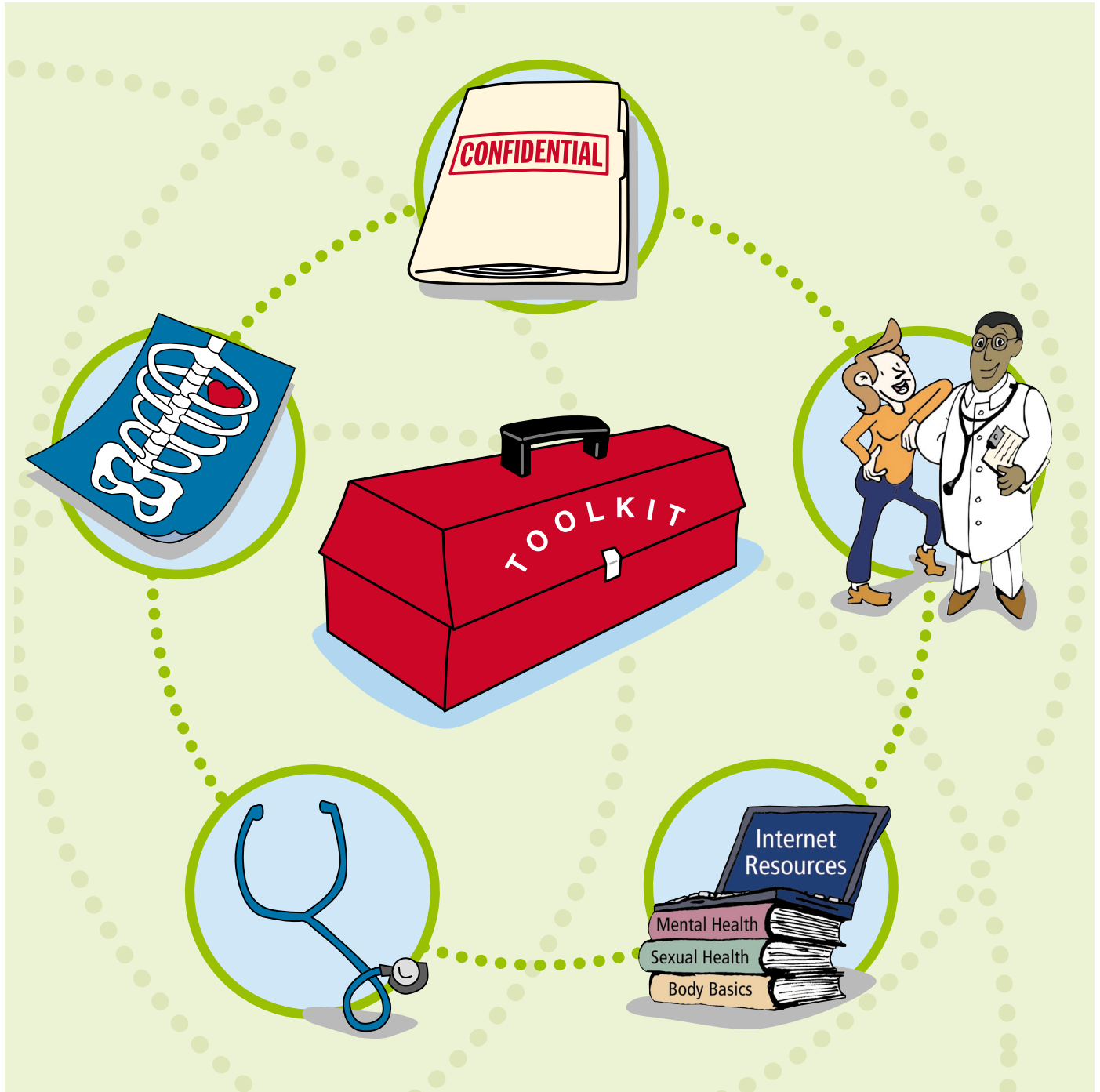




# SEXUAL HEALTH-CA VERSION

*An Adolescent Provider Toolkit*



## **HOW TO OBTAIN A COPY OF THIS TOOLKIT**

This toolkit can be downloaded from the following websites:  
Adolescent Health Working Group – [www.ahwg.net](http://www.ahwg.net)  
San Francisco Health Plan – [www.sfhp.org](http://www.sfhp.org)

Additional copies of the Toolkit may be requested via mail, telephone, fax or e-mail from:

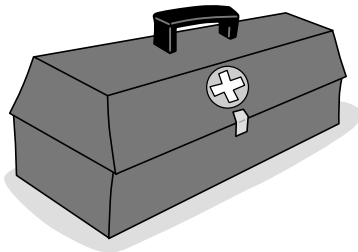
Adolescent Health Working Group  
323 Geary Street, Suite 418  
San Francisco, CA 94102  
Telephone: (415) 576-1170 x301  
Fax: (415) 576-1286  
E-mail: [info@ahwg.net](mailto:info@ahwg.net)

## **ADOLESCENT HEALTH WORKING GROUP**

The Adolescent Health Working Group (AHWG) was formed in 1996 when adolescent health providers, administrators, and youth advocates in San Francisco became concerned about Medicaid managed care's impact on young people's access to youth-sensitive, comprehensive health care. Today, the mission of the AHWG is to significantly advance the health and well-being of San Francisco's youth by applying the collective wisdom, resources, and energy of individuals and agencies that care for and support young people. The AHWG's activities include conducting community research, public policy advocacy, and training activities. Members of the collaborative include representatives of youth development agencies; public and private primary care, behavioral health clinics and programs; academic institutions; health plans; schools; social service and advocacy organizations; youth and parents.

## **SUGGESTED CITATION**

A. Young, J. Shalwitz, S. Pollock, M. Simmons (2003). *Sexual Health: An Adolescent Provider Toolkit*. San Francisco, CA: Adolescent Health Working Group, San Francisco.





**San Francisco Health Plan**  
San Francisco, CA



**Adolescent Health Working Group**  
San Francisco, CA

Dear Colleagues:

We are pleased to present to you the third module of the *Adolescent Provider Toolkit: A Guide for Treating Teen Patients*, entitled *Sexual Health*. This project has been made possible through the generous support of the California Endowment, the California Family Health Council, and the Open Society Institute.

Designed for busy providers, the Toolkit includes materials that you are free to copy and distribute to your adolescent patients and their families or to hang in waiting and exam rooms. This module takes a closer look at the specifics of raising sexually healthy teenagers, and includes:

- Screening tools
- Brief office interventions and counseling guidelines
- STD protection advice for youth
- A review of current practice guidelines
- Community resources and referrals
- Information and tip sheets
- Health education materials for teens and their adult caregivers
- Internet resources

In the future, we plan to distribute additional modules which address behavioral health, and nutrition and exercise.

We hope you will take the time to review this resource, designed by and for adolescent health care providers. If you have questions regarding the Toolkit or its accompanying resources, please call the Adolescent Health Working Group at (415) 576-1170. We also encourage you to visit our web site, [www.ahwg.net](http://www.ahwg.net), for additional tools and resources designed for you and your adolescent patients

Regards,

Lori Cohen, Training Coordinator  
Adolescent Health Working Group

Janet Shalwitz, MD, Director  
Adolescent Health Working Group

# ACKNOWLEDGEMENTS

---

The Adolescent Health Working Group gratefully acknowledges the California Endowment and the California Family Health Council for generously supporting the production of this module of the Toolkit.

## **THE ADOLESCENT PROVIDER TOOLKIT ADVISORY COUNCIL**

We would like to extend our sincerest thanks to members of the Toolkit Advisory Council for their time, energy, dedication and unwavering commitment to the health of adolescents.

**Valerie Brown, MSW** – New Generation Health Center  
**Amanda Goldberg** – San Francisco State University  
**David Knopf, LCSW, MPH** – UCSF Division of Adolescent Medicine  
**Erica Monasterio, FNP** – UCSF Division of Adolescent Medicine  
**Payal Patel** – SFGH Child and Adolescent Services, Department of Psychiatry  
**Patricia Peretz** – Jewish Vocational Services  
**Michelle Persha, MPH** – San Francisco Health Plan  
**Naomi Schapiro, PNP** – Valencia Health Services  
**Anita Shankar, MPH** – Health Initiatives For Youth  
**Karen Smith, MD** – San Francisco Health Plan  
**Lisa Stone** – SFGH Child and Adolescent Services, Department of Psychiatry  
**Kelly Wong, MD** – Pediatrician, Private Practice  
**Amy Ranger** – Health Initiatives for Youth

We would also like to thank the following individuals and organizations for contributions of their experience, ideas, and tools about adolescent sexual health.

**Yoshiko Ogino** – Graphic Design  
**Raquel Sochaczewski** – The Adolescent Health Working Group  
**Edward Velasco** – The Adolescent Health Working Group  
**Sarah Nathan** – New Generation Health Center  
**Sarah Guerry, MD** – New Generation Health Center  
**Gale Burstein, MD, MPH** – Centers for Disease Control and Prevention

# MODULE THREE: Sexual Health

## A. FOR PROVIDERS/CLINICS

### 1. Assessment and Counseling Tools

Taking a Client Centered Sexual History .....	C-1
<i>A guide to interviewing and assessing the sexual history of teens.</i>	
Talking to Teens about Safer Sex .....	C-2
<i>Tips on talking to teens about safe sex and contraception.</i>	
STD Screening Guidelines for Adolescents .....	C-3
<i>A flow chart outlining current STD screening recommendations.</i>	
Chlamydia Care Path.....	C-4
<i>A flow chart from the California Chlamydia Action Coalition.</i>	
Adolescent HIV Testing and Counseling .....	C-5
<i>Tips for providing pre- and post-test counseling to teen patients.</i>	
Pregnancy Test Counseling .....	C-6
<i>How to counsel a teen on her behaviors and options, regardless of the test results.</i>	

### 2. Resources and References

Adolescent Sexual Development Chart .....	C-7
<i>Facts and Tips to consider for early, middle, and late adolescents.</i>	
Tips for Health Care Providers: Helping Teens and Parents with Sexual Health Needs....	C-8
<i>From Advocates For Youth.</i>	
Emergency Contraception .....	C-9
<i>Facts about providing EC to sexually active teen patients-includes outline of products and recommended dosages.</i>	
Lab Tests Available for Diagnosis of Most Common STDs .....	C-10
California STD Treatment Guidelines for Adults and Adolescents 2002 .....	C-11
<i>From the California STD/HIV Prevention Training Center.</i>	
Reportable STDs in California .....	C-12
Sample Confidential Morbidity Report .....	C-13
What's New? A Review of Current Practice Recommendations .....	C-14
<i>An overview of updates to practice guidelines pertaining to adolescents.</i>	

## B. FOR PARENTS

Please print and distribute these tip sheets to the parents and guardians of your teen patients. Additional tip sheets are available on our website, [www.ahwg.net](http://www.ahwg.net).

Raising a Sexually Healthy Son or Daughter.....	C-15
What's Up? Sexual Orientation .....	C-16
Dealing with Teenage Pregnancy .....	C-17

## C. FOR YOUTH

Please print and distribute these tip sheets to your teen patients. Additional tip sheets are available on our website, [www.ahwg.net](http://www.ahwg.net).

Am I Ready for Sex?.....	C-18
Sexual Health Rights and Responsibilities.....	C-19
Myths and Facts about Sex .....	C-20
What to Expect at Your First Gynecological Exam .....	C-21
What to Expect at Your First Male Sexual Exam .....	C-22
Your Safer Sex Options: Preventing Pregnancy & Protecting Against STDs/HIV ....	C-23
What To Know About Condoms .....	C-24
A Teen's Guide to STDs .....	C-25
Emergency Contraception.....	C-26
I'm Pregnant, what should I do?.....	C-27
Click On This – Sexual Health Internet Resources .....	C-28
Abortion Services/Options .....	C-29





## TAKING A CLIENT-CENTERED SEXUAL HISTORY

At a teen's first visit or at ages 11-12, it is important to initiate discussion about sexuality. Teens want their health care providers to ask these questions!

### GENERAL TIPS

- **Begin the sexual history AFTER** you have established rapport with the adolescent.
- **Remember!** Restate the parameters of confidentiality before you take a sexual history (See Module One).
- **Think about sexual history-taking in terms of 4 Ps:** Partners, Practices, Protection, and Prevention.
- **Use open ended questions** that start with "what," "how," "when," or "tell me".
- **Be aware of judgmental questions** (ex. "you don't have unprotected sex, do you?") and behaviors (ex. shaking your head as you ask questions).
- **It may help to frame questions** in the third person. (ex. Are you noticing that your peers/friends are starting to have sex?)
- **Use understandable language** - avoid clinical terms.
- **Ask adolescents to clarify** what they mean to make sure you are both talking about the same thing.
- **Use reflective listening.** Paraphrase what the young person has said and repeat it back to him/her.
- **Do not make any assumptions**, particularly about initiation of sexual activity, type of activity or sexual orientation and/or sexual preference.
- **Educate teens about their options** so they are in a position to make informed choices.
- **Refer teens to other resources** based on their individual needs.



### GUIDELINES FOR SEXUAL HISTORY TAKING

The following is an outline of a sexual history interview. This is a flexible tool that you may want to use as a complement to the Annotated HEADSSS Assessment (See Module Two of the Adolescent Provider Toolkit). Consider these statements, questions, and tips, as a guide to assessing your teen patients.

### INTRODUCTION

- I am going to take a few minutes to ask you some sensitive questions. This information is important and will help me provide better health care to you. Remember, discussions about sex will be confidential, unless you give me permission to share your information.

### PARTNERS AND PRACTICES

#### INITIAL QUESTIONS:

- Some of my teenage patients are exploring new relationships. Are you dating or seeing anyone?

#### FOLLOW UP QUESTIONS:

- How long have you been dating this person?
- Are you seeing anyone else?
- Is the other person seeing anyone else?
- Have you thought about having sex with him or her?

### TIPS...

- Use gender neutral terms until the teen has established a preference for male/female sexual partners.
- With younger teens, start asking questions in 3rd person, ie. Are any of your friends doing these things?
- Sometimes teens, especially young teens, don't use the word dating. Keep this in mind when discussing their relationships.



## INITIAL QUESTION:

- Many teenagers are sexually active. What do the words sexually active mean to you? How do you deal with sex in your relationships?

## FOLLOW UP QUESTIONS:

- When do you think it is OK to have sexual intercourse?
- Have you ever had sex with males, females, or both?
- In the past two months, how many people have you had sex with? By this I mean vaginal sex (penis in the vagina), anal sex (penis in the anus), and oral sex (mouth to penis or vagina).
- In the past 12 months, how many people have you had sex with?
- How often do you have sex?
- Do you have any questions or thoughts about masturbation?
- How do you feel about having sex?
- Is having sex a positive thing or negative thing for you?

## TIPS...

- Even if a teen is not currently involved in a sexual relationship, these questions are still important to ask.
- Use the follow up questions to determine if STD/pregnancy prevention methods have been used and which methods might be most appropriate for him or her.
- These questions will also help to initiate discussions about sexual readiness, abstinence, coercion, knowledge and dysfunction.



## PROTECTION AND PREVENTION

### INITIAL QUESTION:

- What do you know about STDs and HIV?

### FOLLOW UP QUESTIONS:

- Do you know anyone who has had an STD or become infected with HIV?
- Have you or your partner ever had an STD?
- Does your partner have other sexual partners that you know of? Do you?
- What questions do you have about STDs and HIV?

## TIPS...

- Take the time to clarify any myths and/or misinformation the teen might have about STDs and HIV.
- Refer teens to health education materials.

### INITIAL QUESTION:

- What are you doing to protect yourself against STDs/HIV and pregnancy?

### FOLLOW UP QUESTIONS:

*If the teen indicates that he/she has not been using protection, ask:*

- Have you used some sort of protection in the past?
- What keeps you from using protection now?

*If the teen indicates that he/she sometimes uses protection, ask:*

- With whom and when do you use protection?
- What would help you to use protection on a regular basis?

## TIPS...

- Use this opportunity to counsel teens about methods. Congratulate those who are using condoms or latex barriers for doing so, and encourage those who are not to initiate use.
- Remind them that condoms are most effective when they are used correctly with every sexual encounter. Show the teen how to properly use a condom or dental dam, even if he or she already uses them.
- Teens may be more likely to use protection with casual rather than steady partners. Remind them of the importance of using STD and pregnancy protection with all partners.
- This is also a chance to screen for other risks, such as alcohol and substance use and sexual abuse.
- Refer teens to health education materials.



## INITIAL QUESTIONS:

- Have you ever been hurt in a sexual way or forced to have sex when you didn't want to?  
(The American College of Obstetricians and Gynecologists suggests screening all patients at every visit for sexual assault. The following questions should be asked of all patients, whether or not they are currently sexually active.)
- Because sexual violence is such a big problem, I ask all young people about exposure to violence and about sexual assault.
- Has a family member, friend, date, or an acquaintance ever pressured or forced you into sexual activities that made you uncomfortable? Touched you in a way that made you uncomfortable? Anyone at home? Anyone at school? Any other adult?

For more information on screening for, assessing, and reporting teen abuse visit  
[www.safenetwork.net/teens/teens.html](http://www.safenetwork.net/teens/teens.html).

## TIPS...

- Remind teens that you ask these questions because you're concerned about their safety. As a mandated child abuse reporter you must report abuse to your county child protective services or law enforcement agencies (See Module One of the Toolkit for more information about reporting).

## TEEN ABUSE REPORTING IN CALIFORNIA

AGE OF CLIENT	REQUIRED TO REPORT ABUSE IF:
Under 18	1. Physical abuse (including abuse by a dating partner). 2. Rape, sexual assault, or sexual abuse of any kind.
Under 16 (14 or 15 years)	1. Consensual sexual intercourse with a partner 21 years or older. 2. Consensual sexual activity of any kind with a partner 10 or more years older.
Under 14 (13 years or less)	1. Consensual sexual intercourse with a partner 14 years or older. 2. Consensual sexual activity of any kind with a partner who is 14 or older.

**\*Note:** There is no law that requires health care providers to ask the age of a patients' sexual partner(s).

## INITIAL QUESTION:

- There are things people can do that may reduce their risk of sexual assault. Do you know how to reduce your risk of sexual assault?

## TIPS...

- Help teens to be aware of their surroundings, to avoid walking alone at night, and to avoid using alcohol and drugs.
- Refer patients to health education materials, C-22.

## INITIAL QUESTION:

- Do you have any questions or concerns about sex?

## TIPS...

- Let teens know that health care providers are supposed to help them understand their bodies, so no question is weird or stupid.
- Refer patients to health education materials, C-22.
- Let youth know that a lot of information about sexual health can be found on the internet (See the Sexual Health Internet Resources Handout, C-28).

## CLOSURE

At the end of the conversation, review what you learned and what you discussed.

## FOR EXAMPLE:

- So, you've just told me that you have had two sexual partners in the last year and that you always use condoms. I want to congratulate you again for being careful and encourage you to continue this smart behavior. Remember, the only sure way to prevent pregnancy and STDs is to avoid sexual intercourse. The next safest way is to use a condom every time you have sex.







## TALKING TO TEENS ABOUT SAFER SEX

- > **Use the “HEADSSS Assessment”** (B-9, Module Two) and the sexual history interview to initiate a discussion with teens about how they perceive their health risks and what behaviors they think need to change.
- > **Refer to the “Stages of Change” tips** (B-12, Module Two) for guidelines on how to help adolescents change their behavior.
- > **Teach abstinence as a healthy and safe choice** while acknowledging that teens may become or are currently sexually active.
- > **Encourage open communication**, when appropriate, with adult caregiver(s) and partner(s) about sexuality and contraception.
- > **Use harm reduction**, a practice of mitigating the harmful effects of risky behavior, as much as possible. For example, because teens may engage in intercourse, teach them to use a condom correctly and consistently. Teens may have oral sex, so encourage them to abstain from this activity when they have a cold sore. Teens may use drugs and alcohol; encourage them to always make sure that a designated driver has been identified when they are partying.
- > **Stress how well condoms and latex barriers DO work.** Talking about how often they fail will not keep teens from having sex, but it may keep them from using protection\*.
- > **Teach both male and female teens how to use a condom correctly.** Proper use dramatically increases its effectiveness from 20% of sexually active young women becoming pregnant to only 3% becoming pregnant. Encourage teen boys to practice putting on and taking off condoms by themselves, before they have intercourse.
- > **Emphasize the importance of condoms** to prevent STDs, even when the patient is using another form of birth control. Adolescents primarily use condoms and later switch to hormonal contraceptives, often discontinuing condom use.
- > **Stress condom/dental dam use for oral sex.** Teens may see oral sex as a safe alternative to intercourse, and should be aware of the danger of STD transmission through this practice.
- > **Stress condom use for anal sex** and discuss the range of sexually transmitted infections associated with anal/penile sex and anal/oral sex.

