ACHA 2017 Sexual Health Services Survey

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ACHA Sexual Health Services Survey (SHSS) CY 2017

Introduction

The American College Health Association (ACHA) has collected data from college health centers regarding screening for sexually transmitted infections, cervical cancer screening practices and management of abnormal results since 1991. The objective is to provide benchmark data on practices and outcomes of testing for comparison and trends over time. The Pap Test and STI Survey had been conducted annually through Calendar Year (CY) 2015. 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, the provision of contraception and safer sex supplies, and the provision of HIV PrEP and PEP. Data collection was paused for CY 2016 while the survey was redesigned to 1) avoid redundancy with the ACHA Institutional Profile Survey (IPS), a new, annual, comprehensive benchmarking effort of all ACHA Institutional members and 2) to capture the wide range of sexual and reproductive health services offered on campus. The survey was reintroduced for Calendar Year (CY) 2017 as the Sexual Health Services Survey (SHSS) and included new items on hormone therapy for transgender students, the use of chaperones for sensitive exams, practices for documenting gender identity and sexual orientation in the medical record, and practices for protecting patient privacy.

This report contains information about gynecologic and sexual health services at ACHA Member Institutions performed during CY 2017 (January 1-December 31). Responses to all questions in the CY 2017 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. ACHA member institutions were asked to complete the CY 2017 SHSS on July 23, 2018. Each Representative of the Member Institution (RMI) was emailed a unique survey link. The RMI was asked to complete the survey, or to forward the survey link to the appropriate staff member for completion. Non-responders were sent reminder emails throughout the data collection period, which closed on October 31, 2018. This represents a new method of survey distribution than has been utilized in the past.

A total of 113 completed the survey for CY 2017. The number of participating institutions has gradually decreased over the years from a high of 161 schools in 2012. This downward trend may have been exacerbated by the new survey distribution method. Once a school submitted their responses for the CY 2017 survey, they were invited to also complete an abbreviated survey for CY 2016. The CY 2016 survey included only questions on Pap tests, STI tests, and pregnancy testing between January 1 and December 31, 2016. Twenty of the 113 responding institutions also submitted data for CY 2016. *Results presented in this document are from the CY 2017 SHSS, unless otherwise noted as an exception from the CY 2016 abbreviated survey.*

Only ACHA Institutional Members were asked to complete the survey 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.

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.).

Sample

Almost 60% of the 113 responding institutions (n=67) were public 4-year institutions and more than half of the schools (n=65) had enrollments of 10,000 or more students. Cumulative student enrollment from the 113 institutions reporting was 795,938 with a total of 3.6 million visits to the health centers.

Key Findings and Highlights

- Due to delays in distribution of the survey for Calendar Year (CY) 2016, both CY 2016 and 2017 surveys were distributed at the same time. For CY 2016 only objective data regarding positivity rates for STIs/HIV, Pap test results and pregnancy test results was obtained. Additional questions regarding services and policies were asked for CY 2017 only.
- Significant changes were made to the survey starting CY 2017 in order to better reflect the breadth of services provided by college health centers. These included a change in the name of the survey, removal of some questions and addition of others.
- We recognize that terms used for gender do not reflect the identities of all students. In order to be able to provide comparison across years and to national data, and due to laboratory reporting limitations, positivity rates are reported as male/female. In CY 2016 a category for neither male nor female was added. This category may include students who identify as transgender, non-binary, gender non-conforming and intersex.
- The number of institutions participating in the survey has declined from a high of 176 in CY 2008 to 113 in CY 2017. Only 20 institutions submitted the limited data collected in 2016.
- The majority of institutions participating in CY 2017 were public, 4-year schools (59.3%) with fairly even distribution of size of undergraduate population and geographic region. Starting CY 2016, only institutional members of ACHA were invited to participate.
- Despite changes to national guidelines delaying age at onset to begin cervical cancer screening, less frequent screening and a more conservative approach to management of abnormal findings, the number of high-risk abnormal findings has remained stable with less than 0.5% reflecting results likely to be indicative of high-grade lesions at risk for developing into cervical cancer. These findings have remained consistent over the past 10 years. 85.0% of Pap tests were reported as normal. Of those with any abnormality, 7.6% were atypical squamous cells of undetermined significance (ASC-US) and 5.7% were low-grade squamous intraepithelial lesion (LSIL).
- Among 113 health centers, the usual practice for management of a first screening Pap test in women under age 25 reported as ASC-US was to repeat Pap in 12 months in 46.0% (n=52), followed by HPV DNA test, reflex or otherwise (34.5%, n=39). 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 the preferred practice to repeat cytology in 12 months under that circumstance (Massad et al., 2013; Wright et al., 2006).

