ROUTINIZING SEXUAL HEALTH INTO PRIMARY CARE

Gale R. Burstein, MD, MPH, FAAP, FSAHM
Commissioner, Erie County Department of Health,
Clinical Professor of Pediatrics, SUNY at Buffalo School
of Medicine and Biomedical Sciences, Buffalo, NY
Faculty, NYC STD/HIV Prevention Training Center
Agenda

• Making the case: Why sexual health services matter

• *How to* routinize sexual health in 1° care

• Questions
Disclosures

Dr. Gale Burstein has no financial relationships to disclose or Conflicts of Interest to resolve.

Unlabeled use: Dr. Gale Burstein’s presentations will include discussion of unlabeled use of gonorrhea and chlamydia nucleic acid amplification testing of non-genital specimens that are not FDA-approved. Clinical laboratories may conduct validation studies to obtain CLIA approval to perform these tests.
I would like to acknowledge CDC/DSTDP, NYSDOH, and NYCDOHMH their assistance and data.
WHY IT MATTERS

Overview
STD Burden

- >19.7 million STD cases occur in USA each year
  - Disproportionately among young people and racial and ethnic minority populations
- Estimated $15.6 Billion in annual direct medical costs of treating STDs and sequelae
  - Estimated $6.5 Billion in annual direct medical costs of treating STDs and sequelae among 15–24 yo
- STDs can cause serious health problems
  - Ectopic pregnancy, infertility, chronic pelvic pain
  - ↑ risk of HIV infection

STDs and their Consequences

Most STDs

HIV transmission

Adverse pregnancy outcomes

Reproductive tract cancer

Impaired fertility

e.g. Chlamydia, Gonorrhea

~ 19.7 million estimated annual new cases

$15.6 billion estimated annual direct costs*

e.g. Syphilis, HSV-2

e.g. HPV

*2010 estimates for all ages
ADOLESCENT SEXUAL BEHAVIOR
### Sexual behavior with opposite-sex partners

<table>
<thead>
<tr>
<th>Age (yrs)</th>
<th>Any sex</th>
<th>Vaginal sex</th>
<th>Oral sex</th>
<th>Anal sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>53%</td>
<td>46%</td>
<td>45%</td>
<td>11%</td>
</tr>
<tr>
<td>20-24</td>
<td>88%</td>
<td>85%</td>
<td>81%</td>
<td>30%</td>
</tr>
<tr>
<td>25-44</td>
<td>98%</td>
<td>98%</td>
<td>89%</td>
<td>36%</td>
</tr>
</tbody>
</table>

♂ Sexual behavior with **opposite-sex** partners

<table>
<thead>
<tr>
<th>Age (yrs)</th>
<th>Any sex</th>
<th>Vaginal sex</th>
<th>Oral sex</th>
<th>Anal sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>58%</td>
<td>45%</td>
<td>48%</td>
<td>10%</td>
</tr>
<tr>
<td>20-24</td>
<td>86%</td>
<td>82%</td>
<td>80%</td>
<td>32%</td>
</tr>
<tr>
<td>25-44</td>
<td>98%</td>
<td>97%</td>
<td>90%</td>
<td>44%</td>
</tr>
</tbody>
</table>

Sexual behavior with same-sex partners

<table>
<thead>
<tr>
<th>Age (yrs)</th>
<th>Any sex with ♂</th>
<th>Anal sex with ♂</th>
<th>Oral sex with ♂</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>20-24</td>
<td>6%</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>25-44</td>
<td>6%</td>
<td>3%</td>
<td>6%</td>
</tr>
</tbody>
</table>

NSFG 2006-8 [Link](http://www.cdc.gov/nchs/data/nhsr/nhsr036.pdf)
NYS (including NYC) high school students who ever had sexual intercourse, 2011

CDC YRBSS, 2011
WHY IT MATTERS

STI Burden
Estimated STI Incidence, 2008

Weinstock et al., Persp Sex Reprod Health, 2004

Account for:

~25% 15-24 Years

~75% 25-44 Years

Sexually Experienced Population
Estimated STI Incidence, 2008

Account for:

~25%
15-24 Years

~75%
25-44 Years

Sexually Experienced Population

~50% New Infections
(9,978,650)

~50% New Infections
(9,956,150)

Incident STIs*

Weinstock et al., Persp Sex Reprod Health, 2004
Estimated STI Incidence, 2008

Weinstock et al., Persp Sex Reprod Health, 2004

~25%
15-24 Years

Sexually Experienced Population

~75%
25-44 Years

~50% New Infections

Incident STIs*

5% Gonorrhea
7% Genital herpes
16% Chlamydia
21% Trichomoniasis
51% HPV

*Also included <1% each HIV, Syphilis, Hepatitis B
## Estimated Number of Incident STIs and Strengths of Evidence—United States, 2008

