



# A Practical Guide to STIs in Adolescents

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# Objectives

At the end of this session learners will be able to

- Assess STI risk using a structured approach to obtaining a sexual history
- Navigate conversations about confidentiality as it relates to STI services for adolescents
- Apply CDC guidelines to appropriately screen and treat common STIs
- Recognize patients who qualify for additional preventative STI services (e.g., PrEP and STI PEP)

# Patient Case - Georgia

- 16-year-old cisgender female who presents for well visit and sports physical
- Her throat is sore because she lost her voice at the Sweat Tour on Tuesday



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Taking a Sexual History

CPD

# A comprehensive sexual history consists of the 5 Ps.



**Partners**



**Practices**



**Past History  
of STDs**



**Protection  
from STDs**



**Pregnancy  
Plans**



Partners

- Are you currently having sex of any kind?
- What is/are the gender(s) of your partner(s)?



Practices

- To understand any risks for sexually transmitted infections (STIs), I need to ask more specific questions about the kind of sex you have had recently.
- What kind of sexual contact have you had?
  - Vaginal
  - Anal
  - Oral



**Protection  
from STDs**

- Do you and your partner(s) discuss prevention of STIs?
- Do you and your partner(s) discuss getting tested?
- For condoms:
  - What protection methods do you use?
  - In what situations do you use condoms?





### Past History of STDs

- Have you ever been tested for STIs and HIV?
- Have you ever been diagnosed with an STI in the past?
  - Have any of your partners had an STI?
- Have you or any of your partner(s) ever injected drugs?



## Pregnancy Plans

- Do you think you would like to have (more) children in the future?
- How important is it to you to prevent pregnancy (until then)?
- Are you or your partner using contraception or practicing any form of birth control?
- Would you like to talk about ways to prevent pregnancy?

# Case 1 - Georgia

- Vaginal sex – 3 previous AMAB partners
- Oral sex – AMAB and AFAB partners
- Condoms sometimes with vaginal sex
- Not sure if any partners have had STI testing
- Probably going to wait until I'm a lot older to have kids, I have the implant
- I want to get tested, but will my parents find out?



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Confidentiality

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# Consent

- All 50 states allow minors to consent for STI services
  - Some have minimum age, others don't specify
- Age for HPV vaccine and HIV testing consent also varies

## STI Services



## HPV vaccine

# Confidentiality

- Private insurance plans may send an EOB
- Prescriptions sent to pharmacies
  - Call
  - ERx: Mark as confidential, include patient cell
- Free/low-cost clinics
  - County Health Departments
  - Planned Parenthood



# gettested.cdc.gov



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# Screening Recommendations





## Chlamydia/Gonorrhea

- Annually – 1) Sexually active AFAB under 25 and 2) MSM
- NAAT – urine or vaginal swab
- +/- rectal and oropharyngeal swabs

## HIV

- At least once – everyone age 13+ regardless of sexual activity
- Annually – MSM
- HIV 1 & 2 Ag/Ab immunoassay

## Syphilis

- Offer – Sexually active 15-45-year-olds (if > 4.6 per 100k in county)
- Nontreponemal (RPR or VDRL) and treponemal test

# Case 1 - Georgia

- GC negative
- HIV negative
- RPR negative
- Chlamydia positive (vaginal swab only)



# Treatment Considerations



Infection	Recommended regimen	Alternative Regimen
<b>Chlamydia</b>	Doxycycline 100 mg orally 2x/day for 7 days	Azithromycin 1 gm orally in a single dose OR Levofloxacin 500 mg orally 1x/day for 7 days
<b>Gonorrhea</b>	Ceftriaxone 500 mg IM in a single dose	<b>CTX Allergy</b> <ul style="list-style-type: none"> <li>Gentamicin 240 mg IM in a single dose PLUS azithromycin 2 gm orally in a single dose</li> </ul> <b>CTX Unavailable</b> <ul style="list-style-type: none"> <li>Cefixime 800 mg orally in a single dose</li> </ul>