- There continue to be significant increases in the positivity rates for gonorrhea and chlamydia in the past 10 years. For CY 2017 the overall positivity rate for chlamydia was 7.5% compared to 3.7% in CY 2007. Rates are rising in both males (9.4% in 2017 compared to 6.6% in 2007) and females (6.9% in 2017 compared to 3.2% in 2007). In CY 2016, the positivity rate for chlamydia in males was 11.5% (n = 20 schools.)
- For gonorrhea, the overall positivity rate was 1.4% in CY 2017 compared to 0.6% in CY 2007, with higher rates for males (2.7%) compared to females (0.9%).
- In CY 2017, the positivity rates for both chlamydia and gonorrhea in non-binary students was 4.4%.
- Rates for syphilis have risen to 0.7% in CY 2017 from 0.3% in CY 2007. Rates are significantly higher in males (1.0%) than females (0.2%).
- Positivity rates for HIV remain stable at 0.1% overall, but rates for males are higher those of females (.19% vs. .02%) for CY 2017.
- Routine screening for sexually transmitted infections (STI) such as chlamydia, gonorrhea, syphilis and HIV was offered for asymptomatic patients without requiring a visit to a provider by 33.9% (n=38) of institutions.
- 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) reported following this recommendation from the CDC in 2015 (Workowski & Bolan, 2015), when the question was changed for CY 2017 to try to ascertain actual practice the results look much less robust. When asked to report the number of unique female patients under age 26 screened at least once in 2017 compared to the number of unique female patients seen at their Student Heath Service (SHS), less than ¼ of women had been screened. Although the new question does not differentiate whether or not the individual was sexually active, it is apparent that SHS still fall short in providing this screening.
- Screening for chlamydia and gonorrhea in at all exposed sites in men who have sex with men (MSM) as recommended by the CDC (Workowski & Bolan, 2015) was routinely provided by 60.2% (chlamydia) and 61.9% (gonorrhea). Less than 16% provided all-site screening in individuals indicating other partnering scenarios (i.e. WSM, MSW, WSW).
- Although 72.7% (n=87) of respondents indicated that Expedited Partner Therapy (EPT) was legal in their state, only 56.4% (n=62) indicated that this was used by their providers for chlamydia. Even fewer indicated that EPT was provided for other STIs such as gonorrhea, syphilis and trichomoniasis. Effective partner treatment through the provision of antibiotics to the sex partner(s) 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 EPT and practice is puzzling and should be further explored.
- Just under half (42.5%, n=48) of SHS offer PrEP (pre-exposure prophylaxis) to students at risk of acquiring HIV infection; this is decreased from the 50% of SHS offering this service in 2015. 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). Those not prescribing PrEP indicted lack of training/knowledge (37.5%) or lack of administrative support (12.5%) as barriers.

- The provision of more effective forms of contraception is increasing, with around 30% of SHS providing long-acting reversible contraceptives such as IUD and/or implants but there is much room for improvement.
- The positivity rate of 3.6% for pregnancy tests continues to decrease from prior years, which is consistent with national trends. “All options” counseling is provided by 88.2% (n=97) of institutions.
- Questions regarding transgender care were added in CY 2017. Although some may argue that transgender health care is not a sexual health service, it is often provided by those dedicated to sexual health, so it is included here. Prescriptions for hormone therapy were provided in 36.4% of SHS (n=40) with 52.5% initiating and continuing therapy and 47.5% continuing therapy only. Lack of knowledge/training was listed as a barrier by 38.1% (n=43).
- Patient confidentiality is a concern for many SHS, with 65% selecting “agree” or “strongly agree” when asked if patients at their health center regularly voiced concerns about this. Only 22.7% indicated that their state law allowed the explanation of benefits (EOB) to be sent directly to the student rather than the parent or plan subscriber – an action that would greatly reduce this concern. Many SHS offer reduced cost STI/HIV screenings or hold special testing events to try to address this, however ~50% of all STI/HIV tests are charged to the patient or their insurance.
- The issue of chaperone use, or a person who serves as a witness for both patient and provider, as a safeguard during sensitive exams has garnered increased attention recently. In CY 2017, 52.7% (n=58) provided chaperones.
- Less than half of SHS (43.6%) provided standard options for collecting gender identity using the 2-step method (asking both gender identity and sex assigned at birth) or sexual orientation (45.5%). Queer and trans communities are invisible in health centers until they are explicitly counted and acknowledged. This is an important issue of health equity.

This report includes institutional information about reproductive and sexual health services at 113 colleges and universities during calendar year 2017 (January 1 – December 31, 2017). Figures for a limited number of questions for calendar year 2016 (January 1 – December 31, 2016) were provided by 20 of the 113 participating schools and are noted when available.

Section 1: Institutional Demographics and Visit Data

Type of Institution

CY2017	Frequency	Percent
Public 2-year	9	8.0%
Public 4-year	67	59.3%
Private 4-year	37	32.7%
Total	113	100.0%

Type of Institution

CY2016	Frequency	Percent
Public 2-year	1	5.0%
Public 4-year	14	70.0%
Private 4-year	5	25.0%
Total	20	100.0%

Institution Size

CY2017	Frequency	Percent
1,000-4,999	21	18.6%
5,000-9,999	27	23.9%
10,000-19,999	33	29.2%
20,000 and above	32	28.3%
Total	113	100.0%

Institution Size

CY2016	Frequency	Percent
1,000-4,999	2	10.0%
5,000-9,999	2	10.0%
10,000-19,999	7	35.0%
20,000 and above	9	45.0%
Total	20	100.0%

