STIs…The *Other* Epidemic:
Annual Sexual Health Webinar hosted by DPHS

June 18, 2021

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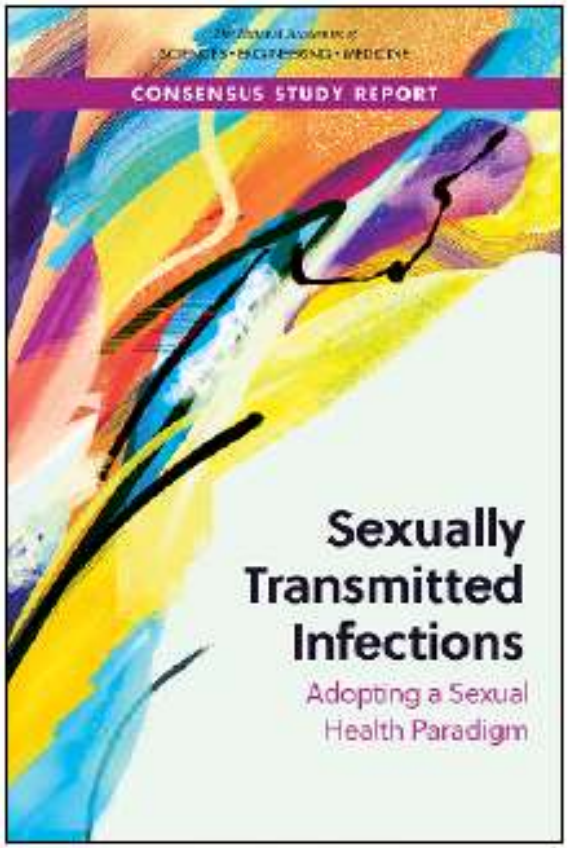
NH DIVISION OF
Public Health Services
Department of Health and Human Services

Overview

- National Strategies for Sexual Health
- Gonorrhea
  - Treatment Updates
  - Disseminated Gonorrhea Infection (DGI) Awareness
- Syphilis
  - Congenital Syphilis – Awareness Essential to Prevention
  - Clinical Manifestations – otherwise known as Neurosyphilis
- STI Prevention Strategies – A Holistic Approach
- STI Case Reporting & Working with Public Health
- Takeaways & Deep Dives
- Additional Resource Slides

The Sexual Health Paradigm

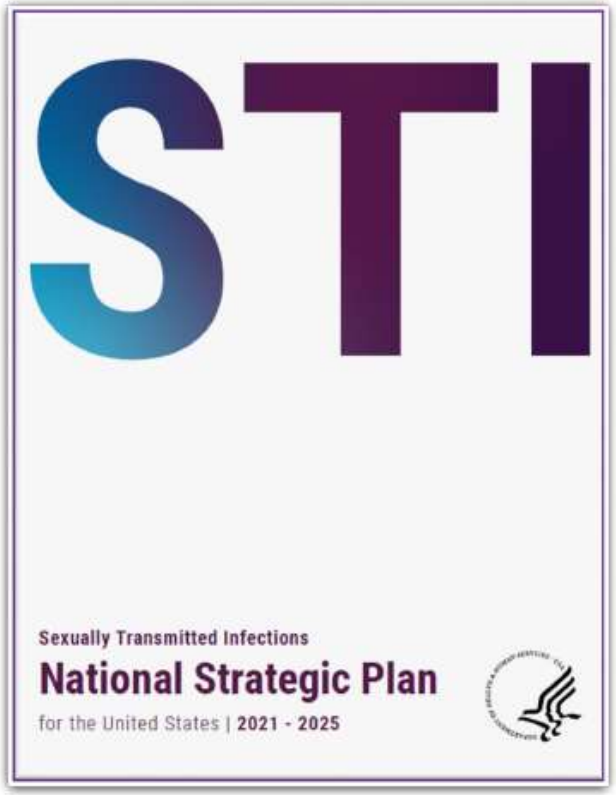
- Holistic approach to sexual health in context of broader health & well-being
- Broaden ownership & accountability for responding to STIs
- Bolster systems & programs for STI response
- Support innovation & policy change
- New technologies – how they affect STIs & how they can be used in prevention strategies



Retrieved from: htpps://www.**nationalacademies.org/preventSTIs**

The STI National Strategic Plan

- Five-year plan (2021-2025)
- Vision: prevention of STIs, access to STI prevention/care/treatment free from stigma and discrimination
- Goals: Prevention, reduce adverse outcomes, research/tech/innovation, reduce health disparities, integrated/coordinated efforts
- CT, GC, Syphilis, HPV
- Impacted populations: adolescents/young adults, MSM, pregnant women



Retrieved from: https://www.cdc.gov/nchhstp/dear_colleague/2020/dcl-121802-sti-national-strategic-plan.html

QUESTION

The national increase in STIs is influenced by many interrelated factors…

What have YOU noticed about STIs in your practice?

- Comorbidities?
- Barriers in seeking medical care?
- Anything else?

Please share in the Chat…

SOON TO BE RELEASED!
~~2020~~ 2021 STI Treatment Guidelines

Highlights:

- *GC treatment: higher-dose ceftriaxone-only (2020)
- Self collection specimens for CT & GC
- Doxycycline effectiveness in treatment of rectal CT
- Syphilis case definition changes (2018)
- Neutral language (destigmatize it)
  - “condomless” versus “unprotected”
  - STI versus STD…or STID?

Gonorrhea Treatment Update 2020

UPDATED GONORRHEA TREATMENT RECOMMENDATIONS

CDC's updated recommendations for the treatment of uncomplicated gonorrhea in adolescents and adults: two-drug approach no longer recommended; treat with just one 500 mg injection of ceftriaxone.

