

# Sexually Transmitted Infection (STI) Risk Assessment

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

## C&TC Requirements

### General

A *risk assessment* should be done at each C&TC visit, beginning no later than 11 years of age, to determine if screening for sexually transmitted infections (STIs) is indicated. Based on risk factors, provide laboratory testing, treatment, and counseling as recommended.

Specific testing recommendations based on risk are listed in [STD & HIV Screening Recommendations \(www.cdc.gov\)](#):

- All females who are sexually active should be screened at least annually for chlamydia and gonorrhea. Anyone treated for chlamydia or gonorrhea should be rescreened three months following treatment (Centers for Disease Control and Prevention, 2015).
- Screen *all* adolescents for Human Immunodeficiency Virus (HIV) at least once between 15 and 18 years of age. Youth at higher risk for HIV exposure should receive HIV testing at least annually. Refer to the [HIV Screening C&TC Fact Sheet \(www.health.state.mn.us\)](#) for more information.
- Testing for other STIs should be offered to all patients as indicated by individual or community risk factors.

There are additional specific recommendations for STI screening for pregnant females, sexually active males who have sex with males, and anyone who has unsafe sex or shares injectable drug use equipment.

STI risk assessment is most informative when done in a confidential conversation with the patient, without a parent or guardian present. The patient and parent or guardian should be informed of Minnesota's minor's consent law ([2016 Minnesota statute 144.343](#)).

### Personnel

Review and interpretation of the STI risk assessment should be completed by a licensed health care professional (physician, nurse practitioner, physician's assistant, or a qualified registered nurse who has completed the 3-day C&TC Comprehensive Training provided by the Minnesota Department of Health).

### Documentation

Document that a risk assessment was completed, and what laboratory tests were ordered if applicable. 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 Provider Documentation Forms \(www.dhs.state.mn.us\)](#).

## Risk Assessment Procedure

STI risk assessment should be incorporated into each C&TC visit as part of broader assessment and anticipatory guidance related to sexual health. Steps clinics can take to ensure confidentiality are listed in [Why Screen for Chlamydia \(http://chlamydiacoalition.org\)](#), page 8.

Risk assessment can be done through a confidential conversation with the patient, or by using a patient-report questionnaire such the [Brief Sexual History Tool \(www.cdc.gov\)](#). A more detailed [Risk Assessment Tool: HIV/STD/Hepatitis](#) is available from the Minnesota Department of Health (MDH), along with guidance.

## Laboratory tests

Based on risk assessment, proceed to STI testing as appropriate.

## Chlamydia and Gonorrhea

Nucleic acid amplification tests (NAAT) have high sensitivity and specificity and are recommended 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

Refer to the [HIV C&TC fact sheet](#).

## Other STIs

Offer laboratory testing to patients based on risk factors. Refer to CDC's [Sexually Transmitted Diseases Treatment Guidelines, 2015](#), ([www.cdc.gov](http://www.cdc.gov)).

## STI Treatment

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

## Importance of STI Screening

In 2015, chlamydia had the highest number of annual cases of any condition ever reported to the CDC. This is of particular concern as many cases of chlamydia go undiagnosed, because it is asymptomatic in about 7 out of 10 people (National Chlamydia Coalition, 2017). In 2016, 22,675 chlamydia cases and 5,104 gonorrhea cases were reported in Minnesota. Youth age 15-19 and 20-24 years accounted for 64 percent of chlamydia and 46 percent of gonorrhea cases (Minnesota Department of Health, 2017).

## Professional Recommendations

### American Academy of Pediatrics

Provide STI risk assessment and laboratory testing as appropriate at routine well visits beginning at 11 years of age (Hagan Jr, Shaw, & Duncan, 2017).

## U.S. Preventive Services Task Force

Screen for chlamydia and gonorrhea in all sexually active females 24 years of age and younger (LeFever, 2014).

## Resources

### Minnesota Department of Human Services

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

### Minnesota Department of Health

- [Sexually Transmitted Diseases \(STDs\)](#) ([www.health.state.mn.us](http://www.health.state.mn.us))
- [MN Chlamydia Strategy](#) ([www.health.state.mn.us](http://www.health.state.mn.us))
- [Child and Teen Checkups](#) ([www.health.state.mn.us](http://www.health.state.mn.us))

## References

Centers for Disease Control and Prevention (2015). Sexually transmitted diseases treatment guidelines, 2015. *MMWR* 2015, 64(3), 1-138.

Hagan Jr, J. F., et al (2017). Bright Futures. Elk Grove Village, Illinois: American Academy of Pediatrics.

LeFever, M. L. (2014). Screening for chlamydia and gonorrhea: U.S. Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine*, 161(12), 902-911.

Minnesota Department of Health. (2015). STD Statistics and Reports. Retrieved from [www.health.state.mn.us](http://www.health.state.mn.us)

National Chlamydia Coalition (2017). Why Screen for Chlamydia: An Implementation Guide for Health Care Providers Retrieved from [www.chlamydiacoalition.org](http://www.chlamydiacoalition.org)

## For More Information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3760 email [health.childteencheckups@state.mn.us](mailto:health.childteencheckups@state.mn.us).

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