

# Sexual History Taking

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**NY STD/HIV Prevention Training Center**



# NYC STD Prevention Training Center



- CDC-funded and part of the National Network of Prevention Training Centers
- One of 8 regional centers serving Michigan, Indiana, Ohio, New York, New Jersey, Puerto Rico and the US Virgin Islands
- Focused on increasing the sexual health knowledge and skills of medical health professionals in the prevention, diagnosis, screening, management and treatment of sexually transmitted diseases
- [www.nycptc.org](http://www.nycptc.org)
- Offers training, technical assistance and clinical consultation

# Disclosures

None

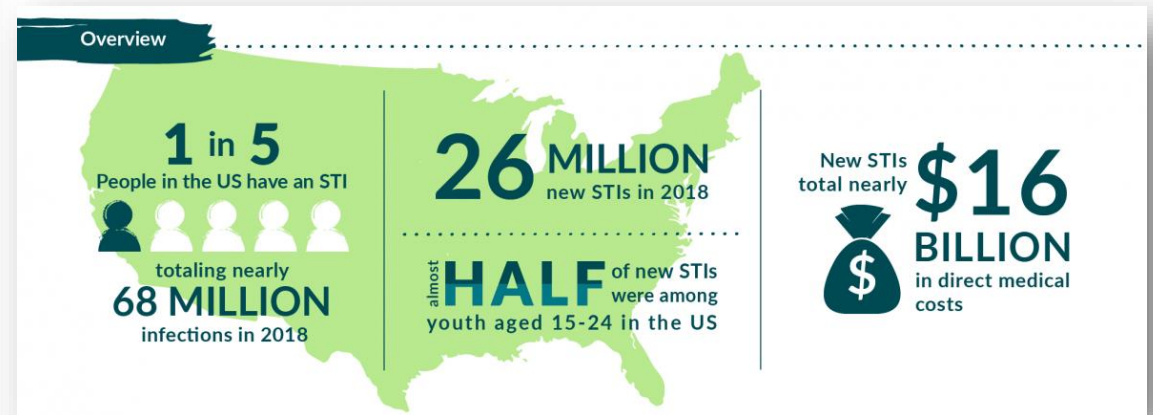
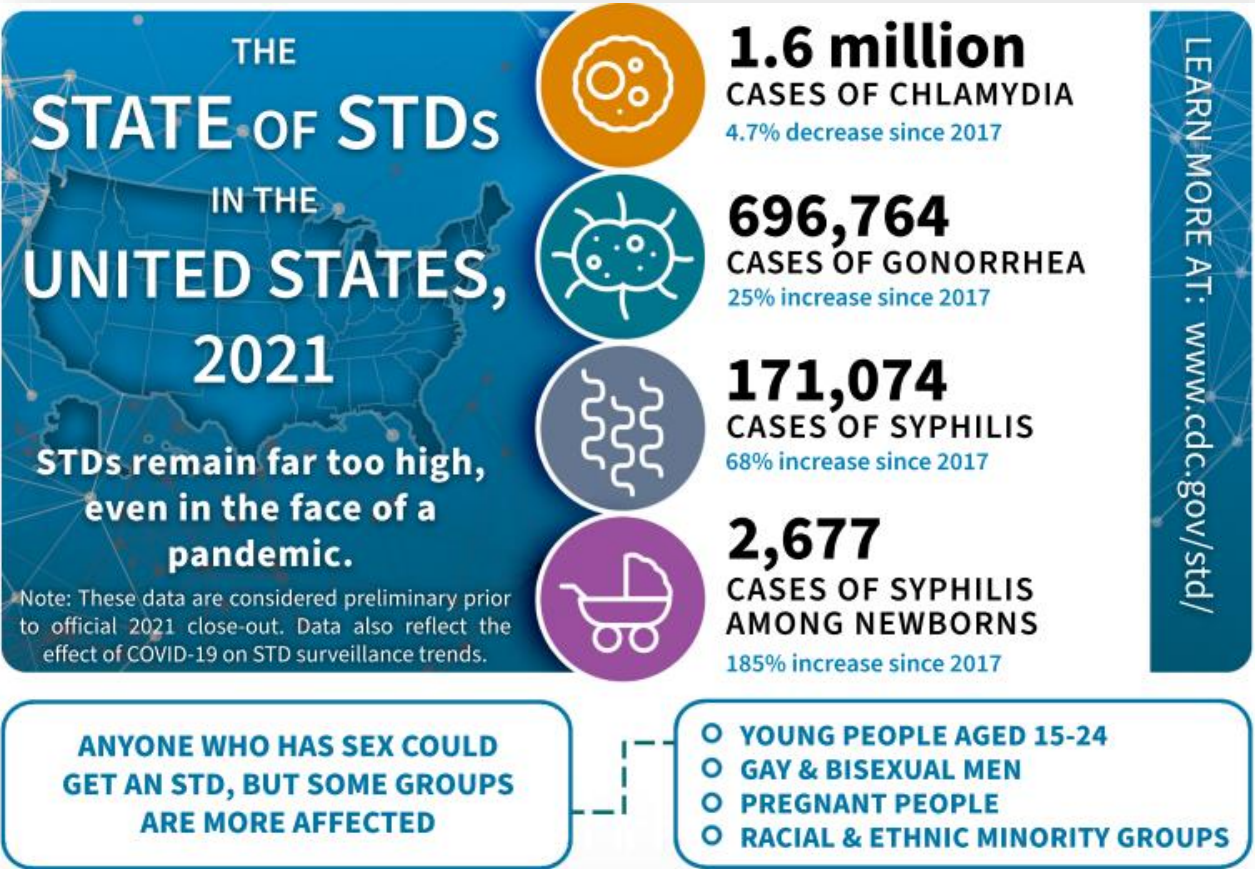
# Acknowledgements

