Proposed Changes to Existing Measure for HEDIS®[1] MY 2025: Chlamydia Screening in Women (CHL)

NCQA seeks comments on expanding the denominator population of *Chlamydia Screening in Women* (CHL) to include all members recommended for routine chlamydia screening, including transgender and gender-diverse members. Proposed changes are summarized in Table 1.

Table 1: Proposed Measure Revisions

Measure	Current Measure Description	Revised Measure Description
Chlamydia Screening in Women	The percentage of women 16–24 years of age who were identified as sexually active and who had a chlamydia test within the measurement year.	The percentage of members 16–24 years of age recommended for routine chlamydia screening who were identified as sexually active and who had a chlamydia test within the measurement year.

The denominator population for CHL are currently defined as "women" who are identified as sexually active, typically referencing a member's gender on record with their health plan (e.g., through documentation at enrollment). Members who do not have "woman" listed as their gender are currently excluded from the denominator, even if they have clinical traits warranting these screenings. This may contribute to existing disparities in care. Evidence suggests that transgender and gender-diverse patients are screened for chlamydia at lower rates than cisgender patients,[2] which can lead to more advanced disease at diagnosis.

The revised language is designed to reflect the measures' intent that all members who are recommended for routine chlamydia screening receive that screening. To identify the population of members recommended for routine screening, it is necessary to leverage precise data variables.

Routine Screening Guidelines

Clinical practice guidelines recommend routine chlamydia screening for cisgender women, transgender men and gender-diverse patients assigned female at birth who are sexually active and 24 years old or younger.[3]

While acknowledging that the evidence base for this population is limited, clinical practice guidelines developed for the care of trans and gender-diverse patients recommend that patients who have undergone vaginoplasty are screened for chlamydia, as some vaginoplasty procedures may increase the risk of infection.[4,5,6]

Data Standards to Identify Members Recommended for Routine Screening

Anatomical inventories[7] are a recommended method of identifying patients who need routine chlamydia screening, but are not yet widely implemented or reflected in data standards. Data standards do support documentation and exchange of patient sex and gender data. "Sex" refers to concepts representing the

[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[2] Torrone, E., et al. September 2020. "Collection of Gender Identity in National Case Notifications of Chlamydia, Gonorrhea, and Primary and Secondary Syphilis, 2018," *Sexually Transmitted Diseases* 47, no. 9, 645–8. https://doi.org/10.1097/OLQ.0000000000001248
[3] U.S. Preventive Services Task Force September 2021. "Screening for Chlamydia and Gonorrhea: US Preventive Services Task Force Recommendation Statement." *JAMA* 326, no. 10, 949–56. https://doi.org/10.1001/jama.2021.14081
[4] Coleman, E., et al. August 2022. "Standards of Care for the Health of Transgender and Gender Diverse People, Version 8," *International Journal of Transgender Health* 23, no. sup1, S1–259. https://doi.org/10.1080/26895269.2022.2100644
[5] Workowski, K.A. 2021. "Sexually Transmitted Infections Treatment Guidelines, 2021," *MMWR. Recommendations and Reports* 70. https://doi.org/10.15585/mmwr.rr7004a1
[6] Radix, A.E., et al. November 2019. "Chlamydia Trachomatis Infection of the Neovagina in Transgender Women," *Open Forum Infectious Diseases* 6, no. 11. ofz470, https://doi.org/10.1093/ofid/ofz470
[7] Grasso, C., et al. October 2021. "Optimizing Gender-Affirming Medical Care through Anatomical Inventories, Clinical Decision Support, and Population Health Management in Electronic Health Record Systems." *Journal of the American Medical Informatics Association* 28, no. 11, 531–35. https://doi.org/10.1093/jamia/ocab080

categorizations (typically male and female) often assigned to patients based on physiological traits. “Gender” refers to a patient’s identity, sense of self and expression[8]

Applicable data standards include gender-related data elements; most also include accompanying sex-related data elements. “Gender-related data elements” refers to concepts representing a patient’s identity, and are critical for providing affirming, patient-centered care. “Sex-related data elements” refers to concepts representing the categories (male, female) to which people are typically assigned based on clinical traits like reproductive anatomy. Sex-related data variables recommended in current interoperability standards include Sex Assigned at Birth[9] and Sex Parameter for Clinical Use,[10] which refers to sex categorization based on clinical observation.

