



**PHYSICIANS
FOR REPRODUCTIVE
HEALTH**



Adolescent Medicine Webinar Series, 2015

Moderator: CDR Andrew Terranella, MD MPH

Navajo Area IHS

Speaker Disclosure

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

Commercial support: There is no outside funding for this activity.

Unlabeled use: Dr. Gale Burstein's presentations will include discussion of unlabeled use of gonorrhea and chlamydia nucleic acid amplification tests (NAAT) of non-genital specimens and trichomonas NAATs of male urine specimens that are not FDA-approved. Clinical laboratories may conduct validation studies to obtain CLIA approval to perform these tests.

How Do I Improve Screening for Sexually Transmitted Infections in My Practice?

Gale R. Burstein, MD, MPH, FAAP, FSAHM
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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^o care
- STI tests
- Questions

Changes to consider in your practice to routinize sexual health into a primary care

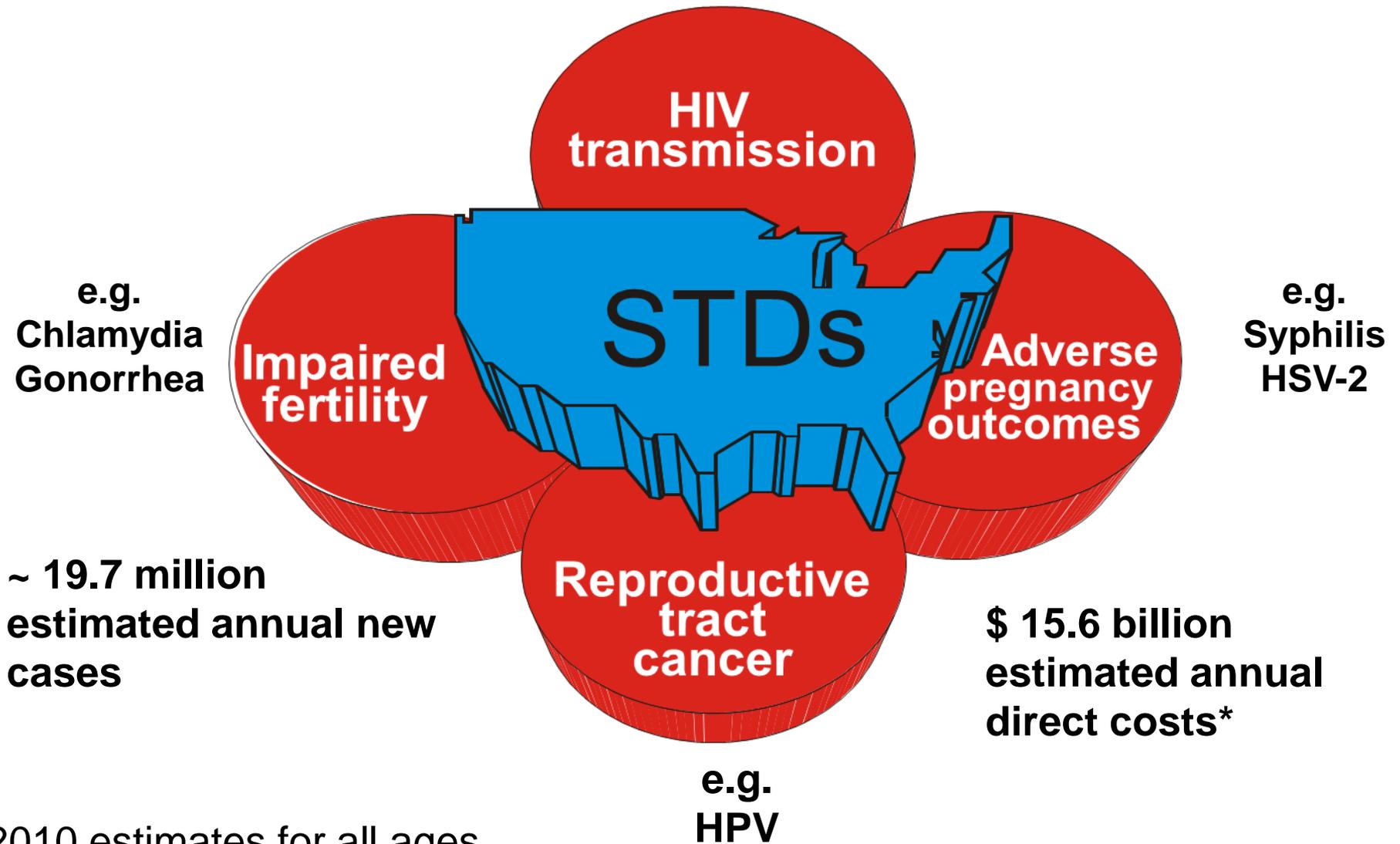
- Perform a confidential health behavior assessment at each annual adolescent well child visit
- Offer routine, confidential, STI screening to all eligible patients
 - Order recommended chlamydia and gonorrhea tests
 - Incorporate point of care vaginitis testing

Why it matters

Overview

STDs and their Consequences

Most STDs



*2010 estimates for all ages

Adolescent sexual behavior

Question 1

What proportion of 15-19 year old females have had any type of sexual intercourse with a male partner:

- a) 33%
- b) 43%
- c) 53%
- d) 63%

Female ♀ Sexual behavior with **opposite-sex** partners

| Age (yrs) | Any sex | Vaginal sex | Oral sex | Anal sex |
|-----------|---------|-------------|----------|----------|
| 15-19 | 53% | 46% | 45% | 11% |
| 20-24 | 88% | 85% | 81% | 30% |

Question 2

What proportion of 15-19 year old males have had any type of sexual intercourse with a female partner:

- a) 38%
- b) 48%
- c) 58%
- d) 68%

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

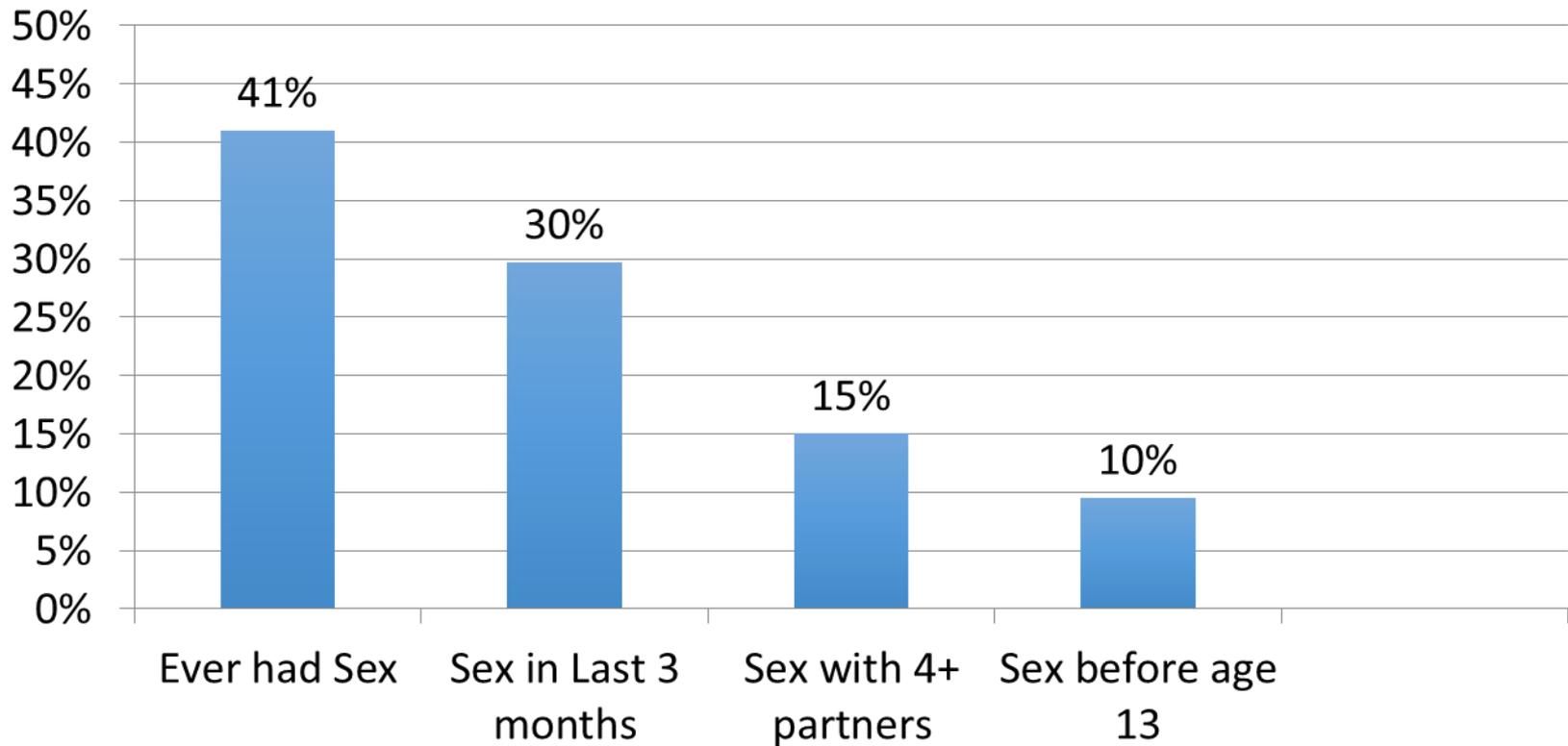
| Age (yrs) | Any sex | Vaginal sex | Oral sex | Anal sex |
|-----------|---------|-------------|----------|----------|
| 15-19 | 58% | 45% | 48% | 10% |
| 20-24 | 86% | 82% | 80% | 32% |

Male♂ Sexual behavior with same-sex partners

| Age (yrs) | Any sex with ♂ | Anal sex with ♂ | Oral sex with ♂ |
|-----------|----------------|-----------------|-----------------|
| 15-19 | 3% | 1% | 2% |
| 20-24 | 6% | 3% | 6% |

US, High School YRBS, 2013

American Indian/Alaska Native Students



Why it matters

STI Burden

Question 3

What proportion of all STIs to 15-25 years olds contribute?

