



ACHA 2019 SEXUAL HEALTH SERVICES SURVEY

Survey Report

Issued October 20, 2020



AMERICAN
COLLEGE
HEALTH
ASSOCIATION

Sexual Health Services Survey CY 2018 and CY 2019

Background

- Additional changes were made to the survey to clean up data analysis and to reflect changes in guidelines and services provided.
- 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. A separate category for neither male nor female may include students who identify as transgender, non-binary, gender non-conforming and intersex.
- Similar to the surveys for Calendar Years (CY) 2016 and 2017 there were delays in the distribution of the survey for CY 2018, so distribution for both CY 2018 and 2019 surveys was at the same time. For CY 2018 only objective data regarding positivity rates for STIs/HIV, Pap test results and pregnancy test results were obtained. Additional questions regarding services and policies were asked for CY 2019 only.

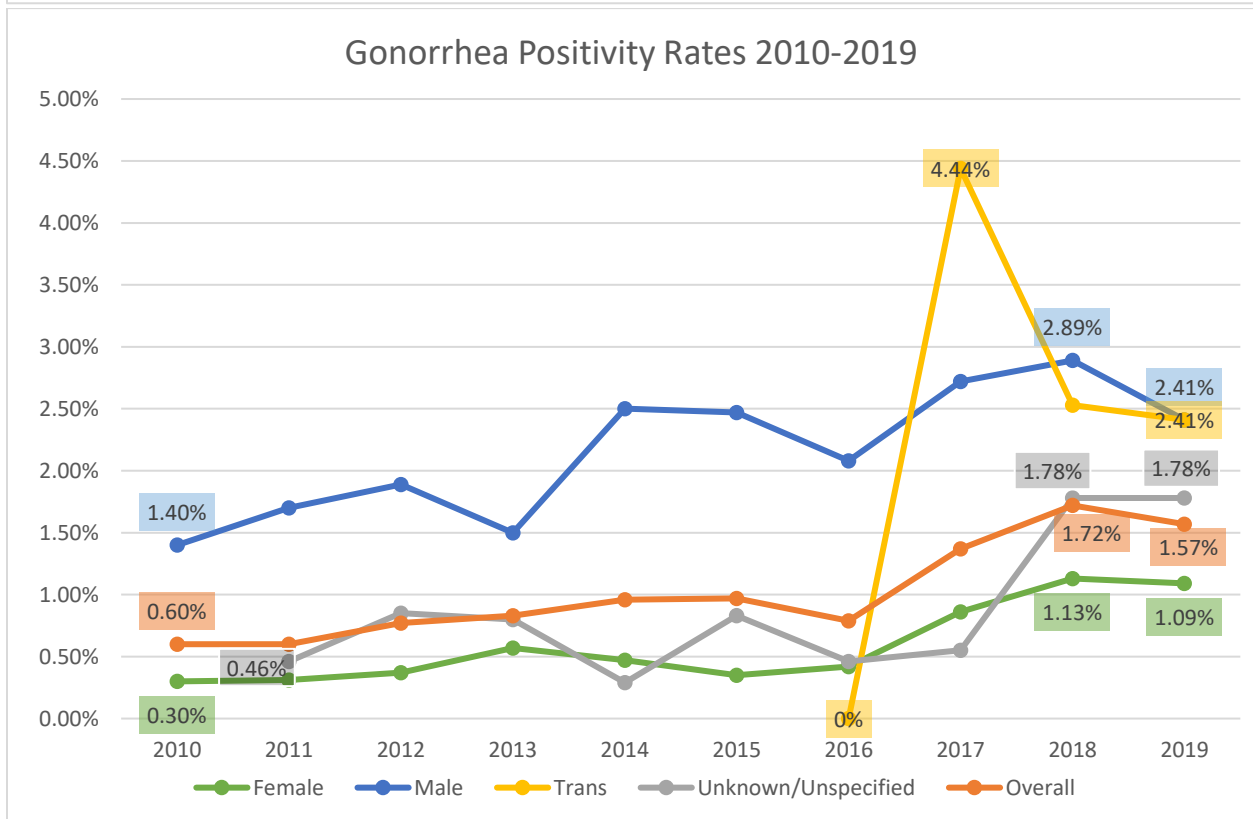
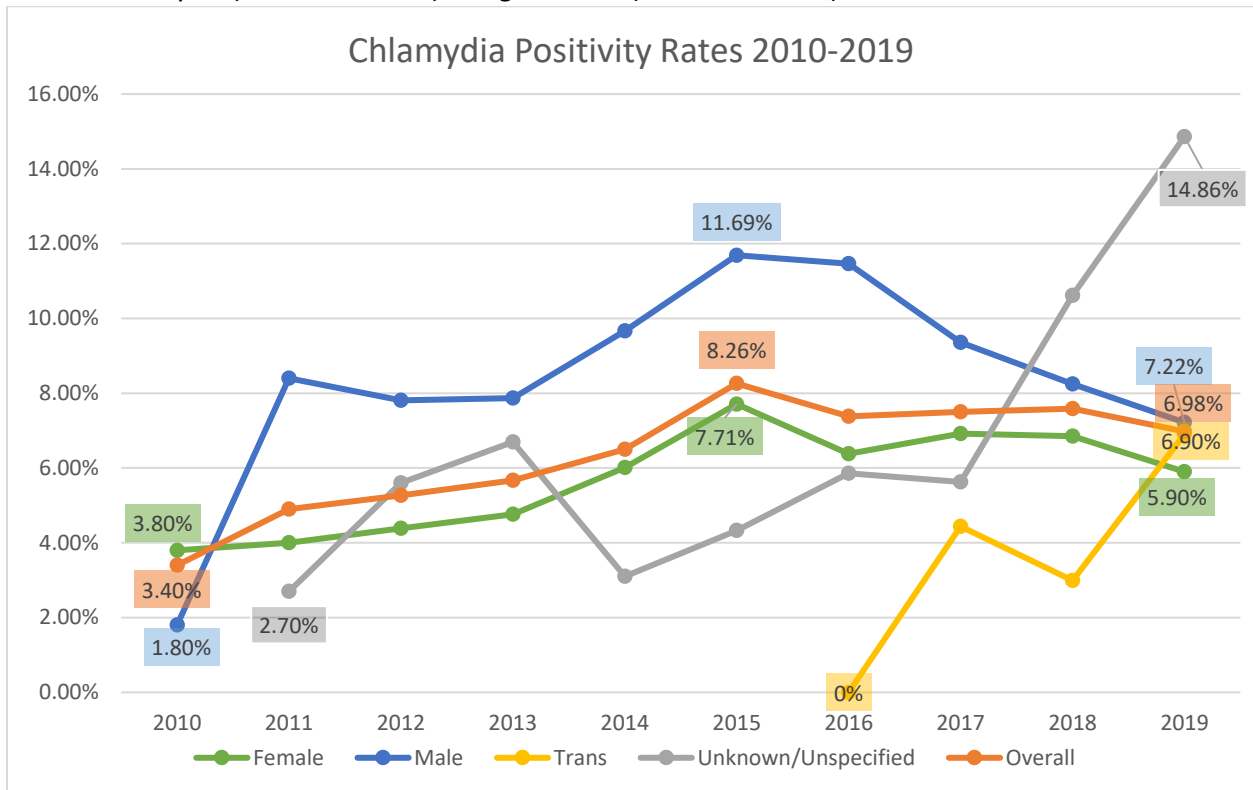
Sample

- The number of participating institutions increased from a low of 113 to CY 2017 to 148 in CY 2019. However, 27 of those institutions indicated that they did not provide clinical sexual health services and were screened out after question 6. Data from the remaining 121 institutions is included in the analysis for both years. The majority of participating institutions were public, 4-years schools (66.1%) and student populations of at least 20,000 (43.0%). All were institutional members of ACHA.

