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## **Taking a sexual history and HIV screening**

**Marsh Gelbart**





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**MALE** (New patient/episode)

**PATIENT STICKER**

DATE                      SEEN BY (print/stamp)

Presenting complaint

Last sexual contact	M/F	Reg/Cas/ Known and duration	Country	TYPE OF SEX				Condoms used?	Condom breaks/failure?
				Oral	Vaginal	Anal	Other		

<p>Number of partners in last 3/12</p> <p>Past history of STDs</p> <p>Past medical history</p> <p>Hepatitis A/B vaccination</p> <p>Medication</p>	<p>Allergies</p> <p>Recreational drugs (last 3/12)</p> <p>Injecting drug use</p> <p>Smoking</p> <p>Alcohol</p> <p>HIV TEST</p> <p>Previous test</p> <p>Blood donor</p> <p>Risks</p> <p>Male partners</p> <p>HIV positive partner</p> <p>From high prevalence area</p> <p>High risk partner</p> <p>Window period</p> <p>Expectation of result</p> <p>PN/support</p>
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## Taking a Sexual History

A Guide for Practice;

- Gaining an accurate sexual history is vital for the effective treatment of patients and their sexual partners.
- Nurses should emphasise that information is confidential and ask questions in a sensitive and non-judgemental way.
- Patients may ask why certain information is required and the nurse should be able to give a full explanation.



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## Reassure patients about Confidentiality

- The term confidentiality implies that only the client and the providers involved in direct care have access to clients personal information. Governed by the VD regulations act 1974 & the NHS Trusts and PCT's Sexually Transmitted Diseases Directions of 2000. )
- If there are any limitations to the boundaries of confidentiality, these should be disclosed clearly at the onset.





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## Environment is important...

- Sound proof room, preferably away from clinical areas, so that people can talk freely
- Room should be comfortable and not harshly lit
- Arrange comfy chairs, so that interviewer and patient are at an angle facing each other, not face on
- Use same type of chair as the patient





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**Remember, attending a sexual health clinic can be  
awkward.....**





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**When taking a sexual history, be non-coercive...**





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**Be non judgmental**





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**Be non-punitive**

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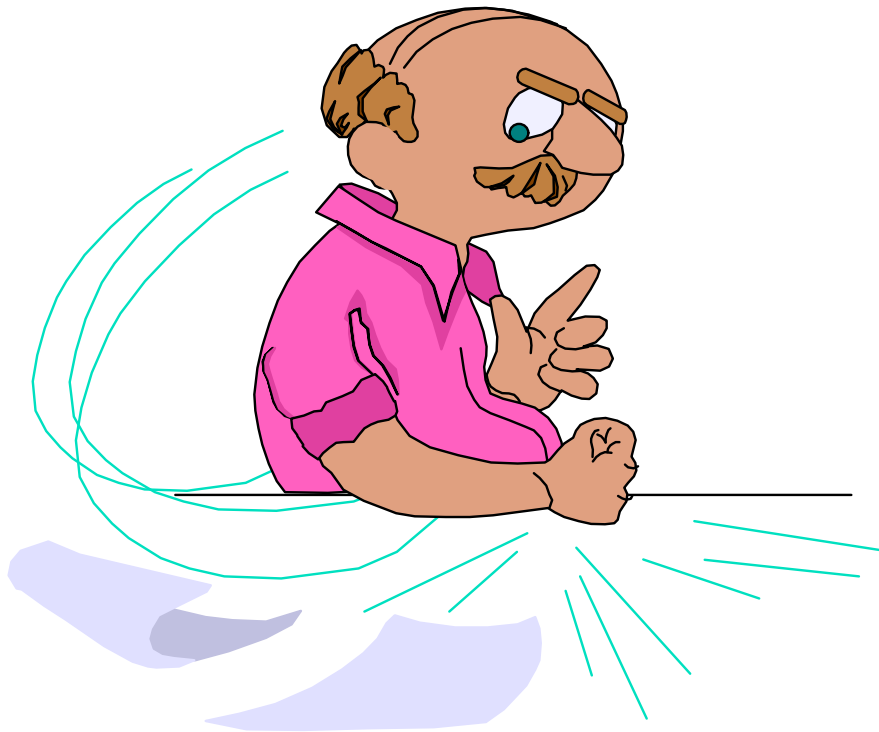




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**Use language appropriately, or you may get a bad reaction!**



How dare you  
sir!  
I will have you  
horse-  
whipped!