\* Advocates for Youth and SIECUS, Towards a Sexually Healthy America, 2001

### WHEN COUNSELING ABOUT CONTRACEPTION OPTIONS:

- **First ascertain what methods the youth knows** about and is interested in.
- **Briefly describe all the options.** It is important to value teens’ rights to choose the method that they feel most comfortable with and to guide them in this decision based on their needs and behaviors.
- **Describe the chosen method** in greater detail to ensure that the teen knows how to use it effectively.
- **Have the teen repeat back** and demonstrate the correct use of the method.
- **Follow-up on the teen’s choice** in a future visit to ensure that the method is working right for him/her.

**Use the following chart to help assess which contraceptive might be right for each patient. Section C-23 includes a chart to distribute to teens about different types of contraceptives.**

METHOD	PROS	CONS
<b>Oral Contraceptives</b>	<ul style="list-style-type: none"> <li>Few conditions requiring precautions.</li> <li>Safe use after menarche.</li> <li>Safe use after onset of menstruation.</li> <li>May improve acne.</li> </ul>	<ul style="list-style-type: none"> <li>Forgetfulness increases failure (common among teens)</li> <li>Break through bleeding worries and upsets a number of teens.</li> <li>No protection against STDs.</li> <li>Might cause nausea and weight gain.</li> </ul>
<b>Combined Injectables (CICs)</b> <b>Injectables (Lunelle)</b> (currently unavailable)	<ul style="list-style-type: none"> <li>Only requires monthly maintenance.</li> <li>Non-visible</li> <li>Few side effects (similar to pills)</li> <li>Very effective</li> </ul>	<ul style="list-style-type: none"> <li>Re-injection must be timely.</li> <li>No protection against STDs.</li> </ul>



METHOD	PROS	CONS
<b>Progestin Only (PICs) Injectables (Depo-Prevera)</b>	<ul style="list-style-type: none"> <li>Non-visible</li> <li>Only requires maintenance every 12 weeks.</li> </ul>	<ul style="list-style-type: none"> <li>Side effects such as thinning hair, depression, weight gain and irregular periods may be especially bothersome to teens.</li> <li>Some studies show that use in teens within 2 years of menarche may pose additional risk of osteoporosis.</li> <li>Re-injection must be timely.</li> <li>No protection against STDs.</li> </ul>
<b>IUDs</b>	<ul style="list-style-type: none"> <li>Non-visible</li> <li>No maintenance needed.</li> </ul>	<ul style="list-style-type: none"> <li>Not recommended for teens who have multiple partners, or who have never had a baby.</li> </ul>
<b>Condoms</b> 	<ul style="list-style-type: none"> <li>Immediate protection.</li> <li>Easily accessible.</li> </ul>	<ul style="list-style-type: none"> <li>Requires planning.</li> <li>Both partners must be cooperative.</li> <li>Protects against pregnancy, STDs and HIV/AIDS.</li> </ul>
<b>Spermicides</b>	<ul style="list-style-type: none"> <li>Easily accessible.</li> </ul>	<ul style="list-style-type: none"> <li>Much more effective when used with a condom or diaphragm.</li> <li>Requires planning.</li> <li>Not the best protection against STDs.</li> </ul>
<b>Vaginal Ring (Nuvaring)</b>	<ul style="list-style-type: none"> <li>Non-visible.</li> <li>Does not require taking a pill daily.</li> </ul>	<ul style="list-style-type: none"> <li>Requires remembering to insert new ring once a month for 3 out of 4 weeks.</li> <li>Teen must be comfortable touching herself to insert/remove ring.</li> <li>No protection against STDs.</li> </ul>
<b>Birth Control Patch (Ortho Evra)</b>	<ul style="list-style-type: none"> <li>Does not require taking a pill daily.</li> </ul>	<ul style="list-style-type: none"> <li>Requires remembering to put on a new patch once a week for 3 out of 4 weeks.</li> <li>Visible – particularly on people of color.</li> <li>Side effects include tenderness of breasts and nausea.</li> <li>No protection against STDs.</li> </ul>
<b>Implant (Implanon)</b>	<ul style="list-style-type: none"> <li>Good for 3 years.</li> <li>Barely visible.</li> <li>Highly effective.</li> <li>Capsule can be removed any time.</li> </ul>	<ul style="list-style-type: none"> <li>No protection against STDs.</li> <li>Must be inserted/removed by a health care professional.</li> <li>Side effects may include weight gain, hair loss, headaches, irregular bleeding patterns and arm discomfort.</li> </ul>
<b>Diaphragm</b>	<ul style="list-style-type: none"> <li>Some protection against STDs.</li> </ul>	<ul style="list-style-type: none"> <li>Requires fitting and continued use.</li> <li>Best used when intercourse can be predicted.</li> <li>Not usually popular among teens.</li> </ul>
<b>Withdrawal</b>	<ul style="list-style-type: none"> <li>Requires no supplies.</li> </ul>	<ul style="list-style-type: none"> <li>Very unreliable.</li> <li>Requires motivation and self-control from both partners.</li> <li>Pre-ejaculation fluids can lead to pregnancy.</li> <li>Poor protection against STDs - does provide some protection since little or no fluid is deposited in vagina.</li> </ul>
<b>Abstinence</b>	<ul style="list-style-type: none"> <li>Requires no supplies.</li> <li>Only definite way to prevent pregnancy and STDs.</li> </ul>	<ul style="list-style-type: none"> <li>Requires motivation and self-control from both partners.</li> </ul>
<b>Emergency Contraception</b> (Not intended to be a regular form of birth control.)	<ul style="list-style-type: none"> <li>Effective and safe for teenagers. (Many teens have unplanned and unprotected intercourse.)</li> </ul>	<ul style="list-style-type: none"> <li>Side effects such as nausea and vomiting.</li> <li>Should be taken ASAP, but effective up to 120 hours after intercourse.</li> <li>Menstrual period is disrupted (may come earlier or later than usual).</li> </ul>



# STD SCREENING GUIDELINES FOR ADOLESCENTS

**Note:** Consider the following guidelines when updating STD screening practices for adolescents in your care. Contact your local health department to ascertain prevalence rates and trends to inform your practice and help you tailor STD screening, appropriately.

1. Specific relevant history and risk assessment\*
2. Physical exam

## ASYMPTOMATIC Sexually Active Teens

Screening should be offered to all sexually active adolescents during annual health maintenance visits (AAP, 2000). Some experts recommend screening sexually active teens every 6 months (Burststein, 1998).

**SYMPTOMATIC** (listed by symptom and organism/syndrome to consider testing for)

### Females – screen for:

- w Vaginal discharge
- w *Chlamydia trachomatis* –
  - culture of endocervical swab
  - NAAT\*\* for endocervical swab or first void urine
- w *Neisseria gonorrhoeae* – culture or NAAT\*\* of :
  - endocervix/urethra
  - rectum (if report of anal sex)
  - pharynx (if report of oral sex)

w Syphilis

w Hepatitis B (w/ no known history of infection or vaccination)

w HIV – if requested, or for IDUs, individuals engaging in risky sexual behavior, or their contacts, or those testing positive for other STDs. Informed consent must be obtained and on-site counseling provided.

w HPV/Cervical cancer – American Cancer Society recommendations currently call for first PAP three years after initiation of vaginal sex, but no later than age 21.

\*\*NAAT= Nucleic Acid Amplification Tests.

Note: insufficient data available on performance of NAAT on rectal and oral samples.

### Heterosexual males – screen for:

- w Urethritis – urine test for pyuria (microscopy for PMNs or an LE test)
- w *C. trachomatis* ] • urethral culture or
- w *N. gonorrhoeae* ] • urine if NAAT\*\*
- w Syphilis
- w HIV-if requested, or for IDUs, individuals engaging in risky sexual behavior, or their contacts, or those testing positive for other STDs. Informed consent must be obtained and on-site counseling provided.

### Males having sex with males (MSM) –

screen for:

- w Urethritis – urine test for pyuria (microscopy for PMNs or an LE test)
- w *N. gonorrhoeae* (culture or NAAT\*\*)
  - oral, urethral, rectal (if engaged in receptive anal intercourse)

w *C. trachomatis* (culture or NAAT\*\*)

- urethral and rectal sites (if engaged in receptive anal intercourse)

w Syphilis

w Hepatitis B (w/ no known history of infection or vaccination)

w HIV – if requested, if previously untested, if test has not been performed in past 6 months, or if engaging in risky sexual behavior.

### Urethritis/Cervicitis

- w *Neisseria gonorrhoeae*
- w *Chlamydia trachomatis*
- w Less frequent causes: *Ureaplasma urealyticum*, *Trichomonas vaginalis*, *herpes simplex virus*

### Genital Ulcers/Inguinal Lymphadenopathy

- w Syphilis (*Treponema pallidum*)
- w Herpes simplex virus
- w Chancroid (*Haemophilus ducreyi*)

w Lymphogranuloma venereum (*Chlamydia trachomatis* LGV sero-vars L1, L2, and L3)

### Vaginal Infection

- w Trichomoniasis (*Trichomonas vaginalis*)
- w Candidiasis (*Candida albicans*)
- w Bacterial vaginosis

### Genital Warts

- w Human papillomavirus

### HIV Disease

#### Pelvic Inflammatory Disease

- w *Neisseria gonorrhoeae*
- w *Chlamydia trachomatis*
- w Less frequent causes (anaerobes, gram negative rods, streptococci, mycoplasmas)

#### Epididymitis

- w *Neisseria gonorrhoeae*
- w *Chlamydia trachomatis*

#### Proctitis/Proctocolitis/Enteritis

- w *Neisseria gonorrhoeae*
- w *Chlamydia trachomatis*
- w Herpes simplex virus
- w Syphilis (*Treponema pallidum*)
- w Enteric pathogens

#### Hepatitis

- w Hepatitis A, B, and C

#### Ectoparasitic Infections

- w Pediculosis pubis (*Phthirus pubis*, pubic louse, “crabs”)
- w Scabies (*Sarcoptes scabiei*)

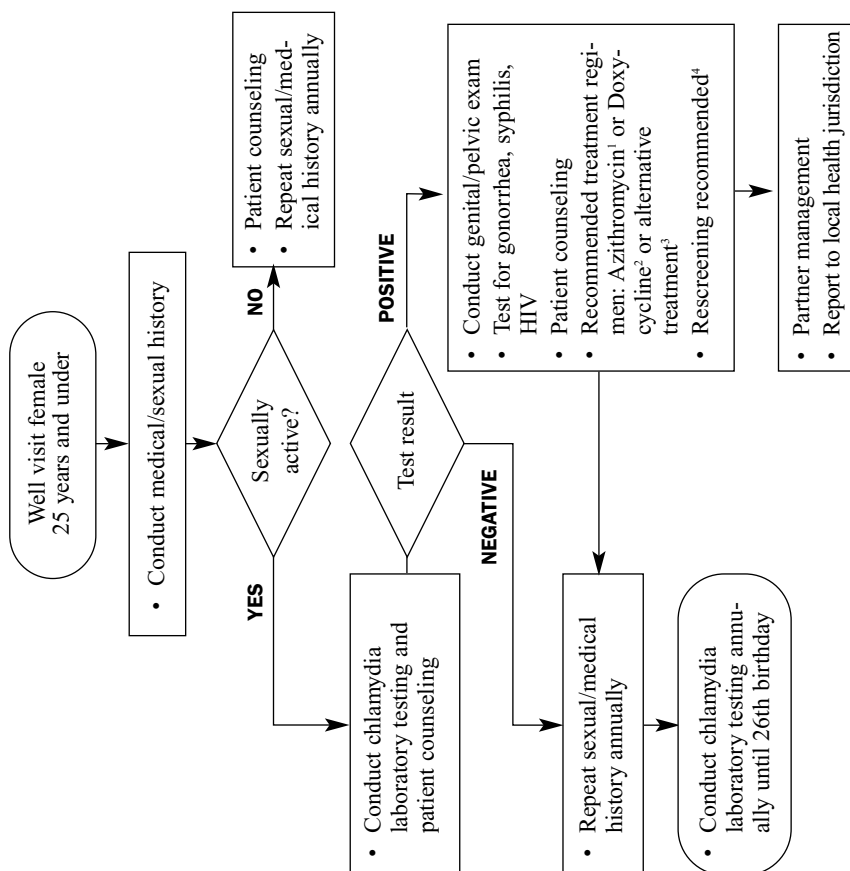
\*Persons at higher risk for STDs include all sexually active persons under age 25, those who have had multiple sex partners in the previous 6 months, those with a history of STD, injection drug users, and youth in detention centers.

Adapted from the Washington State Clinical Advisory Council, [www.doh.wa.gov/hsq/fsl/Documents/LQA-Docs/STD.pdf](http://www.doh.wa.gov/hsq/fsl/Documents/LQA-Docs/STD.pdf). Reviewed 2000.



# CHLAMYDIA CARE PATH

## ➤ ASYMPTOMATIC NON-PREGNANT FEMALES

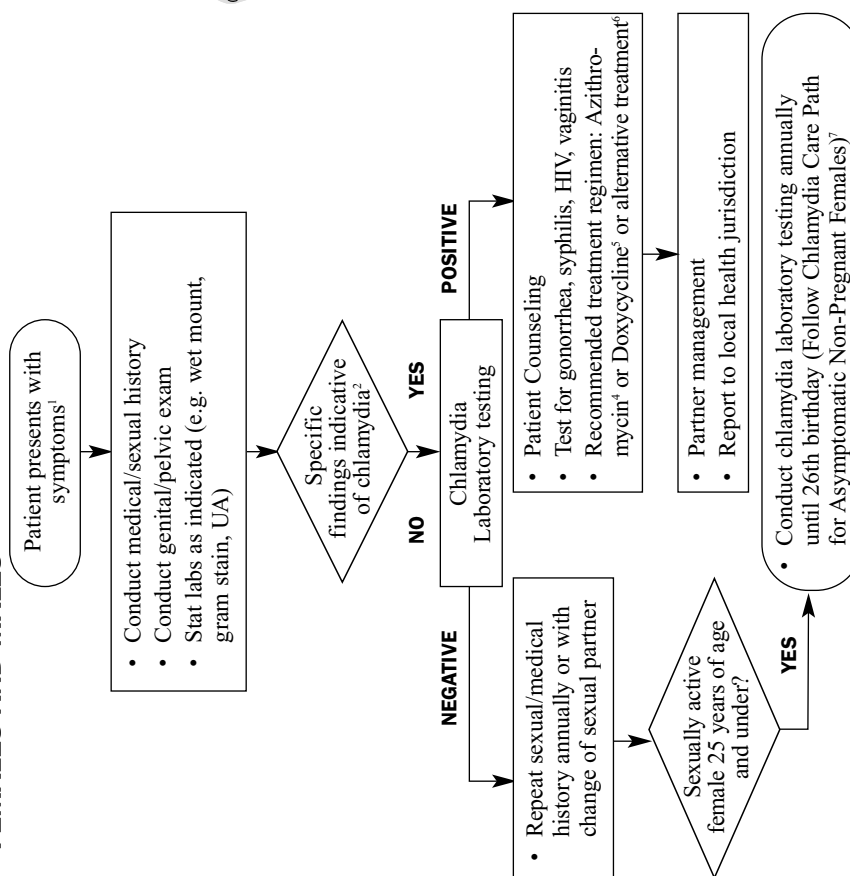


1. Azithromycin dose: 1 gram p.o., single dose.
2. Doxycycline dose: 100 mg p.o. BID for 7 days
3. Alternative treatment regimen: Erythromycin base 500 mg p.o. QID for 7 days or Erythromycin ethylsuccinate 800 mg p.o. QID f or 7 days or Ofloxacin 300 mg p.o. BID for 7 days or Levofloxacin 500 mg p.o. QD for 7 days.
4. Because chlamydia reinfection is common, it is recommended that rescreening of infected females be performed 3-4 months after treatment.

For more information go to  
<http://www.ucsf.edu/castd>



## ➤ UNCOMPLICATED SYMPTOMATIC NON-PREGNANT FEMALES AND MALES



1. Symptoms: Females – abnormal vaginal discharge, abnormal vaginal bleeding or dysuria; Males – urethral discharge or dysuria.
2. Females – mucopurulent cervicitis or cervical friability; Males – urethral discharge or evidence of urethritis by gram stain or UA.
3. Females: abnormal vaginal discharge of unknown etiology, abnormal vaginal bleeding of unknown etiology or dysuria without evidence of urinary tract infection
4. Azithromycin dose: 1 gram p.o., single dose.
5. Doxycycline dose: 100 mg p.o. BID for 7 days.
6. Alternative Treatment Regimen: Erythromycin base 500 mg p.o. QID for 7 days or Erythromycin ethylsuccinate 800 mg p.o. QID for 7 days or Ofloxacin 300 mg p.o. BID for 7 days or Levofloxacin 500 mg p.o. QD for 7 days.
7. Because chlamydia reinfection is common among females, it is recommended that rescreening of infected females be performed 3-4 months after treatment.



## SCREENING FOR CHLAMYDIA

Screen all sexually active females 25 years of age and under annually for chlamydia, consistent with Centers for Disease Control and Prevention and U.S. Preventive Services Task Force guidelines, as well as HEDIS performance measurement expectations. Use nucleic acid amplification technology tests for screening. These tests can be performed using urine specimens, allowing chlamydia screening even if a pelvic or genital exam is not being done.

## TREATMENT OF CHLAMYDIA INFECTIONS IN NON-PREGNANT FEMALES AND MALES

### Uncomplicated chlamydia infection (Asymptomatic and Symptomatic)

- **Recommended Regimens:** Azithromycin 1g p.o. in a single dose or Doxycycline 100 mg p.o. BID for 7 days
- **Alternative regimens:** For patients allergic to Azithromycin or Doxycycline, alternatives are Erythromycin base\* 500 mg p.o. QID for 7 days or Erythromycin ethylsuccinate\* 800 mg p.o. QID for 7 days or Ofloxacin 300 mg p.o. BID for 7 days or Levofloxacin 500 mg p.o. QD for 7 days.

\* Test of cure should be considered 3 weeks after completion of treatment with erythromycin because of lower efficacy.

## TREATMENT OF CHLAMYDIA INFECTIONS

### General Principles

1. **To maximize compliance with therapy**, medications for chlamydia infections should be dispensed on site, if possible.
2. **To minimize further transmission of infection**, patients treated for chlamydia should be instructed to abstain from sexual intercourse for 7 days after single dose therapy or until completion of a 7-day regimen.
3. **To minimize the risk of re-infection**, patients should be instructed to abstain from sexual intercourse until 7 days after all of their sex partners are treated.
4. **Azithromycin should be available** to treat populations with poor drug compliance, little follow-up or erratic health care seeking behavior. Azithromycin may be more cost effective in these populations as it provides the opportunity for single-dose, directly observed therapy.
5. **Azithromycin is approved for use** in persons of all ages including adolescents and children and may be particularly beneficial for use in treating adolescents (traditionally a non-compliant population). Doxycycline has the advantage of low cost and a longer history of use.
6. **All sex partners within the last two months** should also be evaluated, tested and treated. Female partners, especially, should be seen and evaluated for signs and symptoms of PID. Under California law it is the duty of the attending physician to instruct patients with STDs “in precautionary measures for preventing the spread of the disease, the seriousness of the disease and the necessity of treatment and prolonged medical supervision.” Additionally the attending physician is required to “endeavor to discover the source of infection, as well as any sexual or any other intimate contacts [when] the patient was in the communicable stage of the disease” and “to make an effort, through the cooperation of the patient, to bring those cases in for examination and, if necessary, treatment.” The Patient-delivered Partner Therapy Law enacted January 1, 2001 states “Notwithstanding any other provision of law, a physician, nurse practitioner, certified-nurse midwife, and physician assistant who diagnoses a sexually transmitted chlamydia infection may prescribe to that patient’s sexual partner or partners without examination of that patient’s partner or partners”.
7. **All patients diagnosed with chlamydia** are required to be reported by the provider or their designee to the local health department of the jurisdiction where the patient resides.
8. **Patients testing positive** for chlamydia should be tested for other sexually transmitted diseases including gonorrhea, syphilis and HIV. In patients where other sexually transmitted diseases are initially diagnosed, a chlamydia screen should be obtained.
9. **Because chlamydia reinfection is common**, it is recommended that infected females be rescreened 3-4 months after treatment.

