a harder time accessing confidential health care. Clinicians who care for teens can provide a critical role during clinic visits by addressing misconceptions about STDs, offering prevention education geared towards their needs, linking them to other needed services, and encouraging them to develop healthy sexual behaviors.³⁰

Access to confidential and comprehensive health services on reservations and in rural settings is a barrier to screening and treating AI/AN youth for STDs. Unfortunately, AI/AN youth in urban settings do not fare much better.³¹

Purpose

To engage and partner with tribes, IHS, schools and school-based health centers to implement chlamydia screening for its sexually active student population as a means of more effectively reaching those most affected by chlamydia in a familiar, convenient and safe setting.

²⁷ HW Chesson, JM Blandford, TL Gift, G Tao, KL Irwin. The estimated direct medical cost of STDs among American youth, 2000. Abstract P075. 2004 National STD Prevention Conference. Philadelphia, PA. March 8-11, 2004.

²⁸ American Social Health Association. *State of the Nation 2005: Challenges Facing STD Prevention in Youth—Research, Review, and Recommendations*. Research Triangle Park, NC:ASHA, 2005. Available at: http://www.ashastd.org/pdfs/ASHA_05.final.pdf.

²⁹ Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance, 2004. Atlanta, GA: U.S. Department of Health and Human Services, September 2005. Available at: <http://www.cdc.gov/std/stats/toc2004.htm>.

³⁰ CDC. 2002 STD Treatment Guidelines, available at: <http://www.cdc.gov/std/treatment/2006/rr5511.pdf>.

³¹ Urban Indian Health Institute. The Health Status of Urban American Indians and Alaska Natives, available at: <http://www.uihi.org/reports/2004HealthStatusReport.pdf>.

Objectives

- ❑ Increase the accessibility of appropriate and timely chlamydia screening, treatment, and referral services to at-risk youth and young adults.
- ❑ Decrease the incidence of new and repeat chlamydial infections and associated complications among target populations.
- ❑ Increase the knowledge and awareness of STDs and prevention among youth and adolescents within school settings.

Project Outline

Educational Component

The educational component will be determined based on the needs and desires of the participating schools and (insert tribe here) officials. Since the screening will be testing for chlamydia only, educational materials focusing on that bacterial STD would be essential. The inclusion of any other topics, such as other STDs, HIV/AIDS or sexual risk behaviors, would be at the discretion of local officials. Health educators from the tribe, school and/or department of health could work together to develop the educational messages and strategies. The educational component can be provided as a stand alone program (such as a school assembly) or can be integrated into an existing class (such as health, physical education). It can be a very brief overview, or a longer session.

Resource needs: *appropriate educational materials; health education staff; purchase or printing of educational materials*

Resources available: *materials from other pilot sites; health educators; (insert region here) Infertility Prevention Project (potentially); to be determined pending further discussions with (insert tribe here) and other partners*

Consent Process

As in many states, [REDACTED] law does not require parental consent to screen and treat STDs in young people ages [REDACTED] and older; however, some screening projects choose to seek parental consent as a courtesy. If consent is desirable, there are two kinds of consent: active and passive. An active, or opt-in, consent requires a parent or guardian to sign a form so that their child can participate. A passive, or opt-out, consent requires parents to sign a form if they expressly do not want their child to participate. In either situation, the student must also consent to the screening. We can offer technical

assistance in drafting appropriate consent forms.

Resource needs: *appropriate consent form; printing of consent forms*

Resources available: *materials from other pilot sites; to be determined pending further discussions with (insert tribe here) and other partners*

Specimen Collection

New nucleic acid amplification test (NAAT) technologies for chlamydia are urine-based for testing both asymptomatic men and women. NAATs are the most sensitive *Chlamydia trachomatis* tests available.³² The actual test kits would need to be secured. After collection, the specimens will be transported to a lab for processing. The actual collection process can occur in a variety of ways, including as part of sports physicals at the beginning of the school year. The logistics for the specimen collection will be determined at each site.

Resource needs: *test kits; staff to collect specimens; transportation*

Resources available: *to be determined pending further discussions with [REDACTED] and other partners*

Behavioral Risk Information

Some sites include a brief survey on at-risk sexual behaviors. The [REDACTED] tribe and participating school districts would need to determine whether this would be information they would want and would use to develop interventions to address certain behaviors that may be putting their youth at risk for STDs and other unfavorable outcomes. We can provide technical assistance to develop such a survey.