- a) 25%
- b) 33%
- c) 50%
- d) 67%

Estimated STI Incidence, 2008

**Account
for:**

~25%

15-24
Years

~75%

25-44
Years



Sexually Experienced
Population

Satterwhite CL, et al. 2008. Sex Transm Dis 2013;40:187-193. Weinstock et al., Persp Sex Reprod Health, 2004

Estimated STI Incidence, 2008

Satterwhite CL, et al. 2008. Sex Transm Dis 2013;40:187-193. Weinstock et al., Persp Sex Reprod Health, 2004

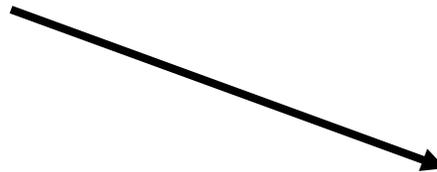
Account for:

~25%
15-24
Years

~75%
25-44
Years



**Sexually Experienced
Population**



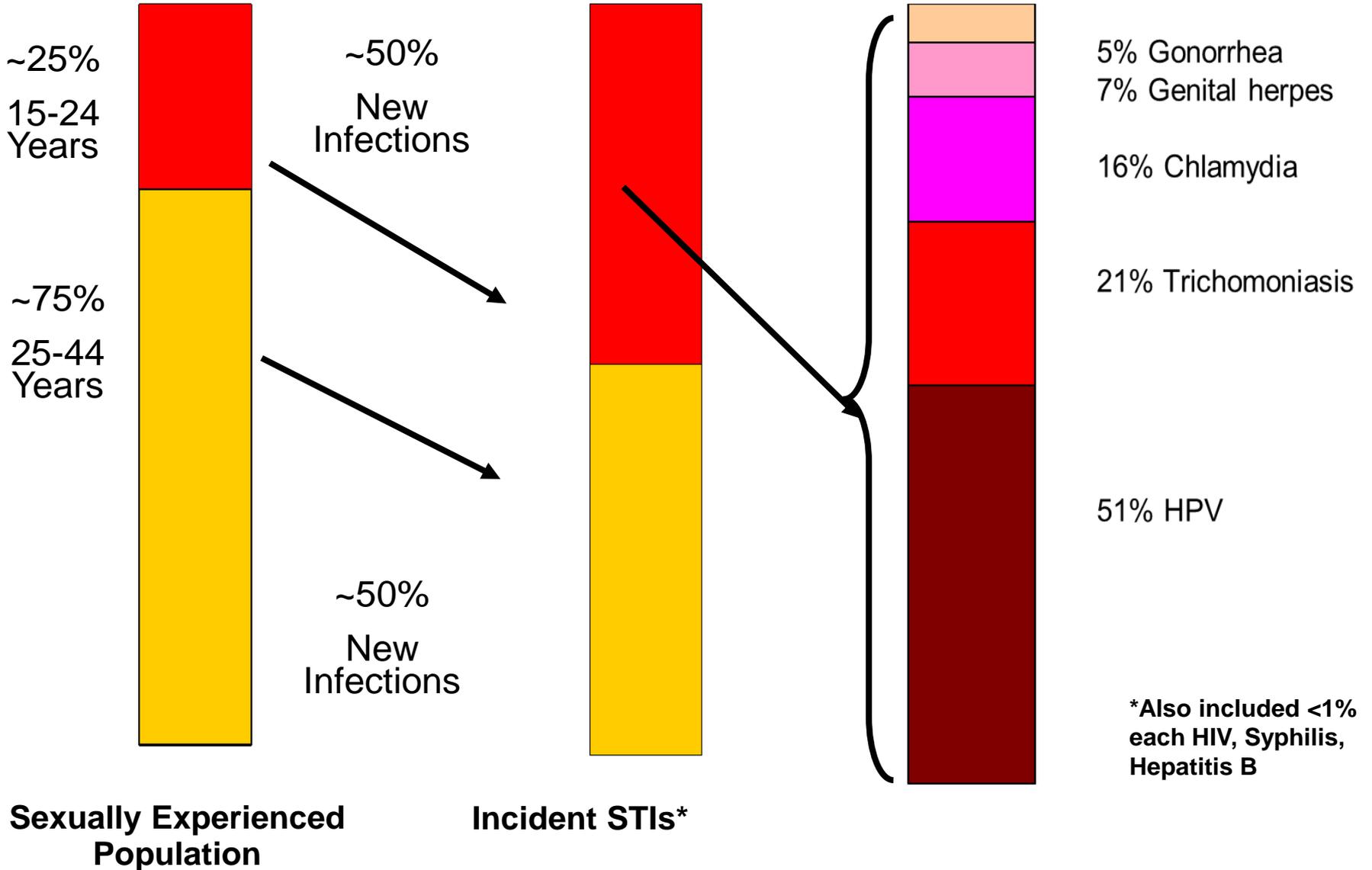
Incident STIs*

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

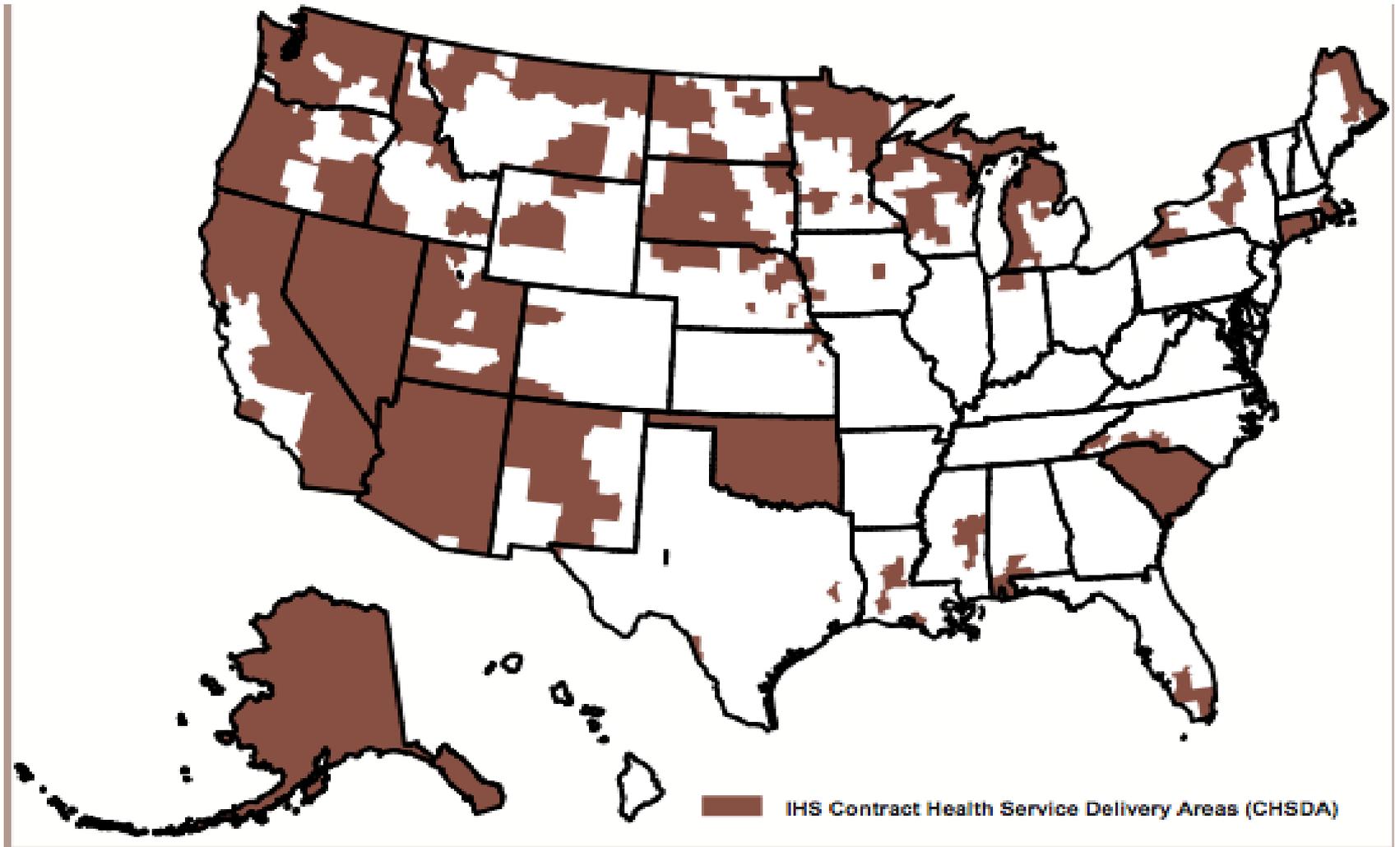
~50%
New Infections
(9,956,150)

Estimated STI Incidence, 2008

Satterwhite CL, et al. 2008. Sex Transm Dis 2013;40:187-193. Weinstock et al., Persp Sex Reprod Health, 2004