Adapted from the California Chlamydia Action Coalition, November 2002.





## ADOLESCENT HIV TESTING AND COUNSELING

### PRETEST COUNSELING

- ♦ **Helps adolescents make an informed decision** about learning their HIV status.
- ♦ **Promotes preventive health behaviors**, such as condom use and clean needle use.
- ♦ **Lets the healthcare provider assess the adolescent's knowledge** about transmission, effects of HIV on the immune system, the concept of disease latency, and personal HIV experiences (prior tests or knowing infected individuals).
- ♦ **Helps the adolescent identify and understand** their personal risk for infection and identify steps to take to reduce risk.
- w **Assesses a young person's readiness to be tested:**
  - 1) Does he or she understand the available testing options?
  - 2) Does he or she understand the purpose and significance of taking the test?
  - 3) Does he or she understand the meaning of a positive test?
  - 4) Has he or she identified a support person?
  - 5) Does he or she seem suicidal or homicidal?
- ♦ **Ends with confirmation of how the adolescent would like to be contacted**, including the best phone number and greeting/message to use.

### TESTING ISSUES – IT IS IMPORTANT TO EXPLAIN THAT...

- ♦ **Confidential testing means** that while results are private, the patient's name is linked to the test results. Anonymous testing allows the patient to never disclose his or her name, and instead receive results using an assigned identification number.
- ♦ **Confidential testing provides** the opportunity to establish a lasting relationship between the patient and health care provider.
- ♦ **There is a possibility of accidental disclosure** of confidential test results.

### POSTTEST COUNSELING – NEGATIVE RESULTS

- ♦ **Explain that negative does not mean safe**; use this as an opportunity to assess changes in risk awareness and negotiate/reinforce risk reduction plan.
- ♦ **Reinforce risk reduction strategies** (i.e. safe sex and condom use, drug treatment referrals, avoid sharing needles).
- ♦ **Recommend that follow-up HIV testing** and counseling/assessment be scheduled in 6 months after the 1st HIV test or with continued risky behaviors.
- ♦ **Provide health promotion materials** about relevant issues.

### POSTTEST COUNSELING – POSITIVE RESULTS

- ♦ **Notification of a positive HIV test can be stated as follows:** "A positive test result means that antibodies to HIV were found in your blood. This means that you have an HIV infection. Your condition is called HIV-positive or seropositive. It is important for you to get regular medical care to find out what stage of HIV infection you are in. Being infected with HIV slowly weakens the body's ability to fight illness. New medical treatments can help your body resist the virus by slowing the growth of HIV and delaying or preventing certain life threatening conditions. If you get regular medical care you can delay the onset of AIDS and prevent some life threatening conditions. This is a chronic illness, not a death sentence. Many people are living healthy and productive lives even though they are infected with HIV."
1. **Explain that positive does not mean AIDS.**
  2. **Allow time to respond and express feelings.**
  3. **Assess levels of shock**, denial and ability to cope with the information.
  4. **Remind your patient that he or she is not alone** and there are other youth infected with HIV.
  5. **Reinforce risk reduction strategies.**
  6. **Ask your patient if anyone knows s/he got tested** and if there is anyone s/he can talk to about the test results. Schedule a follow up appointment and provide phone numbers for 24-hour crisis line and emergency behavioral health services.
  7. **Ask your patient what s/he plans to do in the next few hours** and encourage him or her to seek support.
  8. **Arrange for medical and psychosocial follow-up** and assess the teen's support system and safety.



## PREGNANCY TEST COUNSELING

During times of stress, many teens may revert to more concrete, rather than abstract, thinking. It is important to take this into account when interacting with teens who are worried about being pregnant. This is an opportune time to counsel a teen on her behaviors and options, regardless of the results of the test.

### IF THE TEST IS NEGATIVE:

- > **Explore personal beliefs and attitudes about pregnancy:**
  - ? How would you have felt if the test were positive?
  - ? What do you think is the best age to get pregnant?
  - ? What are your goals and ideas for the next year? For the future?
- > **Screen for associated pregnancy risks:**

Conduct a HEADSSS assessment and screen for STDs.
- > **Discuss relationships and support of family/friends/partners:**
  - ? Who knows you came in for a pregnancy test?
  - ? How would/do your parents feel about your sexual activity?
  - ? How does your partner/boyfriend feel about pregnancy and contraceptives?
  - ? Do you have friends or family members who are pregnant or have babies?
- > **Schedule a follow up appointment to assess contraceptive use.**



Based on her answers, counsel on consistent and effective contraceptive use, and/or the realities of pregnancy (financial, physical, personal, emotional). Remind her that just because she did not become pregnant this time, it does not mean she will never get pregnant. It may be helpful to look for successful female role models and identify goals and ideas for the near and distant future.



Use these responses to assess contraceptive methods that would work best for the teen given her readiness, motivation and method of choice. It may help to role play scenarios to deal with this issue. For example, if she begins oral contraceptives, act out how she might handle her mother finding her pills. Role play discussing contraceptives with her partner/boyfriend.



If a visit is not made, contact your patient by phone to see how things are going. 56 % of teens with a negative pregnancy test become pregnant in the next 18 months, so follow up care is vital.<sup>1</sup>

### IF THE TEST IS POSITIVE:

- > **Explore knowledge and beliefs about parenting, abortion, and adoption:**
  - ? Did you plan to get pregnant?
  - ? How do you feel about being pregnant?
  - ? What options have you considered (adoption, abortion, etc.)?
  - ? What does your religion or culture think about pregnancy? abortion?
  - ? What do you know about being pregnant?
  - ? Which of your relatives or friends have been pregnant? What did they decide to do about their pregnancies?
  - ? What do you think is the best age to be pregnant?

<sup>1</sup> Vyas, S. "Adolescent Pregnancy: A Pediatric Resident's Perspective." Pediatric Annals. Vol. 31, No. 9, 2002.



**> Assess social and family history:**

- ? Who currently lives with you?
- ? Who is in your family?
- ? Who do you confide in?
- ? Who knows that you might be pregnant?
- ? How are you doing in school?
- ? What do you want to do in 1 year? 5 years?
- ? Do you have insurance? Can you use it without worries of confidentiality?

**> Conduct medical history:**

- ? Do you have any medical problems or are you taking any medications?
- ? What methods have you used to prevent pregnancy or STDs?
- ? Have you had a pregnancy test before?
- ? Have you been pregnant before? Do you have children? What did you do about your past pregnancies?
- ? Have you had any STDs before?

**> Discuss family/friends/partner influences:**

- ? What adults in your life will be supportive?
- ? Does anyone know you came for a pregnancy test today?
- ? Do you know who the father is? Are you still seeing him? Do you think he will be supportive?
- ? How do you think your family and friends will react?

**> Discuss concrete options including health risks and costs of the options.**

- ? Who will you talk to about this?
- ? Do you need any help in talking about your pregnancy plans with your boyfriend, parent(s), or other significant adults?
- ? Do you have someone to accompany you to your appointments?

**> Assess a patient's insurance status:**



**Pregnancy related care for teens (ages 12 to 21), including pregnancy termination, can be covered confidentially by Medi-Cal Minor Consent (<http://www.medi-cal.ca.gov>, or contact your county Medi-Cal eligibility office.). Information about citizenship and legal status is requested, but documentation is not required. Social Security Number is also not requested. Many providers can also enroll their patients in Presumptive Eligibility Medi-Cal, without verification of residency or income. This activates immediately and will cover many pregnancy related services, including tests, while Medi-Cal processes the application. Services will be covered, even if the patient is found ineligible for Medi-Cal. Call 1-800-257-6900 to learn how to become a "Qualified Provider."**

**> Schedule follow up appointment(s), as needed, for physical exam, additional counseling and referrals.**





## ADOLESCENT SEXUAL DEVELOPMENT

STAGE	FACTS	TIPS
<b>EARLY ADOLESCENCE</b>  Females: 9-13 years Males: 11-15 years	<ul style="list-style-type: none"> <li>• <b>Puberty</b> as a hallmark.</li> <li>• <b>Concern with body changes</b> and privacy.</li> <li>• <b>Same-sex friends</b> and group activities.</li> <li>• <b>Concrete thinking</b>, but beginning to explore new ability to think abstractly.</li> <li>• <b>Sexual fantasies</b> are common and may serve as a source of guilt.</li> <li>• <b>Masturbation</b> begins during this period and may be accompanied by guilt.</li> <li>• <b>Sexual activities</b> are usually nonphysical. Early adolescents are often highly content with nonsexual interactions such as telephone calls to peers.</li> <li>• <b>Gay, lesbian and bisexual youth</b> may feel differently without knowing why.</li> <li>• <b>Menstruation</b> begins for many females.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Effective communication tools</b> for these teens must be very specific.</li> <li>• <b>Use health education materials</b> that emphasize style rather than tables, graphs and wordy explanations.</li> <li>• <b>Focus on issues</b> that most concern this age group (weight gain, acne, physical changes).</li> </ul>
<b>MIDDLE ADOLESCENCE</b>  Females: 13-16 years Males: 15-17 years	<ul style="list-style-type: none"> <li>• <b>Extremely concerned with appearance</b> and one's body.</li> <li>• <b>Experimentation</b> with relationships and sexual behaviors.</li> <li>• <b>More emphasis on physical contact.</b></li> <li>• <b>Movement towards defining sexual identity</b>, often accompanied by identity confusion.</li> <li>• <b>Increased abstract thinking ability.</b></li> <li>• <b>Full physical maturation</b> is attained.</li> <li>• <b>Dating and making out</b> (petting) are common and casual relationships with both noncoital and coital contacts are prevalent.</li> <li>• <b>Sexual behaviors</b> do not always match sexual identity.</li> <li>• <b>Denial of consequences</b> of sexual behavior is typical.</li> <li>• <b>Often risk takers</b> view themselves as invincible.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Healthcare provided</b> in an authoritative manner might incite rebellious behavior at this age.</li> <li>• <b>Teens must identify</b> with the healthcare message to ensure compliance and success.</li> <li>• <b>Peer counseling</b>, if carefully selected, can be effective with this age group.</li> <li>• <b>Focusing on prevention and harm reduction</b> is key during this stage.</li> <li>• <b>Avoid making assumptions</b> about sexual orientation and activities. Be sure to ask specific questions.</li> <li>• <b>Be aware of the confusion</b> sexual orientation may cause and help to provide gay and lesbian youth with role models and support systems.</li> </ul>
<b>LATE ADOLESCENCE</b>  Females: 16-21 years Males: 17-21 years	<ul style="list-style-type: none"> <li>• <b>Body image</b> and gender role definition nearly secured.</li> <li>• <b>Attainment of abstract thinking.</b></li> <li>• <b>Greater intimacy skills.</b></li> <li>• <b>Sexual orientation</b> nearly secured.</li> <li>• <b>Concern for the future.</b></li> <li>• <b>Sexual behavior becomes more expressive.</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>More abstract reasoning</b> allows for more traditional counseling approaches.</li> </ul>

Adapted from, Neinstein, L. Adolescent Health Care: A Practical Guide, Philadelphia: Lippincott Williams and Wilkins, 2002.

## Tips for Health Care Providers: Helping Teens and Parents with Sexual Health Needs

Many health practitioners have approached Advocates for Youth over the years to ask, “How can I be more helpful, more open, more sensitive to the sexual health needs of my patients, especially teens and their parents?” Health care providers play an essential role in promoting the sexual health of teens and in helping parents address the sexual health of their teens in a positive, affirming, and healthy way.

### What Health Care Professionals Can Do For Teens and Parents

- In your waiting and exam rooms, offer materials (geared to all understanding levels) about the sexual health of children, adolescents, and adults.
- Become a sex educator. Get training so you are comfortable with discussing sexual health issues.
- Avoid language that implies that everyone is heterosexual.
- Be honest—admit when you don’t know something and refer your clients to other experts, when appropriate.

### What Health Care Professionals Can Do For Teens

- Post confidentiality statements in your brochures and waiting and exam rooms. Reinforce to staff that client confidentiality is a right that must be respected without exception. Provide training to improve staff’s communication skills.
- When teenage women come for contraceptive services, offer them the option of delaying the pelvic exam.
- Do not call or send anything to a teenage client’s address without his/her permission.
- Learn about adolescent development and adolescent sexuality.
- Recognize that teens may find it hard to keep an appointment before 3:30 pm. Offer late hours for teens at least one day a week and/or hours on Saturday.
- Many teens may be engaging in oral and/or anal sex to remain “virgins,” to avoid pregnancy, or because they don’t realize these are forms of sexual intercourse. Be precise when you ask whether teens are having sex and make sure teens understand that vaginal, oral, and anal intercourse carry risks for STIs, including HIV.
- Inquire about teens’ sex education. Don’t assume they know about safer sex or reproduction. The current public school climate is often one of censorship. Teens may have learned only exaggerated failure rates of condoms and other contraceptive methods and misinformation about side effects, relationship to cancer, and fertility problems.
- Ask every young woman of childbearing age if she knows about emergency contraception (EC) and how it works. Offer every young woman a prescription for EC. Put up posters about EC and have brochures available.

- Don't require an office visit for an EC prescription. Train staff to respond quickly to a request for EC—a matter of hours can make a difference! Share with clients which pharmacies (such as Wal-Mart) refuse to fill prescriptions for EC and which pharmacies stock Plan B and Preven (many do not). If obtaining EC would be difficult or embarrassing for teens, teach them how to use a monthly pack of birth control pills.
- Offer teen clients the options of anonymous or confidential HIV and STI testing, either in your office or by referral. Educate teens about the difference between confidential and anonymous testing.

## What Health Care Professionals Can Do For Parents

- Ask if clients need help talking to their children or if they have tough issues that are hard to discuss.
- Educate parents about emergency contraception and encourage them to share this information with their teens.
- Educate parents about the importance of confidentiality in treating adolescents. Make sure parents understand that many teens will avoid getting vital testing and treatment if their parents might discover it. Help parents to clarify the relative importance of parents' awareness and teens' health.
- Encourage parents to have for their children age-appropriate books, videos, and pamphlets about growth, development, and sexual health. Explore with parents how to utilize "teachable moments" to talk about sex. These moments might include a relative's pregnancy, a show about sexual harassment, jokes, or remarks teens have overheard.



*Compiled by Barbara Huberman, RN, MEd, Director of Education and Outreach  
October 2002 © Advocates for Youth*

---

1025 Vermont Avenue, N.W. Suite 200 • Washington, D.C. 20005 USA • Phone: 202-347-5700 • Fax: 202-347-2263 • [www.advocatesforyouth.org](http://www.advocatesforyouth.org)

Reprinted with permission of Advocates for Youth, Washington, DC, copyright 2002.



## EMERGENCY CONTRACEPTION

### QUICK FACTS:

- **EC is safe and effective birth control** that can be used after unprotected intercourse or failure of contraceptives.
- **EC comes in the form of pills** which are most effective when taken immediately, but reduce the risk of pregnancy when taken within 120 hours. EC also comes in the form of an IUD, which must be implanted within 5 days. (NOTE: The IUD is not recommended for most adolescents, but may be appropriate for a youth in a monogamous relationship who has had a baby).
- **EC pills work by** delaying or inhibiting ovulation, inhibiting fertilization, or preventing implantation of a fertilized egg. It will not interrupt a pregnancy that has already begun, like RU-486, “the abortion pill”. This is an important point for many teens!
- **EC pills reduce the risk of pregnancy** after unprotected intercourse by 75-89% depending on the type of pill. The Progestin-Only dedicated product (levonorgestrel) has the highest efficacy rates.
- **Some EC pills cause side effects** such as nausea, vomiting, and breast tenderness. If a patient vomits within one hour of taking EC, the dose should be repeated. The Progestin-Only dedicated product (levonorgestrel) has the best side effects profile.
- **Healthcare providers can prescribe** EC pills, and pharmacists in California can provide it without a prescription.
- **Teens may receive ECPs** without their parent or guardian’s consent and the provision of EC is confidential.
- **Think about prescribing EC** to all of your sexually active teen patients. Educate them about its use, so they are prepared for an emergency.



### TYPES OF EMERGENCY CONTRACEPTIVE PILLS

	TYPE OF PILL	PRODUCTS	DOSAGE (REPEAT IN 12 HOURS).
DEDICATED PRODUCTS	Progestin-Only (Levonorgestrel)	Plan B	1 pill each dose*
	Progestin-Estrogen Combined	Preven	2 pills each dose
ORAL CONTRACEPTIVES USED AS EC	Progestin-Only	Ovrette	20 pills each dose
	Progestin-Estrogen Combined (in 28 day packs, only the first 21 pills can be used)	Ogestrel, Ovral	2 pills each dose
		Levlen, Levora, Lo/Ovral, Low-Ogestral, Nordette	4 pills each dose
		Alesse, Aviane, Levlite	5 pills each dose

**NOTE: Remember to use active (non-placebo) pills!**

\* Current practice also includes administering 2 pills at one time up to 5 days after unprotected sex, but sooner is always better. WHO Research Group. Lancet 2002;360:1803-10.



## WHEN ASSESSING A PATIENT FOR EMERGENCY CONTRACEPTIVE PILLS, ASK THESE THREE QUESTIONS:

- ① Have you had unprotected sex during the last 3 days?
- ② When was the first day of your last menstrual period? Was this less than 3 weeks ago?
- ③ Was this period normal in both its length and timing?

If the answer to all three questions is yes, prescribe EC pills.

If the response to any question is no, or you do not believe the history is accurate, you can still prescribe the pills, but there is a greater chance the patient might be pregnant.

## IF YOU PRESCRIBE EC PILLS,

### ! Your patient should be aware that:

- she might still get pregnant.
- she might experience side effects such as nausea, vomiting, and breast tenderness.
- if she vomits within an hour of taking EC, she should repeat the dose.
- her next menstrual period might not be regular.
- ECPs do not protect against STDs.
- ECPs should not be used as a regular form of birth control.

### ! Consider the following:

- Patients should be counseled further about consistent and reliable birth control use. If a patient is relying only on condoms, consider prescribing hormonal contraceptives for extra protection.
- Patients should be counseled further about the risks of STDs involved with unprotected sex.
- Patients should return for a follow-up appointment to confirm they did not become pregnant, if they do not get their period within two weeks of the expected date. Use this as an opportunity to reinforce regular contraceptive practices.

