

2010 STD Treatment Guidelines Webinar Series



Focus on Adolescent Sexual Health

An Overview by CDC, SAHM, AAP & the NNPTC

June 1, 2011



American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



Learning Objectives

- ❑ Describe the impact of STDs on adolescents in the United States
- ❑ Identify two tools for engaging adolescent patients in a sexual health dialog
- ❑ Describe CDC and AAP STD screening recommendations for adolescents
- ❑ Discuss changes to the 2010 STD Treatment Guidelines relevant to the care of adolescents
- ❑ Identify AAP, SAHM, NNPTC and CDC sexual health resources for adolescent care providers

Target Audience

- ❑ **Physicians, advance practice nurses, and other health care providers who see adolescents in the U.S. in primary care practice settings such as private practices/HMOs, community health centers, adolescent clinics and school based health centers**

Presenters



Kathy Hsu, MD, MPH

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Medical Director, Division of
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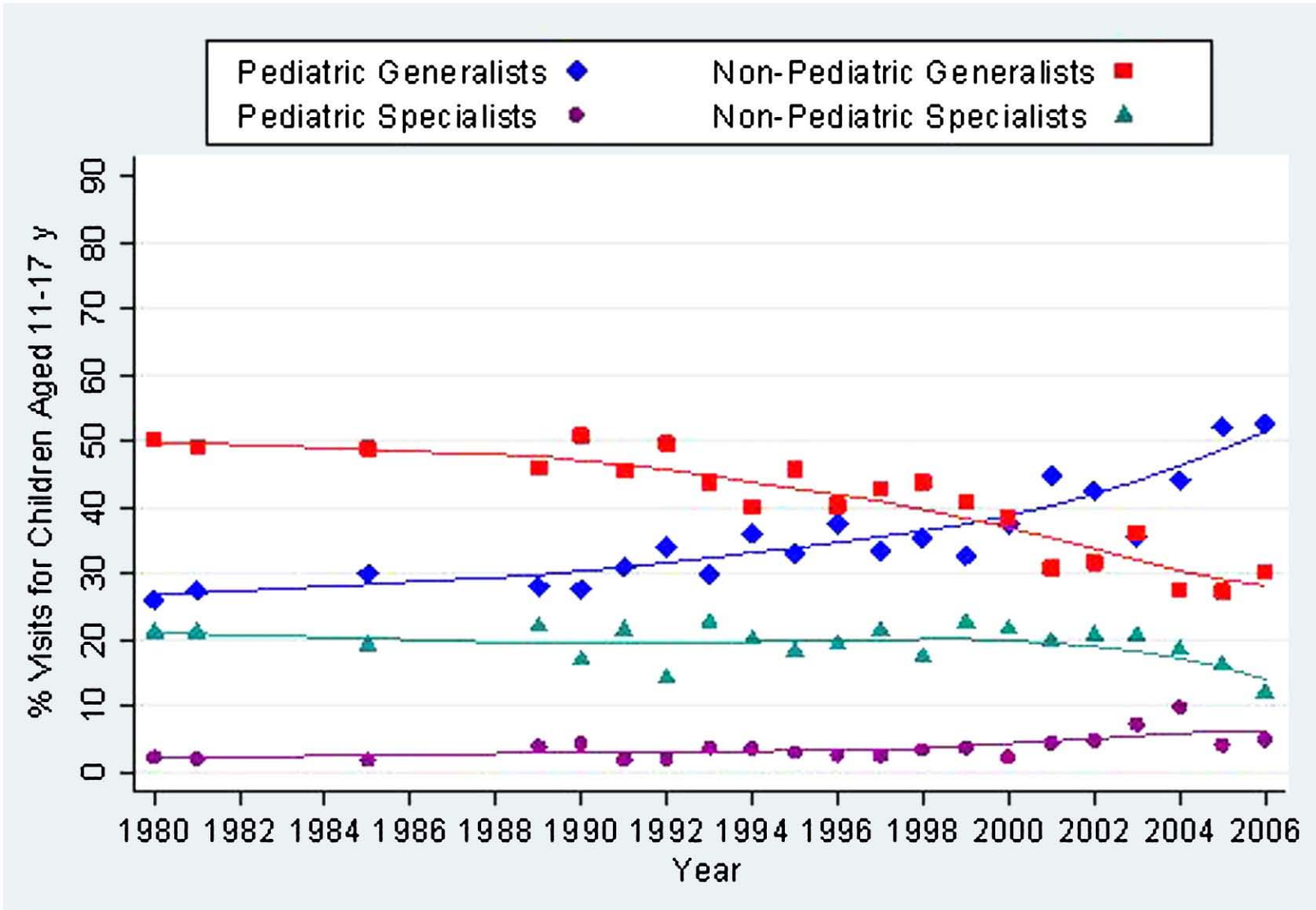
Assistant Professor of Pediatrics,
Boston University Medical Center
Medical Director, Division of STD
Prevention, Massachusetts Dept. of
Public Health

Medical Director, Sylvie Ratelle STD/HIV
Prevention Training Center of New
England



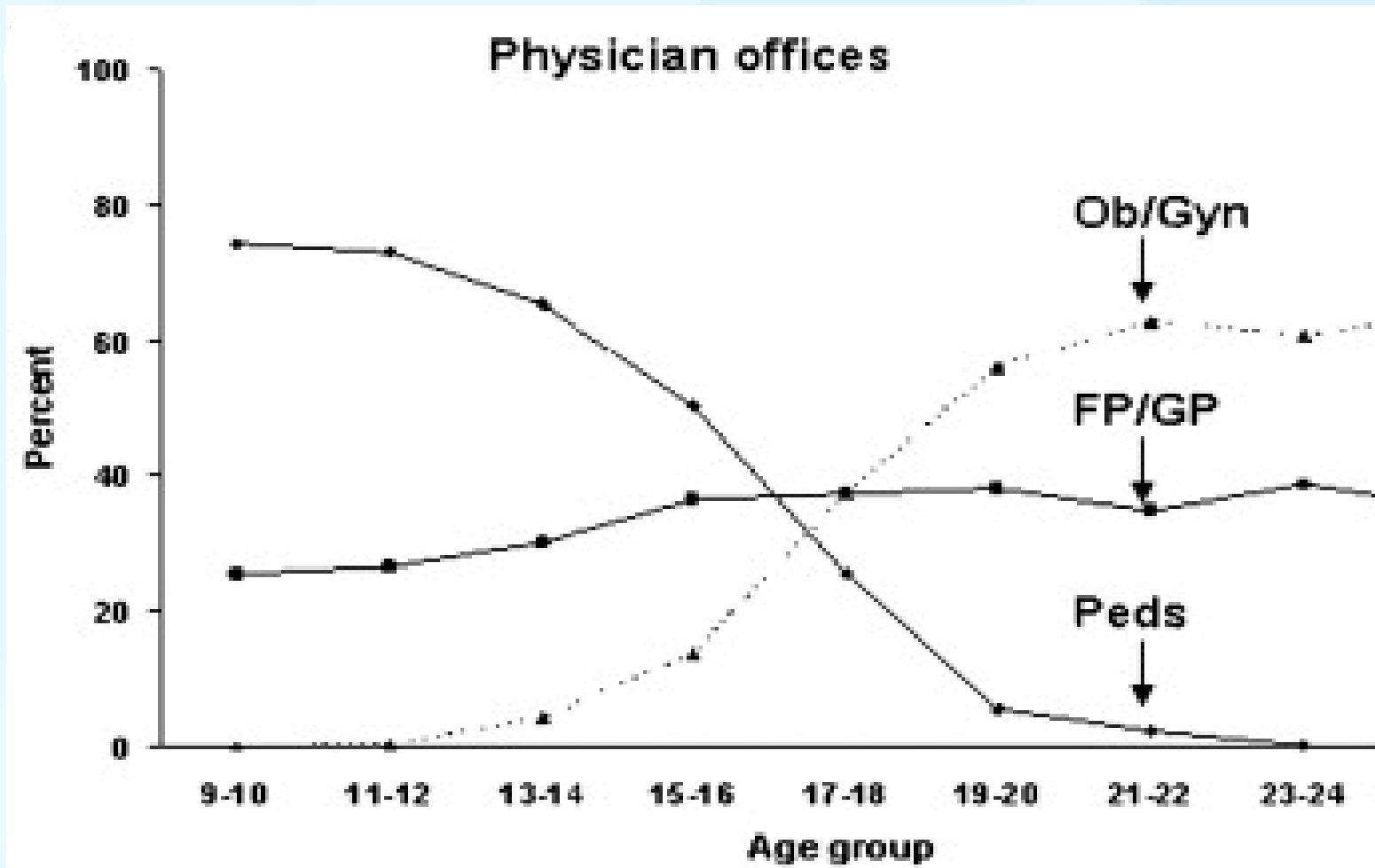
Impact of STDs on adolescents in the United States

