



What 2021 YRBS data is saying about youth and STD testing







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Sexual Behavior

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Ever had sex	47	47	41	40	38	30	
Had four or more lifetime sexual partners	15	15	11	10	9	6	
Were currently sexually active	34	34	30	29	27	21	
Used a condom during last sexual intercourse	60	59	57	54	54	52	
Used effective hormonal birth control	–	–	–	–	–	33	–
Used a condom and effective hormonal birth control (dual use)	–	–	–	–	–	10	–
Were ever tested for HIV	13	13	10	9	9	6	
Were tested for STDs during the past year	–	–	–	–	9	5	

LEGEND



In wrong direction



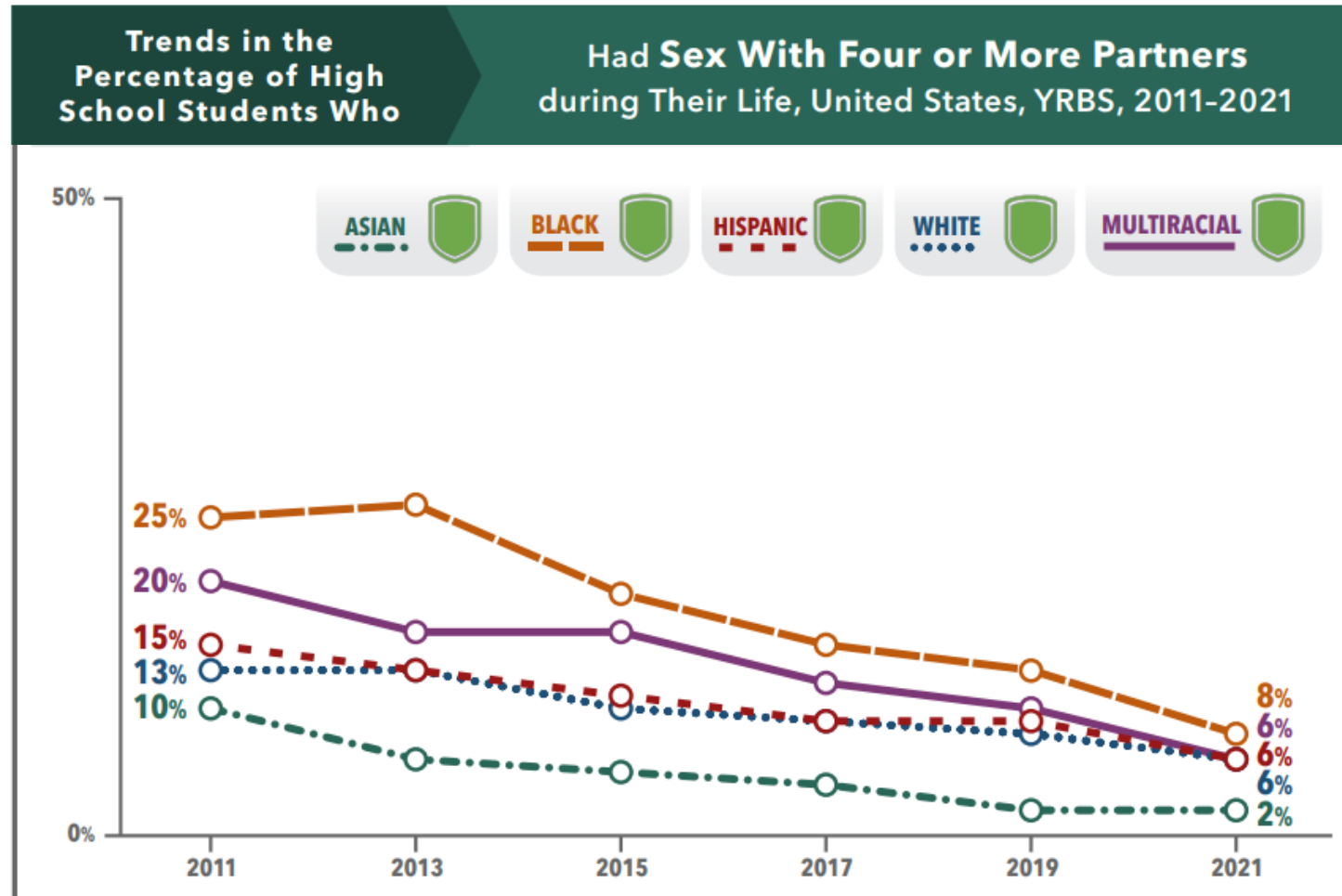
No change



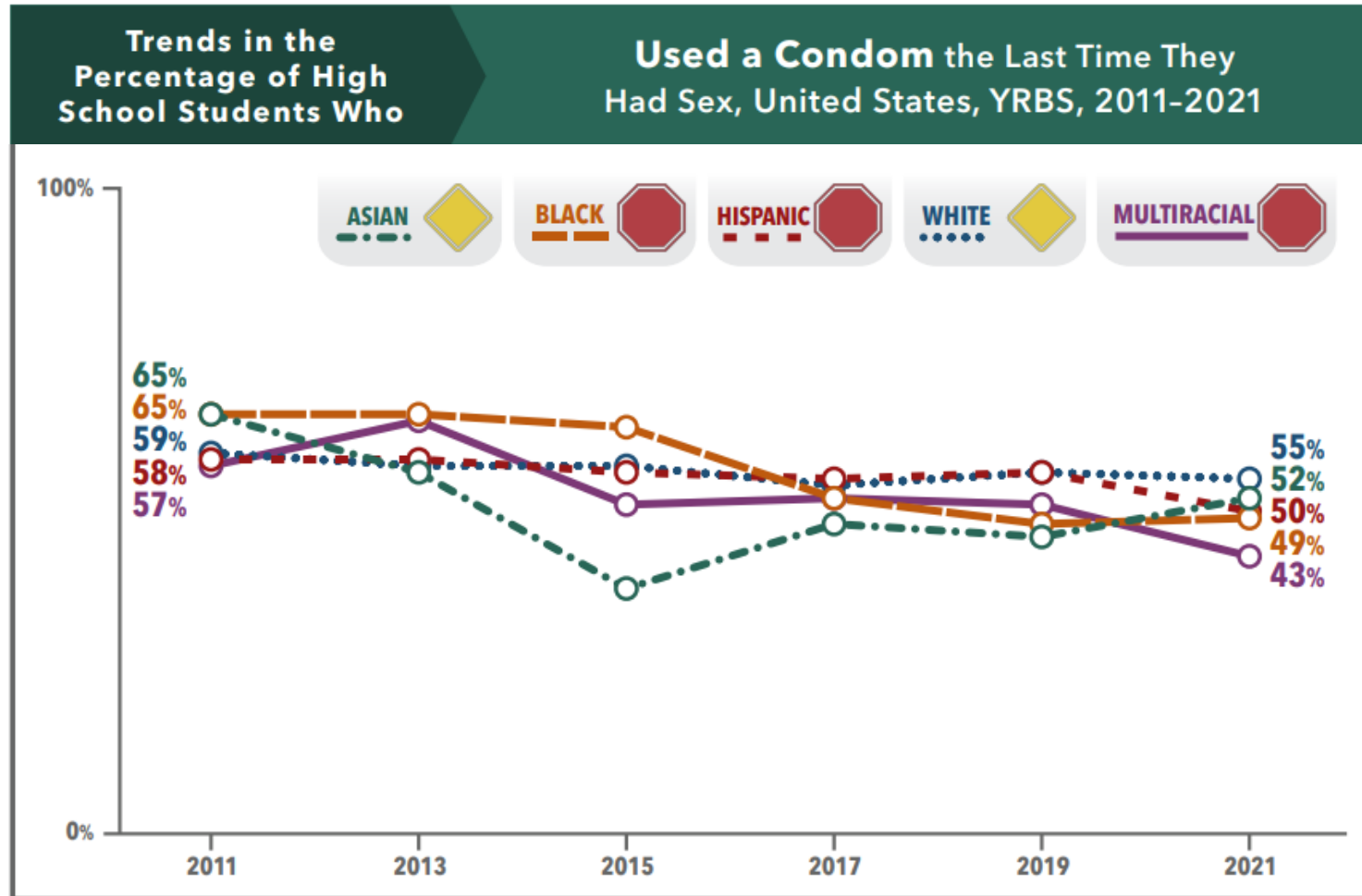
In right direction

Source: National Youth Risk Behavior Surveys, 2011-2021

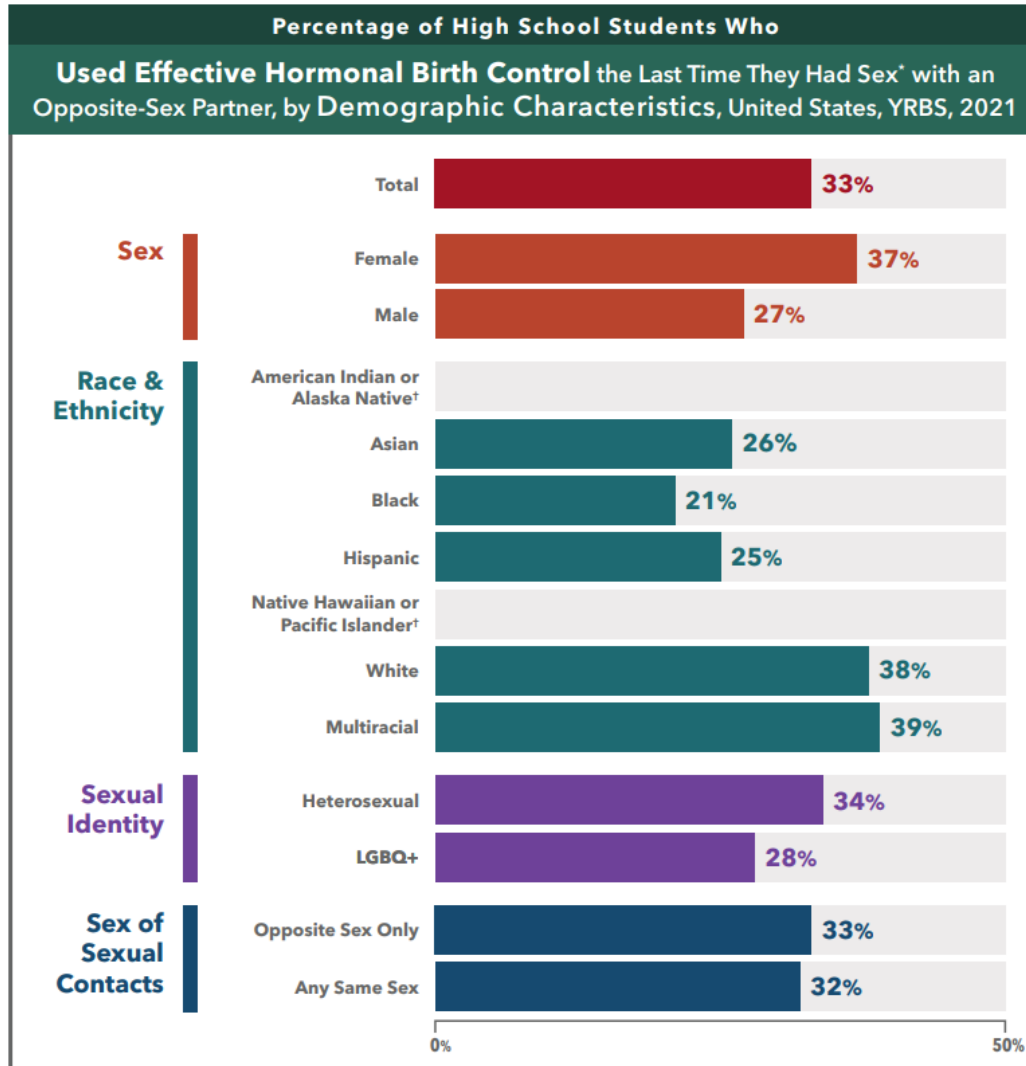
Four or More Lifetime Sexual Partners



Condom Use



