ACHA 2016 Pap and STI Survey Report

This report includes institutional information about gynecologic and sexual health services at US colleges and universities performed during calendar year 2015 (January 1 – December 31, 2015)

n = 138

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Introduction: ACHA 2016 Pap and STI Survey Data Report

For the past 26 years the American College Health Association (ACHA) has collected data from health centers at responding institutions regarding screening for sexually transmitted infections, cervical cancer screening practices and management of abnormal results. The majority (92.8%) of respondents for the current survey are institutional members of ACHA. The objective is to provide benchmark data on practices and outcomes of testing for comparison and trends over time. Over the years survey questions have been revised and added to reflect changes in guidelines as well as other health promotion services such as education and outreach efforts and the provision of contraception and safer sex supplies. For Calendar Year (CY) 2015, questions regarding provision of pre- and post-exposure prophylaxis for HIV infection were added.

This report contains institutional information about gynecologic and sexual health services at U.S. colleges and universities performed during calendar year 2015 (January 1-December 31). Analyses of responses to all questions in the CY 2015 survey are provided following the key findings and highlights.

Methods and Notes

Survey questions were written and edited by members of the ACHA Sexual Health Education and Clinical Care Coalition with assistance from ACHA staff members. The survey was prepared in an electronic format and available for members to access from (May 24-November 2, 2016) on the ACHA website. Invitations to participate in the survey were sent via email to individual and institutional members of ACHA. The survey was administered using Qualtrics Research Suite online survey software (Qualtrics, Inc.) and response data was analyzed using IBM SPSS Statistics v23 (SPSS, Inc.).

A total of 138 institutions/health centers completed the survey. The total number of participating institutions has gradually decreased over the past three years from 161 in 2012. The majority of the institutions (66.7%, n=92) were public 4-year institutions and 40.6% (n=56) had undergraduate enrollments between 5,000-14,999 students. Cumulative student enrollment from the 138 institutions reporting was almost 2.6 million with a total of 2.5 million visits to the health centers represented including 313,366 women's health related visits.

All respondents were self-selected and not all respondents completed every question. Therefore the results of this survey may not be representative of all college health centers in the United States and extrapolation of this data to college populations in general may not be appropriate. For calculations of test result positivity in variables with numerical data we excluded respondents that did not provide both a numerator and a denominator in their response (i.e. both the number of positive tests and the number of total tests performed). All percentages reported reflect valid percent. The data were reviewed for data entry errors as well (i.e. more positive results than total number of tests performed) and those response were excluded from analysis.

Key Findings and Highlights

- Consistent with findings from CY 2014, the overwhelming majority (97.8%, n=133) of health centers indicated that their standard recommendation to begin regular pap testing is at age 21 which is supported by current published guidelines (Saslow et al., 2002; Saslow et al., 2012). This is a dramatic increase from 69.5% of health centers who indicated their practice was consistent with these guidelines in 2010.