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# Agenda

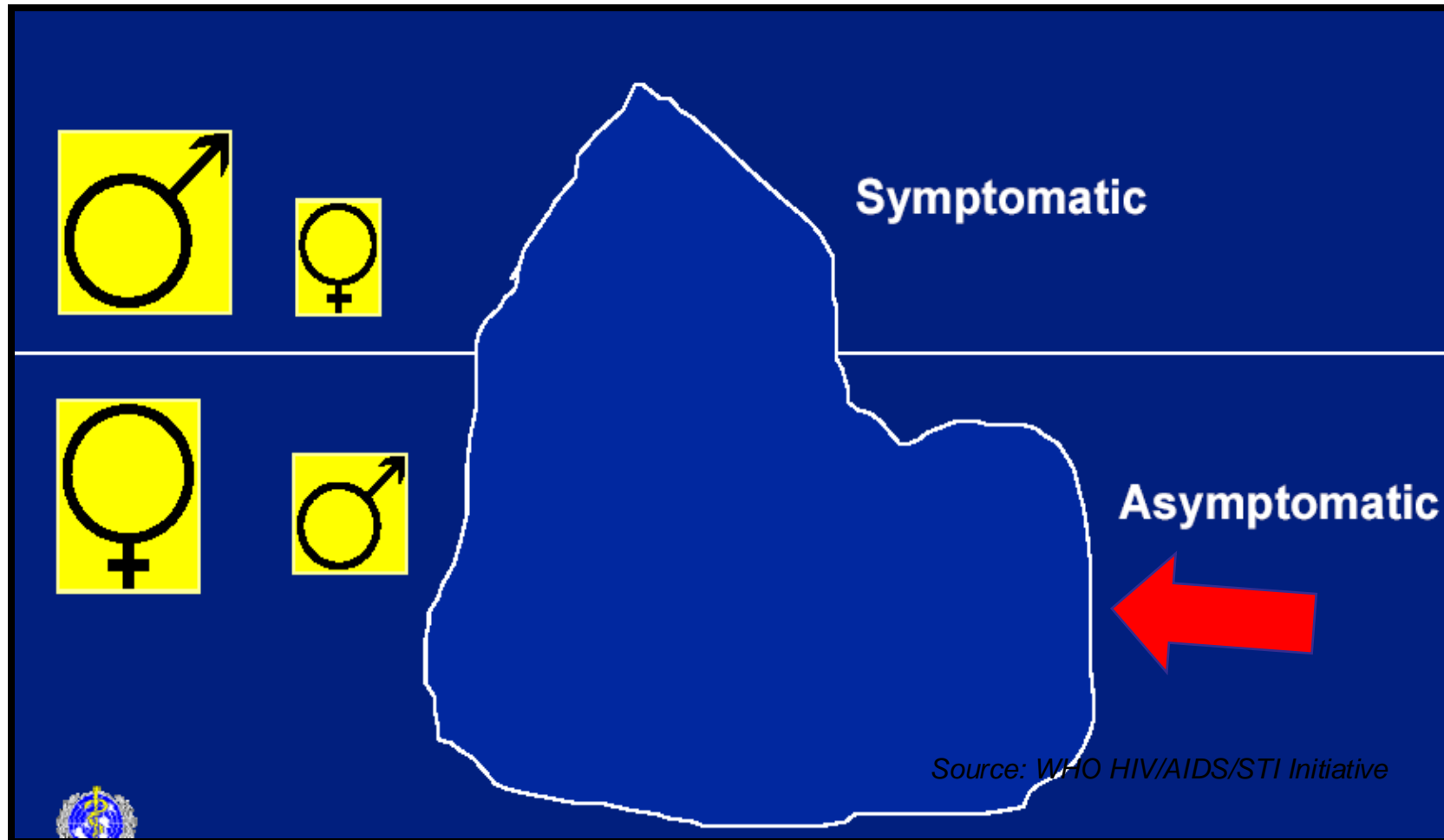
- Context
- Why take a sexual history?
- Who needs a sexual history?
- Where do we take one?
- When do we take one?
- How do we take one?
- Case vignettes

# STIs Represent A Worsening Epidemic - In US

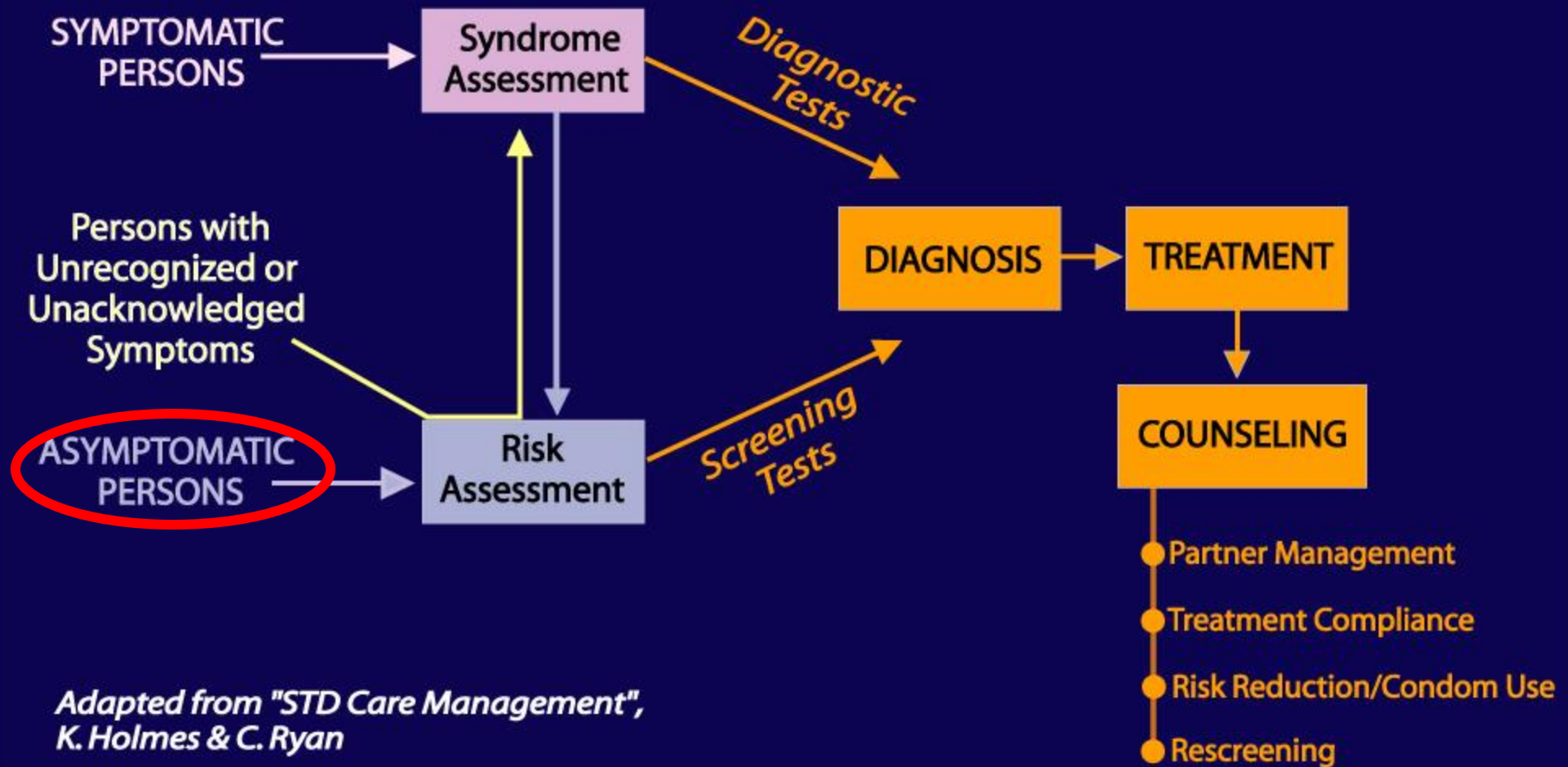


- <https://www.cdc.gov/std/statistics/infographic.htm>
- <https://www.cdc.gov/std/statistics/2021/figures.htm>

# How Symptomatic are STIs?



# ESSENTIAL STEPS IN STD CARE MANAGEMENT







**Where we do  
we start?**

# Sexual History Taking



# Sexual History Taking



# Why Take a Sexual History?

- Early detection and identification of sexual health issues
- Prevention of Unintended pregnancies
- Reduce transmission and lower community burden of diseases
- Enhance comfort/pleasure
- Identify and address other clinical and psychosocial issues

# Primary care providers and sexual history taking

- US Preventive Task Force and the National Academy of Sciences recommend providers take a sexual history from their patients **at least annually**
- 91% of patients agree with this recommendation
  - Tao et al. Am J Prev Med 2000
- But...

