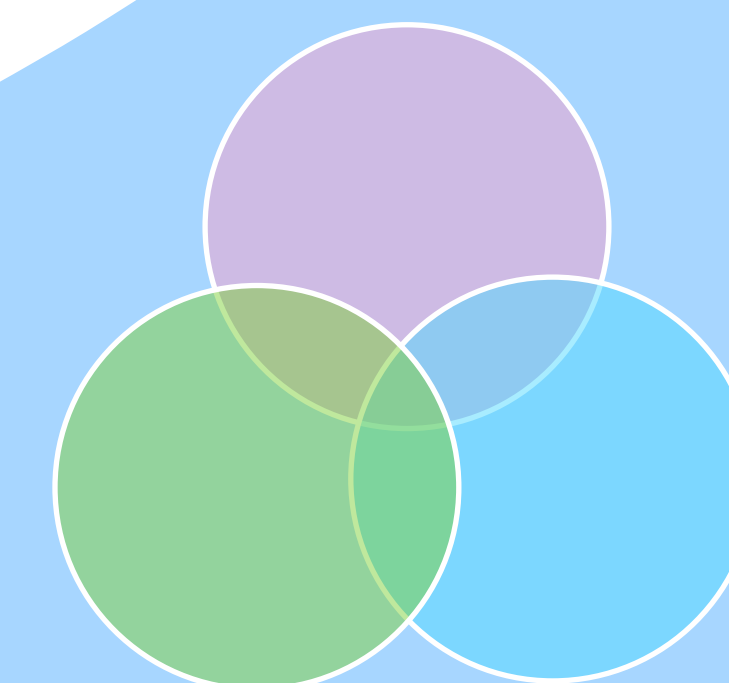


# Taking an Active Approach to School-Based STD Screening at a High School Health Fair

Colleen Bornmueller, BS, Family Planning Council of Iowa; Mary Costello, LMHC, CADC, Iowa Department of Public Health; and George Walton, MPH, Iowa Department of Public Health



## 1 Background

Schools are an excellent setting to conduct chlamydia/gonorrhea (CT/GC) screening. Other jurisdictions have successfully implemented testing programs in schools. Collecting urine specimens in this setting removes many barriers to testing that adolescents face and facilitates their participation. The Iowa Department of Public Health (IDPH) STD Program engaged in multiple previous attempts to collaborate with school staff to conduct testing events that were unsuccessful. Obtaining buy-in from school administrators proved to be the greatest challenge.

## 2 Methods

In 2015, through the work of a local coalition including a Disease Intervention Specialist (DIS), county health department staff, and a Planned Parenthood educator, IDPH was able to facilitate a school screening at Burlington High School during a health fair. Testing was offered at the Alternative High School the following day. All testing was confidential.

Based on the success in 2015, a second event was held in 2016.

- Educational presentations were held during both events.
- Students were given the opportunity to test.
- Specimen collection occurred in a locker room at the health fair and in the restrooms at the alternative high school.
- Condoms, educational materials, and contact information for the DIS were also made available.
- Specimens were submitted to the State Hygienic Laboratory.

## 3 Results

We successfully provided testing and education in a high school setting. We gained buy-in and support from the school administration and staff, parents, and the community. The school superintendent was our biggest champion. Our staff had continual contact with him throughout the process. He helped address and overcome concerns from the staff. The community was made aware that STD education and testing would be offered at the health fair a week prior via an article in the local newspaper. There was no negative feedback from the community. There was some confusion as to whether students had to “opt-in” to be tested but this did not prove to be a problem the day of the events.

| Students Tested | Total Tests | CT Positives | Positivity Rate |
|-----------------|-------------|--------------|-----------------|
| Males           | 68          | 4            | 5.9%            |
| Females         | 50          | 6            | 12.0%           |
| All             | 118         | 10           | 8.5%            |

Although a small sample, students with a positive CT result were more likely to be Black, non-Hispanic. They were also likely to have reported a new partner in the last 90 days and be asymptomatic.

Treatment for all students testing positive was facilitated by IDPH staff, as well as preventive treatment for six partners.

## 4 Conclusion

Having champions at the local level proved essential to garnering support. The health fair proved to be a safe, non-stigmatizing venue for testing.

- The health fair testing did require more staff to cover the presentations, interviewing, and preparing specimens.
- At the Alternative High School, there was less testing but less staff were needed.
- We identified infections and were able to treat youth that may not have otherwise sought testing.
- With local data, we may be able to successfully pursue testing in other school districts.

## References

1. “How to Work with Schools to Conduct STD Screening”, National Coalition of STD Directors, September 4, 2013
2. “Guide to Implementing a Sexually Transmitted Disease School-wide Screening”, Michigan Department of Community Health; Division of Health Wellness and Disease Control, STD Section, January 2009
3. Iowa Community-Based Screening Services Data, 2015 -2016; State Hygienic Laboratory, Coralville, IA