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>Total*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All ages†</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td>1,570,000 (II)</td>
<td>1,290,000 (II)</td>
<td>2,860,000 (II)</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>466,000 (III)</td>
<td>354,000 (III)</td>
<td>820,000 (III)</td>
</tr>
<tr>
<td>Syphilis</td>
<td>40,300 (II)</td>
<td>15,100 (II)</td>
<td>55,400 (II)</td>
</tr>
<tr>
<td>HSV-2</td>
<td>420,000 (II)</td>
<td>356,000 (II)</td>
<td>776,000 (II)</td>
</tr>
<tr>
<td>HPV</td>
<td>7,080,000 (II)</td>
<td>7,060,000 (II)</td>
<td>14,140,000 (II)</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>11,900 (II)</td>
<td>7,025 (II)</td>
<td>19,000 (II)</td>
</tr>
<tr>
<td>HIV ‡</td>
<td>30,100 (II)</td>
<td>9,600 (II)</td>
<td>41,400 (II)</td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td>415,000 (III)</td>
<td>668,000 (III)</td>
<td>1,090,000 (III)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10,033,300 (III)</td>
<td>9,771,725 (III)</td>
<td>19,738,800 (III)</td>
</tr>
<tr>
<td><strong>Ages 15–24 y</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td>833,000 (II)</td>
<td>957,000 (II)</td>
<td>1,790,000 (II)</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>293,000 (III)</td>
<td>277,000 (III)</td>
<td>570,000 (III)</td>
</tr>
<tr>
<td>Syphilis</td>
<td>7190 (II)</td>
<td>4040 (II)</td>
<td>11,200 (II)</td>
</tr>
<tr>
<td>HSV-2</td>
<td>144,000 (II)</td>
<td>208,000 (II)</td>
<td>352,000 (II)</td>
</tr>
<tr>
<td>HPV</td>
<td>3,480,000 (II)</td>
<td>3,420,000 (II)</td>
<td>6,910,000 (II)</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>825 (II)</td>
<td>622 (II)</td>
<td>1,450 (II)</td>
</tr>
<tr>
<td>HIV</td>
<td>NC</td>
<td>NC</td>
<td></td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td>56,900 (III)</td>
<td>90,800 (III)</td>
<td>148,000 (III)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,814,915 (III)</td>
<td>4,957,462 (III)</td>
<td>9,782,650 (III)</td>
</tr>
</tbody>
</table>

*Totals may not add exactly due to missing data on sex and rounding.
†On the basis of age-specific data from NHANES, the incident number of infections represents varying age groups: chlamydia (ages 15–39 years), gonorrhea (ages 15–49 years), HSV-2 (ages 15–49 years), and HPV (ages 15–59 years).
‡HIV estimates for men and women only include data for blacks/African Americans, Hispanics/Latinos, and whites; these 3 racial/ethnic groups accounted for 96% of all incident HIV infections. The total estimate includes all races.
NC indicates not calculated.

Estimated number of new sexually transmitted infections
- United States, 2008

<table>
<thead>
<tr>
<th>Infection</th>
<th>Ages 25+</th>
<th>Ages 15-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>19,000</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>HIV*</td>
<td>41400</td>
<td>20%</td>
</tr>
<tr>
<td>Syphilis</td>
<td>55,400</td>
<td>45%</td>
</tr>
<tr>
<td>HSV-2</td>
<td>776,000</td>
<td>70%</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>820,000</td>
<td>13%</td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td>1,090,000</td>
<td>63%</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>2,860,000</td>
<td>49%</td>
</tr>
<tr>
<td>HPV</td>
<td>14,100,000</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL: 19,738,800

*HIV incidence not calculated by age in this analysis

Bars are for illustration only; not to scale, due to wide range in numbers of infections.

Young people (15-24) represent 50% of all new STIs.
ERIE COUNTY STIs
AND TEEN PREGNANCY
2013 Reported Chlamydia Cases by Gender and Age, *Erie County*

**Chlamydia Cases by Gender**

- Male: 30%
- Female: 70%

**N = 4,892**

**Males by Age**

- 30+ yrs: 17%
- 25-29 yrs: 15%
- 20-24 yrs: 39%
- < 20 yrs: 29%

**N = 1,489**

**Females by Age**

- 30+ yrs: 9%
- 25-29 yrs: 13%
- 20-24 yrs: 37%
- < 20 yrs: 41%

**N = 3,403**
2013 Reported Gonorrhea Cases by Gender and Age, *Erie County*

**Gonorrhea Cases by Gender**
- Male: 53%
- Female: 47%
- Total: N = 1,057

**Males by Age**
- < 20 yrs: 18%
- 20-24 yrs: 35%
- 25-29 yrs: 20%
- 30+ yrs: 27%
- Total: N = 557

**Females by Age**
- < 20 yrs: 32%
- 20-24 yrs: 33%
- 25-29 yrs: 15%
- 30+ yrs: 20%
- Total: N = 500
2013 Gonorrhea and Chlamydia Rates for Ages 15 – 19 years by Gender

*Rate per 1,000 age (15-19 years) and gender specific population

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea</td>
<td>2.9</td>
<td>4.9</td>
<td>3.9</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>12.8</td>
<td>42.5</td>
<td>27.4</td>
</tr>
</tbody>
</table>
MONROE COUNTY STIs
AND TEEN PREGNANCY
2012 Reported **Gonorrhea** Cases by Gender and Age, *Monroe County*

