

**ADOLESCENT SEXUAL HEALTH  
TELEMEDICINE  
SERVICES DURING THE  
COVID-19 PANDEMIC**



**National Coalition  
of STD Directors**



# Adolescent Sexual Health Telemedicine Services During the COVID-19 Pandemic

The purpose of this toolkit is for users to:

- Explore how telehealth can be used to reach the sexual health needs of adolescents during COVID-19
- Identify barriers and potential solutions to implementing telehealth services
- Consider how to support the continued use of telehealth services through meaningful policy and regulatory changes

Telehealth policies are specific to each states' telehealth-related laws and regulations. For more information about state-specific policies, check out the Center for Connect Policy's [Telehealth Policy Finder Tool](#). This free Policy Finder database is updated consistently throughout the year. Also, take a look at [HIPAA Flexibility for Telehealth Technology](#) from the Department of Health and Human Services.

*A special thank you to [School-Based Health Alliance](#) for their partnership in producing this toolkit.*



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**SCHOOL-BASED  
HEALTH ALLIANCE**  
Redefining Health for Kids and Teens



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## Introduction

In the United States, the COVID-19 pandemic has resulted in nearly 30 million cases with more than half a million of those ending in death. According to the Centers for Disease Control and Prevention (CDC), adolescent COVID-19 incidence numbers run parallel to the COVID-19 incidence of adults. In fact, since the summer of 2020, each week the number of new adolescent COVID-19 cases rise with every consecutively increasing age group.

While the nation has pivoted to prevent the spread of the COVID-19 pandemic, adolescents have had to not only adjust how and where they learn but also how they access sexual health services (SHS). The importance of ensuring these services are available to adolescents is exemplified in a variety of areas. Prior to COVID-19, 38.4% of adolescents in grades 9-12 reported ever having sexual intercourse, while 27.4% reported currently being sexually active. The rate of teen pregnancy in the U.S. also remains significantly higher than that of other industrialized Western nations, despite the overall decrease in the birth rate for adolescents aged 15-19 years. In 2017, the birth rate for this age group was 18.8 per 1000 women.

Increasing access to adolescent SHS is also of high importance because, before COVID-19, adolescents ages 15-24 years made up about half of newly reported STD cases. Adolescents comprise 62% of all reported cases of chlamydia. Increases in incidence exist with other STDs such as syphilis. Adolescent STD screening rates were not high before the pandemic, with only 17% and 7% of females and males respectively aged 15-25 years old reporting receiving screening for STDs in the past 12 months.

Additionally, STDs that can lead to cancer are also prevalent amongst adolescents. For instance, HPV prevalence was 29% and 59% of females aged 14-19 and 20-24 years old, respectively, from 2009-2012. However, 51% of adolescent females aged 14-19 years old received HPV vaccines in 2016. Access to adolescent health services is even more important to address disparities among historically marginalized groups. In Black females aged 15-19 years, the rate of reported cases of chlamydia was 4.5 times higher than the rate among white females in the same age group. Black males aged 15-19 years face an even greater disparity, with a rate of reported chlamydia cases 9.1 times higher than white males in the same age group. In 2017, the birth rates for non-Hispanic Black female adolescents and Hispanic female



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adolescents aged 15-19 were 27.5 per 1,000 and 28.9 per 1000, respectively. Both are more than double the birth rate for non-Hispanic White female

adolescents in the same year (13.2 per 1,000). LGBTQIA+ adolescents report a higher prevalence of risky sexual behaviors and are at a higher risk for negative health outcomes such as pregnancy, STDs and HIV than heterosexual adolescents. These risks are even higher for adolescents who report having sexual contact with both sexes than for adolescents who report having sexual contact with just the same sex.

Prior to COVID-19, the nation's schools could have played a critical role in addressing these epidemics given their access to youth. Adolescents in general face additional barriers when accessing care, including stigma, transportation, and confidentiality. Through the development and implementation of sustainable referral systems, schools could have helped increase access to SHS by improving awareness of, and connecting sexually active adolescents to, adolescent-friendly school-based and community-based SHS. Providers were also able to ask about sexual health during other routine appointments such as sports physicals and annual check-ups.

COVID-19 and the many disruptions the pandemic has caused could lead to an increase in STDs amongst adolescents. For instance, before the pandemic, researchers found that confidentiality when providing SHS is important, as adolescent females were twice as likely to be screened for STDs when they had a chance to speak with a healthcare provider by themselves. Barriers caused by COVID-19 could affect this, as adolescents are not able to see their providers and the comfortable relationship they once had could become interrupted.

Moreover, increasing access to SHS and STD screenings is imperative during the COVID-19 pandemic. No or prolonged STD testing could have long lasting health effects. One of the several ways that STDs amongst adolescents can be prevented is through innovative initiatives such as telemedicine coupled with the distribution of PrEP, at-home STD screening kits, as well as condoms and other barrier methods like dental dams by mail or confidential pick-up.



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## What Is Possible With Telehealth?