Effective Hormonal Birth Control Use

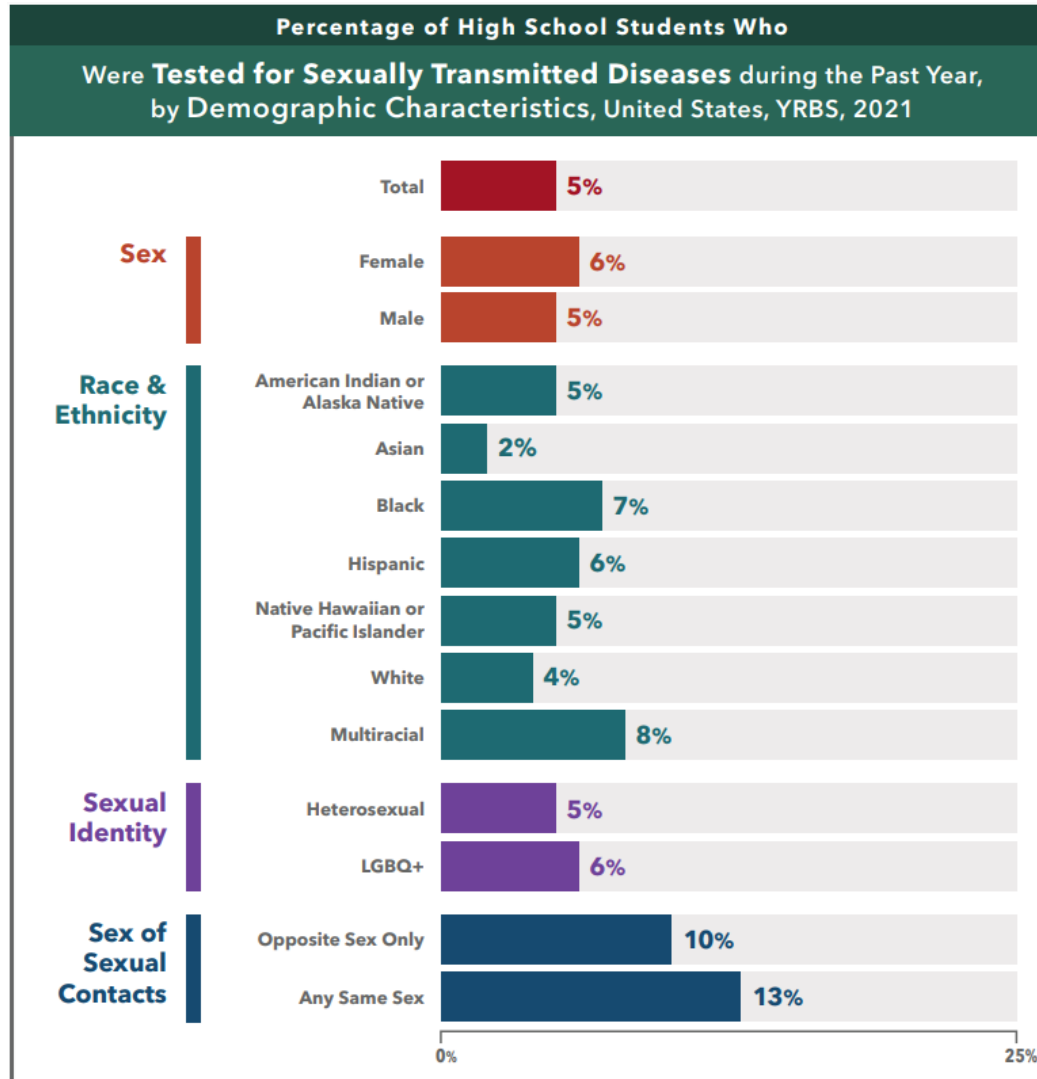


White and multiracial students were more likely than Black and Hispanic students to use effective hormonal birth control.

*Among currently sexually active students.

†Estimates are suppressed when there are fewer than 30 respondents for the subgroup.

STD Testing

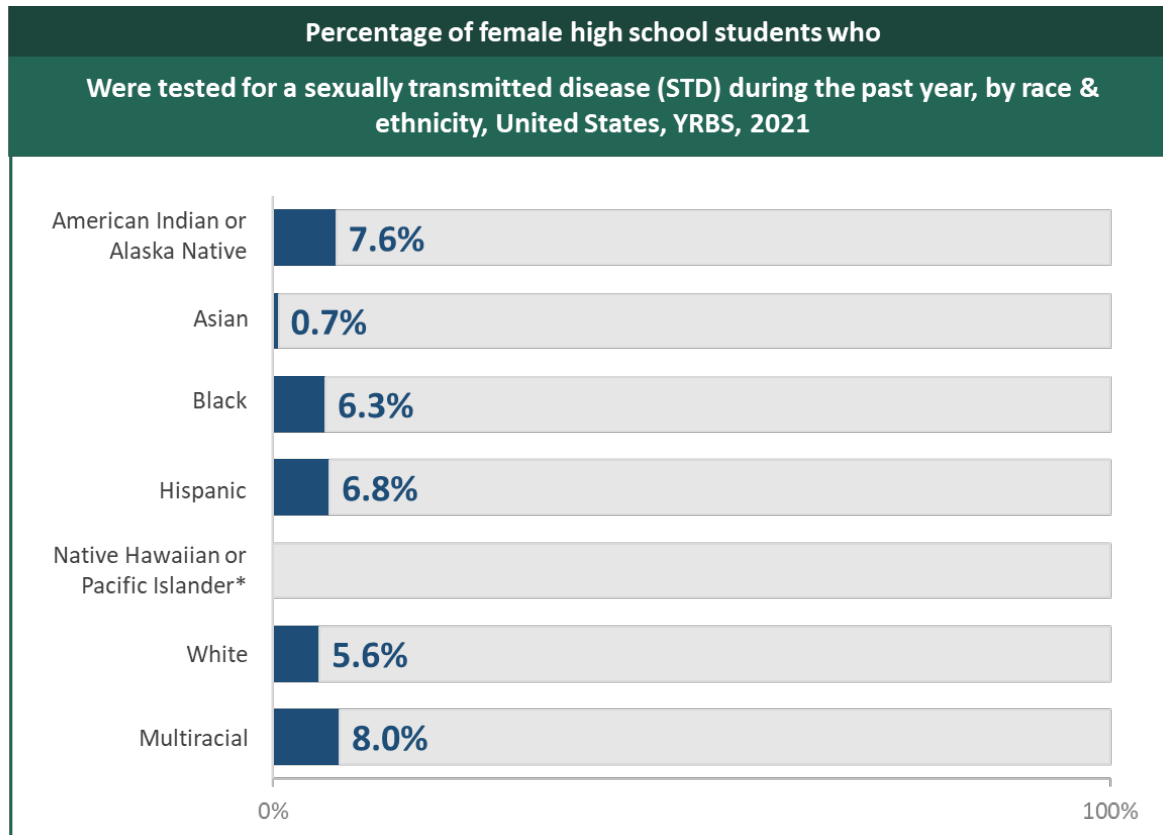


Female students were more likely than male students to be tested for STDs.

