

**Michigan Department of Community Health  
Division of Health, Wellness and Disease Control  
STD Section**

***Guide to Implementing a  
Sexually Transmitted Disease  
School Wide Screening***

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This document is adapted in part from the CDC document: *Starting a School Based Chlamydia Screening Project in Indian Country, April 2007.*

## **Introduction**

The information in this manual will help successfully plan and deliver a school wide sexually transmitted disease (STD) screening. This screening can be done in a variety of ways, with minimal supplies and in a very short amount of time. With the proper planning and an energized team, a very successful screening resulting in improved knowledge and sexual health for teens can occur.

The sections in this manual cover broad areas for planning and implementing a school wide STD screening project. They are meant to be easily adapted to meet the needs of any agency and school willing to support the health needs of their teens.

When beginning to plan an STD screening, start by building the case for this activity. One of the first steps is to know the facts about STDs and why it is important for teens to be screened. The information included in the STD background, statistics, recommendations and cost savings portion of this manual can be utilized to build the foundation for talking with individuals and agencies in the community to gain support and partnership.

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**Part 1: Facts About  
Sexually Transmitted  
Infections: Chlamydia and  
gonorrhea**

**STD Background Information:**

Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC) are the most common reportable bacterial infections in the United States and are most prevalent in teen and young adult women. Many infections with these STDs have no accompanying symptoms. In Michigan, school-based screening has found that over 70% of chlamydia and gonorrhea infections are in teens without any symptoms. Complications of STDs include:

- Infection spreading to the uterus or fallopian tubes causing pelvic inflammatory disease (PID) and ectopic (tubal) pregnancy in women
- infertility (can no longer have children)
- premature birth, blindness, pneumonia, joint infections and sepsis (life threatening blood infection), in infants
- epididymitis (a painful condition of the testicles in men)
- greater likelihood, five times greater likelihood of becoming infected with HIV if exposed.

Because these STDs are so common among teens and young adults, targeting only high risk teens for screening is likely to miss significant numbers of infections. There is evidence that women are more vulnerable to STDs and male-female transmission may be higher than female-male transmission. Younger women have a higher risk of CT and GC infection due to their high numbers of new sexual partners and the immaturity of their cervix.

With early identification, both CT and GC can be cured with a single dose treatment of oral antibiotics. The recent introduction of sensitive, easy-to-use, non-invasive urine-based tests for CT and GC has provided an alternative to pelvic examination and urethral swabs and resulted in more teens being tested. It has also allowed for routinely screening large numbers of teens in non-traditional settings such as schools.

At the state level, beginning in January 2005, Michigan participated in a national initiative to strengthen state health and education agency partnerships to improve HIV, sexually transmitted infection (STD), unintended pregnancy and pregnancy prevention services for adolescents. The Michigan team, comprised of program managers from the Michigan Departments of Community Health and Education, formed an ongoing networking group called the "*State Advisors on Adolescent Sexual Health (SAASH)*" to collaborate, share information, determine priorities, and examine critical sexual health issues among Michigan adolescents.

**Teen STD Statistics:**

One way to gain community and financial support for a school-wide STD screening is by gathering current national and local statistics on teen sexual behaviors and STD risk, including specific information from your targeted school populations whenever possible. Getting local data can be challenging. The best place to start is with your local health department. Data is critical to inform decisions and persuade stakeholders of the need for screening in their schools.

By the end of 12<sup>th</sup> grade, nearly 2/3 of high school students have engaged in vaginal intercourse. Data presented by the Centers for Disease Control (CDC) in 2008 reflect

one of the serious consequences of this choice, estimating that 1 in 4 young women between the ages of 14 and 19 in the US have a sexually transmitted infection. See CDC's press release at: <http://www.cdc.gov/stdconference/2008/media/release-11march2008.htm>. The CDC estimates that 19 million new infections occur annually in the US, almost one half of which occur in teens and young adults 15-24 years of age.

In 2007, over 4,300 Michigan youth were screened for CT and GC in adolescent, school-based, and school-linked health centers. 635 cases of chlamydia were identified (14.9% positivity), and 169 cases of gonorrhea (4% positivity). These positivity rates exceed numerous other venue types including juvenile detention, family planning and local health department STD clinics.

**Sexual Risk Behavior Statistics:**

The following table presents state and national data from the Youth Risk Behavior Survey. This information, as well as information from the target community where a screening is being planned (column C) can build the case for screening.

<b>Among students grades 9-12</b>	<b>2007 Michigan (%)</b>	<b>2007 United States (%)</b>	<b>Input Local Information Here</b>
<b>Ever had sexual intercourse</b>	42.4	47.8	
<b>Had sexual intercourse before age 13</b>	5.3	7.1	
<b>Had sexual intercourse with greater than four people</b>	12.2	14.9	
<b>Had sexual intercourse within last three months</b>	30.0	35.0	
<b>Drank alcohol or used drugs before last sexual intercourse</b>	23.2	22.5	
<b>Used a condom during last sexual intercourse</b>	65.0	61.5	
<b>Used birth control pills during last sexual intercourse</b>	19.3	16.0	
<b>Taught in school about STDs, AIDS/HIV</b>	89.6	89.5	

**STD Screening Recommendations:**

The United States Preventive Services Task Force (USPSFT) recommends screening for CT at least annually in all sexually active females under the age of 25 years and to also screen for GC in high risk females. The USPSTF evidence reports and recommendation statements can be found at: [www.preventiveservices.ahrq.gov](http://www.preventiveservices.ahrq.gov) For high risk teens (female and male) many specialists recommend testing for CT and GC at a minimum, every 6 months.



High risk can be determined by:

- history of a prior STD
- having sex in the last 3 months
- new or multiple sexual partners
- inconsistent or improper condom use
- having sex under the influence of alcohol or drugs
- having sex in exchange for money or drugs

*Note: Because of the high prevalence of CT in adolescents and young adults, “ever had sex” should be the only screening question for annual testing of youth 15-24.*



## **Part 2: *Gaining School and Community Support***

### **Why School Screenings Are Important:**

Expansion of STD screening and treatment programs into school settings is a critical component of a national strategy to control CT and GC in teens. School-based screening is an opportunity for all teens to receive appropriate counseling for their risk behaviors and to intervene in disease transmission for the benefit of the entire community.