Resource needs: *appropriate behavioral risk survey instrument; ability to analyze data and make recommendations for next steps*

Resources available: *materials from other pilot sites; Region [REDACTED] Infertility Prevention Project (potentially); to be determined pending further discussions with [REDACTED] tribe and other partners*

Lab Services

We hope that the [REDACTED] County Public Health Laboratory will be able to process the specimens. Often, if the kits are donated, the public health lab will process

³² Centers for Disease Control and Prevention. Screening Tests To Detect *Chlamydia trachomatis* and *Neisseria gonorrhoeae* Infections —2002. MMWR 2002;51(No. RR-15)

specimens at no cost. We can explore this option with the [REDACTED] County Public Health Laboratory director and the Region [REDACTED] Infertility Prevention Project.

Resource needs: *lab that has capacity to handle additional tests*

Resources available: *checking with state lab*

Delivery of Results and Treatment

A responsible party and method for accurate, prompt and private delivery of test results and treatment will need to be established. Notification and treatment of partners of students who test positive could be handled by the local department of health, since STD surveillance may be one of its routine functions.

Resource needs: *qualified staff to deliver results and conduct partner management*

Resources available: *to be determined pending further discussions with [REDACTED] tribe and other partners; [REDACTED] STD Program Disease Intervention Specialists*

Data Collection

A standard system for tracking specimens and results, while maintaining the anonymity of students, would need to be established. Any data collected would be for clinical, not research, purposes. In addition, these data will be collected: number of students in each school, number of students receiving the educational component, number of students providing a urine specimen, number of positives, number of students receiving results in the school and community, number of students treated in the school and community, and number of partners named and treated. All data would be categorized by gender, race/ethnicity, age and grade.

Resource needs: *data collection instrument*

Resources available: *materials from other pilot sites; to be determined pending further discussions with [REDACTED] tribe and other partners*

Data Reporting and Dissemination

Aggregated findings will be shared with key tribal and school officials. Basic descriptive findings will be included in the guidelines. Findings will not contain individual identifiers and all steps will be taken to protect the confidentiality and privacy of participants.

Resource needs: *report; finalized guidelines*

Resources available: *IHS National STD Program*

4. 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);

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.

5. Fact Sheet

Chlamydia Fact Sheet

Chlamydia (kluh-mih-dee-uh) is a sexually transmitted disease (STD) caused by a type of bacteria or germ.

How Do People Get It?

- You can get it by having vaginal, anal and oral sex.
- It can also be spread to the eyes by touching them with fluids from the vagina or penis.
- An infected mother can also give it 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 symptoms show up, they happen 1 to 4 weeks after having sex.
- A person is still infected and can pass it on even after symptoms go away.

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

Don't use drugs or alcohol.

- They affect your ability to make smart and safe decisions about sex.

Is It Serious?

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

How Do You Know if You Have It?

- You have to be tested for it. The test is painless. It is a simple urine test.
- Any person who is sexually active should be tested for Chlamydia and other STDs.

How Is It Treated?

- Chlamydia is treated with antibiotics.
- It's important to take all the medicine because Chlamydia can come back if you don't.
- Also, avoid having sex for a full week after treatment.

What About Your Partner?

Your sex partner needs to be told and treated too. 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 STDs. People can choose not to have sex even if they've had sex in the past.
- **Use latex condoms every time.**
- **Plan ahead.** Before you have sex:
 - Talk to your partner about STDs.
 - Get an STD checkup and be sure your partner does too.
 - Talk to your partner about protection.

6. Brochure


Questions about STDs?
Contact:

- ◆ Your Tribal Clinic
- ◆ National STD Hotline - 1-800-227-8922
- ◆ National Indian AIDS Line - 1-800-283-2437
- ◆ Hepatitis Information - 1-800-223-0170
- ◆ National Herpes Hotline - 1-818-381-8488
- ◆ CDC National AIDS Hotline - 1-800-342-AIDS
- ◆ CDC National AIDS Clearinghouse - 1-800-458-5231
- ◆ Alcohol, Drug & Pregnancy Hotline - 1-800-838-BABY
- ◆ BoysTown National Youth Hotline - 1-800-448-3000
- ◆ National Gay & Lesbian Youth Hotline - 1-800-878-TEEN

Quick Quiz!
(answers below)

1. Chlamydia is caused by a:
 - a. Bacteria
 - b. Virus
 - c. Protozoa
 - d. Fungus
2. True or False: People always get symptoms when they have chlamydia.
3. True or False: Chlamydia is curable.
4. True or False: Even if there are no symptoms, chlamydia can still result in complications - including infertility.
5. What is the only foolproof way to prevent chlamydia?
6. True or False: Condoms can protect you from chlamydia.

