Appendix 8. Prepubescent STD Testing Algorithm

This algorithm is based on B10. Sexually Transmitted Disease Evaluation and Care, and adapted from/support by sources including the CDC (2015e), Esenino-Jenssen and Barnes (2011), Farst (2011), Jenny, Crawford-Jakubiak, and Committee on Child Abuse and Neglect (2013), and Hammerschlag and Gaydos (2012). It is meant to illustrate the general flow of and procedures involved in STD testing in prepubescent child sexual abuse cases. However, flow and procedures are subject to jurisdictional and agency/facility policies.

Report of penetration or evidence of acute or healed penetrative injury to genitals, anus, or oropharynx
Child has been abused by a stranger
Perpetrator known to be infected with STD or high risk for STD
Other person in household is known to have STD
High rate of STDs in the community
Signs and symptoms of STD
Diagnosed with one STD

Yes

• Rectal: Neisseria gonorrhea (GC) and Chlamydia trachomatis (CT) culture
• Pharynx: GC culture
• Male urethral discharge: GC/CT culture
• Female Genitourinary (GU): Nucleic Acid Amplification Testing (NAAT) for GC/CT; Trichomonas vaginalis (TV) culture or can screen by NAAT
• Serologic testing for Human Immunodeficiency Virus (HIV), Syphilis, and Hepatitis B
• Examine for Genital Warts

No

• History is unclear
• Child/caregiver concern

Yes

• Defer STD treatment until testing complete and positive results are confirmed (except for HIV: do not delay initiation of post-exposure prophylaxis)
• Confirm positive GC/CT by culture or alternate sequence NAAT

No

• Repeat GC/CT/TV testing in 2 weeks
• Repeat serologic testing for Syphilis and Hepatitis B in 6 weeks and 3 months
• HIV serologic testing in 6 weeks, 3 months, and 6 months

Confirm Positive

Treat per CDC (2015e)
www.cdc.gov/std/tg2015/sexual-assault.htm

No STD workup