Key Findings and Highlights

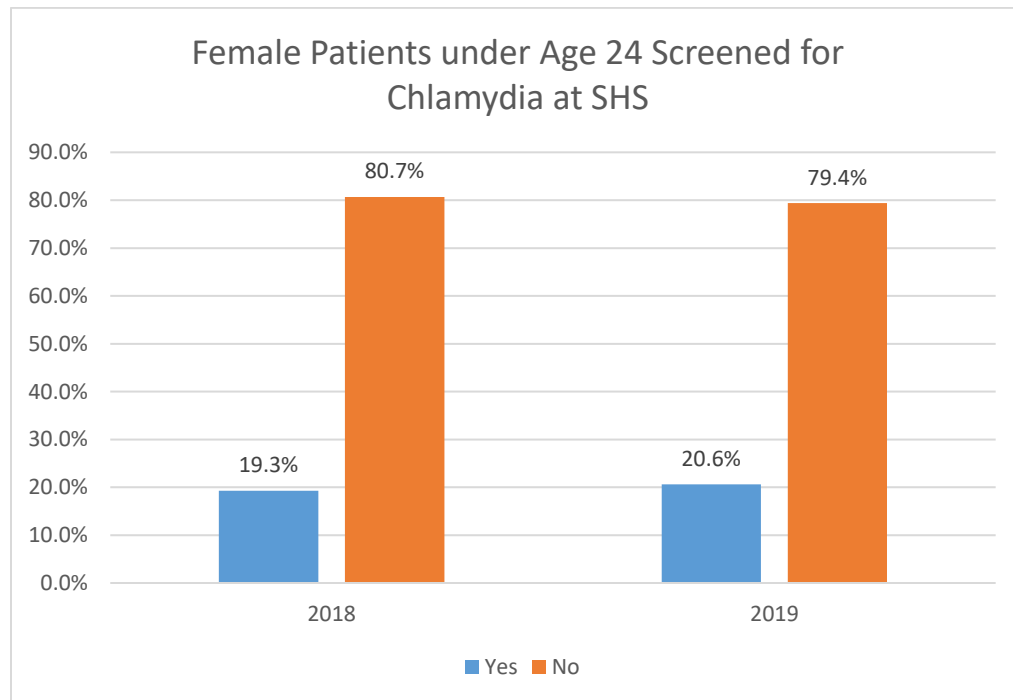
- The number of high-risk abnormal findings from cervical cancer screening has remained stable for more than 10 years with less than 0.5% reflecting results likely to be indicative of high-grade lesions at risk for developing into cervical cancer. 83.2% of Pap tests were reported as normal. Of those with any abnormality, 7.2% were atypical squamous cells of undetermined significance (ASC-US) and 6.5% were low-grade squamous intraepithelial lesion (LSIL).
- Current, widely published guidelines recommend repeat cytology in 12 months for management of a first screening pap test reported as ASC-US in women under age 25 (Massad et al.; 2013). Among 110 health centers, the usual practice for management under these circumstances was to repeat the pap in 12 months in 60% (n=66) compared to 46% in 2017. Other strategies were to perform HPV DNA test, reflex or otherwise (31.8%, n=35), no standard practice (4.5%, n=5) and repeat pap in 6 months (2.7%, n=3). Consensus guidelines for the management of women with abnormal cervical screening tests have been widely published and disseminated since 2006 (Massad et al., 2013; Wright et al., 2006). While these guidelines were updated in 2019 (Perkins et al., 2020), they still support this repeat cytology in 12 months as the preferred practice for management. The updated guidelines place more of an emphasis on personalized management based on the patient's risk of having or developing CIN 3+ and allow updates to incorporate new test methods. Clinicians are encouraged to familiarize themselves with the new guidelines and use available technology to assist with decision-making.

- Between CY2018 and CY2019, there were slight decreases in the overall positivity rates of both chlamydia (7.59% vs. 6.98%) and gonorrhea (1.72% vs. 1.57%).