ANSWERS: 1.A 2.F 3.T 4.T 5.Abstinence 6.T. If used consistently and correctly.



PROJECT RED TALON

The activities of Project Red Talon are funded by the Centers for Disease Control and Prevention (CDC). This project is designed to provide tribes in Idaho, Oregon, and Washington with education, training, and technical assistance for the prevention and treatment of STDs.

Award Number: U83/CCU024369-01

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Sexually Transmitted Diseases

Chlamydia
The "Silent" STD



PROJECT RED TALON
"Respecting Our Bodies and Relationships"

**Northwest Portland Area
Indian Health Board**

What is Chlamydia?

Chlamydia is a Sexually Transmitted Disease (STD) caused by the bacteria *Chlamydia trachomatis*.



This bacteria can cause damage to a woman's reproductive organs, which can result in serious, permanent damage. It can also cause penile discharge in men.

How Do I Get It?

You **CAN** get chlamydia from:

- Vaginal, anal, or oral sex.
- Being born to an infected mother.

You **CANNOT** get chlamydia from:

- Toilet seats, doorknobs, etc.
- Swimming pools or hot tubs.
- Shared clothing.

Remember - You can get chlamydia again (be re-infected) even if you had it before and were successfully treated.

Re-infection is particularly dangerous in women because multiple infections increases the risk of reproductive health complications, including infertility.

Quick Fact: In the U.S., chlamydia rates are over two times higher among American Indians than other ethnicities. Chlamydia is the most common bacterial STD in the US.

Signs and Symptoms - Why Is It Called "Silent?"

Most infections do not produce any noticeable symptoms. If symptoms do occur, they usually appear 1-3 weeks after exposure.

Even if there are no symptoms, the infection can cause serious health problems, including infertility and death.

Possible Symptoms:

Women - Genital Infection

- 75% of infections produce no signs
- Abnormal vaginal discharge
- Burning sensation when urinating
- Lower abdominal or back pain
- Nausea or fever
- Pain during intercourse
- Bleeding

Pelvic Inflammatory Disease (PID): 40% of women with untreated chlamydia develop PID. PID can cause permanent damage to the fallopian tubes, uterus, and surrounding tissues. PID can lead to chronic pelvic pain, infertility, and ectopic pregnancy, which can be fatal.

Men - Genital Infection

- 50% of infections produce no signs
- Discharge from penis
- Burning sensation when urinating
- Burning or itching around the opening of the penis
- Rectal Infection (from anal sex)
- Throat Infection (from oral sex)



Quick Fact: People infected with chlamydia are 2-5 times more likely to become infected with HIV, if exposed.

Testing - Laboratory tests are available to detect the bacteria using a urine test or swab.

Treatment - Chlamydia can be easily cured with antibiotics. Because you can become re-infected with Chlamydia, it is important that all sex partners of an infected person be tested and treated.

People with chlamydia should not have sexual contact until they - and their sex partners - have completed treatment.

Reduce your Risk - What Works:

- Abstinence
- Annual screening: All sexually-active women under age 25 should be screened at least once a year.
- Sticking to one mutually-monogamous partner, who has been tested and is uninfected.
- Good communication between partners about sexual history.
- Latex condoms (if used consistently and correctly).
- Avoiding alcohol and drugs.

What DOESN'T Work:

- "Pulling out" (removing the penis from the vagina before ejaculation occurs).
- Birth control (pill, injection, patch...)
- Washing genitals, urinating, or douching after sex.

7. Frequently Asked Questions about School-Based STD Screening Projects

What is the project about?

The Chlamydia Screening Project was set up to educate students about sexually transmitted diseases (STD) and to provide testing, diagnosis and treatment of chlamydia.

Why is it important?

- Nearly 4 million teenagers get a sexually transmitted disease (STD) each year. Chlamydia is the most common STDs among teens.
- 25% of all new STD cases occur among young people ages 15 to 19.
- The majority of young people who have chlamydia have no symptoms and do not know they are infected.
- Untreated chlamydia can 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.

Why test in the schools?