Teen STD screening in primary care settings has been low due to the following barriers:

- lack of insurance and cost of care
- limited reproductive healthcare for males
- fear of pain related to testing ~ this is no longer true with urine-based testing methods for CT and GC
- lack of confidentiality
- embarrassment about discussing STDs and sexual activity with health care providers
- fear of stigma related to STDs
- unfamiliarity with the health care system
- long waiting times for service
- inconvenient clinic hours
- lack of transportation
- lack of health knowledge and awareness of risk

In addition, primary health care providers play a role in the lack of screening. Many times when teens access health care services, health care providers do not discuss STDs or provide screening.

Health care provider barriers to screening include:

- absence of clinical protocols regarding screening
- lack of confidential sexual health care
- lack of knowledge regarding urine-based testing
- lack of awareness of the prevalence of STDs in teen patient population
- reluctance of a clinic to screen for STDs in teens unless presenting with symptoms or history of high risk behaviors
- difficulty in obtaining sexual history
- lack of provider time during the visit

### **School Support:**

The support of each school, from teachers to administrators, is critical for successful project implementation. Teachers help by promoting testing, emphasizing confidentiality, and de-stigmatizing issues surrounding sexual health. School administrators, such as principals or their designees, help by scheduling screenings, reserving space, and informing staff that screening is taking place. Guidance counselors, social workers, and other school personnel have proven to be critical in locating students for follow-up.

### **Working with Schools:**

While schools may seem convenient places to reach teens with health messages and services, they can be extremely complicated settings in which to work. Introducing projects about sexual and reproductive health can be especially challenging. Each school

and community 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 when it may take away from class time and is a sensitive topic such as STDs.

As a first step, find out as much as possible about the community's schools including information about:

- The school's administrative structure (e.g., school board) 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 and tone of discussions.
- Other school-related groups that exist (outside the administration itself)—e.g., tribal councils, PTAs, advisory groups.
- The school system's prior history with health services and screening initiatives.
- Local and state policies concerning STD/HIV and sexual health education for students.
- How the school's health programs work and whether or not there is a school-based health center. If so, how is it staffed? Is there a receptionist to interface with students? Are they able to conduct third party billing confidentially?

The key to making an STD 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 response.

Even if a great champion in a teacher or school nurse has been identified, make sure to work through the school's chain of command, in both the administrative and school health hierarchies. For example, ask the teacher or school nurse ally to help schedule an informational session with the principal and/or school health director to explain the project and explore the options for screening.

To avoid teachers feeling this is an intrusion into class time, provide them ideas for incorporating the STD 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 STDs. Think of the health education audience as not only the students, but also the adults around them: parents, caregivers, teachers and administrators. Informed adults can help answer students' questions before and after the screening event. They may also benefit personally from the information. Adults are vulnerable to these diseases too, and statistics show that they engage in similar risk behaviors.

In many communities, school-based health centers (SBHCs) offer an excellent opportunity for promoting STD prevention, screening, and treatment, as well as provide referrals for other health related concerns. 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.

### **Parental Involvement:**

The support of parents in your communities is as critical as school support for successful project implementation. The more information you can give to parents the better they will understand teen sexual risks, the need for STD screening, and procedures to ensure the confidentiality and health of their teens. Use the voice of supportive parents to help gain school and community support throughout the project planning and implementation.

### Managing Parental Concerns

- Encourage parents to have conversations with their teens prior to and after the screening
- Provide information to parents about CT and GC, how common they are and the negative health outcomes if they go untreated
- Acknowledge concerns about treatment without parental knowledge and review protocol for student allergy assessment prior to treatment by Nurse Practitioner or Doctor
- Describe laws protecting teen's confidentiality in STD testing and treatment
- Describe laws preventing screening staff from sharing test results with parents or others and explain that while screening staff cannot share results, teens can share their own results

### Approaches to Parental Involvement

Parental involvement can be elicited in a number of ways. Precident in the setting and with the parents of the targeted youth should be considered in choosing from the following options.

1. Notification – parents are notified that the program will take place, are not given option to opt-out
2. Passive consent – “Opt-out”
  - Requires parents to respond only if they do not want their child to participate. See Attachment I for sample opt out letter.
  - Non-response is an affirmative response
  - Secures higher response rates (avg 80-96%)
  - Ethical method of holding up informed consent principles while securing higher participation

#### Disadvantages:

- Non-response may not indicate agreement
  - Low health literacy and language barriers are obstacles to assuring parental understanding
3. Active consent – “Opt-in”

- Requires all parents to return consent indicating whether they allow their child to participate
- If consent form is not returned, assume refusal

Disadvantages:

- Lowers response rates/limits participation (40-70%), can limit accuracy and completeness of data
- Non-response may indicate disinterest rather than opposition
- Costly, time consuming to ensure response
- Selection bias- certain groups are more or less likely to respond
  - Under-represents youth from single family homes; students of parents with alcohol or substance abuse problems
  - Over-represents students with higher SES, 2 parent families

**Recruiting Students:**

Students need to know the basics of the 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 Michigan, results for adolescents as young as age 12 need not be released to parents and can only be shared with other medical providers with the patient's written permission (except for reporting to local health departments). Be sure to have a clear understanding of current Michigan laws 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 will also be used for pregnancy or drug testing. Let them know that the test is only for chlamydia and gonorrhea and no other diseases or conditions. However, let them know that other types of tests are available and where they can go if they have a specific concern such as HIV or pregnancy.

It is important that a health educator, associated with the screening project, has an opportunity to conduct information sessions with all students who will be offered screening. In some cases, this will occur in an assembly-style format, while in other cases it may occur on a class-by-class basis. Additionally, students may be separated by gender depending on the individual needs of the students and school. It is important that enough time for questions and answers is allowed after the presentation and provide handouts that students can refer to after the session. An anonymous question box is another strategy to encourage students to ask questions; the questions and answers can be read at the end of an assembly or presentation.

**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 curriculum night, conferences, or school open houses to answer questions and talk to parents
- Meet with and encourage student council and other student groups to promote the screening to their peers

**Locations and Timing in a School Building:**

Once a school has agreed to participate in a screening, learn as much as possible about the school's procedures and how the project can best fit into their schedule and facilities.