## FOR MORE INFORMATION ABOUT EMERGENCY CONTRACEPTION:

- [www.not2late.com](http://www.not2late.com)
- [www.go2planb.com](http://www.go2planb.com)
- [www.preven.com](http://www.preven.com)
- [www.ec-help.org](http://www.ec-help.org)



## LAB TESTS AVAILABLE FOR DIAGNOSIS OF MOST COMMON SEXUALLY TRANSMITTED DISEASES AND VAGINITIS

ETIOLOGIC AGENT	COMMON SYNDROMES	RAPID DIAGNOSTIC TEST	DEFINITIVE DIAGNOSTIC TEST
<i>Neisseria gonorrhea</i>	Urethritis, cervicitis, proctitis, PID	Gram stain	Cervical/intraurethral swab for culture, DNA probe; NAATs*
<i>Chlamydia trachomatis</i>	NGU, cervicitis, proctitis, PID	Gram stain (to determine presence of inflammation)	Culture; direct FA slide; EIA; DNA probe; NAATs*
<i>Trichomonas vaginalis</i>	Vaginitis, urethritis	Saline wet prep	If positive, saline wet-prep is definitive; culture to increase sensitivity
<i>Candida albicans</i> , other <i>Candida sp.</i>	Vaginitis, balanitis	10% KOH prep; Gram stain	If positive, rapid test is definitive; culture to increase sensitivity
<i>Gardnerella vaginalis</i> , Anaerobic bacteria	Bacterial vaginosis	Saline wet prep, whiff test, <b>and</b> vaginal pH; Gram stain	Rapid tests are definitive; culture for <i>Gardnerella</i> and anaerobes or gas liquid chromatography increase sensitivity
Herpes simplex virus (HSV)	Genital ulcer	None <sup>1</sup>	Ulcer; direct FA slide; culture; EIA; PCR; serological tests: Western blot, EIA (glycoprotein (gG1/gG2) type-specific antibody test)
<i>Treponema pallidum</i> (syphilis)	Genital ulcer	Ulcer; darkfield microscopy serological test; RPR	Ulcer; if positive, darkfield is definitive; DFA-TP; serological tests: RPR, VDRL, USR, ART, (non-treponemal tests); FTA-ABS, MHA-TP (treponemal tests); TP-PA
<i>Sarcoptes scabiei</i> (scabies)	Dermatitis, ulcers	Mineral oil wet prep	Rapid test is definitive
<i>Phthirus pubis</i> (pubic lice)	Dermatitis	Dry mount, observation of nits or lice	Rapid test is definitive
Human Papillomavirus (HPV)	Genital warts (condylomata acuminata)	None; observation of lesions	Pap stain; DNA hybridization
<i>Salmonella sp.</i> , <i>Shigella sp.</i> , <i>Campylobacter sp.</i>	Enteritis, proctocolitis	None	Stool cultures
<i>Entamoeba histolytica</i> <i>Giardia lamblia</i>	Enterocolitis	None	Wet prep or trichrome stain of fresh or concentrated stool
Hepatitis virus: A, B, C	Viral hepatitis	None	Serological test for specific antibody
HIV		OraQuick Rapid HIV-1 Antibody Test – FDA approved, 2002. 99.6% accuracy in 20 minutes	HIV antibody screening test with confirmatory western blot or immunofluorescence assay

\*Nucleic Acid Amplification Tests are a new class of highly sensitive and specific diagnostic tests for Chlamydia and gonorrhea infections. They are non-invasive, can be used to test urine specimens and can be performed in a non-clinical setting. Four NAATs are licensed for GC and CT testing: Polymerase Chain Reaction (Roche), Ligase Chain Reaction (Abbott), Transcription-Mediated Amplification (Gen Probe), Strand Displacement Amplification (Becton-Dickinson).

<sup>1</sup>Performance of Tzanck smear not generally adequate to recommend routine use.

Adapted from the Seattle STD/HIV Prevention Training Center, The Practitioner's Handbook For The Management Of Sexually Transmitted Diseases, [http://depts.washington.edu/nmptc/online\\_training/std\\_handbook/pdfs/appendixa.pdf](http://depts.washington.edu/nmptc/online_training/std_handbook/pdfs/appendixa.pdf)



# CALIFORNIA STD TREATMENT GUIDELINES FOR ADULTS AND ADOLESCENTS 2002

These guidelines for the treatment of patients with STDs reflect the 2002 CDC STD Treatment Guidelines and the Region IX Infertility Clinical Guidelines. The focus is primarily on STDs encountered in office practice. These guidelines are intended as a source of clinical guidance; they are not a comprehensive list of all effective regimens. To report STD infections; request assistance with confidential notification of sexual partners of patients with syphilis, gonorrhea, chlamydia or HIV infection; or to obtain additional information on the medical management of STD patients, call the County Health Department. The California STD/HIV Prevention Training Center is an additional resource for training and consultation in the area of STD clinical management and prevention (510-883-6600) or [www.stdhivtraining.org](http://www.stdhivtraining.org).

DISEASE	RECOMMENDED REGIMENS	DOSE/ROUTE	ALTERNATIVE REGIMENS
<b>CHLAMYDIA</b>			
Uncomplicated Infections Adults/Adolescents <sup>1</sup>	<ul style="list-style-type: none"> <li>Azithromycin <b>or</b></li> <li>Doxycycline<sup>2</sup></li> </ul>	1 g po 100 mg po bid x 7 d	<ul style="list-style-type: none"> <li>Erythromycin base 500 mg po qid x 7 d <b>or</b></li> <li>Erythromycin ethylsuccinate 800 mg po qid x 7 d <b>or</b></li> <li>Ofloxacin<sup>2,4,6</sup> 300 mg po bid x 7 d <b>or</b></li> <li>Levofloxacin<sup>2</sup> 500 mg po qd x 7 d</li> </ul>
Pregnant Women <sup>3</sup>	<ul style="list-style-type: none"> <li>Azithromycin <b>or</b></li> <li>Amoxicillin <b>or</b></li> <li>Erythromycin base</li> </ul>	1 g po 500 mg po tid x 7 d 500 mg po qid x 7 d	<ul style="list-style-type: none"> <li>Erythromycin base 250 mg po qid x 14 d <b>or</b></li> <li>Erythromycin ethylsuccinate 800 mg po qid x 7 d <b>or</b></li> <li>Erythromycin ethylsuccinate 400 mg po qid x 14 d</li> </ul>
<b>GONORRHEA<sup>4</sup></b>			
Uncomplicated Infections Adults/Adolescents	<ul style="list-style-type: none"> <li>Cefixime<sup>5</sup> <b>or</b></li> <li>Ceftriaxone <b>plus</b><sup>4</sup></li> <li>A chlamydia recommended regimen listed above</li> </ul>	400 mg po 125 mg IM	<ul style="list-style-type: none"> <li>Spectinomycin<sup>4,5</sup> 2 g IM <b>or</b></li> <li>Ciprofloxacin<sup>2,4,6</sup> 500 mg po <b>or</b></li> <li>Ofloxacin<sup>2,4,6</sup> 400 mg po <b>or</b></li> <li>Levofloxacin<sup>2,4,6</sup> 250 mg po <b>or</b></li> <li>Azithromycin<sup>6</sup> 2 g po</li> </ul>
Pregnant Women	<ul style="list-style-type: none"> <li>Ceftriaxone <b>or</b></li> <li>Cefixime<sup>5</sup> <b>plus</b><sup>4</sup></li> <li>A chlamydia recommended regimen listed above</li> </ul>	125 mg IM 400 mg po	<ul style="list-style-type: none"> <li>Spectinomycin<sup>4,5</sup> 2 g IM</li> </ul>
<b>PELVIC INFLAMMATORY DISEASE<sup>7</sup></b>	<b>Parenteral<sup>8</sup></b> <ul style="list-style-type: none"> <li><b>Either</b> Cefotetan <b>or</b> Cefoxitin <b>plus</b> Doxycycline<sup>2</sup> <b>or</b> Clindamycin <b>plus</b> Gentamicin</li> </ul> <b>Oral/IM</b> <ul style="list-style-type: none"> <li><b>Either</b> Ceftriaxone <b>or</b> Cefoxitin <b>with</b> Probenecid <b>plus</b> Doxycycline<sup>2</sup></li> </ul>	2 g IV q 12 hrs 2 g IV q 6 hrs 100 mg po or IV q 12 hrs 900 mg IV q 8 hrs 2 mg/kg IV or IM followed by 1.5 mg/kg IV or IM q 8 hrs  250 mg IM 2 g IM 1 g po 100 mg po bid x 14 d	<b>Parenteral<sup>8</sup></b> <ul style="list-style-type: none"> <li><b>Either</b> Ofloxacin<sup>2,9</sup> 400 mg IV q 12 hrs <b>or</b> Levofloxacin<sup>2,9</sup> 500 mg IV qd <b>plus</b> Metronidazole 500 mg IV q 8 hrs <b>or</b></li> <li>Ampicillin/Sulbactam 3 g IV q 6 hrs <b>plus</b> Doxycycline<sup>2</sup> 100 mg po or IV q 12 hrs</li> </ul> <b>Oral</b> <ul style="list-style-type: none"> <li><b>Either</b> Ofloxacin<sup>2,9</sup> 400 mg po bid x 14 d <b>or</b> Levofloxacin<sup>2,9</sup> 500 mg po QD x 14 d <b>plus</b> Metronidazole 500 mg po bid x 14 d</li> </ul>
<b>MUCOPURULENT CERVICITIS<sup>7</sup></b>	<ul style="list-style-type: none"> <li>Azithromycin <b>or</b></li> <li>Doxycycline<sup>2</sup></li> </ul>	1 g po 100 mg po bid x 7 d	<ul style="list-style-type: none"> <li>Erythromycin base 500 mg po qid x 7 d <b>or</b></li> <li>Erythromycin ethylsuccinate 800 mg po qid x 7 d <b>or</b></li> <li>Ofloxacin<sup>2,9</sup> 300 mg po bid x 7 d <b>or</b></li> <li>Levofloxacin<sup>2,9</sup> 500 mg po qd x 7 days</li> </ul>
<b>NONGONOCOCCAL URETHRITIS<sup>7</sup></b>	<ul style="list-style-type: none"> <li>Azithromycin <b>or</b></li> <li>Doxycycline</li> </ul>	1 g po 100 mg po bid x 7 d	<ul style="list-style-type: none"> <li>Erythromycin base 500 mg po qid x 7 d <b>or</b></li> <li>Erythromycin ethylsuccinate 800 mg po qid x 7 d <b>or</b></li> <li>Ofloxacin 300 mg po bid x 7 d <b>or</b></li> <li>Levofloxacin 500 mg po qd x 7 days</li> </ul>
<b>EPIDIDYMITIS<sup>7</sup></b>	Likely due to Gonorrhea or Chlamydia <ul style="list-style-type: none"> <li>Ceftriaxone <b>plus</b> Doxycycline</li> </ul> Likely due to enteric organisms <ul style="list-style-type: none"> <li>Ofloxacin<sup>9</sup> <b>or</b></li> <li>Levofloxacin<sup>9</sup></li> </ul>	250 mg IM 100 mg po bid x 10 d  300 mg po bid x 10 d 500 mg po qd x 10 d	
<b>TRICHOMONIASIS<sup>10</sup></b>	<ul style="list-style-type: none"> <li>Metronidazole</li> </ul>	2 g po	<ul style="list-style-type: none"> <li>Metronidazole 500 mg po bid x 7 d</li> </ul>
<b>BACTERIAL VAGINOSIS</b>			
Adults/Adolescents	<ul style="list-style-type: none"> <li>Metronidazole <b>or</b></li> <li>Clindamycin cream<sup>11</sup> <b>or</b></li> <li>Metronidazole gel</li> </ul>	500 mg po bid x 7 d 2%, one full applicator (5g) intravaginally qhs x 7 d 0.75%, one full applicator (5g) intravaginally qd x 5 d	<ul style="list-style-type: none"> <li>Metronidazole 2 g po <b>or</b></li> <li>Clindamycin 300 mg po bid x 7 d <b>or</b></li> <li>Clindamycin ovules 100 g intravaginally qhs x 3 d</li> </ul>
Pregnant Women	<ul style="list-style-type: none"> <li>Metronidazole <b>or</b></li> <li>Clindamycin</li> </ul>	250 mg po tid x 7 d 300 mg po bid x 7 d	
<b>CHANCROID</b>	<ul style="list-style-type: none"> <li>Azithromycin <b>or</b></li> <li>Ceftriaxone <b>or</b></li> <li>Ciprofloxacin<sup>2</sup></li> </ul>	1 g po 250 mg IM 500 mg po bid x 3 d	<ul style="list-style-type: none"> <li>Erythromycin base 500 mg po tid x 7 d</li> </ul>
<b>LYMPHOGRANULOMA VENEREUM</b>	<ul style="list-style-type: none"> <li>Doxycycline<sup>2</sup></li> </ul>	100 mg po bid x 21 d	<ul style="list-style-type: none"> <li>Erythromycin base 500 mg po qid x 21 d <b>or</b></li> <li>Azithromycin 1 g po qd x 21 d</li> </ul>

- Annual screening for women age 25 years or younger. Nucleic Acid Amplification Tests (NAATS) are recommended. Women with chlamydia should be rescreened 3-4 months after treatment.
- Contraindicated for pregnant and nursing women.
- Test-of-cure follow-up is recommended because the regimens are not highly efficacious (Amoxicillin and Erythromycin) or the data on safety and efficacy are limited (Azithromycin).
- Co-treatment for chlamydia infection is indicated unless chlamydia infection has been ruled out using sensitive technology or if 2g Azithromycin dose is used.
- Not recommended for pharyngeal gonococcal infection.
- Test-of-cure follow-up is recommended to ensure patient does not have an untreated infection from a resistant gonorrhea strain.
- Testing for gonorrhea and chlamydia is recommended because a specific diagnosis may improve compliance and partner management and these infections are reportable by CA State Law.
- Discontinue 24 hours after patient improves clinically and continue with oral therapy for a total of 14 days.
- If gonorrhea is documented, test-of-cure follow-up is recommended to ensure patient does not have untreated resistant gonorrhea infection.
- If reinfection is ruled out and persistence of trichomonas is documented, evaluate for metronidazole-resistant *T. vaginalis*. Referral to CDC at 770-488-4115 or 404-639-1898.
- Might weaken latex condoms and diaphragms because oil-based.

Developed by the California STD/HIV Prevention Training Center



DISEASE	RECOMMENDED REGIMENS	DOSE/ROUTE	ALTERNATIVE REGIMENS
<b>HUMAN PAPILLOMAVIRUS</b>			
External Genital/ Perianal Warts	<b>Patient Applied</b> <ul style="list-style-type: none"> <li>• Podofilox<sup>12</sup> 0.5% solution or gel <b>or</b></li> <li>• Imiquimod<sup>13</sup> 5% cream</li> </ul> <b>Provider Administered</b> <ul style="list-style-type: none"> <li>• Cryotherapy <b>or</b></li> <li>• Podophyllin<sup>12</sup> resin 10%-25% in tincture of benzoin <b>or</b></li> <li>• Trichloroacetic acid (TCA) <b>or</b></li> <li>• Bichloroacetic acid (BCA) 80%- 90% <b>or</b></li> <li>• Surgical removal</li> </ul>		<b>Alternative Regimen</b> <ul style="list-style-type: none"> <li>• Intralesional interferon <b>or</b></li> <li>• Laser surgery</li> </ul>
Mucosal Genital Warts	<ul style="list-style-type: none"> <li>• Cryotherapy <b>or</b></li> <li>• TCA or BCA 80%-90% <b>or</b></li> <li>• Podophyllin<sup>12</sup> resin 10%-25% in tincture of benzoin <b>or</b></li> <li>• Surgical removal</li> </ul>	Vaginal, urethral meatus, and anal Vaginal and anal Urethral meatus only  Anal warts only	
<b>HERPES SIMPLEX VIRUS<sup>14</sup></b>			
First Clinical Episode of Herpes	<ul style="list-style-type: none"> <li>• Acyclovir <b>or</b></li> <li>• Acyclovir <b>or</b></li> <li>• Famciclovir <b>or</b></li> <li>• Valacyclovir</li> </ul>	400 mg po tid x 7-10 d 200 mg po 5/day x 7-10 d 250 mg po tid x 7-10 d 1 g po bid x 7-10 d	
Episodic Therapy for Recurrent Episodes	<ul style="list-style-type: none"> <li>• Acyclovir <b>or</b></li> <li>• Acyclovir <b>or</b></li> <li>• Acyclovir <b>or</b></li> <li>• Famciclovir <b>or</b></li> <li>• Valacyclovir <b>or</b></li> <li>• Valacyclovir</li> </ul>	400 mg po tid x 5 d 200 mg po 5/day x 5 d 800 mg po bid x 5 d 125 mg po bid x 5 d 500 mg po bid x 3-5 d 1 g po qd x 5 d	
Suppressive Therapy	<ul style="list-style-type: none"> <li>• Acyclovir <b>or</b></li> <li>• Famciclovir <b>or</b></li> <li>• Valacyclovir <b>or</b></li> <li>• Valacyclovir</li> </ul>	400 mg po bid 250 mg po bid 500 mg po qd 1 g po qd	
<b>HIV Infection<sup>15</sup></b>			
Episodic Therapy for Recurrent Episodes	<ul style="list-style-type: none"> <li>• Acyclovir <b>or</b></li> <li>• Acyclovir <b>or</b></li> <li>• Famciclovir <b>or</b></li> <li>• Valacyclovir</li> </ul>	400 mg po tid x 5-10 d 200 mg po 5/day x 5-10 d 500 mg po bid x 5-10 d 1 g po bid x 5-10 d	
Suppressive Therapy	<ul style="list-style-type: none"> <li>• Acyclovir <b>or</b></li> <li>• Famciclovir <b>or</b></li> <li>• Valacyclovir</li> </ul>	400-800 mg po bid-tid 500 mg po bid 500 mg po bid	
<b>SYPHILIS</b>			
Primary, Secondary, and Early Latent	• Benzathine penicillin G	2.4 million units IM	<ul style="list-style-type: none"> <li>• Doxycycline<sup>2,16</sup> 100 mg po bid x 2 weeks <b>or</b></li> <li>• Tetracycline<sup>2,16</sup> 500 mg po qid x 2 weeks <b>or</b></li> <li>• Ceftriaxone<sup>16</sup> 1 g IM or IV qd x 8-10 d <b>or</b></li> <li>• Azithromycin<sup>16</sup> 2 g po</li> </ul>
Late Latent and Unknown duration	• Benzathine penicillin G	7.2 million units, administered as 3 doses of 2.4 million units IM, at 1-week intervals	<ul style="list-style-type: none"> <li>• Doxycycline<sup>2</sup> 100 mg po bid x 4 weeks <b>or</b></li> <li>• Tetracycline<sup>2</sup> 500 mg po qid x 4 weeks</li> </ul>
Neurosyphilis <sup>17</sup>	• Aqueous crystalline penicillin G	18-24 million units daily, administered as 3-4 million units IV q 4 hrs x 10-14 d	<ul style="list-style-type: none"> <li>• Procaine penicillin G, 2.4 million units IM qd x 10-14 d <b>plus</b></li> <li>• Probenecid 500 mg po qid x 10-14 d <b>or</b></li> <li>• Ceftriaxone<sup>16</sup> 2 g IM or IV qd x 10-14 d</li> </ul>
<b>Pregnant Women<sup>18</sup></b>			
Primary, Secondary, and Early Latent	• Benzathine penicillin G	2.4 million units IM	• None
Late Latent and Unknown duration	• Benzathine penicillin G	7.2 million units, administered as 3 doses of 2.4 million units IM, at 1-week intervals	• None
Neurosyphilis <sup>17</sup>	• Aqueous crystalline penicillin G	18-24 million units daily, administered as 3-4 million units IV q 4 hrs x 10-14 d	<ul style="list-style-type: none"> <li>• Procaine penicillin G, 2.4 million units IM q d x 10-14 d <b>plus</b></li> <li>• Probenecid 500 mg po qid x 10-14 d</li> </ul>
<b>HIV Infection</b>			
Primary, Secondary and Early Latent	• Benzathine penicillin G	2.4 million units IM	<ul style="list-style-type: none"> <li>• Doxycycline<sup>2,16</sup> 100 mg po bid x 2 weeks <b>or</b></li> <li>• Tetracycline<sup>2,16</sup> 500 mg po qid x 2 weeks</li> </ul>
Late Latent, and Unknown duration <sup>18</sup> <b>with normal CSF Exam</b>	• Benzathine penicillin G	7.2 million units, administered as 3 doses of 2.4 million units IM, at 1-week intervals	• None
Neurosyphilis <sup>17</sup>	• Aqueous crystalline penicillin G	18-24 million units daily, administered as 3-4 million units IV q 4 hrs x 10-14 d	<ul style="list-style-type: none"> <li>• Procaine penicillin G, 2.4 million units IM q d x 10-14 d <b>plus</b></li> <li>• Probenecid 500 mg po qid x 10-14 d</li> </ul>

12 Contraindicated during pregnancy.

13 Safety in pregnancy has not been well established.

14 Counseling about natural history, asymptomatic shedding, and sexual transmission is an essential component of herpes management.