Clinical Care: Young Adolescents



Source: National Ambulatory Medical Care Survey

Clinical Care: Female Adolescents



Source: National Ambulatory Medical Care Survey

Adolescent Sexual Health Trends

❑ National Youth Risk Behavior Surveillance System

- ↓ in high school students who have ever had sex
 - 1991-2009: ↓ 54% to → 46%
- ↓ in high school students reporting sex with ≥ 4 persons
 - 1991-2009: ↓ 19% → 14%
- Used condom during last sexual intercourse
 - 1991-2003: ↑ 46% → 63%
 - 2003-09: no significant change, still ~61%

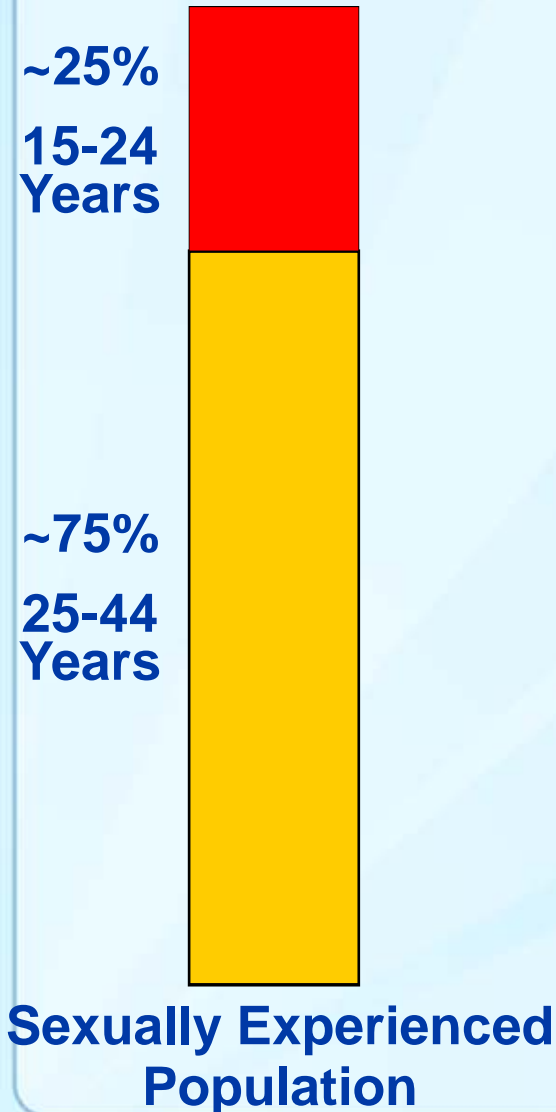
❑ National Survey of Family Growth

- 2002 to 2006-08: no change in sexual activity and contraceptive use
- Contrast to 1988 to 2002 trends that were more consistent towards *reductions* in sexual risk behaviors
- Lack of change in risk behaviors between 2002 and 2006–2008 is consistent with recent trends in teenage pregnancy and birth rates
 - birth rates \cong in 2002 and 2007

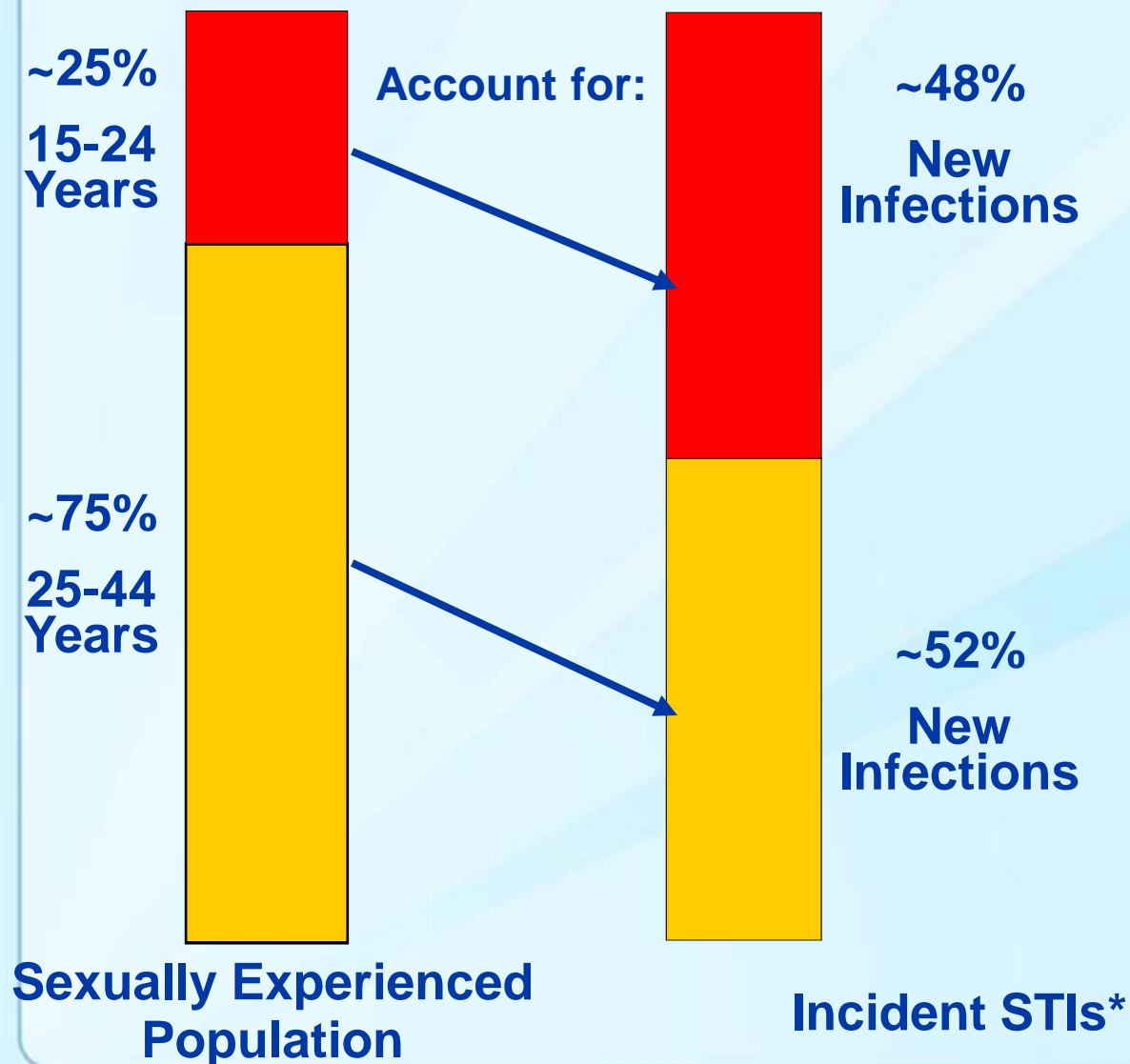
Table A. Births per 1,000 women 15–19 years of age: United States, 2007, and selected countries, most recent year available

Country	Number of births per thousand
United States	43
United Kingdom	27
Portugal	17
Australia	16
Canada	13
Spain	13
France	10
Germany	10
Norway	9
Italy	7
Sweden	6
Japan	5
Netherlands	5

