Creating Why Screen for Chlamydia?  
An Implementation Guide for Healthcare Providers  
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Background:
- Screening rates for chlamydia remain low, especially when compared to other women’s health services (Pap smears, mammograms).
- Screening rates are lower in commercial health plans than in Medicaid health plans.

Objective:
- Provide accurate, up-to-date information on chlamydia screening and treatment that busy healthcare professionals will read and use.
- Address barriers and myths in text and graphics.

Screening Recommendations:
- Routinely screen all sexually active females age 24 and younger.
- Screen all pregnant females and sexually active women age 25 years and older who are at high risk.
- CDC STD Treatment Guidelines recommend screening men who are at high risk.
- Chlamydia screening recommended by:
  - AAFP
  - AAP
  - ACOG
  - ACPM
  - USPSTF
  - CDC

Provider Barriers to Screening:
- “Prevalence rates are low. My patients are not likely to have chlamydia.”
- “Chlamydia is not serious or medically complex.”

Confidential Services for Teens:

Focus Group Findings:
- “Now that I’m working in a private practice, I can’t believe who’s not getting screened...it just blows my mind.”
- “You don’t get chlamydia if you live in the suburbs.”
- “Expedited Partner Therapy? That can’t be legal.”

Putting Screening into Practice:
- Use provider reminders and prompts.
- Display patient reminders.
- Update clinical preventive services at all appointments.
- Normalize screening for all sexually active young women.
- Use urine based screening when pelvic exams are not done.
- When pelvic exams are done, place chlamydia swab next to Pap or pregnancy test materials.
- Implement practice system changes.
- Involve entire medical team in improving screening rates.
- Report each provider’s screening rates.
- Provide financial incentives for preventive care.
- Cover screening with no co-payments or deductibles.

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