View MMWR

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Morbidity and Mortality Weekly Report

Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020

Sancta St. Cyr, MD[1]; Lindley Barbee, MD[1,2]; Kimberly A. Workowski, MD[1,3]; Laura H. Bachmann, MD[1]; Cau Pham, PhD[1]; Karen Schlanger, PhD[1]; Elizabeth Torrone, PhD[1]; Hillard Weinstock, MD[1]; Ellen N. Kersh, PhD[1]; Phoebe Thorpe, MD[1]

Regimen for uncomplicated gonococcal infections of the cervix, urethra, or rectum

Ceftriaxone 500 mg IM as a single dose for persons weighing <150 kg (300 lb)

- For persons weighing ≥150 kg (300 lb), 1 g of IM ceftriaxone should be administered.
- If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days. During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.

St. Cyr S, Barbee L, Workowski KA, et al. Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1911–1916. DOI: http://dx.doi.org/10.15585/mmwr.mm6950a6

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Recommended regimen for uncomplicated gonococcal infections of the pharynx

Ceftriaxone 500 mg IM as a single dose for persons weighing <150 kg (300 lb)

- For persons weighing ≥150 kg (300 lb), 1 g of IM ceftriaxone should be administered.
- If chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days. During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.
- No reliable alternative treatments are available for pharyngeal gonorrhea. For persons with a history of a beta-lactam allergy, a thorough assessment of the reaction is recommended.
- For persons with an anaphylactic or other severe reaction (e.g., Stevens Johnson syndrome) to ceftriaxone, consult an infectious disease specialist for an alternative treatment recommendation.

St. Cyr S, Barbee L, Workowski KA, et al. Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1911–1916. DOI: http://dx.doi.org/10.15585/mmwr.mm6950a6

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Alternative regimens for uncomplicated gonococcal infections of the cervix, urethra, or rectum if ceftriaxone is not available

Gentamicin 240 mg IM as a single dose plus azithromycin 2 g orally as a single dose OR

Cefixime 800 mg orally as a single dose.

If treating with cefixime, and chlamydial infection has not been excluded, providers should treat for chlamydia with doxycycline 100 mg orally twice daily for 7 days. During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.

St. Cyr S, Barbee L, Workowski KA, et al. Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1911–1916. DOI: http://dx.doi.org/10.15585/mmwr.mm6950a6

Expedited Partner Therapy (EPT) Treatment 2021

Gonorrhea	Chlamydia
800mg of cefixime orally in a single dose **PLUS** 100mg doxycycline orally twice daily for 7 days (*if Chlamydia has not been excluded*)	100mg doxycycline orally twice daily for 7 days *If partner is pregnant, use 1gram of azithromycin orally in a single dose

Centers for Disease Control (CDC) retrieved from: https://www.cdc.gov/std/ept/gc-guidance.htm

Expanding EPT in Michigan

- April 2020 temporarily expanded recommendations on the use of EPT to include T. vaginalis (trichomoniasis) and EPT for MSM diagnosed with uncomplicated GC
- Example of the "flexible and pragmatic approach" the CDC guidance encourages
- Used as a tool to prevent spread of GC in the absence of comprehensive clinical assessment
- Encouraged follow up with healthcare providers for full multi-site STD testing
- As of February 2021, Michigan DHHS is still utilizing expanded EPT, no published results available

- NH continues to recommend following CDC guidelines for EPT

Retrieved from: www.Michigan.gov/mdhhs

Disseminated Gonorrhea Infection (DGI) Awareness

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

December 5, 2019

Dear Colleagues,

In recent months, CDC has received increasing reports of disseminated gonococcal infection (DGI), an uncommon, but severe, complication of untreated gonorrhea. CDC is working with the Michigan Department of Health and Human Services on a cluster of DGI cases, where the majority of cases have reported amphetamine and some opioid injection drug use. However, because DGI is likely underdiagnosed and underreported, at a national level, we do not know the true magnitude of this problem nor do we have a good understanding of risk factors associated with cases of DGI. We're writing this letter to alert you to this troubling rise and offer additional guidance and resources so that we can get our arms around this emerging threat.

Michigan DGI Cluster – August 2019

- Michigan Department of Health and Human Services (MDHHS) notified CDC of DGI case cluster reported in southwest Michigan counties

SAN FRANCISCO NEWS

OFFICE OF PUBLIC AFFAIRS

California Sees an Increase in Rare, Severe Complications from Untreated Gonorrhea

Date: November 20, 2020

DGI (working) Case Definition

- **Confirmed DGI**
  - GC isolated from disseminated site of infection (e.g., skin, synovial fluid, blood, or CSF) by culture
- **Probable DGI**
  - Clinical manifestations of DGI **AND**
  - Isolation or detection of GC From mucosal site (e.g., urogenital, rectal, or pharyngeal) by culture or NAAT
- **Suspect**
  - In the absence of a more likely diagnosis, clinical suspicion of DGI without meeting laboratory criteria

https://www.cdc.gov/std/program/outbreakresources/DGICaseReportingForm-508.pdf

DGI Provider Recommendations

- Routine screening for STIs
- Increase suspicion for DGI in patients with joint pain
  - Skin exam
  - Urogenital symptoms
  - Aspirate joint if there is an effusion
- Manage cases per CDC Treatment Guidelines
  - Collect blood and cultures from synovial fluid/wounds
  - NAAT and culture from genital and extragenital sites
- Test all GC isolates for antimicrobial susceptibility
- Report all cases to Health Dept
- Save all GC isolates from DGI cases for additional testing
- Further Tools and Resources at www.cdc.gov/std