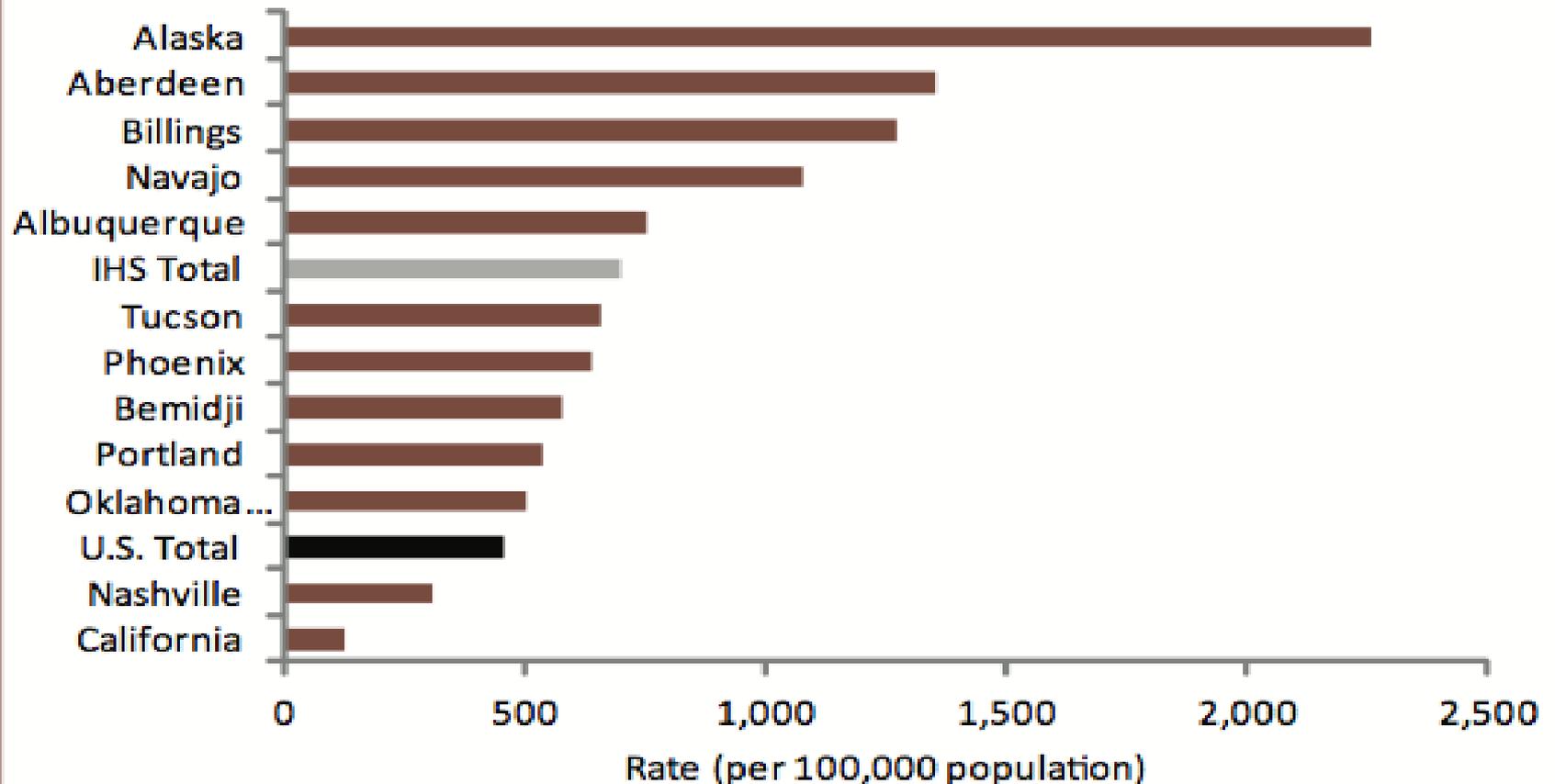
IHS Service Area



Chlamydia

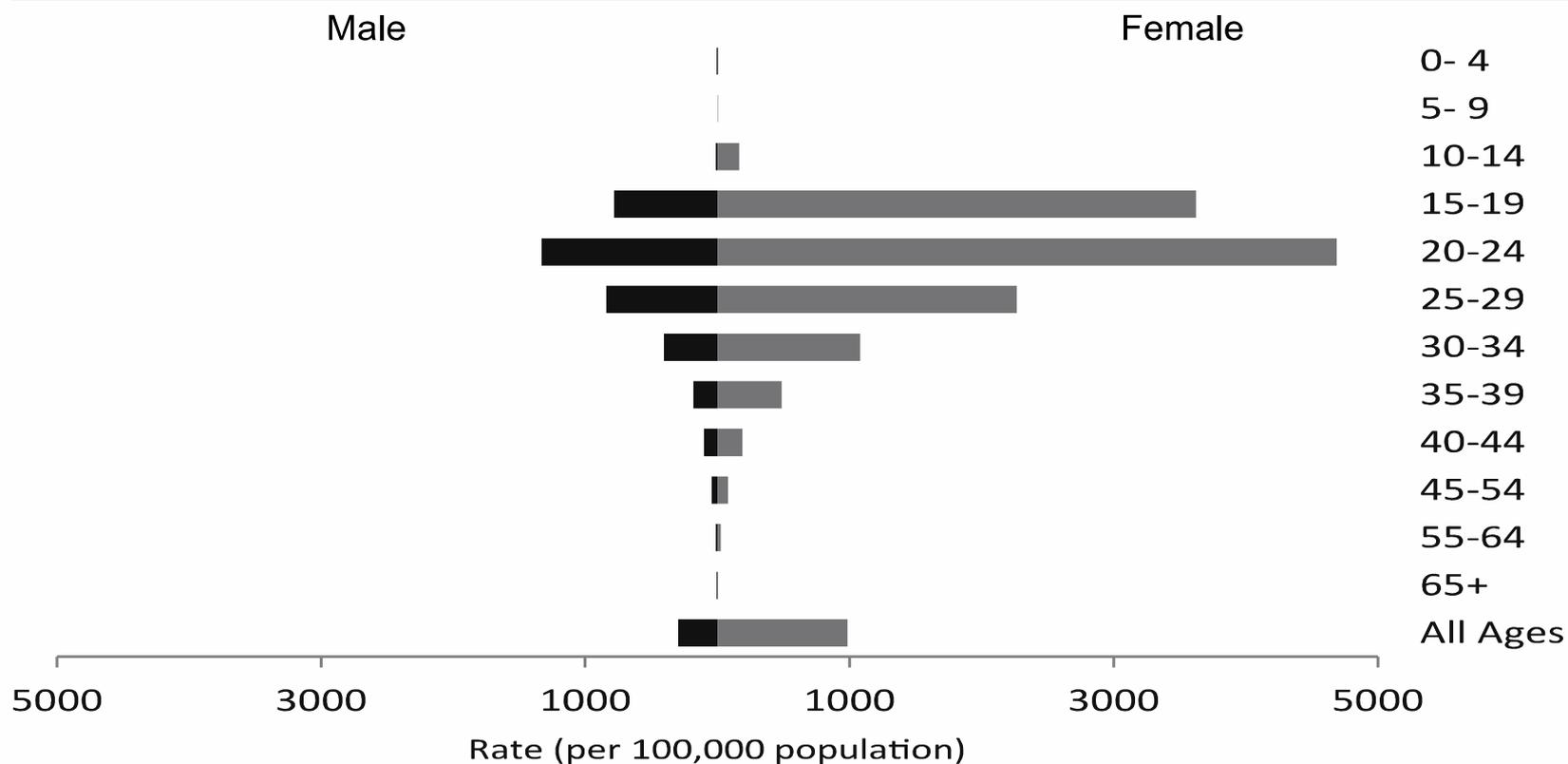
Reference: Tables 8A, 8B, 9A, 9B

Chlamydia Rates by IHS Area, 2011



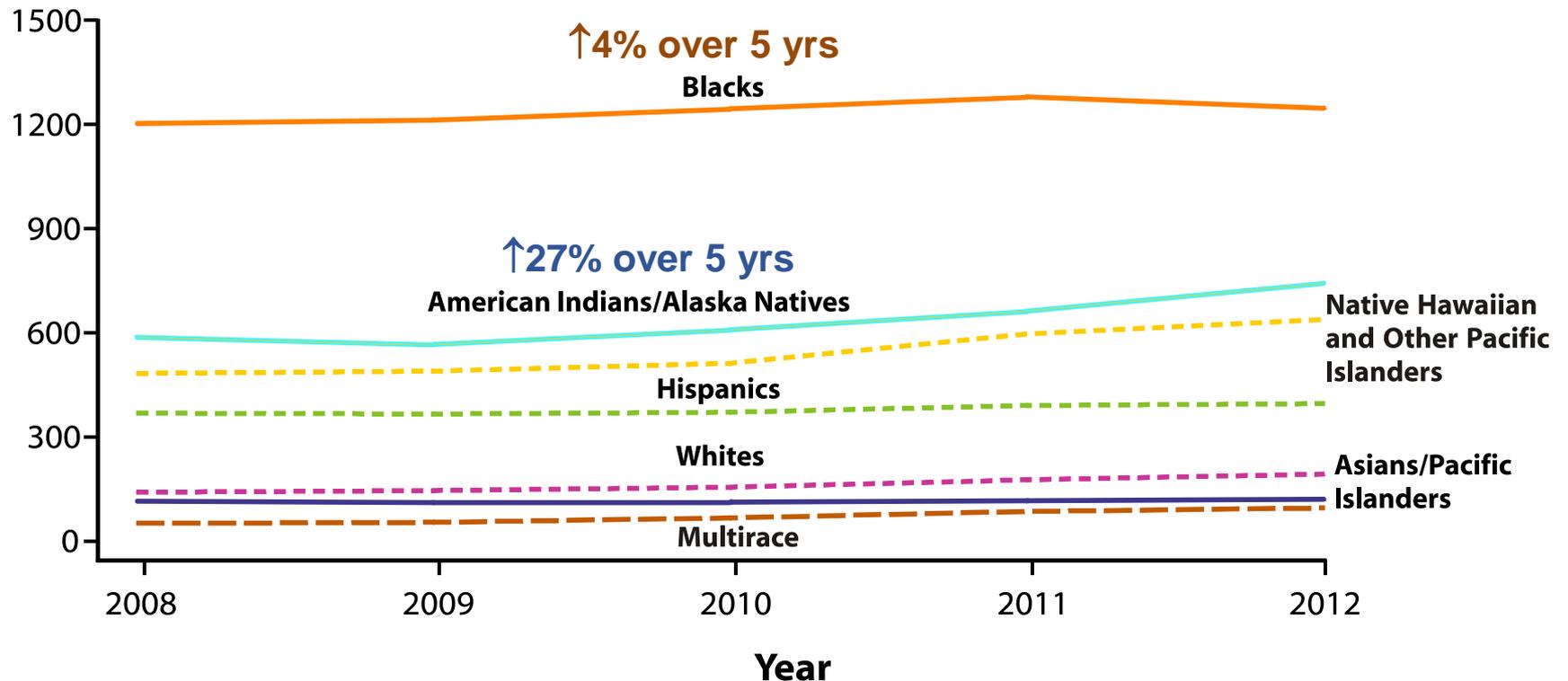
Young females Especially Affected

Chlamydia Rates by Sex and Age, AI/AN Non-Hispanic, 2011