# Pelvic Inflammatory Disease

## Risk factors

- Age < 20
- ↑ # of partners
- ↓ condom use
- History of PID
- Douching
- Recent IUD

## Pathogenesis

- Polymicrobial
- GC or CT ~50%
- Mycoplasma, Trichomonas
- GI, respiratory pathogens

## Presumptive treatment criteria

- Sexually active AFAB
- Unexplained pelvic/lower abdominal pain AND
  - CMT
  - Or uterine / adnexal tenderness

## Complications

- Fitz-Hugh-Curtis
- Tubo-ovarian abscess
- Infertility
- Ectopic pregnancy
- Chronic pelvic pain

Infection	Recommended regimen
PID	<p><b>IM or Oral</b></p> <ul style="list-style-type: none"> <li>• Ceftriaxone 500 mg IM once</li> <li>• PLUS doxycycline 100 mg PO BID x 14 days</li> <li>• PLUS metronidazole 500 mg PO BID x 14 days</li> </ul> <p><b>Parenteral</b></p> <ul style="list-style-type: none"> <li>• Ceftriaxone 1 g IV every 24 hours</li> <li>• PLUS doxycycline 100 mg PO/IV every 12 hours</li> <li>• PLUS metronidazole 500 mg PO/IV every 12 hours</li> </ul>
Epididymitis	<p><b>Most likely caused by GC/CT</b></p> <ul style="list-style-type: none"> <li>• Ceftriaxone 500 mg IM once</li> <li>• PLUS doxycycline 100 mg PO BID x 10 days</li> </ul> <p><b>For AMAB who practice insertive anal sex</b></p> <ul style="list-style-type: none"> <li>• Ceftriaxone 500 mg IM once</li> <li>• Levofloxacin 500 mg PO daily x 10 days</li> </ul>

# Case 2 - Sophie

- 18-year-old affirmed female (AMAB)
- 1 AMAB partner
- Anal sex (bottom)
- Always uses condoms
- Got tested this week with partner at Planned Parenthood - GC/CT, HIV, RPR all negative
- Thinking about open relationship, but want to be as safe as possible





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What STI prevention measures  
might you offer Sophie?

CPD

# Primary Prevention Recommendations

- HPV vaccination
  - Through age 26 for those not vaccinated at routine age of 9-14
  - 3-dose series for age 15+
- HBV and HAV vaccination series
- HIV PrEP
- Doxy PEP