Although they are less accurate than anatomical inventory approaches, these data variables may be clinically useful in approximating a patient’s routine screening needs, as they represent a more precise way of identifying members who need chlamydia screening than the current specifications. As of MY 2024, Sex Assigned at Birth and Sex Parameter for Clinical Use are included in the measure criteria for the HEDIS measures *Breast Cancer Screening* and *Cervical Cancer Screening*[11].

NCQA proposes to add these data elements to the denominator specifications for CHL, which will assess screening among members recommended for routine chlamydia screening and identified as sexually active, including members with any of the following:

- Administrative gender of female *(current specification).*
- Sex assigned at birth of female.
- Sex parameter for clinical use of female.
- Sex assigned at birth of male and history of vaginoplasty (Gender-Affirming Vaginoplasty Value Set).

The measure will exclude members with sex assigned at birth of male without history of vaginoplasty.

These revised denominator definitions better align with the measures’ intent to identify members who are recommended for routine chlamydia screening, and may result in greater inclusion of gender-diverse and trans members. NCQA emphasizes that while sex-related data elements used to specify the revised denominator populations represent more precise methods of identifying clinical screening needs, data should never be collected without parallel collection of gender identity, nor used to assume gender.

NCQA seeks general feedback on proposed changes and specific feedback on the following questions:

1. Do you support the addition of Sex for Clinical Use and Sex Assigned at Birth as methods of identifying the denominator population for *Chlamydia Screening in Women?* What, if any, concerns do you have?
2. Do you support inclusion of members with sex assigned at birth of male with history of vaginoplasty? Are the codes in the Gender-Affirming Genital Surgery Value Set appropriate to identify gender-affirming vaginoplasty procedures?

Supporting documents include measure specification and evidence workup.

NCQA acknowledges the contributions of the Health Equity Expert Work Group, Technical Measurement Advisory Panel and the community organizations that provided input on this work.

[8]Nancy Bates, Marshall Chin, and Tara Becker, eds., *Measuring Sex, Gender Identity, and Sexual Orientation* (Washington, D.C.: National Academies Press, 2022), https://doi.org/10.17226/26424.

[9] Office of the National Coordinator for Health Information Technology, Department of Health and Human Services. January 2010. “Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology. Interim Final Rule,” *Federal Register* 75, no. 8, 2013–47.

[10] McClure, R.C., et al. February 2022. “Gender Harmony: Improved Standards to Support Affirmative Care of Gender-Marginalized People through Inclusive Gender and Sex Representation,” *Journal of the American Medical Informatics Association* 29, no. 2, 354–63. https://doi.org/10.1093/jamia/ocab196.

[11] Rachel Harrington, Joshua Zollinger, and Jules Reich, “Cervical and Breast Cancer Screening: Evidence and Guidelines to Support Inclusive Quality Measures” (National Committee for Quality Assurance, October 15, 2023), https://www.ncqa.org/wp-content/uploads/Cervical-and-Breast-Cancer-Screening-Evidence-and-Guidelines-to-Support-Inclusive-Quality-Measures.pdf.

Chlamydia Screening in ~~Women~~Adolescents and Adults (CHL)

SUMMARY OF CHANGES TO HEDIS MY 2025

- Added gender-inclusive language to the measure.

Description

The percentage of ~~women~~ members 16–24 years of age who were recommended for chlamydia screening and identified as sexually active and who had at least one test for chlamydia during the measurement year.

Eligible Population

Product lines

Commercial, Medicaid (report each product line separately).

Ages

Members~~Women~~ 16–24 years as of December 31 of the measurement year. Report two age stratifications and a total rate:

- 16–20 years.
- 21–24 years.
- Total.

The total is the sum of the age stratifications.

Continuous enrollment

The measurement year.

Allowable gap

No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (e.g., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).

Anchor date

December 31 of the measurement year.

Benefit

Medical.

Members recommended for chlamydia screening

Include members recommended for chlamydia screening with any of the following criteria:

- Administrative Gender: Female (AdministrativeGender code female) any time in the member's history.
- Sex Assigned at Birth: (LOINC code 76689-9) Female (LOINC code LA3-6) any time in the member's history.
- Sex Parameter for Clinical Use: Female any time in the member's history.
- Sex Assigned at Birth: (LOINC code 76689-9) Male (LOINC code LA2-8) and history of vaginoplasty (Gender-Affirming Genital Surgery Value Set) any time in the member's history .

Event/diagnosis

Follow the steps below to identify the eligible population.