Region per CDC/HHS

CY2017	Frequency	Percent
Northeast	32	28.3%
Midwest	17	15.0%
South	41	36.3%
West	23	20.4%
Total	113	100.0%

Region per CDC/HHS

CY2016	Frequency	Percent
Northeast	3	15.0%
Midwest	3	15.0%
South	10	50.0%
West	4	20.0%
Total	20	100.0%

Campus Setting

CY2017	Frequency	Percent
City	66	58.4%
Suburb	31	27.4%
Town	15	13.3%
Rural	1	0.9%
Total	113	100.0%

Campus Setting

CY2016	Frequency	Percent
City	15	75.0%
Suburb	4	20.0%
Town	1	5.0%
Rural	0	0.0%
Total	20	100.0%

Q6. Health Center Visits

	Total number of student medical visits to your health center in 2017 (n=113)	Percent female visits (n=113)	Percent male visits (n=113)	Percent transgender or gender non-conforming visits (n=109)
Mean	32292	57.5%	30.6%	0.4%
Median	11016	64.0%	33.0%	0%
Minimum	0	0%	0%	0%
Maximum	492,640	99.0%	50.0%	3.0%
Sum	3,649,016			

Section 2: OB/GYN Services Offered and Standard Practices

Q7. Sexual health visits are conducted in the following settings:

	Yes	No
Primary Care (n=107)	103 (96.3%)	4 (3.7%)
Dedicated to Women's Health/GYN clinics or Sexual Health (n=96)	44 (45.8%)	52 (54.2%)
Other (please specify) (n=55)*	12 (20.7%)	46 (79.3%)

*Other responses included: referred out, urgent care

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

Q8. Cervical cytology screening test used (n=113 Health Centers)

Cervical Cytology Screening Test used	Ages 21-24	Percent	Ages 25-29	Percent	Ages 30-65	Percent
Conventional slide	5	4.4%	4	3.5%	4	3.5%
Liquid-based cytology, alone	52	46.0%	33	29.2%	24	21.2%
Liquid-based cytology, with reflex HPV-testing for ASC-US or LSIL	71	62.8%	83	73.5%	58	51.3%
Liquid-based cytology, with co-testing	15	13.3%	18	15.9%	69	61.1%
None of these are offered	7	6.2%	7	6.2%	6	5.3%

Q9. Cervical Disease Management (Procedures Used)

Procedure	Frequency	Valid Percent
Colposcopy (n=112)	27	24.1%
Cryotherapy (n=111)	9	8.1%
Laser ablation or LEEP (n=111)	5	4.5%
Other (n=45)	1	2.2%

Q10. For clients/patients 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)	39	34.5%
Repeat Pap in 6 months	3	2.7%
Repeat Pap in 12 months	52	46.0%
Immediate colposcopy	1	0.9%
Varies by provider, no standard practice	7	6.2%
Don't know	11	9.7%
Total	113	100.0%

Q11. CY 2017 Summary of all Pap test results

	Frequency	Percent
Total # of Pap tests done (n=113)	25699	
Normal (n=113)	21836	85.0%
ASC-US (n=113)	1959	7.6%
LSIL (n=113)	1456	5.7%
ASC-H (n=112)	112	0.4%
ACG or CIS (n=112)	17	0.1%
Unsatisfactory, no dx (n=112)	150	0.6%
other dx, not listed above (n=112)	169	0.7%
no endocervical cells (with any dx above) (n=74)	1110	4.3%

Q11. CY 2016 Summary of all Pap test results

	Frequency	Percent
Total # of Pap tests done (n=20)	7571	
Normal (n=20)	6381	84.3%
ASC-US (n=20)	575	7.6%
LSIL (n=20)	497	6.6%
ASC-H (n=20)	39	0.5%
ACG or CIS (n=20)	1	0.01%
Unsatisfactory, no dx (n=20)	54	0.7%
other dx, not listed above (n=20)	24	0.3%
no endocervical cells (with any dx above) (n=16)	255	3.3%

Section 4: STI Screening Practices and Standards

Q12. Does your health center require a provider (MD, NP, PA) visit for STI screening (i.e. labs) in patients without symptoms?

	Frequency	Valid Percent
Yes	66	58.9%
No	38	33.9%
STI screening not provided	7	6.3%
I don't know	1	0.9%
Total	113	100.0%

Q12A1. Screening was provided without requiring a visit with a provider for asymptomatic patients – Chlamydia

	Frequency	Valid Percent
Yes	36	94.7%
No	2	5.3%
Total	38	100.0%

Q12A2. Screening was provided without requiring a visit with a provider for asymptomatic patients – Gonorrhea

	Frequency	Valid Percent
Yes	35	92.1%
No	3	7.9%
Total	38	100.0%

Q12A3. Screening was provided without requiring a visit with a provider for asymptomatic patients – HIV

	Frequency	Valid Percent
Yes	35	92.1%
No	3	7.9%
Total	38	100.0%

Q12A4. Screening was provided without requiring a visit with a provider for asymptomatic patients – Syphilis

	Frequency	Valid Percent
Yes	34	89.5%
No	4	10.5%
Total	38	100.0%

Q12A5. Screening was provided without requiring a visit with a provider for asymptomatic patients – Other

	Frequency	Valid Percent
Yes	1	6.3%
No	15	93.8%
Total	16	100.0%

*Other responses included: Hepatitis B and C, HSV

Q13. CY 2017 Chlamydia testing
Out of 364,063 female patients under age 26 seen at 98 health centers, 56,053 were tested for chlamydia (15.4%).