- Among 136 health centers, 56.3% (n=76), the usual practice for management of a first screening pap test in women under age 25 reported as atypical squamous cells of undetermined significance (ASC-US) was to repeat pap in 12 months, followed by HPV DNA test, reflex or otherwise (33.3%, n=45). This practice, while improved from 19.1% of health centers adhering to the guidelines in 2010, is not consistent with current, widely published guidelines. Consensus guidelines for the management of women with abnormal cervical screening tests have been widely published and disseminated since 2006 with strong evidence to support repeat cytology in 12 months under that circumstance (Massad et al., 2013; Wright et al., 2006).
- Despite changes to national guidelines regarding age to begin cervical cancer screening via pap tests and a more conservative approach to management of abnormal findings, the number of abnormal findings has remained stable with 84.5% reported as normal. Of those with any abnormality, 7.7% were ASC-US and 6.2% were low-grade squamous intraepithelial lesion (LSIL). Less than 0.4% of results reported reflected high-grade lesions.
- Routine screening for sexually transmitted infections (STI) such as chlamydia, gonorrhea, syphilis and HIV remains widely available upon student request regardless of risk factors (97.1%, n=134). In 2015, 39.4% (n=54) of health centers offered STI screening for asymptomatic patients without requiring a visit to a provider.
- There continues to be room for improvement in the routine screening of sexually active women under age 26 for chlamydia. Although the majority of health centers (89.1%, n=122) follow this recommendation from the CDC (Workowski & Bolan, 2015), there continue to be > 10% of health centers who do not. The specimen used for collection "varies" for 34.1% (n=47) with 27.7% (n=38) screening with urine, 16.8% (n=23) via patient-collected vaginal swab and 14.6% (n=20) via cervical swab. For men, urine continues to be the usual specimen for screening (92.0%, n=126).
- There have been significant increases in the positivity rates for gonorrhea and chlamydia since 2012. For CY 2015 the overall positivity rate for chlamydia was 8.26% compared to 5.27% in CY 2012. Rates are higher for males (11.69%) than females (7.71%) and gender unknown/unspecified (4.33%). For gonorrhea the overall positivity rate was 0.97% compared to 0.77% in CY 2012 with higher rates for males (2.47%) compared to females (0.35%) and gender unknown/unspecified (0.83%).
- There continues to be an increase in the number of health centers screening for gonorrhea in at all exposed sites in MSM as recommended by the CDC (Workowski & Bolan, 2015) with 79.4% (n=108) indicating they performed this in CY 2015 compared to 72.8% in CY 2014 and only 60.8% in CY 2012. However, 18.2% (n=25) did not follow this recommendation and 2.2% (n=3) offered no male screening at their health center.
- Although 80.3% (n=110) of respondents indicated that Expedited Partner Therapy (EPT) was legal in their state, only 56.5% (n=77) indicated that this was used by their providers. Effective partner treatment through the provision of antibiotics to the sex partner without exam has been shown to be in important tool in reducing re-infection and recommended by CDC (Workowski & Bolan, 2015). The gap between the legality of EBT and practice is puzzling and should be further explored.
- While HIV and syphilis are relatively uncommon in the general population and in college health settings (positivity rates of 0.25% and 0.46% respectively), young adults, particularly MSM, trans women and people who inject drugs, are disproportionately affected and less likely to be linked

to care (CDC, 2018). Testing numbers for HIV (75,060) were significantly less than those for other STIs such as chlamydia (170,710) or gonorrhea (165,969) for the aggregate and reflect an opportunity for improvement.

- A little over half (50.7%, n=69) of health centers offer PrEP or pre-exposure prophylaxis to students at risk of acquiring HIV infection. Given the current national guidelines with well-documented evidence to support this practice in the reduction of HIV infection, there is much room for improvement (CDC, 2014; CDC, 2018).
- The overall HSV positivity rate was 35.7%. More of these genital infections continue to be identified as HSV-1 (60.5% of all positive tests, n=1369 out of 2,264).
- Although more health centers are performing anal cytology in CY 2015 (68.3%) compared to CY 2012 (75.2%), the overall number of tests performed is still low with only 33 tests performed (31 in males and 3 in females).
- All of the respondents (100%, n=136) indicated that pregnancy testing is provided, either provider performed (43.4%, n=59) or laboratory performed (56.6%, n=77). The positivity rate of 4.5% continues to decrease from prior years, consistent with national trends. "All options" counseling is provided by 78.3% (n=108) of health centers.

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Section 1: Institutional Demographics and Visit Data

Q5. Is your Health Center an Institutional Member of ACHA?