15 If lesions persist or recur while receiving antiviral treatment, HSV reistance should be suspected and a viral isolate should be obtained for sensitivity testing.

16 Because efficacy of these therapies has not been established and compliance of some of these regimens difficult, close follow-up is essential. If compliance or follow-up cannot be ensured, then patient should be desensitized and treated with benzathine penicillin.

17 One dose of 2.4 million units of Benzathine penicillin G recommended at completion of neurosyphilis therapy.

18 Patients allergic to penicillin should be treated with penicillin after desensitization.







## REPORTABLE STDs IN CALIFORNIA

**The following STDs should be reported directly to the County STD Program or local Department of Health Services using the STD Confidential Morbidity Report:**

- **Chlamydial Infection**
- **Non-Gonococcal Urethritis (NGU)**
- **Gonorrhea**
- **Pelvic Inflammatory Disease (PID) - (Non-gonococcal/non-chlamydial)**

PID that has been caused by *N. gonorrhoeae* or *C. trachomatis* is reported as gonorrhea or chlamydia infection. Other PID is reported as non-gonococcal/non-chlamydial PID.

- **Syphilis**
- **Chancroid**
- **Hepatitis A, B and C (specify acute or chronic)**
- **AIDS**
- **HIV**

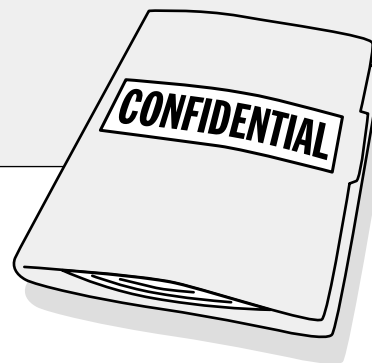
As of July 1st 2002 all cases of HIV infection in California are reportable. Unlike AIDS case reporting, HIV case reports and laboratory notifications do not include personal-identifying information.

At confidential testing sites, HIV is reported by a non-name code. This non-name code consists of the following four components:

1. Soundex (a four digit alphanumeric code based on the surname)
2. 8-digit date of birth
3. 1-digit code for gender
4. last four digits of the social security number

Health care providers complete the California Department of Health Services HIV/AIDS Confidential Case Report form with the complete non-name code. The form can be obtained from local Department of Health websites. This form is submitted to the Local Health Department HIV/AIDS Surveillance Program. If a client is tested at an anonymous site and the HIV test is positive the client will have to retest at a confidential site in order to receive treatment.

**\* Refer to C-13 to view a sample Confidential Morbidity Report Form.**



**Below is a state list of reportable diseases and conditions. Communicable disease reporting is done on the county level. For information regarding where and how to report diseases and conditions, contact your county Department of Public Health.**

**Title 17, California Code of Regulations (CCR), §2500  
Reportable Diseases and Conditions\***

**§2500. REPORTING TO THE LOCAL HEALTH AUTHORITY.**

- **§2500(b)** It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report to the local health officer for the jurisdiction where the patient resides.
- **§2500(c)** The administrator of each health facility, clinic or other setting where more than one health care provider may know of a case, a suspected case or an outbreak of disease within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health officer.
- **§2500(a)(14)** "Health care provider" means a physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

**URGENCY REPORTING REQUIREMENTS [17 CCR §2500 (h) (i)]**

- ☎ = Report **immediately** by **telephone** (designated by a ♦ in regulations).
- † = Report **immediately** by **telephone** when **two or more cases** or suspected cases of foodborne disease from separate households are suspected to have the same source of illness (designated by a ● in regulations).
- FAX ☎ ☒ = Report by **FAX, telephone, or mail within one working day of identification** (designated by a + in regulations).
- = All other diseases/conditions should be reported by FAX, telephone, or mail within seven calendar days of identification.

**REPORTABLE COMMUNICABLE DISEASES §2500(j)(1)**

Acquired Immune Deficiency Syndrome (AIDS)		☎	Plague, Human or Animal
FAX ☎ ☒	Amebiasis	FAX ☎ ☒	Poliomyelitis, Paralytic
FAX ☎ ☒	Anisakiasis	FAX ☎ ☒	Psittacosis
☎	Anthrax	FAX ☎ ☒	Q Fever
FAX ☎ ☒	Babesiosis	☎	Rabies, Human or Animal
☎	Botulism (Infant, Foodborne, Wound)	FAX ☎ ☒	Relapsing Fever
☎	Brucellosis		Reye Syndrome
FAX ☎ ☒	Campylobacteriosis		Rheumatic Fever, Acute
	Chancroid		Rocky Mountain Spotted Fever
	Chlamydial Infections		Rubella (German Measles)
☎	Cholera		Rubella Syndrome, Congenital
☎	Ciguatera Fish Poisoning	FAX ☎ ☒	Salmonellosis (Other than Typhoid Fever)
	Coccidioidomycosis	☎	Scombroid Fish Poisoning
FAX ☎ ☒	Colorado Tick Fever	FAX ☎ ☒	Shigellosis
FAX ☎ ☒	Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology	☎	Smallpox (Variola)
FAX ☎ ☒	Cryptosporidiosis	FAX ☎ ☒	Streptococcal Infections (Outbreaks of Any Type and Individual Cases in Food Handlers and Dairy Workers Only)
	Cysticercosis	FAX ☎ ☒	Swimmer's Itch (Schistosomal Dermatitis)
☎	Dengue	FAX ☎ ☒	Syphilis
☎	Diarrhea of the Newborn, Outbreaks		Tetanus
☎	Diphtheria		Toxic Shock Syndrome
☎	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)		Toxoplasmosis
	Echinococcosis (Hydatid Disease)	FAX ☎ ☒	Trichinosis
	Ehrlichiosis	FAX ☎ ☒	Tuberculosis
FAX ☎ ☒	Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic	☎	Tularemia
☎	<i>Escherichia coli</i> O157:H7 Infection	FAX ☎ ☒	Typhoid Fever, Cases and Carriers
† FAX ☎ ☒	Foodborne Disease		Typhus Fever
	Giardiasis	☎	Varicella (deaths only)
	Gonococcal Infections	FAX ☎ ☒	<i>Vibrio</i> Infections
FAX ☎ ☒	<i>Haemophilus influenzae</i> Invasive Disease	☎	Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
☎	Hantavirus Infections	FAX ☎ ☒	Water-associated Disease
☎	Hemolytic Uremic Syndrome	☎	Yellow Fever
	Hepatitis, Viral	FAX ☎ ☒	Yersiniosis
FAX ☎ ☒	Hepatitis A	☎	<b>OCCURRENCE of ANY UNUSUAL DISEASE</b>
	Hepatitis B (specify acute case or chronic)		<b>OUTBREAKS of ANY DISEASE</b> (Including diseases not listed in §2500). Specify if institutional and/or open community.
	Hepatitis C (specify acute case or chronic)		
	Hepatitis D (Delta)		
	Hepatitis, other, acute		
	Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)		
	Legionellosis		
	Leprosy (Hansen Disease)		
	Leptospirosis		
FAX ☎ ☒	Listeriosis		
	Lyme Disease		
FAX ☎ ☒	Lymphocytic Choriomeningitis		
FAX ☎ ☒	Malaria		
FAX ☎ ☒	Measles (Rubeola)		
FAX ☎ ☒	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic		
☎	Meningococcal Infections		
	Mumps		
	Non-Gonococcal Urethritis (Excluding Laboratory Confirmed Chlamydial Infections)		
☎	Paralytic Shellfish Poisoning		
	Pelvic Inflammatory Disease (PID)		
FAX ☎ ☒	Pertussis (Whooping Cough)		

**REPORTABLE NONCOMMUNICABLE DISEASES/CONDITIONS §2500(j)(2):**

Alzheimer's Disease and Related Conditions  
Cancer (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the cervix)  
Disorders Characterized by Lapses of Consciousness

**LOCALLY REPORTABLE DISEASES (If Applicable):**

\* Use of this form is designed for health care providers to report those diseases mandated by Title 17, California Code of Regulations, §2500 (rev. 1996). (Cancer reporting is mandated by §2593.) Failure to report is a misdemeanor (Health and Safety Code §120295, formerly §3354), punishable by a fine of not less than \$50 nor more than \$1,000, or by imprisonment for a term of not more than 90 days, or by both. Each day the violation is continued is a separate offense.



## WHAT'S NEW?

*A review of current STD practice recommendations and relevant web resources*

### 2002 CDC STD TREATMENT GUIDELINES – WHATS NEW AND DIFFERENT?

*\*From the Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, May 10, 2002/Vol.51/No. RR-6.*

#### ➤ SCREENING & RESCREENING FOR CHLAMYDIA:

Due to recent reports describing a very high rate of reinfection among young persons treated for Chlamydia, the CDC now recommends re-screening 3-4 months after treatment. Health care providers are advised to annually screen sexually active adolescent and young adult women, even if symptoms are not present. It is believed that the high reinfection rate is related to contact with untreated sex partners or repeated sexual exposure to a network of persons with a high prevalence of infection.

#### ➤ QUINOLONE-RESISTANT N. GONORRHOEAE:

Recent data show an increased prevalence of Quinolone-resistant *N. gonorrhoeae* (QRNG) on the west coast of the continental United States. The CDC now warns against the use of fluoroquinolones including ciprofloxacin, ofloxacin, and levofloxacin in first line therapy to treat gonorrhea infections along the west coast. Cefixime and ceftriaxone are now recommended as first-line antibiotics in Hawaii and California. Health care providers throughout the U.S. should be alert to the possibility of treatment failure for any recommended antibiotics used to treat gonorrhea and report identified cases of fluoroquinolone resistant gonorrhea to the CDC.

#### ➤ EXPANDED STD SCREENING AND ASSESSMENT AMONG GAY AND BISEXUAL MALES

Due to data showing higher frequency of unprotected sex and increased rates of syphilis and gonorrhea among males who have sex with males (MSM), the CDC now recommends enhanced STD screening, treatment and prevention services for this group. Health care providers are urged to assess the sexual risk for all male patients, including the gender of partners. For sexually active MSM patients, guidelines recommend annual screening for STDs – HIV, Chlamydia (anal, urethral), syphilis, and gonorrhea (oral, urethral, and rectal sites) – and vaccination against Hepatitis A and B. More frequent STD screening may be appropriate for patients indicating multiple anonymous partners or illicit drug use.

#### ➤ NEW TYPE-SPECIFIC SEROLOGICAL TESTS TO HELP DIAGNOSE GENITAL HERPES

The vast majority of individuals infected with HSV have mild or unrecognized symptoms and remain undiagnosed

until they seek medical attention for painful ulcers characteristic of this virus. New testing procedures may help providers diagnose and manage genital herpes Type-1 or Type-2. Tests based upon HSV antigen detection are insensitive for diagnosis if obtained from patients with atypical or healing herpes lesions. Type-specific herpes serologic tests may be particularly useful in diagnosing infection in a person with lesions that are atypical but suggestive of herpes. The majority of recurring genital outbreaks indicate HSV-2 infection that is almost always spread through sexual contact with someone who has genital HSV-2 infection. HSV-2 outbreaks can be treated with suppressive or episodic antiviral treatments that can prevent or shorten their duration. New CDC guidelines urge providers to counsel symptomatic patients about the disease, its initial and recurring manifestations and how to avoid transmission to sexual partners and newborns (whether they have HSV-1 or HSV-2). Herpes can make people more susceptible to HIV infection, it can make HIV-infected individuals more infectious, and can cause potentially fatal infections in infants if the mother is shedding virus at the time of delivery.

#### ➤ THE USE OF NONOXYNOL-9 (N-9)

Spermicides – especially those containing N-9 – should not be used for STD prevention. Studies have shown that frequent use of N-9 can cause genital lesions (in the vagina) and may increase the risk of HIV transmission. It has also been shown to cause damage to the lining of the rectum, increasing the risk of transmission of HIV and other STDs through anal sex. Condoms lubricated with N-9 spermicide are not recommended because they have a shorter shelf life, cost more and have been associated with urinary tract infections in women. However, previously purchased condoms with N-9 can be used as protection provided they have not passed their expiration date.

#### ➤ NEW STD DIAGNOSTIC TESTS

- **Nucleic acid amplification tests (NAATs)** are a new class of highly sensitive and specific diagnostic tests for Chlamydia and gonorrhea infections. Four NAATs are licensed for GC and CT testing: Polymerase Chain Reaction (Roche), Ligase Chain Reaction (Abbott), Transcription-Mediated Amplification (Gen Probe), and Strand Displacement Amplification (Becton Dickinson). The advantages of NAATs over older tests include: superior sensitivity, ability to test urine specimens, and practical convenience by eliminating the need for invasive genital exams.



- **Affirm VP III Microbial Identification Test** (Becton Dickinson) is a DNA probe for vaginitis, bacterial vaginosis, candidiasis, and trichomoniasis.
- **FemExam pH and Amines Test Card** (Cooper Surgical) detects an elevated pH and trimethylalanine.
- **PIP activity Test Card** (Litmus Concepts) identifies an enzyme expressed by *Gardnerella vaginalis*.
- **In-Pouch TV Culture** (BioMed Diagnostics) – a self contained bag is inoculated with vaginal fluid specimen for females or a first void urine specimen from males and is viewed as a wet prep in the office. If no “trich” are seen, the specimen can be cultured.

## NATIONAL CANCER INSTITUTE AND THE U.S. PREVENTIVE SERVICES TASK FORCES

*\*From The National Cancer Institute, <http://www.nci.nih.gov>, January 22, 2003.*

### > GUIDELINES TO SCREEN FOR CERVICAL CANCER AMONG SEXUALLY ACTIVE PATIENTS

Current guidelines, issued in 2003 recommend that cervical cancer screening should begin approximately three years after a woman begins having sexual intercourse, but no later than 21 years old. Experts recommend waiting approximately three years following the initiation of sexual activity because transient HPV infections and cervical cell changes that are not significant are common. It takes years for a significant abnormality or cancer to develop. Cervical cancer is extremely rare in women under the age of 25.

*For further information about cervical cancer and cervical cancer screening call the National Cancer Institute's Cancer Information Service toll-free at 1-800-4 CANCER.*

## CALIFORNIA DEPARTMENT OF HEALTH SERVICES STD CONTROL BRANCH

*\*From California STD Initiatives, <http://www.ucsf.edu/castd/SB648.html> – Downloadable patient therapy instruction sheets can be found here in English and Spanish.*

### > PATIENT-DELIVERED THERAPY FOR CHLAMYDIA

Current law (Health and Safety Code Section 120582) allows physicians to prescribe and nurse-practitioners, physician assistants and certified nurse-midwives to dispense antibiotic therapy for the male and female sexual partners of male and female individuals infected with genital Chlamydia trachomatis, even if they have not been able to perform an exam of the patient's partner(s). While it is in the best interest of the patients to encourage their partners to seek health services and follow-up, these allowances are intended to combat a serious public health problem and prevent adverse reproductive health complications in women. Providers should use their best judgment to determine whether partners

will or will not come in for treatment to decide whether or not to dispense to the index patient while available.

- **First-choice strategy:** Attempt to bring partners in for evaluation and treatment
- **Most appropriate patients:** Females with male partners
- **Diagnosis:** Laboratory-confirmed genital chlamydia infection without co-infection with gonorrhea or other complications
- **Most appropriate partners:** Males who are uninsured or unlikely to seek medical services
- **Medication:** The law does not specify, but recommended prescription is for Azithromycin (Zithromax\*) 1 gram (250 mg tablets x 4) orally once
- **Number of doses are limited** to the number of known sex partners in past 60 days
- **Education materials must accompany medication**
- **Patient counseling:** Abstinence until 7 days after treatment and until 7 days after partners have been treated
- **Evaluation:** Recommend re-test patients for chlamydia three to four months after treatment
- **Adverse reactions:** Does not protect provider from liability, as is the case for any medical treatment. Report to 1-866-556-3730 (toll-free)

## ADDITIONAL SITES TO REVIEW

- **[www.who.int/reproductive-health](http://www.who.int/reproductive-health)** – The World Health Organization's site on Reproductive Health and Research. Features, *Making Decisions About Contraceptive Introduction: A Guide for Conducting Assessments to Broaden Contraceptive Choice and Improve Quality of Care* [http://www.who.int/reproductivehealth/publications/rhr\\_02\\_11\\_contraceptive\\_introduction/ci-guide.pdf](http://www.who.int/reproductivehealth/publications/rhr_02_11_contraceptive_introduction/ci-guide.pdf)
- **[www.acog.org](http://www.acog.org)** – The American College of Obstetricians and Gynecologists features a comprehensive Toolkit for Teen Care available for purchase.
- **[www.adolescenthealth.org](http://www.adolescenthealth.org)** – The Society for Adolescent Medicine features numerous adolescent health resources and research publications.
- **<http://www.intelihealth.com/IH/ih1H/WSIHW000/8799/8799.html>** – Aetna Intellihealth Incorporated features updates on sexually transmitted diseases and interactive educational tools.
- **<http://depts.washington.edu/nnptc/>** – The National Network of STD/HIV Prevention Training Centers features online training materials and information on regional training centers funded by the CDC in partnership with regional health departments and universities.
- **<http://www.stdhivtraining.org>** – The California STD/HIV Prevention Training Center features a resource section which includes current guidelines and tools for treating sexually transmitted diseases in California.



# TIPS FOR PARENTS: RAISING A SEXUALLY HEALTHY SON OR DAUGHTER

*The more information your teen has, the more sexually responsible he or she will be!*



### HOW CAN YOU HELP?

- 1 Take the time to talk with your teen.** By starting early and making time for good communication, you can build trust and give them the information they need to be safe.
- 2 Know as much as you can!** Explore the resources available to you and your teen in the community, on the web and through your teen's health care provider.
- 3 Use accurate and mature language** when you talk to your teen about the body and sex. This will help teach your child that you are a good source of information, and that sex is a serious topic.
- 4 Know what you think about sexuality** and consider where your beliefs and information about sexuality came from. This will help you communicate your values to your teen.
- 5 Be open to questions** and to your teen's views. Remember, you may have different thoughts on certain issues, and that's ok.
- 6 Tell your teen when you do not have an answer.** You can learn together.

### TEACH YOUR SON OR DAUGHTER...

- 1 That no one has the right to force sex** on him or her for any reason.
- 2 To communicate his sexual limits** by practicing ways to talk to a date about what he is comfortable with.
- 3 To listen to her partner's thoughts** and limits about dating and sex. Knowing is better than assuming.
- 4 To ask questions** if he is uncertain about situations and behaviors with his partner.
- 5 To say no**, loudly and in public if needed, and to respect that no means no.
- 6 To be especially careful** if a date is more than one or two years older than him or her. A big age difference might make him or her more vulnerable.
- 7 To plan ahead.** Discuss how he can get out of an uncomfortable situation, such as always having money for a taxi or pay phone.
- 8 To always let someone know** where she will be.
- 9 To stay sober.** Alcohol and drugs can change how your child makes decisions.
- 10 To trust his instincts.**
- 11 To avoid pressure** from friends about dating and sex.
- 12 That you trust her.** Your child will be less likely to make rash decisions if she knows you trust and support her.

### IF YOUR SON OR DAUGHTER HAS BEEN SEXUALLY ASSAULTED....

- 1 Believe your child!**
- 2 Do not blame him.** Victims of sexual assault did not do anything wrong.
- 3 Help her get immediate medical attention.**
- 4 Help him find local resources** for counseling and support.
- 5 Help her decide whether or not to contact the police** or other authorities.
- 6 Find someone to talk to**, so that your anger and fear are not directed towards your son or daughter.