STDs are rising across the nation – the group with the highest rate of infection is the 15-19 year olds. Up to 80% of those infected with STDs do not have signs or symptoms that they have an infection. In order to combat this trend, testing needs to be available to everyone, and treatment needs to be free and confidential. Schools are the best way to reach young people with testing and information concerning disease prevention. School-based testing has been very successful throughout the US (Baltimore, New Orleans, Philadelphia and San Francisco) in reducing the spread and complications of STDs in this young population. Abstinence will be identified as the best method to prevent STDs.

What does the project provide?

- **Presentations about STDs:** includes common types, how you get them, testing, treatment and prevention for students, school staff and parents.
- **Risk Assessment and Individual Counseling:** to help students understand their risk for STD and make a plan to protect themselves.
- **Free On-site Chlamydia Testing:** provided for all students at the school. The test is painless and private. 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:** raffle movie tickets, gift certificates or novelty items to encourage participation in the screening project.
- **Health Education Materials:** provide 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.

Who will do the testing?

The [redacted] Health Care Facility in cooperation with the [redacted] Department of Health. All testing will be done confidentially. [redacted] Health Care Facility staff will provide an educational presentation about STDs and this project prior to testing.

What does the school need to provide?

All project materials are provided at no cost to schools. The school will need to:

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

What about parental consent?

Depending on the age of the student and the state where the screening occurs, parents must sign a consent form for students to participate in the project. For this project, only students whose parents sign the consent form will be tested. Project staff will need to be informed of any students who are excluded from receiving sensitive materials.

Who will be tested?

To help ensure confidentiality, all students in _____ grades will have the opportunity to participate on a **voluntary** basis regardless of their sexual experience. Even students who are sexually abstinent will benefit from the information given. No physical examination is needed, just a small sample of urine. The urine will be tested for gonorrhea and chlamydia, the two most common diseases that infect teens. Many students do not know about or are misinformed about chlamydia and other STDs. Most infected students are not aware of the infection and have no symptoms. Students who do not wish to be tested will not be required to provide a urine sample. Specimens will not be tested for pregnancy or drugs.

(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.)

What if the gonorrhea or chlamydia test is positive?

These diseases can be cured with antibiotics (medicine). Most students can be treated with a single dose of oral medication. If the students do not re-expose themselves to the STD, they will no longer have the infection in their body. In order to combat the spread of these STDs and protect students from their complications, all students who test positive will need to be treated. These students will receive free, confidential treatment in the school approximately one week after testing. Students will be counseled to reduce their risk for re-infection and referred for follow-up if necessary.

What happens if the test is not taken or treatment is not administered?

The consequences of undetected or untreated infections are serious. Complications can include infertility, pelvic inflammatory disease, and tubal pregnancy in women, and testicle pain in men.

When will the testing and treatment project begin?

Refer to area or school specific projects for testing dates. Treatment and counseling will immediately follow receipt of test results from the laboratory.

8. Memorandum of Understanding

Between San Francisco Department of Public Health (SFDPH) STD Prevention and Control and San Francisco Unified School District (SFUSD) For the Provision of STD Education and Screening Services

The San Francisco Unified School District and/or individual schools agree 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 project protocols.

Signature

Date

Signature

Date

9. Parental Notification Letter

Dear Parent/Guardian:

The [REDACTED] IHS Clinic, [REDACTED] State Department of Health, [REDACTED] Tribal Health Program, and [REDACTED] School are concerned about the health of the [REDACTED] tribal youth and are committed to working together to help our children lead healthier lives. Working in partnership, this spring semester, we will present the high school students an educational project about sexually transmitted diseases (STDs) and we will offer them free, voluntary and confidential testing and treatment for chlamydia and gonorrhea, the most common infectious disease among adolescents.

Health officials at [REDACTED] IHS Clinic, [REDACTED] State Department of Health have increasing concern about the spread of chlamydia. In [REDACTED] County we are seeing an upward trend since [REDACTED] in the number of chlamydia infections. Among Native Americans, chlamydia infection increased by [REDACTED] %. The age group with the highest rate of chlamydia is the 15-19 year old age group. [REDACTED] School, in particular, is facing an epidemic of STDs among its teenagers.

The [REDACTED] IHS Clinic, [REDACTED] State Department of Health, [REDACTED] Tribal Health Program, and [REDACTED] School want to do everything we can to ensure the health of all of our children. We encourage you to take a few minutes to speak with your child/children about human sexuality issues, including prevention and consequences of STDs. You are your child's first and most important teacher, especially when talking about these sensitive issues.

Enclosed, you will find a brochure and an Information Sheet with Frequently Asked Questions regarding chlamydia and the screening project. If you have other questions concerning either the screening or the follow-up treatment, please call [REDACTED], the [REDACTED] at [REDACTED].

