

**Let's Talk About Sex and
Let's get on PrEP!
Taking a Sexual History
and Clinical Assessment**

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I have no disclosures!

What is a sexual history?

- Part of the overall medical history
- Discussion with the patient about sexual health issues
- Should be taken at initial visit, at least annually during routine preventive exams, and if signs of STIs
- Helps identify those at risk for STI/HIV
- Helps identify appropriate testing sites
- Presents an opening for dialogue about risk, risk reduction counseling

If you ask, they will tell: The EQUALITY STUDY

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[JAMA Intern Med.](#) 2017 Jun 1;177(6):819-828. doi: 10.1001/jamainternmed.2017.0906.

Emergency Department Query for Patient-Centered Approaches to Sexual Orientation and Gender Identity : The EQUALITY Study.

[Haider AH](#)¹, [Schneider EB](#)¹, [Kodadek LM](#)², [Adler RR](#)¹, [Ranjit A](#)¹, [Torain M](#)³, [Shields RY](#)⁴, [Snyder C](#)⁵, [Schuur JD](#)⁶, [Vail L](#)⁷, [German D](#)⁸, [Peterson S](#)⁹, [Lau BD](#)¹⁰.

[+ Author information](#)

Abstract

IMPORTANCE: The Institute of Medicine and The Joint Commission recommend routine documentation of patients' sexual orientation in health care settings. Currently, very few health care systems collect these data since patient preferences and health care professionals' support regarding collection of data about patient sexual orientation are unknown.

OBJECTIVE: To identify the optimal patient-centered approach to collect sexual orientation data in the emergency department (ED) in the Emergency Department Query for Patient-Centered Approaches to Sexual Orientation and Gender Identity study.

DESIGN, SETTING, AND PARTICIPANTS: An exploratory, sequential, mixed-methods design was used first to evaluate qualitative interviews conducted in the Baltimore, Maryland, and Washington, DC, areas. Fifty-three patients and 26 health care professionals participated in the qualitative interviews. Interviews were followed by a national online survey, in which 1516 (potential) patients (244 lesbian, 289 gay, 179

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National Health Statistics Reports

Number 110 ■ March 29, 2018

Receipt of a Sexual Risk Assessment From a Doctor or Medical Care Provider in the Past Year Among Women and Men Aged 15–44 With Recent Sexual Activity

by Casey E. Copen, M.P.H., Ph.D.

Abstract

Objective—Using 2011–2015 data from the National Survey of Family Growth (NSFG), this report examines by selected characteristics the percentage of women and men aged 15–44 in the United States with recent sexual activity who received a sexual risk assessment from a doctor or other medical care provider in the past year.

Methods—NSFG data for 2011–2015 were collected through in-person interviews with nationally representative samples of women and men aged 15–44 in the U.S. household population. Receipt of a sexual risk assessment was measured by four items that questioned all women and men about whether a doctor or other medical care provider had asked them in the past year about specific aspects of their sexual experience. Data were analyzed for 4,659 women and 7,397 men with recent sexual activity (i.e., any sexual contact in the past year).

Results—Overall, 47% of women and 23% of men with recent sexual activity received a sexual risk assessment from a doctor or other medical care provider in the past year. Receipt of a sexual risk assessment in the past year varied by age, Hispanic origin and race, sexual orientation, poverty level, income, and current health insurance

and control HIV and other STIs (2). A sexual risk assessment involves obtaining information from a patient during a health care visit about sexual behaviors that may increase HIV/STI risk. Such items typically include information about the patient's sexual partners, sexual practices, strategies used to prevent unintended pregnancy and protect against STIs, and past history of STIs (3).

As part of a sexual risk assessment, health care providers may ask questions about their patient's recent behaviors that may increase their risk of HIV/STIs, including number of sexual partners and whether they have overlapping sexual

Table 1. Number of women and men aged 15–44 with recent sexual activity and percentage who received a sexual risk assessment from a doctor or other medical care provider in the past year: United States, 2011–2015

Characteristic	Women	Men
Had recent sexual activity	Number (thousands)	
Total	51,203	50,352
Receipt of a sexual risk assessment	Percent (standard error)	
Total	47.0 (1.2)	22.7 (0.8)
In the last 12 months, has a doctor or other medical care provider asked you about...		
Your sexual orientation or the sex of your sexual partners	24.0 (1.0)	14.8 (0.6)
Your number of sexual partners	32.6 (1.1)	13.3 (0.6)
Your use of condoms	35.9 (1.2)	16.6 (0.7)
The types of sex you have, whether vaginal, oral, or anal	18.4 (0.9)	9.2 (0.5)

NOTES: Recent sexual activity refers to opposite-sex or same-sex sexual contact in the past year, including vaginal, oral, or anal sex. Receipt of a sexual risk assessment is based on a “yes” response to one or more of four questions, shown individually here, about whether a doctor or other medical care provider asked the respondent in the past year about their sexual experience. Estimates for women are available only for 2013–2015.