**Gonorrhea Cases by Gender**
- Male: 52%
- Female: 48%
- Total: N = 1,103

**Males by Age**
- 30+ yrs: 36%
- < 20 yrs: 18%
- 20-29 yrs: 46%
- Total: N = 569

**Females by Age**
- 30+ yrs: 19%
- < 20 yrs: 30%
- 20-29 yrs: 51%
- Total: N = 534
2012 Reported Chlamydia Cases by Gender and Age, Monroe County

**Chlamydia Cases by Gender**

- Male: 34%
- Female: 66%

N = 5,000

**Males by Age**

- < 20 yrs: 28%
- 20-29 yrs: 54%
- 30+ yrs: 18%

N = 1,720

**Females by Age**

- < 20 yrs: 39%
- 20-29 yrs: 51%
- 30+ yrs: 10%

N = 3,280
# 2012 Gonorrhea and Chlamydia Rates for Ages 15 – 19 years by Gender

*Monroe County*

<table>
<thead>
<tr>
<th></th>
<th>RATE*</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>3.7</td>
<td>5.7</td>
<td>4.7</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>16.2</td>
<td>44.7</td>
<td>30.1</td>
</tr>
</tbody>
</table>

*Rate per 1,000 age (15-19 years) and gender specific population*
Age Distribution of Newly Diagnosed HIV* Cases
New York State, 2011**

N=3,732
Average=36.5 yrs

*Regardless of subsequent or concurrent AIDS diagnosis
**Data as of March 2013
***FPHC=Female Presumed Heterosexual Contact
NYSDOH/AI/BHAEE
Newly Diagnosed HIV Cases* by Risk and Sex
New York State, 2011**

<table>
<thead>
<tr>
<th>Risk</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDU</td>
<td>1600</td>
<td>450</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>2060</td>
<td>600</td>
</tr>
<tr>
<td>FPHC***</td>
<td>1920</td>
<td>800</td>
</tr>
<tr>
<td>Pediatric</td>
<td>150</td>
<td>300</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Regardless of concurrent or subsequent AIDS diagnosis.
**Data as of March 2013
***FPHC=Female Presumed Heterosexual Contact

NYSDOH/AI/BHAE
## 2012 Teenage Pregnancy

<table>
<thead>
<tr>
<th></th>
<th>15-17 Years</th>
<th></th>
<th>18 - 19 Years</th>
<th></th>
<th>15 - 19 Years</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate*</td>
<td>Number</td>
<td>Rate**</td>
<td>Number</td>
<td>Rate***</td>
</tr>
<tr>
<td><strong>Erie County</strong></td>
<td>383</td>
<td>21.6</td>
<td>893</td>
<td>68.5</td>
<td>1,276</td>
<td>41.4</td>
</tr>
<tr>
<td><strong>Monroe County</strong></td>
<td>272</td>
<td>18.8</td>
<td>642</td>
<td>51.9</td>
<td>914</td>
<td>34.0</td>
</tr>
<tr>
<td><strong>New York State</strong></td>
<td>8,331</td>
<td>22.6</td>
<td>18,024</td>
<td>66.4</td>
<td>26,355</td>
<td>41.1</td>
</tr>
</tbody>
</table>

*Teenage Pregnancies (15-17) per 1,000 female population ages 15-17
**Teenage Pregnancies (18-19) per 1,000 female population aged 18-19
***Teenage Pregnancies (15-19) per 1,000 female population aged 15-19
New York State Teenage Pregnancies, Ages 15-19

New York State Counties

Teen Pregnancy Rate

- 11.1 - 25.0
- 25.00001 - 38.0
- 38.00001 - 56.0
- 56.00001 - 75.0
- 75.00001 - 100.4

* Rates per 1,000 females ages 15-19.
WHY IT MATTERS

Who is caring for adolescents?
WHO IS CARING FOR MORE TEENS NOW COMPARED TO 5 YEARS AGO?

Raise your hands!!
Clinical Care: Female Adolescents

Source: National Ambulatory Medical Care Survey, 2003-6

Hoover et al., J Adol Health, 2010
Reported Cases of Chlamydia by Reporting Source
NYS excluding NYC, 2011

% of Cases

Men
Women

Private Provider
Health Dept
Family Planning
Hospital
CHC
Other

50
45
40
35
30
25
20
15
10
5
0
Reported Cases of Gonorrhea by Reporting Source NYS excluding NYC, 2011

% of Cases

- Private Provider
- Health Dept
- Family Planning
- Hospital
- CHC
- Other

Men

Women
Routinizing sexual health in 1º care

Focus on adolescents
Approach to the Adolescent
Key Strategies

- Assess developmental level
- Discuss confidentiality with adolescent/parent
- Appropriately ensure confidentiality, time alone
- Brief risk assessment at most visits
- STI screening annually if sexually active
- Systems for follow-up of confidential results
Confidential Care for NYS Adolescents

- Pregnancy prevention
- Sexually transmitted infections
- Obstetrical care
- Care related to sexual assault
- Mental health (outpt)
- Substance abuse(outpt)
Welcome to [Your practice name]. We provide routine health care for teens and young adults. We want to work with you and your family to meet all of your health care needs: physical, mental and emotional.