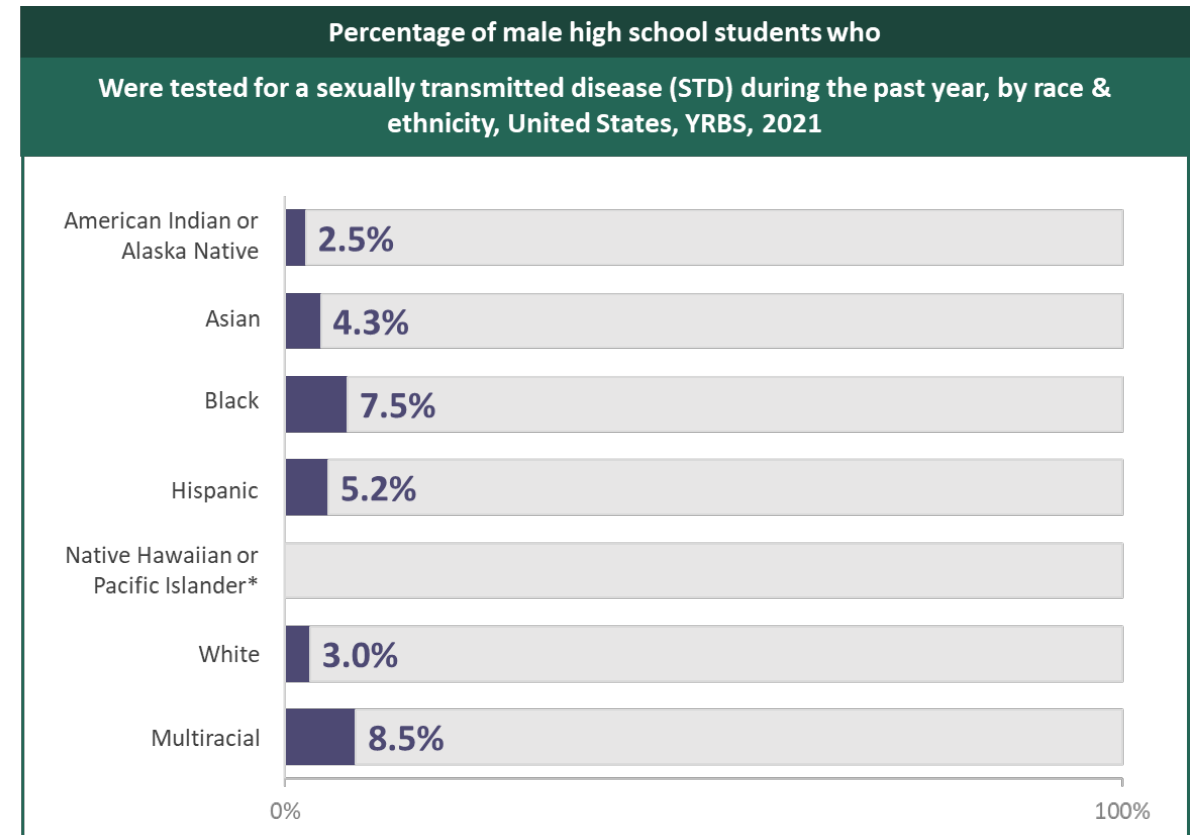
Black, Hispanic, and multiracial students were more likely than Asian and White students to be tested for STDs.

STD Testing by Sex and by Race and Ethnicity

Black, Hispanic, White, and multiracial female students were more likely than Asian female students to be tested for STDs.



Black, Hispanic, and multiracial male students were more likely than White male students to be tested for STDs.



*Estimates are suppressed when there are fewer than 30 respondents for the subgroup.



Trends in STI testing among adolescents and young adults

Thomas Gift, PhD

**Clinical, Economics, and Health Services Research Branch, Division of STD
Prevention, CDC**

CHAC meeting, April 18-19, 2023

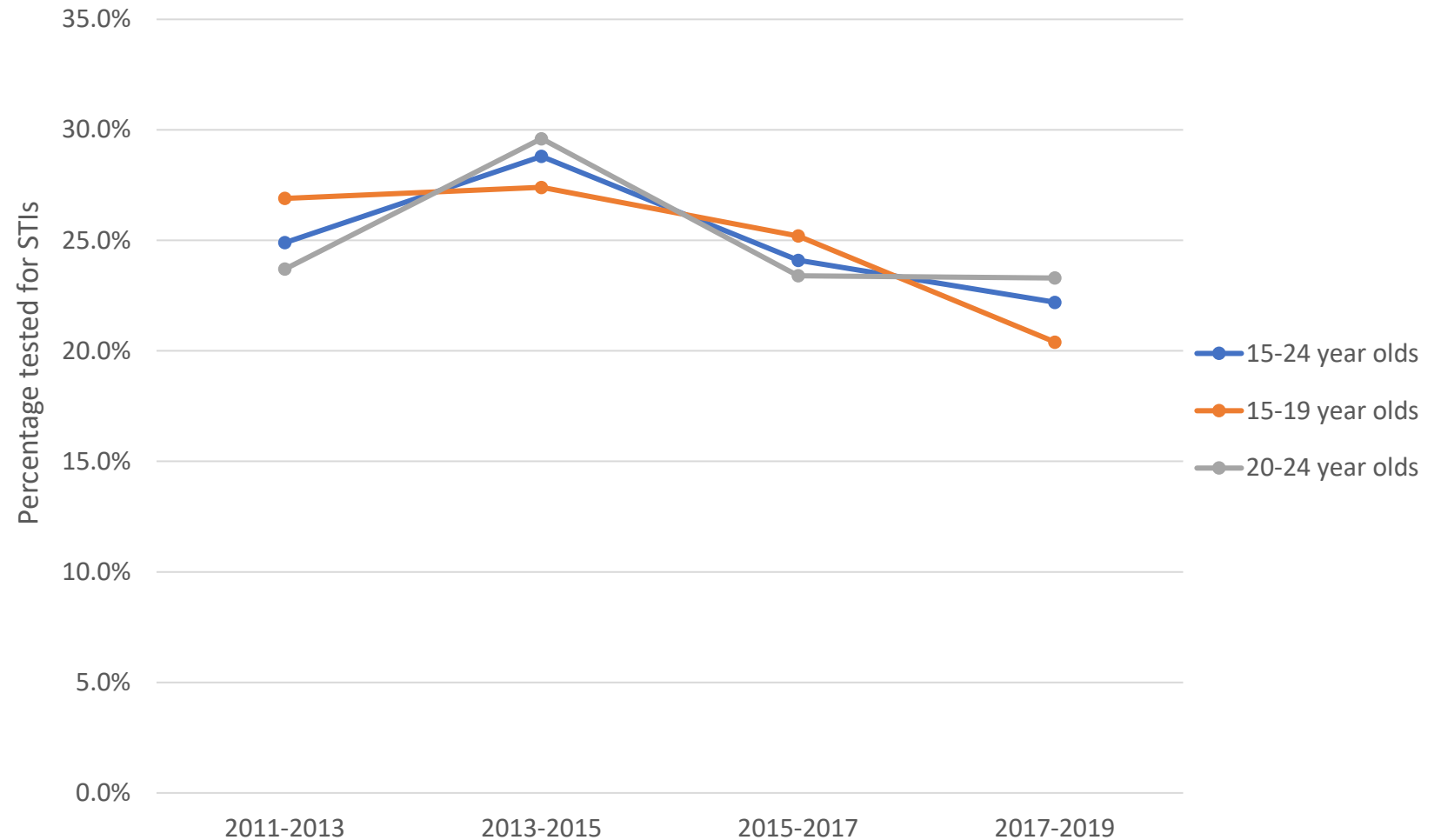
National Survey of Family Growth (NSFG)

