

Sexual History Taking

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NYC STI/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
- Offers training, technical assistance and clinical consultation

Disclosures

- None
- Some terms in this presentation may have been modified to align with executive order requirements that this CDC-funded grant has received

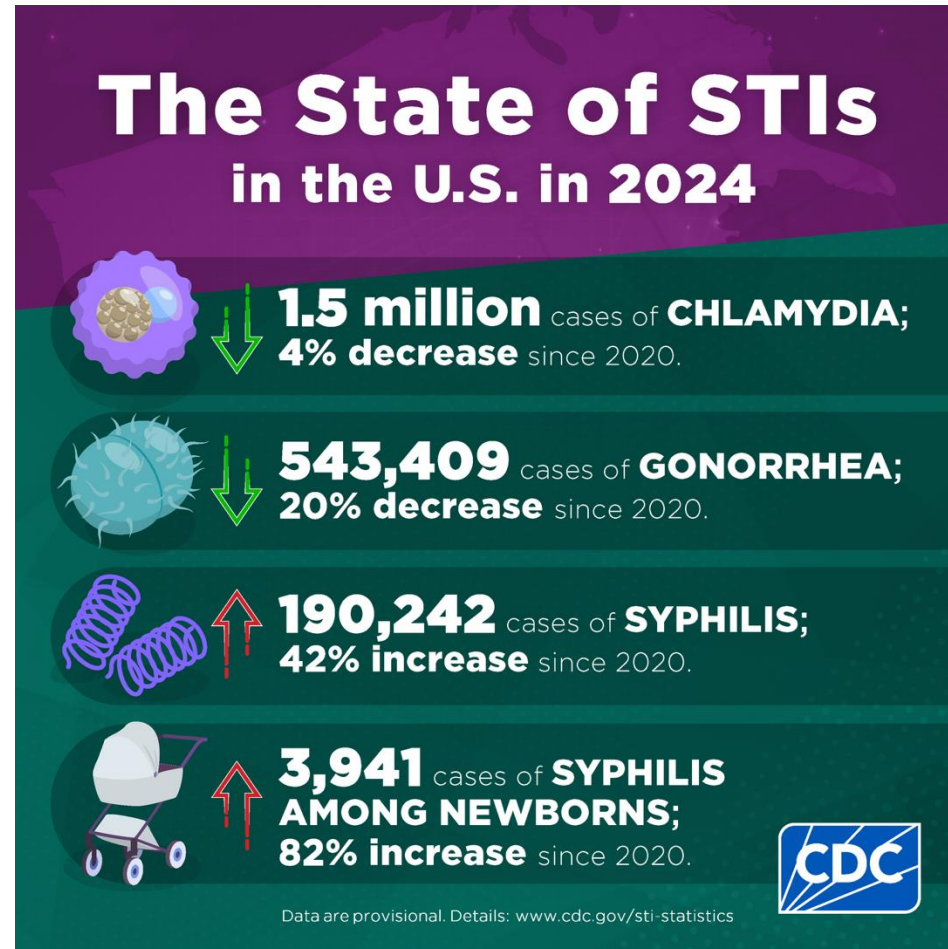
Acknowledgements

- Gowri Nagendra Soman, MPH
- Jessica Steinke, MPH
- Cindy Truong, MPH
- Natalie Neu, MD
- Jason Zucker, MD
- Jacob McLean, DO