Services We Provide
School, Sport and College Physicals
Patient and Parent Education on Adolescent Related Issues
Routine Care for Acne, Allergy and Sports-Related Conditions
Adolescent Gynecology Services

Young adults need specialized medical care and a doctor with whom they can discuss anything, from acute and chronic illness, health maintenance and preventive care, sexual concerns and emotional problems. Their parents also need special guidance and support through these fears. Our practice goal is to provide comprehensive health care to teens and their families.

As teens begin to develop into adults and take more responsibility for their lives, we ask for more input from them about their health. As part of comprehensive health care, it is our practice to ask parents to wait outside for part of the interview and encourage the adolescent to discuss his or her own view of their problem. Talking to teens without the parent also gives teens a chance to ask questions or give information they may feel self-conscious about. Teens often have questions or concerns that they may feel embarrassed to talk about in front of their parents. It is important to give them enough freedom to grow but not so much that they get involved in the wrong activities.

Many teenagers and young adults experiment with high-risk behaviors that can lead to serious problems.

In New York State high schools (excluding NYC):
- 45% have tried cigarettes
- 73% drank alcohol
- 38% have tried marijuana
- 43% have had sex

Most teenagers will hide their behavior so parents are not the first to find out. Our goal is to help identify these problems before they become too big and to help prevent them. To do this we must give them a reason to trust us.

New York State law requires that some services are offered to teens privately. We ask parents to leave for part of the interview for confidentiality and to build trust. We also encourage the teen to discuss important issues with parents.

It is important to know that if they are doing anything to hurt themselves or others, or if someone is hurting them, we will be forced to break confidentiality.

The staff is always available to discuss health problems or answer questions. The [Your practice name] staff wants to work with you to help teens and young adults make the best choices for a healthy future.
CONFIDENTIALITY STATEMENT

Drs. Raiken and Ehlenfield provide routine health care for teens and young adults. We want to work with you and your family to meet all of your health care needs: physical, mental and emotional.

Young adults need specialized medical care and a doctor with whom they can discuss anything, from acute and chronic illness, health maintenance and preventive care, sexual concerns and emotional problems. Their parents also need special guidance and support through these years. Our practice goal is to provide comprehensive health care to teens and their families.

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MORE INFORMATION

- Websites for Adolescent Patients and their Parents/Guardians
- Confidentiality Statement
ADOLESCENT STI RISK ASSESSMENT

Available tools
Comprehensive HEADSSS

H: Home
E: Education/Employment/Eating
A: Activities
D: Drugs
S: Suicidality/Depression
S: Sexuality/Sexual Behavior
S: Safety
S: Spirituality
SSHADESS*
Strength Assessment Tool for Psychosocial Screening

- Strength or interests
- School
- Home
- Activities
- Drugs/substance use
- Emotions/depression
- Sexuality
- Safety

* Clark and Ginsburg, 1995
CONFIDENTIAL

Health Survey for Adolescents

Everyone is faced with choices and situations that are complicated. The purpose of these questions are to give your doctor or nurse information to care for you. If you have any questions about these subjects, ask your doctor or nurse.

YOU DO NOT HAVE TO ANSWER THE QUESTIONS. If you choose not to fill it out, please read the questions anyway because your...
Please circle your answer to each of the following questions:

1. How often do you use a helmet when you rollerblade, skateboard, bicycle, or ride a motorcycle, minibike or ATV?
   
   Always  Sometimes  Rarely or never

2. How often do you wear a seat belt when you ride in a car, truck or van?
   
   Always  Sometimes  Rarely or never

3. Are you having any problems in school?
   
   Rarely or never  Sometimes  Always
   
   Circle all that apply... grades, fighting, missing school

4. Have you ever felt you had a problem with your weight? (underweight, overweight, anorexia, bulimia)
   
   Rarely or never  Sometimes  Always

5. Did you ever smoke cigarettes (even if you did not inhale) or chew tobacco?
   
   Never  Once or twice  3 or more times

6. Did you ever drink any alcohol? (beer, wine, liquor, other)
   
   Never  Once or twice  3 or more times

7. Did you ever use drugs?
   
   Never  Once or twice  3 or more times
   
   Circle all that apply... marijuana, cocaine, crack, heroin, acid, speed, ecstasy, roofies, sniffed inhalants, steroids, hormones, prescription drugs not ordered for you, or others
ASSESSING SEXUAL BEHAVIOR