Q13. CY 2016 Chlamydia testing
Out of 68,701 female patients under age 26 seen at 15 health centers, 16,490 were tested for chlamydia (24.0%).

Q14. Type of specimen usually collected for chlamydia testing in women?

	Frequency	Valid Percent
Cervical swab	10	8.8%
Vaginal swab (patient collected)	17	15.0%
Vaginal swab (clinician collected)	5	4.4%
Urine	42	37.2%
Varies	32	28.3%
None	7	6.2%
Total	113	100%

Q15. Type of specimen usually collected for chlamydia testing in men?

	Frequency	Valid Percent
Urine	103	91.2%
Varies	2	1.8%
None	8	7.1%
Total	113	100.0%

Q16. Type of specimen usually collected for chlamydia testing in individuals who do not identify as male or female?

	Frequency	Valid Percent
Urine	61	54.0%
Varies	37	32.7%
None	15	13.3%
Total	113	100%

Q16A. Provision of pharyngeal and rectal tests for chlamydia screening in MSM:

	Frequency	Valid Percent
Yes	68	60.2%
No	45	39.8%
Total	113	100%

Q16A. Provision of pharyngeal and rectal testing for gonorrhea in screening MSM:

	Frequency	Valid Percent
Yes	70	61.9%
No	43	38.1%
Total	113	100%

Q16A. Provision of pharyngeal and rectal tests for chlamydia screening in WSW:

	Frequency	Valid Percent
Yes	18	15.9%
No	95	84.1%
Total	113	100%

Q16A. Provision of pharyngeal and rectal testing for in gonorrhea screening WSW:

	Frequency	Valid Percent
Yes	18	15.9%
No	95	84.1%
Total	113	100%

Q16A. Provision of pharyngeal and rectal tests for chlamydia screening in WSM:

	Frequency	Valid Percent
Yes	18	15.7%
No	97	84.3%
Total	115	100%

Q16A. Provision of pharyngeal and rectal testing for in gonorrhea screening WSM:

	Frequency	Valid Percent
Yes	16	14.2%
No	97	85.8%
Total	113	100%

Q16A. Provision of pharyngeal and rectal tests for chlamydia screening in MSW:

	Frequency	Valid Percent
Yes	16	14.2%
No	97	85.8%
Total	113	100%

Q16A. Provision of pharyngeal and rectal testing for in gonorrhea screening MSW:

	Frequency	Valid Percent
Yes	16	14.2%
No	97	85.8%
Total	113	100%

Q17. 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)	51	45.1%
Some tests/visits are charged but others are free (there is sometimes a cost to the patient or their insurance)	34	30.1%
All tests/visits are free to the student (there is never a cost to the patient or their insurance)	8	7.1%
None of the above or not applicable	8	7.1%
Other (please specify)	12	10.6%
Total	113	100.0%

Q18. Type of HIV antibody tests preferentially offered

	Frequency	Percent
Laboratory test, blood	78	69.0%
Laboratory test, oral fluid	1	.9%
Rapid test, blood	18	15.9%
Rapid test, oral fluid	7	6.2%
None	9	8.0%
Total	113	100%

Q19. Did your health center offer PrEP (Pre-Exposure Prophylaxis)?

	Frequency	Percent
Yes	48	42.5%
No	64	56.6%
I don’t know	1	.9
Total	113	100.0%

19A. For those who prescribed PrEP in CY 2017, what percent were the following: (n=47)

	Men who have sex with men	Heterosexual men	Heterosexual women	People who inject drugs	Other
Mean	78.6%	.1%	.3%	0%	4.4%
Median	100%	0%	0%	0%	0%
Minimum	0%	0%	0%	0%	0%
Maximum	100%	2%	10%	0%	100%

19B. For those patients who were initiated on PrEP in 2017, percent returned for a 3-month follow-up appointment:

	Frequency	Valid Percent
0-24%	7	17.9%
25-49%	2	5.1%
50-74%	10	25.6%
75-99%	12	30.8%
100%	8	20.5%
Total	39	100%

19C) For those not prescribing PrEP in 2017, what were the barriers to prescribing: (select all that apply) (n=64 health centers)

	Frequency	Valid Percent*
Lack of training/knowledge	24	37.5%
Lack of administrative support	8	12.5%
We don't prescribe any medications	7	10.9%
Religious objections	1	1.6%
Other**	31	48.4%

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

** Other responses included: cost, no demand, referred out

Q20 Did your health center offer <u>non-occupational</u> PEP (Post-Exposure Prophylaxis)?