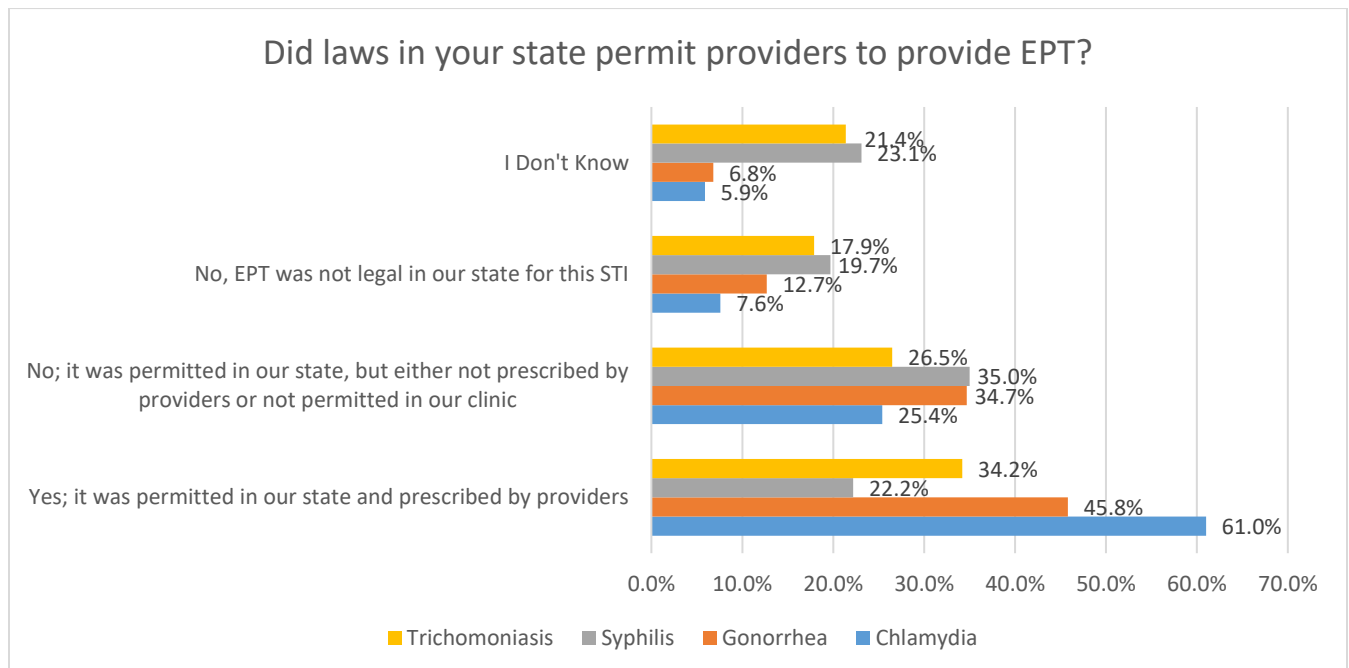


- Rates for syphilis have risen to 0.77% in CY 2019 from 0.3% in CY 2007. Rates are significantly higher in males (1.23%) than females (0.35%).
- Positivity rates for HIV remain relatively stable at 0.12% overall, but rates for males are higher than those of females (0.16% vs. 0.06%) for CY 2019.
- Provision of anal cytology was provided at 17 institutions for 84 students in CY 2019; 77.4% (n=65) were males.
- Efforts to increase screening for STIs/HIV are reflected in 55.4% (n=67) of institutions providing screening without requiring a provider visit for some or all STI/HIV screening in asymptomatic patients.
- There continues to be room for improvement in the routine screening of sexually active women under age 24 for chlamydia¹. Through limitations of the survey format, it is not possible to determine if the student was screened elsewhere or to differentiate whether or not the individual was sexually active. However, with only 1/5 of the number of unique female patients seen at SHS screened for chlamydia in both CY 2018 and CY 2019, that is an area of concern.

¹An error in the survey asked about screening of female patients under age 24 instead of using the CDC guidelines that specify the age to be under 25. This will be corrected in future surveys.

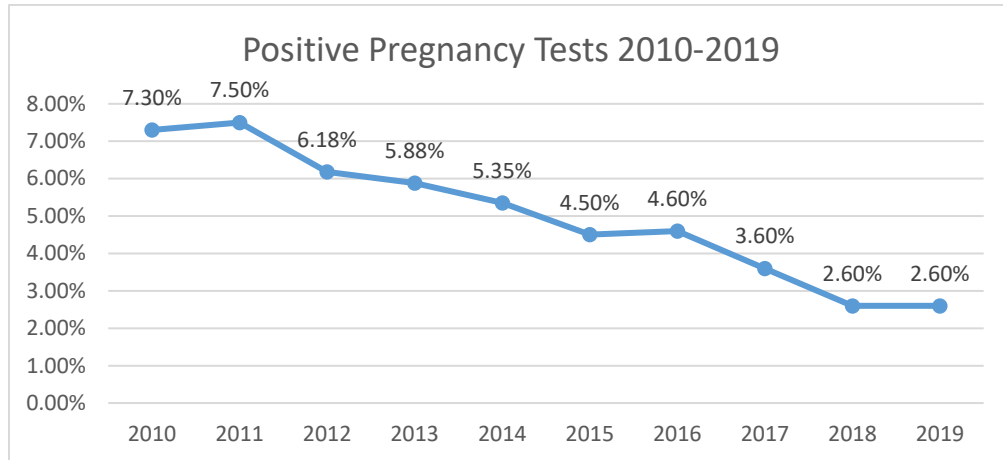


- Expedited partner therapy or the clinical practice of prescribing and dispensing medications to the sexual partners of patients diagnosed with STIs such as chlamydia and gonorrhea without requiring them to have a visit with a HCP is recommended by CDC as a central component of prevention and control of bacterial STIs. Although EPT is permissible in 45 states, 25% of respondents in 2019 said although it was legal in their state they did not prescribe it for chlamydia. Another 6% were not sure of the status in their state. The percentage of those not prescribing where legal was higher for gonorrhea (35%), syphilis (35%) and trichomoniasis (26%). The continued gap between the legality of EPT and practice is an area of improvement for SHS.

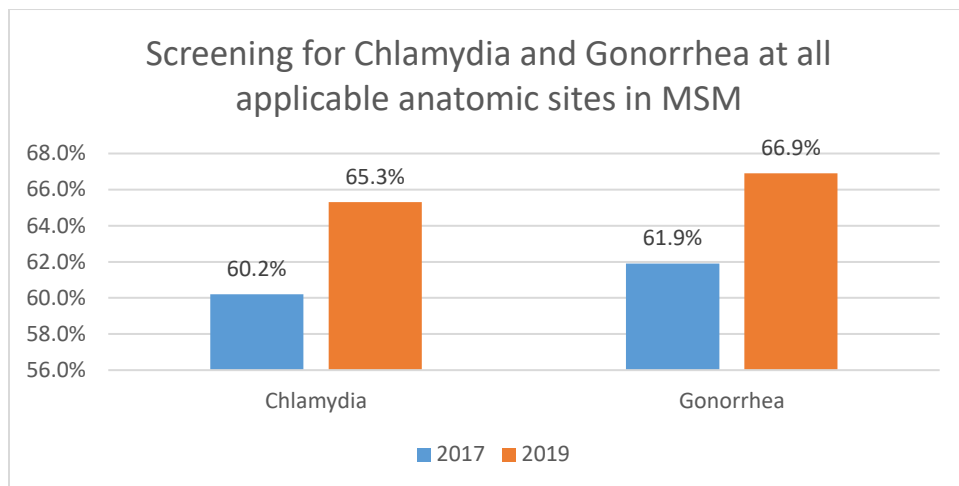


- The provision of more effective forms of contraception is increasing, with around 41% of SHS providing implants, 35% providing intrauterine devices and 86% providing Depo-Provera injections.

- The positivity rate of 2.6% for pregnancy tests continues to decrease from prior years, which is consistent with national trends. “All options” counseling is provided by 83.3% (n=100) of institutions.