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## **History taking needs to be systematic.....Part 1**

- When did you last have sex?
- Was it with a man or a woman?
- Was it with a regular partner?
- What kind of intercourse was it?
- Were barrier contraceptives (condoms or femidoms) used?



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## History taking.....Part 2

- Do you or your partner/s have any symptoms?
- Have you had any other partner in the past 12 weeks? (If so, double-check partner's gender).
- Do you have pain during or after intercourse?
- Have you ever had a sexually transmitted infection before?



## History taking.....Part 3

- Have you ever had a sexual health screen before? (If not explain and reassure).
- Have you ever been screened for hepatitis, syphilis or HIV before. (If not, explain a blood test is involved).
- Have you been vaccinated against hepatitis B? (If not, assess risk and offer vaccination if required)



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## **If symptomatic.....**

Identify the presenting complaint and ascertain its history.

- How does the patient perceive the problem?
- If there is a discharge, how much is there and what is the colour?
- Any associated bowel or bladder symptoms?
- How long have the symptoms been present?



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## Other useful information

Ask -

- When was your last period?
- Have any of your sexual partners been from abroad?
- Check if any allergies to medications?
- Past medical history – serious medical conditions & operations?
- Smear history – last cervical cytology & result?



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## **Sensitive questions...**

If appropriate, check –

- If there has been a history of a previous sexually transmitted infection -
  - What was diagnosed and when?
  - How was it treated?
  - Did you and your partners comply with treatment?
- Any history of drug usage? What type of drugs etc.
- Ever worked in the sex industry or paid for sex?



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**Human sexuality is  
complex.....**





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## Presumptions are often wrong...

- Don't assume the patient is Gay
- Don't assume the patient is Straight
- Don't assume, *ask....*
- Use open, inclusive questions such as – “Do you sleep with men, women, or both?”



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## **Role of Health Adviser**

- Partner Notification
- Pre and post test counselling (HIV testing)
- Safer Sex Advice / Health Promotion