- **National probability sample of non-institutionalized population in United States**
- **Age 15-44 years**
- **Over-sample: Adolescent, Hispanic, and non-Hispanic Black respondents**
- **Survey administration**
 - Face-to-face interviews with one person per household
 - Portion of interview was collected via ACASI
- **Data collection: (n=39,533; 17,944 males, 21,609 females)**
 - September 2011 to September 2013 (n=10,416; 72.8% response rate)
 - September 2013 to September 2015 (n=10,205; 69.3% response rate)
 - September 2015 to September 2017 (n=10,094*; 65.3% response rate)
 - September 2017 to September 2019 (n=11,347*; 63.4% response rate)
- **STI test**
 - Chlamydia, gonorrhea, herpes, or syphilis, past 12 months
- **Sexually active**
 - At least one opposite-sex or same-sex partner in past 12 months
- **Age 15-19 and 20-24 years**
- **Race/ethnicity**
- **Current health insurance**
- **Contraceptive use**
 - Effective hormonal birth control (EHBC) used at last sex in past 12 months
 - Pill, injectable, implant, IUD, patch, or ring

*Includes 45-49 year olds

Trends in STI testing* among sexually active 15-24 year old females: age

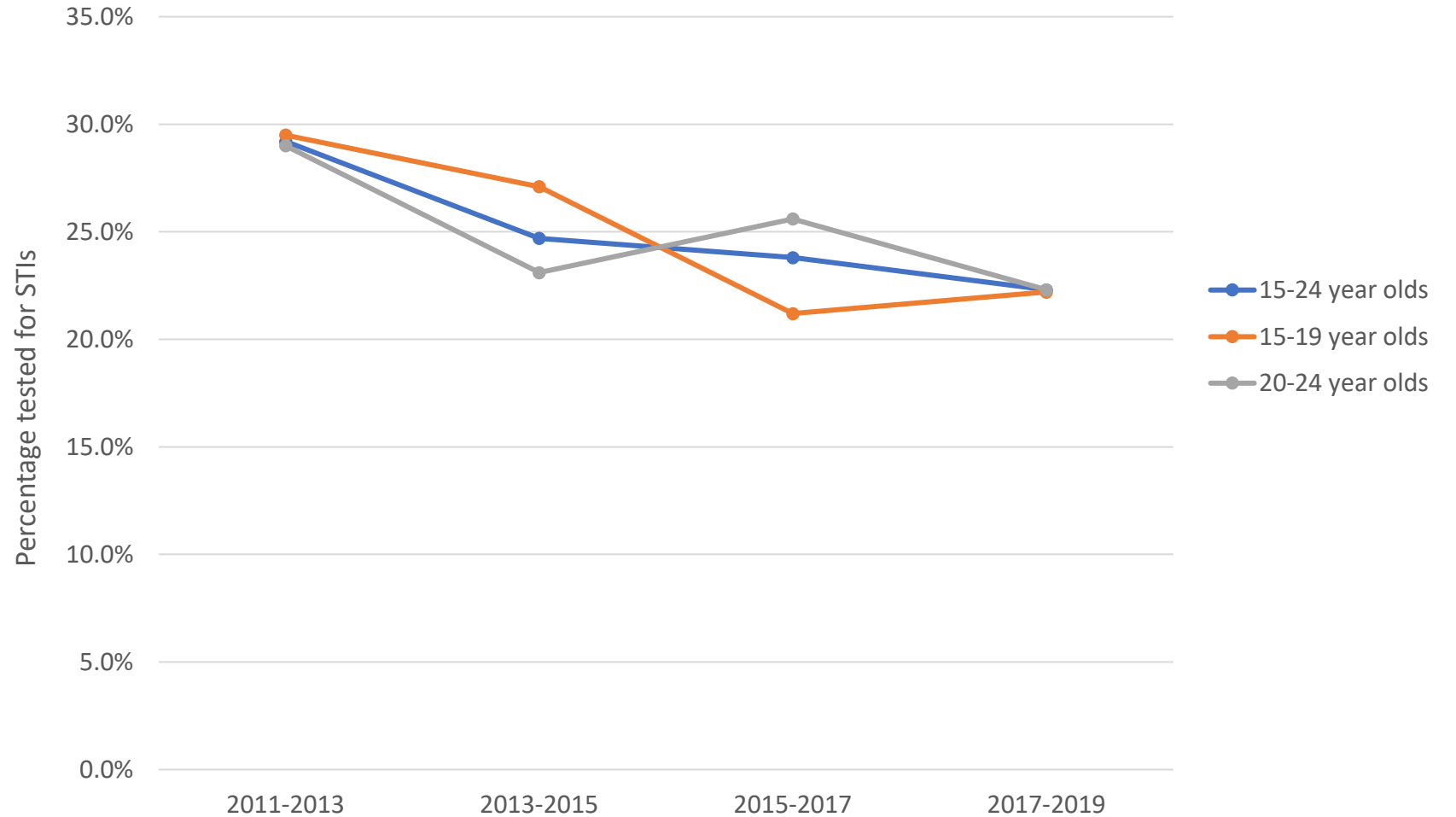
Recent decline among women aged 15-19



* chlamydia, gonorrhea, herpes, or syphilis, past 12 months; Data are from the National Survey of Family Growth

