

Screening, Diagnosis, Treatment, and Prevention of Sexually Transmitted Infections

Position Statement

The National Commission on Correctional Health Care (NCCHC) recommends that U.S. correctional facilities adopt education, screening, treatment, and prevention programs to manage sexually transmitted infections (STIs) affecting adults and youth experiencing incarceration. Correctional STI programs should be informed by evidence-based clinical practice guidelines, developed in consultation with public health authorities as applicable to their jurisdictions, and approved by the facility's or system's clinical health care authority. NCCHC recommends that jails, prisons, and juvenile facilities take the following steps to screen, treat, prevent, and manage STIs:

1. Provide STI education to youth and adults soon after admission to correctional settings. Educational content should include information on the transmission and potential short- and long-term health consequences of STIs, as well as STI prevention strategies, screening recommendations, and treatment options, including identification of clinical sites where treatment may be accessed during and after incarceration.
2. Assess and screen people for specific STIs upon admission, when clinically indicated, and upon request. The STI screening process should be nonpunitive and without required copays or fees that may discourage testing.
3. Offer opt-out testing for HIV and hepatitis C for youth and adults; opt-out testing for hepatitis B at least once for patients aged 18 years and older; and opt-out screening for chlamydia, gonorrhea, and trichomonas based on sex, age, and clinical indications. Conduct screening for human papillomavirus (HPV) in the context of guideline-based cervical cancer screening.
4. For syphilis screening upon admission, develop recommendations based on the prevalence of syphilis in the confined patient population, local syphilis epidemiology, and relevant patient behavioral and clinical indications. Screen all pregnant individuals, at a minimum, upon admission, at 28 weeks gestation, and at delivery.
5. Treat STIs promptly in accordance with national evidence-based guidelines. STIs and institutional STI outbreaks should be reported to public health authorities in accordance with federal and local jurisdictional requirements.
6. Develop policy and procedure for correctional health care administrators to ensure that health care professionals have clinical competencies relevant to their disciplines to provide patient education and diagnostic and treatment interventions for STIs.
7. Include the following information in STI prevention education: the use of barrier precautions during sexual contacts; recommendations for immunizations, such as hepatitis B and HPV vaccinations; the indications and clinical benefits of HIV preexposure prophylaxis (HIV PrEP) and HIV postexposure prophylaxis (HIV PEP) to prevent HIV infection; and doxycycline postexposure prophylaxis (doxy PEP) to prevent acquisition of bacterial STIs.
8. Adopt evidence-based STI prevention strategies that are operationally feasible and clinically relevant for all patient populations.
9. Incorporate the following in transitional care coordination and discharge planning for people identified with STIs: timely referrals to a community provider; notification to public health authorities for all treated and untreated patients with confirmed or suspected STIs; continuity of medications at the time of release to complete or bridge care with a community treatment provider; and risk reduction education and counseling, such as transmission prevention to household, sexual, and drug-use contacts as applicable.

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Discussion

The Centers for Disease Control and Prevention (CDC) has identified U.S. adult and youth correctional facilities as strategic locations for diagnosing and treating STIs, including HIV and viral hepatitis.¹ Multiple surveillance studies have noted a high prevalence of STIs among individuals entering carceral settings, particularly those aged ≤ 35 years.² The prevalence of specific STIs in carceral populations also varies by sex, geography, and factors for acquiring STIs, such as condomless sex, multiple sex partners, and substance use disorders. STIs are frequently asymptomatic yet can negatively impact sexual and reproductive health. The effective implementation of STI screening and treatment programs by correctional health staff will promote patient well-being and help reduce the transmission of STIs in carceral settings and the broader community.

People experiencing incarceration are disproportionately affected by poverty, unstable housing, substance use disorders, and other social determinants of health that may limit their access to health care services before incarceration. Correctional health professionals should increase health literacy of people admitted to their facilities by providing health education and risk reduction counseling regarding STI transmission and prevention and education on STI screening recommendations, medical complications, and available treatment options within the carceral setting and local community. Potential strategies for delivering STI patient education include individual and group counseling, hands-on education and training, low-literacy audio and written materials, peer educator training and leadership programs, and engagement with local public health authorities and community advocacy organizations.

Correctional settings should adopt STI screening strategies based on CDC recommendations in consultation with local public health authorities.¹ CDC recommendations specific to screening individuals entering correctional facilities include universal opt-out testing for HIV and hepatitis C for youth and adults, opt-out testing for hepatitis B for people aged 18 or older, opt-out screening for gonorrhea and chlamydia for all women aged ≤ 35 years and all men aged ≤ 30 years, and trichomonas screening for women aged ≤ 35 years. Universal opt-out syphilis screening should be conducted based on local epidemiology and institutional prevalence of infectious syphilis. Syphilis screening during pregnancy, at a minimum, should include screening at the first prenatal visit, in the third trimester, and at the time of delivery. Based on national and local trends, additional or tailored syphilis screening may be appropriate in pregnancy in consultation with perinatal and infectious disease experts.

Screening for HPV is generally indicated only with routine cervical cancer screening, as outlined in the NCCHC position statement on Obstetric and Gynecologic Care in Correctional Settings. Serologic screening for herpes simplex virus infection is not routinely indicated.

In addition to routine screening as recommended, the diagnosis of STIs should be pursued whenever clinically indicated based on patient history and symptoms and upon patient request. HPV screening is not indicated for patients presenting with genital warts.