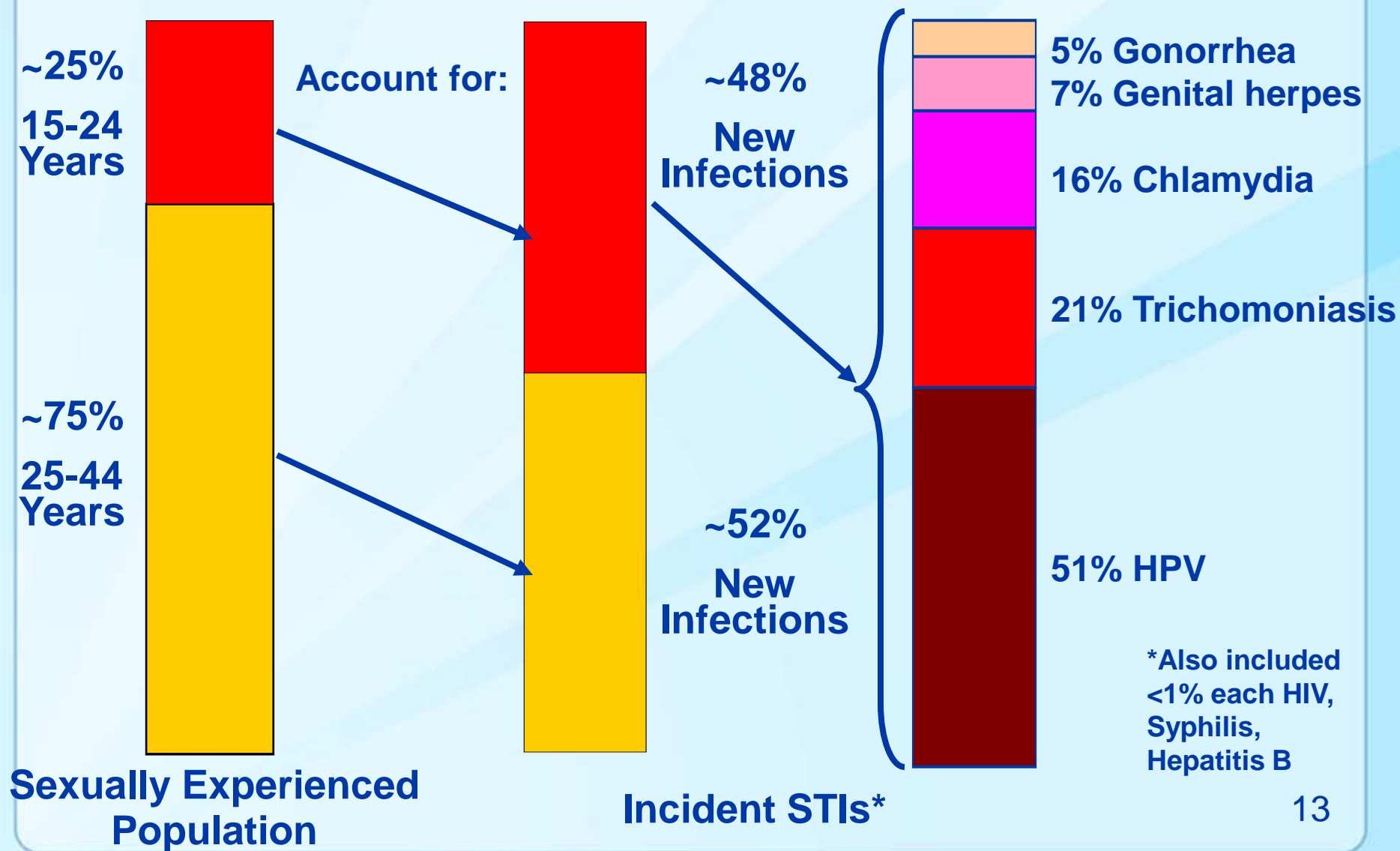
Estimated Youth STI Incidence, 2000



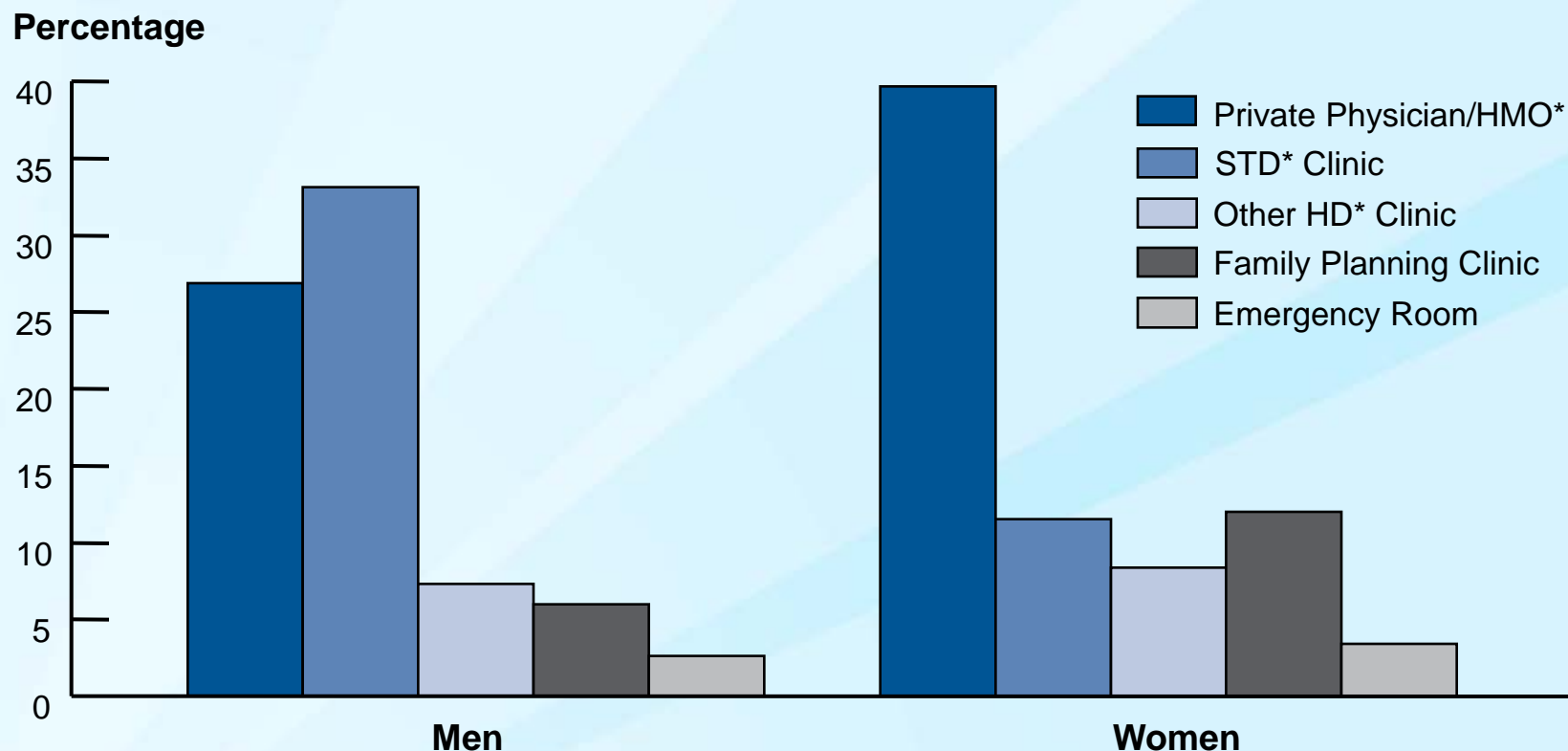
Estimated Youth STI Incidence, 2000



Estimated Youth STI Incidence, 2000



Chlamydia—Percentage of Reported Cases by Sex and Selected Reporting Sources, United States, 2009



*HMO = health maintenance organization; STD = sexually transmitted disease; HD = health department.

NOTE: These categories represent 75.2% of cases with a known reporting source. Of all cases, 9.5% had a missing or unknown reporting source.

Summary of Impact

- Youth aged 15-24
 - Are seen in a variety of clinical practice settings by providers with different backgrounds and training
 - Account for $\frac{1}{4}$ of ever-sexually active population aged 15-44 years, *but*
 - Acquire nearly $\frac{1}{2}$ of all new STIs
 - 88% of new STI cases are from 3 infections: HPV, trichomonas, and chlamydia

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OF YESHIVA UNIVERSITY

The
Children's
Hospital
at Montefiore

Adolescent STI Screening and Prevention

Approach to the Adolescent

Key Strategies

- ❑ Assess developmental level
- ❑ Discuss confidentiality with adolescent/parent
- ❑ Appropriately ensure confidentiality, time alone
- ❑ Brief risk assessment at most visits
- ❑ STI screening annually if sexually active
- ❑ Systems for follow-up of confidential results

Development of Adolescent as Health Consumer

- ❑ Respect adolescent's evolving autonomy
- ❑ Facilitate collaborative decision-making

Involving Parents/Guardians

- Lay groundwork for confidential relationship when child is pre-teen
- Introduce concept of time alone at 11 year old visit
- Encourage parental participation in care & support of confidentiality
- Have materials such as posters/brochures available

Confidentiality

- ❑ Information about teen's treatment not disclosed without his/her permission
- ❑ Determined by age/developmental level
- ❑ Supported by national organizations
 - Expert consensus- (ACOG '88, AAFP '89, AAP '89 SAHM '92, AMA'92)

Confidentiality and STI*

- ❑ All 50 states and the District of Columbia allow minors to consent to STI services
- ❑ 11 states require that a minor be a certain age (12 or 14) to consent.
- ❑ 31 states include HIV in package of STI services to which minors may consent
- ❑ 18 states allow physicians to inform parents that a minor is seeking or receiving STI services

Exceptions to the Provision of Confidential Health Services

- Suspected physical, sexual or emotional abuse
- At risk for harm to self or others
- May confidentially report STIs to health department

**How can I perform
chlamydia screening
confidentially?**

Confidentiality and Follow-up

- ❑ Always get alternative phone numbers
- ❑ May wish alternative address
- ❑ Email
 - Must consider lack of confidentiality over Internet
- ❑ Caveats when establishing confidentiality

