Sexually Transmitted Infection (STI) Screening

C&TC Requirements

General

A risk assessment for all adolescents should be done at each C&TC visit to determine if screening for sexually transmitted infections (STIs) is indicated.

- All female adolescents who are sexually active should be screened at least annually for chlamydia and gonorrhea.
- Screening for other STIs should be offered to both male and female patients as indicated, based on individual or community risk factors.
- Adolescents who are at high risk for infection should be screened at least annually for HIV. High risk categories include having multiple sexual partners, failing to use barrier protection, using injection drugs, and young men who have sex with men (Centers for Disease Control and Prevention, 2015).
- Anyone who has been treated for chlamydia or gonorrhea should be rescreened approximately 3 months following treatment (Centers for Disease Control and Prevention, 2015).
- Screening for STIs can be done without parental knowledge or consent. See Minnesota’s Minor’s consent Law (MN Stat. § 144.343, 2015)

Documentation

Document lab tests ordered. It is not necessary to list lab test results on the C&TC documentation form, but they should be documented elsewhere in the patient’s health record. For documentation examples, refer to the C&TC Documentation Forms for Providers and Clinics (www.dhs.state.mn.us).

Screening Procedure

Chlamydia and Gonorrhea

- Nucleic acid amplification tests (NAAT) have high sensitivity and specificity and are recommended by the Centers for Disease Control (CDC) and the U.S. Preventive Services Task Force (USPSTF) for detection of chlamydia and gonorrhea infections (Centers for Disease Control and Prevention, 2015; LeFever, 2014).
- Optimum specimens for NAAT tests are first catch urine from males and self-collected vaginal swabs from females. Female urine specimens are acceptable but not preferred (Centers for Disease Control and Prevention, 2015).

HIV

- Fourth generation HIV testing technology is recommended by the CDC for diagnosing HIV. This technology can diagnose HIV earlier than previously recommended antibody tests.
- All reactive specimens undergo additional testing to differentiate HIV-1 from HIV-2. Results are available faster than the previously recommended Western blot (Centers for Disease Control and Prevention, 2014)

Other STIs

Refer to CDC’s Sexually Transmitted Diseases Treatment Guidelines, 2015, (www.cdc.gov).

Importance of STI Screening
More than 75 percent of females and 50 percent of males with chlamydia have no symptoms. It is important that screening be conducted in adolescents even if there are no outward signs of infection (The Minnesota Chlamydia Partnership, 2011).

In 2014, MDH reported 19,879 chlamydia cases and 4,073 gonorrhea cases. Adolescents (15-19 years) and young adults (20-24 years) accounted for 66 percent of chlamydia and 51 percent of gonorrhea cases diagnosed in the state (Minnesota Department of Health, 2015).

**Professional Recommendations**

**American Academy of Pediatrics (AAP)**
- Offer HIV screening to all adolescents at least one time by 16-18 years of age where the prevalence of HIV in the patient population is more than 0.1% (American Academy of Pediatrics Committee on Pediatric AIDS, 2011).

**U.S. Preventive Services Task Force (USPSTF)**
- Screen for chlamydia and gonorrhea in all sexually active females 24 years of age and younger (LeFever, 2014).
- Screen for HIV in adolescents beginning at age 15 and in younger adolescents at increased risk for infection (Moyer, 2013).

**Centers for Disease Control and Prevention**
- Screen all sexually active females less than 25 years of age annually for chlamydia and gonorrhea.
- HIV screening should be discussed and offered to all adolescents (Centers for Disease Control and Prevention, 2015).

**STI Treatment**
Refer to the CDC's [Sexually Transmitted Diseases Treatment Guidelines, 2015](http://www.cdc.gov).

**Resources**

**Minnesota Chlamydia Partnership**
- [Minnesota Chlamydia Partnership](http://www.mnchlamydiapartnership.org)

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**Minnesota Department of Health**
- [Sexually Transmitted Diseases (STDs)](http://www.health.state.mn.us)
- [Child and Teen Checkups (C&TC)](http://www.health.state.mn.us)

**Minnesota Department of Human Services**
- [Minnesota Health Care Programs Provider Manual C&TC Section](http://www.dhs.state.mn.us)

**References**


**For More Information**

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