Screening for Gonorrhea and Chlamydia in Utah’s Juvenile Justice Population

**Purpose:** Chlamydia and gonorrhea are the most commonly reported notifiable diseases in Utah. In Utah, two-thirds of reported chlamydia cases are among persons 15-24 years of age. Gonorrhea, though much less common, is also of particular concern due to its rising prevalence in the state and because of increasing drug resistance. Until December 2013, the Utah Juvenile Justice Services (UJJS) depended on a series of grants to fund screening Chlamydia and Gonorrhea (CT/GC) among the youth admitted to its residential facilities. Screening was inconsistent (often absent) and data management was nonexistent. Further, youth within the juvenile justice system are understudied and an at-risk population. The goals of this project were:

- Educate youth by creating one on one time with a nurse who has been specifically trained to discuss sexual health
- Create an efficient system of data collection to learn the prevalence of CT/GC and other high-risk behaviors among UJJS youth.
- Treat youth infected with either or both CT/GC confidentially and on-site.
- Minimize the impact of CT/GC by diagnosing and treating the infection in an asymptomatic state.
- Obtain on-going funding for CT/GC screening by providing data demonstrating need.
- Decrease the prevalence of CT/GC in this population and the local communities.
- Learn the frequency and distribution of CDC-designated high risk behaviors among the youth of UJJS

**Design:** This poster covers one year of data from this project (July 1, 2015-June 30 2016). Within those dates, nurses and staff in 18 Utah Juvenile Justice Facilities administered urine screening for 1,382 youth with 153 positives for either CT or GC. Most of the screening is being conducted at the detention centers, the first point of entry for the majority of youth in JJS.

**Results:**

- **11.8% positive for CT, GC or both**
- **93% of these were treated**
- **22.4% of females and 8.1% of males had CT, GC or both**
- **Age was positively correlated with increase in infection**
- **Urban and rural youth had exactly the same rates of CT/GC (11.8%)**
- **Youth who reported using condoms “Sometimes” or “Always” were less likely to have CT/GC than those who reported “Never”**
- **26% of youth reported sex with someone not well known**
- **6.2% reported forced sex**
- **4.2% reported “survival” sex**

**Barriers:** Barriers to screening and treatment included rapid release of the youth from the juvenile justice system and an initial reluctance to screen on the part of juvenile justice administration, staff and some nurses. These barriers were overcome by increased and explicit communication and education.

**Clinical Implication:**

- Although it is too early to realize the long term goals, screening upon intake for CT/GC offers an opportunity to educate youth, identify and treat CT/GC.
- This data can help in identifying and supporting youth with high risk behaviors in specific populations

**Author:** Jennifer Clifton DNP, FNP-BC, CNE, CCHP, Assistant Professor, University of Utah College of Nursing, Salt Lake City, UT

**Author 2:** Andrew Wilson, Ph.D., M.Stat, Director of Applied Statistics, University of Utah College of Nursing Salt Lake City, UT

**Author 3:** Seth Latimer, M.Stat, Research Analyst, University of Utah College of Nursing. Salt Lake City UT

**IRB status:** In July 2015, this project was acknowledged by the University of Utah IRB as “non-human subject research”.

**Funding:** This project was funded as an appropriation in the Utah State budgets of FY 2016 and 2017
Screening for Chlamydia (CT) and Gonorrhea (GC) in Utah’s Juvenile Justice (UJJS) Population

Jennifer Clifton DNP, FNP-BC, CNE, CCHP, Andrew Wilson, Ph.D., M.Stat, Seth Latimer, M.Stat

Purpose
- Educate youth -1:1 time with nurse
- Efficient data collection for STI & high-risk behaviors
- Diagnosing asymptomatic infections
- Treat infected youth: Confidentially and on-site
- Mitigate sequela of untreated / silent infections
- Decrease prevalence of CT/GC
- Learn frequency and distribution of CDC-designated high risk behaviors
- Obtain on-going funding for CT/GC screening

Background
- CT and GC: most commonly reported notifiable diseases in Utah
- 2/3 of reported CT are 15-24 years of age
- GC concerning due to rising prevalence & increasing drug resistance
- No previous allocation for screening prior to this program

Methods
- Verbal screening tool
- Females urine screened on admission
- Males sexually active with > 2 people urine screened
- State Laboratory testing
- Results sent to facility nurse & project coordinator

Results
- 11.8% positive for CT, GC or both
- 93% of these were treated
- 22.4% of females and 8.1% of males had CT, GC or both
- Age was positively correlated with increase in infection
- Urban and rural youth had exactly the same rates of CT/GC (11.8%)
- Youth who reported using condoms at least “Sometimes” were less likely to have CT/GC
- 26% of youth reported sex with someone not well known
- 6.2% reported forced sex
- 4.2% reported “survival” sex
- Youth who reported participation in high risk behaviors were not at a statistically significant higher risk to have CT/GC

Discussion / Clinical Implications
- Although it is too early to realize the long term goals, screening upon intake for CT/GC offers an opportunity to educate youth, identify and treat CT/GC.
- This data can help in identifying and supporting youth with high risk behaviors in specific populations