# Primary care providers and sexual history taking

- Studies indicate that **only** about **10-33%** of providers obtain routine sexual histories
- And, when they do...
  - Infrequently ask about key parameters such as sexual practices
    - Wimberly et al Journal National Medical Association 2006

# Implications

- Missing opportunities for prevention, intervention and lowering community levels of unintended pregnancies, STIs and HIV

# Why Do We Take a Sexual History?

**Obtaining a  
Patient Profile**

- **Screening**
- **Counseling**
- **Interventions**



# Screening - Profile?

1. Condomless sex with a new sex partner?
  2. Condomless sex with more than one sex partner currently?
  3. Condomless sex with a sex partner who has concurrent partners?
  4. Condomless sex with a sex partner who has a sexually transmitted infection?
  5. Condomless sex with a sex partner living with HIV?
  6. Forced/coerced sex?
  7. Involvement with substance use?
-

**Turn Knowledge into Action**

# Action

- HIV screening
  - STI screening...focus on Extra-genital screening!!!
  - Hep A, B, C screening and provision of vaccinations
  - Additional vaccinations ...focus on HPV, MPOX, others
  - PEP
  - PrEP
  - DoxyPEP
  - HIV care
  - Counseling/education about condoms and Contraception
  - Behavioral counseling and referrals
-

# Why Do We Take a Sexual History?

## Patient Profile

- Screening
- Counseling
- Interventions

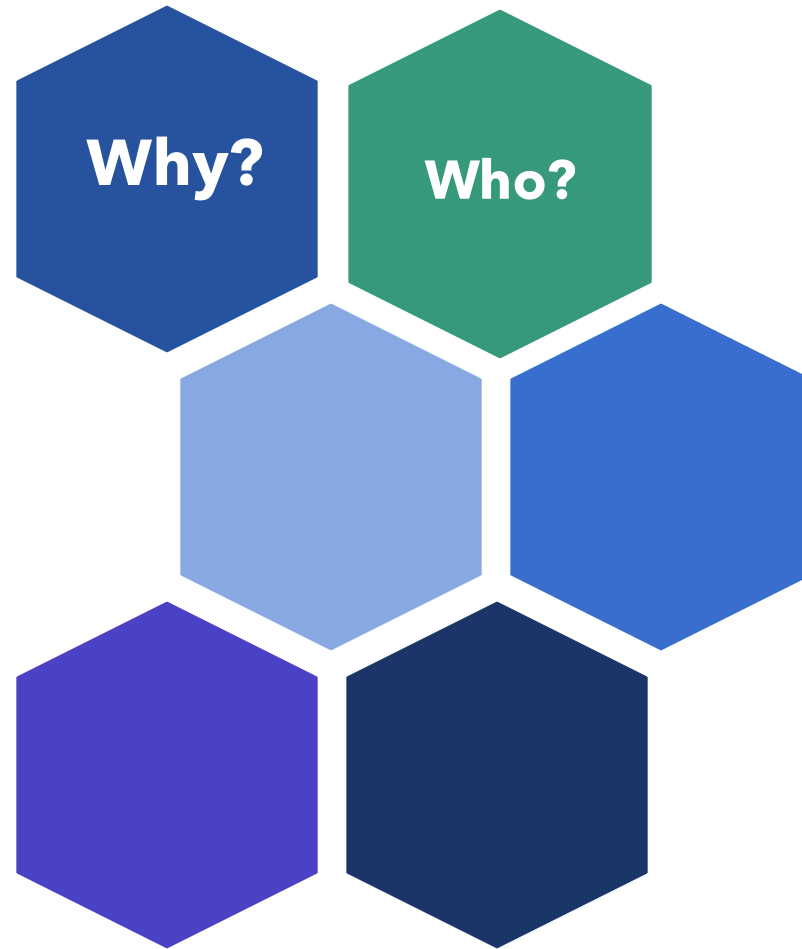
## Understanding Patients Needs

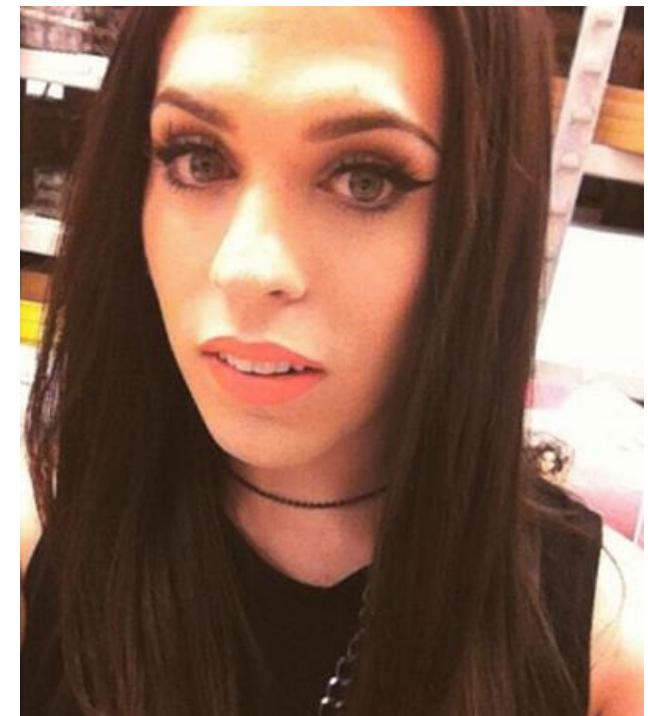
- Relationship building

## Bonus

- Window into additional issues

# Sexual History Taking





# Which patients would take a sexual history from?

- Clearly, adolescents and young adults are priority populations to engage
- But...

# Boomers are bringing 'summer of love'-style change to sex in their older years

Last Updated: Aug. 3, 2022 at 6:15 a.m. ET  
First Published: Aug. 2, 2022 at 12:07 p.m. ET

By [Jessica Hall](#) [Follow](#)

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Sex in retirement years: the rewards and risks



Bx Slides.pptx

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oil tank replaceme....pdf

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# Sex and Seniors

- 40% of seniors between 65-80 are sexually active
  - National Poll on Healthy Aging
- And...45% of people in the US >65 are divorced, separated or widowed...which means they may be seeking new partners
- And...use of dating apps among people >55 have doubled
  - Pew Research Center

# Sex and Seniors

- And...with the increased availability of ED drugs
- And...the risk of pregnancy...off the table
- Condom use is low = 6% (National Survey of Sex and Behavior)
  - Compared to College students = 40%

# Sex and Seniors

- ***CT infections among seniors >65 have increased 50%***
- ***GC increased 102%***
  - Men using ED drugs have 2-3X higher rates of STIs

# Sexual History Taking



# Exam room

By...