	Frequency	Valid Percent
Yes	129	93.5%
No	9	6.5%
Total	138	100.0%

Q6. Geographic Area/ACHA Affiliate

	Frequency	Valid Percent
Southwest College Health Association (AR, LA, NM, OK, TX; Mexico, Central America, South America)	15	10.9%
Southern College Health Association (AL, FL, GA, MS, NC, PR, SC, TN, VI; Africa, Caribbean)	20	14.5%
North Central College Health (IA, MN, ND, SD, WI; Canadian members in Manitoba and Nunavut)	8	5.8%
Central College Health Association (KS, MO, NE)	10	7.2%
Mid-America College Health Association (IL, IN, KY, MI; Canadian members in Ontario)	11	8.0%
Ohio College Health Association	4	2.9%
Mid-Atlantic College Health Association (DC, DE, MD, NJ, PA, VA, WV; Greenland, Europe)	22	15.9%
New York State College Health Association	14	10.1%
New England College Health Association (CT, MA, ME, NH, RI, VT; Canadian members in Newfoundland and Labrador, New Brunswick, Nova Scotia, Prince Edward Island, and Quebec)	7	5.1%
Pacific College Health Association (AK, AZ, CA, HI, ID, NV, OR, UT, WA; Asia, Australia, New Zealand, and Canadian members in Alberta, British Columbia, Northwest Territories, and the Yukon)	24	17.4%
Rocky Mountain College Health Association (CO, MT, WY; Canadian members in Saskatchewan)	3	2.2%
Total	138	100.0%

Q7. Type of Institution

	Frequency	Valid Percent
Public 2-year	2	1.4%
Public 4-year	92	66.7%
Private 4-year	44	31.9%
Total	138	100.0%

Q8. Campus Location

	Frequency	Valid Percent
Urban >1,000,000 population	27	19.6%
Urban 100,000-1,000,000 population	45	32.6%
Urban < 100,000 population	21	15.2%
Suburban	23	16.7%
Rural	22	15.9%
Total	138	100.0%

Q9. Undergraduate Enrollment

	Frequency	Valid Percent
No undergrad students	2	1.4%
<5,000	23	16.6%
5,000-14,999	56	40.6%
15,000-24,999	32	23.2%
25,000-39,000	20	14.5%
>40,000	5	3.6%
Total	138	100.0%

Q10. Graduate Enrollment

	Frequency	Valid Percent
No graduate students	7	5.1%
Under 1,000	19	13.8%
1,000 to 1,999	18	13.0%
2,000 to 4,999	42	30.4%
5,000 to 9,999	35	25.4%
10,000 or greater	17	12.3%
Total	138	100.0%

Q11. Special Institutional Attributes

	Frequency	Percent*
Historically black college or university	2	1.4%
Minority postsecondary institution	0	0%
Hispanic Serving Institution	12	8.7%
Tribal college and University	0	0%
Faith-based institution	11	8.0%
Community College	2	1.4%
None listed here	93	67.4%
Don’t know	3	2.2%

*Respondents could select more than one response

Q14. Health Center Visits

	Number of students enrolled at institution (n=128)	Percent female (n=112)	Total number of student medical visits to your health center in 2015 (n=104)	Percent female visits (n=70)	Number of student women's health related visits to your health center in 2015 (n=68)	Women's health visits as a % of total student medical visits
Mean	19,521	54.2%	20,554	62.0%	3,042	14%
Median	15490	53.9%	14943	62.4%	1851	11%
Minimum	1100	5.0%	878	13.0%	13	1%
Maximum	82,000	98.0%	89,403	99.0%	34,797	72%
Sum	2,596,934		2,487,044		313,366	

Section 2: OB/GYN Services Offered and Standard Practices

Q16. Women's health visits are conducted in the following settings:

	Frequency	Valid Percent
Primary Care	82	61.0%
Dedicated to Women's Health/GYN clinics	15	11.1%
Both	34	25.2%
Other (please specify)	4	2.9%
Total	135	100.0%

Section 3: Pap Test Results and Colposcopy Follow-up Data

Q17. Cervical cytology screening test used (n=138 Health Centers)

Cervical Cytology Screening Test used	Frequency	Percent*
Conventional slide	14	10.1%
Liquid-based cytology, with reflex HPV-testing	119	86.2%
Liquid-based cytology, with co-testing age 30-65 years	82	59.4%
Liquid-based cytology, alone	58	42.0%
None of these are offered	4	2.9%

*Sum is > 100% because respondents could select more than one response

Q18. Cervical Disease Management (Procedures Used) (n=138 health centers)

Procedure	Frequency	Percent*
Colposcopy	48	34.8%
Cryotherapy	16	11.6%
Laser ablation or LEEP	3	2.1%
None of the above	88	63.8%