Step 1

Identify ~~members~~ members who were recommended for chlamydia screening and who are sexually active using claim/encounter and pharmacy data. Members recommended for chlamydia screening who meet one of the following criteria that indicate sexual activity:

Two methods identify sexually active ~~women~~members: pharmacy data and claim/ encounter data. The organization must use both methods to identify the initial population, but~~,~~ a member~~member~~ only needs to be identified by one method to be eligible for the measure.

~~*Claim/encounter data.*~~ Members who had a claim or encounter indicating sexual activity during the measurement year. Any of the following meets criteria.

- Diagnoses Indicating Sexual Activity Value Set. Do not include laboratory claims (claims with POS code 81).
- Procedures Indicating Sexual Activity Value Set.
- Pregnancy Tests Value Set.
- At least one contraceptive medication dispensing event during the measurement period (Contraceptive Medications List).

Contraceptive Medications

Description	Prescription	
Contraceptives	• Desogestrel-ethinyl estradiol • Dienogest-estradiol (multiphasic) • Drospirenone-ethinyl estradiol • Drospirenone-ethinyl estradiol-levomefolate (biphasic) • Ethinyl estradiol-ethynodiol • Ethinyl estradiol-etonogestrel • Ethinyl estradiol-levonorgestrel • Ethinyl estradiol-norelgestromin	• Ethinyl estradiol-norethindrone • Ethinyl estradiol-norgestimate • Ethinyl estradiol-norgestrel • Etonogestrel • Levonorgestrel • Medroxyprogesterone • Norethindrone
Diaphragm	• Diaphragm	
Spermicide	• Nonoxynol 9	

Step 2 For the ~~members~~ members identified in step 1 based on a pregnancy test alone, remove ~~members~~ members ~~who meet~~with either of the following:

- A pregnancy test (Pregnancy Tests Value Set) during the measurement year and a prescription for isotretinoin (Retinoid Medications List) on the date of the pregnancy test ~~or~~ through 6 days after the pregnancy test.
- A pregnancy test (Pregnancy Tests Value Set) during the measurement year and an x-ray (Diagnostic Radiology Value Set) on the date of the pregnancy test ~~or~~ through 6 days after the pregnancy test.

Retinoid Medications

Description	Prescription
Retinoid	Isotretinoin

Required exclusions

Exclude members who meet any of the following criteria:

- Members with a sex assigned at birth of male without history of vaginoplasty (Gender Affirming Genital Surgery Value Set).
- Sex Assigned at Birth: (LOINC code 76689-9) Male (LA2-8) any time in the member's history.
- Members who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement year.
  - Organizations that use the Monthly Membership Detail Data File to identify these members must use only the run date of the file to determine if the member elected to use a hospice benefit during the measurement year.
- Members who die any time during the measurement year.

Administrative Specification

Denominator — The eligible population.

Numerator — At least one chlamydia test (Chlamydia Tests Value Set) during the measurement year.

Note

Supplemental data may not be used when identifying the eligible population, except for required exclusions, the Sex Assigned at Birth data element and the Sex Parameter for Clinical Use data element.

Data Elements for Reporting

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table CHL-1/2: Data Elements for Chlamydia Screening in Women

Metric	Age	Data Element	Reporting Instructions
ChlamydiaScreening	16-20	EligiblePopulation	For each Stratification
	21-24	ExclusionAdminRequired	For each Stratification
	Total	NumeratorByAdmin	For each Stratification
		NumeratorBySupplemental	For each Stratification
		Rate	(Percent)

Sexual Orientation and Gender Identity

Clinical Evidence to Support Gender-Affirming Measurement for Chlamydia Screening

Topic Overview

Chlamydia is one of the most common sexually transmitted infections in the United States. Approximately 1.8 million cases were reported to the CDC in 2019, and asymptomatic infections are common (U.S. Preventive Services Task Force 2021). Overall, the rate of infection among U.S. women is twice as high as the rate in U.S. men (Mohseni, Sung, and Takov 2023). Untreated chlamydia infections are associated with pelvic inflammatory disease, infertility and chronic pelvic pain (U.S. Preventive Services Task Force 2021). Infants born to individuals with untreated chlamydia may develop other conditions (U.S. Preventive Services Task Force 2021). Adolescents are at increased risk for chlamydia infection due to both biologic and behavioral risk factors (Agwu 2020).

