Delivering Recommended Preventive Sexual Health Services

The U.S. Preventive Services Task Force (USPSTF), the Centers for Disease Control and Prevention (CDC), and many medical associations recommend a number of preventive sexual health services. These services, which include counseling, screenings, and vaccines, are outlined in *Table 2.* For information about specific tests, see page 20. Services the USPSTF recommends against providing are listed in *Table 3.*

Table 2: Recommended preventive sexual health services for various patient populations (including those who are transgender)

	Females				Males				
	Teens (13-17)	Adults (18-64)	Older adults (65+)	Pregnant	Teens (13-17)	Adults (18-64)	Older adults (65+)	MSM (all ages)	Transgender individual
Counseling - STIs	✓a	✓b	✓b	✓a,b	✓a	✓b	✓b	✓a,b	✓a
Contraceptive counseling	✓	✓		✓	✓c	✓c	✓c		✓
Cervical cancer screening*		✓d		✓d					✓c
Chlamydia screening	✓e	✓e	✓e	✓e	✓f	✓f		✓g	✓a
Gonorrhea screening	✓e	✓e	✓e	✓e				✓h	✓a
HIV testing	✓	✓	✓b	✓	✓	✓	✓b	✓	✓
Syphilis screening	✓i	✓i	✓i	✓	✓i	✓i	✓i	✓	✓h
Hepatitis B screening	✓j	✓j	✓j	✓	✓j	✓j	✓j	✓	✓i
Hepatitis C screening	✓k	✓	✓	✓	✓k	✓	✓	✓	✓
Hepatitis A vaccine	✓	✓l	✓l	✓l	✓	✓l	✓l	✓	✓m
Hepatitis B vaccine	✓	✓n	✓n	✓n	✓	✓n	✓n	✓	✓l
HPV vaccine	✓	✓o			✓	✓o		✓o	✓n
PrEP	✓*	✓*	✓*	✓*	✓*	✓*	✓*	✓*	✓*

These footnotes summarize risk factors and major populations at risk found in recommendations issued by the USPSTF, CDC, and other national medical organizations. For complete information, see the actual recommendation.

** = screen female-to-male transgender patients who still have a cervix according to the guidelines for non-transgender women*

a = all sexually active adolescents

b = adults at increased risk (e.g., inconsistent condom use, current STI or history of STI within the past year, multiple sex partners)

c = males who wish to prevent pregnancy or do not want (more) children

d = screen female-to-male transgender patients who still have a cervix according to the guidelines for non-transgender women

e = sexually active women aged 24 and younger; women aged 25 and older who are at increased risk

f = consider screening adolescent and young adult males in high prevalence communities or settings

g = screen for urethral infection if had insertive anal sex in preceding year and for rectal infection if had receptive anal sex in preceding year

h = screen for urethral infection if had insertive anal sex in preceding year, for rectal infection if had receptive anal sex in preceding year, and for pharyngeal infection if had receptive oral sex in preceding year

i = those who are HIV-positive; those at increased risk (e.g., exchange sex for drugs or money, engage in commercial sex work, history of incarceration); those who are in high prevalence communities

j = those who are at risk (e.g., have unprotected sex, had a prior STI, share needles or syringes, have a sexual partner or family member infected with HBV); and those born in a country with a hepatitis B surface antigen (HBsAG) prevalence of at least 2% or born in the United States to parents who are from a country with HBsAG prevalence of at least 8%

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

l = those who use illicit drugs, have chronic liver disease, receive clotting factor concentrates, travel to hepatitis A-endemic countries, or wish to be vaccinated

m = screen all those born between 1945 and 1965 one time

n = those who are at risk (e.g., have unprotected sex, had a prior STI, share needles or syringes, or have a sexual partner or family member infected with HBV)

o = all aged 26 and younger—those aged 27-45 may decide to get the vaccine based on discussions with their clinician if they did not get adequately vaccinated when they were younger

Counseling your patients

Counseling is a core element of good sexual health care. It helps patients to understand their contraceptive options and choose an ideal method, and learn to lower their risk for STIs, including HIV.

The USPSTF recommends behavioral counseling to prevent STIs for all sexually active adolescents and for adults who have the following risk factors:

- Not using a condom or inconsistently using one
- Having multiple partners
- Having a current STI or an STI within the past year
- Using drugs or alcohol before having sex
- Having a partner who has other sexual partners

Sexual risk reduction counseling should include basic information about STIs and their transmission, and training on skills to lower risk, such as using condoms, improving communication about safer sex, problem solving, and goal setting. The CDC also recommends abstinence, reducing the number of sexual partners, and mutual monogamy as effective strategies for lowering sexual risk for STIs.

The CDC recommends offering contraceptive services to all patients who wish to delay or prevent pregnancy. This includes considering a range of FDA-approved methods and assessing which are safe for the patient, counseling to help the patient select a method and learn how to use it correctly and consistently, and providing the selected method (preferably on-site or by referral). For males, you might also discuss female-controlled methods and how to access those methods.

Counseling is typically included in the preventive medicine CPT codes. Medicare covers up to two-individual 20-30 minute, face-to- face, high-intensity behavioral counseling sessions per year for sexually active adults at increased risk for STIs.

Table 3: Preventive services the USPSTF recommends against (D-grade) providing to patients who are at low or average risk

Preventive Service	Population(s) that should not be screened
Screening for bacterial vaginosis	Asymptomatic pregnant women at low risk for preterm delivery
Screening for cervical cancer	Women younger than age 21 years
	Women younger than age 30 years using human papillomavirus testing, either alone or in combination with cytology
	Women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer
	Women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer
Screening for herpes simplex virus*	Asymptomatic pregnant women at any time during pregnancy to prevent neonatal HSV infection
	Asymptomatic adolescents and adults
Screening for ovarian cancer	Asymptomatic women
Screening for prostate cancer	Adult men using prostate-specific antigen (PSA)-based screening
Screening for syphilis*	Asymptomatic persons who are not at increased risk for syphilis infection
Screening for testicular cancer**	Adolescent or adult men

* Although the USPSTF recommends against routinely providing this service, there may be instances when it is warranted. Use your clinical judgement or visit the "Clinical Considerations" section of the recommendation statement to determine whether to provide this service. Statements can be found at http://www.uspreventiveservicestaskforce.org/Page/Name/recommendations.

**The Society for Adolescent Health and Medicine (SAHM) recommends health care providers perform a complete genital examination annually on adolescent and young adult males apart from screening for testicular cancer.