- Nursing
- CHW
- Students
- Provider



# Waiting Room?



# Self-administered questionnaires

- Patients are used to completing general surveys before seeing providers
- Consider adding questions about sexual behavior
- Standardizes risk-assessment\*
- Can be paper/pencil or computerized
- May create a "new norm"
- Reduces discomfort
- Saves time\*



# Triage room?





# Newest vital sign

- “Sexual health should be the newest vital sign”
  - Michael Horberg, MD –  
Director, HIV/AIDS for  
Kaiser Permanente

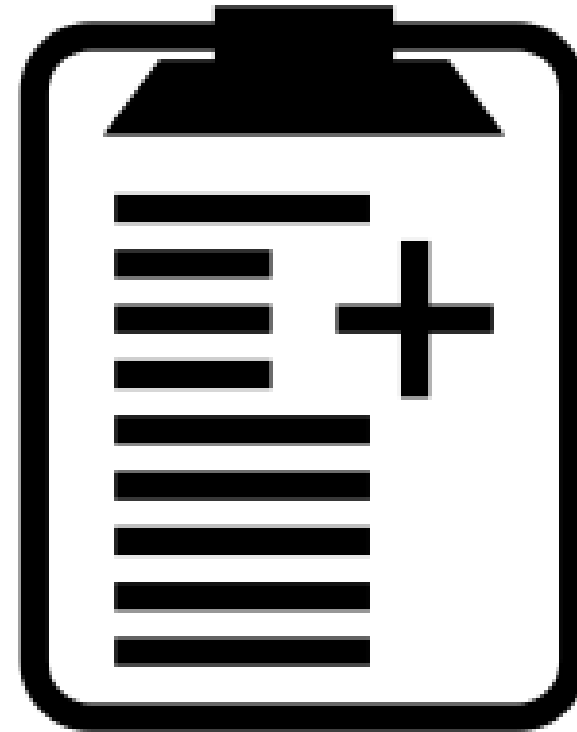


# Sexual History Taking



# Look for time that feels natural

- History of Present Illness
  - If chief complaint is genitourinary
- Non-urgent acute care visit
- Health Maintenance
- Follow-up visits for chronic illness management

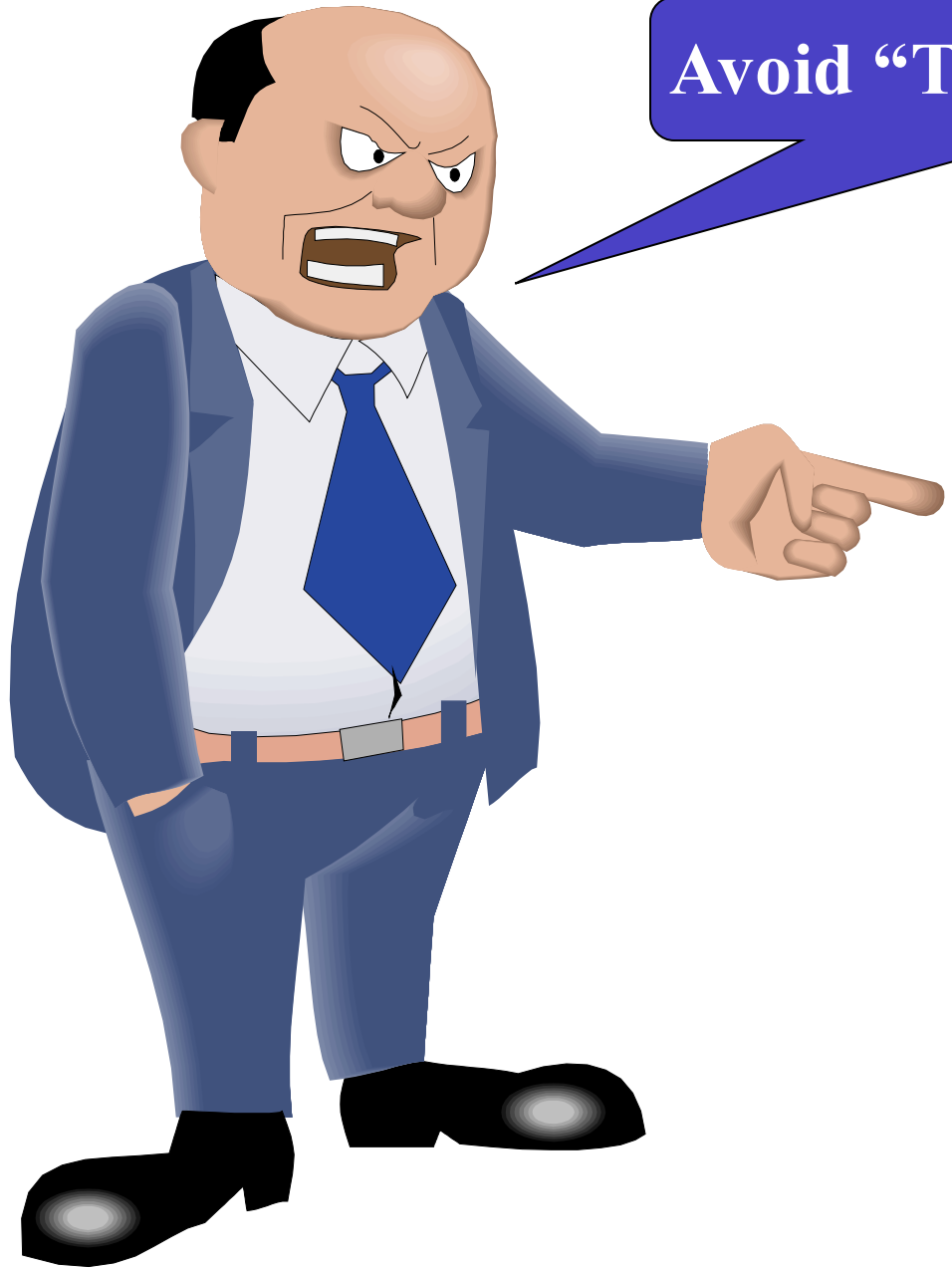


# Sexual History Taking - How?



# General Recommendations

- The following is a broad guide for starting and sustaining the conversation
- Adapt as you see fit and use words/phrases that you are most comfortable with
- The key thing is to **ASK!!!**
- But ...be considerate and respectful



Avoid "The Feeble Five"...

- **Judging**
- **Lecturing**
- **Threatening**
- **Preaching**
- **Blaming**

# General Recommendations

- Assure privacy and **confidentiality**
- Do not assume or presume...
  - Sexual activity or the lack thereof
  - Heterosexuality
  - Monogamy

# Access to Care...

- Foregone care is common
  - "...A lot are not going to doctors because they're worried about how they're going to be treated...the perception is that primary care doctors are going to treat LGBTQ people differently, or patients are going to feel embarrassed.
- Christopher Swales, MD Dignity Medical Foundation





# A Word about Words...



*“Are you sexually active?”*

*“No...I just lie there”*

*“No...I just have sex once in awhile”*

*“No...I only have sex with one person”*

*“Not really...I just have oral sex”*



# A word about words...

- “How many **partners** have you had in the last 3 months?”
- [Partners may be thought of as people they are in a relationship with...so the answer could be NO...if they are having sex with individuals who they are NOT in a relationship with]
- Re-phrase...***“In the last 3 months, how many different people have you had sex with? And by sex, I mean any type of oral, vaginal, anal contact?”***

# A Word about Words

- Use words and phrases you feel comfortable with...but be concrete and specific.
- Patients may have low health literacy
  - ***"Is the purulent discharge from your penis copious?"***
- Instead...
- ***"Tell me a little bit more about the fluid (pus) coming out of your penis..."***
- Similarly...if patients use terms you are not familiar with...ask them to explain
  - ***"Yeah...I was smashing it raw...Ya feel me?"***
    - [I was having sex without a condom. Know what I mean?]"

# A Word about Words

- Whenever possible, use open-ended questions which help patients to tell their stories
- Relevant phrases include:
  - "Tell me about..."
  - "Can you share with me..."