Confidentiality and Billing

- ❑ Cannot guarantee confidentiality in many cases
- ❑ Health plan may send billing statements home that reveal confidential services performed
- ❑ Need to know the “paper trail issues” in your health system
- ❑ Need to figure out a way to work within these limitations

Adolescent STI Risk Assessment

Available tools

Comprehensive HEADSSS

H: Home

E: Education/Employment/Eating

A: Activities

D: Drugs

S: Suicidality/Depression

S: Sexuality/Sexual Behavior

S: Safety

S: Spirituality (Optional)

SSHADESS*

Strength Assessment Tool for Psychosocial Screening

- ❑ Strength or interests
- ❑ School
- ❑ Home
- ❑ Activities
- ❑ Drugs/substance use
- ❑ Emotions/depression
- ❑ Sexuality
- ❑ Safety

Identifying Strengths

- ❑ Identify risks by using HEADSSS
- ❑ Identify strengths and resiliency
- ❑ Search for competency, connectedness, independent decision making
 - Enhances patient/parent interactions

Sexual Behavior Questions

Do

- ❑ Assure confidentiality
- ❑ Explain why you are asking sensitive questions
- ❑ Ask patient to describe specific sexual behaviors and contraceptive practices
- ❑ Add “second tier” questions to assess comfort with behaviors

Don't

- ❑ Use judgmental language
- ❑ Ask “Are you sexually active?”
- ❑ Use gender-biased pronouns when referring to sexual partners
- ❑ Use slang

Assessing Sexual Behavior

**Include questions that
direct testing**

CDC Recommendations Assessment: The 5 “P”s

- ❑ PARTNERS
- ❑ Sexual PRACTICES
- ❑ PAST history of STIs
- ❑ PREGNANCY
- ❑ PROTECTION from STI

Why Screen for STIs?

- ❑ Standard of care
- ❑ Cost effective
- ❑ Reduces transmission/prevents complications (PID, infertility)
- ❑ HEDIS Measure-Chlamydia screening females <25 years

Guidelines for Adolescent STI Testing

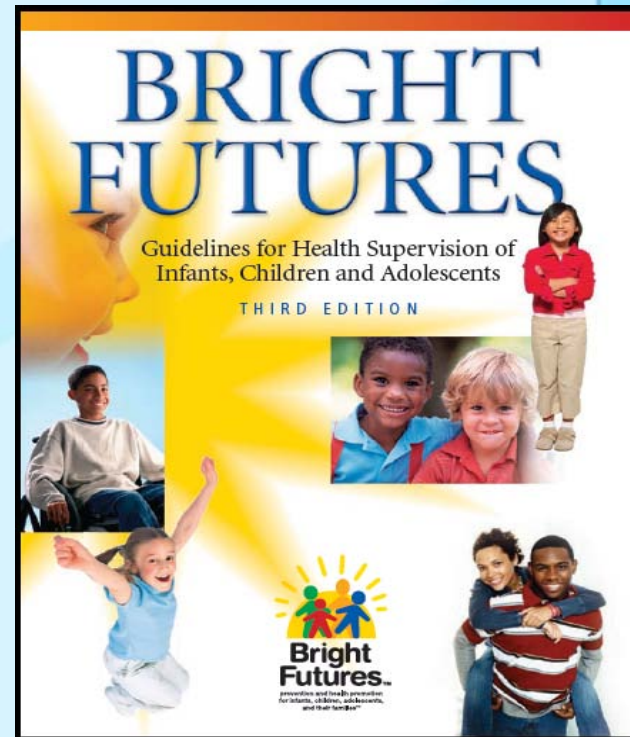
**Bright Futures-American Academy of
Pediatrics**

**Centers for Disease Control and Prevention/
U.S. Preventive Services Task Force**

Bright Futures

brightfutures.aap.org

- ❑ American Academy of Pediatrics/Maternal and Child Health Bureau
- ❑ Guidelines Infants thru Late Adolescence
- ❑ Annual Preventive Service Visit
- ❑ Adolescent in context of family/community
- ❑ Addresses risk taking behaviors and screening/immunizations
- ❑ Tools/Resource kit available



Bright Futures

STI Screening for Adolescents

- ❑ Chlamydia and gonorrhea screen
 - Tests appropriate to the patient population and clinical setting
 - No gender preference
- ❑ Offer HIV and syphilis testing based on:
 - **Clinical setting**-STI Clinic, correctional facility, homeless shelter, TB clinic, clinic for MSM, clinic prevalence >1% of population served
 - **STI risk factors:**
 - Unprotected sex with > 1 partner
 - Ever been treated for STI
 - Use or ever use intravenous drugs
 - MSM
 - Trades sex for money/ partner has ever
 - Past/current partner bisexual, HIV positive, IVDU

Bright Futures

STI Prevention via Immunization

- ❑ Human Papillomavirus Vaccines
 - ACIP/AAP recommended for females, 9-26 years
 - More effective if initiated prior to sexual activity
 - Bivalent (HPV2)* – cervical cancer and intraepithelial lesions
 - Quadrivalent (HPV 4)** – genital warts; cervical cancer and intraepithelial lesions; anal cancer and intraepithelial lesions; approved by FDA for boys
- ❑ Hepatitis B Vaccine
- ❑ Hepatitis A Vaccine

CDC 2010 STD Treatment Guidelines

- ❑ Update the 2006 Guidelines using a scientific, evidence-based process
- ❑ Advise health-care providers on most effective STI treatment, screening, prevention and vaccination
- ❑ Recommendations developed in consultation with public and private sector professionals knowledgeable in STI management

CDC Recommendations

Adolescent STI Screening

- ❑ Annual *C. trachomatis* (CT) screen all sexually active females aged ≤ 25 yrs
- ❑ Annual *N. gonorrhoeae* (GC) screen all at-risk sexually active females
 - Females aged < 25 years are highest risk for gonorrhea infection
- ❑ Discuss HIV screening with all adolescents and encourage testing for those at risk
- ❑ Begin cervical cancer screening at age 21 in most cases

**Do you routinely screen 16
year old males for
chlamydia who report being
sexually active?**

Yes

No

Need more information

Adolescent Screening

What about boys?!

- ❑ Insufficient evidence to recommend routine chlamydia screening in young men
 - feasibility
 - efficacy
 - cost
- ❑ Consider screening adolescent/young adult males in clinical settings associated with high chlamydia prevalence
 - adolescent clinics, correctional facilities, STD clinics, MSM
 - defined by the CDC those known to have a 1% or greater prevalence of infection among patient population served.

CDC Recommendations

Screening for Other STIs

- ❑ Routine screening of asymptomatic adolescents for certain STIs (syphilis, trichomoniasis, BV, HSV, HPV, HAV, HBV) not recommended
- ❑ MSM and pregnant adolescents might require more thorough evaluation

CDC Recommendations

Adolescent Prevention

- ❑ Encourage immunizations, including HPV, HBV and HAV
- ❑ Provide information on HIV infection, testing, transmission, and implications of infection to all adolescents as part of health care
- ❑ Integrate sexuality education into clinical practice

Resources for Practitioners

GYT

GET YOURSELF TESTED



www.itsyoursexlife.com/gyt

"YOU WALK IN AND THEY GREET YOU LIKE IT'S OKAY TO BE THERE. YOU DON'T FEEL LIKE ASHAMED OR ANYTHING"

LEARN WHAT YOUNG PEOPLE SAY ABOUT GETTING TESTED

GET YOURSELF TALKING WITH YOUR PATIENTS

GYT

The GYT campaign is a youthful, empowering social movement to reduce the spread of STDs among young people

Visit the web sites for provider resources, tools, and GYT materials to help support your local STD prevention efforts:

- provider.gytnow.org
- www.cdcnpin.org/stdawareness
- www.findstdtest.org

Find an STD Testing Site Near You

ZIP code:

Find Sites

[Add this widget to your website](#)

GYT
GET YOURSELF TALKING
GET YOURSELF TESTED

IT'S YOUR SEX LIFE | TALK ABOUT IT | PROTECT YOURSELF | GYT | DISCUSSION

THE FACTS | VIDEOS | TOOLKIT | PROVIDERS | ABOUT

RESOURCES FOR PROVIDERS

GET YOURSELF TALKING
GET YOUR PATIENTS TESTED

Here you'll find everything you need to know about STDs and testing your patients. Over a quarter of teens have had at least two sex partners, but they don't think they're at risk for STDs. So take the lead and bring it up! It's as easy as GYT.

QUICK & EASY WAYS TO USE GYT IN YOUR HEALTH CENTER

WHAT'S STOPPING YOUR PATIENTS FROM GETTING TESTED FOR STDs?
Common Misconceptions Answered.

