Adolescents & Sexually Transmitted Infections (STIs)

The Centers for Disease Control and Prevention (CDC) estimates that youth ages 15-24 make up just over one quarter of sexually active people in the U.S., but account for half of new STI cases each year.

In Oklahoma, youth ages 15-24 accounted for 67% of Chlamydia cases and 55% of Gonorrhea cases in 2015.

The rates of both STIs have been steadily increasing among youth (and all Oklahomans) since 2010.

2015 Youth Risk Behavior Survey (YRBS) shows that among public school students in Oklahoma:

- 44% ever had sex
- 31% were sexually active (within the last 30 days)
- 40% did not use a condom (among those that are sexually active)

The YRBS also indicates 42% of schools provide referrals to students for HIV/STI testing, but only 33% provide referrals for the provision of condoms.

Chlamydia and Gonorrhea are the most commonly reported STIs in the United States (U.S.) and in Oklahoma (OK).

2015: OK ranks 5th (highest) in U.S. for Gonorrhea
2015: OK ranks 10th (highest) in U.S. for Chlamydia

Chlamydia and Gonorrhea are not the only two STIs that youth need to be concerned about. They are also at risk of any other STI including Genital Herpes (HSV), Hepatitis, Human Immunodeficiency Virus (HIV), Human Papilloma Virus (HPV), Syphilis, and Trichomoniasis.

Age is not the only factor that puts someone at greater risk of getting a STI. Higher STI rates are also more common among men who have sex with men (MSMs), racial minorities (particularly Black/African Americans and Hispanics), and injection drug users (IDUs).
Chlamydia & Gonorrhea Facts:
- Can get it from unprotected vaginal, anal, or oral sex
- Can be passed on to infants during childbirth
- Most cases are asymptomatic (no sign of infection)
- Can cause abnormal discharge and/or painful urination
- Infection can be cured/treated with antibiotics
- Complications occur when left untreated, and the damage is often irreversible
- Primary cause of Pelvic Inflammatory Disease (PID) which can lead to ectopic pregnancy, chronic pain, cervicitis, and/or infertility.

Risk Reduction Strategies:
- Abstinence—from vaginal, anal, and oral sex, genital contact, and injection drug use (IDU)
- Mutual Monogamy—sex only with a STD-free partner
- Protected Sex—correct and consistent condom/barrier use (male condoms, female condoms, and dental dams)
- Fewer number of sexual partners—limits exposure
- Regular HIV/STI Testing—at least once a year if sexually active (every 3 months for those at higher risk)
- HPV vaccine—recommended for everyone age 9-26
- PrEP—daily pill taken to prevent HIV transmission

Expedited Partner Therapy (EPT)
Patients diagnosed with an STD can now take medications home to their sex partner(s) so they don’t have to wait to get treated!
⇒ For heterosexual males and females aged 18 and over
⇒ Only for the treatment of Chlamydia and Gonorrhea
⇒ Lowers the risk of passing the infection on to others
⇒ Can get medication for up to three partners at once