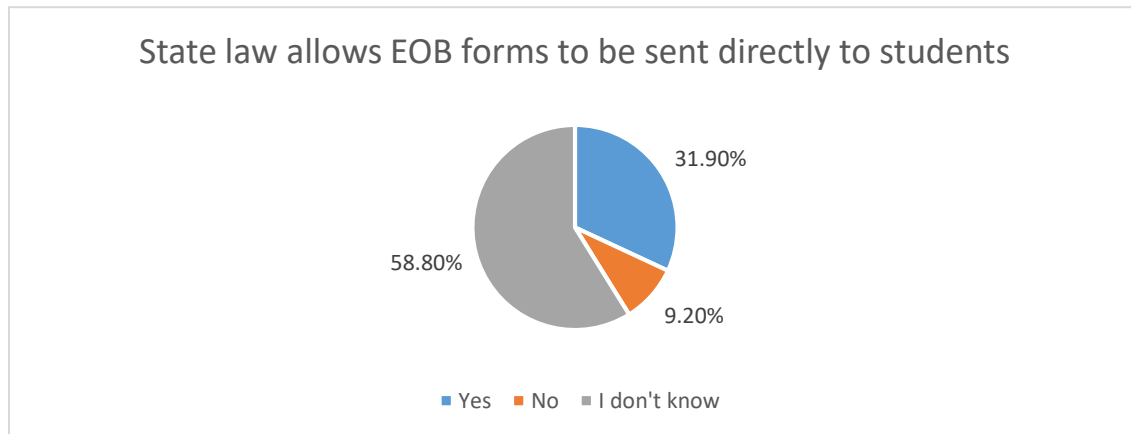


- The provision of screening for chlamydia and gonorrhea at all applicable anatomic sites increased in MSM from 60% and 62% in 2017 to 65% and 67% in 2019. All site screening was provided for other partnering scenarios (WSW, WSM, MSW) in approximately 25% of SHS.



- Almost 60% (n=72) of SHS have providers that prescribe PrEP (Pre-Exposure Prophylaxis) to students at risk for HIV; a significant improvement over 2017 when only 42.5% offered this service. Those initiating PrEP indicated that the majority of patients returned for a 3-month follow-up appointment (patients returned between 75-100% of the time for 42.6% of respondents). Lack of training/knowledge continues to be a major barrier to prescribing.

- Patient confidentiality is a concern for many SHS, with 54.5% (n=66) selecting “agree” or “strongly agree” when asked if patients at their health center regularly voiced concerns about this. In addition, 31.9% 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. This is an increase from 22.7% in CY2017. Almost 60% did not know about their state’s EOB laws.



- The use of clinical chaperones, or people who serve as a witness for both patient and provider as a safeguard during sensitive exams, has greatly increased. For CY2019, 83.3% of health centers utilized chaperones, compared to 52.7% in CY2017.
- While transgender care is not exclusively related to sexual health, prescribing gender affirming hormone therapy often falls to clinicians with this emphasis. In 2019, 33% of SHS had providers who prescribed hormone therapy compared to 36% in 2017. For those who offered this service, 72.5% both initiated and continued therapy. Lack of training/knowledge was listed as a barrier by 57.5%.
- Improvement was seen in the number of SHS providing standard options using the 2-step method of asking both gender identity and sex assigned at birth (from 43.4% in 2017 to 59.2% in 2019) as well as sexual orientation (45.5% in 2017 vs. 51.7% in 2019). SHS are encouraged to include this as an important step in addressing health equity.

This report includes institutional information about reproductive and sexual health services at 121 colleges and universities during calendar year 2019 (January 1 – December 31, 2019). Figures for a limited number of questions for calendar year 2018 (January 1 – December 31, 2018) were provided and are noted when available. Schools that do not provide sexual health services were asked to start the survey, but were screened out after question 6.

Section 1: Institutional Demographics and Visit Data

Type of Institution

	Schools that provide Sexual Health Services		Schools that do NOT provide Sexual Health Services	
	Frequency	Percent	Frequency	Percent
Public 2-year	5	4.1%	8	29.6%
Public 4-year	80	66.1%	4	14.8%
Private 4-year	36	29.8%	15	55.6%
Total	121	100.0%	27	100.0%

Institution Size

	Schools that provide Sexual Health Services		Schools that do NOT provide Sexual Health Services	
	Frequency	Percent	Frequency	Percent
Less than 2,500	8	6.6%	12	44.4%
2,500-4,999	12	9.9%	6	22.2%
5,000-9,999	15	12.4%	4	14.8%
10,000-19,999	34	28.1%	2	7.4%
20,000 and above	52	43.0%	3	11.1%
Total	121	100.0%	27	100.0%

Region per CDC/HHS

	Schools that provide Sexual Health Services		Schools that do NOT provide Sexual Health Services	
	Frequency	Percent	Frequency	Percent
Northeast	25	20.7%	6	22.2%
Midwest	25	20.7%	11	40.7%
South	49	40.5%	5	18.5%
West	21	17.4%	3	11.1%
Outside U.S.	0	0.0%	2	7.4%
Total	121	100.0%	27	100.0%

Campus Setting

	Schools that provide Sexual Health Services		Schools that do NOT provide Sexual Health Services	
	Frequency	Percent	Frequency	Percent
City	76	62.8%	11	40.7%
Suburb	26	21.5%	3	11.1%
Town	16	13.2%	10	37.0%
Rural	3	2.5%	3	11.1%
Total	121	100.0%	27	100.0%

Q6. Health center provides clinical sexual health services

	Frequency	Percent
Yes	121	81.8%
No	27	18.2%
Total	148	100%

Q7. Health Center Visits

	Total number of student medical visits to your health center in 2019 (n=121)	Percent female visits (n=116)	Percent male visits (n=116)	Percent transgender or gender non-conforming visits (n=115)
Mean	37,908	54.7%	28.4%	0.4%
Median	12,715	64.0%	32.5%	0%
Minimum	0	0%	0%	0%
Maximum	746,900	100%	58.0%	5.0%
Sum	4,586,868			

Section 2: OB/GYN Services Offered and Standard Practices**Q8. Sexual health visits are conducted in the following settings:**

	Yes	No
Primary Care (n=118)	110 (93.2%)	8 (6.8%)
Dedicated to Women's Health/GYN clinics or Sexual Health (n=109)	54 (49.5%)	55 (50.5%)
Other (please specify) (n=47)*	21 (44.7%)	26 (55.3%)

*Other responses included: Nurse clinic, urgent care

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

Q9. Cervical cytology screening tests offered

	Frequency	Percent
Yes	110	90.9%
No	11	9.1%
Total	121	100%

Q10. Cervical cytology screening test used (n=110 Health Centers)

Cervical Cytology Screening Test used	Ages 21-24	Percent	Ages 25-29	Percent	Ages 30-65	Percent
Conventional slide	3	2.7%	2	1.8%	1	.9%
Liquid-based cytology, alone	58	52.7%	44	40.0%	33	30%
Liquid-based cytology, with reflex HPV-testing for ASC-US or LSIL	86	78.2%	97	88.2%	71	64.5%
Liquid-based cytology, with co-testing	28	25.5%	32	29.1%	78	70.9%

Q11. Cervical Disease Management (Procedures Used)

Procedure	Frequency	Valid Percent
Colposcopy (n=110)	31	28.2%
Cryotherapy (n=110)	16	14.5%
Laser ablation or LEEP (n=110)	4	3.6%
Other (n=22)	0	0%