The Resurgence of Congenital Syphilis

SYPHILIS
is increasing among
NEWBORN BABIES
in the United States

EVERY CASE IS ONE TOO MANY WHEN WE HAVE THE TOOLS TO PREVENT IT

In 2019:

1,870
CASES OF NEWBORN SYPHILIS
279% INCREASE SINCE 2015

128
DEATHS OF BABIES FROM SYPHILIS
256% INCREASE SINCE 2015

43
STATES WITH AT LEAST ONE CASE
UP FROM 31 IN 2015

https://www.cdc.gov/std/statistics/2019/

Retrieved from: https://www.cdc.gov/std/statistics/2019/graphics.htm

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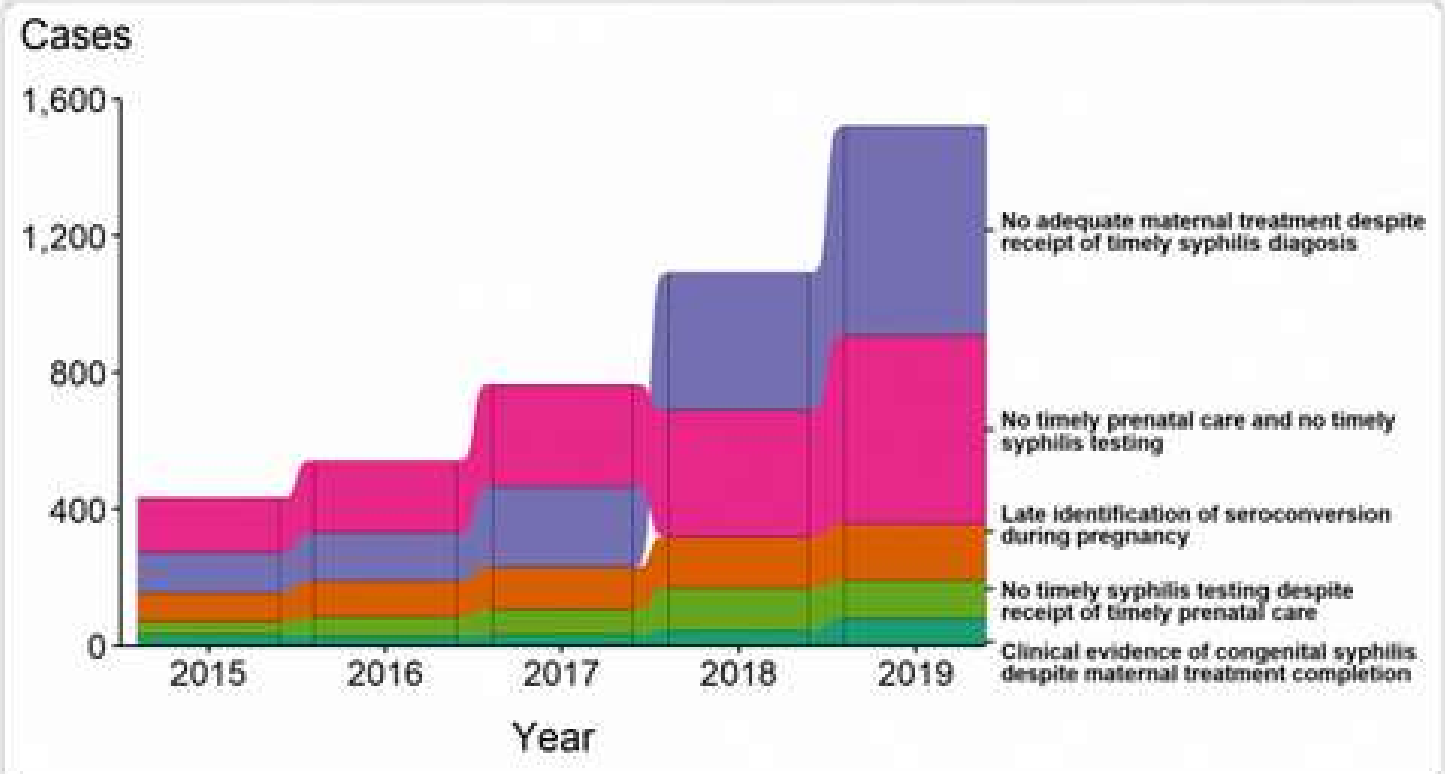
Congenital Syphilis: Missed Opportunities



Congenital Syphilis — Missed Prevention Opportunities Among Mothers Delivering Infants with Congenital Syphilis, United States, 2015–2019

https://www.cdc.gov/std/statistics/2019/overview.htm#CongenitalSyphilis

Re-Emergence of Congenital Syphilis in Ohio: A Retrospective Study

- Increase in Ohio from 2006 (0 cases) to 2016 (13 cases) mirrored an increase in all cases of syphilis in women of childbearing age (not P+S cases)
- Majority (44%) of infants with CS were born to mothers with NP-NS ("early latent") infection
- Importance of third trimester (28-32 wks GA) testing:
  - In 2014, 7 of 8 infants with CS in Columbus, OH were born to mothers who had an initial negative test earlier in pregnancy
  - Ohio State University Wexner Medical Center reinstituted maternal syphilis screening at delivery due to this finding

Cooper JM, Porter M, Bazan JA, Nicholson LM, Sánchez PJ. Re-emergence of Congenital Syphilis in Ohio. Pediatr Infect Dis J. 2018 Dec;37(12):1286-1289. doi: 10.1097/INF.0000000000001995. PMID: 29570589.