Include questions that direct testing
CDC Recommendations
Assessment: The 5 “P”s

- PARTNERS
- Sexual PRACTICES
- PAST history of STIs
- PREGNANCY
- PROTECTION from STI
STI SCREENING
Screening for Nonviral Sexually Transmitted Infections in Adolescents and Young Adults

abstract

Prevalence rates of many sexually transmitted infections (STIs) are highest among adolescents. If nonviral STIs are detected early, they can be treated, transmission to others can be eliminated, and sequelae can be averted. The US Preventive Services Task Force and the Centers for Disease Control and Prevention have published Chlamydia, gonorrhea, and syphilis screening guidelines that recommend screening those at risk on the basis of epidemiologic and clinical outcomes data. This policy statement specifically focuses on these curable, nonviral STIs and reviews the evidence for nonviral STI screening in adolescents, communicates the value of screening, and outlines recommendations for routine nonviral STI screening of adolescents. Pediatrics 2014;134:1–10

EVIDENCE TO SUPPORT NONVIRAL STI SCREENING

The goal of sexually transmitted infection (STI) screening is to identify and treat individuals with treatable infections, reduce transmission to others, and prevent complications.
Chlamydia

• Routinely screen all sexually active females ≤25 years annually

• Routinely screen sexually active adolescent and young adult (AYA) MSM for rectal and urethral chlamydia annually if they engage in receptive anal or insertive intercourse

• Screen every 3 to 6 months if high risk
  • multiple or anonymous partners, sex with illicit drug use, or sex partners who participate in these activities
Chlamydia

- Screen AYA exposed to chlamydia in past 60 days from infected partner

- Consider screening sexually active males annually in settings with high prevalence rates with multiple partners
  - adolescent/primary care clinics, jails or juvenile corrections facilities, national job training programs, STD clinics, or high school clinics
Gonorrhea

• Routinely screen all sexually active females <25 years annually

• Routinely screen sexually active AYA MSM for pharyngeal, rectal, and urethral gonorrhea infection annually if engaging in receptive oral or anal intercourse or insertive intercourse
  • Screen every 3 to 6 months if high risk
    • multiple or anonymous partners, sex with illicit drug use, or having sex partners who participate in these activities

• Screen AYA exposed to gonorrhea in the past 60 days from infected partner
Gonorrhea

- Consider screening other males annually on basis of individual and population risk factors
  - Substantial racial disparity exits for gonorrhea
    - reported non-Hispanic black 15- to 19-year-old ♂ rates 30 times higher than non-Hispanic white 15- to 19-year-old ♂
    - reported non-Hispanic black 15- to 19-year-old ♀ rates 17 times higher than non-Hispanic white 15- to 19-year-old ♀
    - rates for American Indian/Alaskan native and Hispanic populations are between rates for non-Hispanic black and non-Hispanic white populations

- For local prevalence rates, contact the local or state DOHs
Trichomonas

- Routine *T vaginalis* screening of asymptomatic adolescents is not recommended

- For females, individual and population-based risk factors may put individuals at higher risk of infection
  - new or multiple partners, a history of STIs, exchanging sex for payment, or injecting drugs
Syphilis

- Routine screening of nonpregnant, heterosexual adolescents is not recommended

- Screening recommended for all sexually active AYA MSM annually or every 3 to 6 months if high risk

- Providers should consult with LHD regarding local syphilis prevalence and associated risks that may influence practice decisions
AAP and CDC Recommendations

Screening for Other STIs

- **Routine** screening for certain STIs (HSV, HPV, HAV, HBV) **not recommended**
  - Consider individual and population-based risk factors

- Pregnant ♀ require more thorough evaluation

- Begin cervical cancer screening at age 21 in most cases
Prevention

- Encourage age-appropriate immunizations, including HPV, HAV and HBV
- Offer HIV testing to all patients $\geq 13$ years as part of health care
- Integrate sexuality education into clinical practice
  - USPSTF recommends high-intensity STD prevention behavioral counseling for all sexually active adolescents twice yearly
**Adolescent Healthcare Information Resources**

**Websites for Health Information**

**Advocates for Youth:**
http://www.advocatesforyouth.org/

Advocates for Youth envisions a society that views sexuality as normal and healthy and treats young people as a valuable resource.

**The American Social Health Association:**
http://www.assh.org/

This is where you will find the facts, the support, and the resources to answer your questions, find referrals, join support groups, and get access to in-depth information about sexually transmitted infections (STIs).

**Campaigns for Our Children:**
http://www.cfonc.org/

This website seeks to educate parents and guardians about teen risk-taking behaviors, including sexual activity. Provides sexuality education, tips about communication, resources and links.

**The Center for Young Women’s Health (CYWH):**
http://www.youngwomenshealth.org/

CYWH is a collaboration at Children’s Hospital Boston. The Center is an educational entity that exists to provide teen girls and young women with carefully researched health information.

Similar site for males:
http://youngmenshealthsite.org/

**Children Now:**
http://www.talkingwithkids.org/

Provides information for parents/caregivers on how to talk to their children about sexuality, health, drugs/alcohol, the media, etc.

**Columbia University’s Health Promotion Program “Go Ask Alice!” website for adolescents and young adults:**
http://www.goaskalice.columbia.edu/

A health Q&A Internet resource. It provides readers with information and a range of thoughtful perspectives so that they can make responsible decisions concerning their health and well-being.