SOURCE: NCHS, National Survey of Family Growth, 2011–2015.

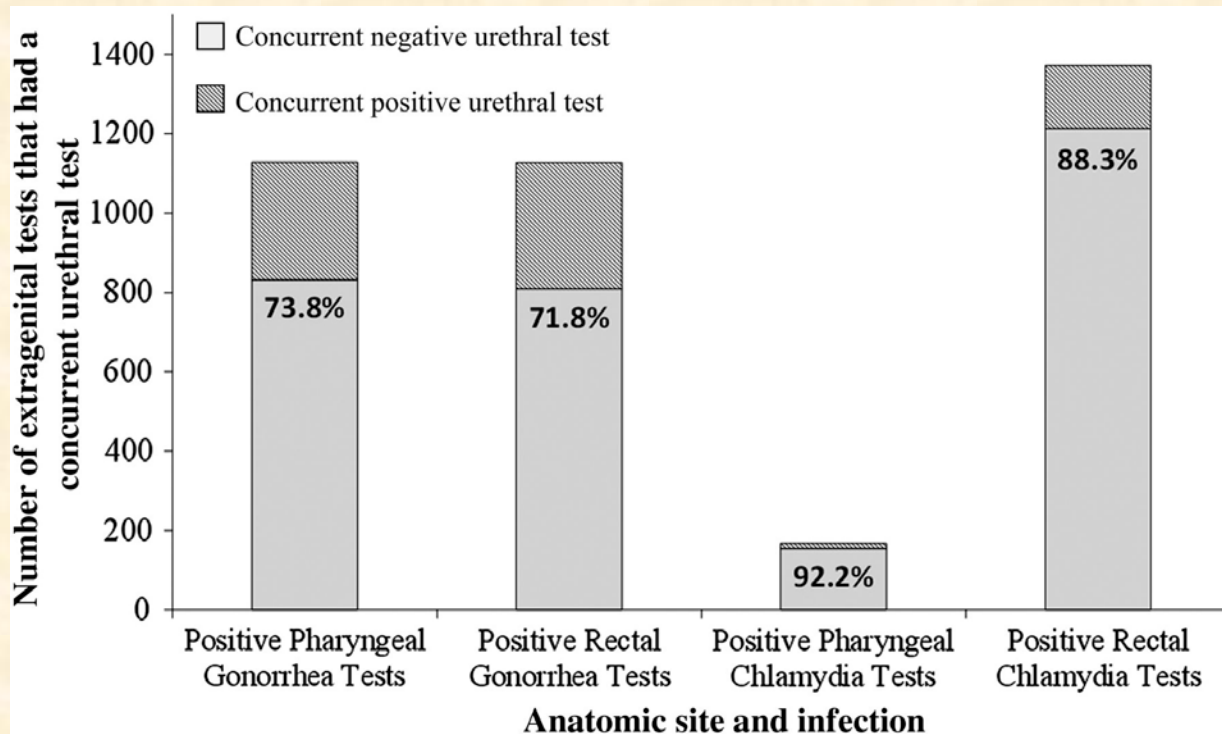
Table 5. Number of women and men aged 15–44 with recent sexual activity and percentage who were tested for HIV or STI in the past year, by whether they had a sexual risk assessment from a doctor or other medical care provider in the past year: United States, 2011–2015

Characteristic	Number (thousands)	Tested for HIV in past year	Tested for STI in past year
Women		Percent (standard error)	
Total	51,203	26.8 (1.2)	35.2 (1.2)
Had sexual risk assessment in the past year:			
Yes	24,061	37.7 (1.7)	53.4 (1.6)
No	27,079	17.1 (1.2)	19.1 (1.4)
Men			
Total	50,352	17.5 (0.7)	17.0 (0.6)
Had sexual risk assessment in the past year:			
Yes	11,429	37.6 (1.8)	46.3 (1.5)
No	38,802	11.5 (0.7)	8.4 (0.4)

NOTES: STI is sexually transmitted infection. Recent sexual activity refers to opposite-sex or same-sex sexual contact in the past year, including vaginal, oral, or anal sex. Receipt of a sexual risk assessment is based on a “yes” response to one or more of four questions about whether a doctor or other medical care provider asked the respondent in the past year about their sexual experience. See Technical Notes, “Definition of Terms,” for more information on how these variables were coded. Estimates for women are available only for 2013–2015.