Trends in STI testing* among sexually active 15-24 year old males: age

Small decline among males aged 15-19

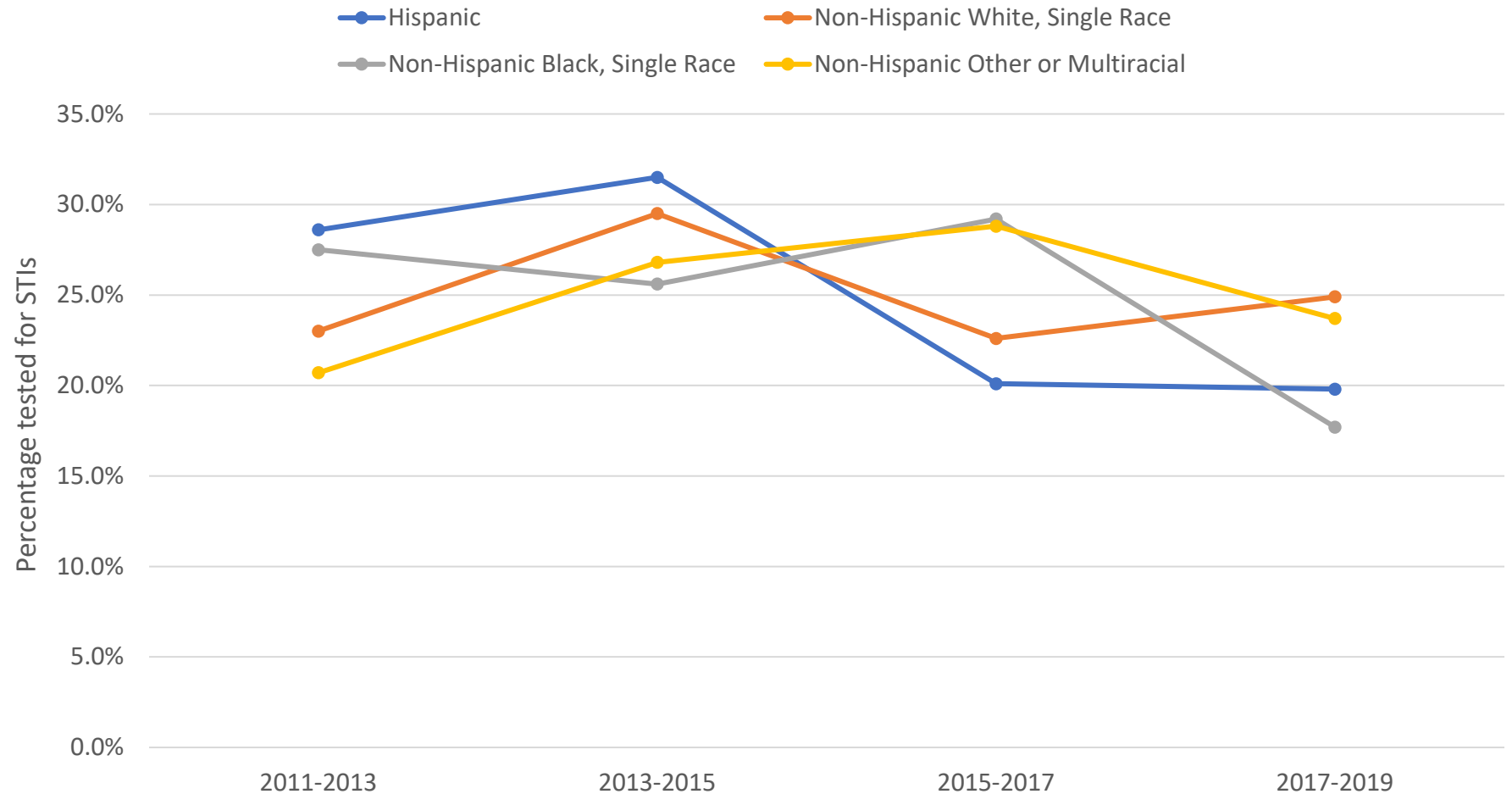


* chlamydia, gonorrhea, herpes, or syphilis, past 12 months; Data are from the National Survey of Family Growth

Trends in STI testing* among sexually active 15-24 year old females: race/ethnicity

Recent decline
among NH black

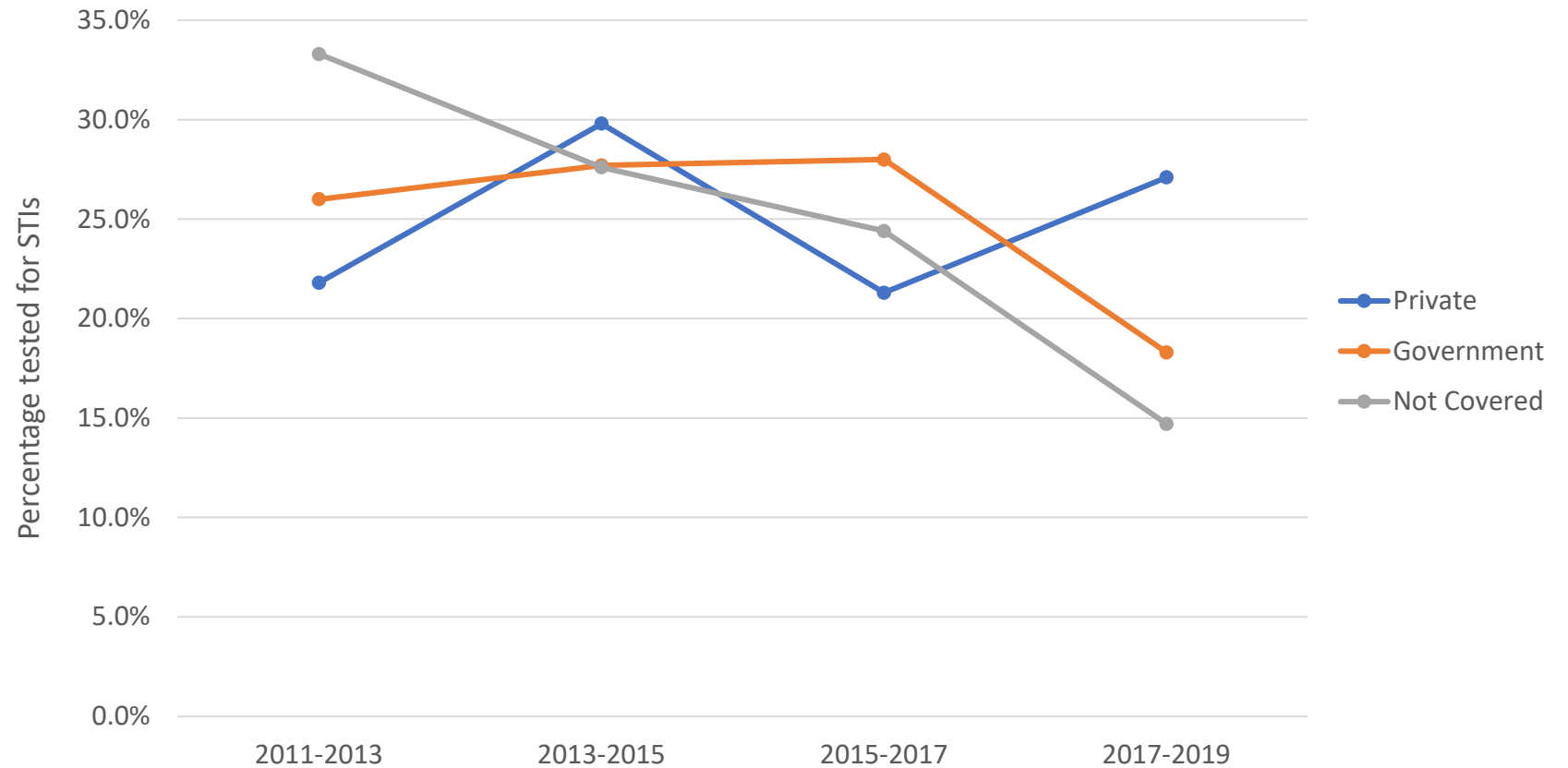
Smaller decline
among other/multi-
racial



