Sexually Transmitted Infection Screening and Sexual Health Counselling in Youth: Guidelines
Authors: Charlotte Wells, Sarah Jones, Eldiflor Felipe


Acknowledgments:

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About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada’s health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.
Research Questions
1. What are the evidence-based guidelines associated with screening/testing of sexually transmitted infections in youth?
2. What are the evidence-based guidelines associated with behavioural counselling interventions around sexually transmitted diseases and sexual health for youth?

Key Findings
Eight evidence-based guidelines were identified regarding STI screening and sexual health counselling in youth.

Methods
A limited literature search was conducted on key resources including PubMed, The Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. For question one, main concepts appeared in title, abstract or subject heading. For question two, a focused search was completed with main concepts appearing in title or major subject heading only. For both questions, methodological filters were applied to limit retrieval health technology assessments, systematic reviews, meta-analyses and guidelines. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2012 and May 29, 2017. Internet links were provided, where available.

Selection Criteria
One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

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<th>Table 1: Selection Criteria</th>
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<td><strong>Population</strong></td>
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| **Intervention**            | Q1: Sexually transmitted infection (STI) screening/testing  
                             | Q2: Behavioural counselling interventions around STI and sexual health |
| **Comparator**              | Q1-2: No comparator |
| **Outcomes**                | Q1-2: Guidelines (e.g., frequency, types of tests, who will perform, place of testing, benefits of testing, removal of barriers, etc.) |
| **Study Designs**           | Health technology assessments, systematic reviews, meta-analyses, evidence-based guidelines |
Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Normally, health technology assessment reports, systematic reviews, and meta-analyses are presented first; however, in reports where guidelines are primarily sought the aforementioned evidence types are presented in the appendix.

Eight evidence-based guidelines were identified regarding STI screening and sexual health counselling in youth.

Additional guidelines of potential interest are provided in the appendix.

Overall Summary of Findings

Eight evidence-based guidelines were identified regarding sexually transmitted infection (STI) screening and sexual health counselling in youth. Five guidelines were related to STI screening specifically, and three guidelines were related to behavioural counseling interventions for youth. One guideline discussed pregnant adolescents and STI testing.

STI Screening/Testing

Five guidelines discussed STI screening for youth at risk of sexually transmitted infections. The 2015 European guideline on the management of Chlamydia trachomatis infections recommends that both sexually active men and women under the age of 25 be annually tested for chlamydia, and repeat testing should be performed every three to six months for individuals who previously tested positive.

One guideline published by the International Advisory Panel on HIV Care Continuum Optimization makes recommendations for youth screening and counselling for HIV. This guideline recommends that adult-assisted consent be removed for HIV testing when the youth has the full capacity to consent. The authors also recommend that adolescent and youth-centred services for HIV should be available in both the clinical and the community setting.

The U.S. Preventive Services Task Force (USPSTF) published a set of guidelines regarding screening for chlamydia and gonorrhea in youth. In sexually active females 24 years and under, it is recommended that both chlamydia and gonorrhea be screened for. The evidence was insufficient to make a recommendation for screening in males.

A third set of guidelines from Public Health Ontario is similar to the USPSTF guideline, and recommends screening for gonorrhea in asymptomatic, sexually active youth under the age of 25 who have multiple partners. Additionally, they recommend screening in youth who are street-involved.

Finally, one guideline specific to pregnant adolescents published by Society of Obstetricians and Gynaecologists of Canada recommends that testing for STIs and bacterial vaginosis should be routinely performed on first presentation for pregnancy care, once more in the third trimester, and postpartum.
Behavioural Counselling Interventions

Three guidelines discussed behavioural interventions for youth at risk of sexually transmitted infections.

A guideline published by NICE\(^1\) recommends when developing interventions for youth who are displaying harmful sexual behaviours, the interventions should be based on the intended recipient’s family and social context, gender, developmental stage, culture, religion, and learning ability. Therapeutic approaches such as cognitive behavioural therapy are also options for youth who are partaking in risky sexual behaviours.\(^1\) The chosen behavioural intervention should additionally support and include carers, guardians, or parents, and encourage a caring and supportive relationship between the youth and adult.\(^1\) Finally, interventions for behavioural change should be flexible to meet any changing needs of the recipient, and progress should be monitored on a regular basis.\(^1\)

A second identified guideline\(^4\) by USPSTF recommends intensive behavioural counselling, ranging in duration from 30 minutes to 2 or more hours, for all youth at risk of contracting STIs. This counselling can be implemented in the primary care setting or in schools, community organizations, or health departments.\(^4\)

A third guideline\(^7\) from the Clinical Effectiveness Group of the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) state that adolescents are at an increased risk of STI contraction, and therefore should be targets for safer sex advice and behavioural interventions. Interventions with intensive, multi-session evidence based behavioural change practices such as improving communication skills, increasing motivation, and skills acquisition should be available for those who need it.\(^7\) Brief interventions (duration 15-20 minutes) focussing on these same skills as well as safer sex advice (including condom use), should be provided as routine care to those at a high risk of STI contraction.\(^7\) Computer assisted interventions are ranked as comparable to human delivered interventions and therefore can also be used to encourage safer sex behaviours, and videos shown in the waiting room can be additional aids in promoting safer sex.\(^7\)

References Summarized

Guidelines and Recommendations


   See: Testing in STI and sexual health clinics and repeat testing


   See: 2.2 Recommended populations who should be tested/screened for N. gonorrhoeae


Pregnant Populations

Appendix — Further Information

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

School-Based Interventions


Other settings


16. Feyissa GT, Lockwood C, Munn Z. The effectiveness of home-based HIV counseling and testing on reducing stigma and risky sexual behavior among adults and adolescents: A systematic review and meta-analyses. JBI Database System Rev
PubMed: [PM26455755](https://pubmed.ncbi.nlm.nih.gov/26455755/)

PubMed: [PM24525227](https://pubmed.ncbi.nlm.nih.gov/24525227/)


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