

# AAP issues guidance on STI screening for teens

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"Pediatricians can take an active role in reducing disease prevalence and adverse sequelae by identifying and treating undiagnosed infections in addition to prevention counseling, promotion of condom use and safe sex practices, rescreening infected patients after treatment, and offering expedited partner therapy, where legally permissible and recommended, to prevent new and recurrent infections," the authors write.

**More information:** [Abstract](#)  
[Full Text](#)

(HealthDay)—Guidance is provided for screening adolescents and young adults for sexually transmitted infections (STIs) in an American Association of Pediatrics (AAP) Policy Statement published online June 30 in *Pediatrics*.

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Pamela J. Murray, M.D., M.H.P., from the AAP Committee on Adolescence and Society for Adolescent Health and Medicine, and colleagues discuss [screening](#) for nonviral STIs among adolescents and [young adults](#).

The authors note that nonviral STIs can be treated, transmission can be eliminated, and sequelae can be averted with early detection. Consequently, the AAP recommends routine laboratory screening for nonviral STIs, in accordance with published federal agency and medical professional organizations' clinical guidance for all sexually active adolescents. Routine screening is encouraged for females for chlamydia and gonorrhea and for sexually active adolescent or young adult men who have sex with men for syphilis. Trichomoniasis screening is not recommended for asymptomatic adolescents. Adolescents infected with chlamydia or gonorrhea should be rescreened three months after treatment. Clinical procedures should be developed using prepared resources to integrate STI risk assessments, screening and treatment, and prevention counseling into routine care.

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