*For more resources about encouraging healthy attitudes and discussions with your teens:*

- [www.advocatesforyouth.org/parents/index.htm](http://www.advocatesforyouth.org/parents/index.htm)
- [www.talkingwithkids.org](http://www.talkingwithkids.org)
- [www.familiesaretalking.org](http://www.familiesaretalking.org)
- [www.familycommunication.org](http://www.familycommunication.org)
- [www.familytalks.com](http://www.familytalks.com)

# what's up?

## What's it all about?

One of the passages of adolescence is the development and understanding of sexuality. This includes understanding one's body, one's gender identity, sexual orientation, and one's values about sexual activity. During adolescence, many teens begin to explore their sexuality and begin to be sexually active.

For all teens, this is a challenging transition. But for teens who are questioning their sexual orientation, or who identify as being gay, lesbian, bisexual or transgender, this can be a very lonely, difficult and threatening transition. It can also be a difficult time for parents, who may have fears and questions of their own. It is crucial for teens to get support and understanding from their peers, parents and other adults when they have questions about sexual orientation.

## sexual orientation

### INFORMATION FOR ADULTS WHO CARE ABOUT TEENS

## Why does it matter?

### It is a matter of safety:

- In one study, 45% of gay men and 20% of lesbians surveyed reported being victims of verbal and physical assaults in secondary schools.
- 1 in 5 high school health teachers surveyed said that students in their classes often used abusive language when describing homosexuals.

### It is a matter of emotional health:

- The experience of gay, lesbian, bisexual, and transgender teens can be one of isolation, fear of prejudice and lack of peer or family support.
- Gay and lesbian youth may have a higher risk of suicide. Up to 30% of gay and bisexual adolescent males say they have attempted suicide at least once. Some of the increased risk may be due to societal or family rejection of gay youth.

### It is a matter of physical health:

- Gay and lesbian youth may have higher risk of substance abuse or eating disorders.
- 1 in 5 HIV-positive men were likely infected during their teen years.

## What are the details?

- How one's sexual orientation is determined is unknown. It develops across a person's lifetime.
- Sexual orientation, also called affectional orientation, is one component of a person's identity. It is more than just sexual behavior, and involves how people feel about themselves, how they express affection and emotional connections, and how they live their lives.
- "Coming out" is a process of understanding and deciding not to hide one's sexual orientation.
- Exploration with both same-sex and opposite-sex partners is a natural part of growing up for many youth.
- Gender identity is the self-expression of physical and behavioral traits that a culture sees as masculine and feminine. People who are transgender have characteristics and behaviors which are typical of the opposite gender. They can be gay, straight, or bisexual.
- Homophobia—an intense or irrational fear or hatred of gays and lesbians—makes it very difficult for gay teens to feel safe, to express their feelings or to seek help.

### SEXUAL ORIENTATION INFORMATION FOR ADULTS WHO CARE ABOUT TEENS

#### What can I do?

If you are a parent who thinks your son or daughter is dealing with issues about their sexual orientation, there are groups and resources that can help, such as PFLAG (Parents, Families and Friends of Lesbians and Gays). Their Web site offers parents tips on how to talk to teens about sexual orientation, how to support teens, and how to support yourself.

Find out about peer support groups for gay, lesbian, bisexual and transgender teens, that are facilitated by trained adults. These groups can help teens cope with isolation and fears and help prevent high-risk behaviors.

Make sure the schools in your area enforce policies to protect all students from verbal and physical harassment and abuse by other students and staff.

#### What Do Teens Need From Me?

- Be aware of your own biases and prejudices about this topic before you talk with a young person.
- Make sure teens know that no one has the right to harass, threaten or hurt them because of their sexual orientation or gender identity. They need to tell a trusted adult if this ever happens.
- Gay, lesbian, bisexual and transgender youth need to know that they are not alone, and that they are loved, accepted and valued.
- They don't have to "come out" if they don't feel ready or safe.
- Because our society sexualizes the lives of people who are gay and lesbian, gay teens need to know that you see them as whole human beings, that their sexual orientation is only one aspect of who they are.
- All young people need information that will help them protect their sexual health. Postponing sexual activity is good advice for all teens, no matter what their sexual orientation.
- Be prepared with accurate information to help teens understand their bodies and manage their feelings.

#### Adults can help teens develop:

- Communication skills so they can talk with partners, friends and family members.
- Self-esteem to cope with homophobia, and guard against peer pressures and engaging in sexual activity before they are ready.
- A network of supportive friends, family, and professionals so they are loved and protected.



**hot  
links!**

**Gay and Lesbian National Hotline** 1-888-843-4564 [www.glnh.org](http://www.glnh.org)

**Parents and Friends of Lesbians and Gays** [www.pflag.org](http://www.pflag.org)

**Lavender Youth Recreation and Information Center** 415-703-6150 [www.lyric.org](http://www.lyric.org)  
Their resource section has information about youth support groups in California.

**Out Proud** [www.outproud.org](http://www.outproud.org)

**Gender Identity Center** [www.transgender.org/tg/gic](http://www.transgender.org/tg/gic)

**Bureau for At-Risk Youth** "How to Talk to Children About Sex" 1-800-999-8884

**Sexuality Information and Education Council of the United States** [www.siecus.org](http://www.siecus.org)

**The Gay Lesbian and Straight Education Network** [www.glsen.org](http://www.glsen.org)

**Gay-Straight Alliance** [www.gsanetwork.org](http://www.gsanetwork.org)

Adopted from Washington State  
Department of Health  
DOH Pub 910-112 11/2000

## TIPS FOR PARENTS: DEALING WITH TEENAGE PREGNANCY

Finding out that your child is pregnant can cause you to feel a wide range of emotions. The following tips raise considerations to help you and your family through the challenges that lie ahead.



- 1 **It is normal to feel angry, disappointed and overwhelmed.** Just remember that your teenager needs you now more than ever. Being able to communicate with each other – especially when emotions are running high – is essential to the health of your teen.
- 2 **Keep in mind that** this is the pregnant teen's decision. Do your best to respect the decisions that she makes.
- 3 **It may help to find a counselor** to speak to your son or daughter. Sometimes it's easier to make decisions with the help of someone who is removed from the situation.
- 4 **If you are the parent of the young woman,** encourage the involvement of the baby's father and his family. If you are the parent of the young man, support him in taking responsibility for his actions, both financially and emotionally.
- 5 **Explore resources available** to your son or daughter and your family.
- 6 **If your daughter decides to continue the pregnancy,** encourage and help her to stay in school so that she can secure a better job and create a better life for herself and the baby. Go to the school and assist your daughter if there are school related issues. Explore school and community programs that offer special services for teen mothers, such as child care, rides, or tutoring.
- 7 **Stay involved with the pregnant teen's medical treatment.** The earlier your teen gets prenatal care, the better her chances are for a healthy pregnancy.
- 8 **When the baby is born,** remember you are the grandparent to that child, not the parent. This may be especially difficult if they live with you, but it is important to support your son or daughter in parenting the newborn.
- 9 **Help financially if you are able to,** but also encourage your son or daughter to find a part-time job and be as financially responsible for the child as possible. This is sometimes very difficult for a full-time student and parent, but in the long run it will be best for the new family.
- 10 **Communicate with your other children early** about sexuality, pregnancy and STDs. Sisters of teenage parents are more likely to become pregnant at a young age.
- 11 **Find someone outside the situation** that you can talk to. This is a difficult situation, and you will be a better parent and grandparent if you have your own support system for handling the issues involved.

Adapted from: <http://www.raisingadaughter.com/sidestreets/26.shtml> and [http://www.kidshealth.org/parent/positive/talk/teen\\_pregnancy.html](http://www.kidshealth.org/parent/positive/talk/teen_pregnancy.html)

### WEB RESOURCES:

- <http://teenagerstoday.com/resources/articles/pregnant.htm>  
Do's and don'ts if your daughter is pregnant.
- <http://www.fosterparents.com/jaw9c.html>  
If you're the foster parent of a pregnant teen.
- <http://www.ferre.org/workbook/index.html>  
The Ferre Institute's *Pregnant? Need Help? Workbook*

### NUMBERS TO CALL:

- **CA Youth Crisis Line...800-843-5200**  
24 hour, confidential phone line available to young people, primarily between the ages of 12-24, and those who are concerned about them.

### • **California School-Age Families Education Program... 916-319-0917**

Provides information designed to increase the availability of support services necessary for enrolled expectant/parenting students to improve academic achievement and parenting skills and to provide a quality child care/development program for their children.

### • **San Francisco Teenage Pregnancy and Parenting Project Planned Parenthood Hotline.....1-800-230-PLAN-** Planned Parenthood provides pregnancy counseling, family planning, and healthcare services for pregnant teens. Call this number to find the Planned Parenthood in your county/area.







## ♀ WHAT TO EXPECT AT YOUR FIRST GYNECOLOGICAL EXAM....

Most health care providers will recommend that you get your first gynecological exam (a closer look at your reproductive system) 1: if you are sexually active, 2: if you have any changes or questions about your reproductive or sexual health (ex. pain, discharge, unusual vaginal bleeding, itchiness), 3: if you have never had a pelvic exam and are 21 years of age.

**1<sup>ST</sup>** The provider will ask questions about your period, sex, pregnancy and STDs. It's important to answer these questions truthfully- your provider won't share that information unless you give the OK.

**2<sup>ND</sup>** You will undress and put on a robe. You will probably be left alone in the room to change your clothes.

**3<sup>RD</sup>** You will lie on the table and your health care provider will feel your breasts for any lumps or things that are not regular. Your provider may also teach you how to perform a breast exam at home.\*

**4<sup>TH</sup>** You will put your feet in some straps that will help keep your legs apart, and your provider will perform the gynecological or pelvic exam. There are usually three parts of the exam.

- **External Exam** – The provider looks at the outside of your vagina for bumps or irregularities.
- **Speculum Exam** – The provider uses a metal or plastic tool called a speculum to open your vagina to see your vagina and cervix (the opening to your uterus) and take samples from inside your body. The Pap smear test checks for changes in the cervix. Samples of vaginal or cervical discharge will be taken to check for vaginal infections and STDs.
- **Bimanual Exam** – Your provider will insert one or two gloved fingers inside you and apply pressure with the other hand from the outside on your lower belly. This is to check the size and position of your cervix, uterus and ovaries. Sometimes the provider will also perform a rectal exam and insert a finger in your anus.

**5<sup>TH</sup>** The provider will let you ask any questions and then leave the room so you can change. Most teenage girls have normal Pap smears. If the results of the test are normal you won't hear anything. If the results of the tests are abnormal, someone from your provider's office will contact you within a week.

\* For more advice on how to perform a breast self-exam, see:

- [http://wellness.ucdavis.edu/women\\_health/breast/do\\_it\\_yourself\\_breast\\_exam/](http://wellness.ucdavis.edu/women_health/breast/do_it_yourself_breast_exam/)
- [http://www.kidshealth.com/teen/sexual\\_health/girls/bse.html](http://www.kidshealth.com/teen/sexual_health/girls/bse.html)
- <http://www.intelihealth.com>

## SOME TIPS...

- **Try to come prepared to this visit** by knowing the dates you began your period and the date of your last menstrual period.
- **Do not douche for at least a day before** your exam and do not come when you are menstruating unless you need to be seen because you are having a discharge, burning when you pee, abdominal pains or irregular bleeding.
- **It is your right to ask for a different health care provider** if you do not feel comfortable with the one you have, or ask for a female chaperone if you have a male provider.
- **It is your right to bring someone into the exam room** with you, like a relative or a friend.
- **None of this should hurt**, although it might be uncomfortable. The best way to deal with this discomfort is to take some slow deep breaths. Inhale through your nose and blow out through your mouth. If you feel any pain during the exam, tell your health care provider.
- **If you want, ask for a mirror during the speculum exam** so you can see what's happening.
- **Be familiar with your body** so you know when anything changes.
- **Ask questions!** This is an especially great opportunity to ask about your body, sex and STD and pregnancy prevention methods.
- **If you don't want to be contacted at your home** with your test results, make sure you speak up about this!
- **You can call your provider** to find out the results of your tests.



## ♀ WHAT TO EXPECT AT YOUR FIRST MALE SEXUAL EXAM....

As you become a teenager, your healthcare provider will start checking your genitals to make sure that they are healthy. This might seem uncomfortable, but it's important for your health.

- 1<sup>ST</sup>** Your health care provider will ask you some questions about your **body**, especially whether you've noticed any changes, and if you are sexually active. Remember, it's important to answer these questions truthfully- the provider will not tell anyone unless you give the OK.
- 2<sup>ND</sup>** You will **undress and put on a robe**. You will probably be left alone in the room to change your clothes.
- 3<sup>RD</sup>** Your provider will **perform a visual exam** by looking at and gently touching your penis, testicles, and the surrounding areas. He or she is looking for anything that feels or looks unusual. Your provider will probably teach you how to give yourself a testicular exam.\*
- 4<sup>TH</sup>** The provider will ask you to **"turn your head and cough."** This is to check for hernias. When you cough, if you have a hernia it will push against the provider's finger at the top of your scrotum.
- 5<sup>TH</sup>** The provider might **perform a rectal exam** by inserting a finger in your anus. This is not usually performed on young men.
- 6<sup>TH</sup>** The provider will **do tests** for sexually transmitted diseases if you are sexually active, if you have symptoms of an STD, or if you request these tests. These tests might be done by asking you to pee in a cup or by inserting a very small Q-tip into your urethra, the small hole at the tip of your penis.
- 7<sup>TH</sup>** The provider will **usually leave the room so you can change**. If the results of the tests are normal you won't hear anything. If the results of the tests are abnormal, someone from your provider's office will contact you within a week.

\* For more information on how to perform a self testicular exam, see:

- [http://www.kidshealth.com/teen/sexual\\_health/guys/tse.htm](http://www.kidshealth.com/teen/sexual_health/guys/tse.htm)
- [http://www.usrf.org/video\\_tomgreen/tcexam.html](http://www.usrf.org/video_tomgreen/tcexam.html)

## SOME TIPS...

- **It is your right to ask for a different health care provider** if you do not feel comfortable with the one you have.
- **It's your right to bring someone**, like a relative or a friend, into the exam room with you.
- **None of this should hurt**, although it might be uncomfortable. If you feel any pain during the exam, tell your health care provider.
- **Be familiar with your body** so you know when anything changes.
- **Ask questions!** This is an especially great opportunity to ask about sex and STD and pregnancy prevention methods.
- **If you don't want to be contacted at your home** with your test results, make sure you speak up about this!
- **You can call your provider** to find out the results of your tests.





## AM I READY FOR SEX?

### THINKING ABOUT SEX? ASK YOURSELF THESE QUESTIONS...

- > Why do I want to have sex?
- > Have my partner and I talked about sex, including our sexual histories?
- > Have I talked about pregnancy and STD protection with my partner?
- > Am I ready to make a decision if I get pregnant?
- > Am I ready for someone to see me naked?
- > How will having sex change my relationship with my partner?
- > How would my parents react if they found out?
- > Do I know that my partner is with just me?
- > Do I feel pressured or forced to have sex?
- > Do we have a healthy relationship where we talk to, listen to, trust and respect each other?



### SOME EXTRA THINGS TO THINK ABOUT....

- > If you can't talk about sex, you might not be ready to have it.
- > Discuss things ahead of time – don't wait until you're caught up in the heat of the moment.
- > Having sex won't necessarily make someone love you.
- > Even if you've had sex before, you have the right to say no at any time.
- > There are risks involved with oral sex, so it should not be considered safe sex.
- > The only way to truly practice safe sex is abstinence. But, if you're going to have sex, make it safer by always using a condom or latex barrier (like a dental dam).
- > There are many ways to express your love and affection without having sex.





## MYTHS AND FACTS ABOUT SEX

**MYTH:** Teens don't get STDs.

**FACT:** About three million teenagers get an STD every year. One in three sexually active young people will get an STD by age 24. 15-19 year old girls have the highest rates of Chlamydia and gonorrhea.

**MYTH:** You can tell by looking at someone that they have an STD.

**FACT:** Often, symptoms for an STD don't show up right away, and sometimes they don't show up at all. Just because someone has an STD does not mean you can see it. You could definitely have an STD and not know it.

**MYTH:** STDs can be cured.

**FACT:** Some STDs, like Chlamydia and gonorrhea, can be cured with medicines, but they can cause a lot of damage if they're not treated right away. Other STDs, like herpes, genital warts, and HIV/AIDS, can be controlled but there is no cure for them right now.

**MYTH:** STDs are only passed through sexual intercourse.

**FACT:** Some STDs, like genital warts and herpes, can be passed just by having genital areas rub against each other. Others, like HIV, can be spread through oral sex. All STDs can be passed through both vaginal (penis to vagina) and anal (penis to anus) intercourse.

**MYTH:** There's nothing that can prevent STDs.

**FACT:** There are lots of ways to protect yourself! The only sure way is to not have sex. If you do have sex, you can protect yourself from STDs by using a condom with lots of water-based lubricant every time. One way to reduce your STD risk is to have sex with only one person who is only having sex with you.

**MYTH:** A girl can't get pregnant the first time she has sex.

**FACT:** A girl can definitely get pregnant the first time she has sex, even if she has not started her period yet. Once a girl has ovulated (released an egg) for the first time, she can get pregnant.

**MYTH:** If a girl pees right after she has sex, she won't get pregnant.

**FACT:** You pee from a different place than where you have sex, so peeing doesn't empty out the sperm.

**MYTH:** A girl won't get pregnant if the guy pulls out before he ejaculates.

**FACT:** Even if the guy does not ejaculate, some pre-ejaculate, or pre-cum, might have escaped his penis. Pre-cum has sperm in it too.

**MYTH:** You can't get pregnant if you have sex standing up.

**FACT:** You can get pregnant no matter what position you have sex in.

**MYTH:** A girl won't get pregnant while she has her period.

**FACT:** Although there are some times when it is more likely for a woman to get pregnant, it is never impossible. Always use protection!



## SEXUAL HEALTH RIGHTS AND RESPONSIBILITIES

As a teen, you have all kinds of relationships. Some are with people you know well and some are with people who you do not know well. In all these situations, you have rights and responsibilities as a sexually healthy individual.

### I HAVE THE RIGHT TO...

- ❖ Trust my feelings.
- ❖ Date who I want, when I want, and how I want. This includes paying for myself and saying no to a date.
- ❖ Have sex when my partner AND I want to.
- ❖ Have sex that feels good to me.
- ❖ Say NO or leave a date early.
- ❖ Disagree with my partner and/or date.
- ❖ Feel good about myself with or without a partner in my life.
- ❖ Accuse someone of hurting me physically or sexually.
- ❖ Receive emotional support and understanding.
- ❖ Control my own future.
- ❖ Be loved and cared about.

### PROTECTING YOURSELF FROM SEXUAL ABUSE

**Sexual harassment** refers to unwanted sexual advances like gestures, language, or touching. This includes unwanted sexual jokes, teasing, name-calling, and pictures; unwanted touching and threats; asking a person for something sexual in return for a better grade, food, money, or presents; creating an uncomfortable or unsafe environment through sexual words or actions; comments about a person's body, sexual activity, or sexual orientation.

#### WHAT TO KNOW...

- Sexual harassment can come from a person or a group, from someone in power or a peer.
- Both women and men can harass and be harassed.
- Schools and workplaces are legally required to stop sexual harassment.
- If you are being harassed, tell the person to stop. Say, "This is sexual harassment and I want it to stop now."
- If someone says they feel uncomfortable with your behavior, stop what you are doing, even if you do not understand their complaints.

**Sexual Assault** refers to the use of force to make a person engage in sexual activity or contact. This includes rape, which is forced sexual intercourse.

#### WHAT TO KNOW...

- Men and women can be raped, sexually assaulted, and sexually harassed.
- Most rapes are committed by someone the victim knows.
- Getting someone drunk or high in order to have sex is rape.
- If you are being assaulted, say no and yell so that other people can hear.
- If your partner asks you to stop what you are doing, stop, no matter what you are feeling.
- Remember! Even if you agreed to have sex with someone in the past, it does not make it OK to have sex in the present or future without your OK.