NCQA seeks to promote health equity through performance measurement, and strives to ensure that all individuals in need of routine chlamydia screening are considered in the HEDIS®[1] measure *Chlamydia Screening in Women (CHL).* This evidence workup summarizes guidelines for chlamydia screening for transgender and gender-diverse patients as well as relevant data standards and terminology.

Data and Terminology

HEDIS measures align with the currently mandated FHIR US Core Implementation Guide, version 3.1.1, and leverage the same “gender” data element when defining patient characteristics for measure specifications (Health Level 7 FHIR 2019). While this data element is broadly used by health plans to record member demographic data and understand member care needs, its ability to accurately identify patient clinical needs is limited because it does not clearly distinguish between patient sex and gender. As a result, quality measures that rely on this data element alone may incorrectly identify members and their care needs.

For MY 2024, NCQA updated specifications for the *Breast Cancer Screening* and *Cervical Cancer Screening* measures to include newer data elements that specify sex or gender. The data elements Sex Assigned at Birth and Sex Parameter for Clinical Use, maintained by the Health Level Seven Gender Harmony Project (McClure et al. 2022), were added to measure specifications after review by the NCQA Measurement Advisory Panel and Committee for Performance Measurement, and public comment.

Although these newer data elements allow differentiation between patient sex and gender, and change over the life course, they fall short of the most accurate measure of routine screening needs, anatomical inventory. Anatomical inventory documents a patient’s organs and helps reduce assumptions about clinical needs based on gender identity (Grasso et al. 2020). Anatomical inventories can also facilitate care for individuals with diverse sex characteristics or differences in sex development, such as intersex individuals, but they are not widely implemented across the health care system, and there is no standard approach for documenting and exchanging such data.

[1]HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Chlamydia Screening in Women

The HEDIS measure *Chlamydia Screening in Women (CHL)* captures the percentage of women 16–24 years of age who were identified as sexually active and had at least one test for chlamydia during the measurement year. Current MY 2024 specifications define the eligible population using Administrative Gender of Female.

In general, guidelines for chlamydia screening among adolescents and young adults are based on biological sex. The Centers for Disease Control and Prevention (CDC) recommends screening in all sexually active women and pregnant women under 25 years of age, and in sexually active and pregnant women 25 years of age and older if at increased risk of infection. Guidelines also state that screening recommendations should be adapted based on anatomy: Annual and routine chlamydia screening in cisgender women under 25 years of age should be extended to all transgender men and gender-diverse individuals with a cervix, and those with a cervix and older than 25 years of age should be screened if at increased risk (Workowski 2021).

Transgender and gender-diverse (TGD) people experience a disproportionate disease burden of sexually transmitted infections, including chlamydia, while information gaps about screening rates in the TGD population persist (Van Gerwen et al. 2020; Tordoff et al. 2022). TGD patients may not present for screening due to real or perceived discrimination on the part of providers and discomfort with the screening process (Torrone et al. 2020; Shover et al. 2018).

Some TGD patients undergo gender-affirming surgery of the genitals, which can involve different procedures based on patient characteristics and wishes (Kloer et al. 2021). The 2015 Transgender Survey reports that 10% of transfeminine individuals had undergone vaginoplasty, defined as the surgical creation of a vaginal cavity, and an additional 45% of respondents reported wanting to have the procedure in the future (James et al. 2016). Transfeminine gender-affirming surgeries are generally classified into one of two categories: penile-inversion vaginoplasty, in which penile skin is used to create a neovagina, and intestinal vaginoplasty, which incorporates bowel into the neovaginal lining (Radix et al. 2019).

Limited evidence on the rates of chlamydia infection among individuals who have undergone gender-affirming genital surgery indicates a potential for greater susceptibility to bacterial infection in neovaginas than in vaginas present from birth, including chlamydial infection (Van Gerwen et al. 2020; Krakowsky et al. 2022). CDC guidelines state that STI screening of the neovagina is recommended in transgender feminine individuals who have undergone vaginoplasty and transmasculine individuals who have not had vaginectomy (Workowski 2021), and WPATH guidelines reference and reinforce the CDC statement (Coleman et al. 2022).

