

Sexually Transmitted Disease Services



This module describes the sexually transmitted disease services that family planning clients may need, in accordance with *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*.

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Navigation tutorial

For the best experience, use Firefox or Chrome to view this course.

 You can leave and come back to this eLearning module at any time. If you exit the module and return to it later, select the lesson where you left off from the menu of lessons on the left. This will bring you back to your place in the course.

To learn how to navigate the module, click the play button below.



PLAY

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Welcome



Welcome to the *Sexually Transmitted Disease (STD) Services* eLearning module.

This module includes:

- 1 Section 1: STD services
- 2 Section 2: Sexual health assessment

Throughout the module, you will be asked to read new information, watch videos, conduct interactive activities, and reflect.

By the end of this module, participants will be able to:

- Identify the scope of services related to STD screening and treatment defined by *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP)*
- Conduct a sexual health assessment
- Consistently use opt-out language for recommended STD screening
- Apply techniques for delivering behavioral counseling to diverse populations

i **Note:** According to CDC, the term STDs refers to a variety of clinical syndromes and infections caused by pathogens that can be acquired and transmitted through sexual activity. While the term sexually transmitted infections (STIs) is often used, this module uses the term STDs for alignment with the QFP and CDC guidelines.

Core family planning services



STD prevention and treatment are core family planning services that improve clients' health and can increase the ability to conceive and have a healthy birth outcome.

The QFP provides comprehensive recommendations to assist providers in offering family planning services that will help individuals achieve their desired number and spacing of children—and increase the likelihood that those children are born healthy.

Left untreated, STDs can cause long-term pelvic and abdominal pain, an inability to get pregnant or pregnancy complications, an increased risk of giving or getting HIV, and other problems.

Family planning providers should offer STD services at the initial visit and at least annually thereafter.

STD services include the following steps:

- 1 Assess clients' sexual health.
- 2 Screen/test clients in accordance with CDC's STD Treatment Guidelines.
- 3 Treat clients with an STD and their partners in accordance with CDC's STD Treatment Guidelines.
- 4 Provide sexual behavioral risk reduction counseling to clients at risk for or diagnosed with an STD in accordance with the United States Preventive Services Task Force (USPSTF) Recommendations.

i **Screening** is routine testing done for all eligible clients in a defined population, determined based on prevalence of the disease and potential adverse effects within that population. For example, all sexually active females under 25 years old should be screened for chlamydia annually because of the prevalence of infection in this group, not because of any individual risk.

i **Testing**, or diagnostic testing, is done when clients have a specific indication of possible illness, such as a history, sign, symptom, or positive screening test result. For example, a client who reports recent exposure to a partner with an STD should be tested.

QFP Recommendations

[CLICK HERE](#)

STD Treatment Guidelines, 2015

[CLICK HERE](#)

Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020

[CLICK HERE](#)

USPSTF Behavioral Counseling Recommendations, 2014

[CLICK HERE](#)

Understanding common STDs

There are many diseases that can be spread sexually. The QFP provides guidance for providers related to the prevention and treatment of chlamydia, gonorrhea, syphilis, HIV/AIDS, hepatitis B and C, and human papillomavirus (HPV).

For the purpose of this module—and in the context of family planning services—we will talk about male and female clients, in alignment with CDC guidelines. However, it is important to tailor this information to the unique needs of your clients. For training related to communicating with and serving diverse clients, complete the *Cultural Competency* eLearning course available on fpntc.org.

Chlamydia

- The most frequently reported infectious disease in the U.S.
- Highest rates are among females under age 25
- Spreads by vaginal, oral, or anal sex
- Many people infected will not have symptoms

When chlamydia is not treated, the infection:

- Can cause serious problems like pelvic inflammatory disease (PID), infertility, and ectopic pregnancy
- May increase a client's risk of acquiring or transmitting HIV
- May lead to early delivery during pregnancy

- Can be passed on to a baby during delivery and cause an eye infection that can lead to blindness or pneumonia in the newborn

Gonorrhea

- The second most commonly reported infectious disease
- Spreads by vaginal, oral, or anal sex
- Many females will not have symptoms at all or will only have symptoms after complications occur (for example, PID)
- Males may have burning with urination or yellow discharge from their penis, but these symptoms typically take time to appear and males often transmit gonorrhea without knowing
- Highest rates are among people under age 25

When gonorrhea is not treated, the infection:

- Can cause serious problems like PID, infertility, and ectopic pregnancy
- May increase a client's risk of acquiring or transmitting HIV
- Can cause skin lesions, bone and joint pain, and problems with the liver, heart, brain, and spinal cord
- Can be passed on to the baby during delivery and cause eye infection that can lead to blindness as well as serious infection of the baby's bloodstream and lining of the brain and spinal cord

Syphilis

- Spreads by direct contact with a syphilitic sore during vaginal, oral, or anal sex
- Also spreads by blood and bodily fluids of infected individuals and/or through shared drug injection needles

- Shows symptoms in four stages:
 - Primary: Characterized by a single, painless sore that develops about three weeks after infection and lasts about three to six weeks.
 - Secondary: Characterized by skin rashes and/or sores in the mouth, vagina, or anus. Rashes can appear as the primary sore heals or several weeks later, and may appear as spots on the palms of the hands and the soles of the feet.
 - Latent or hidden stage: A period of time when there are no visible signs or symptoms. Without treatment, the infected person will continue to have syphilis in their body.
 - Tertiary or late stage: Can appear 10–30 years after the initial infection and can affect multiple organ systems and be fatal. Symptoms of tertiary syphilis vary depending on the organ system affected.