SOURCE: NCHS, National Survey of Family Growth, 2011–2015.

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

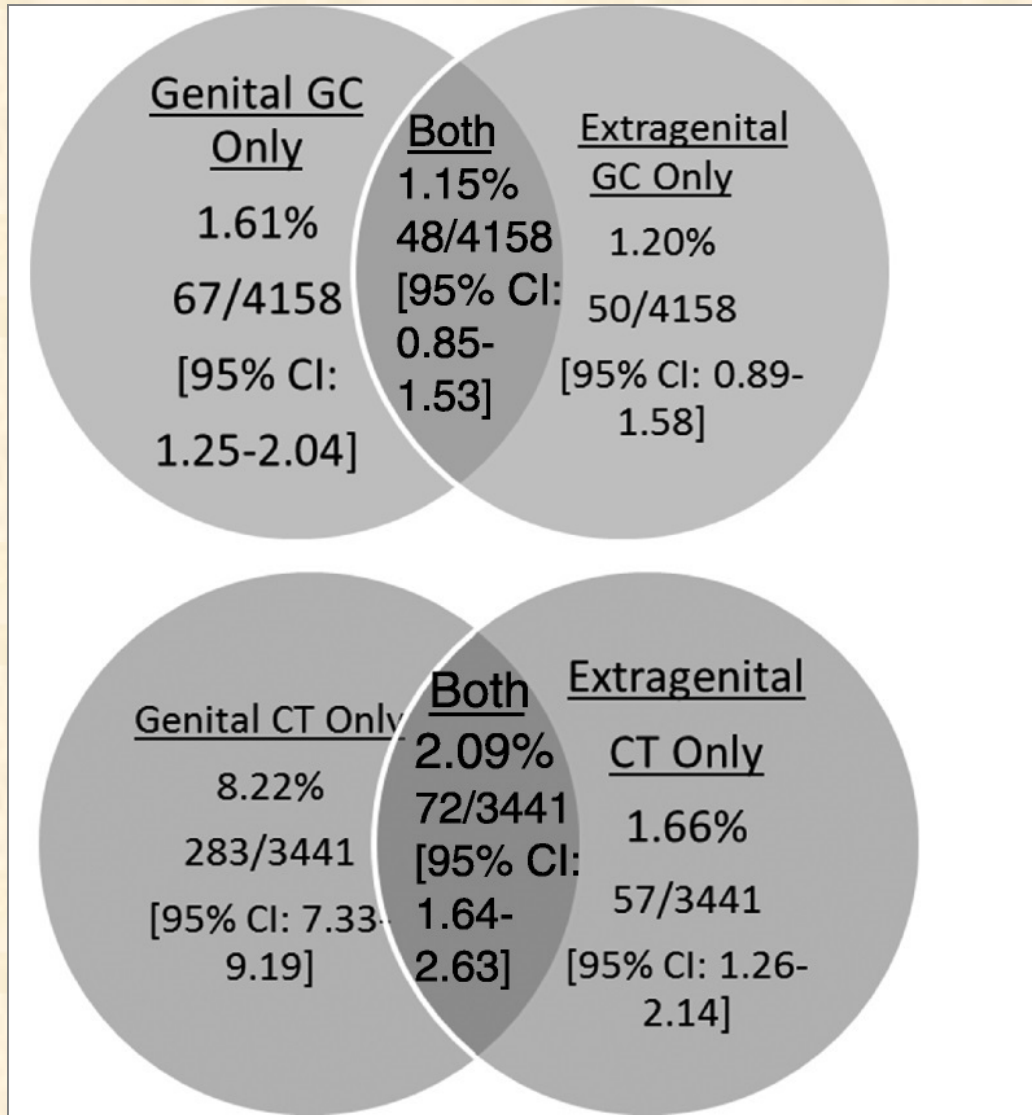


Monica E. Patton et al. Clin Infect Dis. 2014;58:1564-1570

21,994 MSM attending 42 STD Clinic in US 2011-2012

Clinical Infectious Diseases

Figure 1



GC= *Neisseria gonorrhoeae*; CT= *Chlamydia trachomatis*; CI= confidence intervals

[Neisseria gonorrhoeae and Chlamydia trachomatis Among Women Reporting Extragenital Exposures](#)

Trebach, Joshua D.; Chaulk, C. Patrick; Page, Kathleen R.; Tuddenham, Susan; Ghanem, Khalil G.