**Rutgers, the State University of New Jersey, teen sexual health:**
http://www.sexsafe.org

Information, FAQs, forums, videos, and daily live teen chat about sexual health.

**MTV collaboration with Kaiser Family Foundation:**
http://www.itsyoursexlife.com/

Here you will find reliable information about decision making, how to talk openly with your parents and how to stay healthy by using protection and getting tested regularly for HIV and other STIs. Also includes entertainment and lifestyle programming.

**Planned Parenthood Teens:**
http://www.teenwire.com/

Provides access to the complete array of sexual and reproductive health information, services, and advocacy.

**Society of Obstetricians and Gynecologists of Canada:**
www.sog.ca

Provides information on sexual health, contraception, sexual identity, etc. Different sections target teens and parent/caregivers.

**Nemours teen health:**
http://teenshealth.org/

A safe, private place for teens who need honest, accurate, doctor-approved information and advice about health, emotions, and life. Also helps parents keep their kids healthier through education.

**Wired Kids, Inc.**
http://www.wiredkids.org/

A U.S. charity dedicated to protecting all Internet users, especially children, from cybercrime and abuse, such as bullying.

**The American Academy of Pediatrics**
http://www.healthychildren.org/English/Pages/default.aspx

Information for parents of teens and young adults as well as all the pediatric age groups.
Websites for Adolescent Patients and their Parents/Guardians

The American Social Health Association website offers parents and teens information about sexual health: http://www.iwannaknow.org

The Center for Young Women’s Health website provides health information for teen girls around the world: http://www.youngwomenshealth.org/

Young Men’s Health is a similar website for males featuring state-of-the-art health information: http://youngmenshealthsite.org/

The Children Now website is a resource for parents to help in talking with kids about tough issues: http://www.talkingwithkids.org/

MTV collaboration with Kaiser Family Foundation: http://www.itsyoursexlife.com/

Planned Parenthood Teens: http://www.teenwire.com/

TeensHealth is a comprehensive website for teens and parents about all aspects of health: http://teenshealth.org/teen/

Healthy Children is the American Academy of Pediatrics website for parents: http://www.healthychildren.org/

The information contained herein is designed for educational purposes only and is not intended to serve as medical advice. The information provided on this site should not be used for diagnosing or treating a health problem or disease. It is not a substitute for professional care. If you or your child has or you suspect your child may have a health problem, you should consult your physician or contact your office at (716) 332-1470.

More Information

- Websites for Adolescent Patients and their Parents/Guardians
- Confidentiality Statement

We accept all major insurances including:
RESOURCES FOR PRACTITIONERS

AAP    NCC    CDC    Physicians
New York State

Teen's Health Care Bill of Rights
As a teenage patient in New York State, you have the right to:

1. Get complete information, in words you can understand, about your medical care.
   Including:
   - A description of your medical problems;
   - Ways to treat your medical problems;
   - What might happen if treatment is or is not given.

   You can ask to speak to your doctor privately, even if your parent or other adult is giving permission for your treatment.
- It would be dangerous to involve your parents;
- Your parent will not give permission and your doctor thinks you should have counseling.

See information contained in your medical record, including electronic records.

You may tell your doctor not to show private information in your medical record to anyone, including your parent, without your permission if you have consented to your own medical care.

A parent who has given permission for your medical care can ask to see your medical record.

IMPORTANT!

If a doctor believes you are being abused or are in danger of hurting yourself or someone else, he or she may share information without your permission.
As a Teen in New York State, You Have Very Special Rights to Health Care

Use Them to Stay Healthy!

YOU DO NOT NEED YOUR PARENT’S PERMISSION TO:

• Get complete information, in words you can understand, about your medical care.
• Get private medical care for problems related to sexual activity including pregnancy, pregnancy prevention, abortion and emergency contraception.
• Get testing, treatment, and prevention of sexually transmitted infections (STI’s) including prescription treatment for chlamydia for you and your partner.
• Get answers to your concerns or questions about homosexuality or gender identity.
• Consent to OR refuse HIV testing.
• Get counseling for alcohol or drug use.
• Meet with a professional to get counseling.
• See information contained in your medical record including electronic records.
• Agree to your own health care if you are considered “emancipated.”

• Get medical care in an emergency.
• Learn the costs of medical care, and if you can get care that costs less or is free.

Are You in Danger?

If a doctor believes you are being abused or are in danger of hurting yourself or someone else, he or she may share information without your permission.

You Also Have Responsibilities

• Give honest and complete information to your health care provider.
• Talk to a parent or other responsible adult about your health care, if you can.
• Provide a way to contact you.
• Keep your appointments or change them in advance.
• Ask questions about anything you don’t understand about your health or the care you are getting.
• Treat medical providers and staff with respect.
Why Screen for Chlamydia?

An implementation guide for healthcare providers

Learn more about how to integrate chlamydia screening into clinical practice. Determine ways to address issues, such as maintaining confidentiality for teen patients.

