

ADOLESCENT STI SCREENING GUIDELINES - MAY 2014

Screening for Chlamydia, Gonorrhea

A. Screening Asymptomatic Patients who are Sexually Active:

- a. **When to screen:** Initial visits, Annual visits, As needed based on history
- b. **More frequent screening is recommended if the patient:**
 - i. has a new partner(s)
 - ii. requests more frequent screening
 - iii. had another STI
 - iv. is symptomatic
 - v. reports a non-monogamous partner
 - vi. reports a possible exposure (treatment before screening may be indicated)
 - vii. reports a sexual assault (more extensive guidelines must be followed)
 - viii. tests positive for GC or CT and treated; retest for re-infection in 3-6 months
 - ix. reports higher risk behaviors: multiple unprotected concurrent partners, anonymous partners, etc...
 - x. is pregnant (usually done in prenatal workup)
 - xi. reports IV drug use or frequent substance abuse
 - xii. has other indications per your clinical judgment

B. Chlamydia and Gonorrhea Specific Notes

- a. Treated CT or GC will still be positive for 3 weeks post test so re-testing within that time frame will not be effective
- b. Pharyngeal and rectal CT/GC testing is recommended routinely in YMSM. Consider pharyngeal and rectal CT/GC testing in other patients that routinely give oral sex and receive anal sex.

HIV Specific Notes

Per 2006 CDC guidelines offer HIV testing at least once to all patients aged 13-64. Offer more frequent testing according to risk factors. Vermont State law does not state that adolescents cannot receive HIV counseling and testing without parental consent. However, exploring parental and/or other adult involvement in reproductive health decisions, including HIV testing is recommended.

Screen in partnership with Mental Health Provider if student has any of the following risk factors:

- i. Rape / incest history
- ii. Suicide / homicide risk
- iii. Mental illness / psychiatric hospitalizations
- iv. No family / social support
- v. Known exposure to HIV

Do not test students/patients under the following circumstances:

- vi. Student/patient is high or drunk

- vii. Student/patient is suicidal / homicidal
- viii. Student/patient is psychotic or hallucinating
- ix. Student/patient is unable to provide informed consent (i.e. mental impairment or disability)

Syphilis Screening

The new 2010 CDC STI Guidelines do not recommend routine screening for syphilis along with Chlamydia, Gonorrhea and HIV. Screen for syphilis should be based on risk factors beyond just sexual activity. Some of these definitions of high risk behavior are quite broad and clinical judgment must be used in considering testing.

Consider testing in young people who:

1. Reside in detention facilities
2. Use injection drugs
3. Frequently attend STI clinics/Have a new STI/ Had multiple different STI's
4. Have multiple concurrent unprotected sex partners of short duration
5. Never use condoms
6. Have an increased biological susceptibility to infection
7. Have multiple obstacles to healthcare (i.e.: homeless)
8. Started having sex at a very young age (no age specified)
9. Live in regions where rates of syphilis are particularly high

Additional Recs for Young Men who have Sex with Men (YMSM)

1. Screen routinely for pharyngeal and rectal CT/GC
2. Screen routinely for syphilis
3. Screen routinely for HepB Surface Antigen (HBsAg) if no documentation of vaccination
4. Vaccinate for Hep A and Hep B if not immune