POSITION STATEMENT

STD Testing for Adolescents and Adults Upon Admission to Correctional Facilities

Introduction

For many years, studies and surveillance projects have shown a very high prevalence of sexually transmitted diseases (STDs) in persons entering jails and juvenile facilities. These projects have identified stratified risk factors for individual diseases based on geographical location, age, and gender. Local health departments are an important resource for information on prevalence and treatment of these diseases in a specific area. Identification and treatment of STDs in jails and juvenile facilities offers a cost-effective opportunity to prevent complications of the diseases and reduce transmission of STDs in jails, juvenile facilities, prisons, and the community.

Background

Neisseria gonorrhoeae (GC) and Chlamydia trachomatis (CT) are STDs that can lead to acute pelvic inflammatory disease, chronic pelvic pain, infertility, and ectopic pregnancy in women. These infections may be asymptomatic in women and men, and they can also cause symptoms of discharge and urethral pain; women may experience irregular vaginal bleeding with these STDs. Among infected pregnant women, GC and CT are associated with miscarriage, premature rupture of membranes, and preterm birth. Newborns born to infected mothers are at risk for conjunctivitis and, from chlamydial infection, pneumonia.

Both STDs have a high prevalence rate in correctional settings, especially among young people, with CT being more common. Women are more likely to be positive than men in any age group, with 7.4% positivity among adult females entering correctional facilities and 15.7% among females entering juvenile facilities; in correctional settings, the male positivity rate is 7.1% for both adults and juveniles. Gonorrhea rates are lower (less than 5% in all age groups), but are still higher among females entering correctional facilities than males. The GC and CT positivity rate among young women (under age 20 to 25) in correctional facilities throughout the country often exceeds the rate acknowledged as cost-effective for testing by five or six times. With increasing age, the likelihood of a positive test decreases so that by age 35, testing is generally less cost-effective. Among men, although the rate of positivity is lower, there is still greater likelihood for positivity under age 20 to 25, with decreasing rates up to age 35. Screening and treating people in correctional settings has an impact on community prevalence of these infections when people are released from correctional facilities.

Syphilis, which causes a constellation of symptoms from rashes to neurologic disease, differs in regional epidemiology. It can be especially serious in newborns, and for that reason prenatal care includes syphilis screening for all pregnant women. In 2011, correctional facilities accounted for up to 6% of reported syphilis cases in the United States. In at least one location, treatment of syphilis in a jail had a substantial impact on the prevalence in the local community.

Since most STDs may be asymptomatic, it is impossible to determine infection without direct laboratory testing. Those with symptoms or with risk factors for infection benefit from laboratory testing for these infections. Most laboratory testing for GC and CT is done together with one specimen collection test. Assays testing urine for these infections have high accuracy and are easy samples to collect.

Position Statement

NCCHC recognizes the ongoing constraints associated with providing additional STD screening and testing services to persons entering correctional facilities. NCCHC also recognizes that those services should prioritize men and women under age 25. NCCHC also acknowledges the availability of noninvasive laboratory test methods for ease in screening. Therefore, NCCHC recommends the following:
1. Local institutional administrators and medical staff are encouraged to develop and/or enhance their working relationships with their local health departments’ communicable disease managers in an effort to determine the best use of resources available for the provision of STD laboratory testing and treatment.

2. Facilities should conduct CT/GC laboratory testing on women up to age 25, and when possible 35, and among pregnant women regardless of age, at receiving or as soon as possible unless the inmate is transferred from a facility where the testing was done.

3. Laboratory testing for CT/GC should be performed on all sexually active men up to age 25 unless being transferred from a facility where the testing was done.

4. Facilities should review the yield of active syphilis screening within their institutions to determine whether laboratory testing is appropriate.

5. Facilities should consider additional STD testing (i.e., HIV, Trichomonas vaginalis) for persons testing positive and newly diagnosed for CT/GC or syphilis.

Adopted by the National Commission on Correctional Health Care Board of Directors
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