Chlamydia—Rates by Race/Ethnicity, United States, 2008–2012

Rate (per 100,000 population)



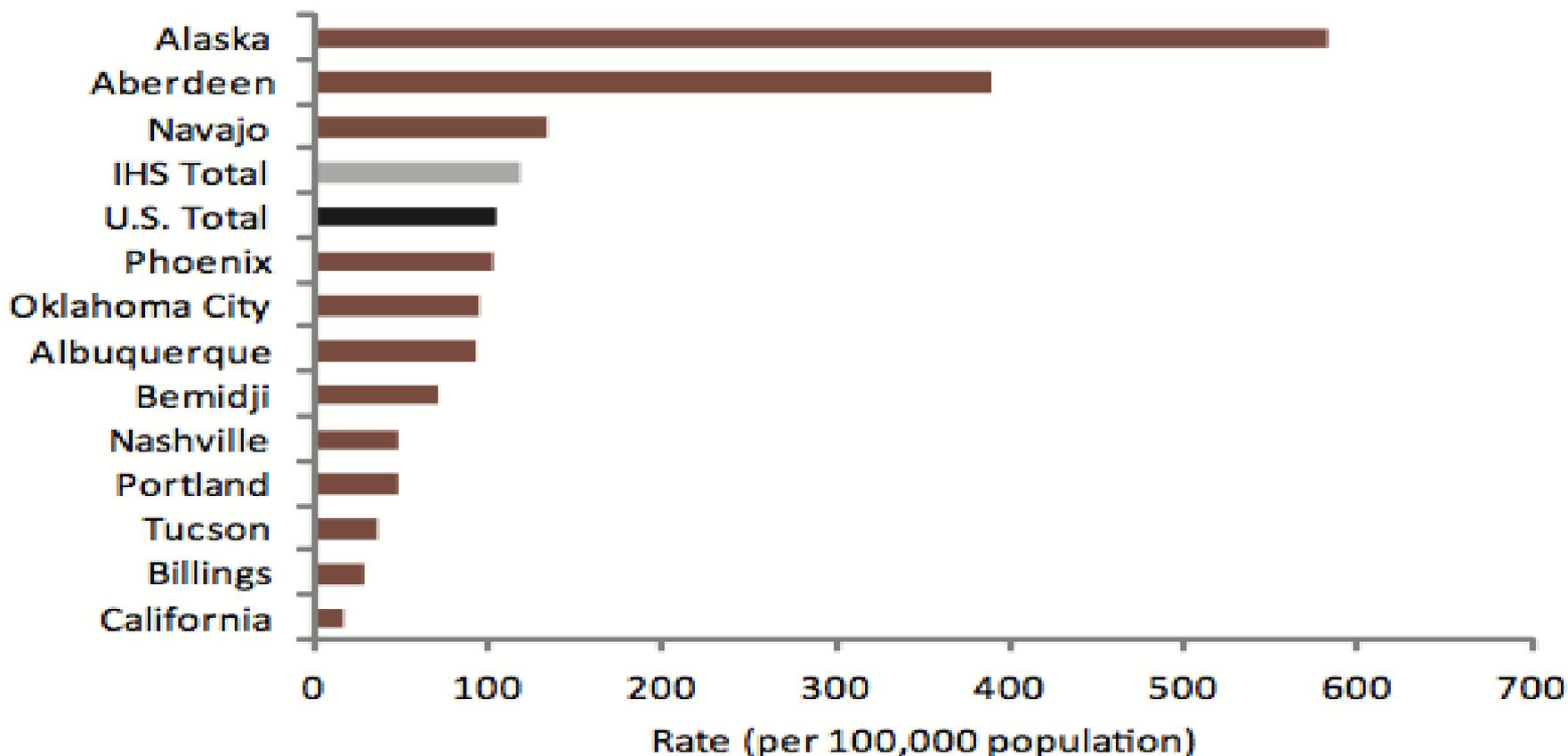
NOTE: Includes 38 states and the District of Columbia reporting race/ethnicity data in Office of Management and Budget compliant formats during 2008–2012.