Preventing Congenital Syphilis in NH

- NH is one of six states that does not require screening for syphilis during pregnancy
- CDC recommends repeat testing be done in the third trimester for women residing in "high-prevalence" regions
- Due to significant increases nationwide, ANY area that identifies maternal syphilis could be considered high prevalence
- Report ALL cases of syphilis infection in pregnant women with confirmed diagnosis to Public Health ASAP (Also see: https://www.cdc.gov/std/syphilis/CTAproviders.htm)

Stafford IA, Sánchez PJ, Stoll BJ. Ending Congenital Syphilis. JAMA. 2019 Nov 11. doi: 10.1001/jama.2019.17031. Epub ahead of print. PMID: 31710335.

Congenital Syphilis in NH

- Preventable with screening labs during pregnancy
- Adverse outcomes: stillbirth, prematurity, organ enlargement, skeletal malformations, brain damage…
- All females of reproductive age should have a pregnancy test if diagnosed and treated for syphilis infection
- NH congenital syphilis cases
  - 2018 (1 case)
  - 2019 (2 cases)
  - 2021 (1 OOJ case)
    - NH providers should report all cases to NH Public Health

Clinical Advisory: Ocular Syphilis

- March 2016 – over 200 cases reported in 2014+2015 from 20 states
- Screen for visual complaints in any patient at risk for syphilis (MSM, HIV-infected persons, others with risk factors and persons with multiple or anonymous partners).
- Assessment should include: HIV testing, neurological exam including all cranial nerves, and ophthalmologic evaluation (if symptomatic).
- A lumbar puncture with cerebrospinal fluid (CSF) examination should be performed in patients with syphilis and ocular complaints (prior to treatment).
- Ocular syphilis should be managed according to treatment recommendations for neurosyphilis.
- Cases of ocular syphilis should be reported to your state or local health department as soon as possible.
- Pre-antibiotic clinical samples (whole blood in EDTA tubes, primary lesions and moist secondary lesions, CSF or ocular fluid) should be saved and stored at -80°C immediately upon collection for molecular typing.

Retrieved from: https://www.cdc.gov/std/syphilis/clinicaladvisoryos2015.htm

Neurosyphilis

- Clinical Manifestations: ocular, otic, neurological, late clinical
- Case definition (ocular syphilis): a person with clinical symptoms or signs consistent with ocular disease (i.e. uveitis, panuveitis, diminished visual acuity, blindness, optic neuropathy, interstitial keratitis, anterior uveitis, and retinal vasculitis) with syphilis of any stage.
- Clinical manifestations may also include: hearing loss, tinnitus, vertigo, acute syphilitic meningitis
- **ALL stages of syphilis should include neurological assessment**
- Clinical manifestations may occur **AT ANY STAGE** of infection
- NH data – currently monitoring
  - Provider Awareness essential to prompt identification & treatment

STI Prevention Strategies

A Sexual Health Paradigm Approach

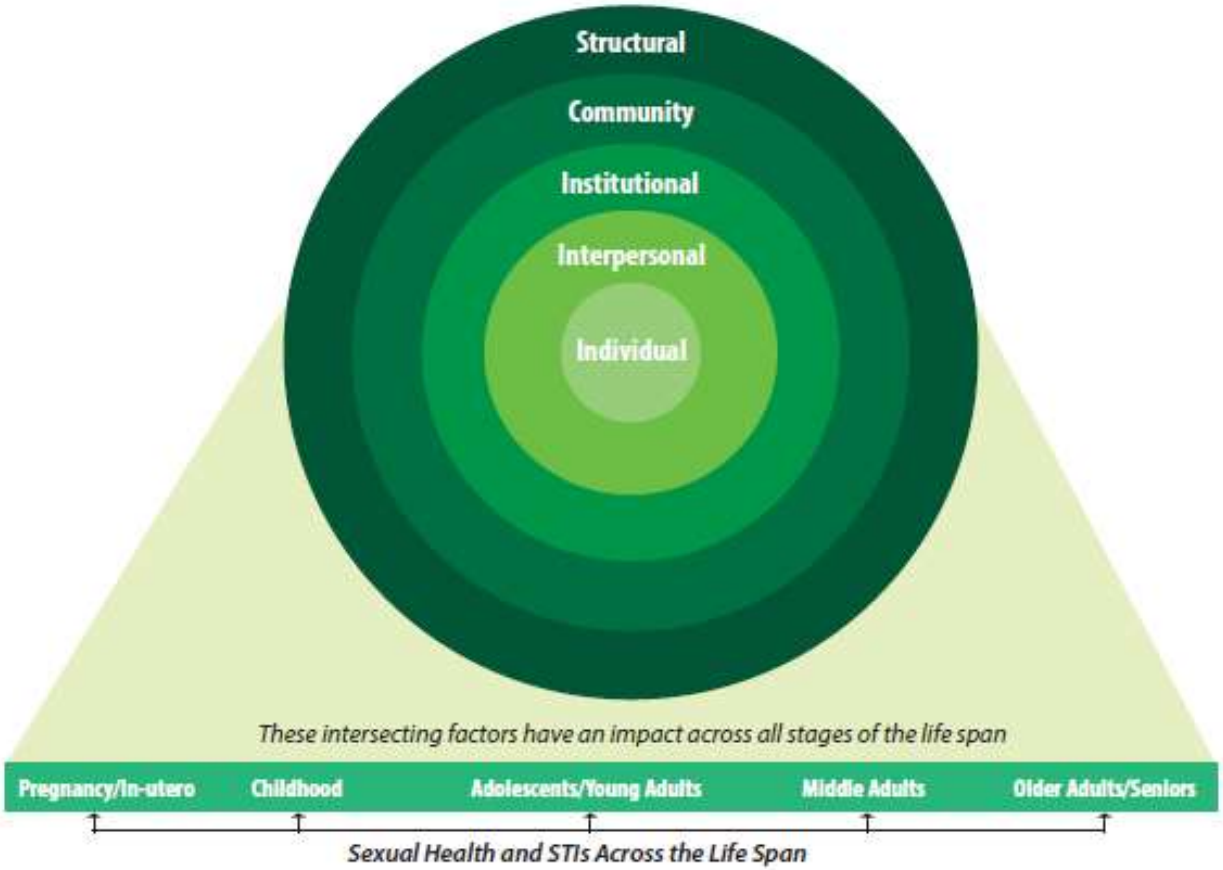


FIGURE S-2 Modified social ecological framework of sexual health and sexually transmitted infection (STI) prevention, control, and treatment.
NOTE: This figure illustrates the multiple interrelated influences on STI risk, prevention, health care access, delivery, and treatment across the life span.

