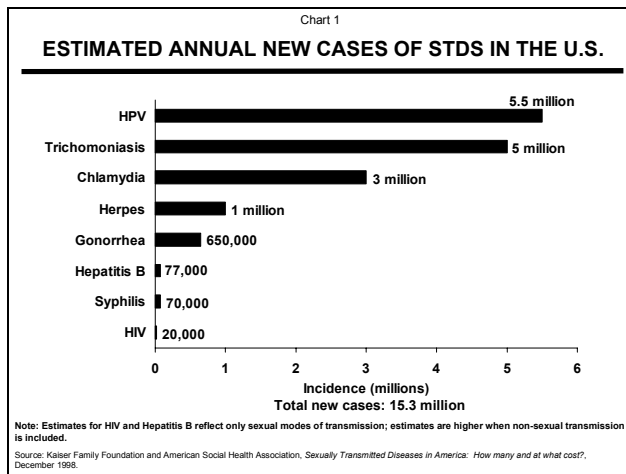


Women's Health Care Providers' STD Counseling and Testing Practice

Introduction

With an estimated 15 million new cases occurring annually, sexually transmitted diseases (STDs) are among the most common infectious diseases in the United States today (See Chart 1).^{1,2} By age 24, roughly one in three sexually active people will have contracted an STD.¹ Yet the "silent nature" of many STDs leads people to underestimate their own risk or to be unaware if they are infected.¹



Women are biologically more susceptible to becoming infected if exposed to an STD, and complications are more severe for women than for men. Since STDs are also less likely to produce symptoms in women, they are less likely to be detected until serious problems develop.³

Many women rely on their physicians to help them assess whether they are at risk for STDs and to provide them with information about testing, treatment, and how to protect themselves. Whether a woman should be screened – and for which STD – depends in large part on her risk factors, which can only come to light during a frank and open discussion with her health care provider.

To better understand how often physicians discuss and screen for STDs, including HIV, the Kaiser Family Foundation surveyed women's health care providers. The following is a detailed summary of findings from this survey, which includes 566 obstetricians and gynecologists (ob/gyns) and 201 family practice physicians.

Public Health Guidelines

According to the Centers for Disease Control and Prevention (CDC), asking a patient about her sexual history is a clinician's "essential first step."⁴ Leading public health and medical organizations, including the U.S. Preventive Health Services Task Force, recommend that all adolescent and adult patients be advised about the risk factors for STDs and counseled on how to reduce their risk – particularly if they are sexually active.⁵

Yet there is no single, universal screening guideline for all STDs, including HIV.^{4,5} Frequently, the decision whether to screen a patient for a particular infection takes into account a range of factors, including both their risk and the types of tests and treatments currently available.^{4,5}

Chlamydia and Gonorrhea: Routine chlamydia screening for all sexually active women under age 25 and gonorrhea testing for women at high risk is recommended.⁴ Both infections are easily cured with antibiotics, but often have no symptoms. Left untreated, they can lead to a host of complications, including pelvic inflammatory disease and infertility.^{1,2}

HIV: Testing should be offered to all pregnant women and anyone whose behavior puts them at risk.⁴ Although there is no HIV vaccine or cure, new drug therapies are allowing many people with HIV to live longer and healthier lives.

Syphilis: Pregnant women should be tested.^{4,5} Other guidelines typically focus on "high-risk adults" (such as people in areas with high syphilis rates, mainly if they have multiple partners, and those with partners who have syphilis) and teens considered to be at increased risk.^{4,5} Syphilis can be easily cured with antibiotics; left untreated, it progresses in stages that can lead to neurological and cardiovascular diseases and blindness.^{1,2}

Hepatitis B or HBV: Universal screening is not recommended, but pregnant women should be tested.⁵ Because a vaccine is available, some public health groups also recommend screening of high-risk patients.^{4,5} Once contracted, HBV is incurable and there is no treatment for acute stages of the disease, which can cause extreme illness and even death.²

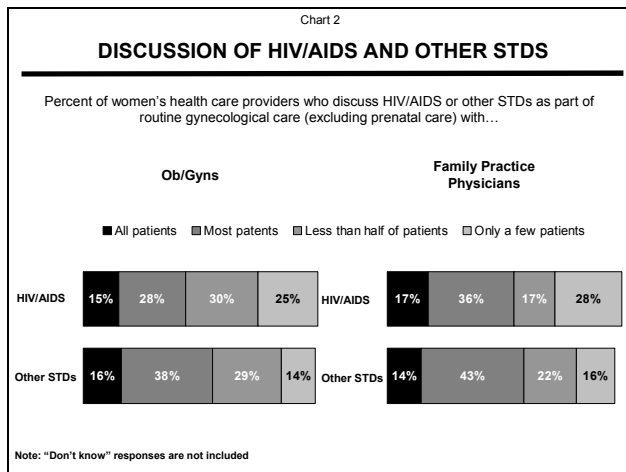
Human Papillomavirus (HPV): No universal screening is recommended.⁵ The FDA has approved an HPV DNA test as a follow up to an irregular pap smear, but not as a primary screening method. There is no cure or vaccine for HPV. Most HPV infections appear to be temporary, likely cleared by a person's immune system. Some types cause genital warts, while others are linked to cervical and other genital cancers.^{1,2,3}

