New Opportunities to Prevent & Treat STDs
Among Adolescents & Young Adults

According to the Centers for Disease Control and Prevention (CDC), there are more than 19 million new sexually transmitted disease (STD) infections each year in the United States. The estimated annual direct medical costs of treating these infections totals $16.4 billion. Sexually active adolescents and young adults are at increased risk for STDs compared to older adults, regardless of race or gender. If undetected and untreated, STDs can increase a person’s risk for HIV and can have serious health consequences, including infertility and cancer. While significant barriers to screening and treatment persist, the preventive care coverage provisions of the Affordable Care Act present new opportunities for health plans to help reduce the rate of new STD infections. New guidelines and tools from the CDC, the American Academy of Pediatrics (AAP) and the National Chlamydia Coalition (NCC) are valuable resources for health plans in their STD prevention efforts. The research and recommendations of these organizations support the well-established case that the HPV vaccine will ultimately reduce the incidence of cancers caused by HPV, and that the vaccine may contribute to reductions in overall medical spending on treatment for STD infections.

Centers for Disease Control and Prevention

The CDC recently released updated guidelines for treatment of patients with STDs based on newly available evidence. The CDC guidelines are intended to be a source of clinical guidance and advice to providers on the most effective treatment regimens, screening procedures, and prevention and vaccination strategies for STDs. They are applicable to various patient-care settings, including family-planning clinics, private physicians’ offices, managed care organizations, and other primary-care facilities. The guidelines also include expanded STD prevention recommendations based on published clinical guidelines from federal agencies and medical professional organizations.

A full copy of the Sexually Transmitted Disease Guidelines-2010 is available here. Wall charts and pocket guides will be available; iPhone and eBook applications are also under development. An archive of a webinar for health care professionals that discusses the recommendations is available here.

American Academy of Pediatrics

The HPV vaccine protects against the four high-risk strains of HPV known to cause most cervical precancers and cancers. The vaccine was first approved by the Food and Drug Administration (FDA) in 2006 for females ages 9 to 26, and it has been routinely recommended that the first dose in a three-dose series be administered at 11-12 years of age. In its February 2011 annual update of immunization recommendations, the AAP continues to recommend that all females receive the HPV vaccine (Cervarix or Gardasil) by age 11 or 12 years to prevent cervical cancer. The AAP also continues to recommend Gardasil for the prevention of genital warts in females, and they added a new recommendation that males 9 through 18 years old may also receive Gardasil to prevent genital warts. A recent study by Merck, the manufacturer of
Gardasil, reported that the vaccine was 90 percent effective in preventing genital warts among young men who had not been previously exposed to HPV.\(^3\) Copies of the February 2011 Immunization Schedules are available for download from the AAP here.

**Food and Drug Administration**

In December of 2010, the FDA approved the HPV vaccine (Gardasil) for the prevention of anal cancer and associated precancerous lesions in males and females ages 9 through 26 years. While anal cancer is uncommon, it is increasing in incidence and HPV is associated with approximately 90 percent of anal cancer cases.\(^4\) A study by Gardasil’s manufacturer, Merck, indicates that Gardasil is 78 percent effective in the prevention of precancerous lesions. Females were not included in the study population, however the effectiveness data was used to support approval of the vaccine to prevent anal cancer since the disease is the same in both males and females. More information on the approved uses of Gardasil is available here.

**National Chlamydia Coalition**

The NCC strives to reduce Chlamydia rates and the harmful effects of the disease among sexually active adolescents and young adults. The NCC Research Committee released the first in a series of research briefs, entitled “Developments in STD Testing: Chlamydia Screening.” This brief discusses current diagnostic and testing methods, preferred specimens, new specimen types, (e.g. urine and self-collected vaginal swabs), rectal and pharyngeal specimens; and alternative venues for screening.

**STD Awareness Month**

In recognition of the upcoming STD Awareness Month in April, the CDC’s National Prevention Information Network has updated their STD Awareness Resource Site with new information and resources for prevention partners and stakeholders to support STD prevention outreach. The website includes information on the GYT: Get Yourself Tested campaign, testing locator web tools and widgets that can be uploaded to websites, communications and social marketing tools, links to CDC clinical tools and resources, and informational brochures and fact sheets. For more information please visit the site at: http://www.cdcnpin.org/stdawareness/

If your health plan has implemented an innovative STD screening or treatment effort or program, please consider submitting your effort to NIHCM’s Promising Practices in MCH program.

---


2 Ibid.