For example:

- What are possible forums for interacting with parents, teachers and administrators?
- Which classes (health, science, homeroom, gym) would be most suitable for introducing the project, providing education, and getting consent? Note: During one screening project, English classes were used to launch both the education and screening, since all 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?

**Benefits of School Wide Screening:**

- All students (not just those who seek STD screening due to history or physical symptoms) will learn about STDs and how to prevent them. They will have the information to change their sexual risk taking and health seeking behaviors.
- Teens diagnosed with chlamydia or gonorrhea will receive treatment, avoid serious health consequences and prevent transmission to partners.
- Schools have the opportunity to be a positive influence in the sexual health of their students and to provide important health services that they are currently lacking.
- Screening can positively affect the chlamydia and gonorrhea rates in teens and in the broader community.
- Adults in the school and surrounding community gain information about the rising rates of STDs in teens.

**Barriers to School Wide Screening:**

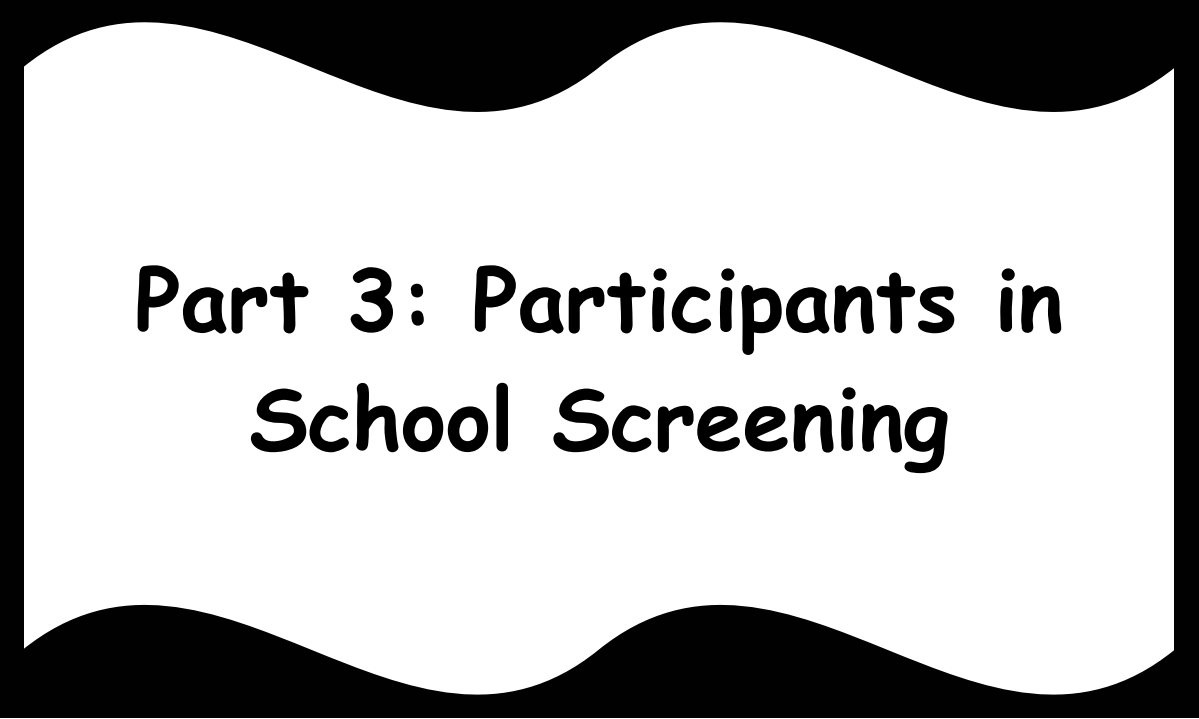
- Funding ~ it can be challenging to find money to initially launch the screening program, and then to sustain it.
- Leadership ~ may lack commitment to the project, or have no formal expectations
- Schools/Teachers ~ staff may be suspicious of provider intentions and use of the information gathered. They may not support "non-educational" projects.
- Consent requirements ~ may hinder the project, especially if active parental consent is required.
- Students ~ may be suspicious that they are being tested other things, especially drugs.
- Parents ~ may be concerned about confidential testing and treatment

**Keys to Successful Screening:**

- Principal and teacher support ~ they recognize the risk behaviors of their students and support the program
- Clear policies and protocols ~ must be established in the beginning of the planning process along with expectations from each agency involved on the project team

- Commitment and flexibility of key players ~ must work within school schedules and listen to “what works best” from each school building
- Parental support ~ understanding of the need for confidential STD screening for teens within a supportive school environment
- Positive student experiences ~ students become the most important ally for future selling of the program





## **Part 3: Participants in School Screening**

Forming a project team and gathering participants takes thoughtful preparation. No organization can implement a successful screening project alone. Having the right partners, support, educational materials and marketing plan can make the project a success. A strong, supportive team of key stakeholders should be identified and engaged early in the process.

**Who Can Help:**

While gathering background information and data about the target community, schools, and other resources; be on the lookout for people and organizations that may be helpful to the project. Some may be directly involved in the effort; others may be helpful behind the scenes, including providing introductions to key decision makers and funding sources in the community. In addition to cooperation from the school system, relationships must be built with other organizations:

- A laboratory with the capacity to handle the urine samples and a large number of specimens in a short time period.
- Funders or foundations to cover initial and ongoing costs.
- Medical providers including Federally Qualified Health Centers or Health Care Systems who can offer staff expertise including clinicians, health educators, and clerical assistants.
- Local health departments who may partner in the school, or serve as a referral partners for partners of students who test positive, or students who are absent when the screening occurs, or who do not wish to be screened in school.
- State health department STD and Adolescent Health Program staff can provide guidance in identifying laboratory and public health partners.
- Community-based organizations that may have experience providing comprehensive reproductive health services to adolescents.