Telemedicine, in exchange for in-person visits, has proven to be a valid and reasonable form of care in the midst of this current pandemic. Providers have been able to maintain reach with patients for various issues such as general, mental, or reproductive health by deploying innovative telemedicine strategies. Prior to the COVID-19 pandemic, [the Youth Risk Behavior Surveillance System \(YRBSS\) 2019 data](#) reports that 36.7% of all youth reported feeling sad or hopeless almost every day for 2 or more weeks in a row so they stopped doing some usual activities during the 12 months before the survey was administered. These numbers also change by sex with 46.6% and 26.8% of females and males respectively reporting feeling sad or hopeless.

[CDC researchers](#) have identified that adolescents' mental health is being negatively impacted by COVID-19 routine changes, Zoom fatigue, disruptions in learning methods, restricted healthcare access, loss of vital milestone events such as prom, as well as the removal of security and safety that physically being in school provides without the presence of COVID-19. Although telemedicine is providing much needed healthcare services to adolescents, equitable distribution of telemedicine services has yet to be seen for non-white and uninsured adolescents. [The Children's Hospital of Philadelphia \(CHOP\) Division of Adolescent Medicine](#) studied the outcomes of rapidly modifying their telehealth services and found disparities in telemedicine usage and access. The majority of telehealth patients were female Caucasian minors with private insurance. Patients coded as non-white (African American, Asian, or other) in the electronic health record had lower visit completion rates than white patients. Providers were concerned that patients with limited socioeconomic means might not have access to the electronic devices needed for telemedicine and privacy challenges associated with crowded living environments. Additionally, providers noted that successful virtual engagement in telemedicine services rely on stable internet access and service coverage on a mobile device. Further research is recommended to examine access to services, health literacy, and telehealth disparities.

While in-person visits are unavailable or limited, telehealth can be used along with other methods to provide important SHS. Advice, surveillance, and prescription of contraception is one of the most common reasons for



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telehealth visits. While long-acting reversible contraceptives (LARCs) require an in-person visit, combined hormonal contraception can utilize telehealth for the entire process. Adolescents can provide a health history and ask any questions through a questionnaire or video consultation and the prescription can be sent to a pharmacy or mailed directly to the adolescent's home.

STD care can also be provided with a video consultation or sexual health questionnaire, along with at-home testing and replacing certain treatments normally requiring an injection to oral medications when possible. Expedited partner therapy can also be done with oral medication instead of injections.

## Telehealth Considerations: Challenges and Solutions

Common barriers to telemedicine include privacy and confidentiality as evidenced by the provider's inability to establish a quiet and private environment for the patient as they would in an office visit. Researchers rapidly pivoted to alternative ways to conduct adolescent health clinic visits at the onset of COVID-19, and they [identified](#) a number of challenges and potential solutions. Tailored considerations for LGBTQIA+ youth, such as understanding their specific sexual health needs and how best to communicate with them as patients, is imperative before adapting telehealth services for LGBTQIA+ youth. School Based Health Alliance in partnership with Fenway Institute's National LGBTQ Health Education Center has a module titled "[LGBTQ Youth: Providing Care, Protecting Confidentiality](#)" that can serve as informative training tool for providers. [Ensuring](#) adolescent patients have a confidential place to take the phone or video call is paramount to productive, patient-centered telehealth visits. It is helpful for providers to call adolescents back on their own cell phone if they would prefer this option and it would be more private. Furthermore, [encouraging](#) adolescents to utilize headphones and asking yes/no questions are also potential solutions to make visits more private. Leveraging the video platform chat function allows patients to type replies to questions while limiting disclosure to household members in close proximity. There should also be careful consideration paid to patients with limited socioeconomic means who may not have access to electronic devices required for telemedicine such as a smart phone, tablet or computer and those who may live in rural areas without adequate broadband access to support telehealth visits.



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There are also telehealth implementation barriers related to a provider's comfort with clinical decision-making in the absence of a complete physical exam or laboratory data. In fact, numerous providers reported feeling [uncomfortable](#) with asking patients to provide on-camera views of certain body parts as part of their physical examination because of limitations in patient privacy as well as provider-perceived impropriety. To [mitigate](#) these specific challenges to providing sexual healthcare via telehealth, patients can take still photos of visible lesions and submit them via the electronic medical record (EMR) patient portal. There is a need for practices and national organizations to develop policies about best practices related to genitourinary examinations in telemedicine. To meet the need for in-person encounters for LARCs, pap smears and acute pelvic complaints, hybrid telehealth models are needed to triage acute symptoms and in-person visits for diagnosis and treatment.

With growing demand for telemedicine, several changes have been made to telehealth policies, coverage and implementation, in order to make telemedicine more widely accessible during this state of emergency. This study found that telemedicine visits increased from zero to 97% encounters in one month and found implications for the continued use of telemedicine services to improve health care access post-pandemic. These implications included creative solutions to issues around confidentiality, and specifically in the areas of mental health, reproductive health, eating disorders, and addiction care.

