

# California Healthy Youth Act (CHYA): Distance Learning Guidance and Resources

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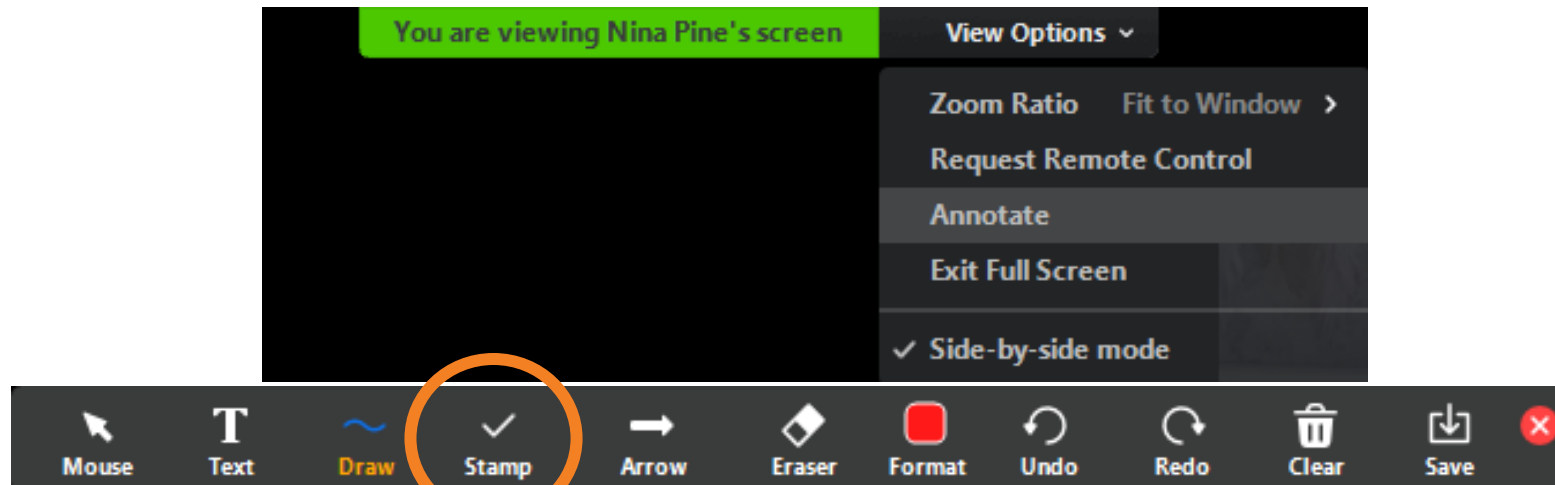
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CALIFORNIA DEPARTMENT OF EDUCATION  
Tony Thurmond, State Superintendent of Public Instruction



# How to Annotate

- Navigate to the “View Options” pull down menu at the top of the screen.
- Select “Annotate” and a tool bar will open.
- We will be using the “Stamp” option; specifically the check mark and the X



# What Should Be Covered in Sex Ed?

- Age-appropriate instruction
- Medically accurate information on STIs and contraception
- Legal rights for accessing confidential sexual health services
- Abstinence-only instruction
- Prevalence of human trafficking
- Early warning signs of relationship abuse
- Discussion of gender, gender identity, gender stereotypes
- Objective discussion of pregnancy options
- Affirming examples of same-sex relationships
- Consequences of abortion
- Resources to encourage parent/guardian engagement
- Skill-building for healthy relationships
- Information on PrEP
- Safe surrender law



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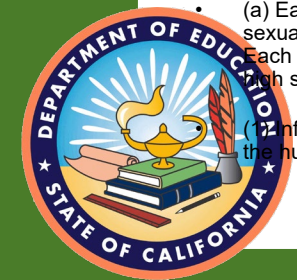
**AND MORE...**



- (a) Instruction and materials shall be age appropriate.
- (b) All factual information presented shall be medically accurate and objective.
- (c) All instruction and materials shall align with and support the purposes of this chapter as set forth in paragraphs (1) to (5), inclusive, of subdivision (b) of Section 51930 and may not be in conflict with them.
- (d) (1) Instruction and materials shall be appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners.
- (2) Instruction and materials shall be made available on an equal basis to a pupil who is an English learner, consistent with the existing curriculum and alternative options for an English learner pupil as otherwise provided in this code.
- (3) Instruction and materials shall be accessible to pupils with disabilities, including, but not limited to, the provision of a modified curriculum, materials and instruction in alternative formats, and auxiliary aids.
- (4) Instruction and materials shall not reflect or promote bias against any person on the basis of any category protected by Section 220.
- (5) Instruction and materials shall affirmatively recognize that people have different sexual orientations and, when discussing or providing examples of relationships and couples, shall be inclusive of same-sex relationships.
- (6) Instruction and materials shall teach pupils about gender, gender expression, gender identity, and explore the harm of negative gender stereotypes.
- (e) Instruction and materials shall encourage a pupil to communicate with his or her parents, guardians, and other trusted adults about human sexuality and provide the knowledge and skills necessary to do so.
- (f) Instruction and materials shall teach the value of and prepare pupils to have and maintain committed relationships such as marriage.
- (g) Instruction and materials shall provide pupils with knowledge and skills they need to form healthy relationships that are based on mutual respect and affection, and are free from violence, coercion, and intimidation.
- (h) Instruction and materials shall provide pupils with knowledge and skills for making and implementing healthy decisions about sexuality, including negotiation and refusal skills to assist pupils in overcoming peer pressure and using effective decisionmaking skills to avoid high-risk activities.
- (i) Instruction and materials may not teach or promote religious doctrine.
- (a) Each school district shall ensure that all pupils in grades 7 to 12, inclusive, receive comprehensive sexual health education and HIV prevention education from instructors trained in the appropriate courses. Each pupil shall receive this instruction at least once in junior high or middle school and at least once in high school. This instruction shall include all of the following:
  - (1) Information on the nature of HIV, as well as other sexually transmitted infections, and their effects on the human body.

- (2) Information on the manner in which HIV and other sexually transmitted infections are and are not transmitted, including information on the relative risk of infection according to specific behaviors, including sexual activities and injection drug use.
- (3) Information that abstinence from sexual activity and injection drug use is the only certain way to prevent HIV and other sexually transmitted infections and abstinence from sexual intercourse is the only certain way to prevent unintended pregnancy. This instruction shall provide information about the value of delaying sexual activity while also providing medically accurate information on other methods of preventing HIV and other sexually transmitted infections and pregnancy.
- (4) Information about the effectiveness and safety of all federal Food and Drug Administration (FDA) approved methods that prevent or reduce the risk of contracting HIV and other sexually transmitted infections, including use of antiretroviral medication, consistent with the federal Centers for Disease Control and Prevention.
- (5) Information about the effectiveness and safety of reducing the risk of HIV transmission as a result of injection drug use by decreasing needle use and needle sharing.
- (6) Information about the treatment of HIV and other sexually transmitted infections, including how antiretroviral therapy can dramatically prolong the lives of many people living with HIV and reduce the likelihood of transmitting HIV to others.
- (7) Discussion about social views on HIV and AIDS, including addressing unfounded stereotypes and myths regarding HIV and AIDS and people living with HIV. This instruction shall emphasize that successfully treated HIV-positive individuals have a normal life expectancy, all people are at some risk of contracting HIV, and the only way to know if one is HIV-positive is to get tested.
- (8) Information about local resources, how to access local resources, and pupils' legal rights to access local resources for sexual and reproductive health care such as testing and medical care for HIV and other sexually transmitted infections and pregnancy prevention and care, as well as local resources for assistance with sexual assault and intimate partner violence.
- (9) Information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy, including, but not limited to, emergency contraception. Instruction on pregnancy shall include an objective discussion of all legally available pregnancy outcomes, including, but not limited to, all of the following:
  - (A) Parenting, adoption, and abortion.
  - (B) Information on the law on surrendering physical custody of a minor child 72 hours of age or younger, pursuant to Section 1255.7 of the Health and Safety Code and Section 271.5 of the Penal Code.
  - (C) The importance of prenatal care.
- (10) Information about sexual harassment, sexual assault, sexual abuse, and human trafficking. Information on human trafficking shall include both of the following:
  - (A) Information on the prevalence, nature, and strategies to reduce the risk of human trafficking, techniques to set healthy boundaries, and how to safely seek assistance.
  - (B) Information on how social media and mobile device applications are used for human trafficking.
- (11) Information about adolescent relationship abuse and intimate partner violence, including the early warning signs thereof.