USE  
TURN  
SIGNAL

## Provide a signal

- *“Mr. Rodriguez....I know you are here to get your blood pressure checked and to get refills on your meds...but would you mind if we spend a few minutes talking about how things are going with your sex life? Many of my patients have questions or concerns that they would like to discuss but don't know how to bring it up. This is a safe space for us to have these conversations”*

# Provide a rationale

## ◆ Normalize\*\*\*

- ◆ *“To provide the best care possible, I ask **all** my patients about sex. These questions may or may not be relevant to you, but I need to know so I can provide the best care possible to keep you healthy.*

# Sexual History Taking



# Approach: CDC 5 Ps

- **Partners**
- **Practices**
- **Prevention of Pregnancy**
- **Protection from STDs**
- **Past history of STDs**



# ***Risk Screening: What Should We Ask? PARTNERS***

- ◆ **Determine number and gender of partners, current and past...**

**OPEN-ENDED:**

***"So, tell me about your partners"***

**Follow-up Probes:**

***"In the last 3 months, how many people have you had sex with?"***

***"Are your partners cis male, cis female, trans male, trans female, gender non-conforming, or other?"***

***"How/Where do you usually meet the people you have sex with?"***

# ***Risk Screening:*** ***What Should We Ask?*** PARTNERS

***For teens:***

***“How old is your current partner? What was the age of the oldest person you have been with?”***

# ***Risk Screening: What Should We Ask? Practices***

- ◆ **Ask about various types of sexual activity, and timing of most recent sexual encounter...**

**OPEN-ENDED: *"Tell me about the types of sex you have with your partner/s"***

**Or,**

***"Many of my patients tell me they have tried oral, vaginal and anal sex. How about you yourself?"***

**For MSMs, *"Are you a top, bottom or verse"\*\*\****

**And,**

***"When was the last time you had sex, and was it protected?"\*\*\****

# ***Risk Screening:***

## ***What Should We Ask? PREVENTION METHODS***

### **◆ Ask about condoms/barrier contraception...**

**OPEN-ENDED\*\*:** ***“Tell me a little about your experiences with condom use?”\*\*\****

**OR:**

***“Help me to understand under what circumstances, and with whom, you choose to use (or not use) condoms?”***

***“If now is not the best time in your life to be involved with a pregnancy, can you share with me what you and your partner/s are doing to prevent pregnancies?”\*\*\****

# ***Risk Screening: What Should We Ask? PAST HISTORY OF STDS***

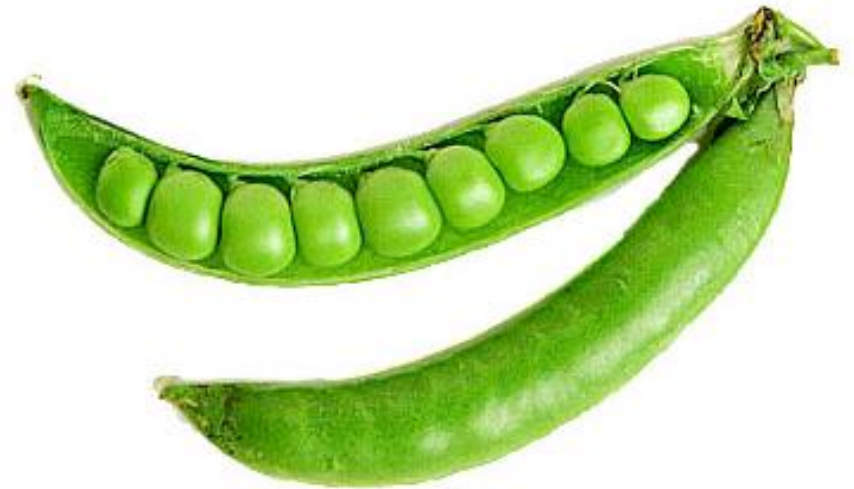
- ❖ **Ask about prior experiences with screening, treatment and involvement of partners**

## **Open-ended:**

- ***“Tell me about any times in the past when you may have tested for STIs....as far as you know, have you EVER been tested? If so, where, when and what were the results?”***
- ***“If you had a (+) result, were you treated? Did you go back for follow-up testing? Were your partner/s contacted and treated?”***
- ***“Since then, tell me how things have changed in your life with respect to sex?”***

# Expanded Sexual History - More P's for your Pod!

- Preferred pronouns\*
- Preferred name\*
- Partners
- Practices
- Prevention of Pregnancy
- Protection from STDs
- Past history of STDs
- Psychosocial issues\*
- Prevention of HIV (PrEP)\*
- Prevention of STIs (DoxyPEP)\*



# 2015 US Trans Survey

- 40% said all of their current healthcare providers knew that they were transgender
- 13% said most knew
- 17% said some knew
- **31% said NONE of their healthcare providers knew that they were transgender**

# Language is Important!

- Ask patients ***“what was your gender at birth or what sex were you listed as at birth?”***
- AND then ask, ***“what is your current gender?”***
- Ask patient what name they preferred to be called by and their preferred pronouns (if not on registration form)



# Psychosocial Issues

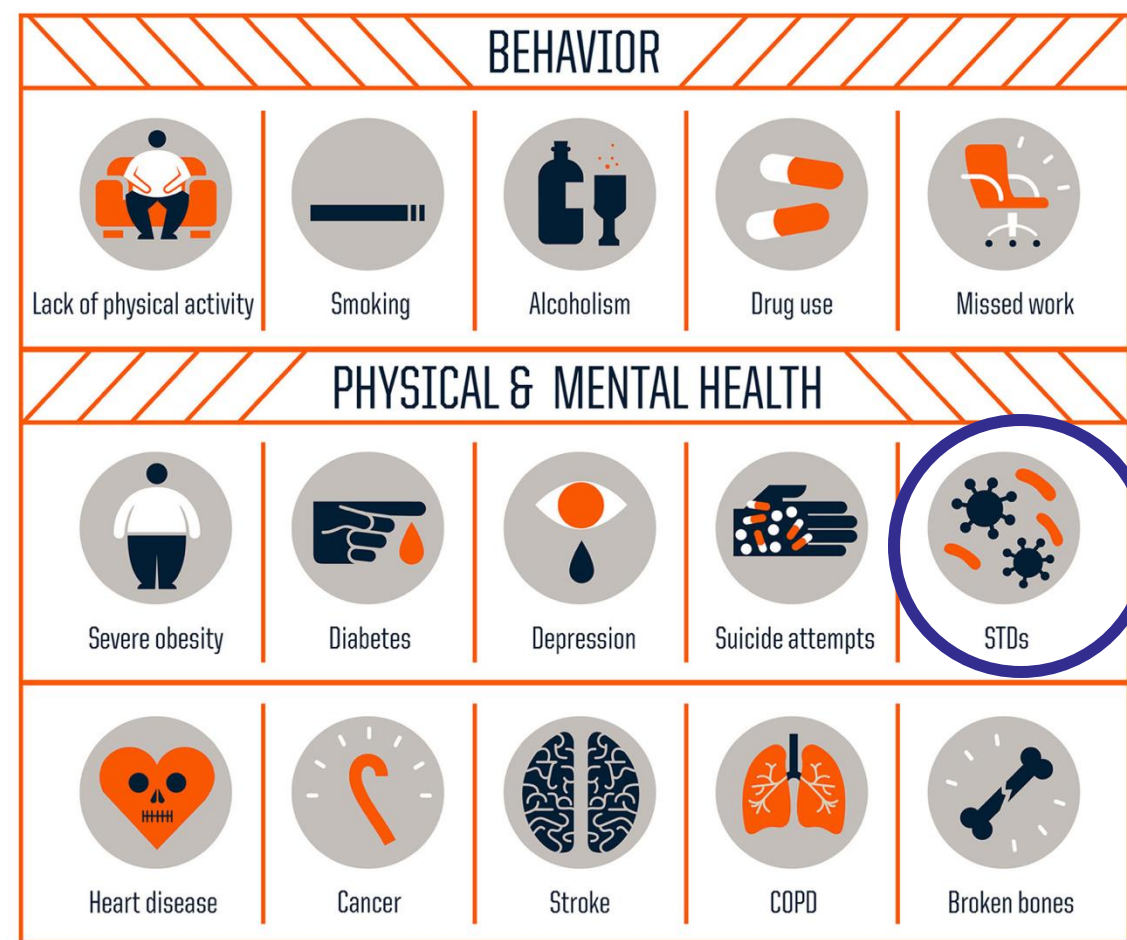
- Mental health issues (depression, anxiety etc.)
  - PHQ2, PHQ9, GAD-7
- Substance use
- History of survival sex, sexual victimization, unwanted sex, intimate partner violence
- History of incarceration