Correctional health professionals should also consider the following to guide STI diagnostic practices:

1. Conduct a careful sexual history to assess STI risks, e.g., prior history of STIs, and risks for men who have sex with men and for transgender and gender-diverse people.
2. Screen all relevant body sites as indicated by the patient's sexual behaviors and symptoms, e.g., obtaining oropharynx and rectal specimens when indicated.

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3. Consider self-swab specimen collection for chlamydia, gonorrhea, and trichomonas to reduce patient traumatization from more invasive procedures.
4. Implement available point-of-care diagnostics based on local epidemiology and logistical considerations.
5. Have a chaperone present when STI screening requires sensitive examinations involving youth.

Correctional clinical authorities should adopt and implement evidence-based clinical practice guidelines for the treatment of STIs, to include HIV, hepatitis B, and hepatitis C.^{1,3-6} Correctional health professionals should maintain an up-to-date understanding of these guidelines as well as evolving treatment concerns. Correctional health care administrators should ensure that policies require the timely reporting of STIs to public health authorities in accordance with local and federal jurisdictional requirements.

Correctional settings can be pivotal in promoting STI prevention interventions. Specific prevention strategies will vary between youth and adult facilities, and will be informed by jurisdictional regulations, operational feasibility, and clinical considerations. Potential STI prevention strategies include administering HPV and hepatitis B vaccinations per recommended indications; distributing condoms during incarceration and/or upon discharge; and providing prescriptions or referrals for HIV PrEP, including long-acting injectables, HIV PEP, and doxy PEP as clinically indicated upon discharge.^{7,8}

Despite the availability of highly effective treatments, STIs remain a major public health concern in the United States affecting millions of individuals. The recent resurgence of congenital syphilis highlights the serious consequences of untreated STIs.⁹ Correctional health professionals, in collaboration with local public health agencies and community health care staff, are vital stakeholders in reversing our nation's STI epidemic.

(This position statement does not address the forensic evaluation and treatment of victims of sexual assault in the correctional setting.)

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Note: Earlier versions of this position statement were titled STI Testing for Adolescents and Adults Upon Admission to Correctional Facilities

References

1. Workowski, K. I., Bachmann, L. H., Chan, P. A., Johnston, C. M., Muzny, C. A., Park, I., Reno, H., Zenilman, J. M., & Bolan, G. A. (2021). Sexually transmitted infections treatment guidelines, 2021. *Morbidity and Mortality Weekly Report*, 70(RR-4), 1–187. <https://www.cdc.gov/mmwr/volumes/70/rr/pdfs/rr7004a1-H.pdf>
2. Spaulding, A. C., Rabeeah, Z., Del Mar González-Montalvo, M., Akiyama, M. J., Baker, B. J., Bauer, H. M., Gibson, B. R., Nijhawan, A. E., Parvez, F., Wangu, Z., Chan, P. A., and the Rollins Investigational Team on STIs in Corrections. (2022). Prevalence and management of sexually transmitted infections in correctional settings: A systemic review. *Clinical Infectious Diseases*, 74(Suppl. 2), S193–S217. <https://doi.org/10.1093/cid/ciac122>

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3. Centers for Disease Control and Prevention. (2022). *At-a-glance: CDC recommendations for correctional and detention settings, testing, vaccination, and treatment for HIV, viral hepatitis, TB, and STIs*. <https://www.cdc.gov/correctional-health/recommendations/index.html>
4. U.S. Department of Health and Human Services Panel on Antiretroviral Guidelines for Adults and Adolescents. (2024). *Guidelines for the use of antiretroviral agents in adults and adolescents with HIV*. <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv>
5. Terrault, N. A., Lok, A. S. F., McMahon, B. J., Chang, K. M., Hwang, J. P., Jonas, M. M., Brown, R. S., Bzowej, N. H., & Wong, J. B. (2018). Update on prevention, diagnosis, and treatment of chronic hepatitis B: AALSD 2018 hepatitis B guidance. *Hepatology*, 67(4), 1560–1599. <https://doi.org/10.1002/hep.29800>
6. American Association for the Study of Liver Diseases/Infectious Disease Society of America. (n.d.). *HCV guidance: Recommendations for testing, managing, and treating hepatitis C*. <https://www.hcvguidelines.org>
7. U.S. Public Health Service. (2021). *Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 update*. <https://stacks.cdc.gov/view/cdc/112360>
8. Bachmann, L. H., Barbee, L. A., Chan, P., Reno, H., Workowski, K. A., Hoover, K., Mermin, J., & Mena, L. (2024). CDC clinical guidelines on the use of doxycycline postexposure prophylaxis for bacterial sexually transmitted infection prevention, United States, 2024. *Morbidity and Mortality Weekly Report*, 73(RR-2):1–8. <https://www.cdc.gov/mmwr/volumes/73/rr/rr7302a1.htm>
9. McDonald, R., O’Callaghan, K., Torrone, E., Barbee, L., Grey, J., Jackson, D., Woodworth, K., Olsen, E., Ludovic, J., Mayes, N., Chen, S., Wingard, R., Jones, M. J., Drame, F., Bachmann, L., Romaguera, R., & Mena, L. (2023). Vital signs: Missed opportunities for preventing congenital syphilis—United States, 2022. *Morbidity and Mortality Weekly Report*, 72 (46), 1269-1274. <https://www.cdc.gov/mmwr/volumes/72/wr/mm7246e1.htm>