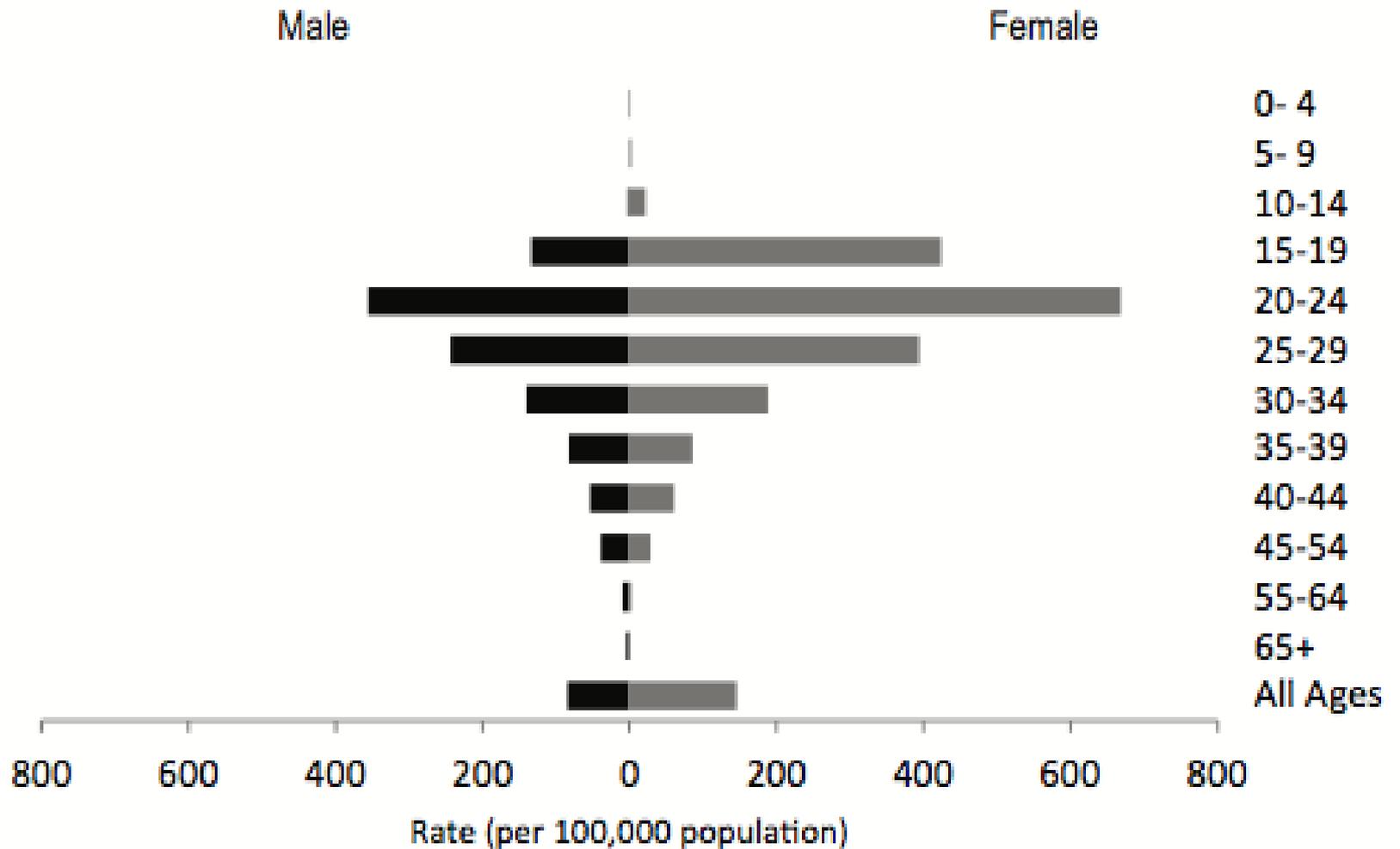
Gonorrhea

Reference: Tables 10A, 10B, 11A, 11B

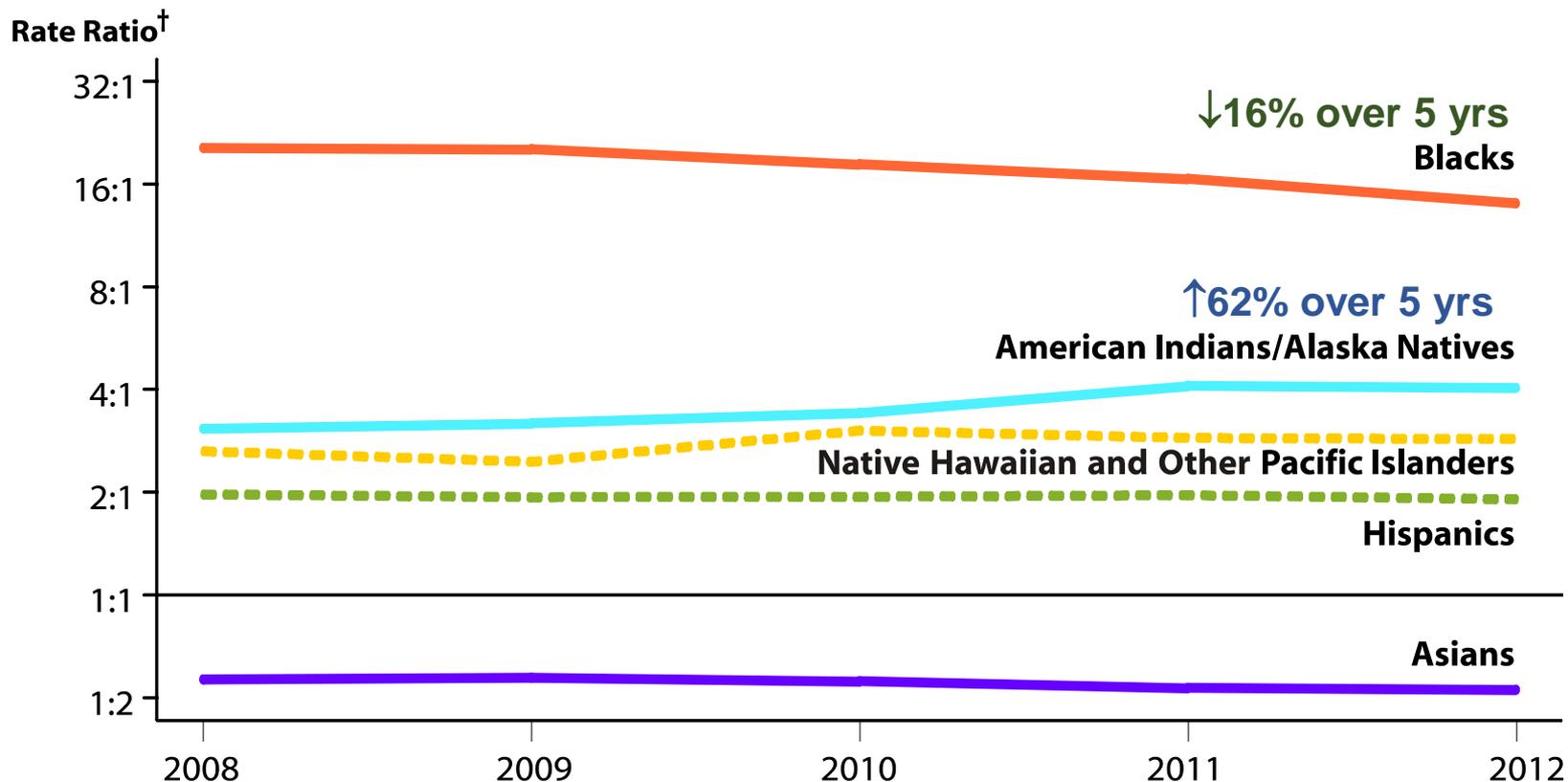
Gonorrhea Rates by IHS Area, 2011



Gonorrhea Rates by Sex and Age, AI/AN Non-Hispanic, 2011



Gonorrhea—Rate Ratios by Race/Ethnicity, United States, 2008–2012



Rate ratios are calculated as the gonorrhea rate per 100,000 population for a given racial or ethnic minority population divided by the gonorrhea rate per 100,000 population for non-Hispanic whites. Any population with a lower rate of gonorrhea than the non-Hispanic white population will have a rate ratio of less than 1:1.

† Y-axis is log scale.

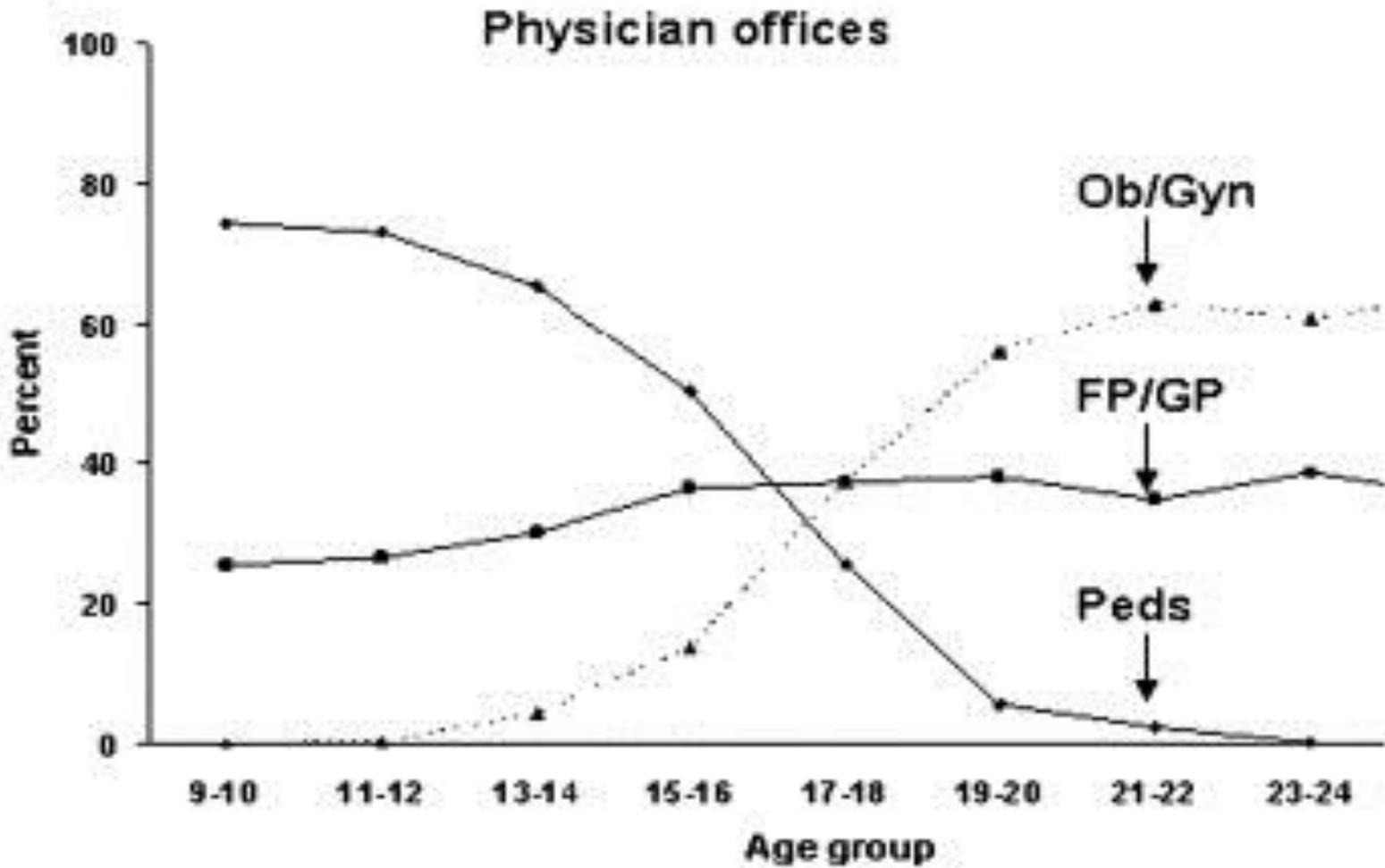
NOTE: Includes 38 states and the District of Columbia reporting race/ethnicity data in Office of Management and Budget compliant formats during 2008–2012.



Why it matters

Where are adolescents seen for health care?