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

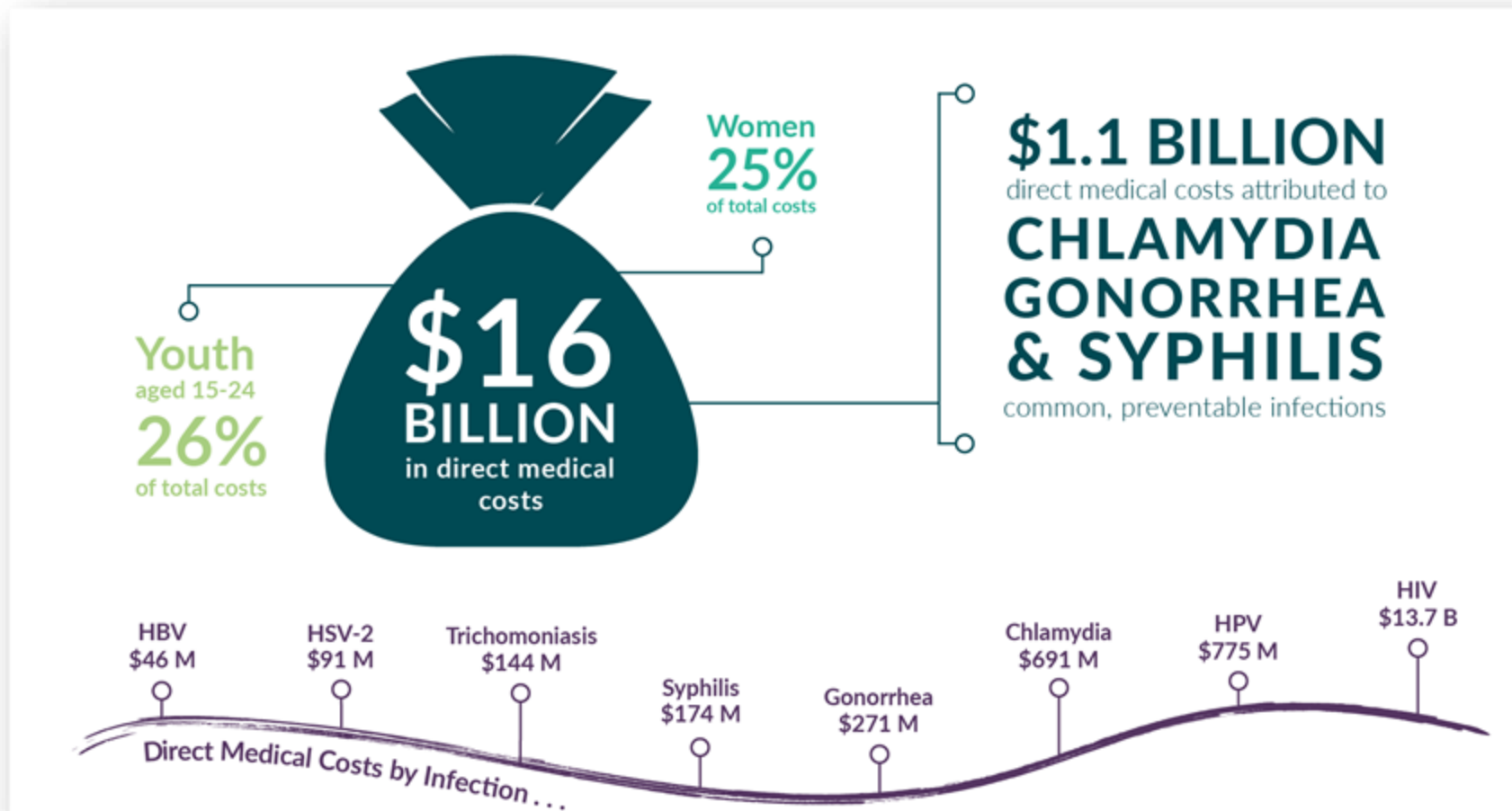
Sexually Transmitted Infections Are Important