	Frequency	Percent
Yes	40	35.4%
No	68	60.2%
I don't know	5	4.4%
Total	113	100.0%

Q21. Lab test preferentially used to diagnose genital herpes infection

	Frequency	Percent
Viral Culture	73	64.6%
PCR	19	16.8%
Type specific serology (antibody testing)	10	8.8%
Other*	11	9.4%
Total	113	100%

*Other responses were: no testing, referred out

Q22. Tests preferentially used for diagnosis of trichomoniasis infection in women

	Frequency	Percent
Microscopy (wet prep)	73	64.6%
Culture	4	3.5%
Antigen Detection	8	7.1%
PCR or NAAT	15	13.3%
Other*	13	11.5%
Total	113	100%

*Other responses were: none/do not test, physical exam and pH testing

Section 5: STI Test results

Q23/24. CY 2017 Gonorrhea Positivity (n = 113 health centers)

	GC Female	GC Male	GC Transgender	GC Unknown/ Unspecified Gender	GC overall
# tested	75062	37195	45	14611	126913
# positive	643	1010	2	81	1736
Positivity Rate (%)	0.86%	2.72%	4.44%	0.55%	1.37%

Q23/24. CY 2016 Gonorrhea Positivity (n = 20 health centers)

	GC Female	GC Male	GC Transgender	GC Unknown/ Unspecified Gender	GC overall
# tested	17389	6241	1	5212	28843
# positive	73	130	0	24	227
Positivity Rate (%)	0.42%	2.08%	0%	0.46%	0.79%

Q25/26. CY 2017 Chlamydia Positivity (n = 113 health centers)

	CT Female	CT Male	CT Transgender	CT Unknown/ Unspecified Gender	CT Overall
# tested	74390	37215	45	13897	125547
# positive	5151	3485	2	783	9421
Positivity Rate (%)	6.92%	9.36%	4.44%	5.63%	7.50%

Q25/26. CY 2016 Chlamydia Positivity (n = 20 health centers)

	CT Female	CT Male	CT Transgender	CT Unknown/ Unspecified Gender	CT Overall
# tested	17825	6240	1	5050	29116
# positive	1137	715	0	296	2148
Positivity Rate (%)	6.38%	11.46%	0%	5.86%	7.38%

Q27/28. CY 2017 HIV Positivity (n = 113 health centers)

	HIV Female	HIV Male	HIV Transgender	HIV Unknown/ Unspecified Gender	HIV Overall
# tested	23627	22704	19	7910	54260
# positive	4	44	0	10	58
Positivity Rate (%)	0.02%	0.19%	0%	0.13%	0.11%

Q27/28. CY 2016 HIV Positivity (n = 20 health centers)

	HIV Female	HIV Male	HIV Transgender	HIV Unknown/ Unspecified Gender	HIV Overall
# tested	4356	3620	0	2684	10660
# positive	5	9	0	2	16
Positivity Rate (%)	0.11%	0.25%	0%	0.07%	.15%

Q29/30. CY 2017 Syphilis Positivity (n = 113 health centers)

	Syphilis Female	Syphilis Male	Syphilis Transgender	Syphilis Unknown/ Unspecified Gender	Syphilis Overall
# tested	15936	17638	42	6821	40437
# positive	30	174	0	72	276
Positivity Rate (%)	0.19%	0.99%	0	1.06%	0.68%

Q29/30. CY 2016 Syphilis Positivity (n = 20 health centers)

	Syphilis Female	Syphilis Male	Syphilis Transgender	Syphilis Unknown/ Unspecified Gender	Syphilis Overall
# tested	3640	3130	1	148	6919
# positive	10	34	0	1	45
Positivity Rate (%)	0.27%	1.09%	0%	0.68%	.65%

Q31/32/33/34. CY 2017 Herpes positivity for genital herpes tests (n=110 health centers)

	Females	Males	Individuals not identifying as male/female	All patients
Tests done	3922	1782	399	6103
Positive for HSV-2	658 (16.8%)	69 (3.9%)	1 (.003%)	728 (11.9%)
Positive for HSV-1	757 (19.3%)	285 (16.0%)	3 (.75%)	1045 (17.1%)
Positive for type unknown	329 (8.4%)	98 (5.5%)	9 (2.3%)	436 (7.1%)
Total positive for any type	1744 (44.5%)	452 (25.4%)	13 (3.3%)	2209 (36.2%)

Q31/32/33/34. CY 2016 Herpes positivity for genital herpes tests (n=20 health centers)

	Females	Males	Individuals not identifying as male/female	All patients
Tests done	763	201	462	1399
Positive for HSV-2	70 (9.2%)	15 (7.5%)	18 (3.9%)	103 (7.4%)
Positive for HSV-1	160 (21.0%)	14 (7.0%)	42 (9.1%)	216 (15.4%)
Positive for type unknown	122 (16.0 %)	54 (26.9%)	20 (4.3%)	196 (14.0%)
Total positive for any type	352 (46.1%)	83 (41.3%)	80 (17.3%)	515 (36.8%)

Q31/32/33/34. CY 2017 Breakdown for all positive Herpes tests (n=110 health centers)

