

“STD Services in the Family Planning Setting” Q&A

ADOLESCENT CLIENTS

1. At what age should sexual health assessments start?

There is no specific age recommendation; the recommendations in the QFP as well as the [CDC STD Treatment Guidelines, 2015](#), recommend conducting a sexual health assessment for any client who is currently sexually active or has been sexually active in the past. Additional information on providing STD and other sexual health services to adolescent clients can be found throughout the QFP and in the CDC STD Treatment Guidelines (see pages 11-2) and the Adolescent Health Working Group’s [Sexual Health: Adolescent Provider Toolkit](#) (see pages C13-C15).

2. What are some tips for incorporating parent involvement into counseling for adolescents?

With all adolescent family planning services, we always want to encourage family participation in the decision of minors seeking family planning services, while maintaining client confidentiality. Providers can ask adolescent clients questions such as, “What does your mom or dad know about you coming to the clinic today?” Additional tips for encouraging parent-child communication can be found on page C-7 of the Adolescent Health Working Group’s [Sexual Health: Adolescent Provider Toolkit](#).

RISK COUNSELING

3. If I do risk counseling for a high-risk patient and they agree to make a small change but plan to continue many high-risk behaviors I worry about how to document that. How do I make it clear that my counseling was adequate and that this is the best possible outcome at this time with this particular high-risk client?

The focus with counseling is always on small changes in behavior. I would recommend that you document what the client said, in quotation marks. Make it clear for the next provider or staff person what specific behaviors your counseling centered on, and note what other concerns and risks you discussed with recommendations for those to be addressed further at a follow up visit.

4. The QFP explicitly references high-intensity behavioral counseling (HIBC), but it sounds like you are suggesting brief counseling is still acceptable. Can you reconcile why QFP doesn't explicitly reference other counseling other than high-intensity?

The QFP states that “providers should offer STD services in accordance with CDC’s STD treatment and HIV testing guidelines” (page 17). Providers should look to both the QFP and the [CDC STD Treatment Guidelines, 2015](#), for the most recent information and guidance on the provision of STD risk reduction counseling.

5. What do you do if a client doesn’t self-identify a risk behavior?

The client may not be ready or motivated to make a change or to recognize their behavior as risky. Continue to address the five Ps and include STD services as part of subsequent visits.

SEXUAL PRACTICES AND STD TRANSMISSION

6. Can partners sharing sex toys pass an STD like chlamydia? How likely is it and should we be asking about that?

Sexual practices would certainly be one of the five Ps that we would want to ask clients about as part of a sexual health assessment. Sharing sex toys or other paraphernalia could put a client at risk for passing types of bacterial and viral STDs. Chlamydia in particular is a type of bacteria that doesn't live very well on non-living or fomite surfaces; however, if someone was sharing sex toys with partners we still would recommend chlamydia screening if they were in an identified risk group. For more specific information about chlamydia risk factors, STD risks for women who have sex with women (WSW), and risks associated with particular sexual practices and behaviors, please reference the [CDC STD Treatment Guidelines, 2015](#).

7. In taking a sexual history, is it important to ask about penis in mouth sex? How likely is it for STDs to be passed that way?

There is a lower risk for STD transmission via genital to oral contact, but there is still risk, particularly for some infections like gonorrhea. Providers must be sure to ask the client about the types of sexual contact that they have had, and the five Ps is a helpful approach for collecting that information. For more specific information about STD risks associated with particular sexual practices and behaviors, please reference the [CDC STD Treatment Guidelines, 2015](#).

8. If someone has oral herpes (HSV-1) can they pass in saliva? What about genital herpes (HSV-2)?

The herpes virus is transmitted through skin to skin contact so it's not transmitted through salivary contact. We also do not commonly see HSV-2 orally. We are seeing higher prevalence of genital HSV-1 begin to emerge, particularly in populations that were naïve to infection, such as adolescents. HSV is something all providers need to be aware of, especially if counseling clients who know they or their partner(s) have a history of HSV. For more specific information about transmission of and screening for HSV-1 and HSV-2, please reference the [CDC STD Treatment Guidelines, 2015](#).