What 2021 YRBS data is saying about youth and STD testing

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## Sexual Behavior

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</tr>
</thead>
<tbody>
<tr>
<td>Ever had sex</td>
<td>47</td>
<td>47</td>
<td>41</td>
<td>40</td>
<td>38</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Had four or more lifetime sexual partners</td>
<td>15</td>
<td>15</td>
<td>11</td>
<td>10</td>
<td>9</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Were currently sexually active</td>
<td>34</td>
<td>34</td>
<td>30</td>
<td>29</td>
<td>27</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Used a condom during last sexual intercourse</td>
<td>60</td>
<td>59</td>
<td>57</td>
<td>54</td>
<td>54</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Used effective hormonal birth control</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>33</td>
<td>-</td>
</tr>
<tr>
<td>Used a condom and effective hormonal birth control (dual use)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>10</td>
<td>-</td>
</tr>
<tr>
<td>Were ever tested for HIV</td>
<td>13</td>
<td>13</td>
<td>10</td>
<td>9</td>
<td>9</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Were tested for STDs during the past year</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>9</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

*Source: National Youth Risk Behavior Surveys, 2011-2021*
Four or More Lifetime Sexual Partners

Trends in the Percentage of High School Students Who Had Sex With Four or More Partners during Their Life, United States, YRBS, 2011-2021

Source: National Youth Risk Behavior Surveys, 2011-2021
Condom Use

Trends in the Percentage of High School Students Who Used a Condom the Last Time They Had Sex, United States, YRBS, 2011-2021

Source: National Youth Risk Behavior Surveys, 2011-2021
White and multiracial students were more likely than Black and Hispanic students to use effective hormonal birth control.
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.

Source: National Youth Risk Behavior Survey, 2021
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.

Source: National Youth Risk Behavior Survey, 2021
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 confidentially 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:*  

<table>
<thead>
<tr>
<th>Service</th>
<th>Before COVID-19 (%)</th>
<th>During COVID-19 (%)</th>
<th>Percent change</th>
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<tbody>
<tr>
<td>Telehealth: contraception initiation</td>
<td>27.6</td>
<td>55.8</td>
<td>+ 102%</td>
</tr>
<tr>
<td>Telehealth: contraception continuation</td>
<td>29.4</td>
<td>60.1</td>
<td>+ 104%</td>
</tr>
<tr>
<td>Renew contraception prescription</td>
<td>54.9</td>
<td>62.2</td>
<td>+ 13%</td>
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<tr>
<td>without an office visit</td>
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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 out\(^1\)

• 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 concerns\(^2\)

• Non-Hispanic White adolescents more likely to avoid STI testing than other adolescents\(^2\)

• Females aged 18-25 who were on their parent’s insurance plan were less likely to receive CT testing than self-insured women aged 18-25\(^3\)
  • Also less likely to receive a reproductive health service

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

Nelson, et al. 2023
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