Sincerely,

11. Active (opt-in) Consent Form

Dear Parents/Caregivers/Guardians

The [redacted] State Department of Public Health in collaboration with the [redacted] School District will be at our school on [redacted] to provide information and conduct chlamydia screening. Chlamydia is a type of sexually transmitted bacteria that can cause serious infections. Many people with chlamydia do not have symptoms and therefore their infections can go undetected. If chlamydia is not detected and treated, it can cause chronic pain, infertility and complications in pregnancy. However a single dose of the antibiotic azithromycin can cure chlamydia.

The consequences of undetected and untreated chlamydia are serious. New urine tests allow easy screening without pelvic exams or uncomfortable swabs. In an effort to find these hidden infections and protect our children from future negative consequences, we will allow the [redacted] State Department of Public Health to offer voluntary testing for our students.

While the [redacted] State Health Code allows individuals [redacted] years or older to seek testing and treatment of STD, we are notifying parents/guardians of this opportunity to participate in the STD pilot project. Due to medical confidentiality laws, results can only be disclosed to individuals who have been tested. Participation in this project may include receiving information regarding STD, counseling in reducing or eliminating risk and urine testing.

The [redacted] State 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 [redacted].

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 [redacted] State Health Code allows for individuals age [redacted] and older to seek testing and treatment for STD without parental consent. I am aware that [redacted] 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 _____ Phone () _____

12. Registration Form

**State Department of Public Health STD Prevention and Control
High School Screening Project**

- 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.

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 _____
<i>Emergency contact (Relative/Friend)</i> _____		<i>Contact phone</i> _____	<i>Pager #</i> _____
<i>Contact's home address</i> _____		<i>City</i> _____	<i>Zip code</i> _____

<p>1. What is your gender?</p> <input type="checkbox"/> Female <input type="checkbox"/> Male	<p>2. What is your sexual orientation?</p> <input type="checkbox"/> Straight <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Refused	<p>3. What is your race/ethnicity?</p> <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) _____ <input type="checkbox"/> Other: (please specify) _____
<p>4. For women only: Are you pregnant?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<p>5. Are you having any of the following symptoms or signs? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, check all that apply)</p> <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?** _____

7. **Would you like a confidential appointment to discuss your results?**

Yes No

8. **Have you ever had sexual contact?** 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: _____

13. Student Evaluation Form

Thank you for agreeing to fill out this evaluation form. We appreciate your feedback on the recent STD screening done at the school. You do not need to sign your name, just your age, grade and sex, please.

Age _____ Grade _____ Male _____ Female _____

On a scale of 1 to 5, with 1 meaning you **STRONGLY DISAGREE** with the statement and 5 meaning you **STRONGLY AGREE** with the statement, please rate the following:

- | | Strongly Disagree | | | | Strongly Agree |
|---|--------------------|---|---|---|----------------|
| 1. Was the STD information we provided adequate and helpful? | 1 | 2 | 3 | 4 | 5 |
| 2. Was the testing at the school a good idea? | 1 | 2 | 3 | 4 | 5 |
| 3. Was the procedure we use for the testing private enough for you? | 1 | 2 | 3 | 4 | 5 |
| 4. Was the session to get your results private enough for you? | 1 | 2 | 3 | 4 | 5 |
| 5. Would you like to see us do this again next year? | Yes _____ No _____ | | | | |
| 6. Did you receive information on how to contact the nurse practitioner if you have questions or want to make an appointment? | Yes _____ No _____ | | | | |
| 7. Is there any topic you wanted to hear about that we did not cover? | | | | | |

THANK YOU!!!

14. Behavior Survey

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

Student ID: _____ Sex: Male Female

Grade: 7 8 9 10 11 12

Race/Ethnicity: White/Caucasian Black/African-American Native American/Alaskan Native
 Hispanic/Latino Asian/Pacific Islander

