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 the Center for Disease Control and Prevention (CDC) 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 (CDC, 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 be tested for HIV 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: 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 as the Risk Assessment Tool: HIV/STD/Hepatitis (www.health.state.mn.us).

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 (CDC, 2015; LeFever, 2014).

Optimum specimens for NAAT tests are first catch urine from males, provider-collected cervical or vaginal swabs, or self-collected vaginal swabs. Female urine specimens are also acceptable (CDC, 2015).

**HIV**

Refer to the [HIV Screening C&TC Fact Sheet](https://www.health.state.mn.us).

**Other STIs**

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

**STI Treatment**

Refer to the [CDC 2015 Sexually Transmitted Diseases Treatment Guidelines](https://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 2017, 23,528 chlamydia cases and 6,519 gonorrhea cases were reported in Minnesota. Youth age 15-19 and 20-24 years accounted for 62 percent of chlamydia and 45 percent of gonorrhea cases (Minnesota Department of Health, 2018).

**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**

- [C&TC Schedule of Age-Related Screening Standards](https://edocs.dhs.state.mn.us)
- [Minnesota Health Care Programs Provider Manual C&TC Section](https://www.dhs.state.mn.us)

**Minnesota Department of Health**

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

**References**


**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 or email [health.childteencheckups@state.mn.us](mailto:health.childteencheckups@state.mn.us). Revised 12/2018