# Mental Health Issues

- Trauma (recent)
- Trauma (historical)
  - ACES (Adverse childhood experiences)
    - Traumatic events happening before age of 18
    - Exposure to Domestic violence, Parental substance abuse, Parental incarceration, divorces, household instability, and personal history of abuse
    - Scale = 0-10
    - Dose related impact on behavior and maladaptive coping mechanisms

# ACEs

The harms of ACEs can be long-lasting, affecting people even in their adulthood.



# ACES

## ACE Test

Name:		Date:		
<b>Instructions:</b>				
Answer the following questions to the best of your ability based on your experiences during your first 18 years of life. For each question, select the answer that best describes your experience.				
#	Experience	Yes	No	Not sure
1	Did a parent or other adult in the household often swear at you, insult you, or put you down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Did a parent or other adult in the household often push, grab, slap, or throw something at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Did you often feel that no one in your family loved you or thought you were important or special?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Did you often feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Was a biological parent ever lost to you through divorce, abandonment, or other reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Was your mother or stepmother often pushed, grabbed, slapped, or had something thrown at her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Was a household member depressed or mentally ill, or did a household member attempt suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Did a household member go to prison?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ACE SCORE (Total "Yes" Answers):</b>				
<b>Scoring:</b>				
Once you have answered all of the questions, add up your "yes" answers to get your ACE score. Your ACE score can range from 0 to 10, with higher scores indicating a higher likelihood of experiencing negative outcomes later in life.				
<b>Notes:</b>				

<https://Carepatron.com>

Powered by  carepatron



# Psychosocial Issues

- *“Some of the patients that come to this office tell me they feel anxious or depressed at times”*
- *“Tell me how things are going in your life”*
- *“Have you ever felt the need to be in counseling? Have you ever been in counseling? Have you ever taken any medications? Have you even been hospitalized? Have you ever had a suicidal attempt?”*
- *“Do you feel the need to be in counseling now? Would you like to talk to someone?”*
- **May administer Phq9 or GAD 7**

## MH and Substance Use

- Substance use may affect decision to have sex, who to have sex with, and ability to utilize protective measures
- Often used as “self-medication”
- Address MH issues, trauma
- May help reduce “hyper-arousal” and facilitate sleep



# Substance Use

- *“Many of the patients I work with tell me they use alcohol or drugs for various reasons...”*
  - *“How about you, yourself?”*
  - *“If you use alcohol or drugs...talk to me about what you use, how much you use and under what circumstances?”*
  - *“Have you ever sex under the influence of alcohol or drugs?”*
  - *“Do you feel or has anyone ever suggested to you that you need to slow down or cut back?”*
- **May administer CRAFFT**

# Substance Use

- Sexualized Drug Use (SDU)
  - "CHEMSEX"; Party and Play; Intensive Sex Partying (ISP)
  - Drug use with the intention of intensifying sexual experiences
  - Drugs = crystal meth; ketamine
- (Gonzalez-Baeza et al. AIDS Patient Care and STDs 2018)



# ChemSex and Performance

- May be associated with ED
- Use of Viagra, Cialis
- Perfect “storm” = sexual arousal, disinhibition, improved erectile function

# Survival sex

- Sex as currency...to obtain money, food, shelter, drugs etc.
- ***“Some of the patients I see in this clinic tell me that sometimes they have sex to get money, drugs, a hot meal, clothes or a place to stay. Tell me what you think about this, and if you have had any of those types of experiences...now or in the past.”***

# Intimate Partner Violence

- IPV is common and may be an issue in ANY relationship
- ***“Have you ever had any altercations with partners in the past?”***
- ***“In general, when you and your current partner disagree or have an argument, how are things settled?”***
- ***“Do you ever put your hands on your partner, or does your partner ever put hands on you?”***
- ***“Do you feel safe in your current relationship?”***

# IPV

- 1/3 of sexual minority males and 1/2 of sexual minority females report being victims of physical or psychological abuse in a romantic relationship
  - Breiding et al 2013 *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings of Victimization by Sexual Orientation*. Atlanta, GA:

# Hurt, Insult, Threaten and Scream [HiTS]

- **How often does you partner...**
  - **1=Never 2=Rarely 3=Sometimes 4= Often 5= Frequently**
- **Physically hurt you (1-5)?**
- **Insult or talk down to you (1-5)?**
- **Threaten you with harm (1-5)?**
- **Scream or curse at you (1-5)?**
  
- **Total Score:\_\_\_**
- **Range 4-20....(10 or higher needs referral)**

# Incarceration



- **Sexual risk-taking common among arrested and detained individuals**
- **Data from screening program in NYC jails indicated that incarcerated individuals had *more CT and GC* infections than all 10 NYC STD clinics COMBINED!**
  - **Pathela P et al. Sex Transm Dis 2009**

# Incarceration

- **Following release, many individuals return to communities of origin and resume or increase risk-taking behaviors**
- ***“Some of the clients that come to this clinic tell me that they have been incarcerated (locked-up) at some point in their lives”***
- ***“Tell me about any experiences you have had with being locked up”***
- ***“Were you ever tested at any facility upon entry or release? If so, what did they find?”***
- ***“Since coming home, talk to me about any types of sexual experience you have had”***

# Prevention of HIV

- As a result of identification and treatment of PLWH and use of PEP/PrEP for seronegative individuals...the “Status Neutral” approach - rates of new HIV infections have been decreasing prior to COVID
- In NYC, rates had declined 35% prior to COVID
- But disruption in sexual health systems have affected prevention efforts
- In NYC rates have now increased **14%**



# Prevention of HIV

- ***“In addition to screening you today for STIs and HIV, would it be ok if we spent some time discussing how to lower your chances for getting HIV? Have you heard about HIV prevention medications such as PEP and PrEP? Can I give you a little more information about them and then we can see if they would be right for you?”***

# Prevention of STIs

- In addition to condoms, Doxy PEP is a new modality which has shown promise in reducing STIs (particularly CT and syphilis) among GBSM and transwomen
- ***Have you heard about STI prevention strategies using DoxyPEP? Can I give you a little more information about this and then we can see if it would be right for you?"***



# New Directions...

- GOALS Framework
  - NYSDOHMH
- Sex Positive approach

# GOALS

- **G**ive a preamble that emphasizes sexual health
  - *"I'd like to talk with you for a couple of minutes about your **sexuality and sexual health**. I talk to all my patients about sexual health, because it's such an **important part of overall health**. Some of my patients have questions or concerns about their sexual health, so **I want to make sure I understand what your questions or concerns might be and provide whatever information or other help you might need**"*

# GOALS

- Offer opt-out HIV/STI testing and information
  - First, I like to test all my patients for HIV and other STIs. Do you have any concerns about that?