Clinical Care: Female Adolescents

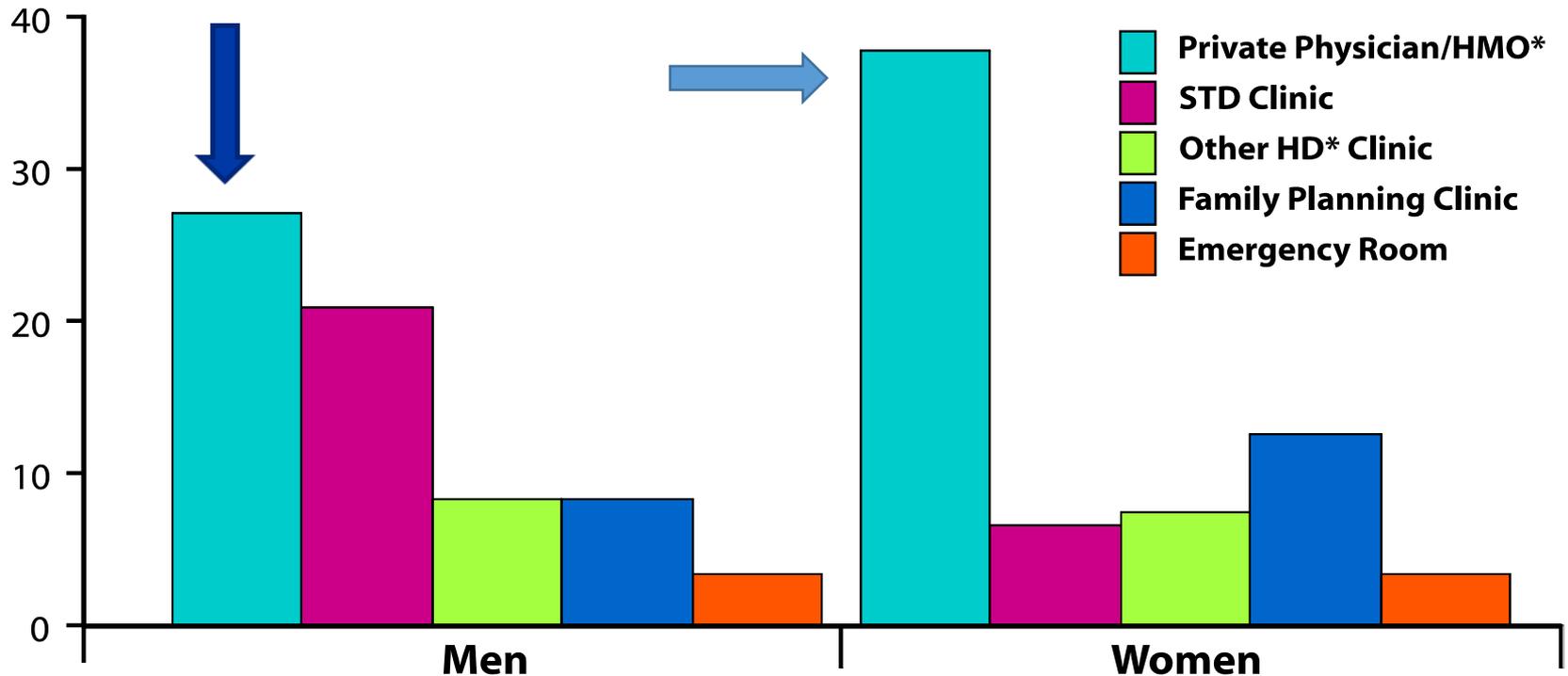


Source: National Ambulatory Medical Care Survey, 2003-6

Hoover et al., J Adol Health, 2010

Chlamydia—Percentage of Reported Cases by Sex and Selected Reporting Sources, United States, 2012

Percentage



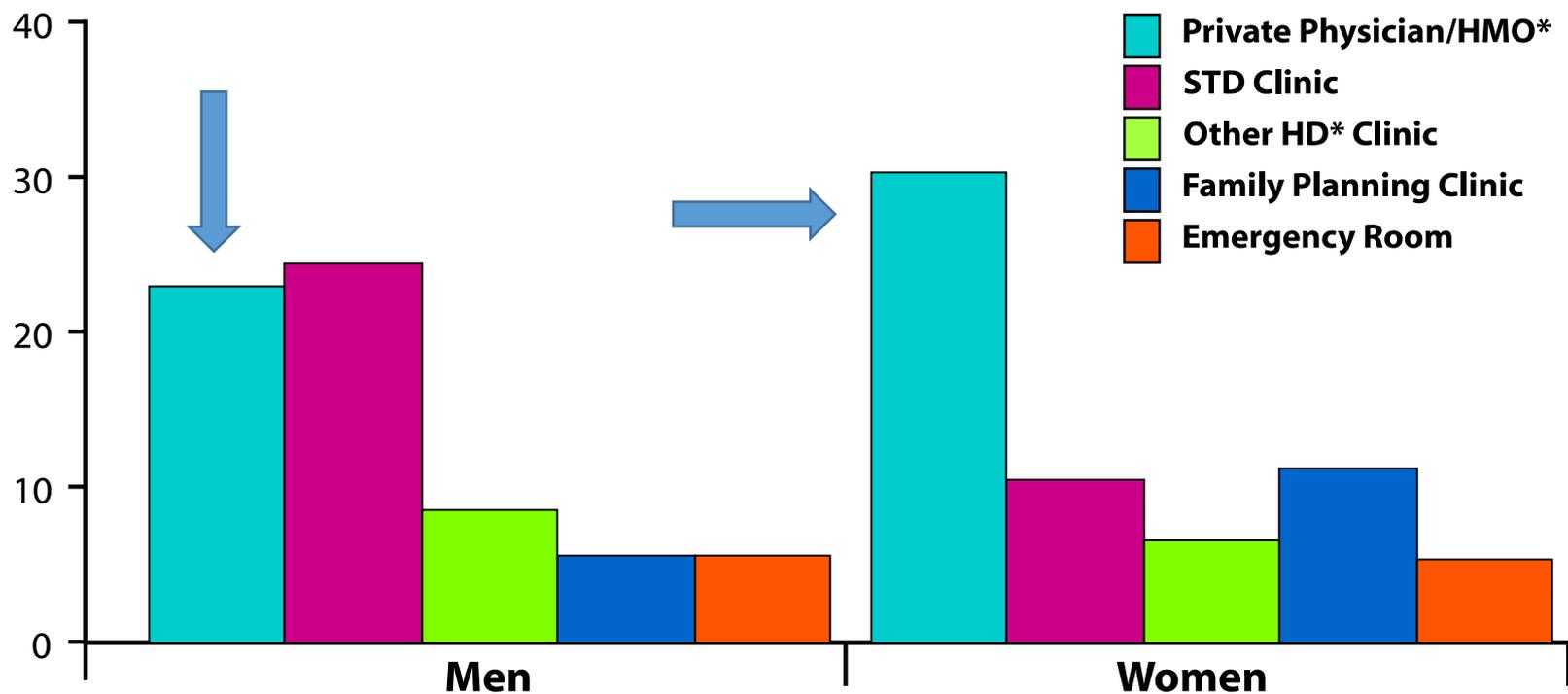
*HMO=health maintenance organization; HD=health department

NOTE: Of all cases, 11.4% had a missing or unknown reporting source. Among cases with a known reporting source, the categories presented represent 69.8% of cases; 30.2% were reported from sources other than those shown.



Gonorrhea—Percentage of Reported Cases by Sex and Selected Reporting Sources, United States, 2012

Percentage



*HMO=health maintenance organization; HD=health department

NOTE: Of all cases, 11.7% had a missing or unknown reporting source. Among cases with a known reporting source, the categories presented represent 66.2% of cases; 33.8% were reported from sources other than those shown.



Routinizing sexual health in 1^o care

- Ensure all office staff on board with confidential adolescent health care
- Systems in place to provide confidential care

Approach to the Adolescent

Key Strategies

- Discuss confidentiality with adolescent/parent
- Appropriately ensure confidentiality, time alone
- Brief risk assessment at most visits
- STI screening annually if sexually active
 - Collect urine on all adolescent patients
- Systems for follow-up of confidential results

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



national
chlamydia
coalition

Member Login

[Chlamydia Information](#)

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[For NCC Members](#)

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[News & Features](#)

[Chlamydia Resource Exchange](#)

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](#)

CRE: Chlamydia Resource Exchange

Search, view and download customizable public

NEWSLETTER

Sign up to receive the NCC Newsletter and stay informed!

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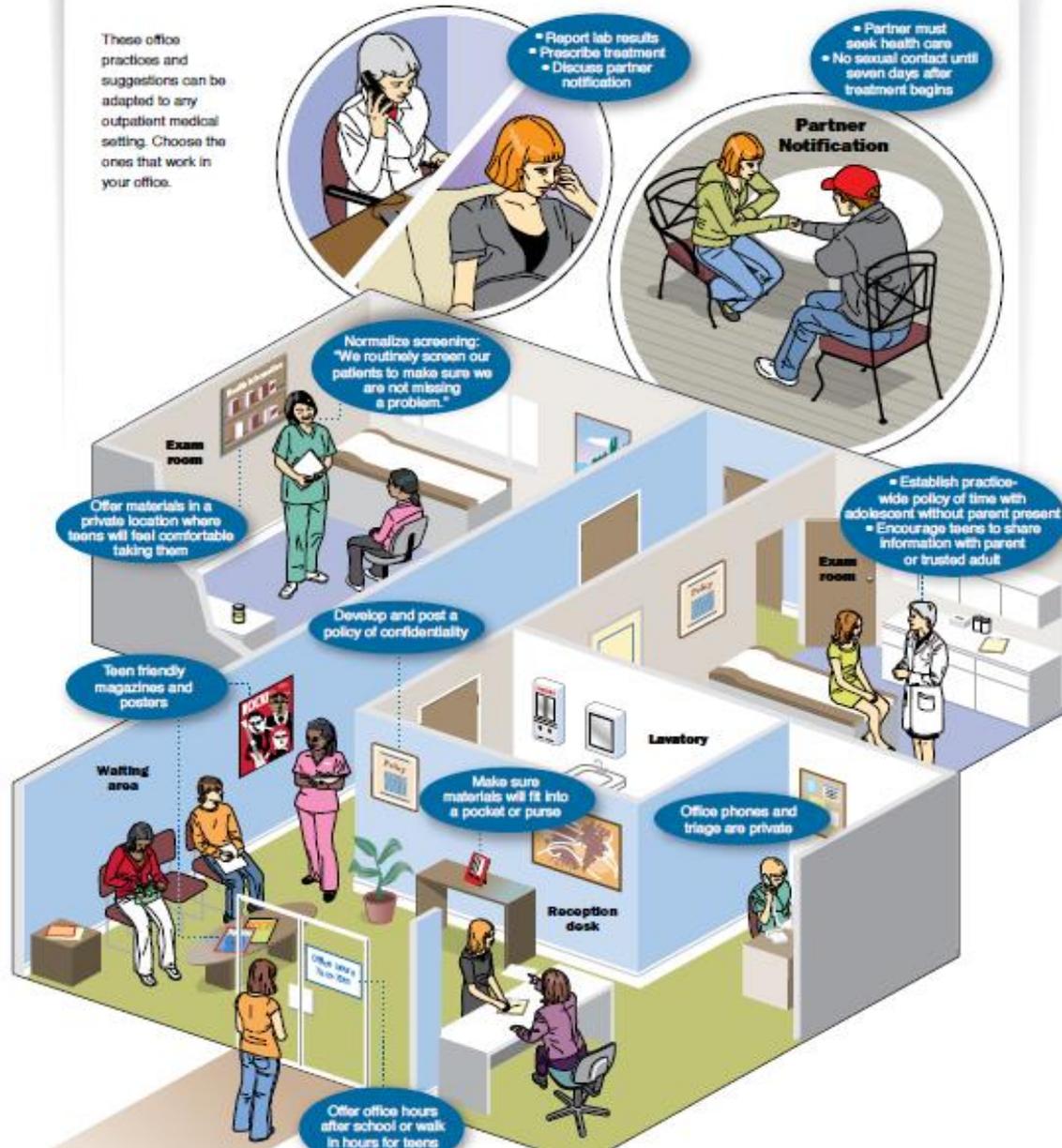
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Access the resources in this guide at
<http://ncc.prevent.org/info/why-screen-linked-resources>

5 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.