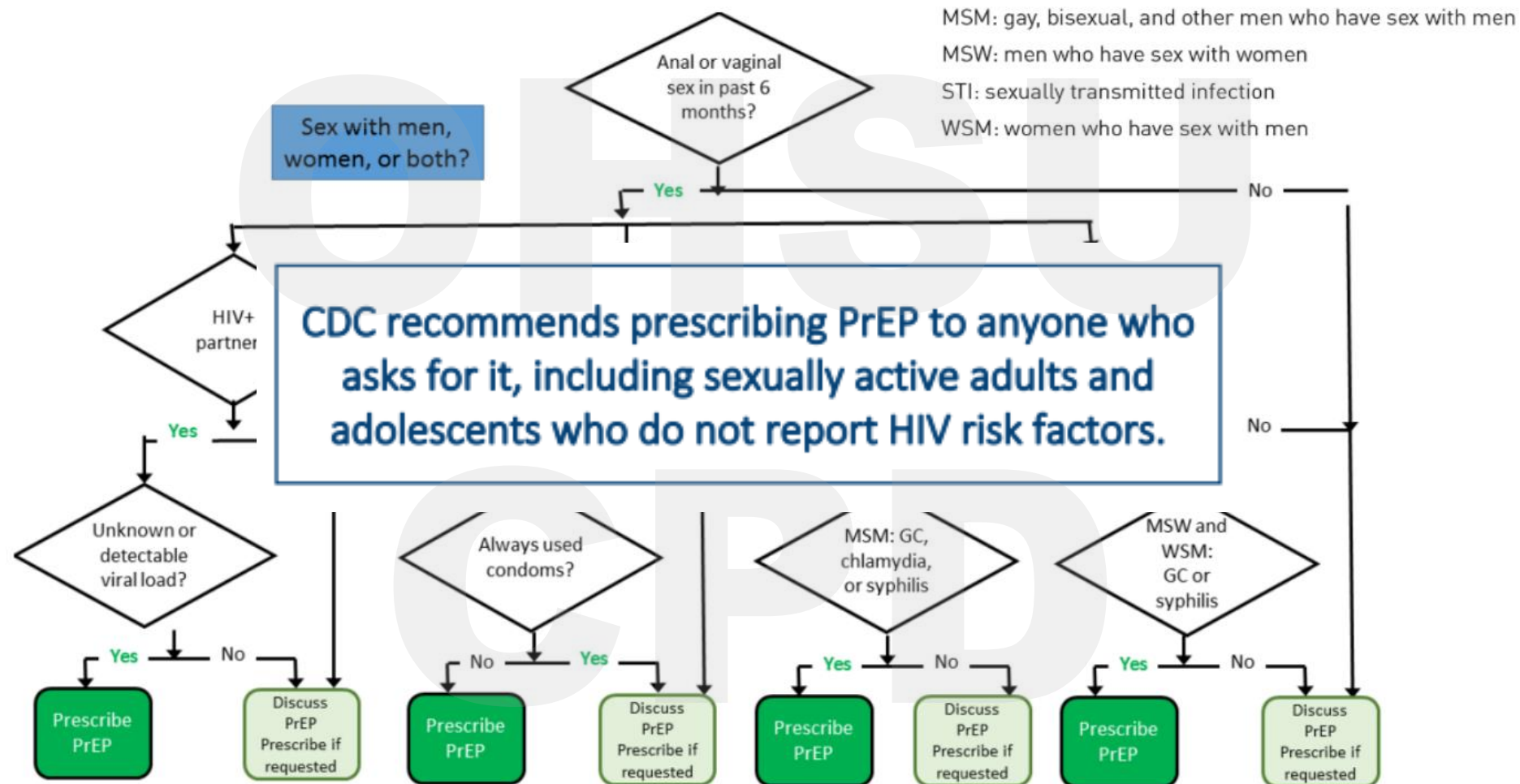
# HIV PrEP

- Can reduce the risk of HIV by 99%
- Options: 2 oral, 1 injectable
  - TDF/FTC – Truvada or generic
  - TAF/FTC – Descovy
  - Cabotegravir – Apretude and Vocabria