- (b) A school district may provide optional instruction, as part of comprehensive sexual health education and HIV prevention education, regarding the potential risks and consequences of creating and sharing



# For More Information:

- California Healthy Youth Act, California *Education Code* (EC) sections 51930–51939, please visit the [California Legislative Information Web Page](#)
- Comprehensive Sexual Health & HIV/AIDS Instruction, California Department of Education: [cde.ca.gov/ls/he/se/](http://cde.ca.gov/ls/he/se/)



# Where Are We Now?

- Distance Learning went into effect on March 31, 2020
  - “In order to allow schools to plan accordingly, and to ensure that learning still occurs until the end of the school year, we are suggesting that schools plan and prepare to have their curriculum carried out through a distance learning model. This is in no way to suggest that school is over for the year, but rather we should put all efforts into strengthening our delivery of education through distance learning.” SSPI Tony Thurmond
- Distance Learning for **all** instruction is still in effect
  - Physical Education is the only waiver granted for instructional minutes



# California Healthy Youth Act Education Codes 51930-51939

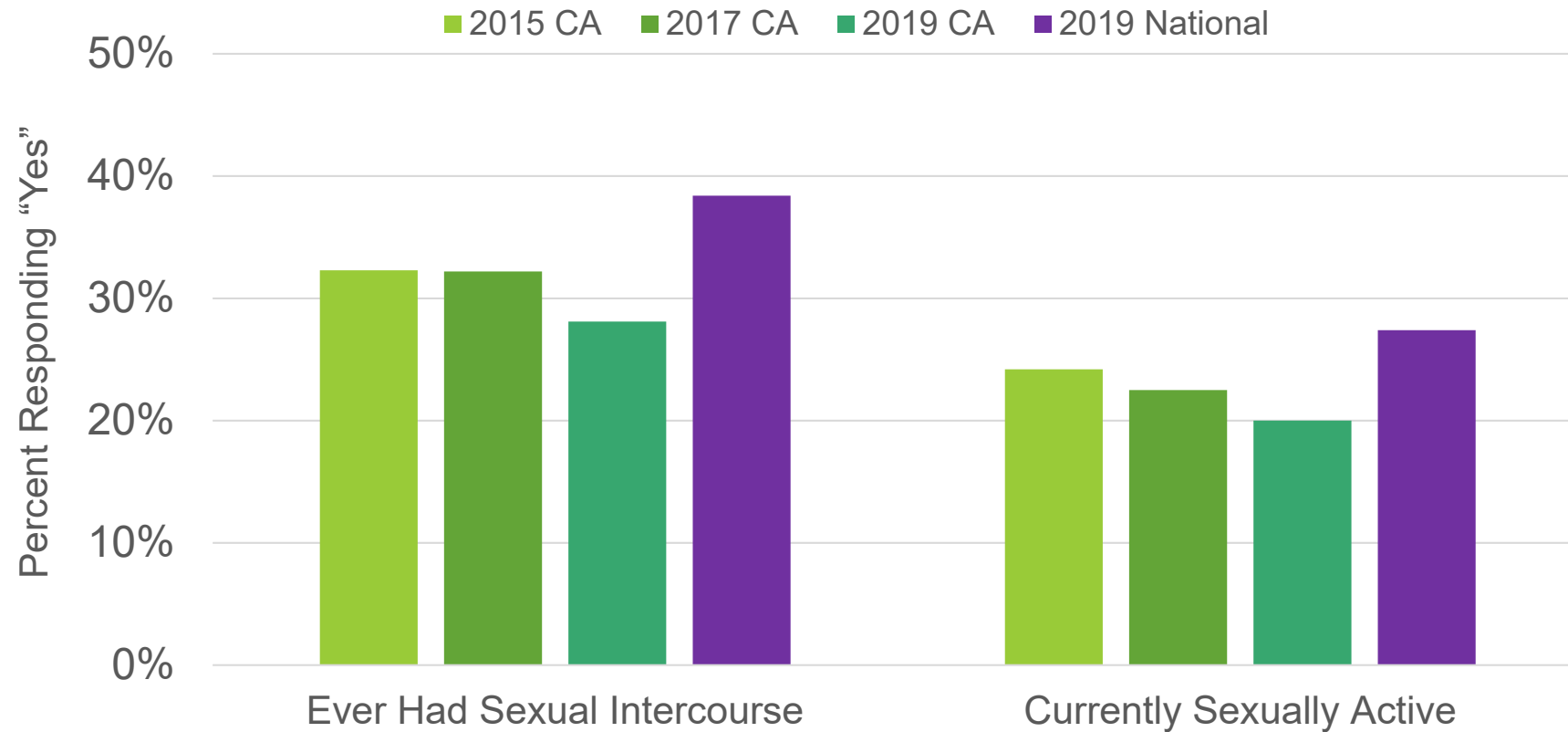
- **Article 1.** General Provisions
- **Article 2. Required** Comprehensive Sexual Health Education and HIV Prevention Education
- **Article 3.** In-service Training
- **Article 4.** Notice and Parental Excuse

All Articles of the law are still in effect





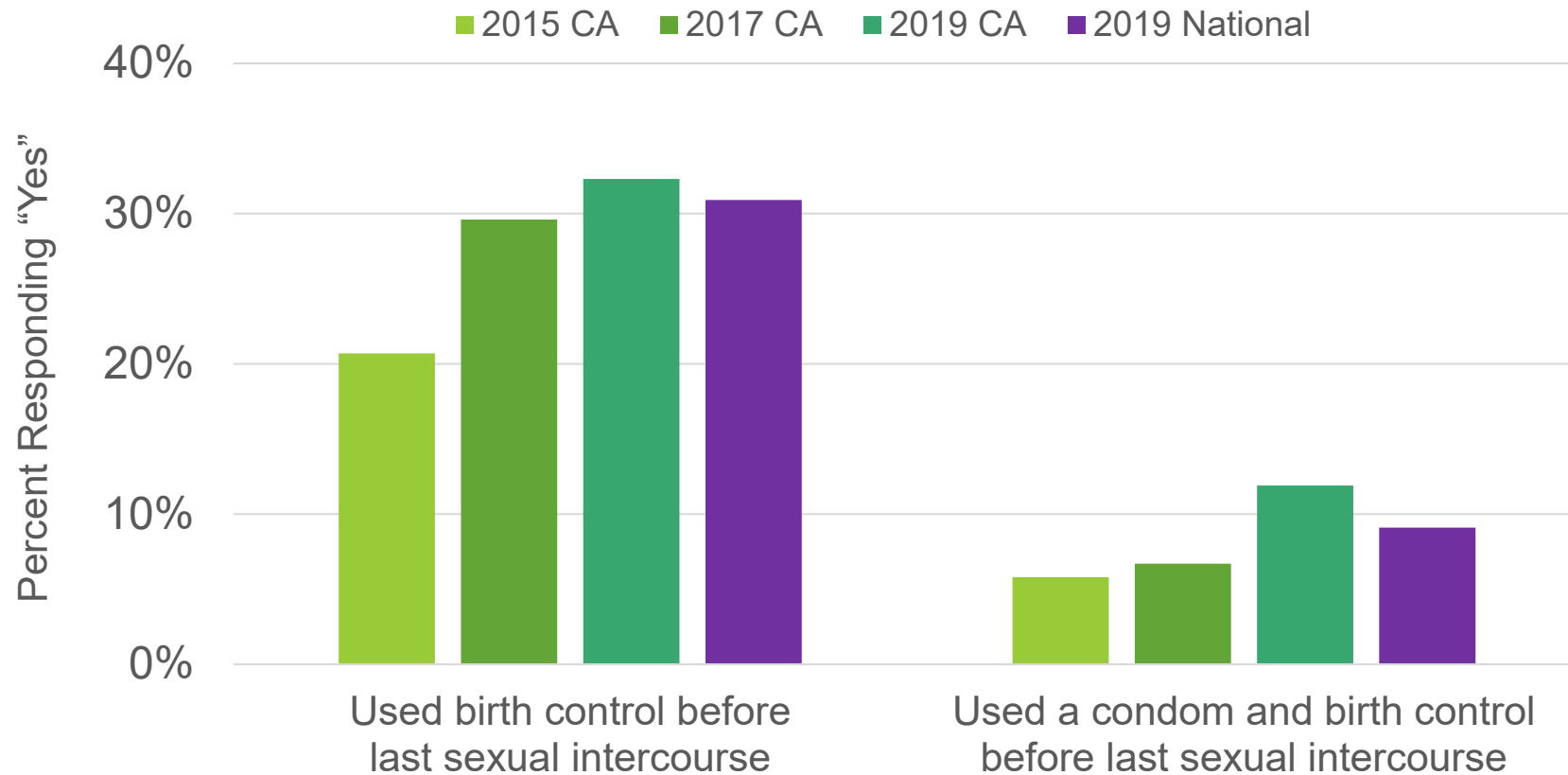
California students report lower rates of sexual activity than students nationally, and rates have decreased over time.



Source: Youth Risk Behavior Survey (YRBS)



Sexually active students in California have increased use of birth control and condoms over time, bypassing the nationally reported rates in 2019.