**Memorandum of Understanding (MOU):**

To avoid misunderstandings, be clear about expectations for each partner's contributions. A 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 liaison

The local health department or medical provider partner agrees to:

- conduct screening
- provide counseling
- analyze data
- prepare and submit confidential disease reports
- make referrals (e.g., for drug use, HIV, or pregnancy testing)
- provide treatment
- adhere to confidentiality and consent laws
- designate a liaison

The university or community base organization agrees to:

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

The laboratory agrees to:

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

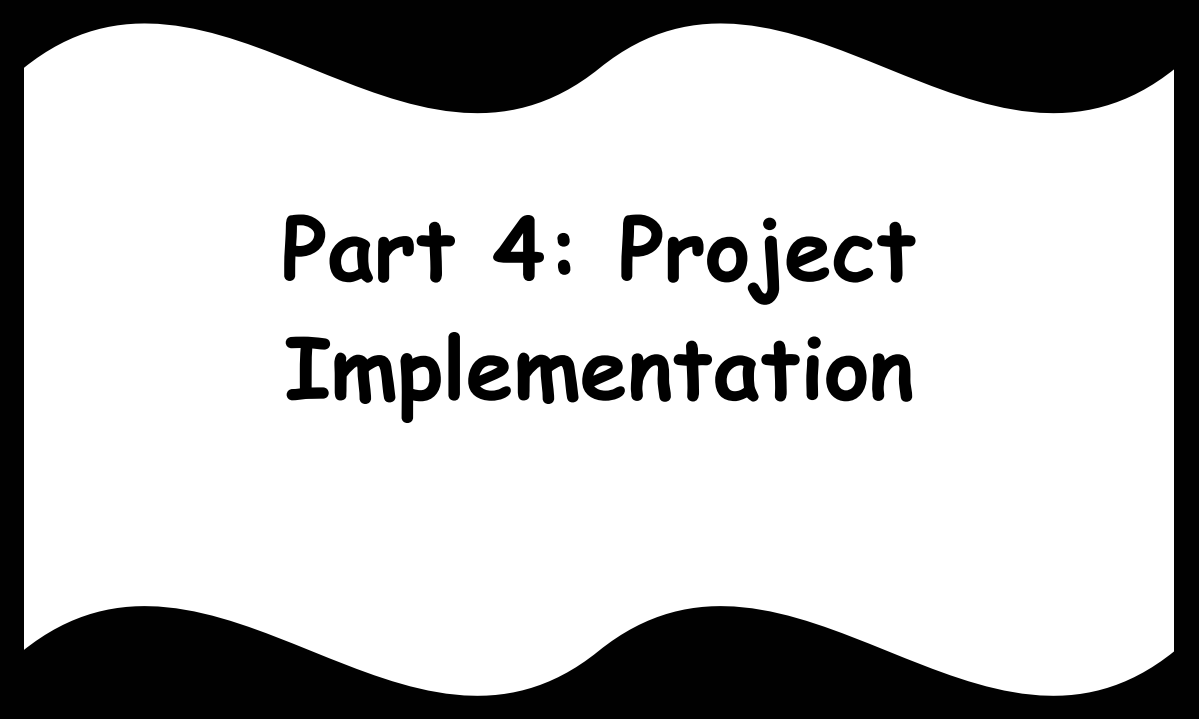
A representative from each organization will sign off on the MOU. The MOU should be time limited, allowing all partners an opportunity to revisit the effort annually and make adjustments as necessary. The memorandum of understanding need not be a lengthy legal contract.

**Policies, Procedures and Protocols:**

Procedures for the STD screening project are important to ensure a smooth process on the day of testing. Policies on confidentiality assist all team members in addressing concerns that will arise during the planning and implementation of project activities. Teens have a right to confidential services and may consent to their own testing and treatment for STD in many states. See Attachment II: Michigan Adolescents and Parental Rights document for description of minor consented confidential services.

A protocol is a precise and detailed written plan for how a project 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 coordinator
- storing and managing data
- providing results (including counseling and education) to teens
- treating positive teens
- identifying partners
- contacting and treating partners
- making referrals



# **Part 4: Project Implementation**

It is important to have a well organized and appropriately staffed plan for school wide STD screening which addresses all issues of STD testing and treatment in teens. Thoughtful preparation is key to a successful project. The information below represents the method used in a number of successful screening programs. It may be necessary to adapt these steps slightly based on the setting and participating providers in a given community.

### **Project Schedule and Flow:**

Screening staff work with designated school and clinic administrators to schedule days for presentations, screening, treatment and counseling and to coordinate logistics. Screening sessions are scheduled during regular class periods, as determined collaboratively by school and screening staff. Approximately 30 students can be educated and offered screening in a given 45-minute period, and up to 8 presentation/screening sessions can take place per day. The number of days required for screening depends on the size of a given school's student body and number of screening staff.

Prior to the screening days, screening staff prepare brown paper bags for all students in the school. These bags contain:

- A cup for the urine specimen
- An identification form asking for the student's name, gender, date of birth, address, confidential phone number, and a "secret code." This identifying information is used to confirm students' identity when receive their test results. 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. (*Note: Arrange a confidential message ahead of time in case the teen is not in school and it is necessary to leave a message on how to obtain results*)
- An informational card providing timeline and instructions for obtaining test results and the addresses/hours of free STD/pregnancy clinics in the community.

### **Presentations:**

The educational component requires 20-25 minutes and should include a general overview of STDs with a focus on CT/GC, risk behaviors, symptoms (including none), the importance of testing, myths about STD and pregnancy prevention, and information on free and confidential services available to youth. Following the educational component, students are told to decide privately whether they want to be tested for CT/GC based on the information they have been given by the presenter. Students with no sexual experience are discouraged from testing. Emphasize that urine specimens collected are only being tested for CT/GC and that both testing and results are kept confidential.

### **Screening:**

All students attending a presentation are offered the urine-based test for CT/GC. Immediately following the presentation, stuffed brown paper bags are passed around while presenters give instructions for testing and for getting results. All students are told to complete the identification form found inside the paper bag. Additional data collection (in some cases), such as a confidential questionnaire about risk behaviors can be filled out as well while students are waiting. All students are escorted to the bathroom by screening staff. Having all students enter the bathroom protects their confidentiality by

allowing them to decide whether to test within the privacy of the bathroom stall. When leaving the bathroom, each student returns a brown paper bag, regardless of whether or not he/she has chosen to submit a urine specimen.