When syphilis is not treated, the infection:

- Can be passed on to a fetus during pregnancy and has been linked to miscarriage, premature birth, stillbirth, low birth weight, and death shortly after birth

HIV/AIDS

- HIV stands for human immunodeficiency virus
- Primarily transmitted through sexual contact or shared drug injection needles and syringes
- Blood, semen, pre-seminal fluid, rectal fluid, vaginal fluid, and breast milk of an infected person may contain the virus
- Transmission can occur when these fluids come in contact with mucous membranes, damaged tissue, or the bloodstream of another person. Mucous membranes are found inside the rectum, vagina, penis, and mouth
- About two-thirds of people will have a flu-like illness two to four weeks after infection. Symptoms can include fever, chills, rash, night sweats, muscle aches, sore throat, fatigue, swollen lymph nodes, and/or mouth ulcers

When HIV is not treated:

- People will typically progress through three stages of disease: (1) acute HIV infection, (2) clinical latency (HIV inactivity or dormancy), and (3) acquired immunodeficiency syndrome (AIDS)
- The virus can be passed on to a fetus during pregnancy or to a baby during delivery or breastfeeding

Hepatitis B

- Vaccine-preventable infection of the liver
- Primarily transmitted through sexual contact or shared drug injection needles and syringes
- Some people are only sick for only a few weeks (acute hepatitis B) while in others the disease may progress into a serious, lifelong illness (chronic hepatitis B)
- Acute hepatitis B:
 - Many people with acute hepatitis B have no symptoms
 - If symptoms do occur, they begin an average of three months after infection
 - Symptoms may include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain, or jaundice (yellow color in the skin or the eyes)
 - There is no medication available to treat acute hepatitis B
- Chronic hepatitis B:
 - May lead to liver damage, cirrhosis, liver cancer, and death
 - Several medications have been approved to treat chronic hepatitis B
 - People may need to take medication indefinitely because treatment does not cure chronic hepatitis B

When hepatitis B is not treated:

- The infection can be passed from mother to baby during birth and can eventually lead to serious health problems for the child including liver damage, liver cancer, and even death

Hepatitis C

- The most common chronic bloodborne infection in the U.S.
- Primarily transmitted through shared drug injection needles and syringes
- Not efficiently transmitted through sex though sexual transmission can occur, especially among people with HIV infection

When hepatitis C is not treated:

- The viral infection can cause liver inflammation, sometimes leading to serious health problems like cirrhosis and liver cancer

HPV

- The most common STD in the U.S.
- Spreads by vaginal, oral, or anal sex
- There are many different types of HPV
- HPV often goes away on its own and often does not cause any health problems
- Some types of HPV can cause health problems including genital warts and some cancers
- Some types of HPV that cause health problems can be prevented with HPV vaccines

Cultural Competency in Family Planning Care eLearning

[CLICK HERE](#)

Video: Dr. Gail Bolan

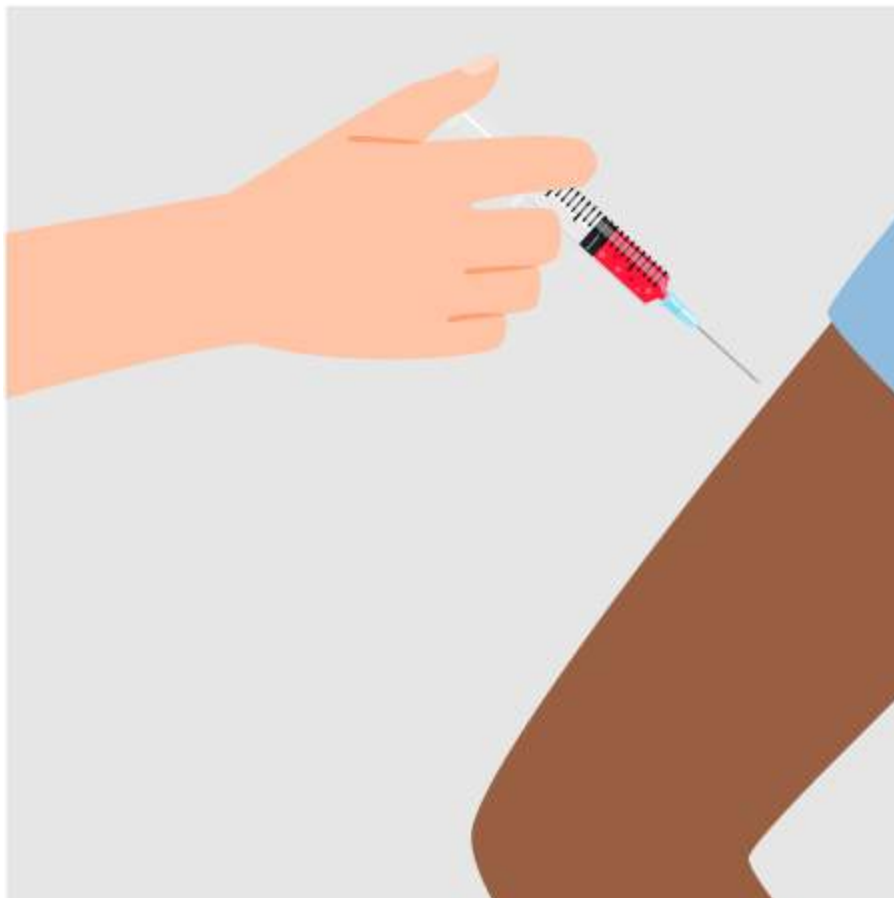
In the video below Dr. Gail Bolan, Director of CDC's Division of STD Prevention, discusses the importance of screening.

Click the play button below to start the video.



PLAY

Immunizations related to reproductive health



Vaccination is an important STD prevention service available to your clients.

HPV vaccine

All people, regardless of sex or sexual behaviors, should receive the HPV vaccine series between 11 and 26 years old.

The HPV vaccines are recommended for:

- Females and males 11 or 12 years old
- People ages 13–26 years old who have not been adequately vaccinated previously

The HPV vaccines can be administered as:

- A two-dose series (0, six to 12 months) for most people who initiate vaccination at ages nine through 14 years old
- A three-dose series (0, one to two months, six months) for people who initiate vaccination at ages 15 through 45 years old, and for immunocompromised people

HPV Vaccine Toolkit

[CLICK HERE](#)

Hepatitis B vaccine

Offer routine hepatitis B vaccination to all unvaccinated children and adolescents under 19 years old and all adults who are unvaccinated and do not have any documented history of hepatitis B infection.

Sexual health assessment



Family planning providers should conduct a sexual history and risk assessment that considers the client’s sexual practices, partners, past STD history, steps taken to prevent STDs, and reproductive life plan or goals.

Sexual health assessments may be done through conversation, written assessment/health history forms, or a combination of the two.

Some clients may not be comfortable talking about these topics. Try to acknowledge this and make the conversation as easy as possible.

- Let your client know that taking an accurate and complete sexual health history is an important part of providing comprehensive health services.

