

## Euro Virology 2019: Adolescent in risk of sexual transmitted diseases: Knowing alarm symptoms, follow-up and prevention- Francisco José Sanz Santaefemia- Teaching Children Hospital Niño Jesús

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Teenage is a turbulent time of life which, according to the WHO, covers the 10-20 years of age period. Physical and psychological changes appear explosively which drives individuals to have increased risk of approaching to new dangerous behaviour as contact with drugs or inappropriate beginning of love relationships. In this topic they can suffer social (unwanted pregnancy) or medical stigmas (sexual transmitted diseases STD). In general occurrence of STD has transferred lately relying upon various elements present in young people as minimization of hazard, maltreatment of liquor/sex or maintains a strategic distance from anticonception strategies in sexual relations. Different STD's are classified in four groups: Urethritis-cervicitis, genital ulcers, leukorrhea and anogenital warts; with multiple microorganisms implicated in all of them. Most of STD's are asymptomatic, so active search and a high index of suspicion is mandatory to afford this growing problem in young people. Moreover, we will make general screening in selected people. A brief summary of each STD explaining its signs, diagnosis test and recommended therapy insisting into the need of early detection, correct therapy and investigation of sexual partners for cutting epidemic expansion. Depending on the type of lesion (ulcer, vaginal discharge, urethral secretion) will suspect distinct bacteria and until establishing the proper diagnosis we will treat the adolescent with an empiric therapy covering all possible microorganisms able to produce these symptoms. After treatment we will make sure a new appointment for confirming clinical recovery, asking for other sexual contacts and their study. Finally, we will give some recommendations as a Decalogue for using at the office in the directed interview with this kind of young people, neither children nor adults.

Study participants were enrolled from among patients of four neighborhood teen health clinics in a large southeastern US city. These clinics provide a range of services such as family planning services, sports physicals, STD and human immunodeficiency virus (HIV) testing, dental and eye care, and counseling and educational programs. Female adolescents who were aged 14-19 years and were sexually experienced (defined as having had vaginal intercourse at least once) and whose clinic visit was to include a pelvic examination were eligible for the study. Teens visiting the clinic for an oral contraceptive pill

refill, follow-up examination for a prior STD, and those who had taken antibiotics in the previous 2 weeks were excluded. Teens were enrolled from July 1991 to March 1993 and returned for follow-up through September 1993.

According to conducted eight focus groups at the clinics and used the findings on types of sexual relationships, commonly used terms for various types of partners, and drug and alcohol use among teen clients to develop a structured questionnaire. The questionnaire was then pretested and revised. Teens participated in a structured face-to-face interview with trained African American female interviewers who were not regular clinic staff. The interview covered demographic information, sexual and reproductive history, contraceptive practices, STD knowledge and history, drug and alcohol use, and information on current and past sex partners. A physical examination was done by a clinic physician who obtained endocervical samples (for chlamydia polymerase chain reaction [PCR] and chlamydia and gonorrhea cultures), a urine sample (for pregnancy tests), a vaginal sample (for wet mounts and trichomoniasis cultures), and a serum sample (for syphilis rapid plasma reagin [RPR], hepatitis B, hepatitis C, and HSV-2 serologic tests).

Participants were asked to return after 6 months for follow-up and were contacted and reminded throughout the 6 months of their follow-up appointment. At follow-up, each teen was interviewed and examined again, using the same questionnaire and protocol as at the initial visit. Participants who returned for follow-up were reimbursed \$25 for transportation and expenses. Teens with positive test results for a curable STD from the enrollment visit were informed and treated according to the 1989 CDC STD treatment guidelines, which were in effect at the time of the study for chlamydia, a 7-day doxycycline course was used. Those positive for chlamydia were asked to return for a test of cure after 2 weeks. Teens with a positive test result were urged to inform their partners and to ensure partner treatment. Teens with a positive serologic test for a viral infection (HSV-2 or hepatitis B or C) were informed at the time of their follow-up visit. Participants with any STD detected during the study period who returned for follow-up participated in a one-on-one counseling session and received written information specific to their diagnosis.