In a separate space, the urine specimens are transferred into specimen tubes and labeled. A lab requisition is completed and the specimen is packaged for submission to the laboratory. Unused specimen cups are recycled when appropriate, and all identification forms are sorted and put into envelopes for the data entry and program evaluation. At the end of the day, specimens are sent via US mail or taken to the laboratory. Results are typically received in 5-9 business days.

**Supply List:**

- \_\_\_ Consent forms
- \_\_\_ Log sheets\*
- \_\_\_ Educational materials and hand outs
- \_\_\_ Small paper bags (lunch size)
- \_\_\_ Identification forms
- \_\_\_ Student confidential questionnaires (if collecting this information)
- \_\_\_ Preprinted information cards
- \_\_\_ Permanent markers
- \_\_\_ Urine specimen cups
- \_\_\_ Specimen tubes
- \_\_\_ Adhesive labels\*\*
- \_\_\_ Laboratory requisition
- \_\_\_ Container for storing urine specimens (e.g. a box or cooler)
- \_\_\_ Biohazard bags, rubber gloves, trash bags, disposable tablecloths

\*A log sheet on which staff record the secret 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 to testing.

\*\*Adhesive labels to write student's code, name and birth date to match urine samples to student information (for giving results).

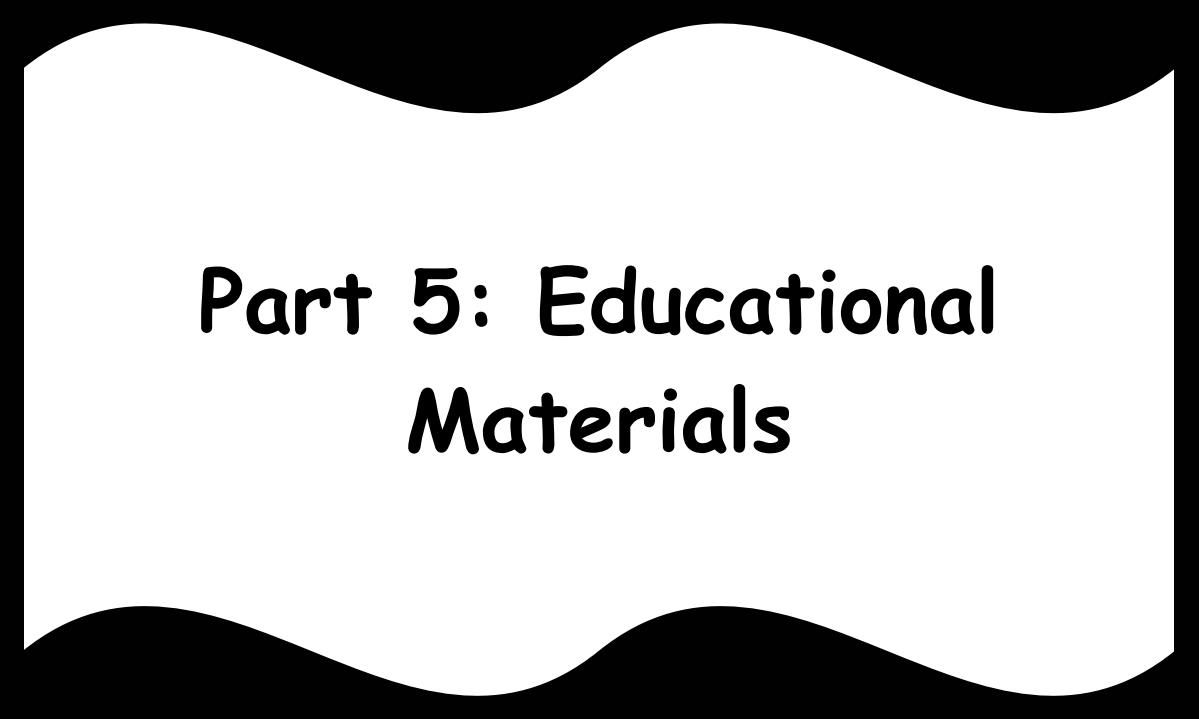
**Staffing:**

As a rough estimate, at least three staff and one hour should be allotted for every 30 students. For each additional 30 students, increase the staff and time required.

Staff will:

- Ensure students whose parents have opted them out have somewhere to go during the presentation and screening
- Conduct presentations
- Give instructions for screening and answer questions
- Complete log sheets
- Ensure identification forms are completed
- Monitor hallway and bathrooms
- Collect bags with urine samples
- Transfer urine to specimen tubes
- Label, package and send specimens

Because screening occurs during normally scheduled class hours, the teacher whose class has been assigned for the period escorts his/her students to and from the screening, tracks attendance, and helps keep order. Teachers, however, do not join the students in the bathroom, or manage paperwork or specimens. This reduces student concerns about confidentiality.



# **Part 5: Educational Materials**



**Why Include Education:**

As noted in the previous section, the educational piece of the STD screening project is very important. Lack of knowledge and awareness of the risks and consequences of STDs promotes unhealthy sexual behaviors. A heightened awareness of high risk behaviors and their consequences can lead to greater participation in the STD screening and promote healthier sexual behaviors in the future.

The session should be brief and focus on the risk of STDs, how common they are, their asymptomatic nature, long term complications, ease of urine based screening, single dose treatment, and the importance of knowing where if they have an infection.

**Student Hand Outs:**

- Chlamydia Fact Sheet and Spanish Version
  - <http://www.cdc.gov/std/chlamydia/Chlamydia-Fact-Sheet.pdf>
  - <http://www.cdc.gov/std/Spanish/STDFact-Chlamydia-s.htm>
- Gonorrhea Fact Sheet and Spanish Version
  - <http://www.cdc.gov/std/gonorrhea/STDFact-gonorrhea.htm>
  - <http://www.cdc.gov/std/Spanish/STDFact-gonorrhea-s.htm>

**Educational Resources:**

Some good resources for science-based, age-appropriate STD education curricula and materials include:

- SIECUS: <http://www.sexedlibrary.org/>
- American School Health Association's teen site: <http://www.iwannaknow.org/>
- Advocates for Youth: <http://www.advocatesforyouth.org/lessonplans/index.htm>
- Planned Parenthood's Teen Wire: <http://www.teenwire.com/>
- ETR's Resource Center for Adolescent Pregnancy Prevention: <http://www.etr.org/recapp/programs/index.htm>



**Part 6: Giving Results,  
Providing Treatment and  
Follow-Up**

Whether a student tests positive or negative, conveying test results is an opportunity to reinforce safer sex and abstinence messages to prevent future infections. There is no justification for screening if treatment and follow up cannot be provided.