TALKING ABOUT TESTING
HAVE YOU HAD AN STD? POPULARE COMMUNITY

ORDER/DOWNLOAD FREE GYT MATERIALS

Training
NEW Testing and Treatment Guidelines for STDs including HIV

STD Basics including HIV

More on Chlamydia

More Guidelines on HIV/AIDS

REAL VOICES
Hear what young people say they want in a testing experience.

STD Awareness Resource Site

Did you know? All sexually active females under age 26 should be tested annually for Chlamydia.

Get Resources
Home
Clinic Tools & Resources
Media Relations Kit
Communication & Social Marketing Tools
Campaign Examples
Social Networking
Additional Resources

Get Involved
GYT: Get Yourself Tested Campaign
GYT Evaluation Toolkit
Web Tools & Widgets
Partners
Directory

Get Informed
Health Disparities
Fact Sheets & Brochures
Publications
About STD Awareness Month

STD Awareness Resource Site

Welcome to the STD Awareness Resource Site! This Web site was created for STD prevention partners and stakeholders to support STD prevention outreach. We encourage you to visit this site throughout the year to access materials, education tools, and information to support STD awareness and prevention activities.

GYT
GYT.NOW.ORG

Put a widget on your Web site so visitors can have instant access to a list of the nearest HIV and STD testing centers.

View and order various fact sheets and brochures about STDs, condom use, and more.

The STD Awareness Resource Site has a multitude of tools and resources to use at your clinic or agency.



Chlamydia Coalition

ncc.prevent.org

- ❑ Coalition includes AAP, CDC, SAHM, ACOG, non-profits, health plans, advocacy groups
- ❑ Aim to increase chlamydia screening
- ❑ Provides tools and resources for practitioners and patients

The cover of the guide 'Why Screen for Chlamydia?' features a dark blue background. At the top, the title 'WHY SCREEN FOR CHLAMYDIA?' is written in large, bold, yellow, uppercase letters. Below the title, the subtitle 'An Implementation Guide for Healthcare Providers' is written in a smaller, white, italicized font. The central part of the cover is a grid of 16 circular portraits of diverse young adults, arranged in four rows and four columns. In the bottom right corner, there is a text box with the following content:

Early Identification and treatment:
Reduces pelvic inflammatory disease (PID)
Reduces infertility, ectopic pregnancy, and chronic pelvic pain
Prevents complications in newborns

Gale Burstein, MD, MPH, FAAP, FSAHM

NCC Representative, SAHM

Associate Professor of Clinical
Pediatrics

Woman and Children's Hospital of
Buffalo

State University of New York at Buffalo





Important changes for clinicians who care for adolescents

www.cdc.gov/std/treatment/2010/

www.cdc.gov/std/2010-ebook.htm

STD Treatment Guidelines

- ❑ More than just STD treatment
 - cutting edge diagnostics, screening, and prevention
- ❑ Living document
 - Continuously updated on line at:
www.cdc.gov/std/treatment

eBook for iPhone, iPad, & iPod Touch at:
www.cdc.gov/std/2010-ebook.htm





MMWR™

Morbidity and Mortality Weekly Report

www.cdc.gov/mmwr

Recommendations and Reports

December 17, 2010 / Vol. 59 / No. RR-12

Sexually Transmitted Diseases Treatment Guidelines, 2010

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

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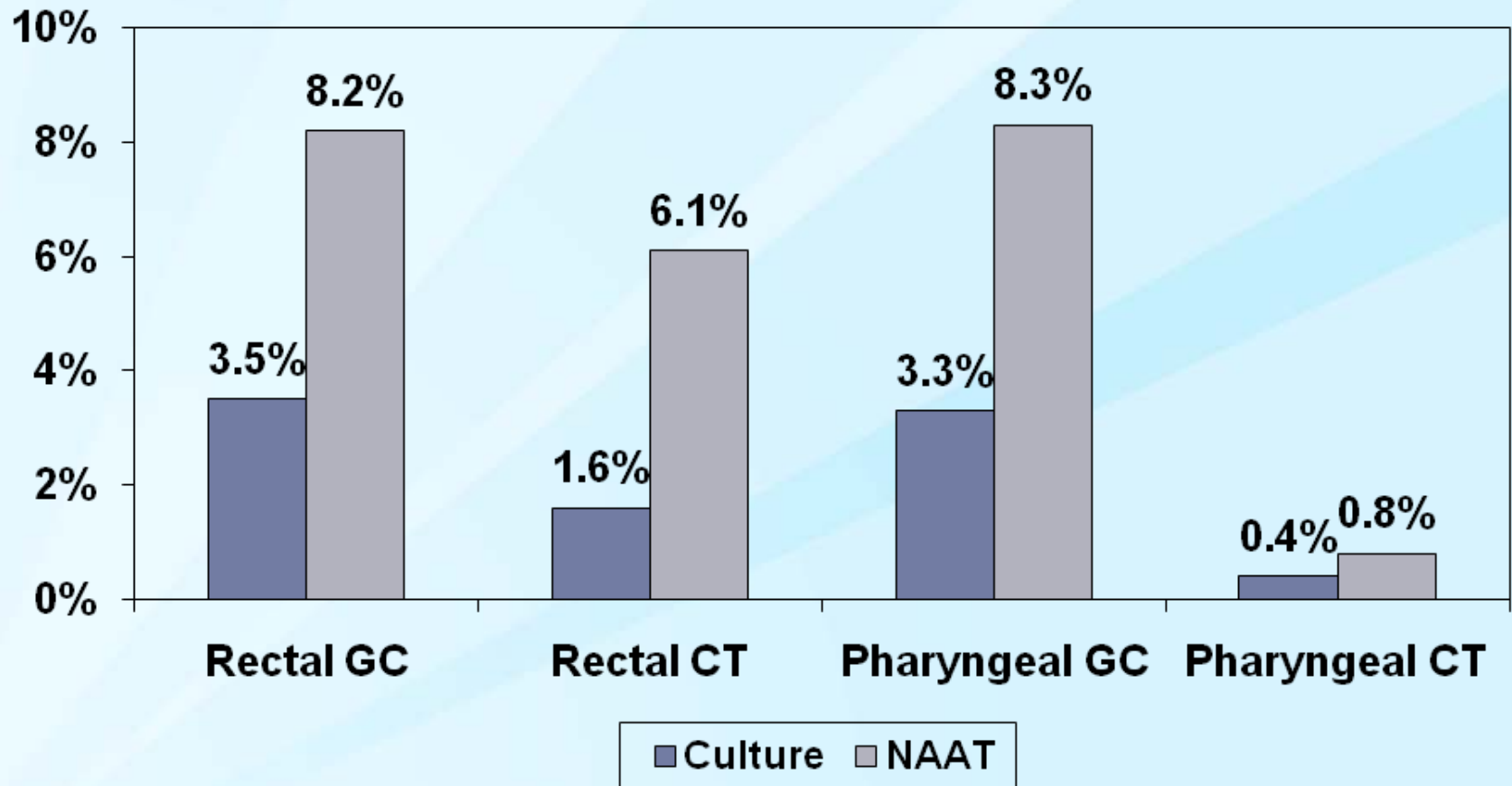
What specimens do you routinely test for GC/CT?

- Urine
- Cervical
- Urethral
- Vaginal
- Rectal
- Oral

New Chlamydia and Gonorrhea Testing Options

- ❑ Nucleic acid amplification tests (NAATs)
 - most sensitive CT lab tests
 - CDC-recommended
 - vaginal swabs preferred female specimen
 - urine preferred male specimen
- ❑ Rectal and oropharyngeal swab GC/CT NAATs
 - not FDA-cleared
 - some labs met requirements for GC and CT NAATs on rectal swabs and GC NAATs on oral swabs

Nongenital GC/CT NAAT vs Culture Performance



How to order screen

Non-genital GC/CT NAATs can be done by clinical laboratory with CLIA approval

Gen-Probe APTIMA testing	QUEST diagnostics test codes	LabCorp diagnostics test codes
Pharyngeal	70051X	188698
Rectal	16506X	188672
Urine/Urethral	13363X	183194

Relevant CPT Billing Codes:

CT detection by NAAT: 87491

GC detection by NAAT: 87591

Gonorrhea Treatment

- ❑ **DUAL THERAPY** for gonorrhea treatment
- ❑ Gonococcal antimicrobial resistance remains an issue in U.S.
- ❑ Penicillin, tetracycline or quinolones are no longer gonorrhea treatment options!!!
- ❑ CDC recommends **dual therapy** (2 antibiotics) for gonococcal infections at all anatomic sites
 - concerns about possible emergence of cephalosporin-resistant gonorrhea in U.S.