Q12. 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)	35	31.8%
Repeat Pap in 6 months	3	2.7%
Repeat Pap in 12 months	66	60.0%
Immediate colposcopy	0	0%
Varies by provider, no standard practice	5	4.5%
Don't know	1	.9%
Total	110	100.0%

Q13. CY 2019 Summary of all Pap test results

	Frequency	Percent
Total # of Pap tests done (n=110)	28,069	
Normal (n=110)	23,341	83.2%
ASC-US (n=110)	2,014	7.2%
LSIL (n=110)	1,834	6.5%
ASC-H (n=110)	98	0.3%
ACG or CIS (n=110)	16	0.1%
Unsatisfactory, no dx (n=110)	259	0.9%
other dx, not listed above (n=110)	507	1.8%
no endocervical cells (with any dx above) (n=61)	1122	4.0%

Q13. CY 2018 Summary of all Pap test results

	Frequency	Percent
Total # of Pap tests done (n=110)	26,040	
Normal (n=110)	21,764	83.6%
ASC-US (n=110)	1,945	7.5%
LSIL (n=110)	1,587	6.1%
ASC-H (n=110)	111	0.4%
ACG or CIS (n=110)	11	0%
Unsatisfactory, no dx (n=110)	176	0.7%
other dx, not listed above (n=110)	446	1.7%
no endocervical cells (with any dx above) (n=58)	851	3.3%

Section 4: Anal Cytology Screening**Q14. CY 2019 Provision of anal cytology (n=121 health centers) (check all that apply)**

	Frequency	Percent*
Females	9	7.4%
Males	15	12.4%
Transgender	8	6.6%
Unknown/gender unspecified	6	5.0%
None; don't perform anal cytology	99	81.8%
Don't know if provide	5	4.1%

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

Q14A. CY 2019 Number of anal cytology tests performed: female 19 (at 17 schools), male 65 (at 17 schools), transgender 0 (at 17 schools), unknown/gender unspecified 0 (at 17 schools)

Q14B. CY 2018 Provision of anal cytology (n=121 health centers) (check all that apply)

	Frequency	Percent*
Females	9	7.4%
Males	14	11.6%
Transgender	8	6.6%
Unknown/gender unspecified	5	4.1%
None; don't perform anal cytology	101	83.5%
Don't know if provide	5	4.1%

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

Q14C. CY 2018 Number of anal cytology tests performed: female 16 (at 17 schools), male 37 (at 17 schools), transgender 1 (at 17 school), unknown/gender unspecified 0 (at 17 schools)

Section 5: STI Screening Practices and Standards**Q15. Does your health center require a provider (MD, NP, PA) visit for STI screening (i.e. labs) in asymptomatic patients?**

	Frequency	Valid Percent
Yes, in all asymptomatic patients for STI(s)	52	43.0%
Yes, in some asymptomatic patients for some STI(s)	25	20.7%
No, we do not require a provider visit for any STI screening labs in any asymptomatic patients	42	34.7%
No, STI screening was not provided for any students at our health center	2	1.7%
I don't know	0	0%
Total	121	100.0%

Q15A. Screening was provided without requiring a visit with a provider for asymptomatic patients – Chlamydia (n=119)

	Frequency	Valid Percent
Male	60	50.4%
Female	61	51.3%
Identify as neither male or female	59	49.6%

Q15A. Screening was provided without requiring a visit with a provider for asymptomatic patients – Gonorrhea (n=119)

	Frequency	Valid Percent
Male	60	50.4%
Female	61	51.3%
Identify as neither male or female	59	49.6%

Q15A. Screening was provided without requiring a visit with a provider for asymptomatic patients – HIV (n=119)

	Frequency	Valid Percent
Male	60	50.4%
Female	61	51.3%
Identify as neither male or female	58	48.7%

Q15A. Screening was provided without requiring a visit with a provider for asymptomatic patients – Syphilis (n=119)

	Frequency	Valid Percent
Male	54	45.4%
Female	55	46.2%
Identify as neither male or female	53	44.5%

Q15A. Screening was provided without requiring a visit with a provider for asymptomatic patients – Other (n=119)

	Frequency	Valid Percent
Male	44	37.0%
Female	44	37.0%
Identify as neither male or female	44	37.0%

*Other responses included: Hepatitis C, Trichomoniasis

Q16. CY 2019 Chlamydia testing

Out of 392,111 female patients under age 24 seen at 80 health centers, 80,740 were tested for chlamydia (20.6%).

Q16. CY 2018 Chlamydia testing

Out of 337,224 female patients under age 24 seen at 72 health centers, 64,992 were tested for chlamydia (19.3%).

Q17A. Type of specimen usually collected for chlamydia testing in women?

	Frequency	Valid Percent
Cervical swab	7	5.8%
Vaginal swab (patient collected)	23	19.0%
Vaginal swab (clinician collected)	9	7.4%
Urine	51	42.1%
Varies	29	24.0%
None	2	1.7%
Total	121	100%

Q17B. Type of specimen usually collected for chlamydia testing in men?

	Frequency	Valid Percent
Urine	111	91.7%
Varies	7	5.8%
None	3	2.5%
Total	121	100.0%

Q17C. Type of specimen usually collected for chlamydia testing in individuals who do not identify as male or female?

	Frequency	Valid Percent
Vaginal swab (patient collected)	1	0.8%
Urine	66	55.5%
Varies	37	31.1%
None	15	12.6%
Total	119	100%

Q18. Provision of pharyngeal and rectal tests for chlamydia screening in MSM:

	Frequency	Valid Percent
Yes	79	65.3%
No	42	34.7%
Total	121	100%

Q18. Provision of pharyngeal and rectal testing for gonorrhea in screening MSM:

	Frequency	Valid Percent
Yes	81	66.9%
No	40	33.1%
Total	121	100%

Q18. Provision of pharyngeal and rectal tests for chlamydia screening in WSW:

	Frequency	Valid Percent
Yes	30	24.8%
No	91	75.2%
Total	121	100%

Q18. Provision of pharyngeal and rectal testing for in gonorrhea screening WSW:

	Frequency	Valid Percent
Yes	30	24.8%
No	91	75.2%
Total	121	100%

Q18. Provision of pharyngeal and rectal tests for chlamydia screening in WSM:

	Frequency	Valid Percent
Yes	31	25.6%
No	90	74.4%
Total	121	100%

Q18. Provision of pharyngeal and rectal testing for in gonorrhea screening WSM:

	Frequency	Valid Percent
Yes	33	27.3%
No	88	72.7%
Total	121	100%

Q18. Provision of pharyngeal and rectal tests for chlamydia screening in MSW:

	Frequency	Valid Percent
Yes	27	22.3%
No	94	77.7%
Total	121	100%

Q18. Provision of pharyngeal and rectal testing for in gonorrhea screening MSW:

	Frequency	Valid Percent
Yes	28	23.1%
No	93	76.9%
Total	121	100%

Q19. 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	42.1%
Some tests/visits are charged but others are free (there is sometimes a cost to the patient or their insurance)	46	38.0%
All tests/visits are free to the student (there is never a cost to the patient or their insurance)	16	13.2%
None of the above or not applicable	1	0.8%
Other (please specify)	7	5.8%
Total	121	100.0%

Q20. Type of HIV antibody tests preferentially offered

	Frequency	Percent
Laboratory test, blood	80	66.1%
Laboratory test, oral fluid	1	0.8%
Rapid test, blood	26	21.5%
Rapid test, oral fluid	8	6.6%
None	6	5.0%
Total	121	100%

Q21. Does your health center have providers that prescribe PrEP (Pre-Exposure Prophylaxis) when indicated?