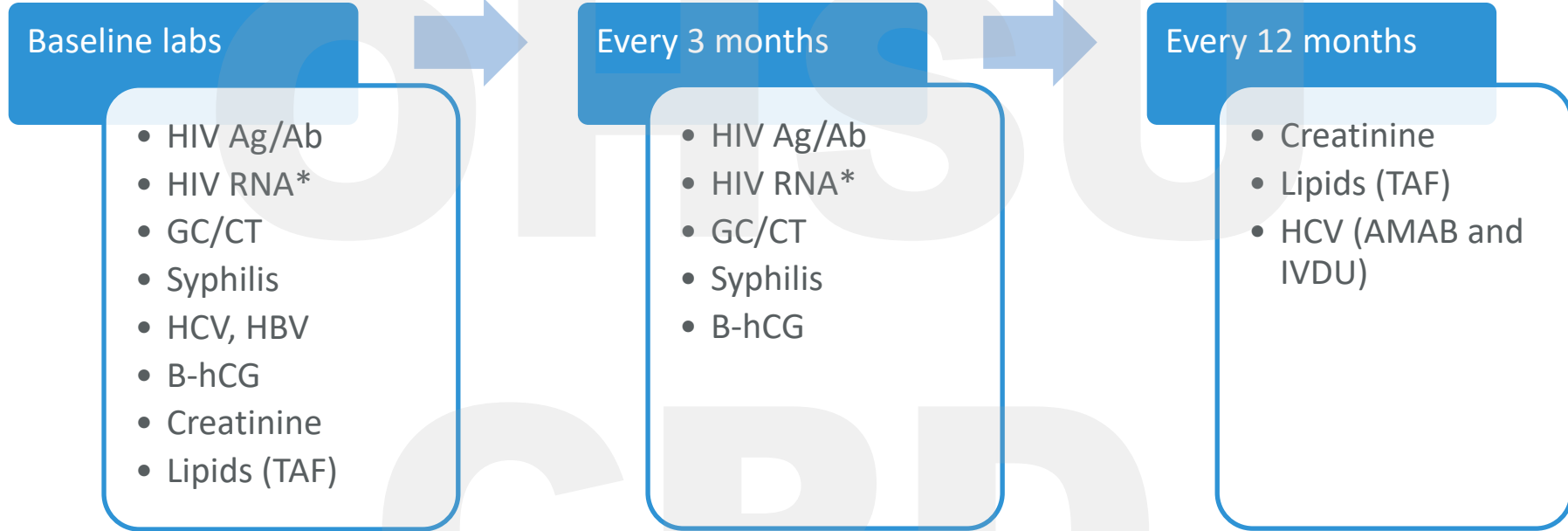


Medication	Route and frequency	Recommendations for use	CrCl
TDF/FTC (Truvada® or generic equivalent)	<ul style="list-style-type: none"> <li>✓ Daily oral pill</li> <li>✓ On-demand use</li> </ul>	<p>Shown to be effective for people who may be exposed to HIV through:</p> <ul style="list-style-type: none"> <li>✓ Vaginal/front hole sex</li> <li>✓ Anal sex</li> <li>✓ Injection drug use</li> </ul>	> 60
TAF/FTC (Descovy®)	<ul style="list-style-type: none"> <li>✓ Daily oral pill</li> </ul> <p>Insufficient data to support on-demand use</p>	<p>Shown to be effective for people who may be exposed to HIV through:</p> <ul style="list-style-type: none"> <li>✓ Anal sex</li> </ul> <p>Insufficient data to recommend to people who may be exposed to HIV through:</p> <ul style="list-style-type: none"> <li>• Vaginal/front hole sex</li> <li>• Injection drug use</li> </ul>	> 30
Cabotegravir (Apretude® and Vocabria®)	<ul style="list-style-type: none"> <li>✓ Intramuscular injection every other month following 2 injections given 1 month apart and an optional 28-day daily oral pill lead-in</li> </ul> <p>Not for on-demand use</p>	<p>Shown to be effective for people who may be exposed to HIV through:</p> <ul style="list-style-type: none"> <li>✓ Vaginal/front hole sex</li> <li>✓ Anal sex</li> <li>✓ Injection drug use</li> </ul>	No restriction

## Assessing indications for PrEP in sexually active patients



# Prescribing PrEP



- Adverse effects: nausea, diarrhea, headache, renal dysfunction, ↓ BMD (TDF), ↑ weight (TAF)
- **Effective after 7 days for anal sex, 21 days for vaginal and IVDU**
- If stopping → continue for 28 days after last potential HIV exposure



# STI PEP (Doxy PEP)

- Post-exposure prophylaxis for bacterial sexually transmitted infections (GC, CT, Syphilis)
- Eligibility
  - 13 years or older
  - AMAB who has sex with AMAB



	Condomless anal, oral, or vaginal sex with $\geq 1$ AMAB partner in past 12 mo?	
	YES	NO
1 or more chlamydia, gonorrhea, or syphilis infections in past 12 mo	Prescribe STI PEP	Consider STI PEP  If expects to have condomless sex in future → prescribe STI PEP
No chlamydia, gonorrhea, or syphilis infection in past 12 mo	Consider STI PEP  If history of, or expectation for: multiple sex partners, group sex → prescribe STI PEP.	Consider STI PEP  If history of, or expectation for: multiple sex partners, group sex → prescribe STI PEP.