Source: Youth Risk Behavior Survey (YRBS)



# Distance Learning: What Did We Learn?

- Online Health Connected Example
  - **72%** of 5<sup>th</sup> & 6<sup>th</sup> grade students stated that Health Connected's online Puberty Talk course helped them feel more comfortable with their body and the changes that may happen during puberty.
  - **75%** of 7<sup>th</sup> & 8<sup>th</sup> grade students stated that after participating in Health Connected's online Teen Talk Middle School course, they can talk about sexual health with their parent or a trusted adult.
  - **91%** of 10<sup>th</sup> – 12<sup>th</sup> grade students stated that the Health Connected's online Teen Talk High School course helped them feel more comfortable starting a conversation with a current or future partner about their personal boundaries.



# Distance Learning: How?

- Considerations
  - Be mindful of the surroundings in which comprehensive sexual health education will take place in the home
  - If possible, watch privately or with a trusted adult
  - If possible, use headphones and be discrete with the laptop screen
- Ask: What can students do prior to instruction?
  - Asynchronous verses Synchronous Instruction
  - What can students read/learn prior to online instructional time?
  - What can teachers do off-line and/or online?



# Now: Distance Learning

## Current Practice

- The 3 D's of Learning
  - Discover
    - Can be asynchronous or synchronous
  - Discuss
    - Interactive and can be skills-based
  - Demonstrate
    - What is the application?
    - Life application?
    - Skills



# Resources

- California Department of Education
  - **Distance Learning Instruction Planning Guidance:** The guidance provided here is meant to offer suggestions for best practice in a distance learning setting through a lens of continuous improvement.  
<https://www.cde.ca.gov/ls/he/hn/guidanceplanning.asp>
  - **Distance Learning Consideration:** This page provides considerations for designing and implementing distance learning opportunities for all students. It includes specific state and local educational agency (LEA) approaches that can guide decision-making. <https://www.cde.ca.gov/ci/cr/dl/dlconsiderations.asp>
  - **Distance Learning:** Content specific guidance and resources for teachers and families in K–12 schools regarding high quality distance learning.  
<https://www.cde.ca.gov/ci/cr/dl/index.asp>
  - **COVID-19 School Health and Safety Guidance:** Guidance for required school-based health assessments, comprehensive sexual health education, comprehensive school safety plans and mandated reporting training, for the 2020–21 school year. <https://www.cde.ca.gov/ls/he/re/shscovid19.asp>



# Sexual Health Educator (SHE) Training Program

- Capacity-building opportunity for California educators working with youth in school, community, and clinical settings who desire to build their sexual health knowledge and education skills
- Certificate of completion offered
- Almost all requirements available as online trainings, including STD/HIV Review and Contraceptive Methods
- FREE
- [californiaptc.com/sexual-health-educator-training-program/](http://californiaptc.com/sexual-health-educator-training-program/)







# Contact Information

## California Healthy Youth Act

***Sharla E. Smith, MPH  
HIV/STD Prevention  
Education Consultant***

[shsmith@cde.ca.gov](mailto:shsmith@cde.ca.gov)

<http://www.cde.ca.gov/ls/he/se>

## SHE Training Program

***Sandee Differding, MPH  
Health Communication  
Specialist***

[Sandra.Differding@cdph.ca.gov](mailto:Sandra.Differding@cdph.ca.gov)

<https://californiaptc.com/sexual-health-educator-training-program/>



# Best Practices in STD Screening and Treatment for Patients and their Partners

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October 6, 2020

Crystal Cedillo  
STD Prevention Specialist

Kala Heekin  
Sexual + Reproductive Health Program Associate

# Presenter Disclosures

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

- Crystal Cedillo
  - No relationships to disclose
  
- Kala Heekin
  - No relationships to disclose

# STD Prevention Center

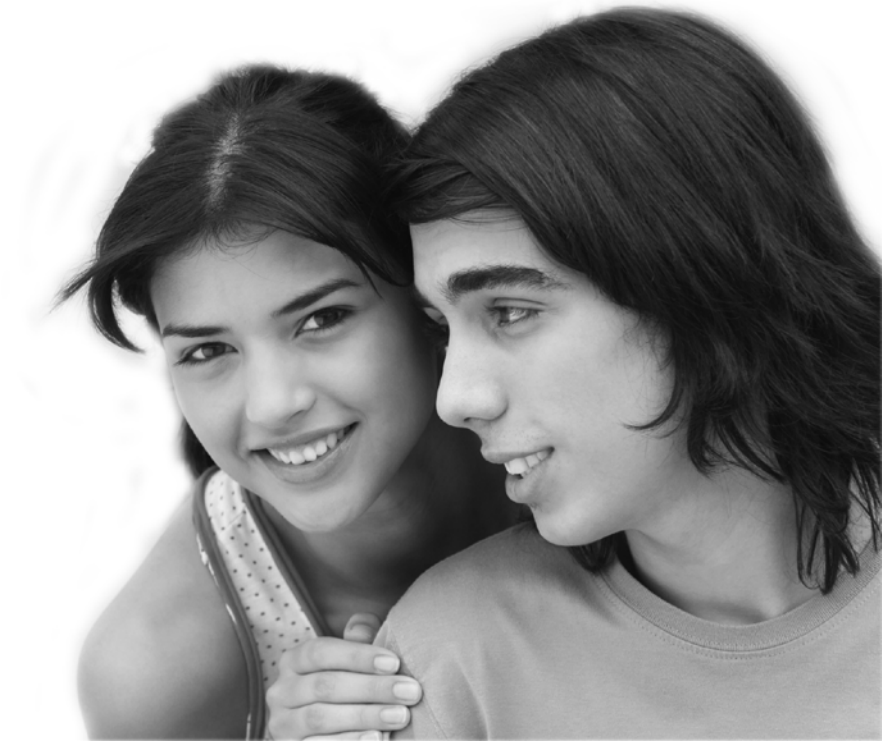
- Partners with the California Department of Public Health (CDPH), STD Control Branch, Los Angeles County Division of HIV/STD Programs
- Supports California's Title X provider network in the provision of STD screening, testing, and treatment practices
- Provides training, technical assistance + capacity building informed by guidelines from the Centers for Disease Control (CDC) and California Department of Public Health (CDPH)
- Administers the Chlamydia/Gonorrhea Patient-Delivered Partner Therapy Distribution Program
- Implements adolescent and parent-facing digital programs

# Terminology

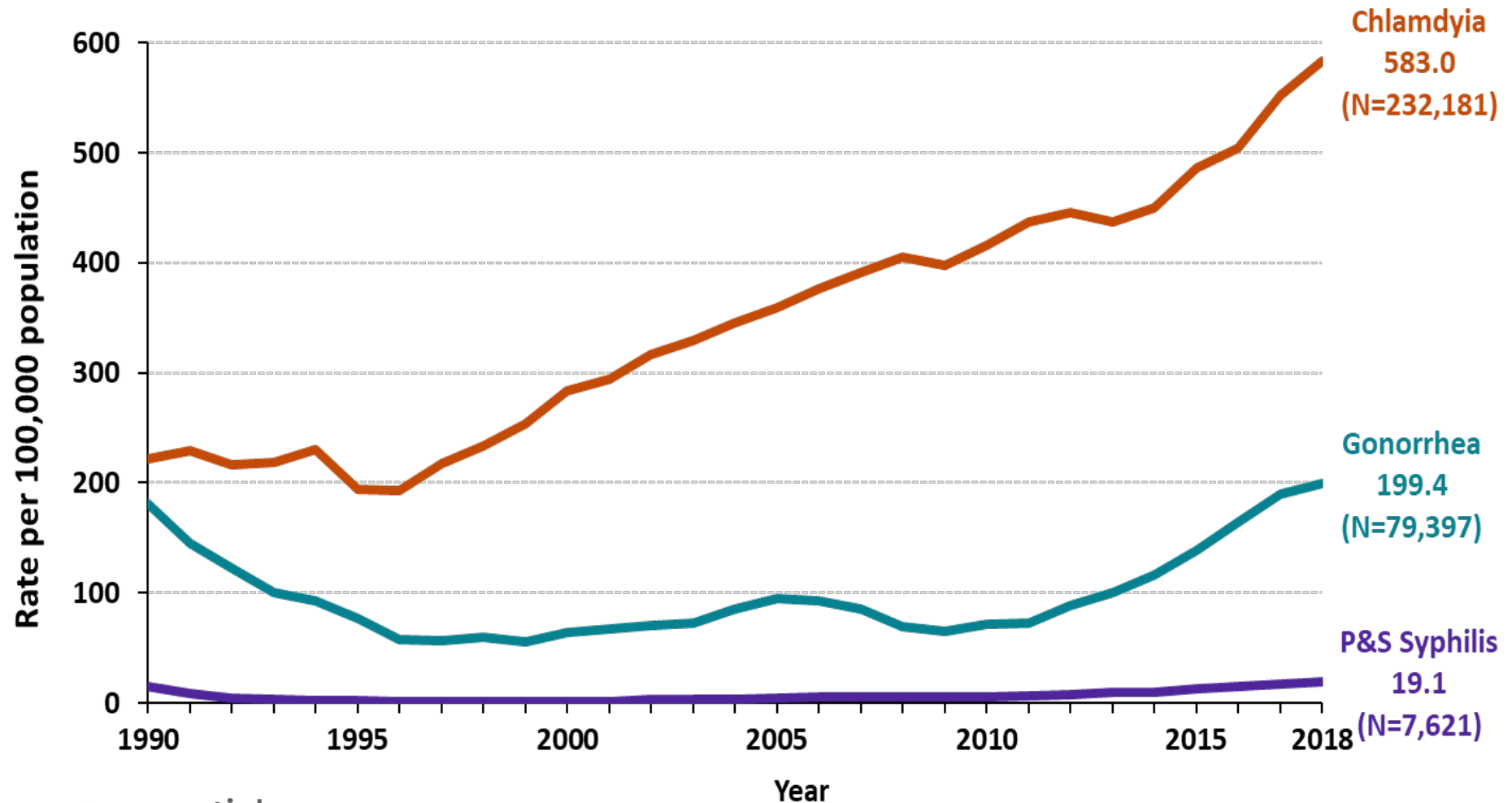
Slides that cite specific studies or clinical guidelines may include gendered terms (ie female/male) to accurately reflect study findings or clinical recommendations.