	Frequency	Percent
Yes	72	59.5%
No	47	38.8%
I don't know	2	1.7%
Total	121	100.0%

Q21A. For those who prescribed PrEP in CY 2019, what percent were the following: (n=71)

	Men who have sex with men	Heterosexual men	Heterosexual women	People who inject drugs	Other
Mean	72.7%	0.1%	1.8%	0%	1.7%
Median	100%	0%	0%	0%	0%
Minimum	0%	0%	0%	0%	0%
Maximum	100%	5%	100%	3%	100%

Q21B. For those patients who were initiated on PrEP in 2019, percent returned for a 3-month follow-up appointment:

	Frequency	Valid Percent
0-24%	13	24.1%
25-49%	5	9.3%
50-74%	10	18.5%
75-99%	23	42.6%
100%	3	5.6%
Total	54	100%

Q21C) For those not prescribing PrEP in 2019, what were the barriers to prescribing: (select all that apply) (n=47 health centers)

	Frequency	Valid Percent*
Lack of training/knowledge	21	44.7%
Lack of administrative support	5	10.6%
We don't prescribe any medications	5	10.6%
Religious objections	1	2.1%
Other**	23	48.9%

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

** Other responses included: no demand, referred out

Q22 Did your health center offer non-occupational PEP (Post-Exposure Prophylaxis) in 2019?

	Frequency	Percent
Yes	47	38.8%
No	68	56.2%
I don't know	6	5.0%
Total	121	100.0%

Q23. Lab test preferentially used to diagnose genital herpes infection

	Frequency	Percent
Viral Culture	66	54.5%
PCR	37	30.6%
Type specific serology (antibody testing)	10	8.3%
Antigen tests	1	0.8%
Tzank smears	0	0%
Other*	7	5.8%
Total	121	100%

*Other responses were: no testing, referred out

Q24. Tests preferentially used for diagnosis of trichomoniasis infection in women

	Frequency	Percent
Microscopy (wet prep)	74	61.2%
Culture	8	6.6%
Antigen Detection	9	7.4%
PCR or NAAT	23	19.0%
Other*	7	5.8%
Total	121	100%

*Other responses were: do not test, pH testing, urine, rapid trich test, RNA qualitative TMA PAP

Section 5: STI Test results

Q25. CY 2019 Gonorrhea Positivity

	GC Female (n=91)	GC Male (n=90)	GC Transgender (n=5)	GC Unknown/ Unspecified Gender (n=27)	GC overall (n=91)
# tested	118,060	63,761	83	13,289	195,193
# positive	1,284	1,537	2	237	3,060
Positivity Rate (%)	1.09 %	2.41%	2.41%	1.78%	1.57%

Q26. CY 2018 Gonorrhea Positivity

	GC Female (n=82)	GC Male (n=81)	GC Transgender (n=8)	GC Unknown/ Unspecified Gender (n=23)	GC overall
# tested	98,020	49,713	79	10,681	158,493
# positive	1,106	1,435	2	190	2,733
Positivity Rate (%)	1.13%	2.89%	2.53%	1.78%	1.72%

Q27. CY 2019 Chlamydia Positivity

	CT Female (n=92)	CT Male (n=91)	CT Transgender (n=7)	CT Unknown/ Unspecified Gender (n=27)	CT Overall (n=92)
# tested	118,689	63,866	87	14,403	197,045
# positive	6,998	4,610	6	2,140	13,754
Positivity Rate (%)	5.90%	7.22%	6.90%	14.86%	6.98%

Q28. CY 2018 Chlamydia Positivity (n = 121 health centers)

	CT Female (n=81)	CT Male (n=81)	CT Transgender (n=6)	CT Unknown/ Unspecified Gender (n=25)	CT Overall (n=81)
# tested	95,309	49,154	67	12,543	157,073
# positive	6,533	4,056	2	1,332	11,923
Positivity Rate (%)	6.85%	8.25%	2.99%	10.62%	7.59%

Q29. CY 2019 HIV Positivity

	HIV Female (n=82)	HIV Male (n=82)	HIV Transgender (n=5)	HIV Unknown/ Unspecified Gender (n=21)	HIV Overall (n=82)
# tested	37,721	38,103	45	4,890	80,759
# positive	23	61	0	9	93
Positivity Rate (%)	0.06%	0.16%	0.00%	0.18%	0.12%

Q30. CY 2018 HIV Positivity

	HIV Female (n=74)	HIV Male (n=74)	HIV Transgender (n=3)	HIV Unknown/ Unspecified Gender (n=18)	HIV Overall (n=74)
# tested	31,727	31,616	25	4,288	67,656
# positive	12	48	0	4	64
Positivity Rate (%)	0.04%	0.15%	0.00%	0.09%	0.09%

Q31. CY 2019 Syphilis Positivity

	Syphilis Female (n=75)	Syphilis Male (n=76)	Syphilis Transgender (n=22)	Syphilis Unknown/ Unspecified Gender (n=3)	Syphilis Overall (n=76)
# tested	27,598	32,300	33	3,972	63,903
# positive	96	397	0	0	493
Positivity Rate (%)	0.35%	1.23%	0.00%	0.00%	0.77%

Q32. CY 2018 Syphilis Positivity

	Syphilis Female (n=65)	Syphilis Male (n=66)	Syphilis Transgender (n=3)	Syphilis Unknown/ Unspecified Gender (n=16)	Syphilis Overall (n=66)
# tested	20,248	22,759	25	3,043	46,075
# positive	50	279	0	0	330
Positivity Rate (%)	0.25%	1.23%	0.00%	0.00%	0.72%

Q33/34/35. CY 2019 Herpes positivity for genital herpes tests

	Females (n=79)	Males (n=73)	Individuals not identifying as male/female (n=9)	All patients (n=79)
Tests done	4,820	2,374	261	7,455
Positive for HSV-2	347 (7.1%)	120 (5.1%)	0 (0%)	467 (6.3%)
Positive for HSV-1	1,065 (22.1%)	385 (16.2%)	3 (1.1%)	1,453 (19.5%)
Positive for type unknown	387 (8.0%)	133 (5.6%)	3 (1.1%)	523(7.0%)
Total positive for any type	1799 (37.3%)	638 (26.9%)	6 (2.3%)	2,470 (33.1%)

