RATIONALE
In 2014 the Center for Disease Control and Prevention published a Fact Sheet entitled “Reported Sexually Transmitted Diseases in the United States.” The fact sheet is based on 2013 data on chlamydia, gonorrhea, and syphilis, from a variety of private and public sources, and are underreported and underdiagnosed.¹ Data on human papillomavirus, herpes simplex virus, and trichomoniass is are not routinely reported to the Centers for Disease Control and Prevention (CDC). As a result, the annual surveillance report only captures a fraction of the true burden of sexually transmitted diseases in the United States.

The CDC estimates that nearly 20 million new sexually transmitted infections occur yearly, half among young people ages 15-24.² The surveillance data continues to indicate that the 15-19 age group is at highest risk for chlamydia and gonorrhea cases with girls being infected more than boys. It is estimated that approximately 75% of infections in women and 50% in men are without symptoms.³ The undiagnosed infections can lead to issues with infertility, possible cancerous changes, and exposure to human immunodeficiency virus (HIV).

SCREENING REQUIREMENTS
- Test all children, adolescents, and young adults who are sexually active or who are suspected of being sexually abused, for sexually transmitted diseases.
- Include but do not limit the tests for sexually transmitted diseases to the following:
  - Gonorrhea Test
  - Syphilis Test (Venereal Disease Research Laboratories (VDRL) slide test, rapid plasma regain (RPR), or automated regain test
  - Chlamydia Test

Bright Futures*
- Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents – Adolescence 11 to 21 years.
- Performing Preventive Services, A Bright Futures Handbook (2010)

CONSIDERATIONS FOR REFERRAL TREATMENT AND/OR FOLLOW-UP
- Refer or initiate immediate treatment for any positive test for gonorrhea, chlamydia, or syphilis.
- Report all sexually transmitted diseases to the local public health department in accordance with state regulations.
- Refer all sexually active individuals for human immunodeficiency virus testing
- See Health Assessment Guideline, Child Maltreatment.
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**SPECIMEN COLLECTION**

- **Gonorrhea Test**—For females, obtain endocervical specimens, and if gonorrhea is suspected, specimens from the anal canal or pharynx may be appropriate. For males, obtain specimens from the anterior urethra, the anal canal and/or pharynx as appropriate. Obtain ocular specimens from newborns of gonorrhea culture positive mothers if they were not tested at birth. The Child Health and Disability Prevention (CHDP) Program will reimburse for up to three specimens collected from different sites at the time of the well child exam.

- **Syphilis Test**—VDRL slide test, RPR, or automated reagin test—Obtain a specimen and request a blood serology test for all sexually active adolescents. The above tests are reimbursed through the CHDP Program at the time of the well child exam. All patients diagnosed with syphilis should also be tested for HIV and other sexually transmitted diseases.

- **Chlamydia Test**—Obtain a specimen. The CHDP Program reimburses for only one specimen per well child exam.

- **HIV Antibody Test**—this test may be covered by a health care plan or available free of charge from specialized clinics. The test is not reimbursed by the CHDP Program.

**Anticipatory Guidance**

- The Bright Futures Guidance for the Adolescent (ages 15-17 years) is an excellent resource.
- See the Health Assessment Guidelines, Adolescence Health.

**Resources:**

- [California Department of Public Health Maternal, Child, Adolescent and Family Life Program](#)
- Specimen collection
- [STD Specimen collection, Pathology](#)
- ChildLab, Collection of STD specimens’ chart.
- HIV Testing and STDs
- [FamilyPACT](#) – California Family Planning, Access, Care, and Treatment. [Facts and Questions concerning STDs](#).

**References**


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