## SAFETY TIPS

**Sexual harassment, assault, and rape are never the victim's fault. But, there are ways to keep yourself safer:**

- If you plan to be alone with someone you don't know well, let someone you trust know where you'll be.
- Don't walk alone after dark, or in an unfamiliar place.
- Set limits from the beginning of your date or relationship.
- On a date, bring money for a phone call or cab to get home on your own.
- Be aware that drinking alcohol and using drugs may change the way you make decisions.
- If you are drinking, never leave a drink unattended – this is a chance for someone to slip a drug into it.
- If someone you don't know makes you feel uncomfortable, walk away. If they follow, run to a crowded area.

**If you have been, or think you might have been, raped or sexually assaulted, tell a trusted adult right away. This could include the police.**



## RESOURCES

*You can always talk to your health care provider or another trusted adult, like a parent or teacher about sexual harassment and sexual assault. Here are some other resources to help you deal with these issues:*

### ☎ The Rape Abuse and Incest National Network

[www.rainn.org](http://www.rainn.org)

1-800-656-HOPE

### ☎ Safe Network

[www.safenetwork.net](http://www.safenetwork.net)

### ☎ The National Domestic Violence Hotline

A national crisis intervention hotline.

1-800-787-3224

### ☎ Directory of rape crisis centers throughout California

[www.hopeforhealing.org/centers/ca.html](http://www.hopeforhealing.org/centers/ca.html)

## YOUR SAFER SEX OPTIONS: PREVENTING PREGNANCY & PROTECTING AGAINST STDs/HIV

TYPE OF METHOD	HOW DOES IT WORK?	HOW WELL DOES IT WORK?	PROS	CONS	WHERE TO GET IT
<b>Birth control pills</b>	Pills taken every day provide hormones which stop ovulation. No egg is released.	With <b>perfect</b> use, it is 99% effective. Perfect use means taking the pill every day at the same time. Some medicines may make the pill less effective, so check with a health provider or pharmacist before you start a new medicine.	<ul style="list-style-type: none"> <li>• Non-stop protection.</li> <li>• Regulates periods.</li> <li>• Can be taken without your partner knowing.</li> <li>• Sometime they can decrease cramps and acne.</li> <li>• Your parents do not have to know.</li> </ul>	<ul style="list-style-type: none"> <li>• No protection against STDs and HIV.</li> <li>• You must remember to take your pill every day.</li> <li>• Might cause nausea and weight gain.</li> <li>• You must use back up for the first 7 days.</li> </ul>	Through a prescription from your provider or clinic.
<b>Injection (Depo-Provera)</b>	A shot of a hormone taken every three months.	With <b>perfect</b> use, it is 99% effective. Perfect use means getting the shot every three months.	<ul style="list-style-type: none"> <li>• You don't have to think about birth control for 3 months once you get the shot.</li> <li>• Can be taken without your partner knowing.</li> <li>• Your parents do not have to know.</li> </ul>	<ul style="list-style-type: none"> <li>• No protection against STDs and HIV.</li> <li>• Must go to a provider or clinic every 3 months.</li> </ul>	From your provider or clinic by prescription.
<b>Implants (Implanon)</b>	Small tubes containing hormones that stop ovulation are inserted into the woman's upper arm. Local anesthetic is administered for insertion, which takes about 7-10 minutes. Lasts for 3 years.	99% effective. Only 1 in 1,000 women become pregnant in the 1st year of using the implant. No regular maintenance required for up to 3 years.	<ul style="list-style-type: none"> <li>• There is nothing you must do on a daily basis or at the time of intercourse (up to 3 years).</li> <li>• Can be used without your partner knowing.</li> <li>• Your parents do not have to know.</li> <li>• Reduces menstrual bleeding.</li> </ul>	<ul style="list-style-type: none"> <li>• No protection against STDs and HIV.</li> <li>• Must be inserted by a health care professional.</li> <li>• Side effects may include weight gain, hair loss, headaches or arm discomfort.</li> <li>• Likely to cause irregular periods.</li> </ul>	Must be inserted and removed by your provider.
<b>Male Condom</b>	A piece of plastic or latex covers the penis. Keeps semen and fluid from entering the vagina or anus during vaginal or anal sex. Protects against transmission of STDs. Protects against transmission of STDs caused by friction and rubbing during sexual contact. Can be cut up to create a latex barrier like a dental dam, by cutting off the top and slicing down the length of the condom.	With perfect use, they are 97% effective. Perfect use means checking the expiration date and the conditions where it is kept, and putting it on and taking it off correctly. Best if used with spermicide (Non-oxynol-9 no longer recommended).	<ul style="list-style-type: none"> <li>• Protects against STDs and HIV.</li> <li>• Easy to carry around.</li> <li>• Inexpensive.</li> <li>• You don't need a prescription.</li> <li>• Your parents do not have to know.</li> </ul>	<ul style="list-style-type: none"> <li>• Must be put on and taken off correctly.</li> <li>• Requires both partners to be involved.</li> <li>• You must be prepared.</li> <li>• Allergies to latex may cause irritation of the vagina or penis.</li> </ul>	Buy them at a drugstore, or many community locations (like health clinics) give them out for free.

## PREVENTING PREGNANCY & PROTECTING AGAINST STDs/HIV (continued)

TYPE OF METHOD	HOW DOES IT WORK?	HOW WELL DOES IT WORK?	PROS	CONS	WHERE TO GET IT
<b>Female Condom</b>	A thin piece of plastic shaped like a sock goes inside the vagina. The pouch collects semen and prevents it from entering the woman's body.	With perfect use 95% effective. Perfect use means checking the expiration date and the conditions where it is kept, and putting it in and taking it out correctly.	<ul style="list-style-type: none"> <li>Protects against STDs and HIV.</li> <li>You don't need a prescription.</li> <li>Can be inserted up to 8 hours before intercourse.</li> <li>Your parents do not have to know.</li> </ul>	<ul style="list-style-type: none"> <li>Might be awkward to use.</li> <li>Must be removed right after intercourse, before you stand up.</li> <li>Requires both partners to be involved.</li> <li>You must be prepared.</li> </ul>	Buy it at the drugstore, or, many community clinics have them for free.
<b>Dental Dam</b>	A flat, square piece of latex which acts as a barrier between the vagina or anus and the mouth during oral sexual activity. The latex is placed over the area to be stimulated and held in place by a partner's hand (or with a harness).  Can be created using a condom by cutting a non-lubricated condom down the side and flattening it out.	Dental dams are an extremely effective means of preventing infection from vaginal or anal secretions, although there is currently little research information available on rates of infection following their use. For best use, lightly rinse off the dam with warm water and dry with a towel. Check for any holes or breakage by holding up to light. Use a water-based lubricant on the side touching your partner. Ensure that only one side of the dam comes in contact with the genitals and the dam is used only once.	<ul style="list-style-type: none"> <li>Protects against STDs that pass through secretions between the vagina and anus.</li> <li>You don't need a prescription.</li> <li>Your parents do not have to know.</li> <li>Easy to carry around.</li> </ul>	<ul style="list-style-type: none"> <li>You must be prepared.</li> </ul>	Buy them at a drugstore. Some community clinics or organizations offer them for free. Can be created using a condom.
<b>Diaphragm</b>	A dome-shaped rubber cup covers the cervix and blocks the sperm. It must be inserted before sex and removed after.	With perfect use 94% effective. Perfect use means applying fresh spermicide each time you have sex and taking it out within 24 hours of intercourse.	<ul style="list-style-type: none"> <li>It can be put in place 6 hours before intercourse and can stay there for 24 hours (although new spermicide should be applied each time you have intercourse).</li> <li>Your parents do not have to know.</li> </ul>	<ul style="list-style-type: none"> <li>Won't protect against most STDs and HIV.</li> <li>Can be messy and awkward to use.</li> <li>Must stay in for 6 hours after intercourse and then washed thoroughly.</li> <li>You must feel OK about touching your body.</li> </ul>	Your provider or clinic will fit you for the right size and you will need a prescription to get it.





## PREVENTING PREGNANCY & PROTECTING AGAINST STDs/HIV (continued)

TYPE OF METHOD	HOW DOES IT WORK?	HOW WELL DOES IT WORK?	PROS	CONS	WHERE TO GET IT
<b>The Rhythm Method</b>	The woman keeps track of her menstrual cycle and has intercourse only during infertile days.	With <b>perfect</b> use 75-99% effective.	<ul style="list-style-type: none"> <li>No supplies needed.</li> <li>Your parents do not have to know.</li> </ul>	<ul style="list-style-type: none"> <li>Does not protect against STDs and HIV.</li> <li>Predicting when a woman will ovulate can be difficult.</li> <li>Sperm can live inside a woman's body for a few days.</li> <li>You have to keep a chart and use a thermometer to track fertility.</li> <li>You cannot have intercourse 10-14 days a month.</li> </ul>	Get good instruction from your provider or clinic, and spend several months charting your fertility before you use this method.
<b>Spermicide</b>	A woman inserts a spermicide into her vagina before intercourse to kill sperm before it reaches the egg. Comes in many different forms including foam, jelly, cream and suppositories.  *Non-oxynol-9 is no longer recommended for use as a spermicide. It has been shown to be unsafe and ineffective against the spread of HIV.	With perfect use 94% effective. Perfect use means applying it every time you have sex. Effectiveness is increased when used with a barrier method.	<ul style="list-style-type: none"> <li>You do not need a prescription.</li> <li>Your parents do not have to know.</li> </ul>	<ul style="list-style-type: none"> <li>Does not reliably protect against STDs and HIV.</li> <li>Might cause irritation.</li> <li>It is messy.</li> <li>You must insert it each time you have intercourse.</li> </ul>	Buy it at a drug-store.
<b>Emergency Contraception</b>	Pills taken within 72-120 hours (3-5 days) of intercourse which keep a pregnancy from beginning by delaying ovulation, preventing fertilization or preventing implantation.	With perfect use 75-89% effective. Perfect use means taking it within 72 hours of unprotected sex, and taking the pills at the right times. (Plan B, one brand of EC, can now be prescribed up to 5 days after unprotected sex, but is most effective when taken as soon as possible after unprotected sex.)	<ul style="list-style-type: none"> <li>Can be taken after intercourse.</li> <li>Your parents do not have to know.</li> <li>Pharmacists can give it to you without a prescription.</li> </ul>	<ul style="list-style-type: none"> <li>Does not protect against STDs and HIV.</li> <li>Not a regular form of birth control.</li> <li>May cause nausea and vomiting.</li> <li>Must be taken within 120 hours of intercourse.</li> <li>May cause irregular period.</li> </ul>	Get a prescription from your provider or request it from a pharmacist in California.

## PREVENTING PREGNANCY & PROTECTING AGAINST STDS/HIV (continued)

TYPE OF METHOD	HOW DOES IT WORK?	HOW WELL DOES IT WORK?	PROS	CONS	WHERE TO GET IT
<b>Vaginal Ring (Nuvaring)</b>	A ring inserted into the vagina and left in place for 3 weeks and then taken out during the 4th week.	With perfect use 99% effective. Perfect use means inserting a new ring every four weeks, and taking it out after three weeks.	<ul style="list-style-type: none"> <li>• Only remove and insert it once a month.</li> <li>• Non-visible.</li> <li>• Your parents do not have to know.</li> <li>• Can be used without your partner knowing.</li> </ul>	<ul style="list-style-type: none"> <li>• Does not protect against STDs and HIV.</li> <li>• You must be comfortable inserting and removing the ring.</li> <li>• You must remember to remove the ring after 3 weeks and insert a new one every 4 weeks.</li> <li>• Side effects like vaginal infections and irritation, vaginal discharge, headache, weight gain, and nausea.</li> </ul>	Through a prescription from your provider or clinic.
<b>The Patch (Ortho Evra)</b>	A patch worn on the skin in a certain area that must be changed each week. It works like birth control pills.	With perfect use, it is 99% effective. Perfect use means putting on a new patch every week for 3 out of 4 weeks. (The 4th week is “patch-free.”)	<ul style="list-style-type: none"> <li>• Only change it once a week.</li> <li>• Can be worn underneath clothes without being seen.</li> <li>• Your parents do not have to know.</li> <li>• Can be used without your partner knowing.</li> </ul>	<ul style="list-style-type: none"> <li>• Does not reliably protect against STDs and HIV.</li> <li>• Side effects like breast tenderness and nausea.</li> <li>• Less effective for women over 198 pounds.</li> <li>• Visible – particularly on people of color.</li> <li>• You must remember to change it each week.</li> </ul>	Through a prescription from your provider or clinic.
<b>Abstinence</b>	A couple does not have sex.	With perfect use, it is 100% effective. Perfect use means never having sex.	<ul style="list-style-type: none"> <li>• Protects against STDs and HIV.</li> <li>• 100% success rate.</li> <li>• Doesn’t cost anything.</li> <li>• Your parents do not have to know.</li> </ul>	<ul style="list-style-type: none"> <li>• Requires high motivation, self control, and communication.</li> </ul>	From yourself and your partner.

**NOTE:** Although these services are confidential, remember that your insurance company may send home an explanation of benefits to your parents. If you want to make sure that this does not happen, you may want to consider calling Family PACT (1-800-942-1054) or the California Presumptive Eligibility Line (1-800-824-0088). Call Planned Parenthood (1-800-230-PLAN) for information about clinics in your area that offer free reproductive services.

\*Women who use hormonal contraceptives are strongly advised not to smoke. Cigarette smoking increases the risk of life-threatening cardiovascular side effects, including blood clots, stroke or heart attack, for women who use hormonal contraceptives.



## WHAT TO KNOW ABOUT CONDOMS...



- **When condoms are used correctly** and consistently, they have a 97% chance of protecting against pregnancy and are highly effective in protecting against STD transmission.
- **It is your responsibility to learn** how to use them correctly. You can practice using condoms with a penis model, banana or cucumber.
- **Condoms rarely break** when they're used correctly.
- **Condoms are most effective** in preventing pregnancy when used with another form of protection, such as birth control pills or spermicide.
- **Two condoms are NOT better than one.** They might rub together and tear.
- **Make sure you have adequate lubrication** during intercourse. This may require you to use a water-based lubricant such as K-Y Jelly or Astroglide. Oil-based lubricants like Vaseline might make a hole in the condom. Remember, lubricants are generally not spermicides. If you want one that is a spermicide, try KY-Plus.
- **Recent research advises to stop the use of Nonoxynol-9 (N-9)** as a spermicide in STD prevention. Condoms lubricated with N-9 expire earlier than other condoms, cost more and have been associated with urinary tract infections in women and damage to the lining of the rectum in men.
- **Some people may find condoms uncomfortable.** Experiment with different sizes and types until you find one you like.
- **People who are allergic to latex** can use plastic (polyurethane) condoms. They are also thinner and stronger than latex condoms, provide a less tight fit and may enhance sensitivity. They come in both male and female styles.
- **The female and male condom** should not be used together. They can stick together and slip off or become displaced.
- **You should use a new condom EVERY TIME** you have intercourse (vaginal, oral or anal). Always check the expiration date of a condom before you use it.
- **Condoms should be stored** in a cool, dry place.

## CONDOM HOW-TO

- ① Discuss safer sex with your partner.
- ② Buy latex or polyurethane condoms (not lambskin).
- ③ Check the expiration date on the condom package. Do not use a condom that has expired.
- ④ Open condom package by gently tearing open the package. Make sure you do not tear the condom. (Don't use your teeth.)

## WHEN PENIS IS ERECT...

- ⑤ Squeeze the tip of condom and place rolled condom on the head of the penis. If you are using lubricant put a few drops of water-based lubricant inside the tip of the condom before putting it on.
- ⑥ Leave a half-inch space at the tip of the condom to collect semen.

- ⑦ Hold the tip of the condom and unroll it until the penis is completely covered.
- ⑧ If not circumcised, pull back the foreskin before rolling on the condom.
- ⑨ Put more lubricant on the outside of the condom after putting it on.

## AFTER EJACULATION, WHILE THE PENIS IS STILL ERECT...

- ⑩ Hold the condom at the base of the penis.
- ⑪ Carefully remove the condom without spilling any semen.
- ⑫ Wrap the condom in tissue and throw it away. (Don't flush condoms down the toilet - the toilet might clog.)
- ⑬ Use a new condom or dental dam for every act of vaginal, oral, and anal intercourse.

For more condom and lubricant tips, see:

- <http://www.safersex.org>
- <http://www.asha.stdFAQs/index.html>
- <http://www.plannedparenthood.org/bc/condom.htm#Putting%20On>
- [http://www.trojancondoms.com/quizzes/safer\\_sex/index.asp](http://www.trojancondoms.com/quizzes/safer_sex/index.asp)
- [http://www.siecus.org/pubs/fact/FS\\_truth\\_condoms\\_02.pdf](http://www.siecus.org/pubs/fact/FS_truth_condoms_02.pdf)

From <http://www.advocatesforyouth.org/teens/health/safersex/condom.htm>





## A TEEN'S GUIDE TO STDs

STD	WHAT IS IT?	WHAT ARE THE SYMPTOMS?	HOW IS IT SPREAD?	IS IT CURABLE?
<b>Chlamydia</b>	A bacterial infection. It can cause infertility and other disorders if left untreated. The most common STD in teens.	Yellowish discharge, burning during urination, bleeding between periods, swollen or tender testicles. BUT often there are NO SYMPTOMS.	Through unprotected vaginal, oral, or anal intercourse.	Yes, but it might lead to other problems, like Pelvic Inflammatory Disease (PID), or damage to the reproductive organs, if left untreated.
<b>Gonorrhea</b>	Another bacterial infection that is also known as “the clap.”	Yellowish discharge, burning during urination, stomach pain.	Through unprotected vaginal, oral, or anal sex.	Yes, but it might lead to other problems, like Pelvic Inflammatory Disease, or damage to the reproductive organs, if left untreated.
<b>Genital Herpes</b>	A recurrent skin condition that can cause irritations in the genital area (vagina, penis, anus) or mouth.	Blister-like sores in the genital region or mouth.	By touching an infected area (which may not be noticeable), or having unprotected vaginal, oral, or anal intercourse.	No. Herpes is treatable, but will never really go away. People with herpes can be contagious even if they are not having an outbreak.
<b>Human Papillomavirus (HPV or Genital Warts)</b>	A virus that affects the skin around the genital area, as well as a woman's vagina and cervix.	Wart-like growths in the genital area.	Through vaginal, anal, and oral intercourse, or by touching or rubbing an infected area (which may not be noticeable).	No. HPV is treatable but will never really go away. HPV can be passed even when a person does not have visible warts.
<b>Pubic Lice (Crabs)</b>	Tiny insects that live on or in body hair.	Severe itching, small red bumps.	Through any direct physical contact and rarely through indirect contact such as a shared object.	Yes. Clothes and bedding must also be cleaned to get rid of the bugs.
<b>Trichomoniasis (pronounced “trick”)</b>	Symptoms caused by a parasite in women's vaginas and men's urethras.	Itching, burning, irritation, redness, discharge, bad smell, frequent and/or painful urination, discomfort during intercourse, stomach pain.	Through unprotected vaginal intercourse.	Yes.
<b>Syphilis</b>	A bacterial infection that can spread throughout the body.	The first stage is a painless open sore on the penis, vagina, or mouth. The second stage is a rash, fever, swollen lymph glands, sore throat, muscle aches. The final stage includes damaging internal organs and the central nervous system.	Through unprotected vaginal, oral, or anal sex, and also through kissing if there is a lesion on the mouth.	Yes.