- Explain that these are questions asked of all clients.
- Use communication techniques like open-ended questions, easy-to-understand information, and non-judgmental and normalizing language.

CDC recommends the Five P's approach to conducting a sexual health assessment:

- Partners
- Practices
- Pregnancy intention
- Protection from STDs
- Past STD history

Conducting a Sexual Health Assessment

[CLICK HERE](#)

Activity: Five P's

Instructions:

Click on each of the Five P's in the graphic below to learn more and hear examples of what each category might sound like during a conversation with your client.





Partners

The question of partners is often a logical place to begin. It is important to assess for your client's:

- Number of partners
- Gender of partners (women, men, or both)
- Timing (within last two months or last 12 months)
- Concurrency (if partner had sex with another partner while still in a sexual relationship with the client)

This sounds like:

- “Do you have sex with men, women, or both?”
- “In the past two months, how many partners have you had sex with?”
- “In the past 12 months, how many partners have you had sex with?”
- “Is it possible that any of your sex partners in the past 12 months had sex with someone else while they were still in a relationship with you?”

It's important to remember the term 'partner' may need to be defined for some clients or consider using another term that is centered on your client's experience and relationship.

If the client has been sexually active in the past, but is not currently active, it is still important to obtain a sexual health assessment as past contacts and/or behaviors can also affect risk.

If the client is in a mutually monogamous relationship that has lasted more than a year, it may be appropriate to spend less time discussing risk reduction in order to focus on other topics.



Practices

It is important to assess for your client's range of sexual activity:

- Vaginal sex
- Anal sex
- Oral sex
- Sharing sex toys

This sounds like:

- “Have you had vaginal sex, meaning penis in vagina?”
- “Have you had anal sex, meaning penis in rectum/anus?”
- “Have you had oral sex, meaning mouth on penis/vagina?”
- “What kinds of sex do you have or have you had? For example, vaginal sex, oral sex, anal sex, sharing sex toys.”
- “Is there anything else about your sexual practices that I need to know about to ensure I can provide you with good care?”



Protection from STDs

It is important to assess your client's condom use:

- Frequency
- With whom and in what situations
- Difficulties with condoms or reasons for not using condoms

This sounds like:

- “What do you do to protect yourself from STDs and HIV?”
- “Tell me about your use of condoms when you have [vaginal, oral, anal] sex.”
- If a client uses condoms inconsistently: “In what situations (or with whom) do you use condoms?”
- If a client never uses condoms: “There are lots of reasons why people don't use condoms. What might be your reasons?”



Pregnancy

It is important to assess for your client's:

- Reproductive life plan/pregnancy intentions
- Current and prior contraceptive methods
- Experience, including difficulties, with contraception
- Future contraceptive options and preferences

This sounds like:

- “Do you think you might like to have (more) children at some point?”
- “When do you think that might be?”
- “How important is it to you to prevent pregnancy (until then)?”
- If your client does not want to be involved in a pregnancy:
 - “What are you doing to prevent pregnancy?”
 - “What’s been your experience with your current method?”
 - “Do you have a sense of what is important to you in your birth control method?”



Past STD History

It is important to assess for your client's:

- History of STD testing and/or diagnoses
- Partner(s) history of STD testing and/or diagnoses

This sounds like:

- “I’m going to ask you about past STDs, because the likelihood of you getting an STD is higher if you or your partners have had one in the past.”
- “What STDs have you had in the past, if any?”
- “Have any of your partners had an STD?”

FIVE P'S MATCHING

Match each of the sexual health assessment Five P's below with the corresponding question you might ask your client.

PARTNERS

—

a) Tell me about your use of condoms when you have (vaginal, oral, anal) sex.

PRACTICES

—

b) Do you have sex with men, women, or both?

**PROTECTION
FROM STDS**

—

c) What kinds of sex do you have or have you had?

**PREGNANCY
INTENTION**

—

d) What STDs have you had in the past, if any?

**PAST STD
HISTORY**

—

e) Do you think you might like to have (more) children at some point?

Correct Responses:

Partners (b); Practices (c); Protection from STDs (a); Pregnancy intention (e); Past STD history (d)

Sexual health assessment scenario



Sexual health assessment scenario

Your 22-year-old client, Alexa, is in the clinic for a birth control refill, condoms, and to receive the third HPV vaccine. For each interaction, choose the best option to continue the conversation.

CONTINUE

Scene 1 Slide 1

Continue → Next Slide



After discussing Alexa's reason for the visit, what might you say next?

1 I'll get the vaccine now.

2 Do you want to talk about anything else before I get the vaccine?

3 Let's update your sexual history so I can make sure you're getting all the services you need. I ask all clients these questions at least once a year.

Scene 1 Slide 2

0 → Next Slide

1 → Next Slide

2 → Next Slide



When you reviewed Alexa's chart from the last visit, you noted that she reported having a new boyfriend. What might you ask next?