Find Out More
WHY SCREEN FOR CHLAMYDIA?
An Implementation Guide for Healthcare Providers

Early identification and treatment:
Reduces pelvic inflammatory disease (PID)
Reduces infertility, ectopic pregnancy, and chronic pelvic pain
Prevents complications in newborns
Contents

Introduction to Chlamydia Screening ....................................................... 1
Testing for Chlamydial Infection .............................................................. 3
Treating Chlamydial Infection ................................................................. 5
Taking a Sexual History ........................................................................... 6
Providing Services to Adolescents ......................................................... 7
Teen Friendly Office Tips ........................................................................ 8
Putting Screening into Practice .............................................................. 9
Resources ............................................................................................... 10
Additional Information about STDs and Sexual Health ......................... 10

Access the resources in this guide at
http://ncc.prevent.org/info/why-screen-linked-resources
Teen Friendly Office Tips

These office practices and suggestions can be adapted to any outpatient medical setting. Choose the ones that work in your office.

- Renal lab results
- Prescribe treatment
- Discuss partner notification
- Partner must seek health care
- No sexual contact until seven days after treatment begins

Normalizing screening: “We routinely screen our patients to make sure we are not missing a problem.”

Devise and post a policy of confidentiality

Establish practice-wide policy of time with adolescent without parent present

Encourage teens to share information with parent or trusted adult

Offer materials in a private location where teens will feel comfortable talking them

Teens friendly magazines and posters

Make sure materials will fit into a pocket or purse

Office phones and triage are private

Offer office hours after school or work in hours for teens
New York April 2008

Emergency Medical Care
- Parental consent is not required in cases of emergency.
- This includes medical treatment and forensic examination following sexual assault.
- Records of emergency treatment may be disclosed to a parent unless the provider determines that disclosure would harm the minor patient.
- If the minor could have consented to the care on his or her own under the rules above, then the care must remain confidential.

Communication Is Critical
To facilitate communication, providers should:
- Initiate conversations with adolescents about their right to confidential healthcare.
- Discuss if and how a minor’s parents will be involved in his or her care.
- Establish a trusting relationship with the patient and the parent, and discuss confidentiality with each individually.
- Encourage the adolescent to involve a parent when appropriate.

Billing/Payment/Record Keeping Can Compromise Confidentiality
To minimize the risk of involuntary disclosure, a provider can:
- Inform the minor if the billing process may compromise confidentiality.
- Ask the minor patient for alternative contact if he or she does not want to be contacted at home.
- Discuss insurance, billing, and alternative forms of payment with the minor (cash is the most confidential/safest payment method).
- Educate the billing department about minors’ rights to confidentiality and be sensitive to the diagnosis and treatment listed on bills sent home.
- Consult with legal counsel before releasing any medical records that might result in harm to the minor patient.

PLEASE NOTE: This publication is intended as a guide and does not provide individual legal assistance. Please check with your legal counsel for site-specific clarification about confidentiality and disclosure issues, including any policies related to the HIPAA privacy rule. Be aware that laws related to any or all of the subjects addressed in this pamphlet may have been added, repealed, or amended since publication.

DEVELOPED BY:
Mount Sinai Adolescent Health Center
New York Civil Liberties Union (NYCLU) Reproductive Rights Project
Physicians for Reproductive Choice and Health (PRCH)

If you have further questions or want to order the booklet Teenagers, Health Care & the Law or other publications, call the NYCLU’s Reproductive Rights Project at 212-687-3300.

For Adolescent Health Services, contact the Mount Sinai Adolescent Health Center at 212-423-3000.

To order more cards or become a physician member of PRCH, call 646-366-1890 or visit www.prch.org.

http://www.prch.org/new-york-st
Sexually Transmitted Diseases (STDs)

2010 STD Treatment Guidelines

Updates, Errata, Etc.

- Updated Genital Herpes Clinical Training (April 17, 2014)
  - Self-Study Module for Clinicians
  - Ready-to-use Module for Clinical Educators
- Updated Syphilis Clinical Training (August 30, 2013)
  - Self-Study Module for Clinicians
  - Ready-to-use Module for Clinical Educators
- Updated Vaginitis Clinical Training (July 23, 2013)

www.cdc.gov/std/treatment
Confidentiality and Billing

• Cannot guarantee confidentiality in many cases
• Explanation of benefits (EOBS) may be sent by insurance company
  • Teen pt may request for EOB to be sent to alternative address by health plan
  • NYS mandate that health plans must comply
• Need to know the “paper trail issues” in your health system
Explanation of Benefits (EOBs)

Medicaid vs. Commercial Insurance

- EOBS sent to policyholder or insured in most commercial plans
  - Some health plans NOT sending EOBS if only copayment due
- NYS Medicaid does not routinely send EOBS
- EOBS are general and do not disclose service/diagnosis
- No control over lab bills/statements
New York State Family Planning Benefit (NYSFPB)

- Public health insurance program for New Yorkers needing family planning services but not able to pay
  - ↑↑↑ access to confidential family planning services
  - enable males and females of childbearing age, including teens, to prevent and/or reduce unintentional pregnancies
- Patient can be dually insured with parents’ commercial health plan and with NYSFPB

http://www.health.ny.gov/health_care/medicaid/program/longterm/familyplanbenprog.htm
STI TESTS
Chlamydia/Gonorrhea NAAT Screening: Preferred Noninvasive Genitourinary Specimens

