

USPSTF Bulletin

An independent, volunteer panel of national experts in prevention and evidence-based medicine

Task Force Issues Final Recommendation Statement on Behavioral Counseling Interventions to Prevent Sexually Transmitted Infections

Task Force recommends behavioral counseling for all sexually active teens and for adults who are at increased risk for STIs

WASHINGTON, D.C. – August 18, 2020 – The U.S.

Preventive Services Task Force (Task Force) today posted a final recommendation statement on behavioral counseling interventions to prevent sexually transmitted infections (STIs). Based on its review of the evidence, the Task Force found that clinicians can help prevent STIs by providing behavioral counseling to all sexually active adolescents and to adults who are at increased risk for STIs. **This is a B recommendation**.

Grade in this recommendation:

B: Recommended.

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STIs are common in the United States and can lead to serious health problems. The most recent data estimate that approximately 20 million new cases of STIs occur each year, and about half of new STI cases are in people ages 15 to 24 years. Rates of several STIs, such as chlamydia, gonorrhea, and syphilis, continue to rise. If untreated, STIs can lead to serious complications, including infertility, AIDS, and cancer.

This final recommendation applies to all sexually active teens and to adults who are at increased risk for STIs. To determine who should be offered behavioral counseling to prevent STIs, clinicians should ask their teen patients about whether they are sexually active and ask their adult patients about sexual behaviors and whether they have had an STI in the past year.

"By providing behavioral counseling interventions to those at risk for STIs, clinicians can make a real difference for their patients," says Task Force chair Alex Krist, M.D., M.P.H. "If these interventions are provided widely, this counseling has the potential to reduce STI rates by approximately a third."

Interventions generally provide basic information about STIs, assess individual risk, communicate about safer sex, and aim to increase commitment to safer sex practices. They can be offered through a broad range of formats, settings, and platforms. Although longer interventions have been found to be more effective, interventions shorter than 30 minutes can be effective.

"We hope it is helpful for people to know that evidence now supports a broader range of effective interventions than the prior recommendation," says Task Force member Melissa Simon, M.D., M.P.H. "People at risk for STIs can receive effective support through individual or group in-person counseling, telephone discussions, written materials, videos, websites, email, and text messages."

The Task Force's final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at http://www.uspreventiveservicestaskforce.org. A draft version of the recommendation statement and evidence review were available for public comment from December 17, 2019, to January 21, 2020.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based

recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Simon is the George H. Gardner professor of clinical gynecology, the vice chair of clinical research in the Department of Obstetrics and Gynecology, and professor of preventive medicine and medical social sciences at the Northwestern University Feinberg School of Medicine. She is the founder and director of the Center for Health Equity Transformation and the Chicago Cancer Health Equity Collaborative and a member of the Robert H. Lurie Comprehensive Cancer Center.

Dr. Krist is a professor of family medicine and population health at Virginia Commonwealth University and an active clinician and teacher at the Fairfax Family Practice Residency. He is director of the Virginia Ambulatory Care Outcomes Research Network and director of community-engaged research at the VCU Wright Center.

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