

IDAHO PREVENTIVE CARE RECOMMENDATIONS

ADOLESCENT AGES 11-18

SEXUALLY ACTIVE ADOLESCENTS

Contents:

- Sexually Active Females
- Sexually Active Males
- Dipstick Leukocyte Esterase Test

SEXUALLY ACTIVE FEMALES

Adolescents who have been sexually active previously should...be counseled regarding the benefits of postponing future sexual relationships (AAP pg. 149)

Counsel use of condoms and contraceptives for reducing risk of STIs, HIV and pregnancy

Pap testing is not recommended until age 21 years. HPV testing should not be done in this population

Annual chlamydia and gonorrhea screening

All adolescents age 13 years and older should have a screening test for HIV. Also test for HIV annually if high risk—see recommendations on HIV in the SCREENING section

Screen high-risk sexually active adolescents for syphilis. High risk include: commercial sex workers, and persons who exchange sex for drugs

Multivitamin with 0.4 mg/day folic acid for females capable of child bearing (no more than 1 mg folic acid daily)

SEXUALLY ACTIVE MALES

Adolescents who have been sexually active previously should...be counseled regarding the benefits of postponing future sexual relationships (AAP pg. 149)

Counsel use of condoms and contraceptives for reducing risk of STIs, HIV and pregnancy

Check dipstick leukocyte esterase*

Annual chlamydia and gonorrhea screening

All adolescents age 13 years and older should have a screening test for HIV. Also test for HIV annually if high risk—see recommendations on HIV in the SCREENING section

Screen high-risk sexually active adolescents for syphilis. High risk include: men who have sex with men, commercial sex workers, and persons who exchange sex for drugs

*DIPSTICK LEUKOCYTE ESTERASE TEST

This test is the most efficient way to screen specimens for bacteriuria. The sensitivity of both this test and the more labor-intensive microscopic analysis are roughly equivalent (approximately 80%).

To screen males for sexually transmitted infections, collect a urine sample from the first 15 to 20 ml of a void and test the unspun sample with a leukocyte esterase dipstick. Because of the poor specificity of the test, as well as the potential morbidity associated with treatment, confirm positive test results with more specific techniques, such as enzyme immunoassay and/or culture. Negative results from **symptomatic** males should always be confirmed by enzyme immunoassay and/or culture.