Gonorrhea Treatment

- Recommend tx with ceftriaxone IM over cefixime PO when possible
 - Limited efficacy of cefixime for pharyngeal infection
 - Consider Rx with Ceftriaxone if pt may also engage in oral sex and oral GC test not done
 - In clinical trials, ceftriaxone cured 99% of uncomplicated urogenital, anorectal and pharyngeal GC infections

New Recommendation: Ceftriaxone 250 mg dose

- ❑ Growing geographic distribution of in vitro decreased cephalosporins susceptibility
- ❑ Reports of ceftriaxone treatment failures
- ❑ Improved efficacy of ceftriaxone 250 mg in pharyngeal infection
- ❑ Simple and consistent recommendation for treatment in all anatomic sites

PCN and Cephalosporin Allergy

- ❑ Possible 10% cross-sensitivity risk with 1st generation cephalosporins among PCN-allergic patients
- ❑ No evidence of increased anaphylaxis risk among PCN-allergic patients with 2nd and 3rd generation cephalosporins used to treat *N. gonorrhoeae*
- ❑ Anaphylaxis with cephalosporins is rare event

Treatment for Uncomplicated Gonorrhea Infection of the Cervix, Urethra or Rectum

Recommended Regimens

Ceftriaxone 250 mg IM in a single dose

OR, IF NOT AN OPTION

Cefixime 400 mg orally in a single dose

OR

Single-dose injectible **cephalosporin** regimens

PLUS

Azithromycin 1g orally in a single dose

OR

Doxycycline 100 mg orally twice a day for 7 days

Treatment for Uncomplicated Gonorrhea Infection of the Pharynx

Recommended Regimens

Ceftriaxone 250 mg IM in a single dose

PLUS

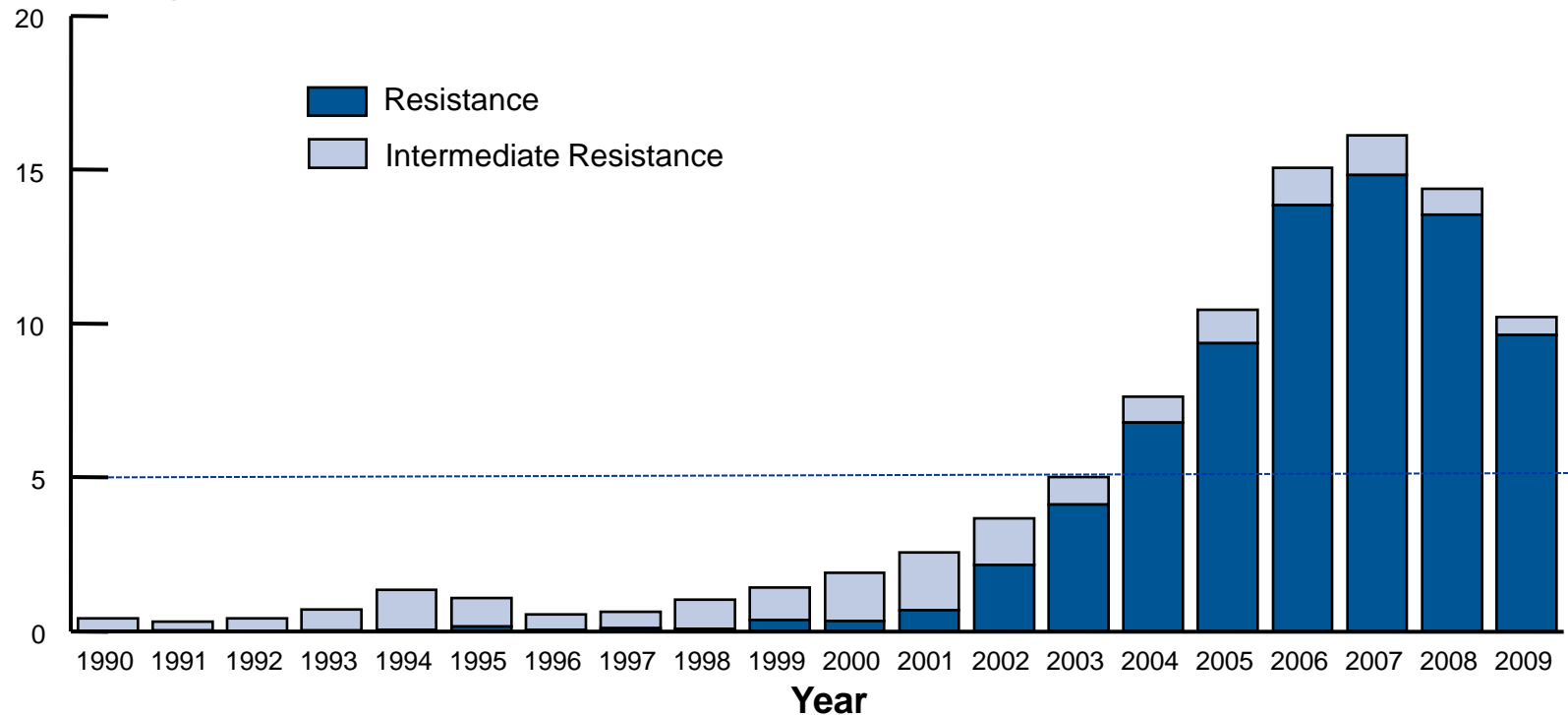
Azithromycin 1g orally in a single dose

OR

Doxycycline 100 mg orally twice a day for 7 days

Gonococcal Isolate Surveillance Project (GISP)— Percentage of *Neisseria gonorrhoeae* Isolates with Resistance or Intermediate Resistance to Ciprofloxacin, 1990–2009

Percentage



NOTE: Resistant isolates have ciprofloxacin minimum inhibitory concentrations (MICs) >1 $\mu\text{g/ml}$. Isolates with intermediate resistance have ciprofloxacin MICs of 0.125 – 0.5 $\mu\text{g/ml}$. Susceptibility to ciprofloxacin was first measured in GISP in 1990.





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Vaginal Infection

- Diagnosis:

vulvovaginal candidiasis (VVC)

vs

bacterial vaginosis (BV)

vs

trichomoniasis

- Management: new Rx options

What test do you use to diagnose vaginitis?

Check all that apply

- Microscopy performed by self
- Microscopy performed by lab
- CLIA-waived, rapid test
- Culture
- DNA probe (hybridization) test
- Nucleic acid amplification test (NAAT)
- No laboratory test used, i.e., clinical impression

Vaginal Infection: Diagnostic Opportunities

- APTIMA *Trichomonas vaginalis* Assay (Gen-Probe Inc, San Diego, CA)

Specimen Type	Sensitivity % (95% CI) ¹	Specificity % (95% CI) ¹
Vaginal swab	100 (96.7-100)	99.0 (97.9-99.5)
Endocervical swab	100 (96.7-100)	99.4 (98.6-99.7)
PreservCyt solution	100 (96.0-100)	99.6 (98.8-99.9)
Female urine	95.2 (88.4-98.1)	98.9 (97.8-99.5)

¹ APTIMA *Trichomonas vaginalis* Assay [package insert], San Diego, CA: Gen-Probe, 2011.

- Can perform GC/CT/TV on 1 specimen

- Affirm™ VP III (Becton Dickinson, San Jose, CA)

- *T. vaginalis*, *G. vaginalis*, and *C. albicans* nucleic acid probe test

CLIA - Waived, Point of Care, Vaginal tests

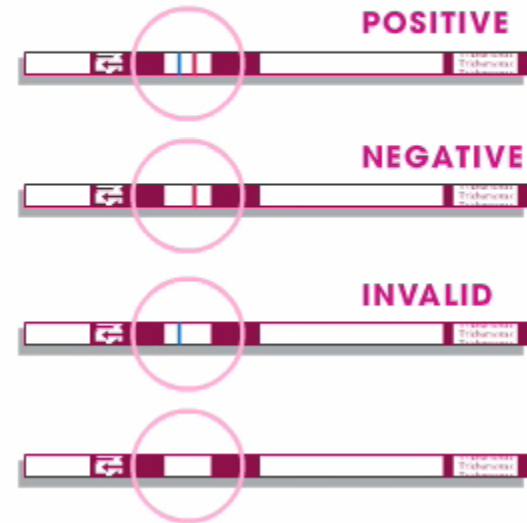
Results available in 10 minutes!!