*Sum is > 100% because respondents could select more than one response

Q19. Standard recommendation for when to begin regular Pap testing

	Frequency	Valid Percent
Three years after first intercourse	1	0.7%
Age 21	133	97.8%
At onset of sexual activity	1	0.7%
Varies by provider, no standard practice	1	0.7%
Total	136	100.0%

Q20. Summary of all Pap test results (n=118 health centers)

	Frequency	Valid Percent
Total # of Pap tests done	44519	
Normal	37437	84.5%
ASC-US	3438	7.7%
ASC-H	145	0.3%
LSIL	2742	6.2%
HSIL	124	0.3%
CIS	1	<0.1%
AGC	29	<0.1%
unsatisfactory (no dx)	257	0.6%
other dx, not listed above	143	0.3%
no endocervical cells (with any dx above)	1223	2.7%

Q21. For women under age 25, usual practice for management of a first screening Pap test reported as ASC-US

	Frequency	Valid Percent
HPV DNA test (reflex or otherwise)	45	33.3%
Repeat Pap in 6 months	7	5.2%
Repeat Pap in 12 months	76	56.3%
Immediate colposcopy	1	0.7%
Varies by provider, no standard practice	5	3.7%
Don’t know	1	0.7%
Total	136	100.0%

Section 4: STI Screening Practices and Standards

Q22. Routine Screening for STIs (check all that apply) (n=138 health centers)

	Frequency	Percent*
Symptomatic students	113	82.0%
Only students with behavioral risks	17	12.3%
Screening based on identified demographic risks	90	65.1%
Sexually active students upon request regardless of risk factors	134	97.1%
None of the above	2	1.4%

*Sum is > 100% because respondents could select more than one response

Q22B) Does your health center provide STI screening for asymptomatic patients without requiring a visit with a provider?

	Frequency	Valid Percent
Yes	54	39.4%
No	83	60.1%
Total	137	100.0%

Q23. Does your health center routinely screen sexually active women under age 26 for chlamydia infection?

	Frequency	Valid Percent
Yes	122	89.1%
No	15	10.9%
Total	137	100.0%

Q24. Type of specimen usually collected for chlamydia testing in women?

	Frequency	Valid Percent
Cervical swab	20	14.6%
Vaginal swab (patient collected)	23	16.8%
Vaginal swab (clinician collected)	7	5.1%
Urine	38	27.7%
Varies	47	34.3%
None	2	1.5%
Total	137	100.0%

Q25. Type of specimen usually collected for chlamydia testing in men?

	Frequency	Valid Percent
Urine	126	92.0%
Varies	8	5.8%
None	3	2.2%
Total	137	100.0%

Q26. Cost of STI screening

	Frequency	Valid Percent
All tests/visits are charged to the patient or their insurance (there is always a cost to the patient or their insurance)	63	45.7%
Some tests/visits are charged but others are free (there is sometimes a cost to the patient or their insurance)	55	39.9%
All tests/visits are free to the student (there is never a cost to the patient or their insurance)	8	5.8%
None of the above or not applicable	1	0.7%
Other (please specify)	10	7.3%
Total	138	100.0%

Section 5: STI Test results

Q27/28. Gonorrhea Positivity (n = 99 health centers)

	GC Female	GC Male	GC Unknown/ Unspecified Gender	GC overall
# tested	100292	44005	21672	165969
# positive	348	1086	179	1613
Positivity Rate (%)	0.35%	2.47%	0.83%	0.97%

Q29/30. Chlamydia Positivity (n = 99 health centers)

	CT Female	CT Male	CT Unknown/ Unspecified Gender	CT Overall
# tested	103296	43808	23606	170710
# positive	7967	5119	1021	14107
Positivity Rate (%)	7.71%	11.69%	4.33%	8.26%

Q31/32. HIV Positivity (n = 89 health centers)

	HIV Female	HIV Male	HIV Unknown/ Unspecified Gender	HIV Overall
# tested	31254	29109	14697	75060
# positive	40	141	7	188
Positivity Rate (%)	0.13%	0.48%	0.046%	0.25%

Q33. HIV testing - Confidential vs Anonymous

	Frequency	Valid Percent
Confidential	105	76.1%
Confidential and Anonymous	28	20.3%
HIV tests are not offered	2	1.4%
Total	135	100.0%