# GOALS

- Ask an open-ended question
  - Tell me about your sex life
  - What would say are your biggest sexual health questions or concerns?
  - How is your current sex life similar or different from what you think of as your ideal sex life?

# GOALS

- Listen for relevant information and probe to fill in the blanks
  - Besides [partner/s already disclosed], tell me about any other sexual partners
  - How do you protect yourself against HIV and STIs?
  - How do you prevent pregnancy [unless you are trying to have a child]?
  - What would help you take [even] better care of your sexual health?

# GOALS

- **S**uggest a course of action
  - So, as I said before, I'd like to test you for **[describe tests indicated by sexual history conversation]**
  - I'd also like to give you information about PrEP/DoxyPEP/contraception/other referrals. I think it might be able to help you **[focus on benefit]**



# If time is tight...

- ***"I know you are here today for X, but I want to make sure I am not missing anything else that I can help you with. It is recommended that health providers ask ALL patients if they would like to get an HIV test."***
- ***If you have EVER had any kind of sex without a condom, in addition to getting an HIV test, we should also add testing for sexually-transmitted infections to our list today. Tell me what you think about that? "***





## Alicia

- 15 yo cis gender female, goes to Catholic School, presenting for a school physical

# Approach: CDC 5 Ps

- **Partners**
- **Practices**
- **Prevention of Pregnancy**
- **Protection from STDs**
- **Past history of STDs**

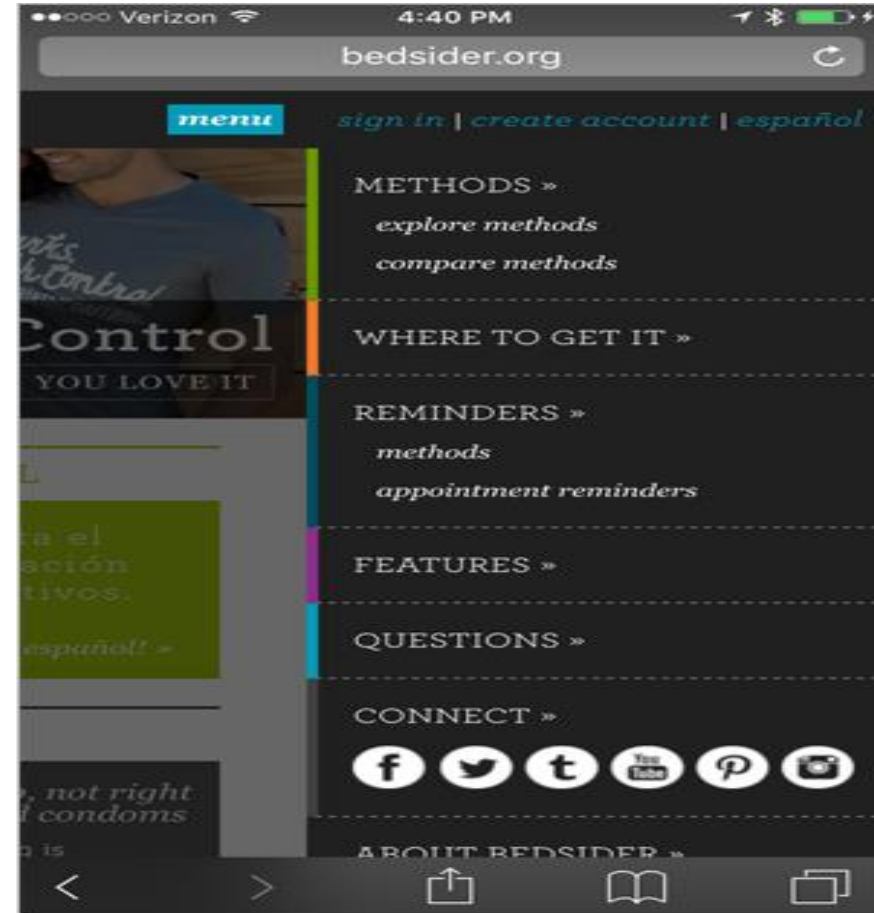
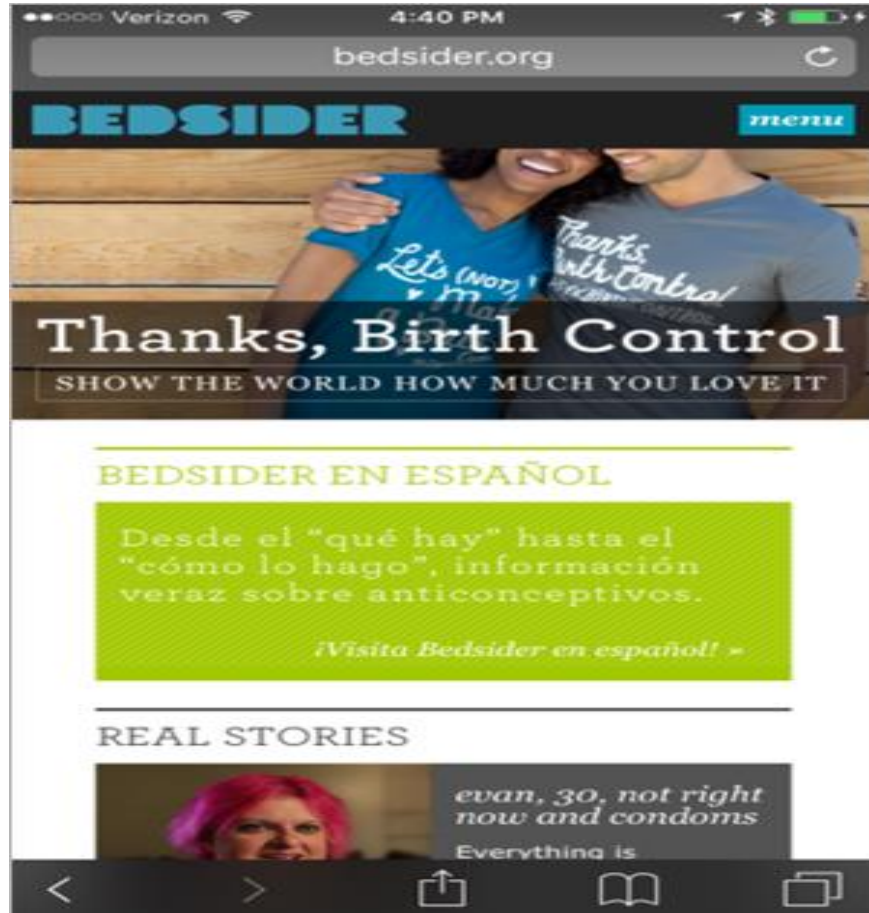
# Approach: CDC 5 Ps

- **Partners**
  - 17 yo cis male
  - Friend of her cousin
- **Practices**
  - Consensual oral sex
  - Denies anal or vaginal sex...yet
- **Prevention of Pregnancy**
  - No condoms or contraceptive methods...not needed...yet
  - LMP 3 days ago
- **Protection from STDs**
  - No condoms
- **Past history of STDs**
  - Never been asked...never been screened

# Action Steps

- STI screening
- Education and counseling
  - Contraception
- Prevention
  - HPV vaccine

# Bedsider.org



# BTW...

- Oral naats (+) for CT
- Partner engaged and treated



## Ricky

- 22 yo cis gender male, formerly incarcerated, coming in for a pre-employment physical