OSOM Trichomonas Rapid Test (Genzyme Diagnostics, Cambridge, Massachusetts)

- immunochromatographic capillary flow dipstick technology

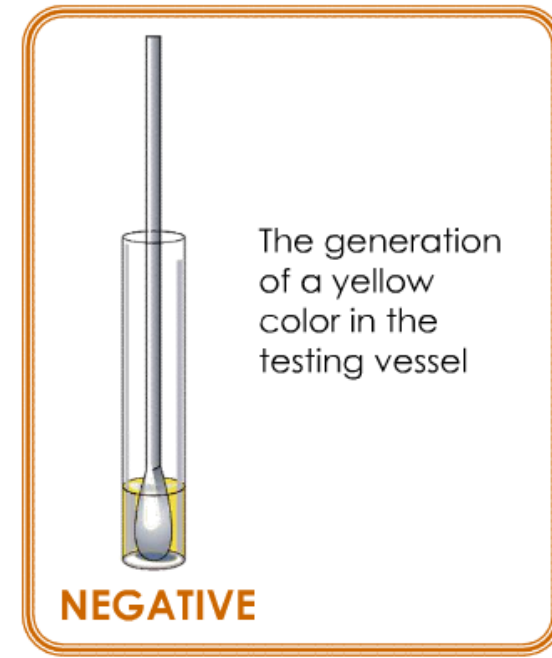
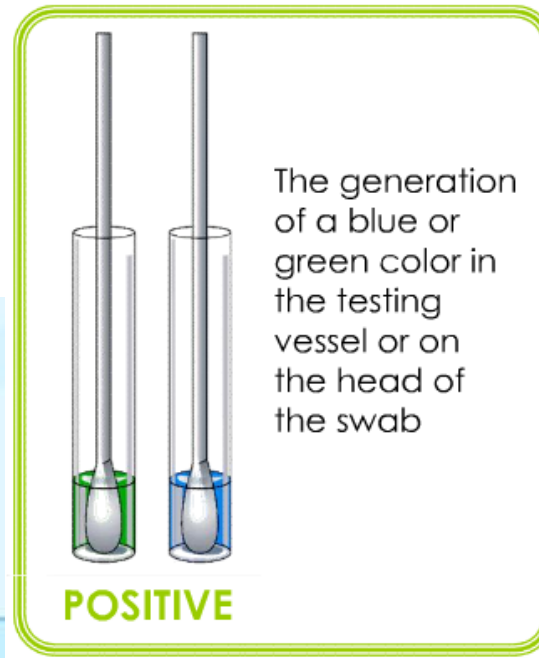


OSOM® Trichomonas Test



OSOM BVBLUE Test (Genzyme Diagnostics, Cambridge, Massachusetts)

- Detects elevated vaginal fluid sialidase activity
 - enzyme produced by BV-associated bacterial pathogens



Who uses tinidazole for trichomonas or BV treatment?

- ❑ Trichomonas
- ❑ BV

Vaginal Infection Treatment Option: Tinidazole

- ❑ Trichomonas: Tinidazole 2 g orally once
- ❑ Alternative BV treatment regimens
 - Tinidazole 2 g orally once daily for 2 days
 - Tinidazole 1 g orally once daily for 5 days

More Vaginitis Treatment Options

- ❑ Recommendations for
 - ❑ recurrent yeast infection
 - ❑ recurrent BV
 - ❑ Next steps if suspect resistant *T. vaginalis*
 - call CDC!
- ❑ Go to: www.cdc.gov/std/treatment



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CENTERS FOR DISEASE CONTROL AND PREVENTION

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Viral STIs

- No major changes affecting adolescents
- HS V: new regimen for recurrent episode
 - Famciclovir 500 mg x 1, followed by 250 mg BID x 2 days
 - The efficacy and safety not established in patients <18 yrs
- Genital warts: new patient-applied Tx
 - Sinecatechins 15% ointment
 - Safety and effectiveness have not been established in pediatric patients



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How do you typically treat scabies?

- ❑ Permethrin cream (5%)
- ❑ Lindane (1%) lotion or cream
- ❑ Ivermectin tablets

Scabies

Recommended Regimens

Permethrin cream (5%) applied to all areas of the body from the neck down and washed off after 8–14 hours

OR

Ivermectin 200 µg/kg orally, repeated in 2 weeks



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Follow up

**Test of Reinfection
Partner Services**

Test of Reinfection

- ❑ High CT, GC, and TV reinfection rates
 - untreated partners re-exposure
 - new partners new exposure
- ❑ Retest ♀ and ♂ for CT and/or GC ~3 months after treatment or whenever persons next present for care
- ❑ Consider retest ♀ for TV at 3 months after treatment
- ❑ Regardless if believes sex partners treated

Expedited Partner Therapy

Treatment of sex partners without a prior health care provider exam or assessment

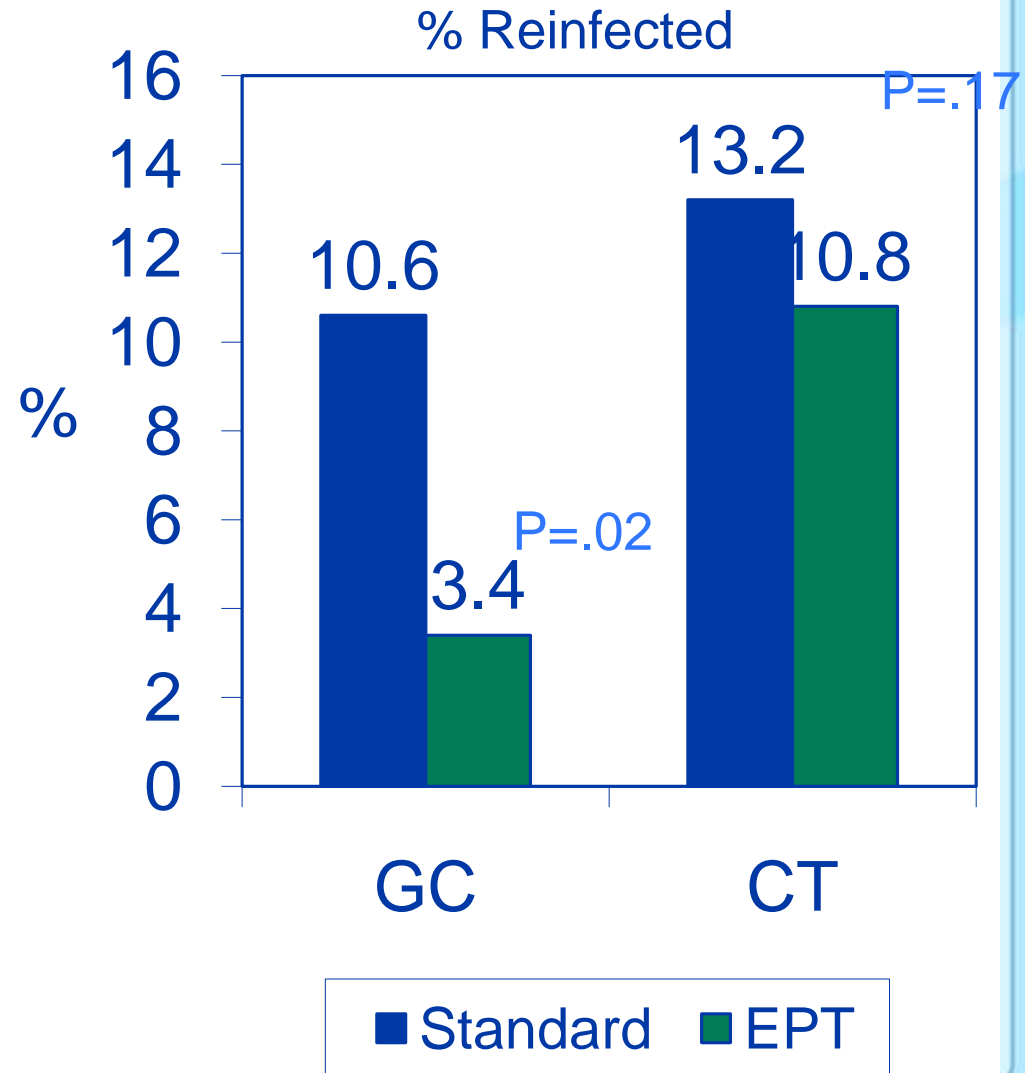
EPT Method: Patient-Delivered Partner Therapy

- ❑ Give index case medication intended for the partners
OR
- ❑ Write partner(s) prescription(s) for medication
OR
- ❑ Prescribe extra doses of medication in the index patients' names

EPT Effectiveness

EPT for GC and CT: infection rates at follow-up

- ❑ RCT of EPT vs standard partner referral
- ❑ 929 pts in EPT arm vs 931 pts in standard referral arm
- ❑ ♂ & ♀ index cases
- ❑ Rate of reinfection lower in EPT groups
 - Not robust effect for CT



EPT: CDC GUIDANCE

- ❑ Ideally partner should have complete STI evaluation and counseling PLUS treatment to exposed STI
- ❑ Some partners may not seek evaluation and treatment
 - ❑ providers should offer EPT to heterosexual patients diagnosed with CT or GC
 - unless prohibited by state or local law
 - unless patients decline or indicate they are unlikely to deliver EPT