	Females	Males	Individuals not identifying as male/female	All patients
Positive for HSV-2	658 (37.7%)	69 (15.3%)	1 (7.7%)	728 (33.0%)
Positive for HSV-1	757 (43.4%)	285 (63.0%)	3 (23.1%)	1045 (47.3%)
Positive for type unknown	329 (18.9%)	98 (21.7%)	9 (69.2%)	436 (19.7%)
Total positive for any type	1744	452	13	2209

Q31/32/33/34. CY 2016 Breakdown for all positive Herpes tests (n=20 health centers)

	Females	Males	Individuals not identifying as male/female	All patients
Positive for HSV-2	70 (19.9%)	15 (18.1%)	18 (22.5%)	103 (20.0%)
Positive for HSV-1	160 (45.5%)	14 (16.9%)	42 (52.5%)	216 (41.9%)
Positive for type unknown	122 (34.7%)	54 (65.1%)	20 (25.0%)	196 (38.1%)
Total positive for any type	352	83	80	515

Q35. Number of patients diagnosed with trichomoniasis in 2017: 756 at 109 schools

Q35. Number of patients diagnosed with trichomoniasis in 2016: 93 at 19 schools

Q36. Number of patients diagnosed with bacterial vaginosis in 2017: 15,374 at 107 schools

Q36. Number of patients diagnosed with bacterial vaginosis in 2016: 4,179 at 18 schools

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

Q37. Number of patients diagnosed with genital warts in 2017: female 602 (at 110 schools); male 530 (at 110 schools); transgender 0 (at 110 schools); unspecified 237 (at 110 schools) for a total number of 1,369 diagnosed patients

Q37. Number of patients diagnosed with genital warts in 2016: female 79 (at 19 schools); male 106 (at 19 schools); transgender 0 (at 19 schools); unspecified 56 (at 19 schools) for a total number of 241 diagnosed patients

Q38. Provision of anal cytology (n=113 health centers) (check all that apply)

	Frequency	Percent*
Females	8	7.1%
Males	10	8.8%
Transgender	3	2.7%
Unknown/gender unspecified	4	3.5%
None; don't perform anal cytology	87	77.0%
Don't know if provide	10	8.8%

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

Q39. Number of anal cytology tests performed: female 79 (at 12 schools), male 123 (at 14 schools), transgender 10 (at 13 schools), unknown/gender unspecified 0 (at 13 schools)

Section 7 Hormone Therapy for Transgender Students

Q40. Providers (MD, NP, PA) at Health Center prescribe hormone therapy for transgender patients

	Frequency	Valid Percent
Yes	40	36.4%
No	69	62.7%
I don't know	1	0.9%
Total	110	100.0%

Q40A. In 2017, we offered the following hormone therapy for transgender patients:

	Frequency	Valid Percent
Initiated and continued therapy	21	52.5%
Continued therapy only	19	47.5%
Total	40	100%

40B) What were barriers to prescribing hormone therapy for transgender patients in 2017? (n=113 health centers) (please select all that apply)

	Frequency	Percent*
Lack of training/knowledge	43	38.1%
Lack of administrative support	8	7.1%
We don't prescribe any medications	8	7.1%
Religious objections	2	1.8%
Other (please specify)**	23	20.4%

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

** Other responses included: no demand, referred out, beyond scope of practice

Section 8: Expedited Partner Therapy

41A. Did laws in your state permit providers to provide expedited partner therapy (EPT) for Chlamydia?

	Frequency	Valid Percent
Yes; it was permitted in our state and prescribed by providers	62	56.4%
No; it was permitted in our state, but not prescribed by providers	8	7.3%
No; it was legal in our state but not permitted per clinic policy	17	15.5%
No, EPT was not legal in our state for this STI	13	11.8%
I Don't Know	10	9.1%
Total	110	100%

41B. Did laws in your state permit providers to provide expedited partner therapy (EPT) for Gonorrhea?

	Frequency	Valid Percent
Yes; it was permitted in our state and prescribed by providers	47	42.7%
No; it was permitted in our state, but not prescribed by providers	12	10.9%
No; it was legal in our state but not permitted per clinic policy	21	19.1%
No, EPT was not legal in our state for this STI	18	16.4%
I Don't Know	12	10.9%
Total	110	100%

41C. Did laws in your state permit providers to provide expedited partner therapy (EPT) for Syphilis?

	Frequency	Valid Percent
Yes; it was permitted in our state and prescribed by providers	25	22.7%
No; it was permitted in our state, but not prescribed by providers	18	16.4%
No; it was legal in our state but not permitted per clinic policy	21	19.1%
No, EPT was not legal in our state for this STI	26	23.6%
I Don't Know	20	18.2%
Total	110	100%

41D. Did laws in your state permit providers to provide expedited partner therapy (EPT) for Trichomoniasis?

	Frequency	Valid Percent
Yes; it was permitted in our state and prescribed by providers	34	30.9%
No; it was permitted in our state, but not prescribed by providers	17	15.5%
No; it was legal in our state but not permitted per clinic policy	19	17.3%
No, EPT was not legal in our state for this STI	23	20.9%
I Don't Know	17	15.5%
Total	110	100%

Section 9: Patient Confidentiality

42. What is your level of agreement with the following statement?

"In 2017, patients at our health or wellness center regularly voiced concerns that their parent(s) may find out that they received testing, screening, or treatment for a sexually transmitted infection (STI), including HIV."