Confidential Care for IHS Adolescents

- Exam, screening, or treatment for STDs
- Contraceptives
- Pregnancy counseling/prevention
- Alcohol and drug addiction treatment
- Obstetric Care
- Sexual assault examination

http://www.ihs.gov/IHM/index.cfm?module=dsp_ihm_pc_p3c13

Confidentiality thru full disclosure

- Inform parents/guardians about confidentiality policy before begin visit
 - Letter home or at registration
 - Detail what to expect at the visit
 - Discuss billing issues
- Display materials such as posters or brochures discussing importance of confidentiality
- At age 11-12 yrs introduce concepts of confidentiality and alone-time for part of next visit

© Confidentiality Statement

Drs. Raiken and Ehlenfeld 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.***

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 New York City):

- 46 % 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.



© 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

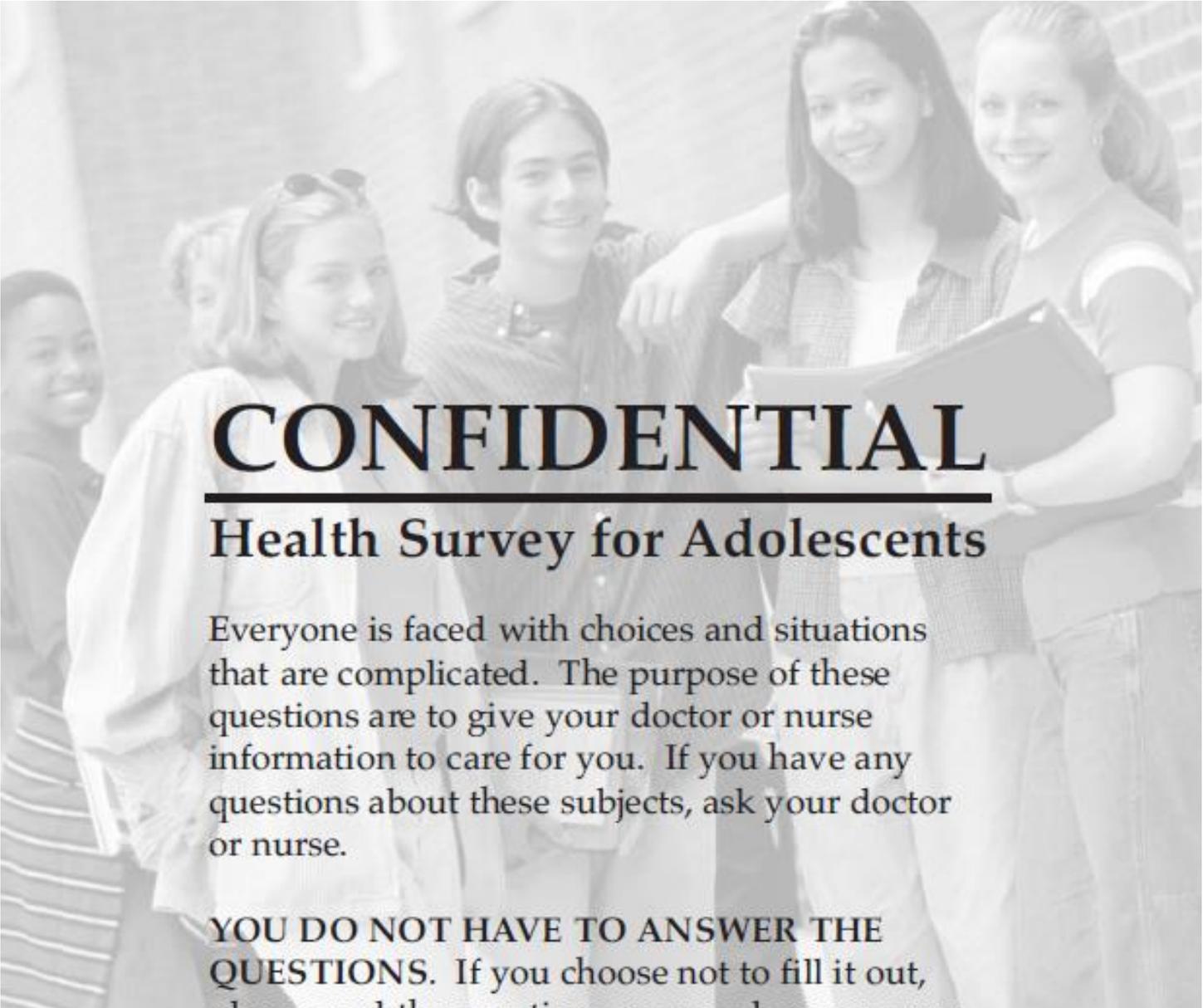
S: Safety

S: Spirituality

SSHADESS*

Strength Assessment Tool for Psychosocial Screening

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



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: The 5 “P”s

- ❑ PARTNERS
- ❑ Sexual PRACTICES
- ❑ PAST history of STIs
- ❑ PREGNANCY
- ❑ PROTECTION from STI

STI Screening



POLICY STATEMENT

Screening for Nonviral Sexually Transmitted Infections in Adolescents and Young Adults

abstract

FREE

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:e302–e311

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

COMMITTEE ON ADOLESCENCE and SOCIETY FOR
ADOLESCENT HEALTH AND MEDICINE

KEY WORDS

sexually transmitted infections, nonviral STIs, chlamydia,
gonorrhea, syphilis, screening

ABBREVIATIONS

AAP—American Academy of Pediatrics
CDC—Centers for Disease Control and Prevention
CLIA—Clinical Laboratory Improvement Amendment
FDA—Food and Drug Administration
MSM—males who have sex with males
NAAT—nucleic acid amplification test
PID—pelvic inflammatory disease
STI—sexually transmitted infection
USPSTF—US Preventive Services Task Force

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Other STI screening guidelines

- CDC:

www.cdc.gov/std/treatment

- USPSTF:

www.uspreventiveservicestaskforce.org/uspstopics.htm

- ACOG:

www.acog.org/Resources-And-Publications

Chlamydia

- Routinely screen all sexually active Females ♀ less than and equal to ≤ 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 who have sex with females 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 ♀ under <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 Males♂ who have sex with
- Females♀ annually on basis of individual and population risk factors
 - Substantial racial disparity exists for gonorrhea
 - In 2012, AI/AN had the second highest gonorrhea rate, which was **4 times higher** than the rate for whites; African-Americans had the highest gonorrhea rate
 - For local prevalence rates, contact your IHS service area

Trichomonas

- Routine *T vaginalis* screening of asymptomatic adolescents is not recommended
- Consider screening ♀ with individual and population-based risk factors that may put individuals at higher risk of infection
 - new or multiple partners, STI history, 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 their IHS service area 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 females ♀ require more thorough evaluation
- ❑ Begin cervical cancer screening at age 21 in most cases

Prevention Counseling

- Patient-centered, age-appropriate anticipatory guidance
- Integrate sex ed into clinical practice;
 - can use educational materials
- Prevention guidance
 - abstinence
 - safer sexual practices
 - condoms

Adolescent Healthcare Information Resources



Resources for adolescents and their parents/caregivers on issues such as:

- Sexual Health
- Drugs and Alcohol
- General Health and Wellness
- Sexually Transmitted Infections
- Communication
- Contraception
- Emotional Health

Websites for Health Information

Advocates for Youth:
[http://
www.advocatesforyouth.org/](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.iwannaknow.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).

Campaign for Our Children:
<http://www.cfoc.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 at:
<http://www.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.sexetc.org/>

Information, Q&As, forums, videos, and daily live teen chats about sexual health.

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

Here you will find reliable information about decision making, how to talking openly with your partner and how to stay healthy by using protection and getting tested regularly for HIV and other STDs. Also includes entertainment and special 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.sexualityanduc.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 your child has or you suspect your child may have a health problem, you should consult your physician or contact our office at (716) 332-4472.



🕒 More Information

- [Websites for Adolescent Patients and their Parents/Guardians](#)
- [Confidentiality Statement](#)

Need to have plan B for confidential services

GetTested

National HIV and STD Testing

Find Testing Locations

FAQs

Find Free, Fast, and Confidential Testing Near You

Search

Not Sure What Test You Need?

Answer a few questions and we'll help you.