Q34. Type of HIV antibody tests offered (check all that apply)

	Frequency	Percent8
Standard test, blood	111	80.4%
Standard test, oral fluid	7	5.1%
Rapid test, blood	43	31.2%
Rapid test, oral fluid	29	21.0%
None	3	2.2%
Add any rapid testing	59	42.8%
Other**	6	4.3%

*Sum is > 100% because respondents could select more than one response

**Other responses were Confirmatory- Western Blot (reference lab), Free testing at local Health Department, HIV 4th Generation, State Lab performs testing

Q35. Specific HIV assays available for screening/diagnosis (check all that apply)

	Frequency	Percent*
HIV 1/2 antibody test	98	71.0%
HIV p24 antigen/HIV antibody combo test	66	47.8%
HIV pDNA or RNA test qualitative "PCR" test	42	30.4%
HIV RNA quantitative/viral load test	48	34.8%
None	5	3.6%
Other**	4	2.9%

**Sum is > 100% because respondents could select more than one response

*Other responses included: HIV 1/2 antigen & antibody 4th Generation Reflex (2); HIV 4th generation; HIV western blot confirmation; Orasure AB HIV; unknown

Q35B Does your health center offer PrEP (Pre-Exposure Prophylaxis) for HIV prevention?

	Frequency	Valid Percent
Yes	69	50.7%
No	65	47.8%
I don't know	2	1.5%
Total	136	100.0%

Q35C Does your health center offer PEP (Post-Exposure Prophylaxis) for HIV prevention?

	Frequency	Valid Percent
Yes	76	56.3%
No	58	43.0%
I don't know	1	0.7%
Total	135	100.0%

Q36. Syphilis test used for routine screening

	Frequency	Valid Percent
RPR	114	86.4%
VDRL	5	3.8%
EIA	13	9.8%
Total	132	100.0%

Q37. Syphilis positivity: 56,357 tests performed, 260 positive, 0.46% positivity rate

Q38. Lab tests used to diagnose genital herpes infection (check all that apply)

	Frequency	Percent*
Viral Culture	110	79.7%
PCR	41	29.7%
Type specific serology (antibody testing)	86	62.3%
Antigen tests	12	8.7%
Tzank Smears	5	3.6%
Other**	5	3.6%

*Sum is > 100% because respondents could select more than one response

**Other responses were: clinical diagnosis, Herpes Select, LOOP amplifying of DNA, visual exam, refer for testing

Q39/40/41. Herpes positivity for genital herpes tests (n=113 health centers)

	All patients	Women	Men
Tests done	6348	3920	1938
Positive for HSV-2	535 (8.4%)	378 (9.6%)	106 (5.5%)
Positive for HSV-1	1369 (21.6%)	1035 (26.4%)	302 (15.6%)
Positive for type unknown	360 (5.7%)	283 (7.2%)	102 (5.3%)
Total positive for any type	2264 (35.7%)	1696 (43.3%)	510 (26.3%)

Q42. Tests used for diagnosis of trichomoniasis infection in women (check all that apply)

	Frequency	Percent*
Microscopy (wet prep)	114	82.6%
Culture	12	8.7%
Antigen Detection	28	20.3%
PCR or NAAT	27	19.6%

*Sum is > 100% because respondents could select more than one response

Q43. Number of patients diagnosed with trichomoniasis in 2015: 739 at 109 schools

Q44. Number of patients diagnosed with bacterial vaginosis in 2015: 19,658 at 112 schools

Section 6: HPV Related Data – Genital Warts, Vaccine and Anal Cytology

Q45. Number of patients diagnosed with genital warts in 2015: female 741 (at 84 schools); male 890 (at 83 schools); unspecified 173 (at 43 schools) for a total number of 1804 diagnosed patients

Q46. Clinic visits for treatment of warts in 2015: female 1326 (at 80 schools); male 1590 (at 80 schools); unspecified 246 (at 43 schools)

Q47. Provision of anal cytology (check all that apply)

	Frequency	Percent*
Women	29	21.0%
Men	37	26.8%
Unknown/gender unspecified	10	7.2%
None; don't perform anal cytology	95	68.3%
Don't know if provide	3	2.2%