**Providing Results, Treatment, and Follow-Up:**

The project must identify a medical provider (nurse practitioner, physician assistant or MD) to serve as the ultimate responsible authority to collect specimens, deliver results, and treat patients. Once the results are returned, the next task is let all students who were tested know their results (both positive and negative). Students can be given a sealed envelope with a note to see the school nurse, or students could be called in one-by-one to provide results, treat (if necessary), and reemphasize prevention messages.

School-based STD screening programs generally achieve high treatment rates, although treatment can be delayed by absenteeism and truancy in some cases. Giving results and treating positive students requires strong collaboration with local health departments and considerable time and personnel. If a student who tested positive for CT or GC cannot be reached for treatment in school, in a reasonable amount of time, the case should be referred to the local health department. Depending on their policies and staffing, they may be able to follow-up with the youth outside of school. This possibility should be discussed with the local health department prior to a school screening so all options are understood by all parties.

**Privacy and Confidentiality:**

Students are understandably concerned about who else will learn their test results. Michigan law specifically allows minors to confidentially access STD testing and treatment. 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 to review current state's requirements when implementing a screening project.

If all students are given test results, both positive and negative, there is less concern about being identified as positive or negative. Design the 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 the secret code that verifies 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.

**Treatment Guidelines:**

With early identification, both CT and GC can be cured with single dose treatment of antibiotics. Routine test of cure is not recommended following treatment of chlamydia or

gonorrhea, but repeat testing in three months is recommended due to the high re-infection rates in adolescents. Current screening and treatment guidelines can be found on the CDC website: <http://www.cdc.gov/std/treatment/>

#### **Messages/materials for students who test positive:**

- Although treatment is effective they can be re-exposed and re-infected. 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.
- It is important to develop a risk reduction plan and identify ways to protect themselves in the future.
- The sex partners of students with a positive test 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, staff from the local health department may contact the partner if the student does not want to do so. This is done anonymously without divulging the name of the positive person. Anonymous electronic postcards such as those generated through InSPOT are also an option to notify partners of their exposure anonymously.
- Referral cards and phone numbers should be available for students to give to partners to connect them to testing and treatment services.
- CDC recommends that anyone who tests positive for chlamydia be re-tested at three months. This is not because of suspected treatment failure, rather research has shown that many people with chlamydia will become re-infected within three months from having sex with the same or another partner with chlamydia. *Note: Arrange to send a discrete reminder card at three months for the students testing positive.*

#### **Messages/materials for students who test negative:**

- Students whose test results are negative but who are having unprotected sex are still at risk for STDs, and should receive safer sex and/or abstinence messages. The counseling content is similar to that for students who test positive, with the exception of the partner notification component. Even students who are not currently sexually active (or who say they are not) can benefit from this information, so that they can protect themselves in the future and give accurate advice to peers who seek their help.

#### **Handling of Unexpected or Adverse Reactions:**

##### Alternative Treatment Options

Students with positive results are administered antibiotics on designated treatment days. On occasion, a student may refuse treatment in the school. If a student prefers to receive treatment at a community clinic or their primary care provider, he/she is asked to share this provider's contact information so that screening staff can ensure that information on test results is conveyed to the provider and the proper treatment and/or retesting takes place.

### No Result

Students for whom results are inconclusive (due to spillage, etc.) are called to the confidential treatment space on the day(s) results are given and offered re-testing.

### Reporting of Coercive Sexual Exchanges

If a student reports that anyone has coerced him/her into sexual activity, follow agency protocol for reporting the abuse. If the minor is in immediate danger, call 911.

### Adverse Emotional Responses

The medical provider is responsible for handling situations in which a participant suffers anxiety or another adverse emotional reaction to the fact that he/she is infected. The medical provider should be equipped to speak with individuals about the risks and effects of various STDs and have community resources for additional testing needs.



# **Part 7: Evaluation and Funding**

School-based STD screening projects can 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. Data can also be used to track outcomes and results of the project over time. Consider the types of information that would be helpful to justifying the screening, or improving it in the future, and plan your evaluation accordingly.

**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 a waiver.

**Uses of Evaluation Data:**

- Quality control and management—e.g., learning that participation rates differ between schools, estimating costs and staffing configurations for future funding proposals
- Communicating success stories to schools, partners and the community, including the number of new infections treated or declines in STD infection rates
- Demonstrating a successful track record to persuade other schools to participate
- Communicating results to a wider audience through newsletters, published journal articles or other media

**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 to cover the costs of the projects. Project costs include:

- staff time and training for initial screening
- development and printing of educational materials
- screening supplies (e.g., urine specimen cups, labels, transport boxes)
- transport or mailing of specimens
- laboratory processing
- antibiotics to treat students who test positive
- time and tools for partner management (identifying, contacting, and treating partners of the students who tested positive)

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 to donate specimen processing services. Other sources of funding and technical support may be the State Departments of Health, the CDC, foundations and local universities.

## **Part 8: Lessons Learned**



### **Lessons Learned from School-Based STD Screening Pioneers:**

In the preparation of this document, numerous entities which have successfully implemented school-wide screening programs were consulted. Their experiences, both positive and challenging have informed this document. The following is a list of some of the “lessons learned” in speaking to these pioneers. They are presented here as food for thought to those who are considering this strategy for their community.

- There is no real "one size fits all"; every city/state does things differently.
- 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.
- It is possible to toggle together a viable screening project when partners each bring something to the table.
- 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.
- Projects arising from community coalitions, in this case wellness teams, have shared ownership and responsibilities.
- Most of the adolescents testing positive were asymptomatic.
- This project became a starting point from which to advocate for a school-based clinic and a comprehensive school health curriculum.
- After the screening project, more high school students began using clinic services.
- Fewer than expected people may have provided urine specimens because some students may have believed the urine would be tested for drugs.
- An adolescent health/healthy decision making approach can be less intimidating than directly discussing STD screening.
- Screening for STD can be successfully conducted in a school setting in spite of the real potential for having it shut down by structural red tapes of the school system
- The screening works well in schools where the principal is most supportive of the effort.
- Identify key allies within a school system who share their concerns that STDs among adolescents are an important public health issue.
- Third-party billing can be a possible mechanism for establishing and sustaining school-based health centers.