What is your gender? [?](#)

Male Female Transgender

Next



<https://gettested.cdc.gov/>

STI Tests

**Recommendations for the Laboratory-Based
Detection of *Chlamydia trachomatis* and
Neisseria gonorrhoeae — 2014**



Chlamydia/Gonorrhea NAAT Screening: Preferred Noninvasive Genitourinary Specimens

Females ♀: Vaginal swab

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

Males ♂: Urine

- Urethral swab samples may be ↓ sensitive than urine

Nongenital GC/CT NAATs

Performance of NAATs for Diagnosis of **Rectal** Infection

| Rectal Infection | | |
|------------------|------------------------------|------------------------------|
| | <u><i>C. trachomatis</i></u> | <u><i>N. Gonorrhoeae</i></u> |
| | % Sensitivity/Specificity | % Sensitivity/Specificity |
| SDA | 100/90 | 100/96 |
| PCR | 96/92 | 96/96 |
| TMA | 100/89 | 100/96 |
| Culture | → 46/99 | → 72/100 |

Performance of NAATs for Diagnosis of Pharyngeal *N. Gonorrhoeae* Infection

| Pharyngeal | Gonococcal | Infections (N=961) |
|------------|---------------|--------------------|
| | % Sensitivity | % Specificity |
| SDA | 97% | 94% |
| PCR | 91% | 72% |
| TMA | 100% | 96% |
| Culture | → 65% | 99% |

How to order screen

- Non-genital GC/CT NAATs can be done by clinical laboratory with CLIA approval
- Lab diagnostics test codes available for pharyngeal, rectal, and urine/urethral from clinical labs that offer testing
 - National clinical labs have CLIA approval, offer tests, and test codes available

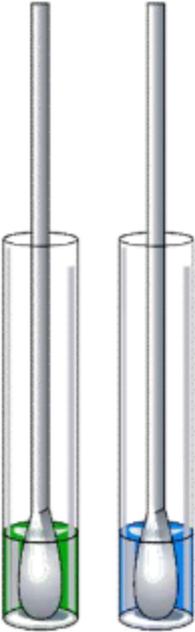
vaginitis Diagnostic tests

Point of Care (POC)

Clinical lab

CLIA – waived, POC BV test

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

This diagram illustrates a positive result. It shows two test tubes. The first tube contains a blue liquid at the bottom, and the second tube contains a green liquid at the bottom. Both tubes have a grey swab head submerged in the liquid.



The generation of a yellow color in the testing vessel

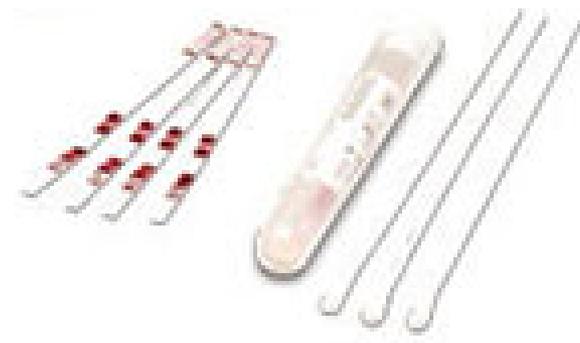
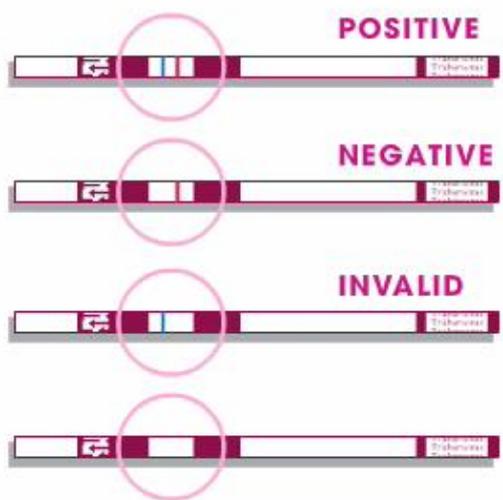
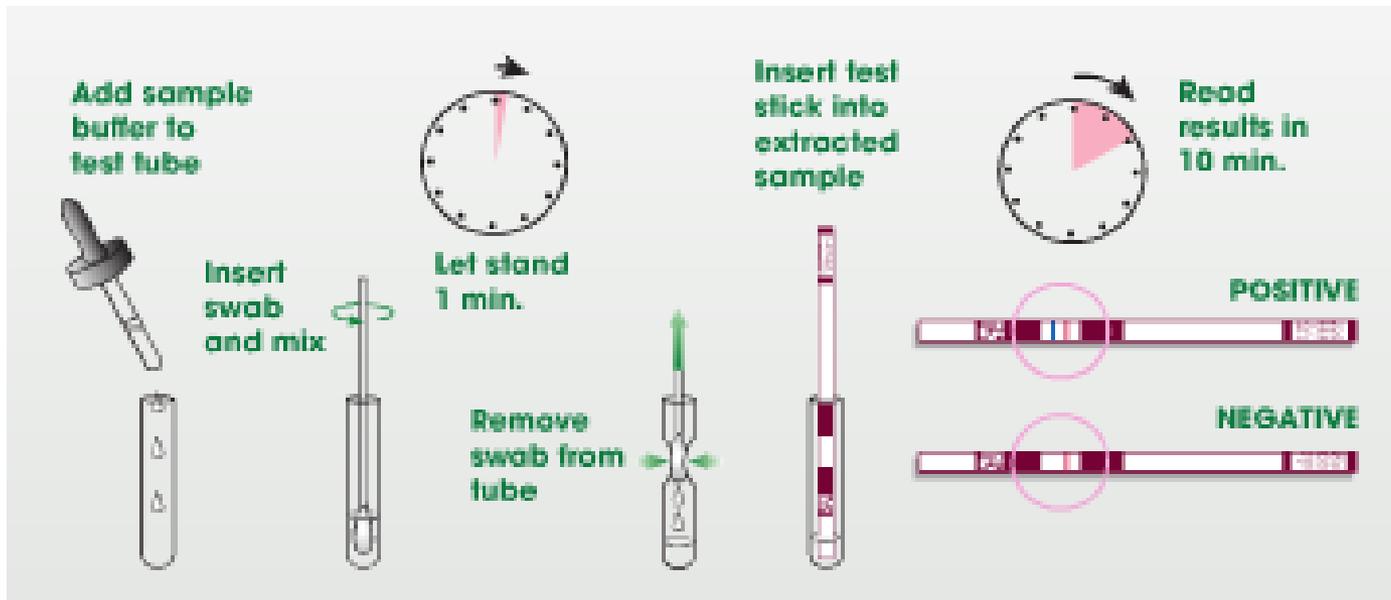
NEGATIVE

This diagram illustrates a negative result. It shows a single test tube containing a yellow liquid at the bottom. A grey swab head is submerged in the liquid.

CLIA – waived, POC, trichomonas tests

- **OSOM Trichomonas Rapid Test** (Sekisui Diagnostics, Framingham, MA)
 - immunochromatographic capillary flow dipstick technology
 - test vaginal secretions
 - self-testing may be an option
 - sensitivity 82-95% / specificity 97–100%

- **Results available in 10 minutes**



OSOM® Trichomonas Rapid Test

Trichomonas NAATs

- **APTIMA Trichomonas vaginalis assay** (Hologic Gen-Probe, San Diego, CA)
 - FDA cleared for Female ♀ vaginal, endocervical, or urine specimens
 - Sensitivity = 95–100% / specificity = 95-100%
 - Can test Male ♂ urine or urethral swabs if validated per CLIA specification
- **BD Probe Tec TV Q^x Amplified DNA Assay** (Becton Dickinson, Franklin Lakes, NJ)
 - FDA-cleared for ♀ endocervical, vaginal, or urine specimens

Other trichomonas lab tests

- Affirm VP III (Becton Dickinson, Sparks, MD)
 - nucleic acid probe-hybridization test
 - FDA-cleared to test vaginal secretions
 - evaluates for *T. vaginalis*, *G. vaginalis*, and *C. albicans*
 - results available within 45 minutes
 - sensitivity = 63% and specificity = 100%
- Culture
 - vaginal secretions preferred ♀ specimen
 - sensitivity = 75-96% / specificity up to 100%
 - can test ♂ urethral swab, urine, or semen
- Wet prep exam of vaginal secretions
 - sensitivity = 51-65%
 - requires immediate evaluation of the specimens for optimal results

2010 STD Treatment Guidelines



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Sexually Transmitted Diseases Treatment Guidelines, 2014

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2015 STD Treatment Guidelines soon!!!

www.cdc.gov/std/treatment

STD Treatment Guidelines App



The STD Treatment (Tx) Guide app is an easy-to-use reference that helps health care providers identify and treat patients for STDs. STD Tx Guide combines information from the STD Treatment Guidelines as well as MMWR updates, and features a streamlined interface so providers can access treatment and diagnostic information. The free app is available for Apple and Android devices.

Topics covered include:

- Diagnosis and treatment of 21 STDs and sexual assault.
- Access to the full STD Treatment Guidelines.
- "A Guide to Taking a Sexual History."

Download

iPhone, iPad or iPod touch



Android devices



There is no charge for this app.

Resources

www.aap.org American Academy of Pediatrics

<http://brightfutures.aap.org/>, Bright Futures

<http://aapredbook.aappublications.org/>, AAP Red Book

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

www.guttmacher.org Guttmacher Institute

www.cahl.org Center for Adolescent Health and Law

<http://ncc.prevent.org/>, National Chlamydia Coalition

Thank You!!!

- Dr. Susan Karol (IHS/HQ)
- The Telebehavioral Health Center of Excellence
- Dr. Alec Thundercloud (IHS/HQ)
- Dr. Jeff Salvon-Harman (IHS/HQ)
- Dr. Jean Howe (IHS/NAV)
- Taylor Rose Ellsworth and Anita Brakeman (ARSHEP/PRH)