# Agenda

- STD Epidemiology
- Best Practices in STD Screening + Treatment
- Partner Treatment
- Resources

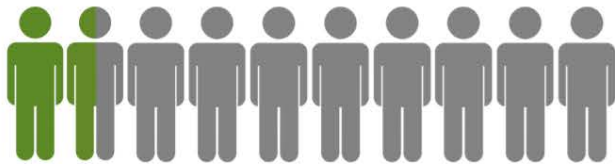


# Chlamydia, Gonorrhea, and Primary & Secondary Syphilis Incidence Rates in CA, 1990-2018

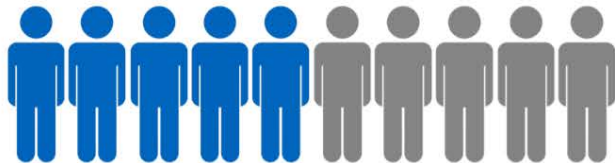


# Impact on youth and young adults

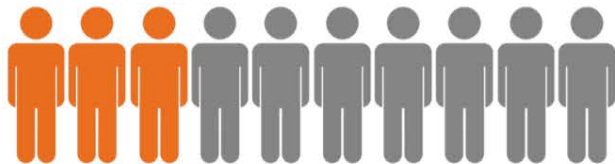
Chlamydia and gonorrhea disproportionately impact people in their teens and twenties:



Less than **2 out of every 10 people** in California is between the ages of 15-24



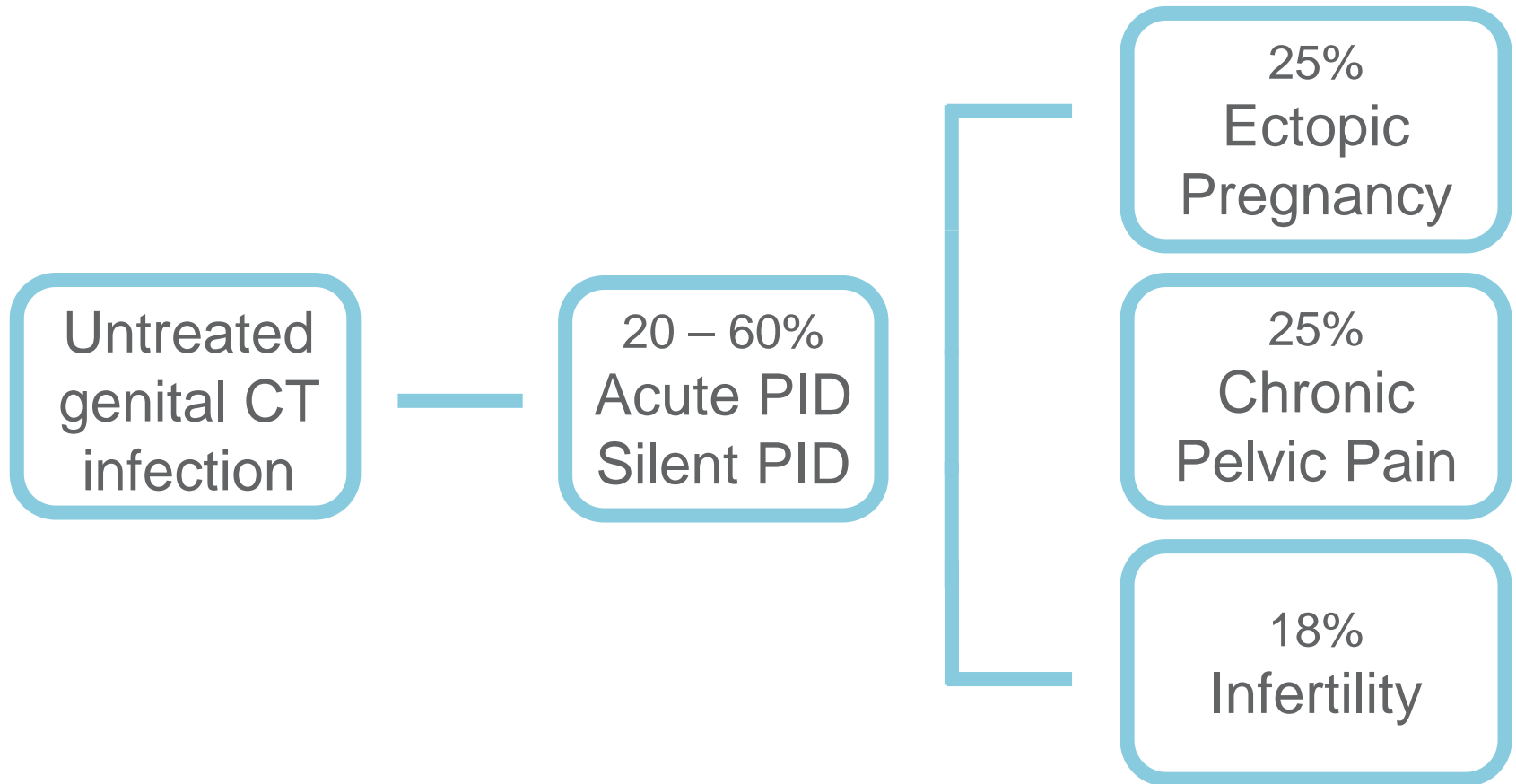
BUT people ages 15-24 make up more than **5 out of every 10 chlamydia cases** in California



AND they make up more than **3 out of every 10 gonorrhea cases** in California.



# Potential Complications from an Untreated Infection



# Best Practices in Screening + Treatment

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# California Minor Consent Laws

## Services Minors in CA Can Receive Without Parent/Guardian Consent

### Minors of any age

- Birth Control (except sterilization)
- Pregnancy services
- Abortion
- Sexual assault care

### Minors 12yrs and older

- STD Services
- HIV testing
- Alcohol/Drug Counseling
- Outpatient Mental Health Treatment

# Confidentiality Best Practices

- Let patients (and parents) know your confidentiality protocol before and during the visit
- Explain that confidentiality is part of the highest standard of care
- Normalize by stating that it is every patient's right



# Assessing Sexual Behavior

- Begin by reinforcing confidentiality
- Use age/development-appropriate questions:
  - “Some of my patients who are your age have started feeling attracted to boys, girls, or both. Have you ever been attracted to any boys or girls?”
  - “Some of my patients your age have started dating. Have you started dating?”
  - “Some of my patients your age have started having sex. Have you had sex?”
- Do not make assumptions about sexual orientation or sexual practices/experience

# CDC Screening Guidelines

Population	Screening Recommendation
Young women (<25)	<ul style="list-style-type: none"><li>•Annual screening for chlamydia</li><li>•Annual gonorrhea screening based on risk</li></ul>
Older women (25+) and Men	<ul style="list-style-type: none"><li>•Screening based on risk</li></ul>
Pregnant women	<ul style="list-style-type: none"><li>•Syphilis, HIV, chlamydia, and hepatitis B</li><li>•Gonorrhea screening based on risk</li></ul>
Men who have sex with men	<ul style="list-style-type: none"><li>•Screening at least once a year for syphilis, chlamydia, gonorrhea, and HIV</li></ul>

\*All sexually active persons 13 and older should be screened at least once for HIV.