Table 1: Chlamydia Screening Guidelines

Population	Recommendation	Grade
United States Preventive Services Task Force (2021) (U.S. Preventive Services Task Force 2021)		
Asymptomatic, sexually active adolescents and adults, including pregnant persons.	The USPSTF recommends screening for chlamydia in all sexually active women 24 years or younger and in women 25 years or older who are at increased risk for infection. Persons should consider their sex at birth and current anatomy (especially presence of a cervix/vagina) and consult with their own clinician, if necessary, to determine which recommendation best applies to them.	B recommendation

Population	Recommendation	Grade
American College of Obstetricians and Gynecologists ("Chlamydia, Gonorrhea, and Syphilis," n.d.)		
The American College of Obstetricians and Gynecologists supports the USPSTF recommendation on this topic.		
American Academy of Pediatrics (Shafii and Levine 2020)		
Sexually active female patients younger than 25 years.	All sexually active female patients younger than 25 years of age should be screened annually for chlamydia.	
American Academy of Family Physicians (American Academy of Family Physicians 2023)		
The American Academy of Family Physicians supports the USPSTF recommendation on this topic.		
University of California San Francisco (UCSF) Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (2016) (UCSF 2016)		
Asymptomatic transgender women who have undergone vaginoplasty.	There is no evidence to guide routine screening for Chlamydia in asymptomatic transgender women who have undergone vaginoplasty, though it is reasonable to consider urinary screening in women with risk factors.	Grading: X C M X: No Data (expert opinion only) C: Consensus expert opinion M: Medium
Fenway Medical Care of Transgender and Gender Diverse Adults (2021) (Fenway Health 2021)		
Transgender and gender-diverse patients assigned female at birth.	Sexual history and the anatomy present should guide testing sites – genital and extragenital.	Consensus-based
World Professional Association for Transgender Health (WPATH) Standards of Care Version 8 (2022) (Coleman et al. 2022)		
Transgender and gender-diverse patients.	We recommend health care professionals who provide care to transgender and gender diverse people follow local and World Health Organization guidelines for human immunodeficiency virus/sexual transmitted infections (HIV/ STIs) screening, prevention, and treatment.	Grade: Strong Recommendation Strong recommendations ("we recommend") are for those interventions/therapy/strategies where: • The evidence is of high quality • Estimates of the effect of an intervention/therapy/strategy (i.e., there is a high degree of certainty effects will be achieved in practice) • There are few downsides of therapy/intervention/strategy

Population	Recommendation	Grade
		• There is a high degree of acceptance among providers and patients or those for whom the recommendation applies

Table 2: CHL Measure Program Use (as of 1/30/2024)

CHL Measure Program Use
• NCQA Health Plan Accreditation
• NCQA Health Plan Ratings
• CMS Medicaid Child Core Set
• CMS Medicaid Adult Core Set
• CMS Marketplace

References

Agwu, A. 2020. "Sexuality, Sexual Health, and Sexually Transmitted Infections in Adolescents and Young Adults." *Topics in Antiviral Medicine* 28 (2): 459–62.

American Academy of Family Physicians. 2023. "Overview of AAFP Clinical Preventive Services Recommendations." January 1, 2023. https://www.aafp.org/family-physician/patient-care/clinical-recommendations/aafp-cps/overview.html

"Chlamydia, Gonorrhea, and Syphilis." n.d. Accessed October 19, 2023. https://www.acog.org/womens-health/faqs/chlamydia-gonorrhea-and-syphilis.

Coleman, E., A.E. Radix, W.P. Bouman, G.R. Brown, A.L.C. De Vries, M.B. Deutsch, R. Ettner, et al. 2022. "Standards of Care for the Health of Transgender and Gender Diverse People, Version 8." *International Journal of Transgender Health* 23 (sup1): S1–259. https://doi.org/10.1080/26895269.2022.2100644

Fenway Health. 2021. "Medical Care of Trans and Gender Diverse Adults." 2021. https://fenwayhealth.org/wp-content/uploads/Medical-Care-of-Trans-and-Gender-Diverse-Adults-Spring-2021-1.pdf

Grasso, C., H. Goldhammer, R.J. Brown, and B.W. Furness. 2020. "Using Sexual Orientation and Gender Identity Data in Electronic Health Records to Assess for Disparities in Preventive Health Screening Services." *International Journal of Medical Informatics* 142 (October): 104245. https://doi.org/10.1016/j.ijmedinf.2020.104245

Health Level 7 FHIR. 2019. "Resource Profile: US Core Patient Profile." HL7 FHIR Release 4. November 1, 2019. https://hl7.org/fhir/us/core/STU6.1/StructureDefinition-us-core-patient.html

