

A GUIDE TO TAKING SEXUAL HISTORY

Take a comprehensive sexual history that includes the gender of sexual partners and anatomic sites of sexual exposure during the past year.

A Thorough Sexual History is Necessary to Identify Patients Who May Need:

- STI screening
- Empiric STI treatment
- Contraceptive or other reproductive resources
- HIV pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP)
- Remind patients that a sexual history is part of routine healthcare for every patient and is confidential.
- If limited to one question, an option during brief or returning visit is to ask: “What is/are the gender(s) of your sex partners?” in order to assess potential risks for STIs and determine appropriate screening.

Talk to Your Patient About the 6 P’s of Sexual Health:

- 1. Partners:** What are the genders of your sex partners? How many sex partners have you had in the last 12 months?
- 2. Practices:** In the past 12 months, have you had vaginal sex? Oral sex (giving, receiving, or both)? Anal sex (receptive, insertive, or both)?
- 3. Protection from STIs:** How often do you use condoms or other barrier protection during sex?
- 4. Past history of STIs:** Have you ever had an STI? Have any of your partners told you they have an STI?
- 5. Pregnancy Intention:** Do you think you would like to have (more) children at some point? How important is it to you to prevent pregnancy (until then)? If you are having sex that can result in pregnancy, are you using contraception or practicing any form of birth control?
- 6. Plus:** How is your sex life going? What concerns do you have about your sex life? Are you having any difficulties when you have sex? What support, if any, do you have from your family and friends about your gender identity? What support, if any, do you have from your family and friends about your sexual orientation?

Patients may be given sexual history questions in advance to speed up the visit and encourage comfort with disclosing information

COUNTY OF SANTA CLARA PUBLIC HEALTH DEPARTMENT

STI AND HIV SCREENING GUIDELINES

STIs Can Have Severe Consequences if Left Untreated.

Below is a brief overview of STI screening recommendations:

Adults and adolescents ages 13-64	<ul style="list-style-type: none"> Should be tested at least once for HIV
All sexually active women	<ul style="list-style-type: none"> Under 25 years should be tested for chlamydia and gonorrhea every year 25 years and older and with risk factors such as new and multiple sex partners, or a sex partner who has an STI should be tested for chlamydia and gonorrhea every year
All pregnant patients	<p>Should be tested for:</p> <ul style="list-style-type: none"> Syphilis: <i>at least TWICE</i> during pregnancy <ol style="list-style-type: none"> 1) Tested once at either confirmation of pregnancy or at first prenatal encounter (ideally during the 1st trimester) AND 2) By law, patients must be tested during the 3rd trimester (ideally between 28-32 weeks' gestation) regardless of whether such testing was performed or offered during the first two trimesters HIV, Hep B, and Hep C starting early in pregnancy <p>*If risk factors, STI diagnosis, Chlamydia and gonorrhea starting early in pregnancy</p>
Anyone who has sex without condoms or shares injection drug equipment	<ul style="list-style-type: none"> Should be tested at least once yearly for HIV
People who have had oral or anal sex	<ul style="list-style-type: none"> Should include throat and rectal testing options for all STIs Should be tested for HIV quarterly or as needed Consider HIV PrEP
Cis men who have sex with men —OR— Trans women and trans men who have sex with men	<ul style="list-style-type: none"> Tested at least once a year for syphilis, chlamydia, and gonorrhea (those who have multiple or anonymous partners should be tested more frequently, every 3 to 6 months) Tested at least once a year for HIV and may benefit from more frequent testing (e.g., every 3 to 6 months) Tested at least once a year for Hep C, if living with HIV
<p>**Transgender and gender diverse persons: providers should remain aware symptoms consistent with common STIs and screen for asymptomatic infections on the basis of the patient's sexual practices and anatomy.</p>	