# Approach: CDC 5 Ps

- **Partners**
  - **Since release 1 month ago, 5 cis female and 2 cis male partners**
  - **"Coming home parties"**
- **Practices**
  - **Oral, vaginal and insertive anal sex**
- **Prevention of Pregnancy**
  - **"It's up to them to use something...I might even want a kid"**
- **Protection from STDs**
  - **No condoms..."I only mess with clean people"**
- **Past history of STDs**
  - **Negative screens at Rikers**

# General Content Areas: Expanded Sexual Health History

- Substance use
  - MJ 2-3 times/daily
- Mental health issues (depression, anxiety etc.)
  - PHQ9 = 12, GAD-7 = 13, Evidence of moderate to severe anxiety and depression,
  - ACES = 5
- History of survival sex, sexual victimization, unwanted sex, intimate partner violence
  - Denies

# Action Steps

- HIV/STI screening
- Hep A,B, C screening
- TB screening (quantiferon)
- Education and Counseling
  - HPV, MPOX vaccine
  - PrEP discussion
  - DoxyPEP discussion
- Social work referral

# BTW...

- HIV/RPR/Hep C/Quantiferon = neg
- Urine naats (+) for GC
- He returns for treatment and consents to get the HPV and MPOX vaccines
- Encouraged to contact partners and refer them to clinic for screening and treatment



## Julio

- 60 yo cisgender businessman, blood pressure check

# Approach: CDC 5 Ps

- **Partners**
  - Married = cis female, 2 grown children
  - 2 cis male partners last 3 months, meet via apps
- **Practices**
  - No sex with wife for past 5 years (breast ca survivor)
  - Oral and anal sex with male partners ("Verse")
  - Last sex yesterday
- **Prevention of Pregnancy**
  - Wife = menopausal
- **Protection from STDs**
  - Inconsistent with condoms..."They tell me they are on PrEP"
- **Past history of STDs**
  - Has not been checked since he was a teenager

# Additional info

- BP 160/110
- Inconsistent with BP meds = ED

# Action Steps

- Address concerns about BP meds and ED
- HIV/ 3 site STI screening
- Education and counseling
  - PEP→PrEP
  - Doxy-PEP
- Prevention
  - Shingles vaccine
  - Pneumococcal vaccine
  - MPOX vaccine



# BTW...

- HIV neg
- Urine naats neg
- Oral and rectal naats (+) for CT
- RPR + 1:32

# STIs...

- Are a problem for everyone

# STIs...

- Particularly, sexual minority males (**SMMs**)
- But...
- Only **36% of SMMs** report being screened for STIs (at any anatomical site in the past year)
- When evaluated, urethral screening is more common than pharyngeal or rectal screening

- Tai E, et al. Self-reported syphilis and GC testing among MSM attending US STD clinics 2002-2006. Sex Transm Infect 2008;84:478-82



# What's the big deal with extragenital testing?

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MAJOR ARTICLE

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

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- Use STD surveillance Network data from 42 STD clinics
- Of 21,884 SMM:
  - 84% GC urogenital test
  - 66% GC pharynx
  - 50% GC rectal
  - 81% CT urogenital
  - 32% CT pharynx
  - 46% CT rectal

# Findings

- 11.1% tested (+) for urogenital GC
- 7.9% tested (+) for pharyngeal GC
- 10.2% tested (+) for rectal GC
- 8.4% tested (+) for urogenital CT
- 2.9% tested (+) for pharyngeal CT
- 14.1% tested (+) for rectal CT

# Findings

- More than 70% of extragenital GC and 85% of extragenital CT were associated with ***negative urethral tests and would have been missed !!!***

# Smoki



- 28 yo trans female beautician, coming in to get a note for work. Missed 2 days last week due to low grade temp, sore throat bodyaches and chills. Feels better now

# Approach: CDC 5 Ps

- **Partners**
  - **Cis males (8 in last 3 months)**
  - **Meets them via apps**
- **Practices**
  - **Oral and anal sex (bottom)**
  - **Last sex 1 week ago**
- **Prevention of Pregnancy**
  - **n/a**
- **Protection from STDs**
  - **Inconsistent with condoms**
  - **Concerned PrEP may interfere with hormones**
- **Past history of STDs**
  - **Never been screened for STIs**
  - **Had a negative HIV screen 1 year ago at a PRIDE event**



# General Content Areas: Expanded Sexual Health History

- Substance use
  - MJ HS, Occasional = mollies, cocaine, crystal meth
- Mental health issues (depression, anxiety etc.)
  - PHQ9 = 16, GAD-7 = 17, ACES = 9
    - Evidence of severe anxiety, depression and trauma
    - Further history revealed involvement with survival sex, sexual victimization, and, intimate partner violence

# PLISSIT

- **P**ermission
  - Obtaining patient “buy-in” to discuss sexual health issues
- **L**imited **I**nformation
  - Based on responses to queries, provision of info to dispel myths and mis-information
- **S**pecific **S**uggestions
  - Provide specific recommendation to address areas of concern
- **I**ntensive **T**reatment
  - If more in-depth issues identified, arrange time for greater exploration or referral for additional evaluation and management

- Adapted from: Annon JS. Enabling Systems 1974-75

# PLISSIT

- **P**ermission
  - *“Thank you for sharing your information Would it be ok if we talked a little more about how to protect your health?”*
- **L**imited **I**nformation
  - *“Sounds like you are concerned about how PrEP might affect your hormones. Many of my patients have those concerns as well”*
- **S**pecific **S**uggestions
  - *“The reality is, taking PrEP is safe for people taking hormones. Depending on the results of your HIV test, we can review this in more detail”*
- **I**ntensive **T**reatment
  - *“It sounds like there has been a lot going on in your life and I appreciate how difficult things have been. Many of my patients find it helpful to talk with the social worker on our team to get some help. Would it be ok if I introduced you to her today?”*

- Adapted from: Annon JS. Enabling Systems 1974-75

# Warm Handoffs

- Providers utilize the rapport and trusting relationship they have developed to help patients engage positively with behavioral counselors (and other clinicians)



# Action Steps

- COVID screening
- HIV/3 SITE STI, Hepatitis and Syphilis screening
- HRT
- Education and Counseling
  - HPV vaccine
  - MPOX vaccine
  - PrEP
  - DoxyPEP
- Social work referral

# BTW...

- Covid = neg
- Hep A and B = immune
- Hep C = neg
- Urine, oral, anal naats (+) for GC and CT
- RPR 1:64

# BTW...

- HIV (+)



## Vanessa

- 68 yo cis gender retired librarian, 1/2 PPD smoker, ready to quit



# Additional Information

- Cue to action = husband died two years ago due to lung cancer

# Approach: CDC 5 Ps

- **Partners**
  - 1 cis male partner, meet via online dating website
- **Practices**
  - Oral and vaginal sex
- **Prevention of Pregnancy**
  - n/a
- **Protection from STDs**
  - Inconsistent with condoms..."He says he will lose his erection"
- **Past history of STDs**
  - Has not been checked since she was a teenager

# Action Steps

- Smoking cessation counseling and nicotine reduction
- HIV/STI/Hepatitis screening
- Prevention
  - Pneumococcal vaccine
  - Shingles vaccine

# BTW...

- Hep C = neg
- RPR = neg
- Oral and urine naats (neg) for CT and GC
- HIV = (+)

# Take home messages

- Sexual history taking is part of regular history taking
- Ask early and often!
- Use an approach you feel comfortable with
- Information obtained can drive clinical evaluation, prevention and management



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**Thank you**