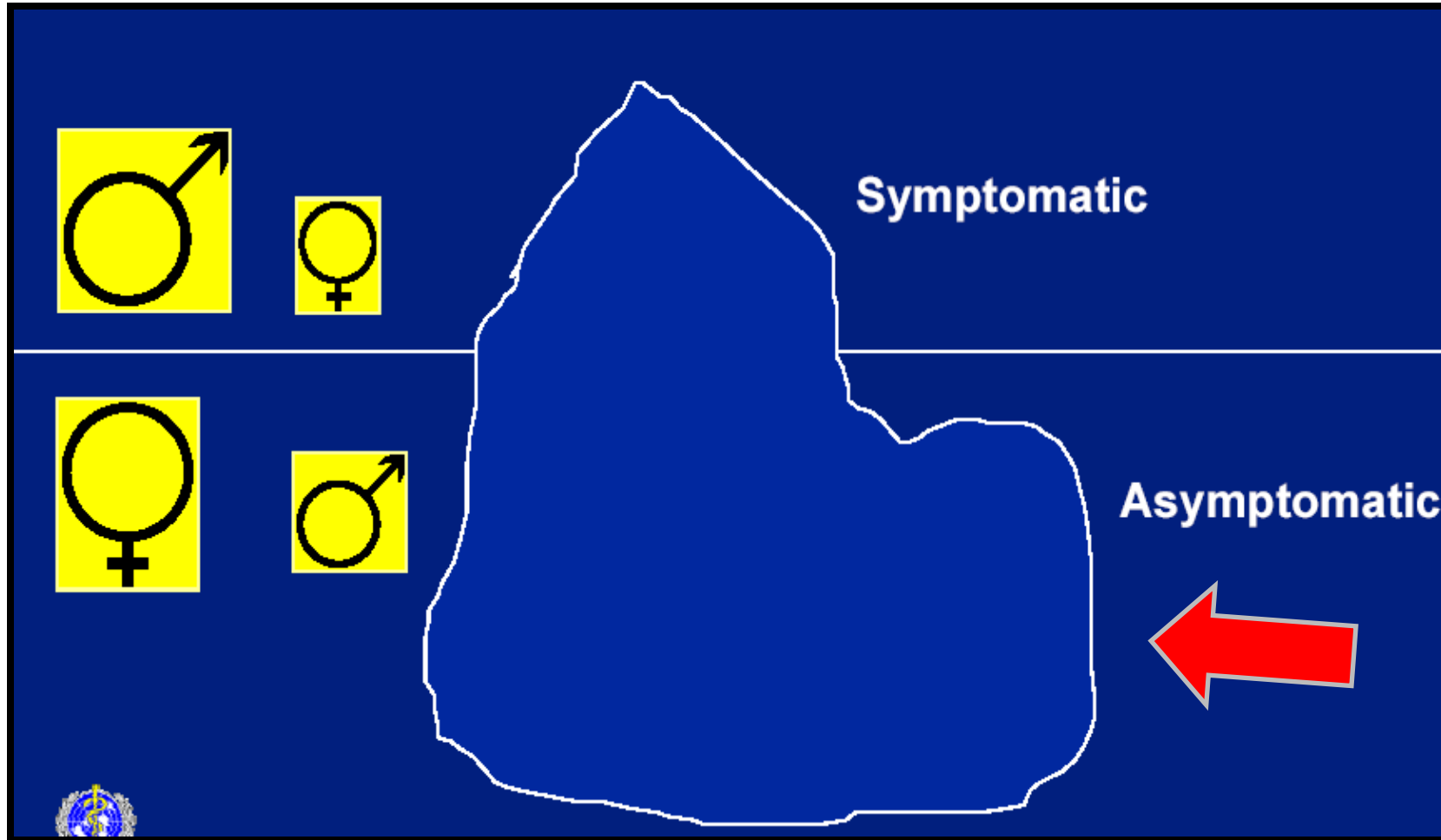
Almost half (48.2%) of reported cases of chlamydia, gonorrhea, and syphilis (all stages) were among adolescents and young adults aged 15–24 years

Gay, bisexual and other men who have sex with men are **disproportionally impacted** by STIs

32.4% of all cases of chlamydia, gonorrhea, and P&S syphilis were among non-Hispanic Black or African American persons (12.6% of the US population)