*Sum is > 100% because respondents could select more than one response

Q48. Number of anal cytology tests performed: female 3 (at 26 schools), male 31 (at 32 schools), unknown/gender unspecified 0 (at 16 schools)

Q49. Provision of pharyngeal and rectal tests for gonorrhea screening in MSM:

	Frequency	Valid Percent
Yes	107	79.3%
No	25	18..5%
Male screening is not performed at our health center	3	2.2%
Total	135	100.0%

Q50. Provision of rectal testing for chlamydia in screening MSM:

	Frequency	Valid Percent
Yes	107	78.7%
No	26	19.1%
Male screening is not performed at our health center	3	2.2%
Total	136	100.0%

Section 7: Expedited Partner Therapy

Q51. In the state in which your health center is located, is expedited partner therapy (EPT) legal for treatment of STIs?

	Frequency	Valid Percent
EPT is legal for at least one STI	110	80.3%
EPT is of uncertain legality	8	5.8%
EPT is not legal for any STI	13	9.5%
I don't know	6	4.4%
Total	137	100.0%

Q52. Does your health center's policy permit providers to provide expedited partner therapy (EPT) for treatment of any of the following STIs? (check all that apply)

	Frequency	Percent*
Not permitted for any STI	45	32.6%
Chlamydia	78	56.5%
Gonorrhea	50	36.2%
Trichomoniasis	44	31.9%
Don't know	4	2.9%
Other**	11	8.0%

**Sum is > 100% because respondents could select more than one response

**Other responses include: Just became legal in OH; partner must be a student; No policy

Q53. Which of the following best describes your health center's use of EPT?

	Frequency	Valid Percent
EPT is used by our providers	77	56.5%
EPT is not used by our providers	57	41.9%
I don't know	2	1.5%
Total	136	100.0%

EPT is used at 75 (68.2%) of the 111 health centers located in states where it is legal to do so. Another 35 (30.9%) can provide EPT, but do not.

Section 8: Sexual Health Education

Q54. Topics provided to students by health center (check all that apply)

	Frequency	Percent*
General Family Planning	108	78.3%
Contraception	134	97.1%
Fertility Awareness Methods	89	64.5%
Emergency Contraception	126	91.3%
Abstinence	126	91.3%
Safer Sex	136	98.6%
Identity and Sexual Orientation	103	74.1%
STI prevention	138	99.3%
Other**	10	7.2%

*Sum is > 100% because respondents could select more than one response

**Other responses include: consent, healthy relationships, pre-conception counseling, sexual assault prevention and resources

Section 9. Safer Sex Products and Contraceptive Methods Availability and Cost

Q55A. Which best describes how safer sex supplies and OTC contraceptive methods are made available to students from your health center.

	For Free	Some Cost	Both Free and at some cost	Don't Offer
Emergency Contraception (OTC) (n=138)	2.9% (4)	66.4% (91)	9.3%(13)	21.2%(29)
Female (internal) condom(n=136)	40.0%(54)	11.9%(16)	12.6%(17)	35.6%(48)
Latex, or non-latex dams (i.e. dental or oral dams) (n=137)	44.9%(61)	11.8%(16)	10.3%(14)	33.1%(45)
Latex, or non-latex gloves (n=132)	29.0%(38)	10.7%(14)	4.6%(6)	55.7%(73)
Lubricant (n=136)	48.9%(66)	15.6%(21)	11.9%(16)	23.5%(32)
Male (external) condom (n=137)	67.6%(92)	3.7%(5)	24.3%(33)	4.4%(6)
Sponge (n=134)	0% (0)	18.0%(24)	0.8%(1)	81.2%(108)
Spermicides (suppositories, foams, jellies, and vaginal contraceptive film) (n=134)	3.5%(5)	23.3%(31)	4.5%(6)	68.4%(91)

NOTE: n is listed for each response, as some respondents did not provide one for each item. The percentage listed is based on valid percent that does not include non-respondents.

Section 10: Provisions of Contraceptive Methods

Q55B. Percentage and frequency of health center respondents indicating affirmative to prescribing and/or dispensing for the following patient-administered contraceptive methods.

