

Take Action — Stop the Spread

How to Take a Sexual History and Provide Brief Counseling

1 Take a sexual history from all patients, starting at 11 years of age.

General Approach

- Protect Confidentiality. Assure your patients that you will not share information with parents, partners, or others about sexual behaviors or sexually transmitted infections. (Notable exceptions include sexual abuse or rape of a minor)
- Be sensitive, non-judgmental and direct.
- Use simple, age- and culturally-appropriate language. Encourage questions.
- Revisit the patient's sexual history at least annually.

What to Ask

Sexual health is an important part of general health, so I always talk to my patients about it. I'd like to ask a few questions:

- 1. Are you sexually active?** Use other terms to clarify "sex" and "sexual activity" if necessary.
- 2. Do you have sex with men, women, or both? Do you have oral sex, vaginal sex, anal sex?** Information about the types of sex and partners helps guide which STIs to test for, and which sites to test.
- 3. Have you ever had a sexually transmitted infection?** Previous infection = higher risk.
- 4. Do you know your HIV status?** Offer HIV testing routinely to all patients between the ages of 13 and 64.
- 5. Do you use condoms? How often? For which types of sex?** Condoms protect against pregnancy and most STIs, including HIV.
- 6. Do you want to become pregnant (or father a child)?** If not, what kind of birth control method do you use?
- 7. Have you ever had sex when you really didn't want to?** Health care providers must report suspected sexual abuse of minors to the New York State Central Registry for Child Abuse and Maltreatment: 1-800-635-1522 or **311**. Adult victims of rape should be referred to law enforcement and/or social services as needed. Call the Sexual Assault Hotline at 1-800-656-HOPE or **311**.
- 8. Are you ever frightened for your (or your children's) safety because of the anger of a partner or family member? Have you even been injured by a partner or family member?** If so, help is available. Call the Domestic Violence Hotline at 1-800-621-HOPE, or **311**.



2 Help prevent STIs. Tell patients the following:

- Most people with STIs are not aware of any symptoms. Left untreated, STIs can have serious complications (e.g. infertility, cancer, AIDS).
- STIs can be avoided by not having sex. If you are having sex, you can reduce your risk of STIs by limiting the number of people you have sex with and using condoms every time. The more partners you have, the higher your risk.
- Recognize that oral sex can spread STIs, including syphilis.
- Use a latex condom (or other type of latex barrier) whenever you have sex—vaginal, anal, or oral. If you are allergic to latex, you can use condoms made of polyurethane or other synthetic materials.
- Before beginning a sexual relationship, you and your partner(s) should be checked for STIs, including HIV.
- If you are infected with an STI, it's important to tell your partners, so they can be tested and treated too.
- If you are treated for an STI, make sure your partner(s) is treated and don't have sex until you and your partners have completed therapy.
- Combine condoms with another type of birth control (such as "the Pill") to prevent pregnancy.
- Alcohol, drug use and depression can increase the risk of unsafe sex. For help, patients can call 1-800-LifeNet or 311.

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Controlling Syphilis – the Provider’s Role

Assess risk. Ask *all* patients about specific sexual behaviors over the past 6 months, including:

- Number of partners: # of male and # of female
- Sites of exposure—vaginal, oral, anal

See page 1 for an example of a Comprehensive Sexual History.

Examine accordingly. Carefully inspect the mouth, rectum, cervix and vagina, as lesions of primary and secondary syphilis in these locations can go unnoticed.

Screen all persons at increased risk for syphilis infection, including:

- Sexually active men who have sex with men (at least annually)
- Sexually active persons with HIV (at least annually)
- Any person newly diagnosed with another STI or HIV
- Sex partners of persons diagnosed with syphilis
- All pregnant women*

*Test pregnant women for syphilis at the first prenatal visit and at delivery, as mandated in New York State (NYS PH Law, Article 23 §2308)