Retrieved from:
htpps://www.**nationalacademies.org/preventSTIs**

QUESTION

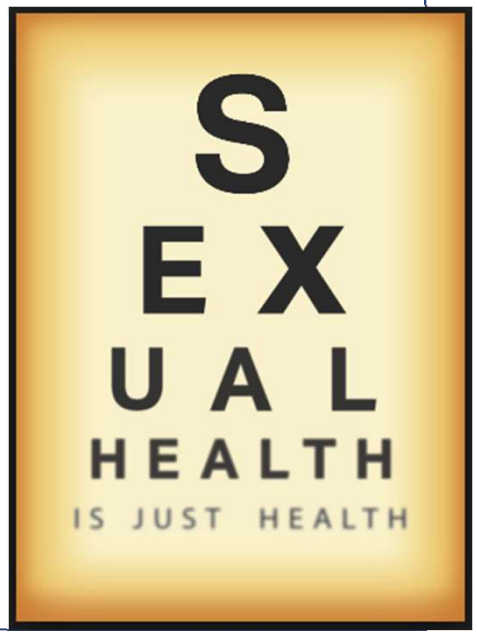
When was the last time your provider/PCP asked you if you were sexually active?

- Did they ask about the sex/gender identity of your partners?
- What about specific behaviors?
- Did they ask if your sexual relationships are positive, pleasurable, and safe?

Food for thought…

Sexual Health is part of Health

- Routine Sexual Histories (primary care, mental health)
- Address socioeconomic factors/disparities that may increase vulnerability* (see following slide)
- Vaccines – HAV, HBV, HPV
- Risk-reduction counseling (substance treatment/recovery relationship)
- PrEP for those at risk for HIV
- STI screening (at all sites) and treatment
- EPT



2019 STD Disparities

- 55.4% reported cases of STDs among adolescents and young adults aged 15-24 years
- Disparities among some racial minority or Hispanic groups compared with rates among non-Hispanic Whites
- 30.6% of all cases of CT, GC, and P&S syphilis were among non-Hispanic Blacks (even though they made up only approximately 12.5% of US population)
- MSM disproportionally impacted by STDs - P&S syphilis and gonorrhea
- Disparities unlikely explained by differences in sexual behavior
  - rather reflect differential access to quality sexual health care
  - differences in sexual network characteristics
  - IE. in communities with higher prevalence of STDs, with each sexual encounter, people face a greater chance of encountering an infected partner than those in lower prevalence settings do (regardless of similar sexual behavior patterns)
- Acknowledging inequities in STD rates is a first step toward
  - empowering affected groups and the public health community to collaborate in addressing systemic inequities in the burden of disease
  - the ultimate goal to minimize the health impacts of STDs on individuals and populations

Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2019*. Atlanta: U.S. Department of Health and Human Services; 2021.

Extra-Genital Testing: Ask about *Current* Behaviors

- Self-identification of sexual orientation may not accurately reflect sexual practices.
- Study in NYC found almost 10% of men who self-identified as straight had at least 1 sexual encounter with another man during the previous year.
- "Sexual orientation" is not enough information to appropriately assess risk for HIV infection and sexually transmitted diseases in individuals
- Ask specific questions about sexual behaviors.
  - Oral sex? Anal sex? Vaginal sex?
- ***AVOID ASSUMPTION* *ENCOURAGE DISCUSSION***

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Pathela P, et al. Discordance between Sexual Behavior and Self-Reported Sexual Identity: A Population-Based Survey of New York City Men. *Annals of Internal Medicine*. 2006;145:416-425.

STD Case Reporting & Working with Public Health

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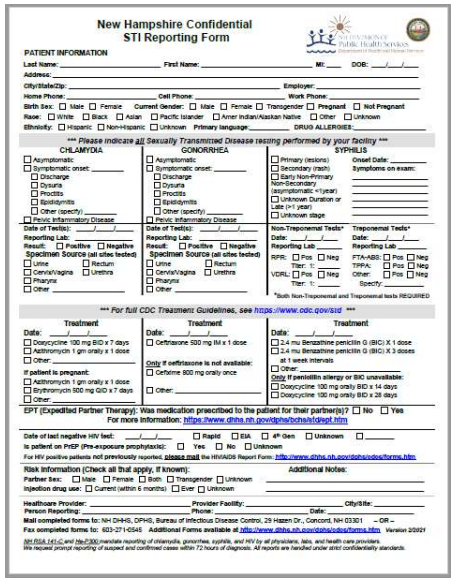
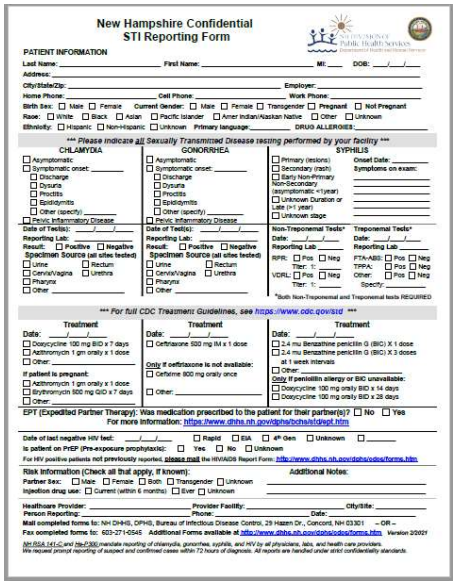
STI Case Reporting (CT, GC, Syphilis)