<p>1. Have you EVER had ... Oral sex? <input type="checkbox"/> Yes <input type="checkbox"/> No Vaginal sex (sexual intercourse)? <input type="checkbox"/> Yes <input type="checkbox"/> No Anal sex? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>IF YOU HAVE NEVER HAD ANY TYPE OF SEX, PLEASE STOP AND TURN IN YOUR SURVEY.</i></p> <p>2. How old were you the first time you had sexual intercourse (vaginal sex)? <input type="checkbox"/> 10 or younger <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20</p> <p>3. The last time you had sexual intercourse, did you or your partner use a condom? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. When you have had sexual intercourse in the LAST THREE MONTHS, did you or your partner used a condom ... <input type="checkbox"/> Always <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I have not had sexual intercourse in the last 3 months.</p> <p>5. In the LAST THREE MONTHS, did you drink alcohol or use drugs before you had sexual intercourse? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have not had sexual intercourse in the last 3 months.</p>	<p>6. How many different sexual partners you have had in your lifetime? <input type="checkbox"/> 1 person <input type="checkbox"/> 4 people <input type="checkbox"/> 2 people <input type="checkbox"/> 5 people <input type="checkbox"/> 3 people <input type="checkbox"/> 6 or more people</p> <p>7. How many different sexual partners you have had in the LAST THREE MONTHS? <input type="checkbox"/> 1 person <input type="checkbox"/> 5 people <input type="checkbox"/> 2 people <input type="checkbox"/> 6 people <input type="checkbox"/> 3 people <input type="checkbox"/> I have not had sexual intercourse in the last 3 months. <input type="checkbox"/> 4 People</p> <p>8. Have you ever had unusual discharge from your penis or vagina? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever had pain or burning when you urinated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Have you ever had a sexually transmitted disease (STD)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>11. Are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No, I am a male</p> <p>12. Are you allergic to Azithromycin or Cefixime? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>
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Please provide us with a confidential 4-digit code number: _____

15. Log Form

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
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															

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

Amp. Date _____ Lot # _____ Exp. Date _____ Initials _____

E

Specimen Handling Specifications for Different NAATs

Test Name/ Manufacturer	Storage and Transport Specifications
<u>Becton Dickinson® Probe Tec</u>	Specimens must be stored and transported to the laboratory at 2°C to 27°C (36°F to 80°F) within 4-6 days of collection. If specimens cannot be transported directly to the testing laboratory under ambient temperatures (15° to 27°C [59°F to 80°F]), they must be shipped via overnight in an insulated container with ice.
<u>Gen-Probe® Amplified CT Assay</u>	Transport specimens to the laboratory at ambient temperature within 24 hours of collection, or at 2°C to 8°C (36°F to 46°F) within 7 days of collection. Store urines at 2°C to 8°C (36°F to 46°F) within 7 days of collection. Specimens should be assayed within 7 days of collection. (If longer storage is needed, mix the specimen, then aliquot into single-use portions and freeze at -70°C (-94°F). Once thawed, do not re-freeze urines.)
<u>Gen Probe® APTIMA® Combo 2 Assay</u>	Specimens can be transported to the laboratory at 2°C to 30°C (36°F to 86°F) in either the primary collection device (urine cup) or in a urine specimen transport tube. Specimens must be transferred into the Gen-Probe specimen transport tube within 24 hours of collection and before being assayed. After transfer, specimens can be stored at 2°C to 30°C (36°F to 86°F) for up to 30 days after collection.
<u>Roche Diagnostics</u>	Specimens may be transported to the test site at 18°C to 25°C (64°F to 77°F) and are stable for 24 hours at this temperature. Specimens that require shipment to off-site test centers must be shipped via overnight delivery with guaranteed arrival within 24 hours; shipment can be at 18°C to 25°C (64°F to 77°F). If specimens are shipped at 18°C to 25°C (64°F to 77°F), they should be stored at 2°C to 8°C (36°F to 46°F) until time of shipment to ensure that the period of 18°C to 25°C (64°F to 77°F) storage does not exceed 24 hours. Urine specimens that will not be processed within 24 hours of collection must be stored at 2°C to 8°C (36°F to 46°F) and must be processed within 7 days of collection. Urine specimens that cannot be processed within 7 days of collection can be stored at -20°C (-4°F) or lower for up to 2 months.

Source: Department of Health and Human Services Region VIII Infertility Prevention Project, <http://www.region8ipp.com/articles/Lab%20Services.pdf>.

F

Client-Centered Prevention Counseling Model

	Step	Goal	Counseling Skills
Session 1: 15-20 minutes	Personalized risk assessment	An in depth 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 exploration of risk reduction options	Engaging the client in a focused 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.	Role-play scenarios; skill-building exercises; problem solving.
Session 2: 15-20 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, 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.	Replay scenarios; 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.

Source: University of Washington Department of Health:
www.doh.wa.gov/hsqa/fsl/Documents/LQA_Docs/STD_2005.PDF