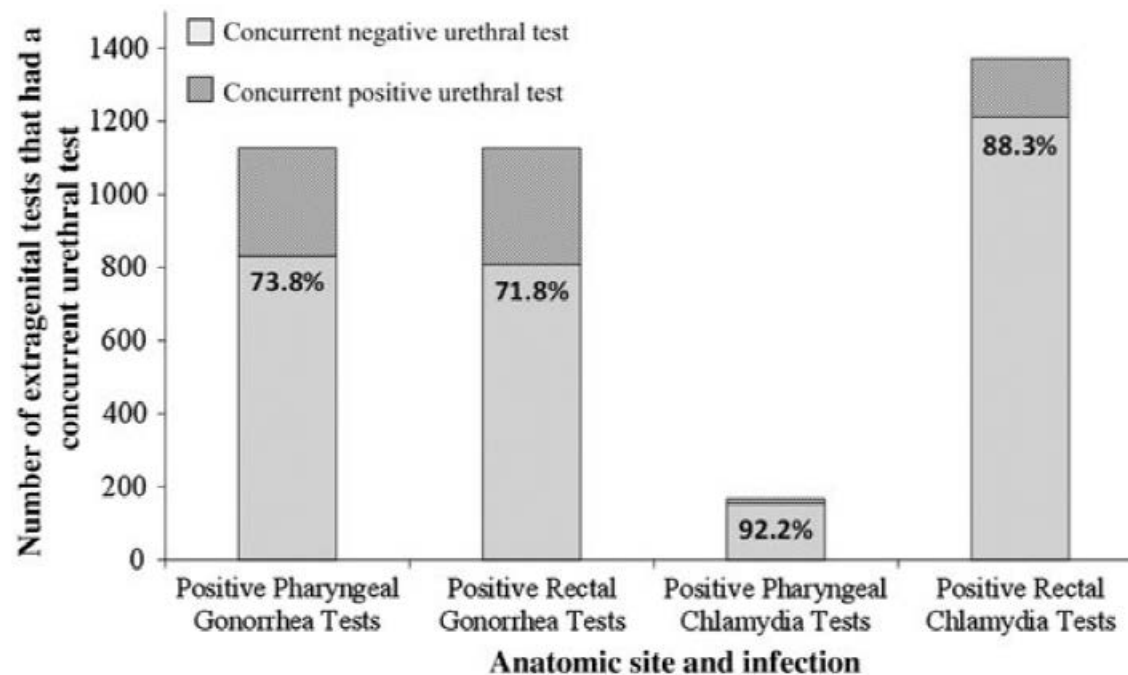
# Common Missed Opportunities for Screening

- Annual visits
  - Well-Child
  - Physical
- Pregnancy test only
- Emergency contraception (EC)
- Contraception method follow-up
  - Contraceptive Refills
  - Depo-Provera injection
- No sexual history is taken
  - Extragenital screening



# Extragenital Screening

Extragenital Gonorrhea and Chlamydia Testing and Infection Among Men Who Have Sex With Men – STD Surveillance Network, United States, 2010-2012



**Figure 2.** Proportion of extragenital gonorrhea and chlamydia infections associated with concurrent negative urethral tests.



# Contacting the Patient

- Review patient's medical record
- Contact patient within 72 hours
- Make at least 3 contact attempts
- Document all notes + contact attempts in patient chart



# STD Treatment Guidelines

## Chlamydia

- Azithromycin 1 g po
- *Alternative: Doxycycline*
  - 100 mg po bid x 7 d

## Gonorrhea

- Ceftriaxone 250 mg IM
- PLUS**
- Azithromycin 1 g po

If Ceftriaxone is not an option,

800 mg Cefixime  
orally in a single dose

PLUS

1 g Azithromycin  
orally in a single dose

# Counseling Positive Patients

What your patients ***need*** to know:

- CT/GC are sexually transmitted
- Take medication properly
- Abstain from sex/use condoms for 7 days after treatment of patient and partner(s)
- Return for a retest in 3 months
- Treating all partners is important to prevent reinfection



# The STD/PrEP Connection

- Syphilis and HIV testing is recommended for all CT/GC positive patients
  - Increased risk for co-infections
- Inform patients with positive STD results and negative HIV results about PrEP (Pre-Exposure Prophylaxis)
- Document additional STD/HIV counseling and/or testing
- An open sore is an open door, PrEP helps prevent HIV infection.

**GET PrEP LA**

please  
**PrEP**  
me  
.org

# Confidential Morbidity Reporting

- **Reportable within 1 Day**
  - Syphilis
- **Reportable within 7 Days**
  - Chlamydia
  - Gonorrhea
  - Chancroid & PID
- Providers will not be in violation of HIPAA
- Send updated CMR if new info is obtained or a patient has returned for treatment



# Summary

- Untreated CT/GC infection in people with a uterus can lead to serious negative health outcomes
- Screening
  - Annual CT/GC screening for females under age 25
  - Females age 25+ and men based on risk
- Treatment
  - CT: 1 g azithromycin orally in a single dose
  - GC: 1 g azithromycin plus 250 mg IM ceftriaxone
- Positive patient management
  - Contact patients within 72 hours of receiving positive lab result
  - Counsel: post-treatment instructions, partner treatment + retesting
  - Submit CMR to local health department
  - Offer positive patients screening for HIV and syphilis

# Partner Treatment

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# Why treat partners of patients with STDs?

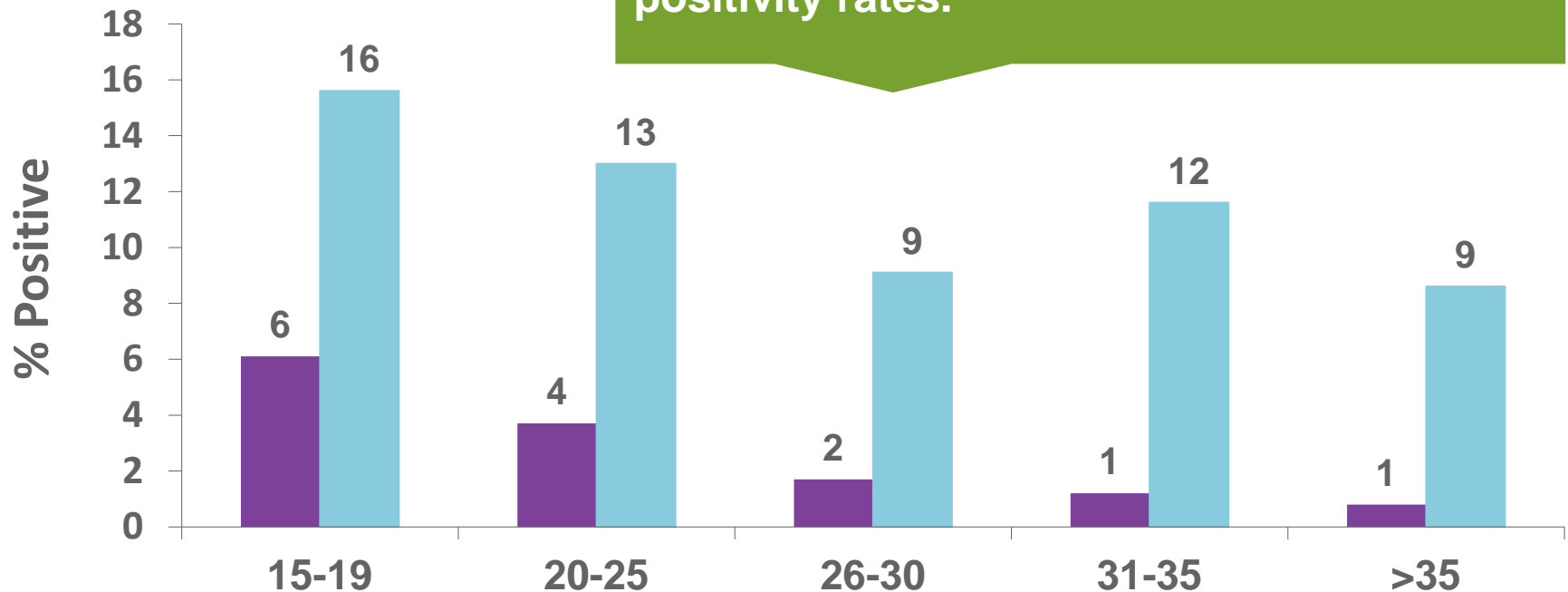
- Prevent complications in the partner
- Stop the spread of infection to future partners
- Prevent re-infection in the patient





# Chlamydia Reinfection is Common

Regardless of age, reinfection rates at retest are often 2-3 times higher than baseline positivity rates.