NEW STI Reporting Form!

https://www.dhhs.nh.gov/dphs/cdcs/documents/std-reporting.pdf



New Hampshire Confidential
STI Reporting Form



New Hampshire Confidential
STI Reporting Form

Fax: (603) 271-0545

Mail: NH DHHS, DPHS, Bureau of Infectious Disease Control, 29 Hazen Drive, Concord, NH 03301
HIV Reporting Forms should always be mailed

Call: (603) 271-4496
*All STIs reportable to NH within 72 hours, but ASAP reporting of Congenital Syphilis, DGI, & neurosyphilis is recommended by CDC

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Stay Up to Date – Get the App!

Download the 2015 STD Treatment (Tx) Guide app, an easy-to-use reference that combines information from the STD Treatment Guidelines as well as MMWR updates, and features a streamlined interface so providers can access treatment and diagnostic information. The free app is available for Apple devices and Android devices.

UPDATED STI TREATMENT RECOMMENDATIONS

CDC's updated recommendations for the treatment of uncomplicated gonorrhea in adolescents and adults: two-drug approach no longer recommended; treat with just one 500 mg injection of ceftriaxone.

The next update of CDC's full STI Treatment Guidelines and accompanying materials (e.g., wall chart, pocket guide, and mobile app) are expected to be available in 2021.

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Takeaways

- Promote a Sexual Health Paradigm
- Sexual Health as part of Whole Health
- Address STI epidemic & release the stigma!
- Gonorrhea – monotreatment, or pair with doxycycline regimen
- Call Public Health:
  - GC in blood/wounds
  - Pregnant females with +syphilis testing
  - Neurosyphilis symptoms
- Ask about behaviors – often
- 2021 STI Guidelines Watch…

Deeper Dives…

- Adopting a Sexual Health Paradigm (webinar & report) https://www.nationalacademies.org/preventSTIs
- Testing Beyond the Clinic Webinar Series (NCSD) https://www.ncsddc.org/resource/at-home-testing-webinar-series/
- Preliminary results of the Dual Daily HIV and Syphilis Pre-Exposure Prophylaxis (DuDHS) Trial. In : Abstracts of *the 29th Annual Canadian Conference on HIV/AIDS Research*, Quebec City, Quebec, May 1, 2020. Abstract KP4.01. Available from: https://www.youtube.com/watch?v=TbKbPlYT1xE&feature=youtu.be
- U=U (Undetectable = Untransmittable) Resources: https://www.preventionaccess.org/resources

Additional Questions?

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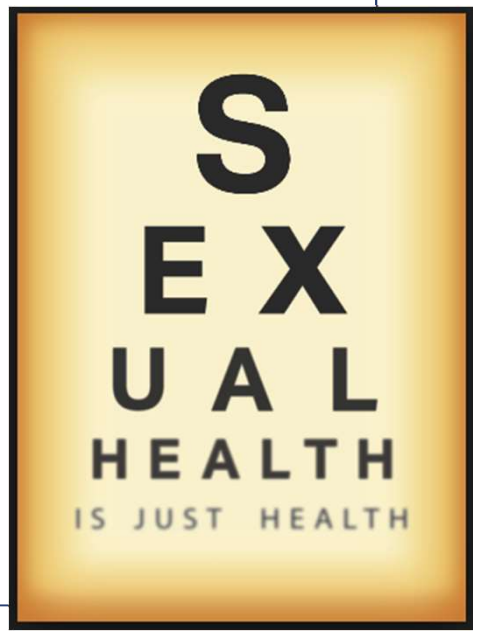
Bureau of Infectious Disease Control
Infectious Disease Prevention, Investigation & Care Services
(603) 271-4496 Main Phone #
(603) 271-0545 Fax # Disease Reporting

*If you are interested in having a clinician-focused presentation at your facility, please contact Ann at the number above.



Thank You for your participation!

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Additional Resource Slides

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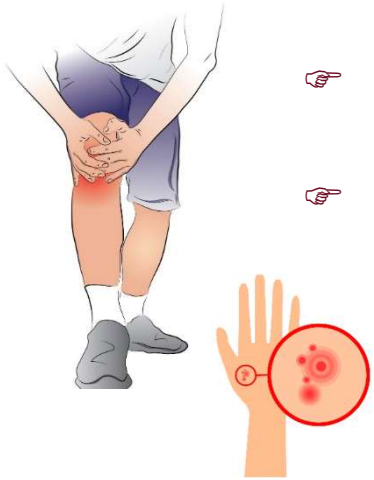
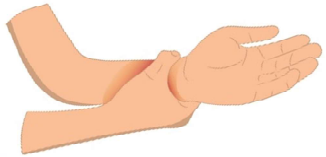
Did You Know Gonorrhea Can Spread Through the Body?

What is DGI (Disseminated Gonorrhea Infection)?



- Gonorrhea is a sexually transmitted infection (STI) you can get from someone who is infected. You can have gonorrhea even if you feel fine.
- Without treatment, gonorrhea can spread through the body, causing Disseminated Gonorrhea also known as DGI.
- DGI can cause:
  - Joint pain or redness or swelling
  - Fevers
  - Rash of red or pink spots that may become filled with clear fluid or pus
  - Serious infections of the blood or heart valves
  - Serious infections of nervous system including meningitis



- DGI is on the rise in California.
- **Call your doctor if you have DGI symptoms, have had sex without a condom, or want an STD test**
- **The only way to prevent DGI is to get tested and treated for gonorrhea.**

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Did You Know Gonorrhea Can Spread Through the Body?