# Part 9: Resources

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ATTACHMENT I

Sample Opt-Out Consent Letter

Dear Parent/Guardian,

Sexually transmitted diseases (STDs) are a growing health problem for [insert school of city name] teenagers. [Insert relevant local statistic].

Chlamydia, gonorrhea, and other STDs often have no symptoms. The only way most people know they are infected is if they get tested. But left untreated, STDs can cause serious damage that can make it hard or even impossible to have children in the future. Having an STD also makes it easier to get or spread HIV.

Concerned about the future health of young people in our community, the [insert name of participating medical provider] are offering an STD testing program for high school students. *Taking the STD test is totally voluntary.* During our program, students learn about STDs, including how to prevent them, and then get the chance to take a free urine test for chlamydia and gonorrhea. Anyone who tests positive for either infection receives free treatment – a single dose of antibiotics taken by mouth: either Azithromycin (Zithromax) or Cefixime (Suprax). *As required by law, we keep test results and treatment records confidential.* Only the student – not the school or parents – has access to this information. If they wish, students may share their testing information with the school’s health clinic, if applicable.

All students can benefit from our program! Whether or not they choose to be tested, they all get important health information to help prevent STDs in the future.

We hope your son or daughter will participate. However, if you do not want them to, please tear off the form below and return it to [insert name of principle, counselor, or appropriate school partner]. If you have questions, or would like us to note your child’s allergies, please contact [insert program contact person, phone and email].

Sincerely,

[signature of highest ranking official who is involved in project]

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I do not want my child to participate in STD education and testing at school.

Name of Student: \_\_\_\_\_ print clearly

Parent Name: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Attachment II

**CONSENT FOR CARE AND CONFIDENTIAL HEALTH INFORMATION**

**Michigan Laws Related to Right of a Minor to  
Obtain Health Care Without Consent or Knowledge of Parents**

<b>Laws regarding consent to medical and surgical care by minors.</b>	<b>Is parental consent required?</b>	<b>Is parental access to the minor's information permitted?</b>
<b>General Rule:</b> A minor is a person 17 years or younger Emancipation of Minors Act, MCL 722.1; Age of Majority Act, MCL 722.52.	<b>Required</b>	<b>Yes</b>
<b>Emancipation/Emancipated Minor</b> Emancipation of Minors Act, MCL 722.1 –722.6  1. An emancipation occurs by court order via a petition filed by a minor with the family division of circuit court.  2. An emancipation also occurs by operation of law under any of the following circumstances: <ul style="list-style-type: none"><li>• When a minor is validly married.</li><li>• When a person reaches the age of 18 years.</li><li>• During the period when the minor is on active duty with the armed forces of the United States.</li></ul>	<b>Not required</b>	<b>No</b>

Laws regarding consent to medical and surgical care by minors.	Is parental consent required?	Is parental access to the minor's information permitted?
<p><b>Emancipation/Emancipated Minor Continued</b></p> <ul style="list-style-type: none"> <li>• For the purposes of consenting to routine, nonsurgical medical care or emergency medical treatment to a minor, when the minor is in the custody of a law enforcement agency and the minor's parent or guardian cannot be promptly located.</li> <li>• For the purposes of consenting to his or her own preventive health care or medical care including surgery, dental care, or mental health care, except vasectomies or any procedure related to reproduction, during the period when the minor is a prisoner committed to the jurisdiction of the department of corrections and is housed in a state correctional facility; or the period when the minor is a probationer residing in a special alternative incarceration unit.</li> </ul>		
<p><b>Abortion</b> The Parental Rights Restoration Act, MCL 722.901 – 722.909</p>	<p><b>Required</b></p> <ul style="list-style-type: none"> <li>• Written consent of one parent/legal guardian or a judicial waiver (court order) of parental consent from probate court. Minors also must comply with the 24-hour waiting period prior to obtaining an abortion.</li> </ul>	<p><b>Yes</b></p>

Laws regarding consent to medical and surgical care by minors.	Is parental consent required?	Is parental access to the minor's information permitted?
<p><b>Birth Control</b></p> <ul style="list-style-type: none"> <li>• There are no specific MI statutes on this issue; this is a Federal Constitutional “right of privacy.”</li> <li>• Title X Agencies: Family planning agencies funded under Title X of the Public Health Service Act, must provide family planning information and contraceptives without regard to age or marital status. 42 CFR 59.5.</li> </ul>	<p><b>Provider discretion applies for providers not funded by Title X</b></p> <ul style="list-style-type: none"> <li>• There are no specific MI statutes on this issue; this is a Federal Constitutional “right of privacy.”</li> <li>• Generally, practitioners must be aware that there is no statutory authority or protection for their actions.</li> <li>• Title X Agencies: Minors may obtain information and contraceptives without parental consent.</li> <li>• Title X Agencies: <u>To the extent practical</u>, funded agencies shall <u>encourage</u> minors to include their families, however, this is not mandatory in order to obtain services. 42 USC §300(a).</li> </ul>	<p><b>Provider discretion applies for providers not funded by Title X</b></p> <ul style="list-style-type: none"> <li>• There are no specific MI statutes on this issue; this is a Federal Constitutional “right of privacy.”</li> <li>• Generally, practitioners must be aware that there is no statutory authority or protection for their actions.</li> <li>• Title X Agencies: Parental access to minor's information not permitted without the minor's documented consent, except as may be necessary to provide services to the patient or as required by law. 42 CFR 59.11.</li> </ul>
<p><b>Emergency Care</b></p> <ul style="list-style-type: none"> <li>• Parent or guardian consent is required.</li> </ul>	<p><b>Required, other than life-threatening circumstances, immediate medical attention needed, and parents cannot be located.</b></p>	<p><b>Yes</b></p>
<p><b>Mental Health – Inpatient Care</b> Mental Health Code, MCL 330.1498d</p> <ul style="list-style-type: none"> <li>• Parents may admit for inpatient care.</li> <li>• Minor may consent to limited inpatient care if 14 years or older.</li> </ul>	<p><b>Required</b></p> <ul style="list-style-type: none"> <li>• A minor of any age may be hospitalized for mental health reasons if a parent/legal guardian or agency requests and the minor is found to be suitable for hospitalization.</li> </ul>	<p><b>Yes</b></p>