In August 2020, the Northeast Telehealth Resource Center [published](#) a roadmap and toolkit for implementing primary care and behavioral health services during the COVID-19 pandemic. This comprehensive tool begins with steps to evaluate needs and feasibility of telehealth implementation and takes users through implementation of a care services plan, risk analysis and cost and billing considerations. Also in 2020, the American Medical Association (AMA) [published](#) a comprehensive Telehealth Implementation Playbook which includes 12 detailed steps from identifying a need for telehealth and forming a team to evaluation and scaling of telehealth programs.

Voices for Georgia's Children [published](#) an April 2020 report on school-based telehealth implementation with a specific focus on navigating common challenges to increase access to care. The report identified the main challenges to school-based telehealth implementation which include a lack of stakeholder understanding of telehealth and buy-in, difficulty engaging and



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sustaining relationships with health care providers or specialists, low program enrollment and lack of adequate personnel to implement and manage the program. The report explores identified challenges further and offers solutions and work-arounds as well as best practices.

In April 2020, CDC [published](#) a Dear Colleague Letter outlining specific clinical recommendations and guidance on providing effective STD care and prevention when facility-based services and in-person patient-clinician contact is limited. In December 2020, CDC [published](#) an update to CDC Treatment Guidelines for Gonococcal Infection, recommending a single 500 mg intramuscular dose of ceftriaxone for uncomplicated gonorrhea. Treatment for coinfection with chlamydia with oral doxycycline (100 mg twice daily for 7 days) should be administered when chlamydial infection has not been excluded. A May 2020 Dear Colleague Letter [clarified Expedited Partner Therapy](#) (EPT) vis-a-vis limited patient-clinician contact.

## Vaccinations

Vaccine coverage in the U.S. prior to March 2020 was 95% for school-aged children. However, due to barriers such as limited appointments and supplies availability and social distancing protocols, vaccine rates for adolescents have dropped significantly. Visit volume in many pediatric offices is down by >50%, and vaccine orders have fallen by 2.5 million since March 2020 despite the American Academy of Pediatrics' [urging](#) for the continued provision of children's immunizations.

One of the most effective routes of achieving high child vaccination rates is through the school system. Though the requirements may vary, all 50 states and Washington D.C. have some set of required vaccines (and exemptions) a child must have [before entering](#) the school system. Telemedicine presents opportunities to regain general vaccination coverage in a school setting despite the barriers imposed due to COVID-19. Additionally, it provides hope for promoting COVID-19 vaccines for school children as they become more readily available.

Though vaccines must be done in-person, telemedicine can be used to reduce parents' fears of exposing their child to COVID-19, as well as provide education and counseling. Telemedicine can also be used to keep families on track for immunizations. Many hospitals and clinics have turned to drive-through and curbside vaccinations and COVID-19 testing. These strategies





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paired with telemedicine promotion and scheduling could be an opportunity for school-based health centers (SBHCs) to provide vaccinations to their students.

## Moving Forward

As students return to school buildings, many are looking at how in-person care can be supplemented by telehealth. Adolescents with transportation barriers that prevent them from attending follow-ups or picking up medication can use telehealth to virtually check-in with providers. Telehealth also allows confidential access to SHS for adolescents that do not want their parents to know they are seeking services. Test results and information on contraception can be delivered through secure patient portals. These same portals can allow adolescents to ask their provider questions without having to schedule an in-person visit.

Another question being asked is whether there will be an uptick in SHS appointments and how clinicians can triage necessary care, including connecting adolescents to the necessary care. One-fifth of physicians using telehealth expect to continue to use it significantly more than before the pandemic. It is likely that we will also see an increase in the number of adolescents needing SHS. Students in need of SHS may initially access care for a different reason, (i.e., sports physical, mental health appointment, routine vaccination, etc.). Providers must be prepared to recognize and screen for the needs of adolescents, regardless of stated visit type. SBHCs and other school health providers must also plan to do school-wide outreach as students return to buildings in mass, to get to know newer students and assure them they can access confidential SHS.

In order to support continued access to care using telehealth, policies will need to be changed around payment, privacy and confidentiality, and regulatory changes. It is important to note that additional research is needed to provide evidence-based guidance on telehealth implementation after we have fully returned to in-person care and as students return to school buildings.



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## Technical Assistance is Available

NCSD's [Adolescent Sexual Health](#) initiative is providing technical assistance to STD Programs and SBHCs throughout the nation. If you have adolescent SHS technical assistance requests, questions, or responses, please contact NCSD's [Jerrica Davis](#).

As part of NCSD's [Clinic+](#) initiative, technical assistance is available to clinics around the nation. If you have clinic-related requests, questions, or responses, please contact NCSD's [Jennifer Mahn](#).

If you need [Health Equity](#) technical assistance requests, questions, or responses, please contact NCSD's [Desiree Smith](#).

## Resources

[Billing for STD and Other Sexual Health Services: An Example from the Field](#), NCSD

[STD Related Reproductive Health Training and Technical Assistance](#)

[Delivering Adolescent Sexual Health Services During COVID-19](#), NCSD and School-Based Health Alliance

[State-Specific TelePrEP Services](#), NASTAD

[Coding for Telemedicine Services](#), American Academy of Pediatrics

[Medicaid Extends School-Based Emergency Telehealth Coverage](#), Mississippi



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