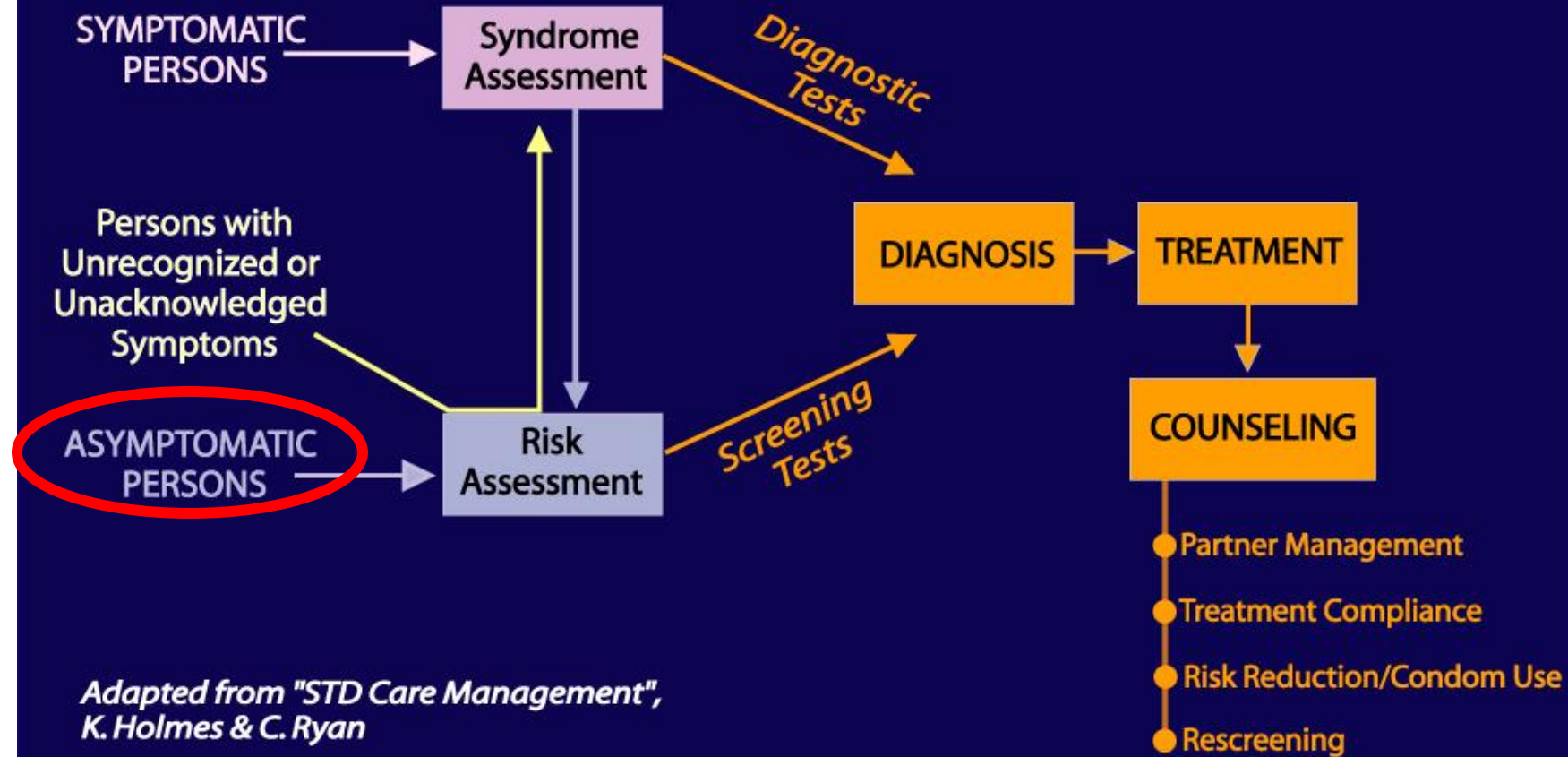


How Symptomatic are STIs?



• Source: WHO HIV/AIDS/STI Initiative

ESSENTIAL STEPS IN STD CARE MANAGEMENT



Where Do We Start?



The journey of a
thousand miles
begins with one
step.