## A TEEN'S GUIDE TO STDs (continued)

STD	WHAT IS IT?	WHAT ARE THE SYMPTOMS?	HOW IS IT SPREAD?	IS IT CURABLE?
<ul style="list-style-type: none"> <li><b>Hepatitis A</b></li> </ul>	<ul style="list-style-type: none"> <li>Infection of the liver caused by a virus. It does not lead to chronic disease.</li> </ul>	<p><b>All types:</b> Poor appetite, nausea/vomiting, headaches, fever, jaundice, dark urine, light-colored bowel movements. Sometimes there are no symptoms.</p>	<ul style="list-style-type: none"> <li>Through oral contact with feces. Through unprotected anal/oral sex, drinking contaminated water or eating contaminated food.</li> </ul>	<ul style="list-style-type: none"> <li>Does not cause a long-term infection, although symptoms can last 6-9 months. Once you have had Hepatitis A you cannot get it again. It can be prevented by a Hepatitis A vaccine of two doses. Ask your provider about it.</li> </ul>
<ul style="list-style-type: none"> <li><b>Hepatitis B</b> (form of hepatitis most commonly transmitted through unprotected sex)</li> </ul>	<ul style="list-style-type: none"> <li>Infection of the liver caused by a virus. It can be a chronic illness leading to liver failure and cancer.</li> </ul>		<ul style="list-style-type: none"> <li>Through unprotected vaginal, oral, and anal intercourse and through sharing contaminated needles. It is spread through blood, semen, vaginal secretions and breast milk.</li> </ul>	<ul style="list-style-type: none"> <li>No highly successful treatment found, but can be prevented by a Hepatitis B vaccination of three doses. Make sure you're up to date!</li> </ul>
<ul style="list-style-type: none"> <li><b>Hepatitis C</b></li> </ul>	<ul style="list-style-type: none"> <li>Infection of the liver caused by a virus. The most common chronic blood-borne virus in the U.S. Can be a chronic illness leading to liver decay and cancer.</li> </ul>		<ul style="list-style-type: none"> <li>Through contact with infected blood from contaminated needles, and unprotected sex involving blood contact.</li> </ul>	<ul style="list-style-type: none"> <li>No. No known vaccine.</li> </ul>
<b>HIV/AIDS</b>	A virus that destroys the body's ability to fight off infection.	Weight loss, fatigue, night sweats/ fever, dry cough, diarrhea, swollen lymph glands, memory loss/confusion, depression. Sometimes there are no symptoms.	Through unprotected vaginal, oral, and anal sex, and through sharing contaminated needles. Can also pass from mother to child during pregnancy or child birth, or through breast-feeding.	No. Although there are many treatments which have greatly improved the health and survival of people with HIV! No proven vaccine at the current time.

From [www.iwannaknow.org](http://www.iwannaknow.org), <http://www.mtv.com/onair/ffyr/protect/guide.pdf>, [http://www.carnal.net/public/module/std/html/std\\_charts.html](http://www.carnal.net/public/module/std/html/std_charts.html), [www.HepFl.org](http://www.HepFl.org)



## EMERGENCY CONTRACEPTION

### DID YOU KNOW?

- Emergency Contraception (EC) is a combination of hormone pills that keeps a pregnancy from beginning. It does NOT end a pregnancy.
- EC should be taken within 72 hours of unprotected sex. Plan B, one brand of EC, can be given up to 5 days after unprotected sex, but taking it as soon as possible gives you the best chances of preventing pregnancy.
- There are some side effects to EC, like nausea and vomiting. This is normal! If you vomit within one hour of taking EC, take the same dose again.

### THERE ARE MANY WAYS YOU CAN GET EC:

- ① Ask your health care provider for a prescription in ADVANCE of an emergency situation. EC can be a good backup method if you ever have unprotected sex or if your contraception, like a condom, fails.
- ② Ask your health care provider for a prescription immediately if you've had unprotected sex. Remember, it should be taken within 72 hours!
- ③ Go to the pharmacy. In California, pharmacists can provide EC without a prescription. EC costs about \$20, and the pharmacist will also charge a fee to counsel you about it. Your health insurance might cover parts of this, be sure to ask! Without any insurance, the total price will be about \$45.

### REMEMBER!

- ① Carry your health insurance card with you because your pharmacist or provider will need it!
- ② Every woman has the right to EC no matter her age. No one can say you are too young for it.
- ③ You have rights to confidentiality! Your parents should not be told that you asked for EC, unless you say it's OK to do so.

*For more information about Emergency Contraception visit:*

- [www.not2late.com](http://www.not2late.com)
- [www.go2planb.com](http://www.go2planb.com)
- [www.preven.com](http://www.preven.com)
- [www.ec-help.org](http://www.ec-help.org)

## SOME TIPS FOR GETTING EC AT A PHARMACY

1. When you get to the pharmacy, ask for a licensed pharmacist. This is the person trained to distribute EC.
2. Ask to have your conversation in a private place.
3. The pharmacist will ask you some personal questions, such as when you had sex, when your last period was, and whether you agreed to have sex. These questions are to help you and to make sure EC is right for you. If you feel the questions are getting too personal, you have the right to say you are uncomfortable.
4. Ask about cost. Medi-Cal, Family PACT and most insurance plans will cover the cost of the pills. Your local city/county health plan may cover the counseling fee. Contact the Department of Public Health, the Department of Human Services, or your local Medi-Cal office for this information.
5. Planned Parenthood gives out EC for free. Call Planned Parenthood at 1-800-230-PLAN (1-800-230-7526) or check out their website at [www.plannedparenthood.org](http://www.plannedparenthood.org).





## I'M PREGNANT, WHAT SHOULD I DO?

**It is important to consider all your options and how they will fit with your life and your beliefs. When possible, talk this over with your parent(s) or another trusted adult. Your health care provider can also help you in making your decision. Remember, this is your choice!**

### YOUR CHOICES

#### 1. PARENTING

Being a parent is a tough job for anyone, and can be even more difficult if you are a young parent. It is a 24-7 commitment for at least 18 years. These questions may help you think about whether or not you want to be a parent at this time in your life:

- Where will you live?
- What will you do about money? How will you support yourself and your child?
- What will you do about school?
- Who will provide childcare while you are at work or school?
- How will you meet your goals (a college degree, a job, a family?)
- How will having a baby change your social life?
- How will the baby's father be involved in your pregnancy and parenting?
- What do you want out of life for yourself? What do you think is important?

#### 2. HAVING SOMEONE ELSE RAISE THE CHILD

Adoption is a good choice if you do not want to have an abortion but are not ready to become a parent. In an open adoption, the adoptive parents' and your identities are known to each other. In a closed adoption, identities are not known. For more information about adoption, call **The Adoption Connection in San Francisco, 1-800-972-9225**, or the **National Council for Adoption hotline, 1-202-328-8072**. Also check out <http://www.calib.com/naic/> for more information and resources.

#### 3. ABORTION

If you are not ready to be a parent or go through a pregnancy, abortion might be a good choice for you. In California, a teenager can get an abortion without parental consent. There are three kinds of surgical abortion: manual vacuum aspiration (MVA), dilation and suction curettage (D&C), and dilation and evacuation (D&E). The type of surgery depends on how far along you are in your pregnancy. Medical abortions (using an abortion pill) are also now available. It is always best to have an abortion in the first 12 weeks of pregnancy.

Your health care provider can tell you the names of providers and clinics that are covered by your insurance plan. You can also call Planned Parenthood to discuss this option further, at 1-800-967-PLAN, or visit their website at [www.plannedparenthood.org](http://www.plannedparenthood.org).

You may consider calling Exhale, a counseling service for women who have experienced abortions, at 1-866-4-EXHALE. Visit their website at [www.4exhale.org](http://www.4exhale.org).

## RESOURCES

You might find the *Pregnant? Need Help? Pregnancy Options Workbook* helpful in making and dealing with your decisions. You can view it at <http://www.ferre.org/workbook/index.htm>

For even more information about your options and the experiences of other teens who have gotten pregnant, visit or call: <http://www.teenpregnancy.org/teen/default.asp>, <http://www.standupgirl.com>, <http://pregnancycenter.org>

- **America's Crisis Pregnancy:** 1-800-672-2296 – Can help you find pregnancy centers and counselors that provide free pregnancy tests, confidential counseling, and medical referrals.
- **Care Net Option Line:** 1-800-395-HELP – Can help you locate the pregnancy resource center nearest you. Provide free pregnancy tests, peer counseling and referrals.

### THINK ABOUT INSURANCE!

If you do not have insurance, ask your doctor about Presumptive Eligibility Medi-Cal. This will cover all pregnancy services, including a pregnancy test, right away. If you choose to continue with your pregnancy, you will need to see the healthcare provider often, and insurance will be important to have.

Many insurance plans cover abortions. If you are not insured, you can receive Emergency Medi-Cal, a free and confidential program which allows teens to receive Medi-Cal for a month in order to receive an abortion. Go to a clinic for a proof of pregnancy and then contact your local Medi-Cal office to set up an appointment for Emergency Medi-Cal.



## CLICK ON THIS!

*Check out these websites for more information about your sexual health...*



### SEXUAL DEVELOPMENT/DECISION MAKING

• <http://www.plannedparenthood.org/teens>

Planned Parenthood's teen site provides information for teens and their families on sexual decision-making and sexual development. Resources include guides to sexuality for young men and young women, information on expressing and protecting yourself sexually, and a guide to healthy relationships.

• <http://www.goaskalice.columbia.edu>

Produced by Columbia University's Health Education Program, Go Ask Alice has tons of questions and answers on all kinds of relationship, sexuality, emotional health and sexual health issues. You can search the archives for answers or ask your own question.

• <http://www.teenwire.com>

Created by Planned Parenthood, this site provides information for teens on sexual health and developing healthy relationships. Visit this site to read articles, ask an expert, take quizzes, play games, submit stories, and find your local Planned Parenthood health center. Check out the En Español section for articles in Spanish.

• <http://www.teengrowth.com>

This is a general health site for teens with links about your body, sex, family, school, emotions, doctors, sports, and friends. Good links to male health topics.

• <http://www.sxetc.org>

A website by teens for teens. It provides lots of information on girls' and boys' health, LGBTQ issues, STDs, birth control options, teen parenting, sexual decision-making, abuse, body image, emotional health and more.

• <http://www.teensource.org>

A website from the California Family Health Council designed to provide sexual health information to teens and young adults through easy-to-read definitions and descriptions, links and video clips. Video clips include teen clinic tours, teen testimonials, STD information, and more.

• <http://www.mysistahs.org>

A website for and by young women of color to share ideas, thoughts and opinions about issues related to sexual health. The sistah2sistah section offers young women the opportunity to ask questions of a diverse group of peer educators.

• <http://www.allaboutsex.org>

A comprehensive site for teens interested in exploring sexuality and sexual decision-making. Adults are encouraged to use this site as a tool for helping teens explore sex and sexuality in a safe and moderated atmosphere.

• <http://www.mtv.com/onair/ffyr/protect/>

MTV's Fight For Your Rights campaign provides information about sexual health, protection and taking action in your community to fight the spread of STDs and HIV.

• <http://www.kff.org/content/2002/3212/guide.pdf>

A guide to safe and responsible sex provided by the Kaiser Family Foundation in partnership with MTV. Includes resources and information on pregnancy and contraception, STDs/HIV, communicating with your partner, and finding a health care provider.

• <http://www.intelihealth.com>

Young women may find Aetna Intellihealth's animated online self breast exam video helpful in learning the steps involved in checking for monthly changes in your breasts. Go to the Interactive Tool section and scroll to the bottom to view the video. Instructions are available in English and Spanish.

• <http://www.seventeen.com/sexsmarts/>

Female-focused website about sex and your body by Seventeen Magazine and the Kaiser Family Foundation.

### LGBTQ

• <http://www.ambientejoven.org>

A Spanish-language website for Latino LGBTQ youth, operated by Advocates For Youth. This site includes culturally specific information about sexual health, mental health, support groups and links to services for the LGBTQ community all over the world.

• <http://www.youthresource.com>

A comprehensive site for LGBTQ youth hosted by Advocates for Youth featuring materials on sexual health, expression, advocacy and support. Find tons of links that include online zines and youth perspectives.

• <http://www.lyric.org>

Lyric is a San Francisco-based community center, providing resources and support for GLBTQ youth 23 and under. Their website includes information, resource guides and web links that address the needs of LGBTQ youth all over the globe.

• <http://www.outproud.org>

OutProud, The National Coalition for Gay, Lesbian, Bisexual and Transgender Youth, offers tons of resources for queer youth including links to current relevant news headlines, support groups, online brochures, literature, magazines, and more. Correspond with other queer youth through the OutProud forum. Link to the Queer America site to search the largest database of queer resources in America – just enter your zip code and find resources in your region.

• <http://www.glsen.org>

The Gay, Lesbian, and Straight Education Network provides news, resources and links aimed at promoting school and community safety and respect for youth regardless of sexual orientation or gender identity. This site includes hotlines, websites and current events for LGBTQ youth.







## CLICK ON THIS! (continued)

### LGBTQ (continued)

✿ <http://www.isna.org>

The Intersex Society of North America provides information, advocacy and support for people with atypical reproductive anatomies and genitalia.

### RELATIONSHIPS AND DATING

✿ <http://www.advocatesforyouth.org/teens/health/relationships>

Features information on healthy vs. unhealthy relationships, dating violence warning signs, and partner communication. Also includes youth perspectives and related articles.

✿ <http://www.plannedparenthood.org/teens/isthislove2.html>

Planned Parenthood provides information about qualities of a healthy relationship. Includes a series of questionnaires to help you evaluate your relationship.

### STDs AND HIV

✿ <http://www.advocatesforyouth.org/teens/health/stds/index.htm>

Information on some of the most common STDs and ways to protect yourself. Includes information about national STD hotlines.

✿ <http://www.iwannaknow.org>

This site, sponsored by the American Social Health Association, provides answers to basic questions about teen sexual health and STDs. It includes a glossary of terms, information about what to expect when going through puberty, and links to chat sessions where trained health communication specialists provide information on services to prevent, test for and treat STDs.

✿ <http://www.youthHIV.org>

A website created by and for HIV positive youth and HIV peer educators. Includes links to community groups that advocate for HIV positive youth and information on HIV, STDs and safe sex. Features peer testimonials, peer support and a support group referral database.

✿ <http://www.hify.com/reality.htm>

An online zine about HIV, created by Health Initiatives For Youth.

✿ <http://www.whatudo.org>

The Center for HIV Information at the University of California San Francisco (UCSF-CHI) hosts this teen friendly website with the goal of providing straightforward, unbiased, nonjudgemental, accurate and timely information about HIV/AIDs to young people in search of answers on the web. It includes a survival guide for youth living with HIV.

### PREGNANCY PREVENTION

✿ <http://www.plannedparenthood.org/TEENISSUES/BCCHOICES/bcchoices.html>

Information for teens on birth control options. Includes information on abstinence, sexual decision-making, and pros and cons of all birth control methods.

✿ <http://www.advocatesforyouth.org/teens/health/contraceptives/index.htm>

Detailed descriptions of birth control options describing pros and cons for each method. Includes myths and facts about contraceptives, information about the effectiveness of each method in preventing pregnancy, and local clinics and hotline numbers.

✿ <http://www.teenpregnancy.org>

The National Campaign to Prevent Teen Pregnancy is a nonprofit initiative committed to reducing teen pregnancy. The site gives facts about teen pregnancy and how to avoid it. Take the online quiz to test your knowledge.

✿ <http://www.backupyourbirthcontrol.org>

Information from the Back Up Your Birth Control campaign on emergency contraception. Includes a section for providers and pharmacists on how to make EC more available. The site explains EC.

✿ <http://www.not-2-late.com> or  
**confidential hotline 1-888-NOT-2-LATE**

Information about Emergency Contraception and where to obtain it.

### PREGNANT AND PARENTING TEENS

✿ <http://www.plannedparenthood.org/womenshealth/what-ifpregnant.html>

This site provides information on options for dealing with pregnancy. It offers information on what a positive pregnancy means, what you will encounter at a family planning clinic, and how to make an informed decision that is right for you.

✿ <http://www.ferre.org/workbook/index.html>

The Ferre Institute's *Pregnant? Need Help? Pregnancy Options Workbook*. Full of information and resources for young women who are pregnant and need help.

### SEXUAL ABUSE

✿ [www.rainn.org](http://www.rainn.org) or

**24/7 confidential hotline: 1-800-656-HOPE**

Rape Abuse and Incest National Network provides information about sexual assault and abuse. Find information here on domestic violence, abuse, prevention, how to seek counseling, legal rights, and state and local sexual assault organizations. Their 24 hour hotline offers free and confidential help and referrals.

### GENERAL HEALTH

✿ [www.4girl.gov/index2.htm](http://www.4girl.gov/index2.htm)

A site developed by the Office on Women's Health for girls ages 10 to 16. It features information on stress, nutrition, substance abuse, becoming a woman, and leading a balanced, healthy and informed life.



## CLICK ON THIS! (continued)

### GENERAL HEALTH (continued)

✿ <http://www.youngwomenshealth.org>

A site provided by the Center for Young Women's Health at Boston Children's Hospital. Includes information and links designed to increase female health awareness and empower young women to take an active role in their health care.

✿ <http://www.kotex.com/info/education/guything/>

A site for teenage boys about going through puberty, exercise, hygiene, and feelings. Yes, it's hosted by Kotex, but guys, check out good health info at this site.



### DISABLED YOUTH

✿ <http://www.4girls.gov/chronic>

This is a site specifically designed for girls with a chronic illness or disability. It includes lots of information and stories on the joys and fears of growing up, developing relationships, doing well in school, and having fun. Includes supportive tips on talking to your doctor, family and friends about your illness. Also find message boards and chat rooms where youth share their experiences.

✿ <http://nichcy.org/kids/index.htm>

A site maintained by the National Information Center for Children and Youth with Disabilities to help disabled youth learn from and connect with each other. Share your stories or learn from the experiences of others.

✿ <http://www.commonthread.org/home.html>

A site designed to provide community and support for young adults dealing with disability or illness and their parents, siblings and friends.

✿ <http://depts.washington.edu/healthtr/Teens/intro.htm>

The Adolescent Health Transition Project provides information and resources to help adolescents with special health care needs, chronic illness, physical and developmental disabilities become informed participants in their health care. Good list of teen specific websites.



## ABORTION SERVICES/OPTIONS

Abortion is a medical procedure that ends a pregnancy. In California, you do not need to tell your parents about the abortion unless you are less than 12 years old. Most abortions happen after seven weeks of pregnancy during the first “trimester” (3 months). A few places offer abortions during the second trimester until 23 weeks. Having an abortion does not affect your ability to have babies later in life. Most abortions will cause cramping and can hurt during and after the procedure although most clinics will offer local or general anesthesia for surgical abortions to lessen the pain. There are several abortion options:

### SURGICAL ABORTION

- Most first trimester abortions involve a procedure called *vacuum aspiration* that involves placing of an instrument the size of a pencil into the uterine cavity and applying suction.
- Following the procedure, you will often need to remain in the office for a brief period of time before going home.
- This procedure can be done using local anesthesia, quickly, and safely. You may experience cramping, pain, and bleeding.
- Second trimester abortions are more involved often requiring 2 days and the use of *laminaria* (a seaweed product) to dilate the cervix (opening of uterus) overnight.
- Only certain clinics offer this later type of abortion.

### MEDICAL ABORTION

- Medical abortion involves at least two visits to a doctor’s office or clinic. The treatment involves medication and then confirmation that the pregnancy was successfully terminated. Sometimes 4 or more visits are required.
- Medical abortions can be performed from the first suspicion of pregnancy until 8 weeks from your last menstrual period. Some clinics limit medical abortion to less than 7 weeks of pregnancy.
- All types of medical abortions have been studied in many women and have been shown to be safe and effective. Occasionally, heavy bleeding requiring blood transfusion after the medication has happened.
- Mifepristone (RU486) and methotrexate are the two medications used most often. Mifepristone (RU486) blocks the action of natural progesterone on the uterus (or womb). This causes the lining of the uterus to shed. A second medication *misoprostol* causes the uterus to contract and the cervix to open to facilitate the abortion. Methotrexate interferes with the growth and development of the pregnancy and is combined with misoprostol. Misoprostol can also be used alone to induce an abortion. All three medications may cause bleeding, cramps, nausea, vomiting, fever and chills. Mifepristone and methotrexate are pills taken by mouth. Misoprostol is often used vaginally but is also available as a pill.

Adapted from “Pregnancy Options: A Guide For Young Women, by New Generation Health Center, San Francisco, CA. (415) 502-TEEN (8336).

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



©Adolescent Health Working Group, 2003  
Printed by Centura Press, Inc. 916.452.5395