♀: Vaginal swab
   - Vaginal swab samples are as sensitive as endocervical swab specimens
   - Urine samples acceptable
     - Urine may have ↓ performance compared to genital swab samples

♂: Urine
   - Urethral swab samples may be ↓ sensitive than urine

www.cdc.gov/std/laboratory/2014LabRec/default.htm
NONGENITAL GC/CT NAATS
Performance of NAATs for Diagnosis of Rectal Infection

<table>
<thead>
<tr>
<th>Rectal Infection</th>
<th>C. trachomatis</th>
<th>N. Gonorrhoeae</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% Sensitivity/Specificity</td>
<td>% Sensitivity/Specificity</td>
</tr>
<tr>
<td>ProbeTec (SDA)</td>
<td>100/90</td>
<td>100/96</td>
</tr>
<tr>
<td>Amplicor (PCR)</td>
<td>96/92</td>
<td>96/96</td>
</tr>
<tr>
<td>Aptima Combo2 (TMA)</td>
<td>100/89</td>
<td>100/96</td>
</tr>
<tr>
<td>Culture</td>
<td>46/99</td>
<td>72/100</td>
</tr>
</tbody>
</table>

Bachmann, L et al. *J. Clin Microbiol.* 2010;48(5);1827-1832.
Performance of NAATs for Diagnosis of Pharyngeal *N. Gonorrhoeae* Infection

<table>
<thead>
<tr>
<th>Pharyngeal Gonococcal Infections (N=961)</th>
<th>% Sensitivity</th>
<th>% Specificity</th>
</tr>
</thead>
<tbody>
<tr>
<td>ProbeTec (SDA)</td>
<td>97%</td>
<td>94%</td>
</tr>
<tr>
<td>Amplicor (PCR)</td>
<td>91%</td>
<td>72%</td>
</tr>
<tr>
<td>Aptima Combo2 (TMA)</td>
<td>100%</td>
<td>96%</td>
</tr>
<tr>
<td>Culture</td>
<td>65%</td>
<td>99%</td>
</tr>
</tbody>
</table>

How to order screen

Non-genital GC/CT NAATs can be done by clinical laboratory with CLIA approval

<table>
<thead>
<tr>
<th>Gen-Probe APTIMA testing</th>
<th>QUEST diagnostics test codes</th>
<th>LabCorp diagnostics test codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharyngeal</td>
<td>70051X</td>
<td>188698</td>
</tr>
<tr>
<td>Rectal</td>
<td>16506X</td>
<td>188672</td>
</tr>
<tr>
<td>Urine/Urethral</td>
<td>13363X</td>
<td>183194</td>
</tr>
</tbody>
</table>

Relevant CPT Billing Codes:
CT detection by NAAT: 87491
GC detection by NAAT: 87591
VAGINITIS DIAGNOSTIC TESTS

Point of Care (POC)

Clinical lab
CLIA – waived, POC, vaginitis tests

• OSOM BVBLUE Test (Sekisui Diagnostics)
  • detects elevated vaginal fluid sialidase activity, an enzyme produced by bacterial pathogens associated with BV including *Gardnerella*, *Bacteroides*, *Prevotella* and *Mobilincus*.

• OSOM Trichomonas Rapid Test (Sekisui Diagnostics)
  • immunochromatographic capillary flow dipstick technology

• Both rapid test results available in 10 minutes
The generation of a blue or green color in the testing vessel or on the head of the swab

POSITIVE

The generation of a yellow color in the testing vessel

NEGATIVE
OSOM® Trichomonas Test

- **POSITIVE**
- **NEGATIVE**
- **INVALID**
Clinical lab Vaginitis tests

- **APTIMA Trichomonas vaginalis Assay** (Gen-Probe Inc)

  - Can perform GC/CT/TV on 1 specimen

- **Affirm™ VP III** (Becton Dickenson)
  - *T. vaginalis, G. vaginalis, and C. albicans* nucleic acid probe test
Resources

www.aap.org American Academy of Pediatrics
http://brightfutures.aap.org/ Bright Futures
www.aapdistrictii.org NY State American Academy of Pediatrics
www.prch.org Physicians for Reproductive Choice and Health
www.adolescenthealth.org Society for Adolescent Health and Medicine
www.naspag.org North American Society for Pediatric and Adolescent Gynecology
http://www.aclu.org/reproductiverights American Civil Liberties Union Reproductive Freedom Project
Resources

www.advocatesforyouth.org  Advocates for Youth

www.guttmacher.org  Guttmacher Institute

www.cahl.org  Center for Adolescent Health and Law

www.siecus.org  Sexuality Information and Education Council of the United States

www.arhp.org  Association of Reproductive Health Professionals

http://ncc.prevent.org/  National Chlamydia Coalition

www.not-2-late.com  Emergency contraception
QUESTIONS?