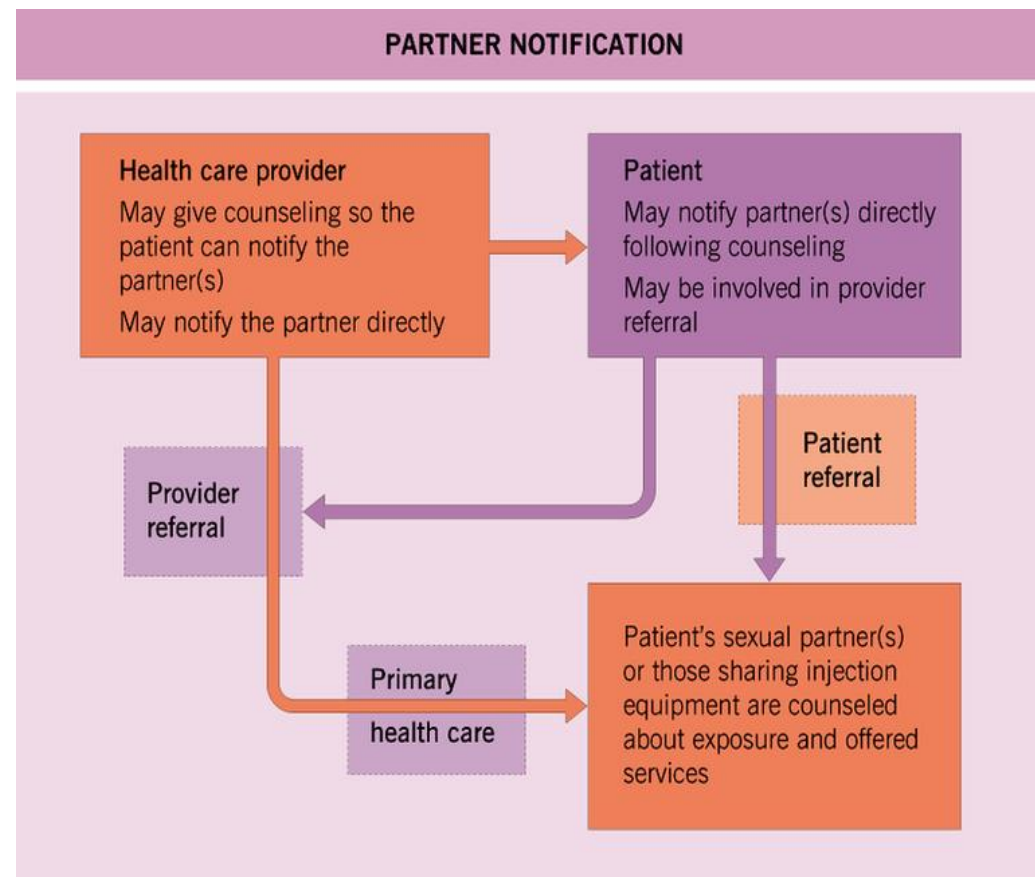
## Remember partner notification

The cardinal rule of epidemiology –

- If the index patient is found to have a sexual infection, then the source of that infection must be traced and treated before sexual relations resume
- Otherwise the circle of infection and re-infection may remain unbroken

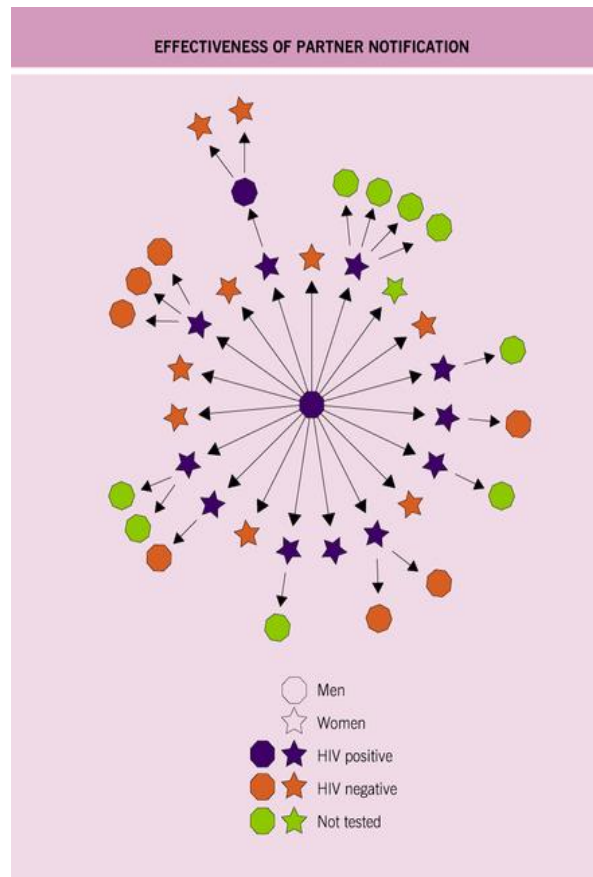


## Principals of partner notification



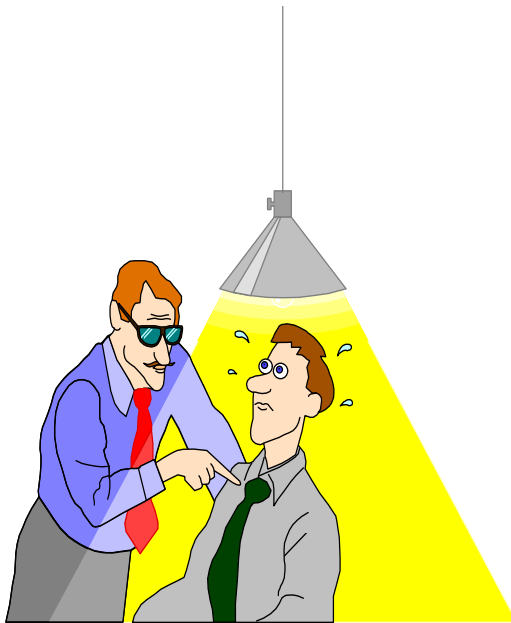


## Partner notification at work





**If there is a diagnosed infection, refer to the Health Adviser .....**



***Health Advisers have the luxury of time***

- Responsible for partner notification
- Provision of safer-sex information
- Making sure client understands treatment, and complies with it.



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## Why Test for HIV?

- Prior to the introduction of effective antiretroviral therapies, a diagnosis of HIV equated to a progressive, disabling and terminal illness.
- Diagnosis was often compounded by prejudice, stigma and isolation.
- Nowadays, HIV is seen as a long-term chronic illness.
- With knowledge of HIV status, individuals have the opportunity to make informed decisions and choices about lifestyle and treatment options to maintain and improve their health status.