Laws regarding consent to medical and surgical care by minors.	Is parental consent required?	Is parental access to the minor's information permitted?
<p><b>Mental Health – Inpatient Care continued</b></p>	<ul style="list-style-type: none"> <li>• A minor of <u>14 years or older</u> may request and if found suitable be hospitalized.</li> <li>• Suitability, in either case, shall not be based solely on one or more of the following: epilepsy; developmental delay; brief periods of intoxication; juvenile offenses; or sexual, religious or political activity.</li> </ul>	
<p><b>Mental Health – Outpatient Care</b> Mental Health Code, MCL 330.1707</p> <ul style="list-style-type: none"> <li>• Minor may consent to limited outpatient care if 14 years of older.</li> </ul>	<p><b>Not required</b></p> <ul style="list-style-type: none"> <li>• A minor age 14 or older may request and receive up to 12 outpatient sessions or four months of outpatient counseling.</li> </ul>	<p><b>Provider discretion applies.</b></p> <ul style="list-style-type: none"> <li>• Information <u>may</u> be given to parent, guardian, or person in loco parentis for a <u>compelling</u> reason based on a substantial probability of harm to the minor or to another individual; mental health professional must notify minor of his/her intent to inform parent.</li> </ul>
<p><b>Prenatal and Pregnancy-Related Health Care</b> Public Health Code, MCL 333.9132</p> <ul style="list-style-type: none"> <li>• Minor may consent to maintain life and preserve health of the minor or the minor's child or fetus.</li> </ul>	<p><b>Not required</b></p> <ul style="list-style-type: none"> <li>• The consent of any other person, including the father of the baby or spouse, parent, guardian, or person in loco parentis, is not necessary to authorize health care to a minor or to a child of a minor.</li> <li>• At the initial visit permission <u>must</u> be requested of the patient to contact her parents for any additional medical</li> </ul>	<p><b>Provider Discretion Applies</b></p> <ul style="list-style-type: none"> <li>• Before providing care the patient must be informed that notification may take place.</li> <li>• For medical reasons information <u>may</u> be given to or withheld from spouse, parent, guardian or person in loco parentis without consent of the minor and notwithstanding her express refusal to the providing of the information.</li> </ul>



Laws regarding consent to medical and surgical care by minors.	Is parental consent required?	Is parental access to the minor's information permitted?
	information that may be necessary or helpful.	
<p><b>The provision of health care for a child of the minor</b> Public Health Code, MCL 333.9132</p> <ul style="list-style-type: none"> <li>Minor may consent to maintain life and preserve health of the minor or the minor's child or fetus.</li> </ul>	<ul style="list-style-type: none"> <li>The <u>minor mother</u> shall consent to care for her child.</li> <li>The <u>consent of any other person</u>, including the father of the baby or spouse, parent, guardian, foster parent, is <u>not necessary</u> to authorize health care to a child of a minor.</li> </ul>	<p><b>Minor Mother</b></p>
<p><b>Substance Abuse Services</b> Public Health Code, MCL 333.6121</p> <ul style="list-style-type: none"> <li>Minor may consent</li> </ul>	<p><b>Not required</b></p>	<p><b>Provider discretion applies.</b></p> <ul style="list-style-type: none"> <li>For <u>medical reasons</u> information <u>may</u> be given to or withheld from the spouse, parent, guardian or person in loco parentis without consent of the minor and notwithstanding the express refusal of the minor to the providing of the information.</li> </ul>
<p><b>Venereal Disease / HIV</b> Public Health Code, MCL 333.5127, MCL 333.5133, and MCL 722.623.</p> <ul style="list-style-type: none"> <li>Minor may consent to medical or surgical care for diagnoses and treatment of a venereal disease or HIV. Reportable as reasonable cause to suspect <u>child abuse</u> if pregnancy or venereal disease found in child over <u>1 month but less than 12 years of age</u>.</li> </ul>	<p><b>Not required</b></p>	<p><b>Provider discretion applies.</b></p> <ul style="list-style-type: none"> <li>For <u>medical reasons</u> information <u>may</u> be given to or withheld from the spouse, parent, guardian or person in loco parentis without consent of the minor and notwithstanding the express refusal of the minor to the providing of the information.</li> </ul>

## Other Michigan Laws Related to Right of a Minor to Obtain Health Care Without or Consent of Knowledge of Parents

### Reporting of Abuse or Neglect

Child Protection Act, MCL 772.622, MCL 772.623

- The following individuals are required to report suspected “child abuse or neglect” to Child Protective Services:

physician — dentist — physician's assistant — registered dental hygienist — medical examiner — nurse — person licensed to provide emergency medical care — audiologist — psychologist — marriage and family therapist — licensed professional counselor — certified social worker — social worker — social work technician — school administrator — school counselor or teacher — law enforcement officer — member of the clergy — regulated child care provider

- “Child abuse” means harm or threatened harm to a child's health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child's health or welfare or by a teacher, a teacher's aide, or a member of the clergy.
- “Child neglect” means harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following:
  - (i) Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
  - (ii) Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.
- For reporting purposes, pregnancy of a child less than 12 years of age or the presence of a venereal disease in a child who is over 1 month of age but less than 12 years of age is reasonable cause to suspect child abuse and neglect have occurred.

<p><b>Medical Records Access Act, MCL 333.26261-MCL 333.26271</b></p> <ul style="list-style-type: none"><li>• Provides for and regulates access to and disclosure of medical records.</li></ul>	<ul style="list-style-type: none"><li>• Under this act, a minor’s parent, guardian, or person acting in loco parentis has the right to review and obtain a copy of the minor’s medical record, <u>unless the minor lawfully obtained health care without the consent or notification of a parent, guardian, or other person acting in loco parentis, in which case the minor has the exclusive right to exercise the rights of a patient under this act with respect to those medical records relating to that care.</u></li></ul>
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