

Geospatial Disparities in Youth Sexually Transmitted Infections During COVID-19

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Early in the COVID-19 pandemic, routine sexually transmitted infection (STI) screenings decreased, and test positivity rates increased due to limited screening appointments, national-level STI testing supply shortages, and social distancing mandates. It is unclear if adolescent preventive STI screening has returned to pre-pandemic levels and if pre-existing disparities worsened in late-pandemic. This cross-sectional study examined 22,974 primary care visits by 13-19-year-olds in the Philadelphia metropolitan area undergoing screening for gonorrhea and chlamydia in a 31-clinic pediatric primary care network during 2018-2022. Using interrupted-time-series analysis and logistic regression, pandemic-related changes in the asymptomatic STI screening rate and test positivity were tracked across patient demographics. Neighborhood moderation was investigated by census-tract-level Child Opportunity Index in 2023. The asymptomatic STI screening rate dropped by 27.8 percentage points (pp) and 13.5pp when the pandemic and national STI test supply shortage began, respectively, but returned to pre-pandemic levels after supply availability was restored in early 2021. Non-Hispanic-Black adolescents had a significant pandemic drop in STI screening rate, and it did not return to pre-pandemic levels (-3.6 pp in the late-pandemic period, $p < 0.01$). This decrease was more pronounced in socioeconomically and educationally disadvantaged neighborhoods (7.5 pp and 9.9 pp lower, respectively) than in advantaged neighborhoods (both $p < 0.001$), controlling for sex, age, insurance type and clinic characteristics. Neighborhood socioeconomic and educational disadvantage amplified racial-ethnic disparities in STI screening during the pandemic. Future interventions should focus on improving primary care utilization of non-Hispanic-Black adolescents to increase routine STI screening and preventive care utilization.

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