Sexually Transmitted Diseases 42(5):233-239, May 2015.

doi: 10.1097/OLQ.0000000000000248

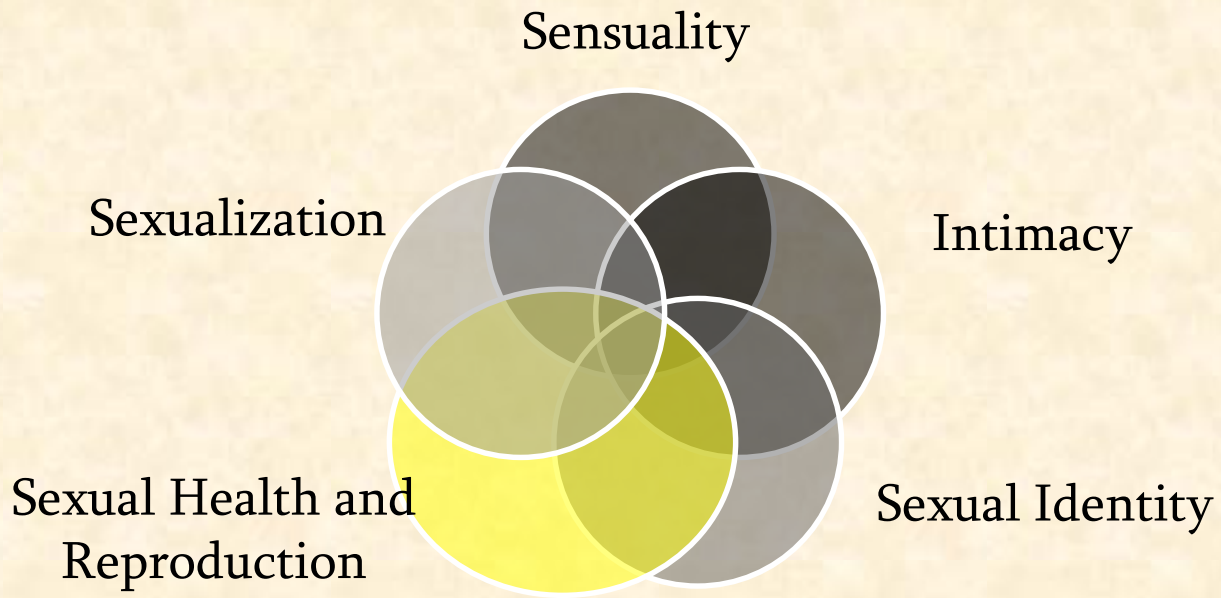
Genital and extragenital GC (top) and CT (bottom) in women.

Sexual history taking: tips and tricks

- Both the provider and the patient should be comfortable
- History taking while the patient is still fully clothed
- Be cognizant of cultural and gender dynamics
- Knowledge of current sexual terms is helpful but it is also fine to say “I don’t know what you mean, could you please explain”
- Transgendered persons: gendered anatomy may be renamed [ex. Vagina → “Man-hole” or “Front hole”] also recognize that discussing genitalia may be traumatic and you may need to assess practices without specifically noting genitalia
- Do not make any assumptions!
- If needed introduce the topic while normalizing. “I have a few questions about your sexual health and sex practices. I ask these to all my patients regardless of age, gender or marital status.”
- Reassurance of confidentiality
- Best not to have any partners or family in the room [this can be established as an office SOP]
- Ask open ended questions



The Circles of Sexuality



Created by Danielle Ruggles, MSW, M.Ed (2009), adapted from Advocates for Youth

Sensuality

Awareness, acceptance of and comfort with one's own body; physiological and psychological enjoyment of one's body and the bodies of others

Intimacy

The ability and need to experience emotional closeness to another human being and have it returned

Sexual Identity

The development of a sense of who one is sexually, including a sense of maleness and femaleness