■ Baseline Positivity Rate

■ Re-Infection Rate

Age Group

Source: Family PACT and Quest Diagnostics data

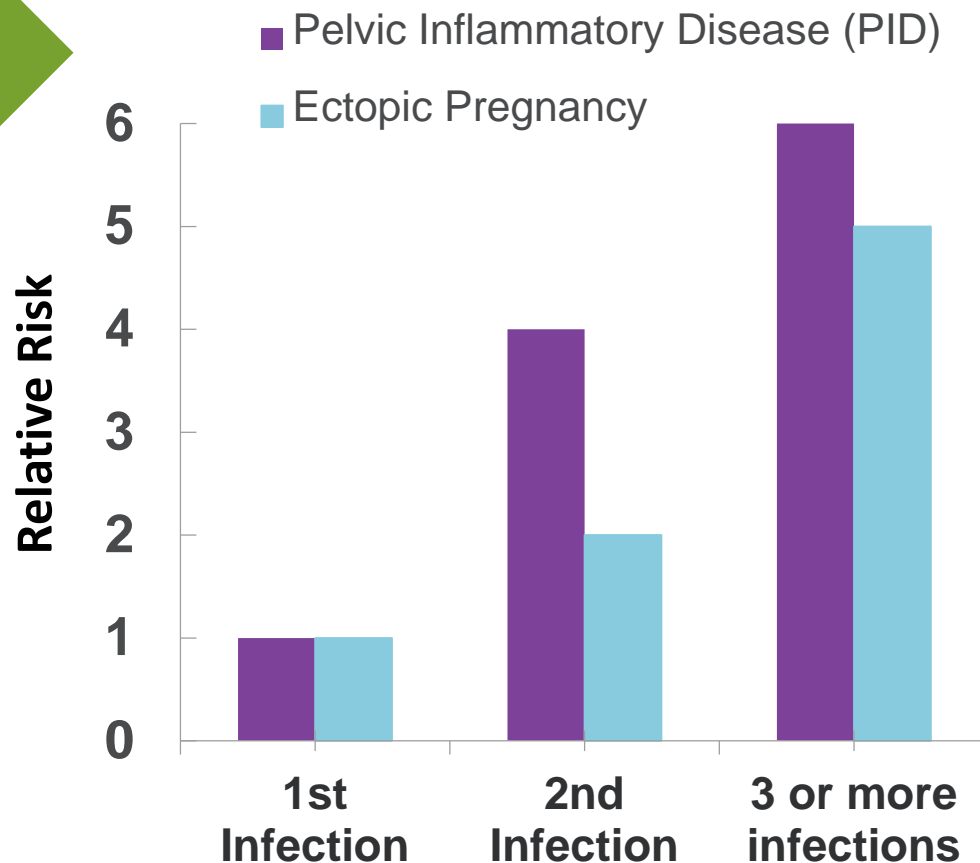
Prepared by: CDPH STD Control Branch

CT positivity by age in Females (2008/2009) *N* = 124,650

# Chlamydia Reinfection is Dangerous

Highly associated with increased risk for adverse reproductive health issues.

- **2<sup>nd</sup> infection:**
  - 4x risk of PID
  - 2x risk of ectopic pregnancy
- **3+ infections:**
  - 6x risk of PID
  - 5x risk of ectopic pregnancy



Prepared by: CDPH STD Control Branch

Hillis SD, et al. (1997). Am J Obstet Gynecol 176(1 Pt 1): 103-7

# Partner Management Options

- Patient brings partner to clinic (BYOP)
- Patient-delivered partner therapy (PDPT)
- Patient tells partner to get exam, test and treatment (patient referral)

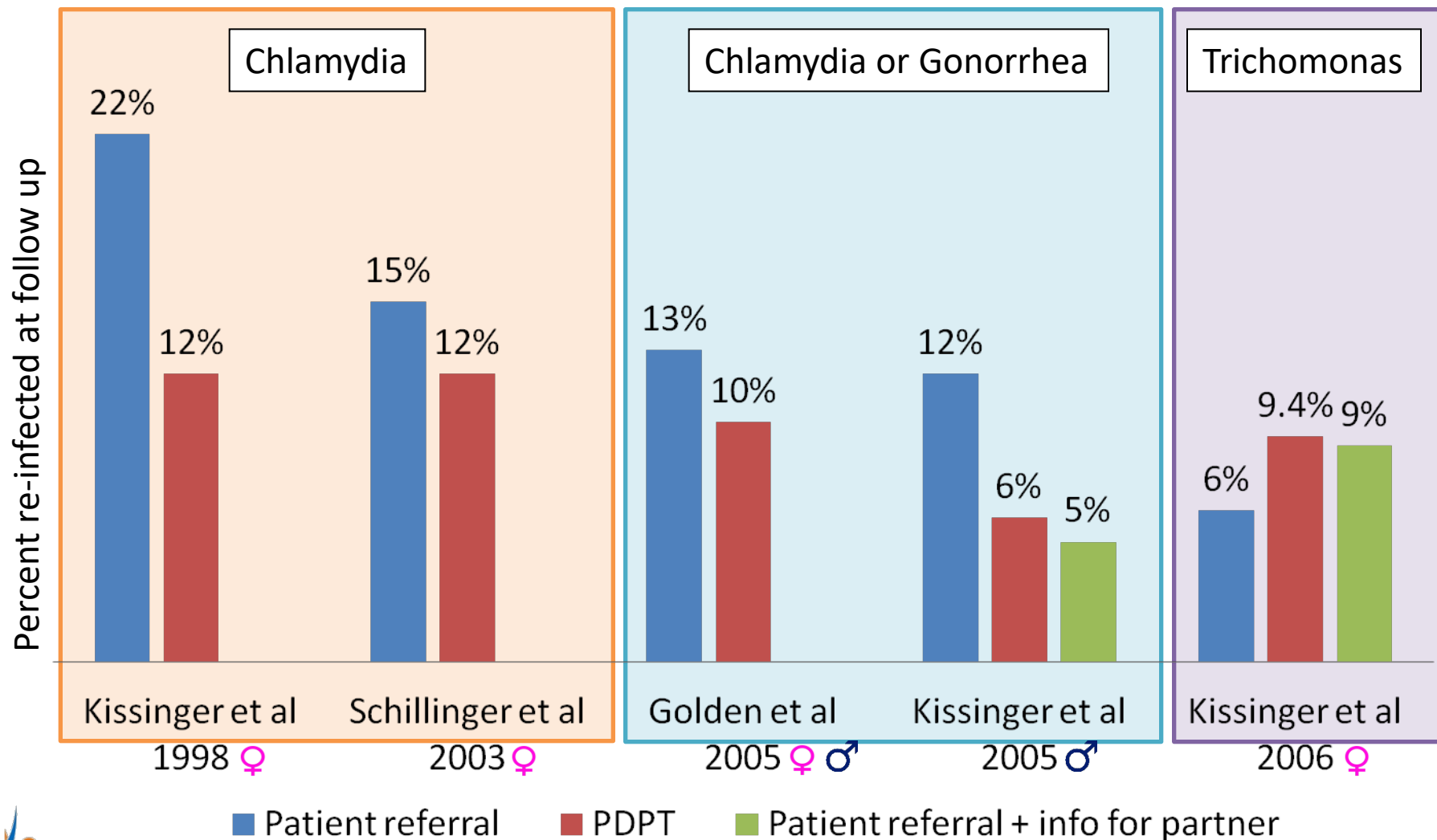
**PDPT is Allowable in California**  
**(Health and Safety Code §120582)**

2001 - law allows CT partner treatment

2007 - law allows GC partner treatment

# PDPT Effectiveness in Randomized Controlled Trials

Reduces reinfection with chlamydia & gonorrhea, but not trichomonas



Source: Trelle S, et al. Improved effectiveness of partner notification for patients with sexually transmitted infections: systematic review. *BMJ*. 2007;334:354. [Slide courtesy of Stella Morris, CDPH STD Control Branch](#) STD Control Branch

# First-Line Treatment vs. PDPT

	First-Line Treatment	Patient-Delivered Partner Therapy
Chlamydia	azithromycin 1 gm orally once	azithromycin 1 gm orally once
Gonorrhea	ceftriaxone 250 mg IM once + azithromycin 1 gm orally once	cefixime 800 mg orally once + azithromycin 1 gm orally once

# Options for Providing PDPT: Prescriptions

## Something you can do TODAY!

- Providers can give patients **written prescriptions for partner treatment** to be filled at their local pharmacy without examination of the person's partner(s) *Health & Safety Code 120582*
- As of February 1, 2020, PDPT is a covered benefit for Family PACT and Medi-Cal patients



# Challenges to Providing a Prescription

- Providing a prescription for treatment will work for some patients, especially if onsite medications are not available
- However, in a study of 264 family planning patients who were given a prescription for their own chlamydia treatment, **33% did not fill their prescription**
  - Lower fill rate among patients <18 years old
  - Higher fill rate for patients attending family planning clinics compared to federally-qualified health centers (FQHCs)
- Limited data on fill rates for partner treatment
- Important for providers to assess patient's ability to pick up treatment for themselves and/or partner