1 Are you still having sex with the same partner?

2 How many partners have you had sex with in the last 12 months?

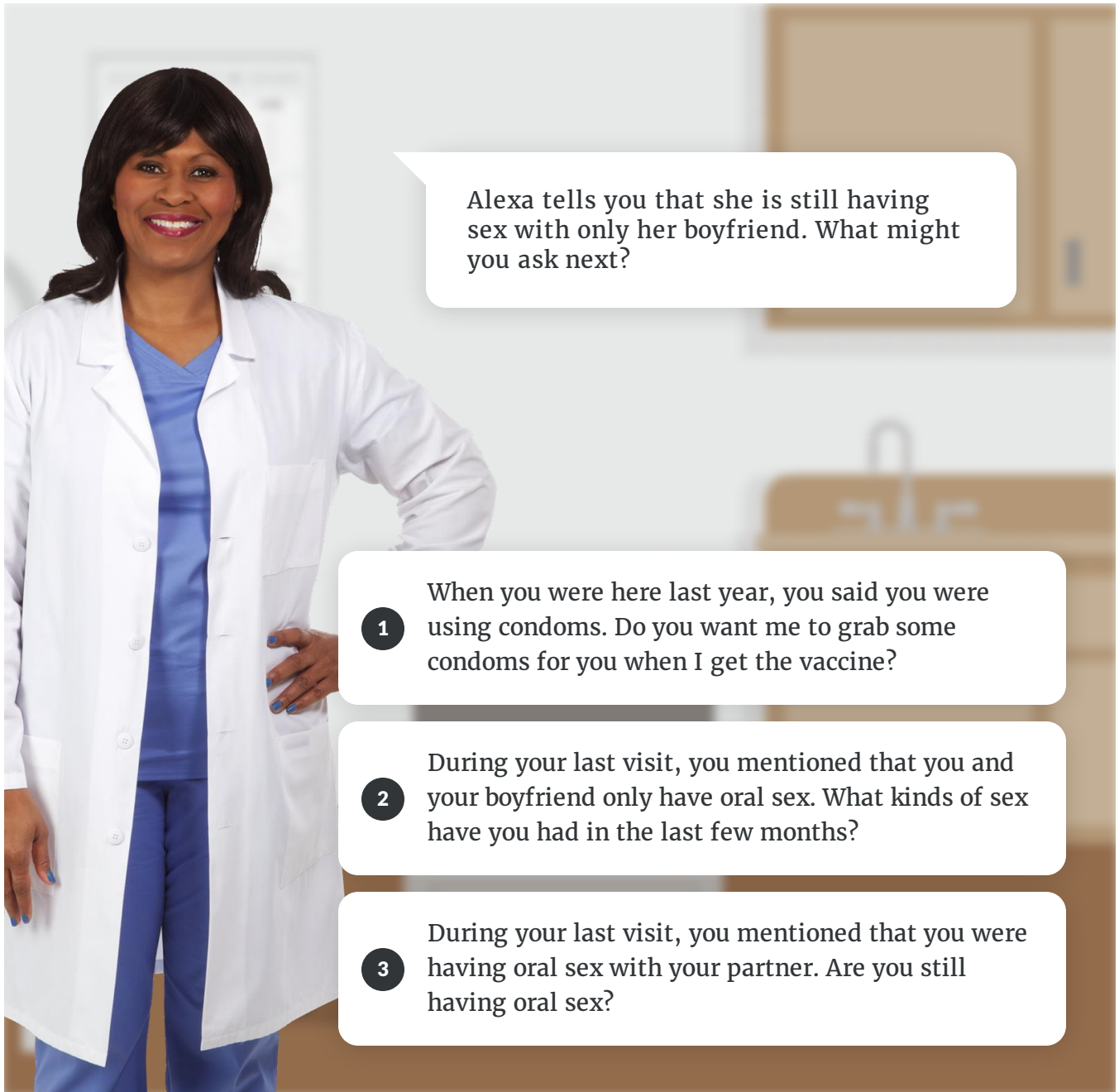
3 During your last visit, you mentioned you were having sex with a new partner. Are you still together?

Scene 1 Slide 3

0 → Next Slide

1 → Next Slide

2 → Next Slide



Alexa tells you that she is still having sex with only her boyfriend. What might you ask next?

1

When you were here last year, you said you were using condoms. Do you want me to grab some condoms for you when I get the vaccine?

2

During your last visit, you mentioned that you and your boyfriend only have oral sex. What kinds of sex have you had in the last few months?

3

During your last visit, you mentioned that you were having oral sex with your partner. Are you still having oral sex?

Scene 1 Slide 4

0 → Next Slide

1 → Next Slide

2 → Next Slide



You learn that Alexa and her boyfriend are having oral and vaginal sex. What might you ask next?

1

Since your boyfriend is not monogamous, do you want an STD test?

2

Have you or your boyfriend had STDs in the past?

3

Do you want an STD test today?

Scene 1 Slide 5

0 → Next Slide

1 → Next Slide

2 → Next Slide



Scene 1 Slide 6

Continue → End of Scenario

Screen and treat STDs



Family planning providers should provide STD services in alignment with CDC's *Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services and Sexually Transmitted Diseases Treatment Guidelines*.

These guidelines provide recommendations regarding quality clinical STD services and offer a comprehensive, evidence-based reference for the prevention, diagnosis, and treatment of STDs.

When talking to clients, it is important to use normalizing language and an opt-out approach to STD screening.

NORMALIZING LANGUAGE

OPT-OUT LANGUAGE

Using normalizing language means presenting screening as a routine part of a visit. When you use normalizing language, it helps clients feel that they are not being judged or singled out.

This sounds like:

“I talk to all of my patients about chlamydia screening. Untreated chlamydia can lead to infertility or the inability to have children.”

“To keep you healthy, I recommend testing for chlamydia and gonorrhea. These are common infections that usually have no symptoms and that you can get from sexual contact.”

NORMALIZING LANGUAGE

OPT-OUT LANGUAGE

Use opt-out language for screening clients in a defined population for whom testing is universally recommended, regardless of clients' individual risk factors.

Instead of saying “Do you want testing?” or “Do you need testing?” you might say one of the following:

“We recommend a test for chlamydia and gonorrhea to everyone under 25. Unless you've had those tests recently, I'd like to do that today. Do you have questions or concerns?”

“We ask all of our patients your age if they've been tested for chlamydia and gonorrhea recently, since those tests should be done regularly and we don't want to miss chances to keep you healthy. I'd like to do that today. Do you have questions or concerns?”