	Prescription	Dispensation
Cervical Cap	18.0%(24) n=133	3.9%(5) n=129
Contraceptive Patch	85.1%(114) n=134	36.4%(48) n=132
Contraceptive Ring	96.3%(129) n=134	53.8%(71) n=132
Diaphragm	58.2%(78) n=134	22.1%(29) n=131
Emergency Contraception (Ella)	84.3%(113) n=134	61.9%(81) n=133
Oral contraceptives (combined and mini pill)	97.8%(131) n=134	68.9%(91) n=132

NOTE: n is listed for each response, as some respondents did not provide one for each item. The percentage listed is based on valid percent that does not include non-respondents.

Q55C. Percentage and frequency of health center respondents indicating affirmative to provision and/or referring for the following provider-administered contraceptive methods.

	Provided at SHS	Referral to outside Provider
DepoProvera	91.9%(125) n=136	33.1%(39) n=118
Emergency Contraception (IUD)	30.9%(42) n=136	70.8%(85) n=120
Essure	1.5%(2) n=132	73.2%(93) n=127
Implanon/Nexplanon	41.2%(56) n=136	77.2%(95) n=123
Intrauterine device (Copper or Hormonal)	37.5%(51) n=136	79.8%(99) n=124
Tubal ligation	0.8%(1) n=132	89.2%(116) n=130
Vasectomy	0.8%(1) n=132	89.3%(117) n=131

NOTE: n is listed for each response, as some respondents did not provide one for each item. The percentage listed is based on valid percent that does not include non-respondents.

Section 11. Pregnancy Testing

Q56. Does your Health Center offer pregnancy testing?

	Frequency	Valid Percent
Yes, provider performed (in-house)	59	43.4%
Yes, laboratory performed (in-house or sent out)	77	56.6%
No, not offered, referred elsewhere	0	0.0%
Total	136	100.0%

Q57. Number of Pregnancy tests done (n=113)

	All patients
Number of Pregnancy tests done	54,418
Positive pregnancy tests	2,441
Positivity Rate (%)	4.5%

*includes only those schools who reported both number of pregnancy tests and positive results

Q58. For students with a positive pregnancy test, what services are available from your health center? (check all that apply)

	Frequency	Percent*
“All options" counseling and education	108	78.3%
Limited counseling and education	34	24.6%
Referral for adoption services	91	65.9%
Referral for abortion services	99	71.7%
Referral for prenatal care	106	76.8%
Prenatal care services provided on-site	1	0.7%
Medical abortion services provided on-site	1	0.7%
No services are provided	1	0.7%

*Sum is > 100% because they could select more than one response

Section 12. Participation in STD Awareness Month Activities

These last questions refer to health centers’ participation in national STD Awareness Month activities in April 2015.

Q59. Did your health center experience an increase in STI testing clients seen at your health service in April 2015? (compared to previous months or years)

	Frequency	Valid Percent
Yes	52	39.1%
No	58	43.6%
Unknown	23	17.3%
Total	133	100.0%

Q60. Did your health center participate in the 2015 GYT “Get Yourself Tested” campaign?

	Frequency	Valid Percent
Yes	63	47.0%
No	68	50.7%
Unknown	3	2.2%
Total	134	100.0%

Q61.If your school participated in the 2015 GYT campaign, did you offer special event pricing or reductions for STI screening?

	Frequency	Valid Percent
Yes	34	54.0%
No	28	44.4%
Unknown	1	1.6%
Total	63	100.0%

Q62. Did your health center offer any free/reduced cost STI/HIV testing in April 2015?

	Frequency	Valid Percent
Yes	75	55.1%
No	59	43.4%
Unknown	2	1.5%
Total	136	100.0%

Summary

Through clinical services and health promotion efforts, college health professional have the opportunity to greatly decrease the burden of sexually transmitted infections among the young adults they serve. Opportunities for improvement might focus on screening for chlamydia among all sexually active women under age 26 and treatment, screening for gonorrhea at all exposed sites in MSM, offering PrEP to students at risk of acquiring HIV infection and provision of EPT in states without legal barriers to this practice.

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