# Implementation: Reimbursement via Medi-Cal and Family PACT

**As of February 1<sup>st</sup>, 2020 EPT is a Covered Benefit for FPACT and Medi-Cal Recipients**

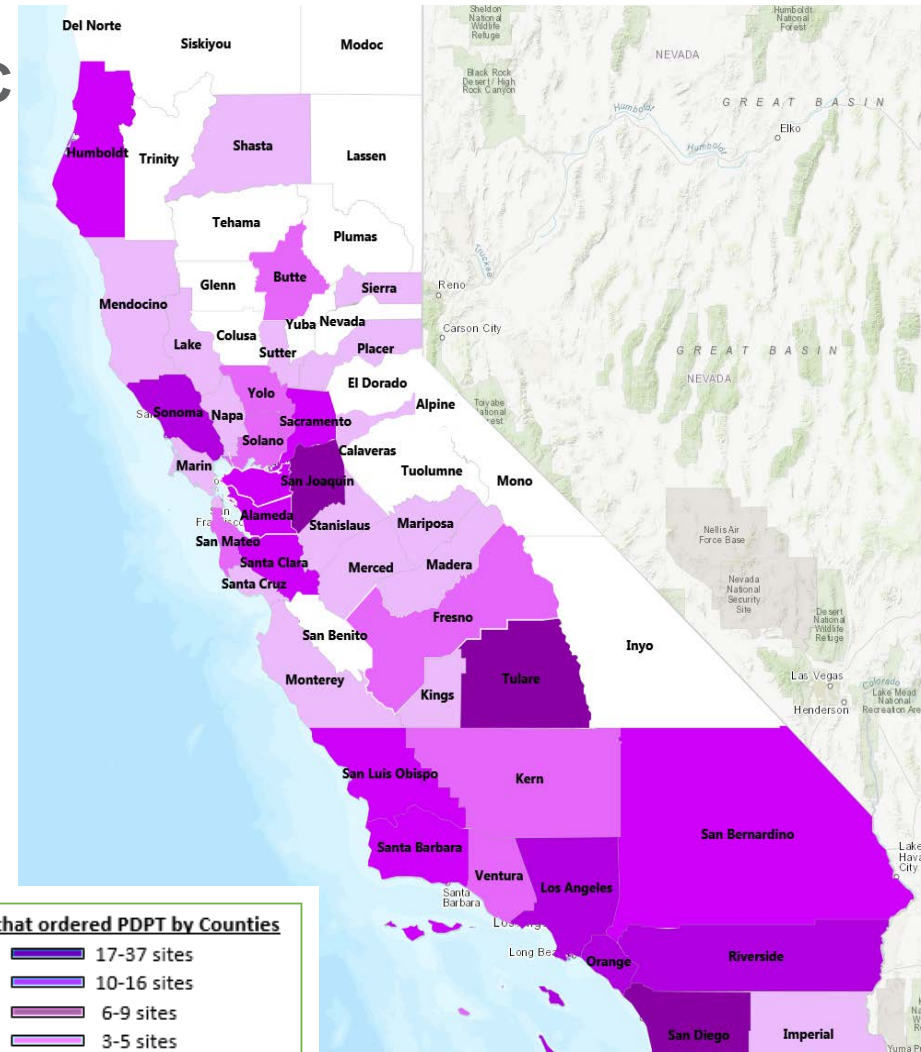
- For Chlamydia, Gonorrhea, and Trichomoniasis
- Can be provided in-visit if sites package their own medication
- Prescriptions should be written with the name of the index patient listed
- Index patient can be provided treatment for up to five partners



# Implementation Options: Onsite Medication

## Essential Access Health's CT/GC PDPT Distribution Program

- Provides free, pre-packaged medication to treat CT/GC
- Eligible LHJ/clinics must:
  - Be located in California
  - Serve population at risk for STDs
  - Serve an uninsured or underinsured population
  - Provide onsite treatment for index patient



# Partner Treatment Summary

- Reinfection is common + dangerous for the patient
- Preferable for partners to come into clinic to get treated
- When this is unlikely, PDPT is an allowable, recommended + evidence-based alternative to ensure partners receive treatment
- Two implementation options:
  - Prescription PDPT
  - Provide pre-packaged medication to the patient to give to their partner(s)
- Screening for PDPT eligibility provides another opportunity to counsel the patient

# Recommended Resources

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# 2015 Sexually Transmitted Diseases Treatment Guidelines

## 2015 STD Treatment Guidelines

Table of Contents

Introduction and Methods

Clinical Prevention Guidance

Special Populations

Emerging Issues

HIV Infection:  
Detection, Counseling and Referral

Diseases Characterized by  
Genital, Anal, or Perianal  
Ulcers +

Syphilis +

Management of Persons Who  
Have a History of Penicillin  
Allergy

Diseases Characterized by  
Urethritis and Cervicitis

Chlamydial Infections

Gonococcal Infections

Diseases Characterized by  
Vaginal Discharge +

Pelvic Inflammatory Disease  
(PID)

Epididymitis



[Browse the Table of Contents](#)



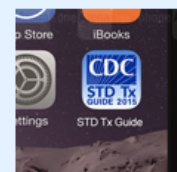
[PDF version](#) 📄

[View STD Screening Recommendations](#)

## Summary

These guidelines for the treatment of persons who have or are at risk for sexually transmitted diseases (STDs) were updated by CDC after consultation with a group of professionals knowledgeable in the field of STDs who met in Atlanta on April 30–May 2, 2013. The information in this report updates the [Sexually Transmitted Diseases Treatment Guidelines, 2010](#) (MMWR Recomm Rep 2010;59 [No. RR–12]). These updated guidelines discuss 1) alternative treatment regimens for *Neisseria gonorrhoeae*; 2) the use of nucleic acid amplification tests for the diagnosis of trichomoniasis; 3) alternative treatment

## Downloads and Resources



[Download the 2015 STD Treatment \(Tx\) Guide app](#) 📱, an easy-to-use reference that combines information from the STD

Treatment Guidelines as well as MMWR updates, and features a streamlined interface

so providers can access treatment and diagnostic information. The free app is available for Apple devices. An Android app is currently being developed and will be available this summer.

A limited amount of Wall Charts and Pocket Guides are available for you to order from [CDC-INFO on Demand](#). To print your own, download the high-resolution print files below and take them to a commercial printer.



[Pocket Guide](#) 📄



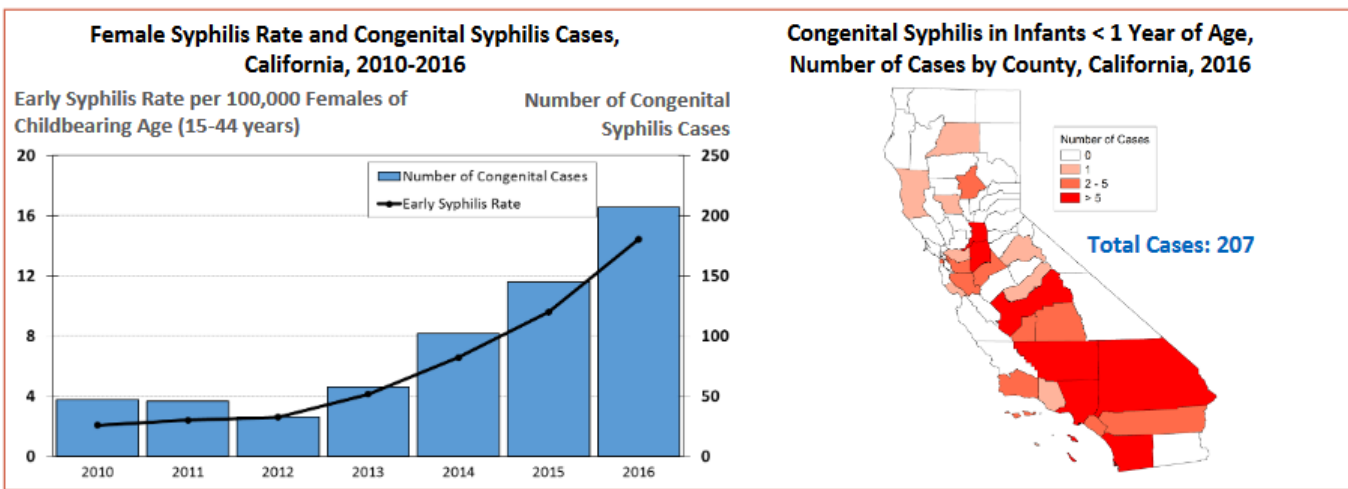
[Wall Chart](#) 📄

# SEXUALLY TRANSMITTED DISEASES CONTROL BRANCH

## THE PROBLEM: INCREASING CONGENITAL SYPHILIS IN CALIFORNIA

California has had a concerning increase in syphilis among women. **This has been accompanied by an over 500% increase in congenital syphilis cases from 2012 to 2016.** In 2016, most female early syphilis cases and congenital syphilis cases in California were reported from the Central Valley; however, other regions in California are increasingly affected.<sup>1</sup> Most women who gave birth to babies with congenital syphilis received prenatal care late in pregnancy or not at all.