Do you have any of these symptoms?

Here's where you can go:

Insert Clinic Info (Address, Hours, Phone number)

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Essential Sexual Health Questions to Ask Adults

Ask all of your adult patients the sexual health questions on this card. They will help you assess the patient's level of sexual risk and determine whether additional questions and which preventive services may be needed (other side of card).

Ask at Least Annually

Have you been sexually active in the last year?

- **YES** → **What are the gender(s) of the people with whom you are engaging in sexual activities?** → **In the past 12 months, how many sexual partners have you had?***
- **NO** → **Have you ever been sexually active?**
  - **YES** → **What are the gender(s) of the people with whom you had sex?"** → **How many sexual partners have you had?***
  - **NO** → **Continue with medical history**

**If patient answered "both" to previous question, ask this question for each gender.*

Ask Older Adults	Has sex changed for you? If so, how?

Ask at least once, and update as needed. Gender identity and sexual orientation can be fluid.

1. What do you consider yourself to be?
   - A. Lesbian, gay, or homosexual
   - B. Straight or heterosexual
   - C. Bisexual
   - D. Other (please specify)
   - E. Don't know
2. What is your current gender identity?
   - A. Male
   - B. Female
   - C. Female-to-male/transgender, male/trans man
   - D. Male-to-female/transgender, female/trans woman
   - E. Neither exclusively male nor female (e.g. genderqueer)
   - F. Other (please specify)
   - G. Decline to answer
3. What sex were you assigned at birth?
   - A. Male
   - B. Female
   - C. Decline to answer

NATIONAL COALITION FOR SEXUAL HEALTH

NH DIVISION OF Public Health Services
Department of Health and Human Services

Recommended Preventive Sexual Health Services for Adults

Service	Females			Males			Transgender Individuals
	18-64	65+	Pregnant	18-64	65+	MSM	
STI Counseling	✓[a]	✓[a]	✓[a]	✓[a]	✓[a]	✓[a]	✓[a]
Contraceptive Counseling	✓		✓	✓	✓		✓
Cervical Cancer Screening	✓[b]	✓[b]	✓[b]				✓[c]
Chlamydia Screening	✓[d]	✓[d]	✓[d]	✓[e]		✓[f]	✓[a]
Gonorrhea Screening	✓[d]	✓[d]	✓[d]			✓[g]	✓[a]
HIV Testing	✓	✓[a]	✓	✓	✓[a]	✓	✓
Syphilis Screening	✓[h]	✓[h]	✓	✓[h]	✓[h]	✓	✓[h]
Hepatitis B Screening	✓[i]	✓[i]	✓	✓[i]	✓[i]	✓	✓[i]
Hepatitis C Screening	✓[jk]	✓[jk]	✓[j]	✓[jk]	✓[jk]	✓[jk]	✓[jk]
Hepatitis A Vaccine	✓[l]	✓[l]	✓[l]	✓[l]	✓[l]	✓	✓[l]
Hepatitis B Vaccine	✓[m]	✓[m]	✓[m]	✓[m]	✓[m]	✓	✓[m]
HPV Vaccine	✓[n]			✓[n]		✓[n]	✓[n]

a = At increased risk: inconsistent condom use, multiple partners, partner with concurrent partners, current STI, or history of STI within a year

b = Aged 21 to 65 or when adequate screening history has been established

c = FTM transgender patients who still have a cervix according to guidelines for non-transgender women

d = Sexually-active women aged <25; women aged ≥25 at increased risk

e = Young adult males in high prevalence communities or settings

f = Screen for urethral infection if insertive anal sex in preceding year; rectal infection if receptive anal sex in preceding year

g= Screen for urethral infection if insertive anal sex in preceding year; rectal infection if receptive anal sex in preceding year; pharyngeal infection if receptive oral sex in preceding year

h = HIV-positive; at increased risk: exchange sex for drugs or money; in high prevalence communities

i = At risk: HIV-positive, unprotected sex, share needles, family member or sexual partner infected with HBV; born in a HBV-endemic country; born to parents from a HBV-endemic country

j = HIV-positive, history of injection or intranasal drug use or incarnation; blood transfusion prior to 1992

k = Born between 1945 and 1965 (at least once)

l = Use illicit drugs; have chronic liver disease; receive clotting factors; travel to HAV-endemic countries; wish to be vaccinated

m = At risk: multiple partners, share needles, family member or sexual partner infected with HBV

n = Young adult women and men aged ≤26

For more information, visit: **nationalcoalitionforsexualhealth.org**

Essential Sexual Health Questions to Ask Adolescents

Ask all your adolescent patients the sexual health questions on this card. This will help you assess your patient's level of sexual risk, and determine whether additional questions and which preventive services may be needed (other side of card).

Ask at Least Annually

1. What questions do you have about your body and/or sex?
2. Your body changes a lot during adolescence, and although this is normal, it can also be confusing. Some of my patients feel as though they're more of a boy or a girl, or even something else, while their body changes in another way. How has this been for you?
3. Some patients your age are exploring new relationships. Who do you find yourself attracted to? (Or, you could ask, "How would you describe your sexual orientation?")
4. Have you ever had sex with someone? By "sex," I mean vaginal, oral, or anal sex. (If sexual activity has already been established, ask about sex in the past year.)