# Prescribing STI PEP

- Administration
  - Doxycycline hyclate delayed release 200 mg (1 tab)
  - OR Doxycycline hyclate or monohydrate immediate release 100 mg (2 tabs/caps taken together)
  - Ideally within 24 hours, no later than 72 hours after condomless sex
- Adverse effects: nausea, diarrhea, rash, pill esophagitis, intracranial hypertension
- Lab monitoring every 3 months (GC/CT and syphilis)

## Doxy PEP – How to Take

Two 100 mg pills of doxycycline ideally within 24 hours but no later than 72 hours after condomless oral, anal or vaginal sex

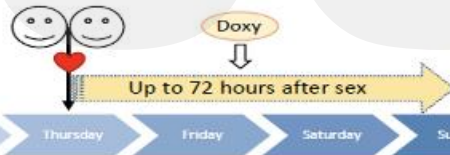


= sex without a condom, including oral sex

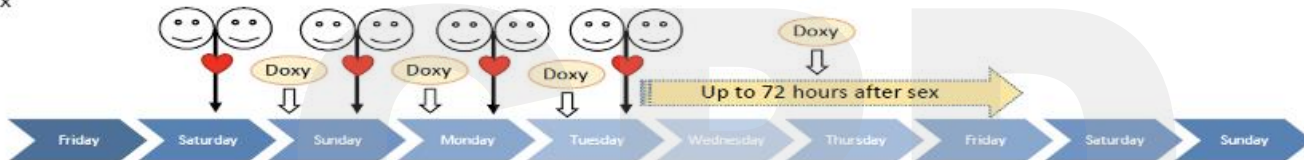
Example: Sex on Sat; take dose of doxy by Tues



Example: Sex on Thursday; take dose of doxy by Sunday



Example 2: Daily (or more) sex Sat-Tues; take daily dose of doxy and last dose within 24 hours but not later than 72 hours after last sex



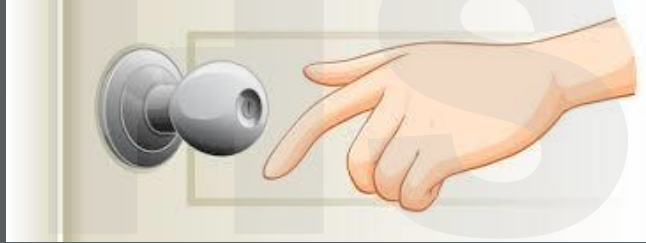
**No more than 200 mg every 24 hours**

# Case 1 - Sophie



- You discuss PrEP and STI PEP and she's interested in both
- You prescribe Truvada and doxycycline
- Plan for follow up in 3 months

# Case 2 - Sophie



“How come this one pill I take as needed, but the one for HIV is every day? Is there an option where I can only take that one when I need it too?”

# PrEP on demand: 2-1-1

- TDF/FTC (Truvada or generic) ONLY
- Effective for people
  - topping and bottoming during anal sex
  - people who top during front hole or vaginal sex
- It is not effective for people who bottom during vaginal or front hole sex
- Can prescribe to patients who
  - Request non-daily dosing
  - Have sex infrequently (< 1x/week)
  - Can anticipate sex (or delay sex) to take dose 2 hours prior



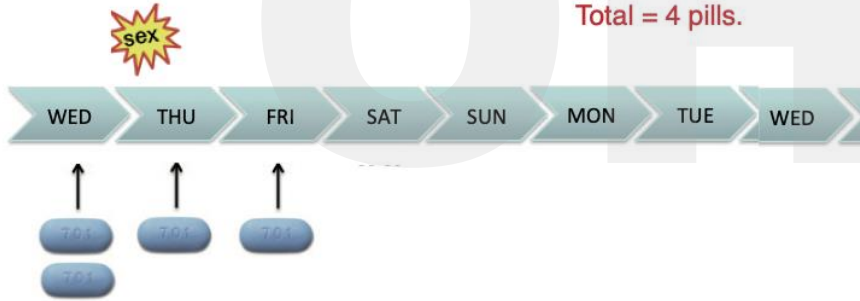
### BEFORE SEX

2 PrEP pills 2 to 24 hours before sex.

### AFTER SEX

1 PrEP pill every day for two days.

Total = 4 pills.