- **Test** patients who present with lesions suggestive of primary or secondary syphilis. Order both a treponemal test (FTA, TPPA or IgG) as well as a non-treponemal test (RPR, VDRL). Contact the Provider Access Line (1-866-692-3641) to arrange for Darkfield Microscopy of suspicious lesions at a NYC DOHMH Bureau of STD Clinic. However, do not delay treatment if you suspect a syphilis lesion.
- **Treat** syphilis with appropriate therapy. **Long acting benzathine penicillin (Bicillin® LA) remains the first line therapy for syphilis:**
 - Administer 2.4 million units IM once for primary, secondary, or early latent syphilis
 - Administer 2.4 million units IM once a week for 3 weeks for late latent syphilis or syphilis of unknown duration.
- **Use Bicillin® LA** and DO NOT USE Bicillin® CR, as Bicillin® CR contains half the recommended dose of benzathine Penicillin G. Doxycycline and other alternative regimens should be reserved for penicillin-allergic, non-pregnant adults who are likely to be compliant with 2-4 weeks of oral therapy.
- **Presumptively treat** all persons who report sexual exposure to syphilis, even if test results are not available or if screening tests are initially negative. Treatment of incubating syphilis with one dose of benzathine Penicillin G can prevent infection.
- **Perform an HIV test on all persons with a new diagnosis of syphilis.** Syphilis infection facilitates transmission of HIV. All persons with a negative HIV antibody test at the time of syphilis diagnosis should be retested for HIV in 3 months. If you suspect acute HIV infection, order a plasma HIV RNA test in addition to the HIV antibody test.
- **Talk to your patients** about ways to reduce the risk of sexually transmitted infections.
- **Facilitate partner management.** Encourage patients to inform their partners and refer partners to medical care. The NYC DOHMH investigates all reported cases of infectious syphilis and can coordinate testing and treatment for partners. **Expect** the Health Department to contact you and/or your patients for additional information.

The NYC DOHMH is available to assist with partner notification. Individuals can also notify partners confidentially using www.inspot.org, a web-based notification service.

NYC providers can also access the Syphilis Reactor Registry to check a patient’s serologic and treatment history. If you have questions about how to report or wish to check the Registry, call 311.

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How to Report Sexually Transmitted Infections

- By law, medical providers and laboratories are required to report diagnosis of HIV and 9 other sexually transmitted infections (see table below).
- STIs, except HIV, should be reported using the universal report form (URF). Call 311 or use the electronic universal report form, available at <http://www.nyc.gov/html/doh/html/hcp/hcp-urf.shtml>.
- HIV infection, diagnoses of HIV illness, and diagnoses of AIDS-defining conditions should be reported on the New York State Provider Report Form (PRF), available by calling 311.

Sexually Transmitted Infections Reported to NYC DOHMH, 2008			
	Total *	Female	Male
Chlamydia	58,390	39,534	18,487
Gonorrhea	10,775	4,825	5,872
Syphilis (P&S and EL)	2,272	233	2,037
Syphilis (Late latent)**	2,394	764	1,627
HIV	3,809	2,866	943
Lymphogranuloma venereum	37	1	36
Hepatitis A	116	47	68
Acute Hepatitis B	98	34	64
Chancroid	0	0	0
Granuloma inguinale	0	0	0
Neonatal herpes ***	13	6	7

* Total case numbers include cases with unknown sex in addition to males and females
 ** Includes "latent syphilis of unknown duration"
 *** Reportable beginning April 2006

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Provider Resources

New York City Department of Health & Mental Hygiene STI Clinics

The Bureau of STD Control operates clinics throughout the city which provide free services, including testing, diagnosis and treatment for syphilis, chlamydia and gonorrhea, and both confidential and anonymous HIV testing.

- Please call 311 to locate the nearest clinic or visit our website at: www.nyc.gov/std.
- Please see the Where To Go For Help brochure in the toolkit for more information

Resources

- Provider Access Line can be called for consultations, referrals and other public health issues: 1-866-NYC-DOH1 (1-866-692-3641).
- The NYC DOHMH Bureau of STD Control and Region II STD/HIV Prevention Training Center (PTC) jointly offer a variety of provider education CME activities including conferences, classes, on-site presentations, and print and online materials. The PTC offers STD Intensive courses several times per year.
 - Visit www.nyc.gov/health/std for information.
- NYC MED is the single point of entry for providers to access NYC DOHMH on-line information. If you are not already a NYC MED registered user, register at www.nyc.gov/health/nycmed. If you have problems accessing NYC MED, please email nycmed@health.nyc.gov or call 1-888-NYCMED9.
- Health Alert Network (HAN): Use NYC MED to access the HAN. The HAN provides public health information for medical providers, including: up-to-date health alert information delivered to your inbox and archived on the Web, an online document library on public health topics, and an online community to exchange information and ideas with your colleagues.
- 311: Providers can call 311 for additional listings for free and low-cost sexual and reproductive health services including contraception.
- Partnership for Prevention: www.prevent.org/content/view/186
 - Includes resource links for chlamydia screening, the Guttmacher Institute's "Minors Access to STI Services" and the California Chlamydia Action Coalition, Chlamydia Care Quality Improvement Toolkit.
- The NYC DOHMH Bureau of STD Control Literature Database <http://www.nyc.gov/html/doh/html/std/std-lit-clearing-house.shtml> This site was created to assist agencies and the general public in accessing free STD/HIV literature, and other resources.