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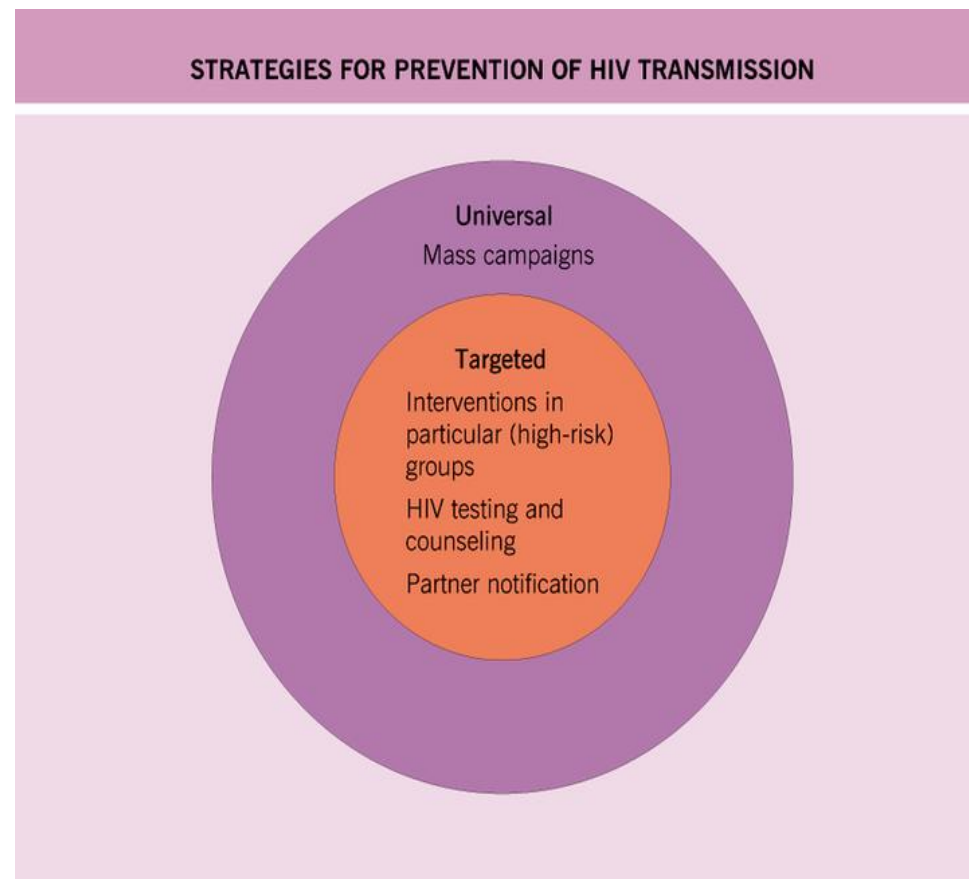
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## Should testing become routine?

- Should pre-test counselling remain a requirement for informed, consensual testing?
- Before highly active antiretroviral therapy (HAART) was introduced, the advantages of knowing about a positive HIV status were minimal; thus counselling before HIV testing was the recommended practice.
- In the era of HAART, is pre-test counselling unnecessary?



## **The present approach sees counselling as essential...**





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## **Who Should Be Referred for pre-test counselling?**

- Anyone requesting to see a Health Adviser
- All gay and bisexual men
- Anyone engaging in high risk sexual activity
- Anyone with a history of IVDU and sharing equipment
- Anyone under 16 years-old
- Anyone with learning difficulties
- Unprotected penetrative sex with someone from high prevalence area / positive partner
- Clinical Symptoms
- Requesting post exposure prophylaxis (PEP)



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## **Risk factors that require assessment**

- Sexual behaviour & that of partners
- History of IVDU
- Sexual assault
- Occupational exposure
- Invasive procedures e.g.
- Recipient of blood or blood products  
1975-1985 (UK)
- High Prevalence Area



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## The patient's perspective

### **Why does the patient want to have the test?**

- Are they concerned they have been at risk?
- Because the test has been offered on attending clinic? (the patient might not have considered testing prior to the offer).
- As part of regular sexual health check-up

Assess patients knowledge base around HIV transmission

Do they know what HIV and AIDS are?