EPT Implementation

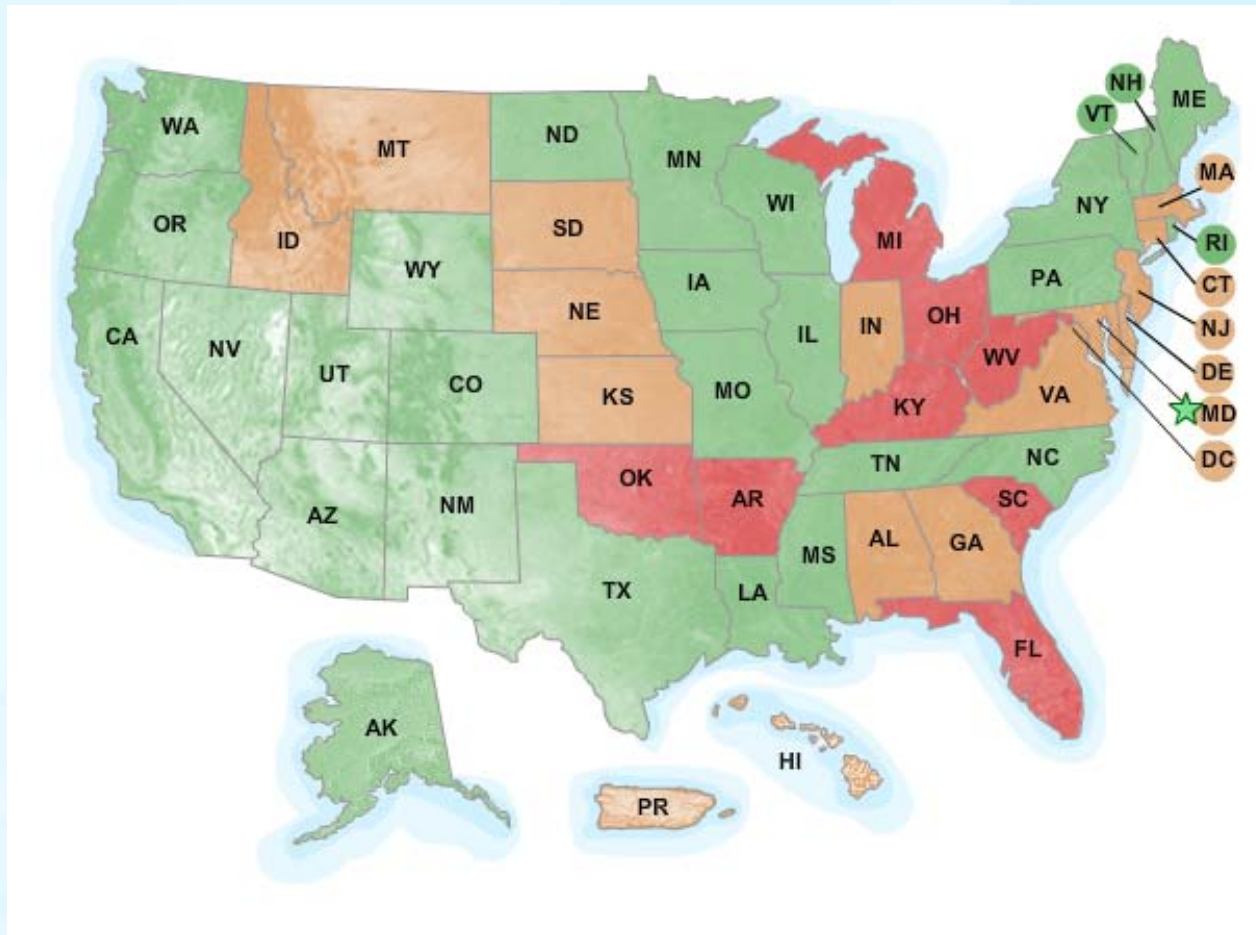
- EPT Meds and Rx should be accompanied by instructions
 - appropriate warnings about taking medications if pregnant
 - general health counseling
 - advise that partners should seek medical evaluations, particularly ♀ with STD or PID symptoms

EPT Legal Landscape

EPT is permissible in 27 states:

EPT is potentially allowable in 15 states:

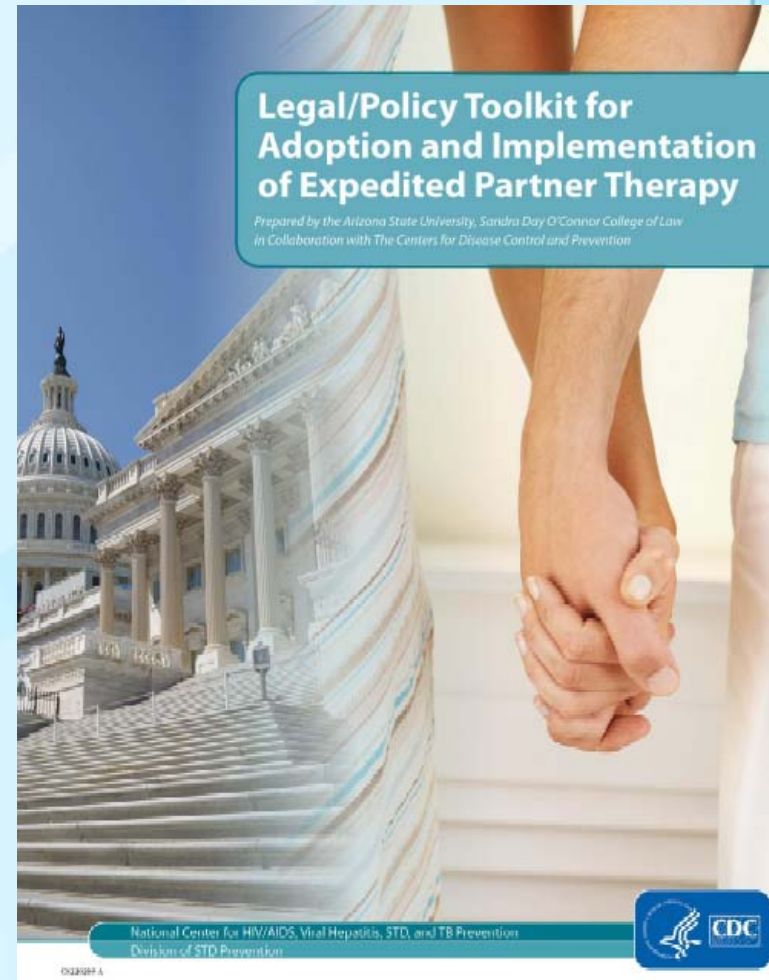
EPT is prohibited in 8 states:



Expedited Partner Therapy Legal/Policy Toolkit

- ❑ Assist states interested in adopting EPT supportive laws
- ❑ Assist states that have adopted EPT laws with addressing implementation barriers

www.cdc.gov/std/ept/legal/LegalToolkit.htm



CDC & AAP Clinical Resources

- ❑ CDC 2010 STD Treatment Guidelines:

www.cdc.gov/std/treatment/2010/

www.cdc.gov/std/2010-ebook.htm

- ❑ CDC Guide to Taking a Sexual History:

www.cdc.gov/std/see/HealthCareProviders/SexualHistory.pdf

- ❑ AAP Immunization Schedule Ages 7-18 Years:

aapredbook.aappublications.org/resources/IZSchedule7-18yrs.pdf

- ❑ AAP Section of Adolescent Health :

www.aap.org/sections/adolescenthealth/default.cfm

- ❑ AAP STD Resources Section:

www.aap.org/sections/adolescenthealth/STDAware.cfm

SAHM & NASPAG Clinical Resources

- ❑ Society for Adolescent Health & Medicine:
www.adolescenthealth.org

www.adolescenthealth.org/Clinical_Care_Resources/2721.htm

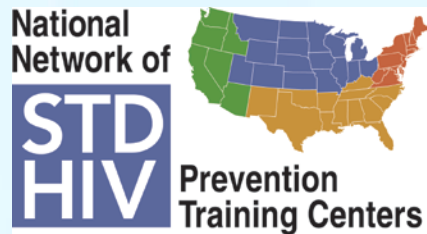
- ❑ North American Society for Pediatric & Adolescent Gynecology:

www.naspag.org/Professionals/clinicalResources.cfm

Clinical Educational and Training Resources

National Network of STD/HIV Prevention Training Centers

www.nnptc.org



CDC Division of STD Prevention

www.cdc.gov/std/training

stdtraining@cdc.gov or 404.639.8360

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March 12-15, 2012

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www.cdc.gov/stdconference/

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The logo features the letters 'STI' in a large, bold, black serif font. A green caduceus symbol is superimposed over the 'I'. Below this, the words 'Treatment Guidelines' are written in a smaller, black, sans-serif font. At the bottom, the year '2010' is displayed in a large, bold, green sans-serif font.

STI
Treatment Guidelines
2010

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