	Frequency	Valid Percent
Strongly agree	28	25.5%
Agree	43	39.1%
Neutral/Indifferent	12	10.9%
Disagree	19	17.3%
Strongly Disagree	8	7.3%
Total	110	100%

43. In 2017, did your state law allow students to have their explanation of benefit (EOB) forms sent directly to them?

	Frequency	Valid Percent
Yes	25	22.7%
No	13	11.8%
I don't know	72	65.5%
Total	110	100%

44) Regarding STIs and patient confidentiality concerns, please indicate which of the following procedures were used in your center between January 1 and December 31, 2017. (n=110 health centers)

	Yes	No	I don't know
We offered anonymous and/or confidential HIV testing.	83 (75.5%)	27 (24.5%)	0 (0.0%)
We referred patients to other health care providers that offered confidential screening, testing, or treatment for free or reduced cost.	84 (76.4%)	24 (21.8%)	2 (1.8%)
Student health fees covered STI/HIV testing, screening, and/or treatment services, so there was no additional cost to students.	18 (16.4%)	92 (83.6%)	0 (0.0%)
We (or another university office) hosted at least one campus testing event that offered free and anonymous and/or confidential testing. (e.g., Get Yourself Talking, Get Yourself Tested).	71 (64.5%)	36 (32.7%)	3 (2.7%)
Patients could pay for testing, screening, or treatment out of pocket to avoid having an explanation of benefits (EOB) form generated.	88 (80.0%)	17 (15.5%)	5 (4.5%)
We did not generate EOB forms as we do not bill third-party health insurance.	55 (50.0%)	48 (43.6%)	7 (6.4%)
We billed third-party health insurance using more general billing codes.	12 (10.9%)	91 (82.7%)	7 (6.4%)
We explained to patients that receiving any testing, screening, or treatment was not confidential and may be revealed on EOB forms that are sent to insurance policy holders.	54 (49.1%)	47 (42.7%)	9 (8.2%)
EOB forms were sent directly to students' local addresses.	14 (12.7%)	60 (54.5%)	36 (32.7%)
We did not have any of the above procedures in place.	6 (5.5%)	94 (85.5%)	10 (9.1%)

Section 10: Sexual Health Education

Q46. On which of the following topics did your health center provide information to students in 2017? This includes any clinical service, health education sessions, etc. (Check all that apply)

	Frequency	Percent*
Abstinence	97	85.8%
Consent	101	89.4%
Contraception	108	95.6%
Emergency Contraception	103	91.2%
External (male) contraception	107	94.7%
Fertility awareness methods	73	64.6%
General family planning/preconception	82	72.6%
Healthy relationships	103	91.2%
Gender identity and sexual orientation	85	75.2%
Internal (female) condom use	85	75.2%
Sexual assault awareness/prevention	103	91.2%
STI/HIV prevention	109	96.5%
Other (please specify)**	7	6.2%

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

**Other responses included: Dating violence, drug & alcohol education, HPV awareness, PrEP, sex positivity, human trafficking

Section 11: Safer Sex Products and Contraceptive Methods Availability and Cost

Q47. Was OTC Emergency Contraception (Plan B) available through your Student Health Service in 2017?

	Frequency	Valid Percent
Yes, for free	5	4.5%
Yes, at some cost	58	52.7%
Yes, both free and at some cost	15	13.6%
No, it was not available for students through our Student Health Service	32	29.1%
Total	110	100%

Q48. Was prescription Emergency Contraception (Ella) provided through your Student Health Service in 2017?

	Frequency	Percent*
Yes, it was prescribed by our clinicians and dispensed through SHS	49	44.5%
Yes, it was prescribed by our clinicians but not dispensed through SHS	22	20.0%
No, it was not prescribed by our clinicians or dispensed through SHS	39	35.5%
Total	110	100%

Q49. Was copper IUD for Emergency Contraception (Paragard) provided through your Student Health Service in 2017?

	Frequency	Percent*
Yes, it was provided through our SHS for Emergency Contraception	15	13.6%
No, it was not provided through our SHS for Emergency Contraception; patients are referred to outside provider	64	58.2%
No, it was not provided through our SHS for Emergency Contraception and patients are not referred to outside provider	31	28.2%
Total	110	100%

Q50A. Which best describes how safer sex supplies and OTC contraceptive methods are made available to students from your health center. (n= 110 health centers)

	For Free	Some Cost	Both Free and at some cost	Don't Offer
Female (internal) condom	42.7% (47)	10.9% (12)	10.9% (12)	35.5% (39)
Latex, or non-latex dams (i.e. dental or oral dams)	50.0% (55)	5.5% (6)	6.4% (7)	38.2% (42)
Latex, or non-latex gloves	34.5% (38)	8.2% (9)	1.8% (2)	55.5% (61)
Lubricant	54.5% (60)	7.3% (8)	7.3% (8)	30.9% (34)
Male (external) condom	74.5% (82)	2.7% (3)	13.6% (15)	9.1% (10)
Spermicides (suppositories, foams, jellies, and vaginal contraceptive film)	5.5% (6)	17.3% (19)	4.5% (5)	72.7 (80)