Recommendations for Providing Quality STD Clinical Services, 2020

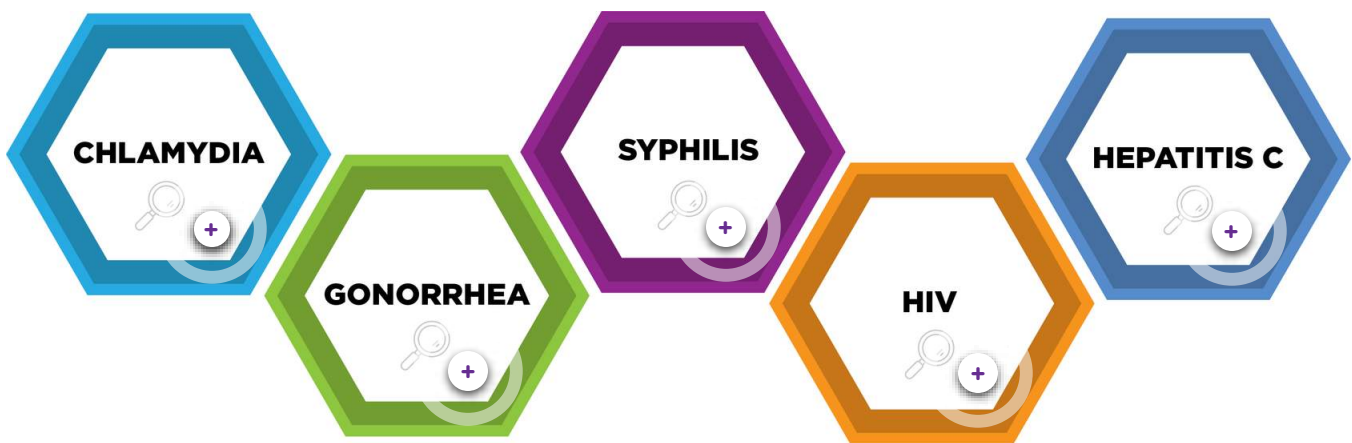
STD Treatment Guidelines, 2015

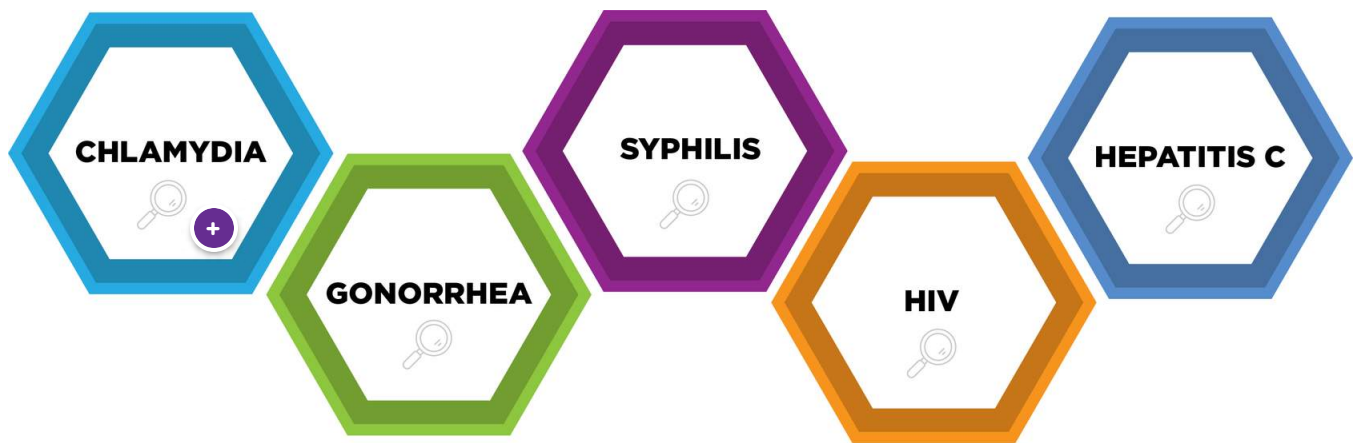
**Using Normalizing and Opt-out Language for Chlamydia and Gonorrhea
Screening: Training Activity for Clinic Staff**

Activity: Explore STD screening and treatment guidance

Instructions:

Click on each of the STDs in the graphic below to explore screening and treatment guidance for each.





Chlamydia

Chlamydia screening recommendation:

Sexually active females under 25 years old, at least annually

Sexually active females 25 years and older who have a new partner, more than one sex partner, or a partner who has other concurrent partners

Pregnant clients, at the time of their pregnancy test, if they may not access prenatal care on the recommended schedule (clients who will access prenatal care on the recommended schedule will receive routine screening)

Males with symptoms of chlamydia—urethral discharge or dysuria—or whose partner has chlamydia should be empirically treated at the initial visit

Young males in settings or populations with a high burden of infection, for example adolescent clinics, correctional facilities, STD clinics

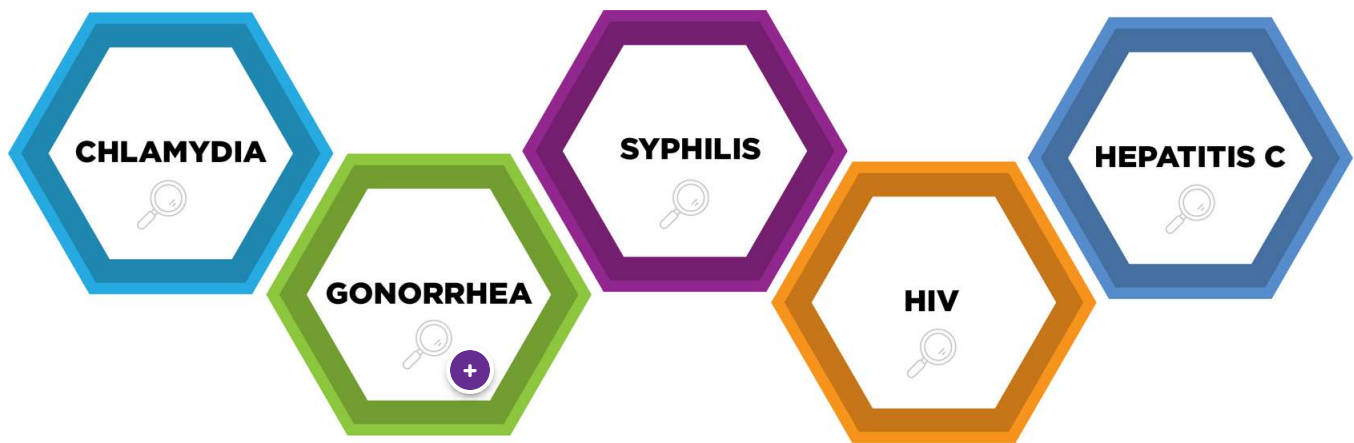
Sexually active men who have sex with men (MSM) regardless of condom use, at least annually or every three to six months if at increased risk

Chlamydia treatment recommendations:

Azithromycin 1 g orally in a single dose OR (if not pregnant) Doxycycline 100 mg orally twice a day for seven days

Chlamydia retest recommendations:

Clients who have been treated for chlamydia should be retested approximately three months after treatment



Gonorrhea

Gonorrhea screening recommendation:

Sexually active females under 25 years old, at least annually

Sexually active females 25 years and older who have other STDs, have new or multiple sex partners, use condoms inconsistently, and engage in commercial sex work and/or drug use