* chlamydia, gonorrhea, herpes, or syphilis, past 12 months; Data are from the National Survey of Family Growth

Trends in STI testing* among sexually active 15-24 year old females: current insurance type

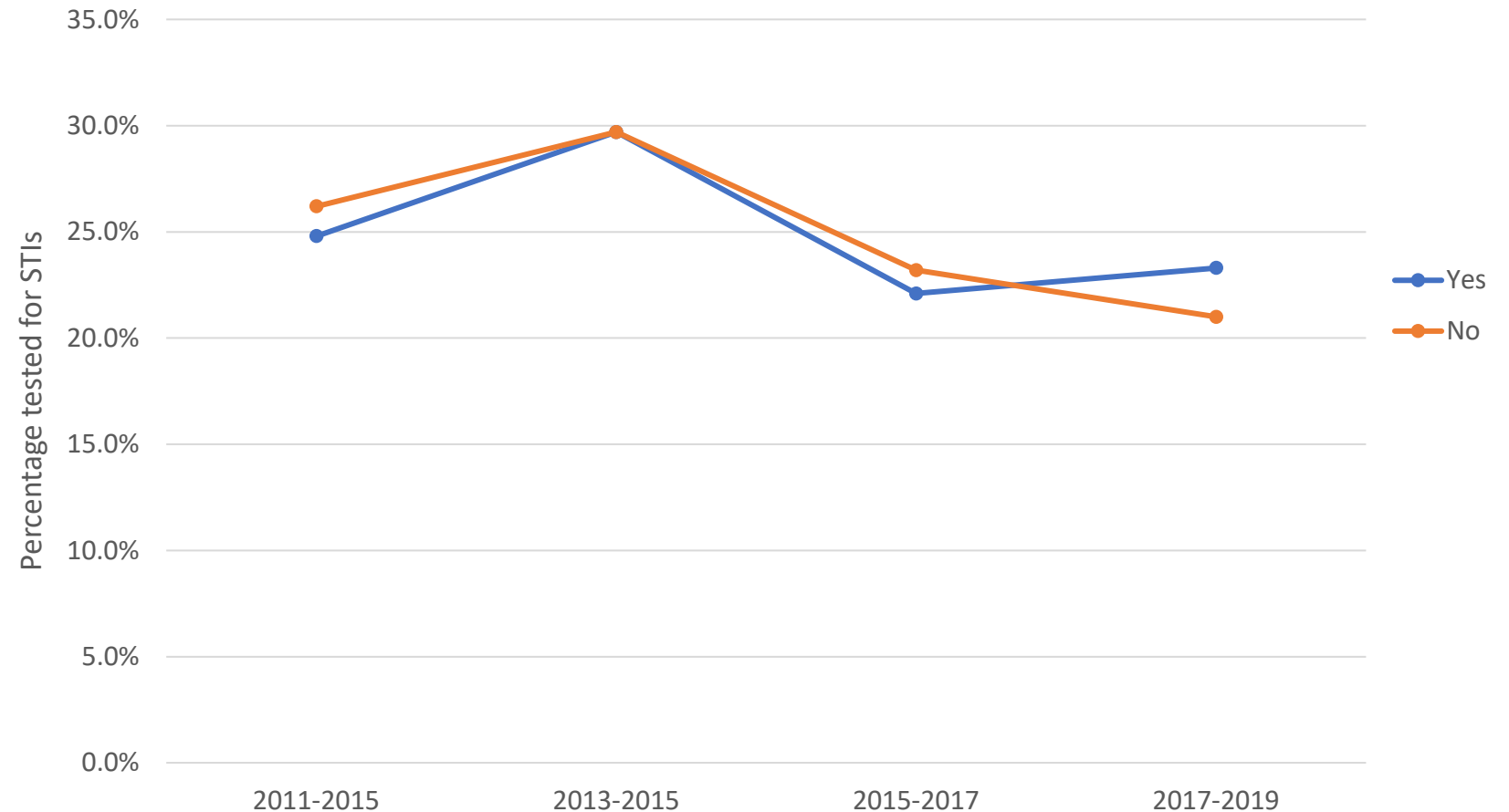
Recent declines among uninsured and those on government plan



* chlamydia, gonorrhea, herpes, or syphilis, past 12 months; data are from the National Survey of Family Growth

Trends in STI testing* among sexually active 15-24 year old females: contraceptive use at last sex

Decline among both groups



* chlamydia, gonorrhea, herpes, or syphilis, past 12 months; data are from the National Survey of Family Growth; use of effective hormonal birth control (EHBC) at last sex