Herpes Simplex Virus Type 2 (Genital Herpes): Routine screening is not recommended without the presence of symptoms such as genital ulcers. Most infected people are asymptomatic and, while some symptoms can be treated, there is no known way to eradicate the virus or prevent viral shedding.⁵

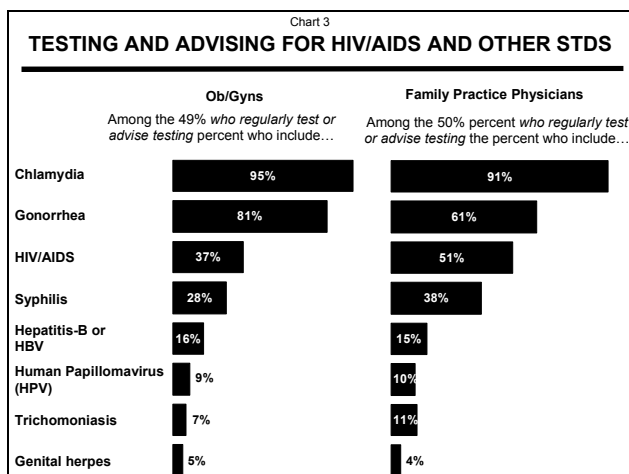
Summary of Findings

Routine Counseling and Testing

Just over half of ob/gyns (54%) and family practice physicians (57%) report discussing STDs with "all" or "most" of their non-pregnant, sexually active, routine gynecological patients. The numbers are slightly lower when it comes to discussing HIV/AIDS (43% of ob/gyns and 53% of family practice physicians) (See Chart 2).



Half of ob/gyns (49%) and family practice physicians (50%) report regularly providing or advising STD tests for their non-pregnant, sexually active patients as part of routine gynecological care. These physicians seem mostly on track with public health guidelines: Testing and advice varies greatly by type of infection (See Chart 3), with providers more likely to do so for STDs for which screening is recommended (See Box).



Counseling and Testing by Type of STD

Among those physicians who regularly test or advise testing for STDs, more than nine in 10 ob/gyns and family practice physicians report doing so for chlamydia (95% and 91%, respectively). Among doctors who see teenage patients, six out of 10 ob/gyns (63%) and half of family practice physicians (51%) routinely counsel or test sexually active teens for chlamydia. Eighty-one percent of ob/gyns and 61 percent of family practice physicians who regularly advise or test for STDs routinely do so for gonorrhea.

Half of family practice physicians (51%) and more than one-third (37%) of ob/gyns who test or advise testing for STDs regularly do so for HIV/AIDS. Pregnant women are getting screened even more frequently: 85% of ob/gyns and 70% of family practice physicians who see prenatal patients report testing "all" or "most" of them.

Roughly a third – 38 percent of family practice physicians and 28 percent of ob/gyns – who regularly test or advise testing for STDs report doing so for syphilis. About one in 6 test or advise testing for hepatitis B virus (16% of ob/gyns and 15% of family practice physicians).

Three-quarters of all gynecologists (74%) and more than one-third (38%) of family practice physicians say they are familiar with the DNA test for HPV. Of those who routinely test or advise testing for STDs, one in 10 indicate doing so for HPV (9% of ob/gyns and 10% of family practice physicians). One in 20 do so for genital herpes (5% of ob/gyns and 4% of family practice physicians), and about one in 10 for trichomoniasis (7% of ob/gyns and 11% of family practice providers).

Methodology

The Kaiser Family Foundation's third *National Survey of Women's Health Care Providers on Reproductive Health* is a national random-sample survey of 767 physicians, including 566 obstetrician/gynecologists (ob/gyns) and 201 family practice physicians (FPPs). The questionnaire was designed by staff at the Kaiser Family Foundation and Princeton Survey Research Associates (PSRA), with analysis conducted by Foundation staff. PSRA conducted fieldwork by telephone between January 19-April 27, 2000. The margin of error is plus or minus 4 percent for ob/gyns and plus or minus 10 percent for FPPs and may be larger for certain subsets in this analysis.

The data reported here represents only a portion of the complete survey, which examines physicians' attitudes and experiences with regard to a range of reproductive health issues including medical abortion (mifepristone and methotrexate), sexually transmitted diseases, and emergency contraception. These findings are reported on separately in other reports and summaries prepared by the Foundation.

Sources:

1. American Social Health Association and the Kaiser Family Foundation. *Sexually Transmitted Diseases in America: How Many Cases and at What Cost?* December 1998.
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