Pregnant clients, at the time of their pregnancy test, if they may not access prenatal care on the recommended schedule (clients who will access prenatal care on the recommended schedule will receive routine screening)

Males with symptoms of gonorrhea—urethral discharge or dysuria—or whose partner has gonorrhea should be empirically treated at the initial visit

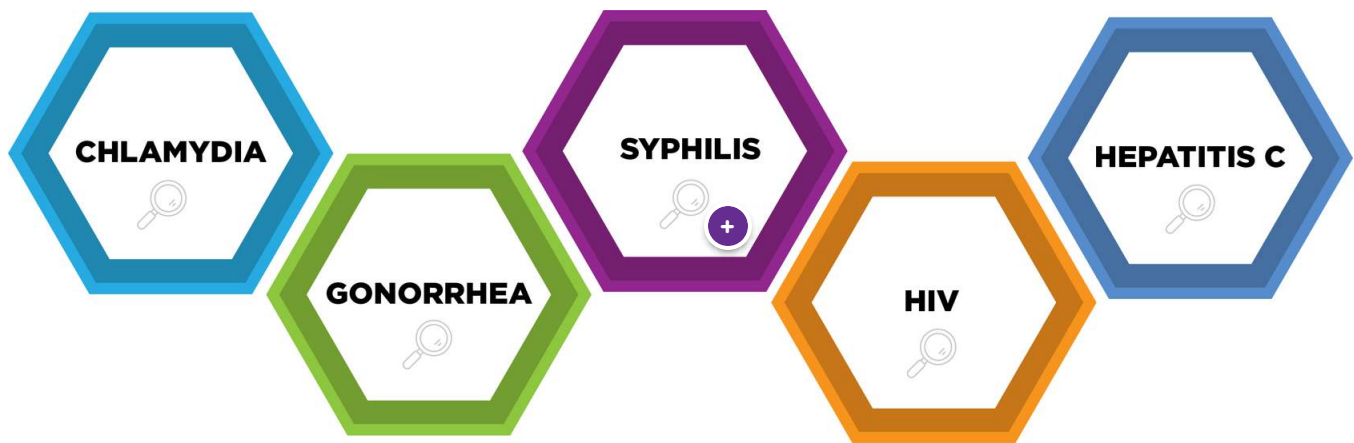
Sexually active MSM regardless of condom use, at least annually or every three to six months if at increased risk

Gonorrhea treatment recommendations:

Ceftriaxone 250 mg IM in a single dose PLUS Azithromycin 1g orally in a single dose

Gonorrhea retest recommendations:

Clients who have been treated for gonorrhea should be retested approximately three months after treatment



Syphilis

Syphilis screening recommendation:

Pregnant clients, at the time of their pregnancy test, if they may not access prenatal care on the recommended schedule (clients who will access prenatal care on the recommended schedule will receive routine screening)

Clients at risk for infection due to commercial sex work, exchanging sex for drugs, or living in adult correctional facilities or other communities with high prevalence of syphilis

Sexually active MSM regardless of condom use, at least annually or every three to six months if at increased risk

Syphilis treatment recommendations:

Benzathine penicillin G 2.4 million units IM in a single dose

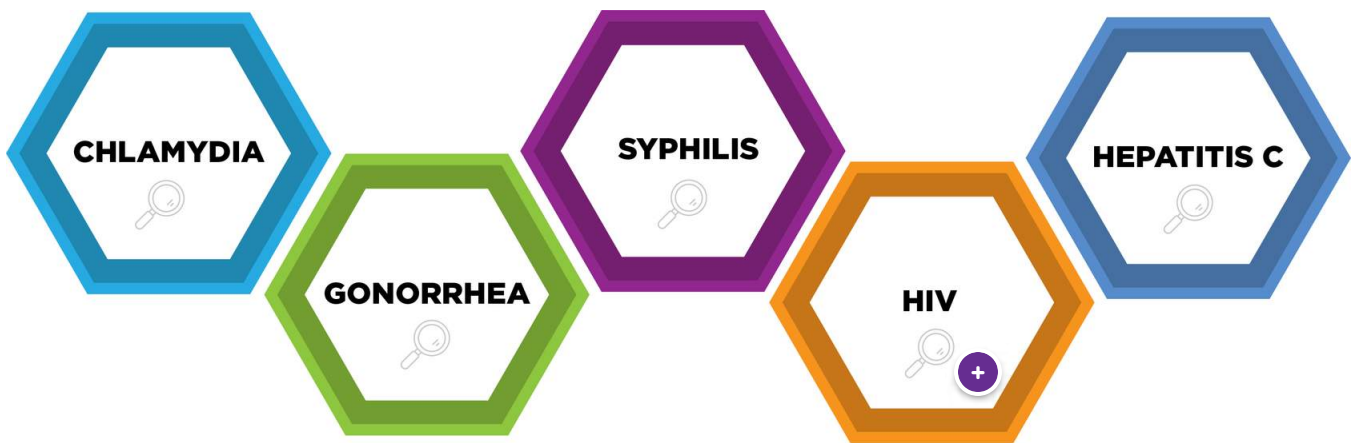
Treatment for latent and tertiary syphilis require a longer duration of therapy

Family planning providers should consult with specialists knowledgeable about management of syphilis infection

Syphilis retest recommendations:

Clinical and serologic evaluation should be performed at six and 12 months after treatment

More frequent evaluation might be prudent if follow-up is uncertain or if repeat infection is a concern



HIV

HIV screening recommendation:

All clients 13–64 years old, at least once in a lifetime

At least annually for all clients likely to be at high risk for HIV (including people who inject drugs)

