

A Public Health Approach to STD Control: Recommendations for selective screening in high-prevalence populations | Sharon Rubin

The United States has the highest rates of sexually transmitted diseases (STDs) of all developed countries. The complications arising from bacterial STDs, specifically chlamydial infection and gonorrhea include pelvic inflammatory disease (PID), ectopic pregnancy, chronic pelvic pain, and infertility. A selective screening program aimed at high-risk segments of the population can reduce prevalence of disease and prevent complications that result from untreated disease. The greatest risk factor for infection is age, and gross disparities exist in rates reported by different racial groups in the United States. Specifically, adolescent and young adult African Americans are the most at risk groups for bacterial STDs. Therefore, selective screening aimed at high-risk populations would invariably target low-income African American adolescents and young adults. It is necessary to review the proposal for screening in light of social and ethical considerations.

The problem was approached by gathering relevant scientific material, reports on disease epidemiology, and information on other screening initiatives and STD control in the United States. The findings of this research first indicate that screening, when performed in the right context, is a cost-effective approach to providing treatment and preventing complications in medically underserved populations or persons with asymptomatic infections. The primary risk factor for STD infection is age of less than 25 years old, but the rates of STDs are disproportionately higher in the African American and Native American populations in the United States. This fact is potentially due to the link among discrimination, stress, and risk-taking behaviors. Additionally, African American males report higher rates of having more than 3 sexual partners in the past year, having unprotected sex, and having sex with high risk partners.

There exists a correlation between the environment and risk-taking behaviors. Persons reporting higher rates of alcohol and drug use report higher rates of risky sexual practices, such as having more sexual partners, more unprotected sex, and more sex with partners who engage in other high risk activities, such as prostitution or intravenous drug use. There is also a correlation between risk-taking behavior, rates of STDs, and a disordered physical environment, suggesting the need to address social and environmental factors contributing to risk-taking behavior in order to change the attitudes surrounding these practices. Therefore, as a primary prevention measure, the physical and social environments in which people live should be targeted along with education efforts.

Finally, a proposal to mandate selective screening all African Americans living in urban communities under the age of 25 is examined in light of ethical concerns. This proposal is rejected on the demerits of overriding the *prima facie* principle of respect for persons. The report concludes that such an initiative would be unnecessary and would impose an unjust infringement on the right to personal privacy. Initiatives to promote voluntary screening of

persons in high-prevalence areas are ethical if conducted with appropriate measures of confidentiality, counseling, treatment, and community initiative and support.