**This increase in numbers of congenital syphilis cases in California is an important public health problem requiring immediate attention from medical providers caring for pregnant women and women of reproductive age.**



## WHAT IS CONGENITAL SYPHILIS?

Congenital syphilis occurs when syphilis is transmitted from an infected mother to her fetus during pregnancy. It is a potentially devastating disease that can cause severe illness in babies including premature birth, low birth weight, birth defects, blindness and hearing loss. It can also lead to stillbirth and infant death.<sup>2</sup>

# CDPH PDPT Guidelines



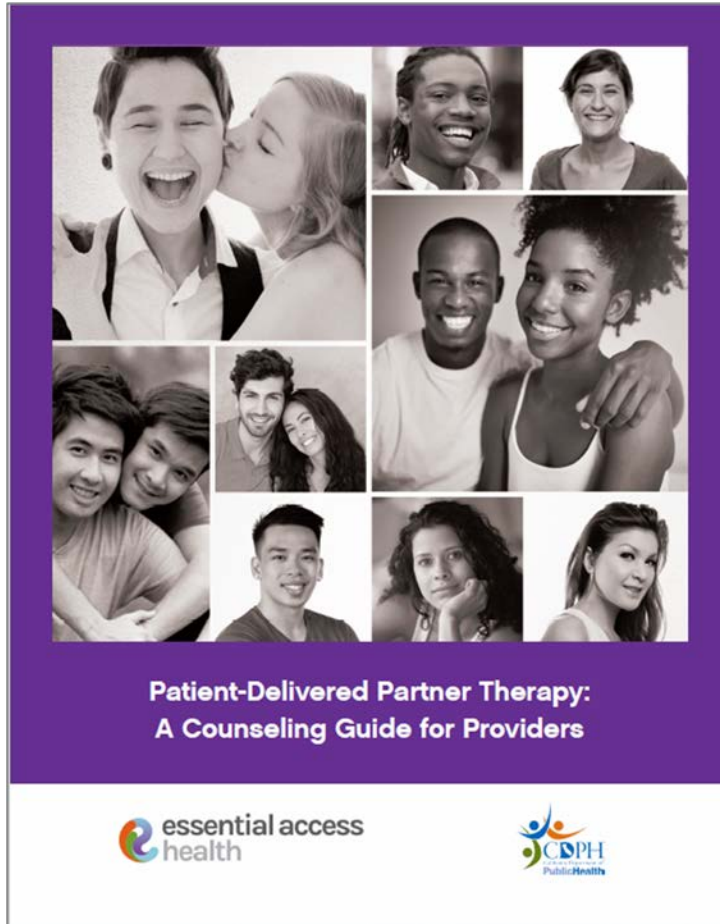
## Patient-Delivered Partner Therapy (PDPT) for Chlamydia, Gonorrhea, and Trichomoniasis:

## Guidance for Medical Providers in California

These guidelines were developed by the California Department of Public Health Sexually Transmitted Diseases (STD) Control Branch in collaboration with the California STD Controlllers Association, and the California Prevention Training Center (CAPTC)

January 2016

# PDPT Counseling Guide for Providers



- Designed to enhance providers' knowledge, skills, and comfort in effectively counseling patients about PDPT
- Developed by Essential Access Health in partnership with the California Department of Public Health, STD Control Branch
- Step-by-step guide to help determine if PDPT is right for your patients and ensuring they are confident and comfortable in delivering the medicine to their partners

Download at:  
[essentialaccess.org/pdpt/resources](https://essentialaccess.org/pdpt/resources)

For a print quality version, email Kala at  
[kheekin@essentialaccess.org](mailto:kheekin@essentialaccess.org)





It wasn't easy hearing about this, but I'm glad I got treated right away.

Learn more about gonorrhea:

- Call toll free 1-800-232-4636
- Or visit [www.ashastd.org](http://www.ashastd.org)

# Gonorrhea:

## What You Should Do Now

Your sex partner has gonorrhea (gone-o-RHEE-ah).

This is a curable infection people can get from having sex. You may have gonorrhea, too.

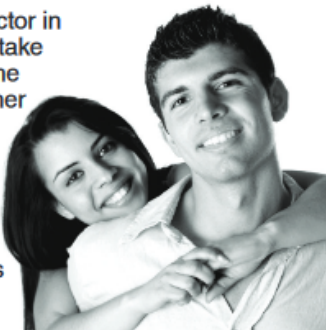
Your partner has taken medication to treat gonorrhea. You must also take medication as soon as you can.

### Here's what you need to know:

- Gonorrhea is easy to treat.
- You can get gonorrhea by having sex with the penis, vagina, or anus. You can also get it by having oral sex (mouth on penis or vagina).
- Many people have gonorrhea and don't know it.
- Some people have pain, a burning feeling when you urinate (pee), or a discharge (drip).
- If you don't get treated, you can get very sick or you may not be able to have children.
- For women who don't get treated and later get pregnant, gonorrhea can hurt their babies.

### Get Treated

- The best way to take care of this infection is to go to a clinic right away.
- If you can't get to a doctor in the next several days, take the medication, or fill the prescription, your partner brought you.
- Because people can have more than one STD at the same time it is important that you visit a clinic as soon as possible to get tested for other STD's.



Anyone shown in these photos is a model. The photos are used for illustrative purposes only.

# Education Materials

## Languages available:

- Chlamydia
  - English
  - Spanish
  - Chinese
  - Vietnamese
- Gonorrhea
  - English
  - Spanish
- Trichomoniasis
  - English
  - Spanish



FIND A CLINIC   BIRTH CONTROL   STDS   RELATIONSHIPS   BLOGS   KNOW YOUR RIGHTS

LATEST NEWS UPDATES: Not sure how a vasectomy works as method of #BirthControl? Learn more: <http://t.co/RF1Qn99WpV>  
#TheMoreYouKnow #FactFriday — 1 hour 36 min ago

## WHAT'S HOT



**Always respect NO for an answer. It's not a game they're playing, they mean it! No means NO.**

June 18, 2014

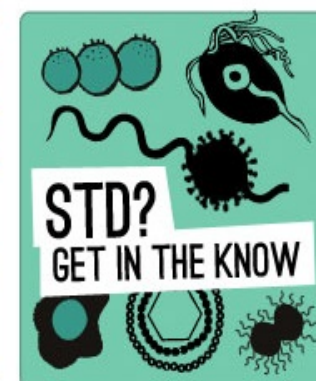
Choosing when and who to have sex with is an important personal decision. [YOU...Read more»](#)

**Tired of having to remember your birth control? Learn more about the IUD today!**

June 11, 2014

If your lifestyle is as fast paced as mine, then it is no surprise that...[Read more»](#)

VISIT BLOG



**FIND A CLINIC NEAR YOU!**

ENTER YOUR ZIPCODE

5 MILES



## HOOKUP OF THE WEEK

Always respect NO for an answer. It's not a game they're playing, they mean it! No means NO.

## TEXT "HOOKUP" TO 877877 TO SIGNUP

Get weekly sex info and life advice sent to you every week! You can also find the nearest clinic to you for low to no cost sexual health services. Message and data rates may apply. Text **STOP** to opt out.



"I want my daughter to  
**get the facts** and know  
she can always come  
to me."

Share This Page



Resources to Download

Talk With Your Kids  
**Timeline + Tips**

There's More at [TeenSource.org](#)

Visit our **teen-friendly site** for youth-generated sexual + reproductive health information.



[teensource.org](#)

Find a Clinic

Contact Us

## Keep your children safe + healthy. . .talk with them about sex!

### Be a source of information and support.

As a parent, you want to help your kids stay safe and healthy. **All kids learn about sex somehow, but it makes a difference when they hear it from you.** Talk with your kids openly, honestly and often to help them learn how to prevent pregnancy and the diseases people can get from having unprotected sex.

Here are some basics to get you started:

- **Start now.** The earlier you start, the easier it is. You don't have to be an expert. Just relax and learn with your child.
- **Build your child's trust in you.** When you listen to your children and answer their questions honestly, you show them that you can be trusted.
- **Talk about what's important to you.** When you and your children talk about your family's values, your children will think about those values when they make choices in life.
- **Help your children feel good about themselves.** Let them know you love them no matter what. Young



# Essential Access Health Trainings

- Addressing Human Trafficking in Health Care Settings
- Addressing Intimate Partner Violence + Reproductive Coercion in Diverse Health Settings
- CDC STD Treatment Guidelines
- **Family Planning Health Worker Certification**
- Integrating Sexual and Reproductive Health into Primary Care: A Focus on Transgender Patients
- Beyond the Individual Patient: Strategies to Address STD Health Disparities

[\*\*\*www.essentialaccesstraining.org\*\*\*](http://www.essentialaccesstraining.org)

# Questions?

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