Q36/37/38. CY 2018 Herpes positivity for genital herpes tests

	Females (n=73)	Males (n=71)	Individuals not identifying as male/female (n=5)	All patients (n=73)
Tests done	4,583	2,036	26	6,645
Positive for HSV-2	352 (7.7%)	93 (4.6%)	1 (3.8%)	446 (6.7%)
Positive for HSV-1	919 (20.1%)	306 (15.0%)	3 (11.5%)	1,228 (18.5%)
Positive for type unknown	443 (9.7 %)	254 (12.5%)	11 (42.3%)	708 (10.7%)
Total positive for any type	1,714 (37.4%)	653 (32.1%)	15 (57.7%)	2,382 (35.8%)

Q33/34/35. CY 2019 Breakdown for all positive Herpes tests

	Females (n=63)	Males (n=49)	Individuals not identifying as male/female (n=2)	All patients (n=63)
Positive for HSV-2	347 (19.3%)	120 (18.8%)	0 (0 %)	467 (18.9%)
Positive for HSV-1	1,065 (59.2%)	385 (60.3%)	3 (50.0%)	1,453 (58.8%)
Positive for type unknown	387 (21.5%)	133 (20.8%)	3 (50.0%)	523 (21.2%)
Total positive for any type	1,799	638	6	2,470

Q36/37/38. CY 2018 Breakdown for all positive Herpes tests (n=20 health centers)

	Females (n=60)	Males (n=41)	Individuals not identifying as male/female (n=2)	All patients (n=60)
Positive for HSV-2	352 (20.5%)	93 (14.2%)	1 (6.7%)	446 (18.7%)
Positive for HSV-1	919 (53.6%)	306 (46.9%)	3 (20.0%)	1,228 (51.6%)
Positive for type unknown	443 (25.8%)	254 (38.9%)	11 (73.3%)	708 (29.7%)
Total positive for any type	1,714	653	15	2,382

Q39A. Number of patients diagnosed with trichomoniasis in 2019: 424 at 121 schools**Q39B. Number of patients diagnosed with trichomoniasis in 2018: 305 at 121 schools****Q40A. Number of patients diagnosed with bacterial vaginosis in 2019: 18,306 at 121 schools**

Q40B. Number of patients diagnosed with bacterial vaginosis in 2018: 18,030 at 121 schools

Section 6: HPV Related Data – Genital Warts, Vaccine

Q41. Number of patients diagnosed with genital warts in 2019: female 546 (at 120 schools); male 540 (at 121 schools); transgender 0 (at 120 schools); unspecified 139 (at 120 schools) for a total number of 1,225 diagnosed patients

Q41. Number of patients diagnosed with genital warts in 2018: female 587 (at 121 schools); male 627 (at 121 schools); transgender 1 (at 120 schools); unspecified 139 (at 120 schools) for a total number of 1,354 diagnosed patients

Section 7: Hormone Therapy for Transgender Students

Q42. Providers (MD, NP, PA) at Health Center prescribe hormone therapy for transgender patients

	Frequency	Valid Percent
Yes	40	33.1%
No	80	66.1%
I don't know	1	0.8%
Total	121	100.0%

Q42A. In 2019, we offered the following hormone therapy for transgender patients:

	Frequency	Valid Percent
Initiated and continued therapy	29	72.5%
Continued therapy only	11	27.5%
Total	40	100%

42B) What were barriers to prescribing hormone therapy for transgender patients in 2019? (n=80 health centers) (please select all that apply)

	Frequency	Percent*
Lack of training/knowledge	46	57.5%
Lack of administrative support	9	11.3%
We don't prescribe any medications	8	10.0%
Religious objections	4	5.0%
Other (please specify)**	27	33.8%

*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

43A. 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	72	61.0%
No; it was permitted in our state, but not prescribed by providers	15	12.7%
No; it was legal in our state but not permitted per clinic policy	15	12.7%
No, EPT was not legal in our state for this STI	9	7.6%
I Don't Know	7	5.9%
Total	118	100%

43B. 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	54	45.8%
No; it was permitted in our state, but not prescribed by providers	21	17.8%
No; it was legal in our state but not permitted per clinic policy	20	16.9%
No, EPT was not legal in our state for this STI	15	12.7%
I Don't Know	8	6.8%
Total	118	100%

43C. 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	26	22.2%
No; it was permitted in our state, but not prescribed by providers	20	17.1%
No; it was legal in our state but not permitted per clinic policy	21	17.9%
No, EPT was not legal in our state for this STI	23	19.7%
I Don't Know	27	23.1%
Total	117	100%

43D. 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	40	34.2%
No; it was permitted in our state, but not prescribed by providers	16	13.7%
No; it was legal in our state but not permitted per clinic policy	15	12.8%
No, EPT was not legal in our state for this STI	21	17.9%
I Don't Know	25	21.4%
Total	117	100%

Section 9: Patient Confidentiality

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

“In 2019, 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	27	22.3%
Agree	39	32.2%
Neutral/Indifferent	25	20.7%
Disagree	22	18.2%
Strongly Disagree	8	6.6%
Total	121	100%

45. In 2019, did your state law allow students to have their explanation of benefit (EOB) forms sent directly to them?

	Frequency	Valid Percent
Yes	38	31.9%
No	11	9.2%
I don't know	70	58.8%
Total	119	100%

46) Regarding STIs and patient confidentiality concerns, please indicate which of the following procedures were used in your center between January 1 and December 31, 2019. (n=120 health centers)

	Yes	No	I don't know
We offered anonymous and/or confidential HIV testing.	96 (80.0%)	23 (19.2%)	1 (0.8%)
We referred patients to other health care providers that offered confidential screening, testing, or treatment for free or reduced cost.	99 (82.5%)	20 (16.7%)	1 (0.8%)
Student health fees covered STI/HIV testing, screening, and/or treatment services, so there was no additional cost to students.	24 (20.0%)	95 (79.2%)	1 (0.8%)
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).	87 (72.5%)	29 (24.2%)	4 (3.3%)
Patients could pay for testing, screening, or treatment out of pocket to avoid having an explanation of benefits (EOB) form generated.	99 (82.5%)	14 (11.7%)	7 (5.8%)
We did not generate EOB forms as we do not bill third-party health insurance.	75 (62.5%)	39 (32.5%)	6 (5.0%)
We billed third-party health insurance using more general billing codes.	19 (15.8%)	92 (76.7%)	9 (7.5%)
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.	64 (53.3%)	43 (35.8%)	13 (10.8%)
EOB forms were sent directly to students' local addresses.	21 (17.5%)	62 (51.7%)	37 (30.8%)
We did not have any of the above procedures in place.	16 (13.3%)	86 (71.7%)	18 (15.0%)

