

Figure. Behavioral counseling to prevent sexually transmitted infections (STIs): clinical summary of a U.S. Preventive Services Task Force recommendation.

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BEHAVIORAL COUNSELING TO PREVENT SEXUALLY TRANSMITTED INFECTIONS
Clinical Summary of U.S. Preventive Services Task Force Recommendation

Population	All Sexually Active Adolescents	Adults at Increased Risk for STIs	Non-Sexually Active Adolescents and Adults Not at Increased Risk for STIs
Recommendation	Offer high-intensity counseling Grade: B	Offer high-intensity counseling Grade: B	No recommendation Grade: I (insufficient evidence)

Risk assessment	<p>All sexually active adolescents are at increased risk for STIs and should be offered counseling.</p> <p>Adults should be considered at increased risk and offered counseling if they have:</p> <ul style="list-style-type: none"> • Current STIs or have had an STI in the past year • Multiple sexual partners <p>In communities or populations with high rates of STIs, all sexually active patients in nonmonogamous relationships may be considered at increased risk.</p>		
Interventions	<p>Characteristics of successful high-intensity counseling interventions:</p> <ul style="list-style-type: none"> • Multiple sessions of counseling • Frequently delivered in group settings 		
Suggestions for practice	<p>High-intensity counseling may be delivered in primary care settings or in other sectors of the health system and community settings after referral.</p> <p>Delivery of this service may be greatly improved by strong linkages between the primary care setting and community.</p>	<p>Evidence is limited regarding counseling for adolescents who are not sexually active. Intensive counseling for all adolescents to reach those who are at risk but have not been appropriately identified is not supported by current evidence. Evidence is lacking regarding the effectiveness of counseling for adults not at increased risk for STIs.</p>	
Other relevant recommendations from the USPSTF	<p>USPSTF recommendations on screening for chlamydial infection, gonorrhea, genital herpes, hepatitis B, hepatitis C, HIV, and syphilis, and on counseling for HIV, can be found at http://www.preventiveservices.ahrq.gov.</p>		

For a summary of the evidence systematically reviewed in making these recommendations, the full recommendation statement, and supporting documents, please go to <http://www.preventiveservices.ahrq.gov>.

Table 1. What the U.S. Preventive Services Task Force (USPSTF) Grades Mean and Suggestions for Practice

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer/provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer/provide this service.
C	The USPSTF recommends against routinely providing the service. There may be considerations that support providing the service in an individual patient. There is moderate or high certainty that the net benefit is small.	Offer/provide this service only if other considerations support offering or providing the service in an individual patient.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Table 2. U.S. Preventive Services Task Force (USPSTF) Levels of Certainty Regarding Net Benefit

Level of Certainty*	Description
High	The available evidence usually includes consistent results from well-designed, well-conducted studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes. This conclusion is therefore unlikely to be strongly affected by the results of future studies.
Moderate	The available evidence is sufficient to determine the effects of the preventive service on health outcomes, but confidence in the estimate is constrained by such factors as: the number, size, or quality of individual studies inconsistency of findings across individual studies limited generalizability of findings to routine primary care practice lack of coherence in the chain of evidence. As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.
Low	The available evidence is insufficient to assess effects on health outcomes. Evidence is insufficient because of: the limited number or size of studies important flaws in study design or methods inconsistency of findings across individual studies gaps in the chain of evidence findings that are not generalizable to routine primary care practice a lack of information on important health outcomes. More information may allow an estimation of effects on health outcomes.

* The USPSTF defines *certainty* as “likelihood that the USPSTF assessment of the net benefit of a preventive service is correct.” The net benefit is defined as benefit minus harm of the preventive service as implemented in a general primary care population. The USPSTF assigns a certainty level based on the nature of the overall evidence available to assess the net benefit of a preventive service.