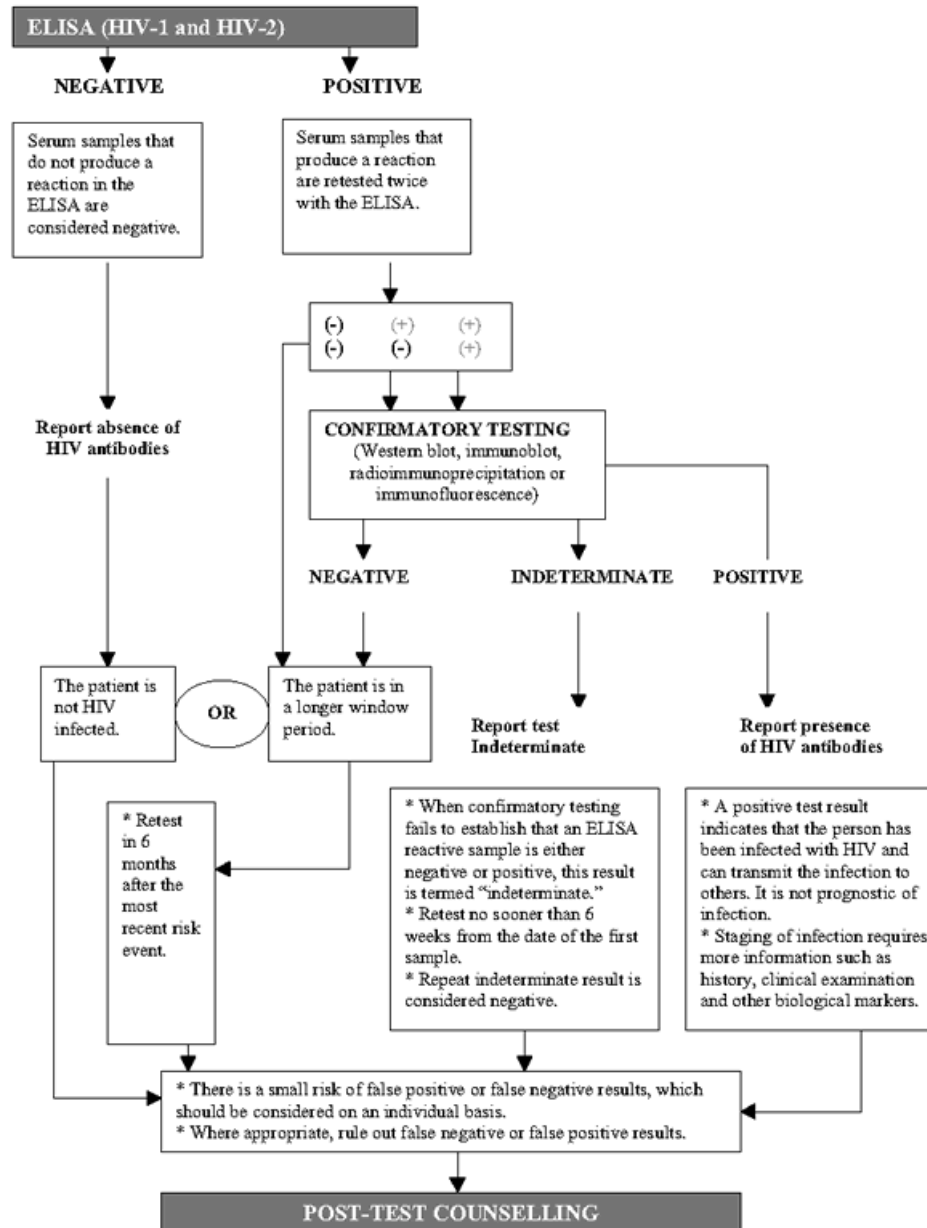


## The Window Period

- Any infection within 3 months of taking the test may not be detected
- If patient has had risks within 3 months, advise to test again at a later date to cover window period



Test results





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## **Giving a positive result**

- Ensure you have the correct patient
- Be prepared for shock/distress from patient
- Keep information to a minimum
- Focus on how patient will cope today and the next few days
- Who knows, who can they tell?
- Arrange follow-up appointment for on-going support and doctors appointment
- Give leaflets and contact numbers
- Discuss safer sex and partner notification



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## Getting a Positive Result

- Explore what a positive result would mean to the patient
- How might they cope?
- Who could they tell for support?
- Who have they told they are having the test?



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## **If positive- what next?**

- Discuss benefits of knowing if positive:
  - Making life decisions
  - Treatment issues
  - Infection control/safer sex issues
  - Reduction in anxiety levels



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## Knowing Status

- Disadvantages of knowing
  - Stigma
  - Increased anxiety
  - Potential rejection by lovers family and friends
  - Occupational implications



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