Section 10: Sexual Health Education

Q48. On which of the following topics did your health center provide information to students in 2019? This includes any clinical service, health education sessions, etc. (Check all that apply) (n=121 health centers)

	Frequency	Percent*
Abstinence	104	86.0%
Consent	114	94.2%
Contraception	117	96.7%
Emergency Contraception	106	87.6%
External (male) contraception	115	95.0%
Fertility awareness methods	69	57.0%
General family planning/preconception	91	75.2%
Healthy relationships	115	95.0%
Gender identity and sexual orientation	95	78.5%
Internal (female) condom use	89	73.6%
Sexual assault awareness/prevention	113	93.4%
STI/HIV prevention	118	97.5%
Other (please specify)**	6	5.0%

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

**Other responses included: Vaginal health, PrEP, HPV, sensitive exam information, sexual pleasure

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

Q49. Was OTC Emergency Contraception (Plan B) available through your Student Health Service in 2019?

	Frequency	Valid Percent
Yes, for free	6	5.0%
Yes, at some cost	66	55.0%
Yes, both free and at some cost	15	12.5%
No, it was not available for students through our Student Health Service	33	27.5%
Total	120	100%

Q50. Was prescription Emergency Contraception (Ella) provided through your Student Health Service in 2019?

	Frequency	Percent*
Yes, it was prescribed by our clinicians and dispensed through SHS	53	44.2%
Yes, it was prescribed by our clinicians but not dispensed through SHS	25	20.8%
No, it was not prescribed by our clinicians or dispensed through SHS	42	35.0%
Total	120	100%

Q51. Was copper IUD for Emergency Contraception (Paragard) provided through your Student Health Service in 2019?

	Frequency	Percent*
Yes, it was provided through our SHS for Emergency Contraception	20	16.7%
No, it was not provided through our SHS for Emergency Contraception; patients are referred to outside provider	66	55.0%
No, it was not provided through our SHS for Emergency Contraception and patients are not referred to outside provider	34	28.3%
Total	120	100%

Q52A. How were the following made available to students in 2019? (n= 120 health centers)

	For Free	Some Cost	Both Free and at some cost	Don't Offer
Female (internal) condom	48.3% (58)	7.5% (9)	7.5% (9)	36.7% (44)
Latex, or non-latex dams (i.e. dental or oral dams)	54.2% (65)	3.3% (4)	10.0% (12)	32.5% (39)
Latex, or non-latex gloves	33.3% (40)	6.7% (8)	5.0% (6)	55.0% (66)
Lubricant	49.2% (59)	7.5% (9)	11.7% (14)	31.7% (38)
Male (external) condom	76.7% (92)	0.8% (1)	15.0% (18)	7.5% (9)
Spermicides (suppositories, foams, jellies, and vaginal contraceptive film)	10.0% (12)	15.0% (18)	6.7% (8)	68.3% (82)

Section 12: Provisions of Contraceptive Methods

Q52B. Percentage and frequency of health center respondents indicating affirmative to prescribing and/or dispensing for the following patient-administered contraceptive methods. (n=120 health centers)

	Prescription	Dispensation
Cervical Cap	5.8% (7)	1.7% (2)
Contraceptive Patch	71.7% (86)	29.2% (35)
Contraceptive Ring	81.7% (98)	40.8% (49)
Diaphragm	19.2% (23)	10.8% (13)
Oral contraceptives (combined and mini pill)	91.7% (110)	60.0% (72)

Q52C. Percentage and frequency of health center respondents indicating affirmative to provision and/or referring for the following provider-administered contraceptive methods. (n=120 health centers)

	Provided at SHS	Referral to outside Provider
DepoProvera	85.8% (103)	46.7% (56)
Essure	0% (0)	44.2% (53)
Implants (Implanon/Nexplanon)	40.8% (49)	72.5% (87)
Intrauterine device (Copper or Hormonal)	35.0% (42)	73.3% (88)
Tubal ligation	0% (0)	57.5% (69)
Vasectomy	0% (0)	56.7% (68)

Section 13. Pregnancy Testing

Q53A. CY 2019 Number of Pregnancy tests done (n=94)

	All patients
Number of Pregnancy tests done	47,126
Positive pregnancy tests	1,205
Positivity Rate (%)	2.6%

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

Q53B. CY 2018 Number of Pregnancy tests done (n=88)

	All patients
Number of Pregnancy tests done	45,759
Positive pregnancy tests	1,206
Positivity Rate (%)	2.6%

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

Q54. For students with a positive pregnancy test, what services are available from your health center? (n=120 health centers)

	Yes	No	No, due to legal limitations	No, due to school policy
"All options" counseling and education	83.3% (100)	11.7% (14)	0% (0)	5.0% (6)
Limited counseling and education	55.8% (67)	42.5% (51)	0% (0)	1.7% (2)
Referral for adoption services	79.2% (95)	18.3% (22)	0% (0)	2.5% (3)
Referral for abortion services	74.2% (89)	16.7 (20)	1.7% (2)	7.5% (9)
Referral for prenatal care	96.7% (116)	2.5%(3)	0% (0)	0.8% (1)
Medical abortion services provided at SHS	2.5% (3)	87.5% (105)	1.7% (2)	8.3% (10)
Prenatal care services provided at SHS	3.3% (4)	88.3% (106)	0% (0)	8.3% (10)

Section 14: Chaperone Use

Q55. In 2019, 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, for all patients during sensitive medical examinations or procedures	48	40.0%
Yes, for some patients during sensitive medical examinations or procedures (please specify)	52	43.3%
No, we do not use chaperones for any examinations or procedures	19	15.8%
I don't know	1	0.8%
Total	120	100%

Section 15: Gender Identity and Sexual Orientation Information

Q56. Did your organization's (electronic) health record provide standard options for collecting BOTH the patient's gender identity and sex assigned at birth in 2019? (Free-form notes would not count.)

	Frequency	Valid Percent
Yes	71	59.2%
No	45	37.5%
I don't know	4	3.3%
Total	120	100%

Q57. Did your organization's (electronic) health record provide standard options for collecting the patient's sexual orientation in 2019? (free-form notes, and questions about sexual behaviors would not count.)

	Frequency	Valid Percent
Yes	62	51.7%
No	53	44.2%
I don't know	5	4.2%
Total	120	100%

Recommendations and Resources

ACHA, 2020. [Best Practices in Sexual Health Promotion and Clinical Care in College Health Settings](#).

Additional Reference:

Perkins RB, Guido RS, Castle PE, et al. (2020). 2019 ASCCP Risk-based management consensus guidelines for abnormal cervical cancer screening tests and cancer precursors. *Journal of Lower Genital Tract Disease*, 24: 102-131.