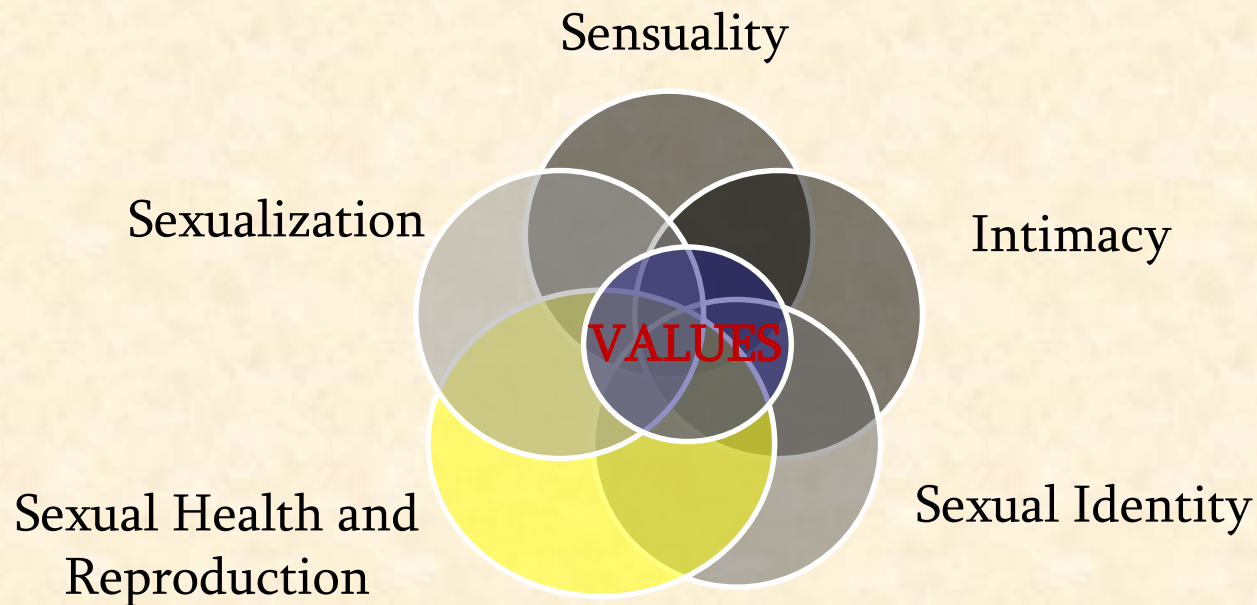
Sexual Health and Reproduction

Attitudes and behaviors related to producing children, care and maintenance of the sex and reproductive organ, and health consequences of sexual behavior

Sexualization

The use of sexuality to influence, control or manipulate others

The Circles of Sexuality



Created by Danielle Ruggles, MSW, M.Ed (2009), adapted from Advocates for Youth

CDC's five "P"s of sexual health/history taking

- Partners
- Practices
- Protection from STIs
- Past history of STIs
- Prevention of pregnancy
- And, a bonus "P": PLEASURE

Partners:

- When was the last time you had any sexual contact?
- Total number of sexual partners [all types of sexual contact] in life/past year/6 months/3 months
- Gender of sexual partners
- “Do you have sex with men, women, or both?” doesn’t capture nonbinary persons
- Length of time with sexual partners: New partner? Regular partner? Occasional partner?
- Risk factors of partner[s]- IVDU, commercial sex work, multiple partners
- Travel history- where did you have sex?

Practices:

- What kind of sexual contact have you had? Oral sex, vaginal sex, anal sex, genital sex
- May need to be specific about practices [“have you put your mouth on your partner’s penis?”], also when asking about anal sex, be sure you are specific that this means anal RECEPTIVE sex [“Have you received rectal sex?”]
- Other risky practices to consider even outside of sex: IVDU, other drug or alcohol use, commercial sex work
- Again, comfortability with the terms [it’s OK to say penis and vagina!]
- Be cognizant of your own feelings about sex and sexuality because this does inform your history taking whether you realize it or not

Protection:

- What are you doing to protect yourself from STIs?
[open ended]
- Patient's perception of risk or partner's risk
- What kind of protection do you use?
- How often? All the time, sometimes? If sometimes, in what situations do you use protection and in what situations do you not?
- Positive reinforcement of safer sex behaviors
- Good teaching moments can happen here!

Past history of STIs:

- Have you ever been tested for sexually transmitted infections?
- When were your last tests?
- How were you last tested? Bloodwork? Cultures? Was extragenital testing done?
- Note many times people assume when they have gone to their medical provider that they are tested for “everything”
- Have you ever been treated for: Gonorrhea, Chlamydia, Syphilis, Trichomonas, Herpes, PID, NGU, Hepatitis
- Have you ever been tested for HIV? What specifically happened when you were tested?
- Do any partners have a history of STI that you are aware?