James, S.E., J.L. Herman, S. Rankin, M. Keisling, L. Mottet, and L. Anafi. 2016. "The Report of the 2015 US Transgender Survey." Washington, D.C.: National Center for Transgender Equality. https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf

Kloer, C., G. Blasdel, M. Morris, L.C. Zhao, and R. Bluebond-Langner. 2021. "Overview of Gender Affirming Surgery for the Gynecologic Surgeon." *Journal of Gynecologic Surgery* 37 (4): 269–74. https://doi.org/10.1089/gyn.2021.0042

Krakowsky, Y., E. Potter, J. Hallarn, B. Monari, H. Wilcox, G. Bauer, J. Ravel, and J.L. Prodger. 2022. "The Effect of Gender-Affirming Medical Care on the Vaginal and Neovaginal Microbiomes of Transgender and Gender-Diverse People." *Frontiers in Cellular and Infection Microbiology* 11. https://www.frontiersin.org/articles/10.3389/fcimb.2021.769950

McClure, R.C., C.L. Macumber, C. Kronk, C. Grasso, R.J. Horn, R. Queen, S. Posnack, and K. Davison. 2022. "Gender Harmony: Improved Standards to Support Affirmative Care of Gender-

Marginalized People through Inclusive Gender and Sex Representation." *Journal of the American Medical Informatics Association* 29 (2): 354–63. https://doi.org/10.1093/jamia/ocab196

Mohseni, M., S. Sung, and V. Takov. 2023. "Chlamydia." In *StatPearls*. Treasure Island (FL): StatPearls Publishing. http://www.ncbi.nlm.nih.gov/books/NBK537286/

Radix, A.E., A.B. Harris, U. Belkind, J. Ting, and Z.G. Goldstein. 2019. "Chlamydia Trachomatis Infection of the Neovagina in Transgender Women." *Open Forum Infectious Diseases* 6 (11): ofz470. https://doi.org/10.1093/ofid/ofz470

Shafii, T., and D. Levine. 2020. "Office-Based Screening for Sexually Transmitted Infections in Adolescents." *Pediatrics* 145 (Supplement_2): S219–24. https://doi.org/10.1542/peds.2019-2056K

Shover, C.L., M.A. DeVost, M.R. Beymer, P.M. Gorbach, R.P. Flynn, and R.K. Bolan. 2018. "Using Sexual Orientation and Gender Identity to Monitor Disparities in HIV, Sexually Transmitted Infections, and Viral Hepatitis." *American Journal of Public Health* 108 (S4): S277–83. https://doi.org/10.2105/AJPH.2018.304751

Tordoff, D.M, J.C. Dombrowski, M.S. Ramchandani, and L.A. Barbee. 2022. "Trans-Inclusive Sexual Health Questionnaire to Improve Human Immunodeficiency Virus/Sexually Transmitted Infection (STI) Care for Transgender Patients: Anatomic Site–Specific STI Prevalence and Screening." *Clinical Infectious Diseases: An Official Publication of the Infectious Diseases Society of America* 76 (3): e736–43. https://doi.org/10.1093/cid/ciac370

Torrone, E., L. Grier, K. Gadsden-Knowles, H. Weinstock, and M. Stenger. 2020. "Collection of Gender Identity in National Case Notifications of Chlamydia, Gonorrhea, and Primary and Secondary Syphilis, 2018." *Sexually Transmitted Diseases* 47 (9): 645–48. https://doi.org/10.1097/OLQ.0000000000001248

UCSF. 2016. "Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People | Gender Affirming Health Program." UCSF. June 17, 2016. https://transcare.ucsf.edu/guidelines

U.S. Preventive Services Task Force. 2021. "Screening for Chlamydia and Gonorrhea: U.S. Preventive Services Task Force Recommendation Statement." *JAMA* 326 (10): 949–56. https://doi.org/10.1001/jama.2021.14081

Van Gerwen, O.T., A. Jani, D.M. Long, E.L. Austin, K. Musgrove, and C.A. Muzny. 2020. "Prevalence of Sexually Transmitted Infections and Human Immunodeficiency Virus in Transgender Persons: A Systematic Review." *Transgender Health* 5 (2): 90–103. https://doi.org/10.1089/trgh.2019.0053

Workowski, K.A. 2021. "Sexually Transmitted Infections Treatment Guidelines, 2021." *MMWR. Recommendations and Reports* 70. https://doi.org/10.15585/mmwr.rr7004a1