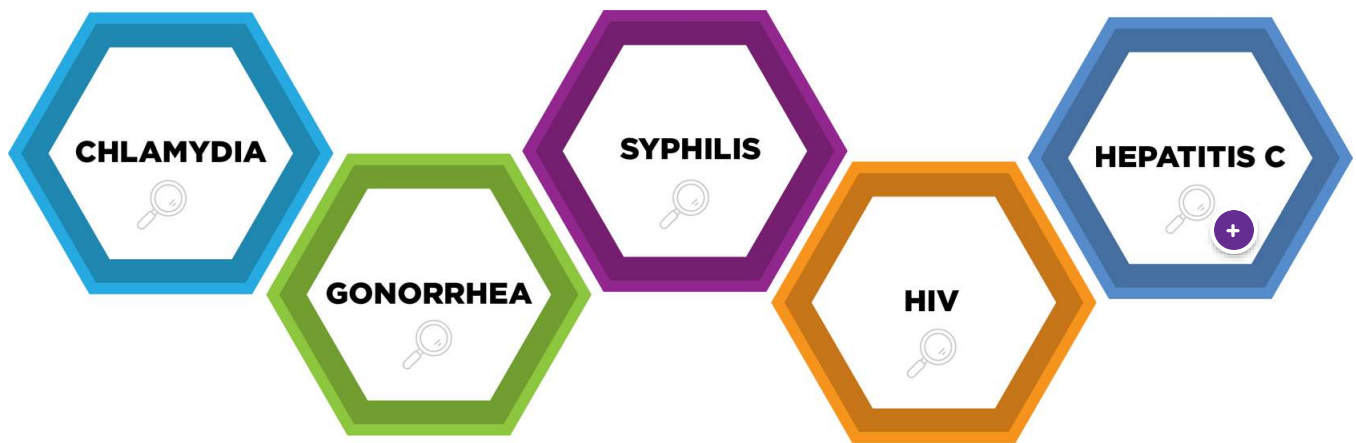
Pregnant clients, at the time of their pregnancy test, if they may not access prenatal care on the recommended schedule (clients who will access prenatal care on the recommended schedule will receive routine screening)

For all clients in the populations listed above, notify the client that testing will be performed unless the client declines (opts out) or unless otherwise prohibited by state law

HIV treatment recommendations:

Antiretroviral therapy (ART) medication

Family planning providers should consult with specialists knowledgeable about management of HIV



Hepatitis C

Hepatitis C screening recommendation:

One-time testing of all adults (18 years and older)

One-time testing of all pregnant women during every pregnancy

Regular testing of people with risk factors, including people who inject drugs

Annual screening for MSM clients with HIV

Hepatitis C treatment recommendations:

Family planning providers should consult with specialists knowledgeable about management of hepatitis C infection

i Note: The QFP hepatitis screening and treatment recommendations were updated in 2020.

Screening Recommendations and Considerations Referenced in STD Treatment Guidelines and Original Sources

Chlamydia Screening Toolkit

Guidance for Delivering HIV Pre-Test and Post-Test Results: Integrating HIV Screening Into Title X Services

CDC Recommendations for Hepatitis C Screening Among Adults – United States, 2020

i Note: The QFP does not include STD diagnostic management recommendations. For that information, refer to CDC’s STD Treatment Guidelines.

Video: Kennedy's STD visit

As you watch Kennedy's counseling session, reflect on which of the counseling skills you see the provider demonstrate.

Click the play button below to start the video.



This video is a clip from the Envision Sexual & Reproductive Health video compilation demonstrating PATH counseling skills. The full compilation is available here:

envisionsrh.com/counseling-movies

Partner services



Partner services is a continuum of care designed to increase the number of infected people treated for an STD, disrupt STD transmission networks, and potentially diminish transmission of STDs. The services include evaluation, counseling, diagnostic testing, and treatment.

Family planning providers can provide partner services by:

- Counseling clients with STDs about the importance of notifying their sex partner(s) and encouraging them to seek medical evaluation and treatment

- Recommending that clients with STDs bring their primary sex partner with them when returning for treatment so they can both be treated at the same time
- Providing clients with STDs with written information and medication to give to their partners, if recommended and allowable by state law—for example, providing Expedited Partner Therapy (EPT) for partners of clients with a chlamydia or gonorrhea diagnosis
- Directly evaluating and treating sex partners
- Engaging a health department disease intervention specialist to identify others who might be infected and to identify client follow-up needs

Expedited Partner Therapy

Legal Status of Expedited Partner Therapy

Passport to Partner Services

Video: Delivering HIV rapid test results

The video below illustrates the importance of compassion and kindness when delivering positive test results. While the scenario is specific to HIV, many of the counseling techniques illustrated can be applied to delivering other STD test results.

Click the play button below to start the video.



Delivering HIV Rapid Test Results: Experiences from the Field

Counseling clients at risk for an STD



Family planning providers should offer sexual behavioral risk reduction counseling to all clients at risk for an STD, in accordance with the USPSTF recommendation.

Clients at risk for STDs include:

- All sexually active adolescents
- Adults with current STDs

- Adults who have had an STD in the past year
- Adults who have multiple sexual partners
- Adults in non-monogamous relationships
- Adults who are sexually active and live in a community with a high rate of STDs

When counseling your client, share basic information about STDs and STD transmission, assess their risk for STD transmission, and provide training in pertinent skills such as condom use, problem solving, goal setting, and communication about safe sex.

Counsel adolescent clients who are not having sex about the benefits of delaying sexual activity. Remind adolescent clients that they can reduce their risk of STDs by choosing not to have sex and share the benefits of returning to a risk-free status for clients who are currently sexually active.

For clients using or considering contraceptive methods other than condoms:

- 1 Advise them that these methods do not protect against STDs
- 2 Encourage them to use condoms unless they are in a mutually monogamous relationship with an uninfected partner
- 3 Encourage clients who do not know their partners' infection status to get tested and use condoms or avoid sexual intercourse until their partners' infection status is known