Section 12: Provisions of Contraceptive Methods

Q50B. Percentage and frequency of health center respondents indicating affirmative to prescribing and/or dispensing for the following patient-administered contraceptive methods. (n=110 health centers)

	Prescription	Dispensation
Cervical Cap	18.0% (6)	1.8% (2)
Contraceptive Patch	63.6% (70)	21.8% (24)
Contraceptive Ring	82.7% (91)	40.0% (44)
Diaphragm	27.3% (30)	10.0% (11)
Oral contraceptives (combined and mini pill)	90.0% (99)	54.5% (60)

Q50C. Percentage and frequency of health center respondents indicating affirmative to provision and/or referring for the following provider-administered contraceptive methods. (n=110 health centers)

	Provided at SHS	Referral to outside Provider
DepoProvera	84.5% (93)	42.7% (47)
Essure	2.7% (3)	50.0% (55)
Implants (Implanon/Nexplanon)	31.8% (35)	73.6% (81)
Intrauterine device (Copper or Hormonal)	35.5% (39)	77.3% (85)
Tubal ligation	0% (0)	65.5% (72)
Vasectomy	0.9% (1)	62.7% (69)

Section 13. Pregnancy Testing

Q51. CY 2017 Number of Pregnancy tests done (n=94)

	All patients
Number of Pregnancy tests done	33130
Positive pregnancy tests	1192
Positivity Rate (%)	3.6%

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

Q51. CY 2016 Number of Pregnancy tests done (n=18)

	All patients
Number of Pregnancy tests done	7776
Positive pregnancy tests	355
Positivity Rate (%)	4.6%

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

Q52. For students with a positive pregnancy test, what services are available from your health center? (n=110 health centers)

	Yes	No	No, due to legal limitations	No, due to school policy
“All options" counseling and education	88.2% (97)	10.9% (12)	0% (0)	0.9% (1)
Limited counseling and education	42.7% (47)	55.5% (61)	0% (0)	1.8% (2)
Referral for adoption services	80.9% (89)	17.3% (19)	0% (0)	1.8% (2)
Referral for abortion services	84.5% (93)	12.7 (14)	0.9% (1)	1.8% (2)
Referral for prenatal care	95.5% (105)	4.5%(5)	0% (0)	0% (0)
Medical abortion services provided on-site	2.7% (3)	88.2% (97)	2.7% (3)	6.4% (7)
Prenatal care services provided on-site	4.5% (5)	88.2% (97)	0% (0)	7.3% (8)

Section 14: Chaperone Use

Q53. In 2017, did your health center use chaperones (a person who serves as a witness for both a patient and the medical provider) as a safeguard for all parties during sensitive medical examinations or procedures?

	Frequency	Valid Percent
Yes	58	52.7%
No	51	46.4%
I don't know	1	0.9%
Total	110	100%

Section 15: Gender Identity and Sexual Orientation Information

Q54. Did your organization's (electronic) health record provide standard options for collecting BOTH the patient's gender identity and sex assigned at birth in 2017? (Free-form notes would not count.)

	Frequency	Valid Percent
Yes	48	43.6%
No	57	51.8%
I don't know	5	4.5%
Total	110	100%

Q55. Did your organization's (electronic) health record provide standard options for collecting the patient's sexual orientation in 2017? (free-form notes, and questions about sexual behaviors would not count.)

	Frequency	Valid Percent
Yes	50	45.5%
No	58	52.7%
I don't know	2	1.8%
Total	110	100%

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. Educational/training opportunities regarding PrEP and hormone therapy for transgender/gender non-conforming patients would help address barriers to access for these services.

Recommendations and Resources

Recommendation	Resource
Screen patients appropriately for STIs/HIV	• https://www.cdc.gov/std/tg2015/screening-recommendations.htm • https://www.cdc.gov/actagainstaids/campaigns/hssc/
Know your state laws regarding EPT, and implement accordingly	• https://www.cdc.gov/std/ept/default.htm • https://www.guttmacher.org/state-policy/explore/partner-treatment-stis
Promote and prescribe PrEP to patients as appropriate	• https://www.acha.org/documents/resources/guidelines/ACHA_HIV_PrEP_Guidelines_Jan2019.pdf • https://www.cdc.gov/actagainstaids/campaigns/prescribe-hiv-prevention/clinician-resources/index.html
Continue to promote and prescribe LARCs to patients as appropriate	• https://www.acog.org/About-ACOG/ACOG-Departments/Long-Acting-Reversible-Contraception • https://providers.bedsider.org
Assess feasibility of offering gender-affirming services at your clinic	• https://www.lgbthealtheducation.org • https://www.hrc.org/hei
Know your state laws regarding patient confidentiality and insurance, and implement strategies to protect patient confidentiality accordingly	• https://www.guttmacher.org/state-policy/explore/protecting-confidentiality-individuals-insured-dependents
Collect sexual orientation and gender identity (SOGI) data in EHR	• https://www.lgbthealtheducation.org • https://www.hrc.org/hei

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