Prevention of pregnancy:

- Gender appropriate questions
- Are you trying to conceive/father a child?
- Are you trying to prevent getting pregnant? If so, how?
- This can also be a teaching moment, information on birth control options for both men and women
- Transgendered persons can conceive even when taking hormones

Pleasure:

- What brings you sexual satisfaction?
- Are you happy with your current sex life?
- What can be improved?
- What works?
- Do you feel like your partner or partners are satisfied as well?
- What can enhance your pleasure without increasing your risk for infection?

What other questions or concerns about your sexual health do you have?

- Be ready for anything!
- Positive reinforcement of healthy sexual practices and honest dialogue
- Do not be afraid to verbalize concerns about high risk sexual practice, but frame in a way that supports risk reduction
- Take every opportunity to have a teaching moment that you can







DOCUMENTATION

- It is perfectly fine to have a section in your charting for sexual history. Be sure if it is an EMR like Epic [Johns Hopkins], you are updating for last sexual contact etc [will need specific date, not “2 weeks ago” because it doesn’t stay with the visit encounter]
- Documentation of risk assessment and risk reduction counseling
- These are billable services!

Clinical Assessment for PrEP

After all that great history taking, the rest is pretty simple!

Sexual Health Protocol At-A-Glance

Culturally Competent Staff & LGBT-friendly Environment		Comprehensive sexual history	Mental health assessment and referrals	Counseling about condoms, lubrication, enemas, and douches	Discussion about sexual satisfaction and pleasure
		Visual exam to check for signs of HPV, syphilis, or other STDs			
		Urethral swab or urine-based chlamydia and gonorrhea screening	Rectal and pharyngeal chlamydia and gonorrhea screening		
		Syphilis screening	HIV screening	Hepatitis C screening	
		Hepatitis A vaccine	Hepatitis B vaccine	HPV vaccine	
		Post-exposure prophylaxis, as indicated	Pre-exposure prophylaxis, as indicated	Expedited Partner Therapy for chlamydia or gonorrhea infection	

From MSM Sexual Health Standards of Care: Addressing the Sexual Health Crisis among Gay, Bisexual, and Other Men who have Sex with Men (MSM). NCSDDC, NASTAD, NNPTC.
<http://www.ncsddc.org/resource/msm-sexual-health-standards-of-care/>

Table 1: Summary of Guidance for PrEP Use

	Men Who Have Sex with Men	Heterosexual Women and Men	Persons Who Inject Drugs
Detecting substantial risk of acquiring HIV infection	HIV-positive sexual partner Recent bacterial STI [†] High number of sex partners History of inconsistent or no condom use Commercial sex work	HIV-positive sexual partner Recent bacterial STI [‡] High number of sex partners History of inconsistent or no condom use Commercial sex work In high HIV prevalence area or network	HIV-positive injecting partner Sharing injection equipment
Clinically eligible	Documented negative HIV test result before prescribing PrEP No signs/symptoms of acute HIV infection Normal renal function; no contraindicated medications Documented hepatitis B virus infection and vaccination status		
Prescription	Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90-day supply		
Other services	Follow-up visits at least every 3 months to provide the following: HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STI symptom assessment At 3 months and every 6 months thereafter, assess renal function Every 3-6 months, test for bacterial STIs		
	Do oral/rectal STI testing	For women, assess pregnancy intent Pregnancy test every 3 months	Access to clean needles/syringes and drug treatment services

STI: sexually transmitted infection

[†] Gonorrhea, chlamydia, syphilis for MSM including those who inject drugs

[‡] Gonorrhea, syphilis for heterosexual women and men including those who inject drugs

Some additional resources

- <https://www.cdc.gov/std/treatment/sexualhistory.pdf>
- <http://www.ncsddc.org/resource/msm-sexual-health-standards-of-care/>
- <http://californiaptc.com/wp-content/uploads/2016/11/Patient-Administered-Sexual-History-Questionnaire-2.pdf>
- <http://nnptc.org/resourcetags/sexual-history/>
- <http://www.equalitystudy.com/education/>
- <http://www.cardeaservices.org/resourcecenter/building-sustainability-for-hiv-std-and-related-services-a-coding-guide-for-programs-and-providers>
- <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>
- <http://stdpreventiontraining.com/>