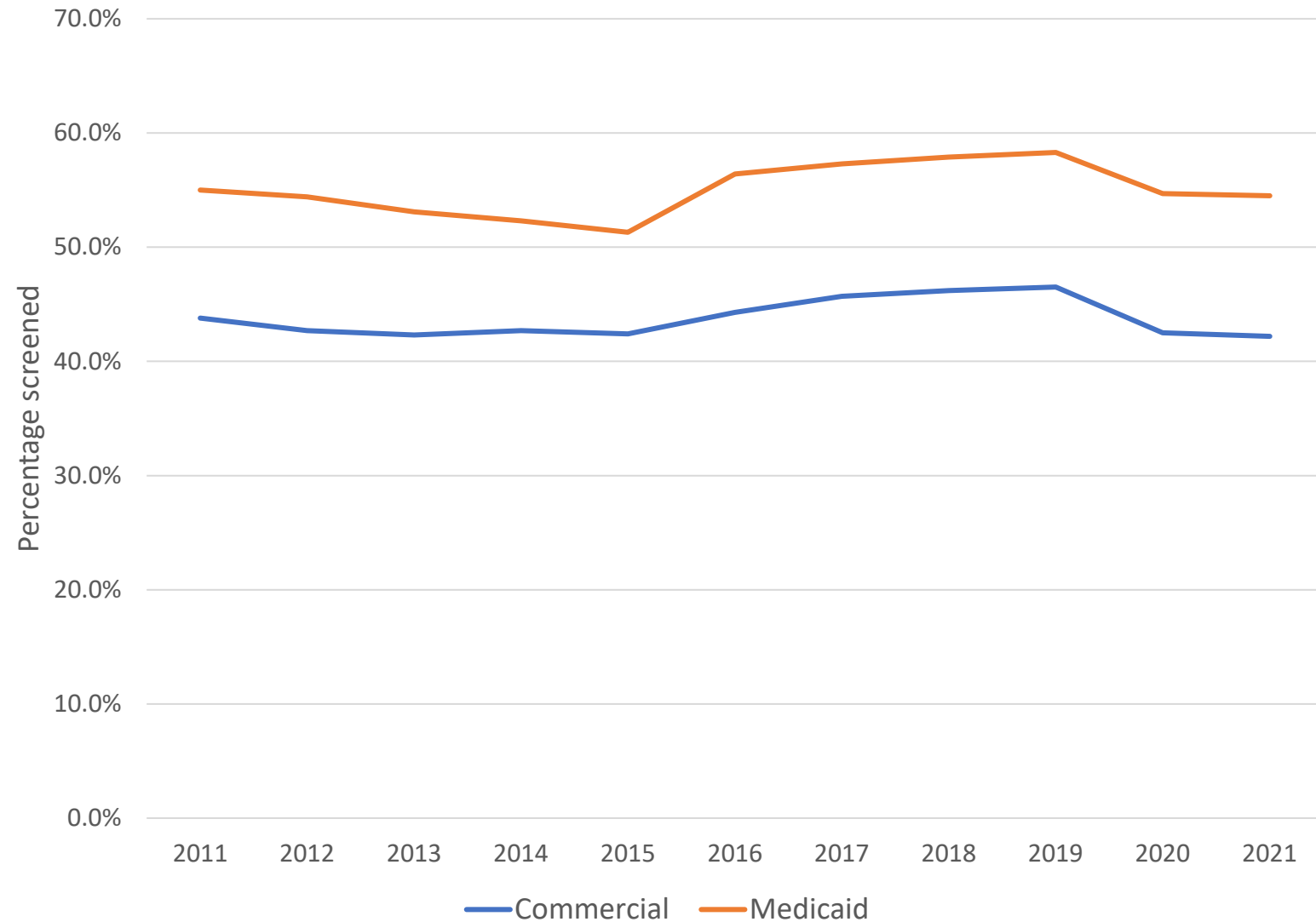
Trends in STD testing among 16-24 year old females (HEDIS)*

- **Quality measures published by the National Committee for Quality Assurance**
 - Chlamydia quality measure:
 - Sexually active females 16-24 years
 - Data available for commercial and Medicaid plans
 - Testing trends are more informative than levels
 - To be in the denominator, patients must have:
 - A claim for a reproductive health or STI-related service or diagnosis
 - Enrollment for most of the year

*HEDIS = Healthcare Effectiveness Data and Information Set

HEDIS chlamydia screening rates, commercial and Medicaid plans, 2011-2021

Screening rates among sexually-active females were largely flat through 2019, then declined



What do these data indicate about STI testing among sexually active 15-24 year olds?

- **Closely monitor trends, especially for some specific subpopulations**
- **NSFG 2-year cycles not designed to examine data by multiple factors**
 - Data collection paused between contracts until 2022
- **Consideration should be given to recent issues that could impact STI testing**
 - Increased use of telehealth
 - Consent and confidentiality of STI testing

Potential reasons for decline in STD testing among adolescents who received contraceptive service

- **Telehealth**

- Use of telehealth for contraceptive services increased during the COVID-19 pandemic:*

Service	Before COVID-19 (%)	During COVID-19 (%)	Percent change
Telehealth: contraception initiation	27.6	55.8	+ 102%
Telehealth: contraception continuation	29.4	60.1	+ 104%
Renew contraception prescription without an office visit	54.9	62.2	+ 13%

*Zapata LB, et al. Prev Med 2021; 150:106664

Confidentiality: adolescent concerns & STD testing

- 1 in 5 of 15-17 year olds would not seek sexual and reproductive health care because of concerns that their parents might find out¹
- Among 15-25 year olds, males who were on their parent's insurance had lower STD testing ¹ and are more likely to avoid care overall because of confidentiality concerns²
- Non-Hispanic White adolescents more likely to avoid STI testing than other adolescents²
- Females aged 18-25 who were on their parent's insurance plan were less likely to receive CT testing than self-insured women aged 18-25³
 - Also less likely to receive a reproductive health service

¹Leichliter, et al. 2017 ²Cuffe, et al. 2016 ³Loosier, et al. 2017

Confidentiality laws: up to 2021

- **Minor consent to STD testing is common (all 50 states + DC)**
- **Fewer states have confidentiality protections for minors specific to STD testing (n=27)**
 - **States without laws default to HIPAA**
 - Allows clinicians to exercise discretion over disclosures “to the extent allowed by law” when minors consent independently to care
 - **States with confidentiality laws**
 - Among states that have addressed confidentiality, the most common rule is to allow clinicians to exercise discretion over which information they disclose to guardians
- **Only 4 states have protections from disclosure related to EOBs**

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For more information, contact CDC
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