



Strengthening STD Prevention and Control for Health Departments

Technical Assistance Note # 12b | STD clinical preventive services for adolescents & young adults

From Strategy Area III: Promote CDC-Recommended Screening, Diagnosis, and Treatment

12. Promote CDC-recommended screening, diagnosis, and treatment of STDs among high priority populations:
 - b. **For young adults and adolescents**, particularly those seen in family planning clinics, adolescent health clinics, and primary care settings: Assess screening and treatment practices to identify and prioritize providers, organizations, and areas to target for promotion and improvement. Provide education and technical assistance to targeted providers and organizations to promote recommended screening and treatment

Why DSTDP included these strategies

CDC recommends screening for chlamydia (CT) in women younger than 25 years of age, and women older than 25 years of age if they are at risk (defined as having a new sex partner, more than one sex partner, a sex partner with concurrent partners, or a sex partner who has an STD.) Men should be considered for screening if they are seen in a high-prevalence clinical setting or if they are members of a population with a high burden of infection, such as men who have sex with men.

Many persons with CT are asymptomatic and therefore are not aware that they are infected or may have negative health outcomes. Screening tests are defined as testing asymptomatic people for diseases or conditions for which they are at risk. Screening for CT and gonorrhea (GC) is necessary because of the asymptomatic nature of these infections, and the risk for sequelae (conditions that are consequences of a disease or injury) if infections are not treated. These sequelae include pelvic pain, pelvic inflammatory disease, tubal factor infertility, and potentially fatal ectopic pregnancy.

In order to prevent these complications and sequelae, screening for STDs is critical. STD programs should work with health care providers who serve adolescents and young adults, including primary care, family planning, and adolescent health providers, to ensure awareness of the need to screen for CT and GC. This screening is important enough that it is counted among the 94 performance measures in the Health Effectiveness Data and Information Set (HEDIS) that is used to measure quality control in healthcare by over 90% of health insurance plans in the United States. Despite the fact that programs should be measuring screening rates for their HEDIS measure collected for Medicaid and other insurance plans, it is not always possible to obtain screening data from every provider. STD programs may choose to focus on high-priority providers in at-risk communities who can provide such data. In areas where CT and GC rates are high, provider awareness-raising, education and technical assistance should be intensified. Where possible, STD programs should use quality improvement methods to measure and increase screening in provider groups, health departments, health plan members, and other providers of care adolescents and young adults.

Considerations for implementation

Know the providers of care and services for adolescents & young adults

- Examine insurance, laboratory, and provider data from your jurisdiction to identify providers that see adolescents: school clinics, adolescent clinics, sports screening programs, juvenile detention programs, drug treatment programs, homeless youth programs, etc.
- Obtain any readily available HEDIS measures, Medicare or similar data from insurance plans, clinics, municipalities and other organizations to assess screening rates
- Consider partnering with larger hospital systems or systems that have electronic medical records, as these may be able to more easily provide accurate data about screening,
- Look at local population data to determine where large numbers of adolescents may reside, and compare this with reported screening data. This may help identify which providers are not screening
- Prioritize resources to higher prevalence areas; focus on areas that need it most
 - Identify providers who see adolescents in areas where there are high disease rates and consider focusing on providers who are not reporting much CT/GC
- Interact with schools, social services, correctional organizations, drug treatment facilities and CBOs serving adolescents to create a professional network of people who can support screening efforts
 - It may be more useful to interact with schools at a school district level than with individual schools
 - It is often useful to establish a relationship by having one point person who consistently interacts with organizations
 - Consider bundling CT/GC screening services with other services your health department may already be providing to these organizations

Actively promote screening among providers of care for adolescents & young adults

- Encourage providers to make structural changes to their systems and practices that ensure young women are automatically screened at their first care visit each year, as these have been shown to be most effective at raising screening rates
- Provide Health Alert, Grand Rounds, and other provider communications to raise providers' awareness of the need to screen
- Ensure that providers are emphasizing rescreening 3 months after treatment for all patients who test positive for CT and GC, and for women who test positive for trichomonas
- Offering continuing education credits is a good way to attract clinical providers to a presentation or meeting
- Consider using program funds to support screening of uninsured women in family planning and other clinics
Continuously monitor data to ensure claims for reimbursement are for patients who meet the screening criteria
- Provide data to providers in high morbidity areas about their patient population, and show them their screening data in context with other areas of the jurisdiction. Providers who see how they measure up with others in their area may help champion screening efforts
- Provide presentations at professional meetings (such as local and regional branches of medical specialty groups like American Academy of Pediatrics), technical assistance, and other education efforts to increase providers' awareness of the need to screen
 - Trainings directed at school nurses who interact exclusively with adolescents may be useful

- Consider distributing a handbook of screening recommendations and local health resources for confidential screening of adolescents to school nurses
- Train providers to consider special issues pertaining to adolescents, such as the need for confidential and teen-friendly services
- To go above and beyond, implement a quality improvement initiative with one or more providers who do not screen routinely. Develop regular assessments of screening rates, conduct training and technical assistance, and collaborate on approaches to improve screening
- Consider implementing programs to improve condom availability in tandem with increased screening. Condoms can be offered at sites that routinely interact with adolescents, such as schools, adolescent clinics, after school programs, and sports programs

Example strategies include:

- Supporting high school screening programs, where health department personnel schedule routine mass screening and treatments at the schools
- In high morbidity zip codes, working with EDs to screen anyone who meets specific criteria despite the reason for their ED visit
- Screening at juvenile court and routinely at intake to juvenile detention facilities, jail screening of older adults may also be productive
- Providing expedited partner therapy to adolescents treated for chlamydia or gonorrhea
- For condom availability programs, ensuring that condoms are accessible to adolescents in a way that minimizes the need for them to have to ask for condoms out loud, such as free dispensers in school bathrooms or nurses' offices, or online condom ordering and distribution
- Supporting implementation of automatic STD screening at routine adolescent visits
- Instituting text message screening reminders
- Routinely placing chlamydia screening test swabs next to PAP test supplies in providers' exam rooms
- Establishing routine provider protocols for taking sexual histories
- Providing medication to providers that is meant for adolescents who are reluctant to use insurance or for the uninsured

Other resources

- CDC STD fact sheet on screening recommendations: <https://www.cdc.gov/std/tg2015/screening-recommendations.htm>
- CDC STD fact sheet on chlamydia: <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia-detailed.htm>
- CDC STD fact sheet on gonorrhea: <https://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea-detailed.htm>
- CDC STD page on adolescents: <https://www.cdc.gov/std/life-stages-populations/adolescents-youngadults.htm>
- National Coalition for Sexual Health: <https://nationalcoalitionforsexualhealth.org/>

For more information or feedback on this document, contact your DSTDP Prevention Specialist or email STD_PCHD@cdc.gov. CDC's Division of STD Prevention, Program Development and Quality Improvement Branch, developed this document for recipients of PS19-1901 STD PCHD to provide additional clarification of strategies outlined in that NOFO and to support program implementation. The content here does not represent additional NOFO requirements nor official CDC recommendations. Issue date: April 2019