Sex once

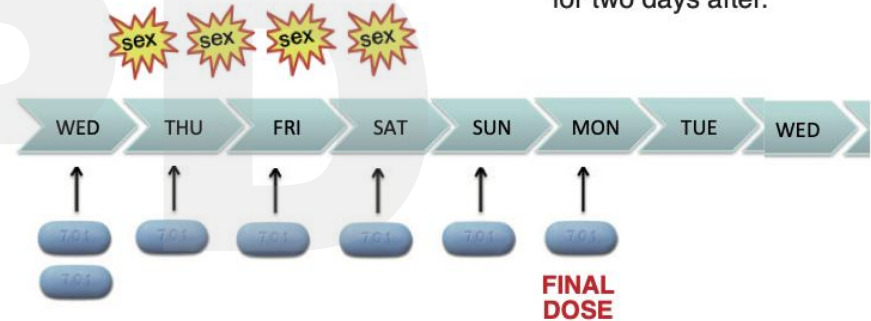
Multiple encounters

### BEFORE SEX

2 PrEP pills 2 to 24 hours before sex.

### AFTER SEX

1 PrEP pill every day you have sex, then every day for two days after.



# Case 1 - Georgia

- You call Georgia to discuss results concerning for chlamydia infection
- She denies abdominal pain or cramping
- She has had vaginal sex with 1 AMAB partners in the last 60 days
- She feels comfortable telling him about it, but isn't sure if he'll go to the doctor



What medication do you  
prescribe for Georgia?

Can you prescribe medication  
for her partner?



# Expedited Partner Therapy

## Current EPT Recommendations

### Chlamydia



#### Doxycycline

100 mg PO twice a day x 7 days\*\*

OR

#### Azithromycin

1 gm PO once

### Gonorrhea\*



#### Cefixime

800 mg PO once

\* Current CDC-recommended first-line treatment for GC is ceftriaxone 500 mg IM.

\*\* If non-pregnant and co-infected with CT/GC, cefixime and doxycycline are recommended for EPT. If there are pregnancy or adherence concerns, azithromycin 1 gm PO once is recommended instead of doxycycline.

- All partners in the past 60 days OR most recent partner
- Options for EPT
  - Provide **medication** directly
  - Provide **prescription** – “EPT partner”
- Counseling
  - No sexual activity for 7 days post-treatment (azithro/cefixime), or the duration of treatment (doxy)
  - Test for reinfection in 3 months
- **Oregon Health Authority STD Prevention Nurse Consultant: 503-358-5176**



# Case 1 - Georgia



“I just remembered, I met someone new at the concert and I *really* like them. I’m supposed to hang out with them again in a few weeks. Do I have to tell them about this stuff too? I hardly know them, that’s so awkward.”



# Case 1 - Georgia

- You remind her that she needs to complete her medication before future encounters and encourage condom use
- You also talk to her about PrEP, she's going to think about it
- She schedules a follow up visit in 3 months
- Until then she's going to use condoms *every time*



# Case 2 - Sophie



“Can you test me for herpes? I think they forgot about that one at Planned Parenthood. I want to make sure I don’t have it because I heard that stuff is forever.”

# HSV

- CDC does not recommend routine screening for HSV
- Consider type-specific HSV **serologic** testing for:
  - genital symptoms that could be related to herpes
  - sex partner with known genital herpes
- If lesions are present
  - Obtain type-specific **virologic** testing from the lesion (NAAT or culture)



Thank You