Sexually Transmitted Infections: Behavioral Counseling

STI Patient Education Tool

Counseling clients with an STD



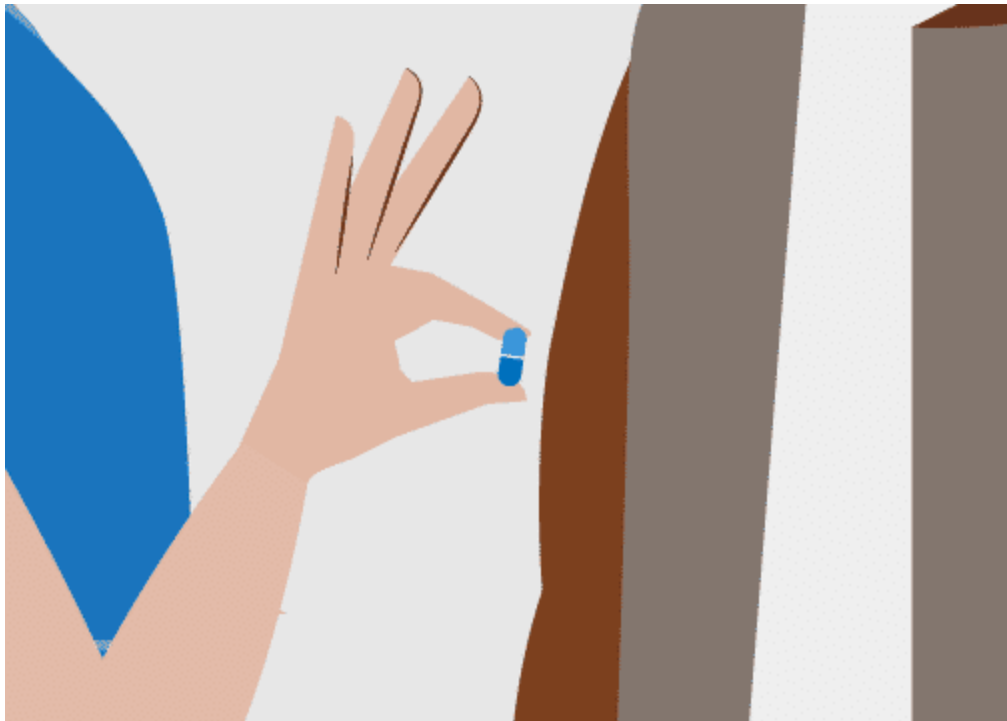
It is also important to provide sexual behavioral risk reduction counseling to all clients diagnosed with an STD, in accordance with the USPSTF recommendation.

In addition to the education described previously, clients with an STD should be counseled to:

- 1 Refrain from unprotected sex during the period of STD treatment
- 2 Encourage their partner(s) to be screened or to get treatment as quickly as possible, in accordance with CDC's Treatment Guidelines
- 3 Return for testing and/or obtain follow-up care as advised

USPSTF Behavioral Counseling Recommendations, 2014

PrEP



HIV pre-exposure prophylaxis (PrEP) is an important STD prevention service available to your clients.

For clients at risk for HIV, provide the following information on PrEP:

- PrEP is a daily medication taken to prevent HIV infection
- PrEP is very effective at preventing HIV—when taken as indicated, it reduces the risk of getting HIV from sex by more than 90%

- A client's risk of getting HIV from sex can be even lower if they combine PrEP with condoms and other prevention methods

Family Planning Provider PrEP Toolkit

Decision-Making Guide for the Provision of PrEP Services in Title X-Funded Sites

Positive STD test result scenario

Positive STD test result scenario

Maya was seen for emergency contraception after a condom broke. She is back for an implant and STD test results. For each interaction, choose the best option to continue the conversation.

CONTINUE

Scene 1 Slide 1

Continue → Next Slide



You applaud Maya for taking this opportunity to choose a birth control method and get tested for STDs. What might you say next?

- 1 Before I place the implant, I'd like to talk with you about your STD test results.
- 2 I'll place the implant now and then talk about your STD results.
- 3 Would you like me to share your STD test results now or after I place your implant?

Scene 1 Slide 2

- 0 → Next Slide
- 1 → Next Slide
- 2 → Next Slide



Maya would like to hear her STD test results before you insert the implant. What might you say next?

1 Your test was positive.

2 Your chlamydia test result was positive, which means you have a chlamydia infection.

3 You have chlamydia.

Scene 1 Slide 3

- 0 → Next Slide
- 1 → Next Slide
- 2 → Next Slide



After you acknowledge this might be difficult information to hear, what might you say next?

1

The good news is that this infection is easily treatable with an antibiotic called Azithromycin, which you can take before you go home today.

2

Here's your Azithromycin.

3

Are you ready for your inplant now?

Scene 1 Slide 4

0 → Next Slide

1 → Next Slide

2 → Next Slide



You remind Maya that chlamydia is spread by having vaginal, anal, or oral sex. What might you say next?

1

It's important that you tell your partner you're being treated for chlamydia.

2

It's important that your partner is treated for chlamydia infection before you have sex with them, or they could pass the infection back to you.

3

Make sure you tell your partner you were treated for chlamydia before you have sex again.

Scene 1 Slide 5

0 → Next Slide

1 → Next Slide

2 → Next Slide



Maya understands she needs to get treated and talk to her partner. What might you say next?

1

Remember, the implant does not protect you from STDs.

2

It's important to use condoms.

3

It's important to use condoms to prevent STDs. Let's review how to use a condom and talk to your partner about safe sex.

Scene 1 Slide 6

0 → Next Slide

1 → Next Slide

2 → Next Slide



Scene 1 Slide 7

Continue → End of Scenario

Quiz

Now let's review what we've covered during this module. For each question, select the response option you think is correct.

Question

01/05

Which two STDs are the most commonly reported infectious diseases in the United States and can cause serious reproductive health problems?

Chlamydia and gonorrhea

Chlamydia and Hepatitis C

Hepatitis C and HIV

HIV and syphilis

Hepatitis C and syphilis

Question

02/05

STD services in the family planning setting should include which of the following?

A sexual health assessment

STD screening

STD treatment for a client with an STD and their partner

Risk reduction counseling

All of the above

Question

03/05

Which of the following STDs can clients receive a vaccine for?

Chlamydia

Gonorrhea

Hepatitis C

HPV

Syphilis

Question

04/05

Which of the following clients are at risk for STDs and should receive counseling for sexual behavioral risk reduction?

All sexually active adolescents

Adults with current STDs

Adults who have had an STD in the past year

Adults who have multiple sexual partners, are in non-monogamous relationships, or are sexually active and live in a community with a high rate of STDs

All of the above

Question

05/05

Clients at risk for contracting _____ can take pre-exposure prophylaxis (PrEP).

Chlamydia

Gonorrhea

Syphilis

HIV

HPV

Conclusion

This is the end of the Sexually Transmitted Diseases Screening and Treatment module.

Thank you for joining us. Your feedback is important to us!

Please complete a brief evaluation of this module. After completing the evaluation, you can download your certificate of completion from your FPNTC training account.

Course Evaluation



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References

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