If the Adolescent Has Had Sex, Ask About

- ✓ Number of lifetime partners
- ✓ Number of partners in the past year
- ✓ The gender of those partners
- ✓ The types of sex (vaginal, oral, anal)
- ✓ Use of protection (condoms and contraception)
- ✓ Coercion or rape

Prepare for the Sexual History Interview

- ✓ Explain to a parent or caregiver that you spend a portion of each visit alone with the adolescent.
- ✓ Put your patient at ease. Ensure confidentiality except if the adolescent intends to inflict harm or reports being abused. Know your state's laws that affect minor consent and patient confidentiality.
- ✓ Incorporate the four essential sexual health questions into a broader psychosocial history.
- ✓ Start with less threatening topics, such as school or activities, before progressing to more sensitive topics, such as drugs and sexuality.
- ✓ Use open-ended questions, rather than closed-ended, to better facilitate conversation.
- ✓ Listen for strengths and positive behaviors and for opportunities to give praise where praise is due.

NATIONAL COALITION FOR SEXUAL HEALTH

NH DIVISION OF Public Health Services
Department of Health and Human Services

Recommended Preventive Sexual Health Services for Adolescents

Service	Females (Aged 13-17)	Males (Aged 13-17)
STI Counseling	✓[a]	✓[a]
Contraceptive Counseling	✓	✓
Cervical Cancer Screening		
Chlamydia Screening	✓[b]	✓[c]
Gonorrhea Screening	✓[b]	✓[d]
HIV Testing	✓	✓
Syphilis Screening	✓[e]	✓[e]
Hepatitis B Screening	✓[f]	✓[f]
Hepatitis C Screening	✓[g]	✓[g]
Hepatitis A Vaccine	✓	✓
Hepatitis B Vaccine	✓	✓
HPV Vaccine	✓	✓

If the Adolescent Identifies as Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)

- ✓ Ask whether they have a trusted adult to talk to.
- ✓ Assess safety at home and school and whether they are being bullied or harassed.
- ✓ Link your patient to community or national organizations such as **pflag.org** or **thetrevorproject.org** for education and support.
- ✓ Counsel about using condoms and contraception. Adolescents who identify as lesbian or gay may also have sex with members of the opposite sex, which increases the risk for unintended pregnancy.

a = All sexually-active adolescents

b = Sexually-active women aged ≤24; women aged ≥25 at increased risk

c = Consider screening young adult males in high prevalence communities or settings

d = At least annually for sexually-active MSM at sites of contact

e = HIV-positive; at increased risk: exchange sex for drugs or money; in high prevalence communities

f = At risk: unprotected sex, had a prior STI, share needles, family member or sexual partner infected with HBV; born in a HBV-endemic country; born to parents from a HBV-endemic country

g = At risk: past/current injection or intranasal drug use, long-term hemodialysis, born to mother with Hepatitis C, unregulated tattoo

For more information, visit: **nationalcoalitionforsexualhealth.org**

Essential Sexual Health Questions to Ask Adults

Ask all of your adult and adolescent patients the sexual health questions on this card. They will help you to assess the patient's level of sexual risk and determine whether additional questions and which preventive services may be needed.

Ask at Least Annually

Have you been sexually active in the last year?

- **YES** → **What are the gender(s) of the people with whom you are engaging in sexual activities?** → **In the past 12 months, how many sexual partners have you had?***
- **NO** → **Have you ever been sexually active?**
  - **YES** → **What are the gender(s) of the people with whom you had sex?"** → **How many sexual partners have you had?***
  - **NO** → **Continue with medical history**

*If patient answered "both" to previous question, ask this question for each gender.

Ask Older Adults	Has sex changed for you? If so, how?

Ask at least once, and update as needed. Gender identity and sexual orientation can be fluid.

1. What do you consider yourself to be?
   - A. Lesbian, gay, or homosexual
   - B. Straight or heterosexual
   - C. Bisexual
   - D. Other (please specify)
   - E. Don't know
2. What is your current gender identity?
   - A. Male
   - B. Female
   - C. Female-to-male/transgender, male/trans man
   - D. Male-to-female/transgender, female/trans woman
   - E. Neither exclusively male nor female (e.g. genderqueer)
   - F. Other (please specify)
   - G. Decline to answer
3. What sex were you assigned at birth?
   - A. Male
   - B. Female
   - C. Decline to answer

NATIONAL COALITION FOR SEXUAL HEALTH

NH DIVISION OF Public Health Services
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Essential Sexual Health Questions to Ask Adolescents

Ask at Least Annually

1. What questions do you have about your body and/or sex?
2. Your body changes a lot during adolescence, and although this is normal, it can also be confusing. Some of my patients feel as though they're more of a boy or a girl, or even something else, while their body changes in another way. How has this been for you?
3. Some patients your age are exploring new relationships. Who do you find yourself attracted to? (Or, you could ask, "How would you describe your sexual orientation?")
4. Have you ever had sex with someone? By "sex," I mean vaginal, oral, or anal sex. (If sexual activity has already been established, ask about sex in the past year.)

If the Adolescent Has Had Sex, Ask About

- Number of lifetime partners
- Number of partners in the past year
- The gender of those partners
- The types of sex (vaginal, oral, anal)
- Use of protection (condoms and contraception)
- Coercion or rape

If the Adolescent Identifies as Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)

- Ask whether they have a trusted adult to talk to.
- Assess the adolescent's safety at home and school and whether they are being bullied or harassed.
- Link your patient to community or national organizations such as **pflag.org** or **thetrevorproject.org** for education and support.
- Counsel all sexually active adolescents about using condoms and contraception. Adolescents who identify as lesbian or gay may also have sex with members of the opposite sex, which increases the risk for unintended pregnancy.

For more information, visit: **nationalcoalitionforsexualhealth.org**