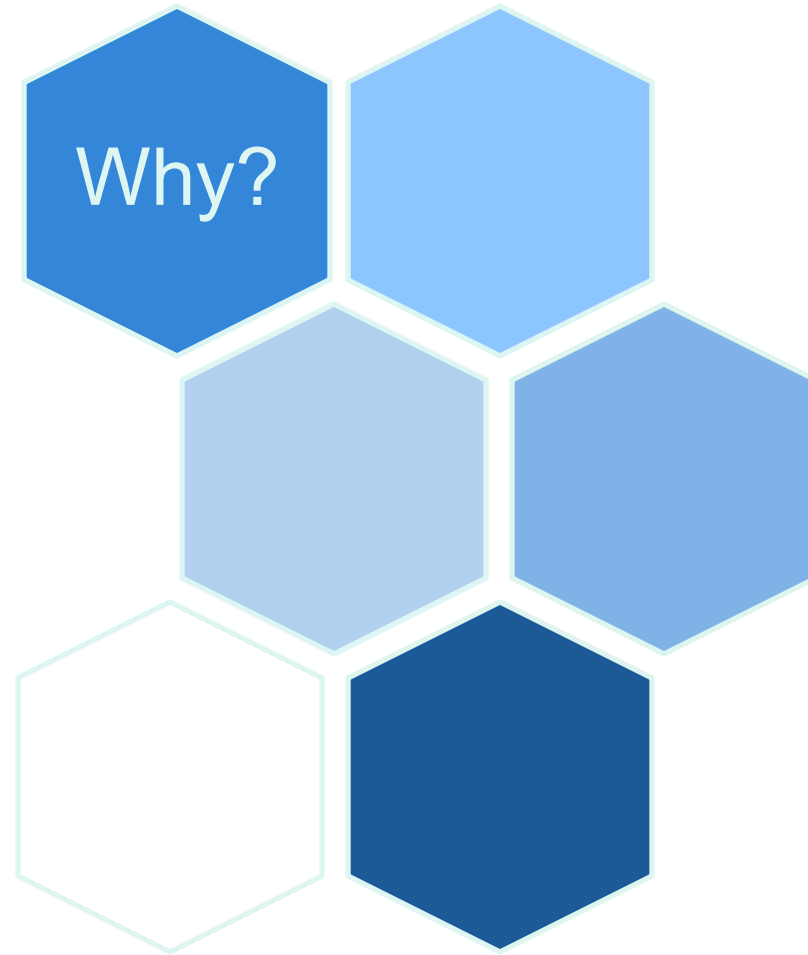
Lao Tzu

BrainyQuote®

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

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

Why Do We Take a Sexual History?

Patient Profile

- Screening
- Counseling
- Interventions

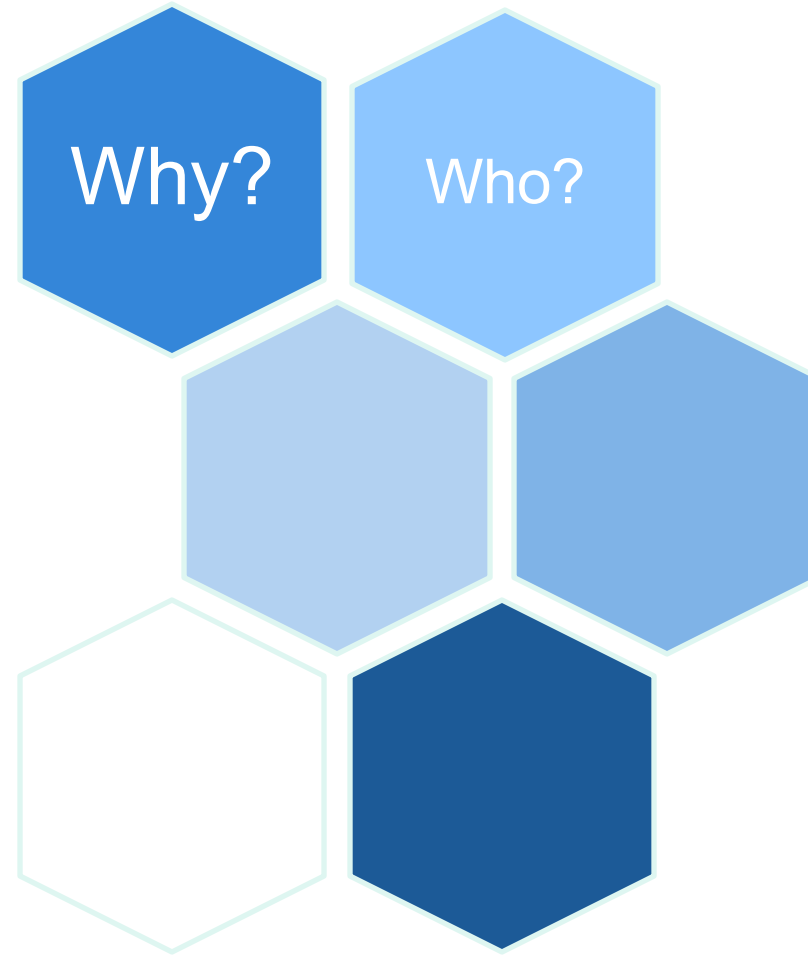
Understanding Patients Needs

- Relationship building

Bonus

- Window into additional issues

Sexual History Taking





Which patients would you take a sexual history from? (Zoom poll)

- None of them
- Alicia (15 yo female, Catholic School, presenting for a school physical)
- Ricky (22 yo male, formerly incarcerated, coming in a pre-employment physical)
- Jason (28 yo beautician, coming in low grade temp, sore throat body aches and chills)
- Vanessa (68 yo retired librarian, ½ PPD smoker, ready to quit)
- Julio (60 yo businessman, blood pressure check)
- All of them

Which Patients Would You Take a Sexual History From?

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

STIs at a Glance...



- 48.2% of cases of CT/GC/Syph occurred among young people 15-24

Which Patients Would Take a Sexual History From?

- 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
- 45% of people in the US >65 are divorced, separated or widowed...which means they may be seeking new partners
- Use of dating apps to find new partners among people >55 has doubled
 - Pew Research Center

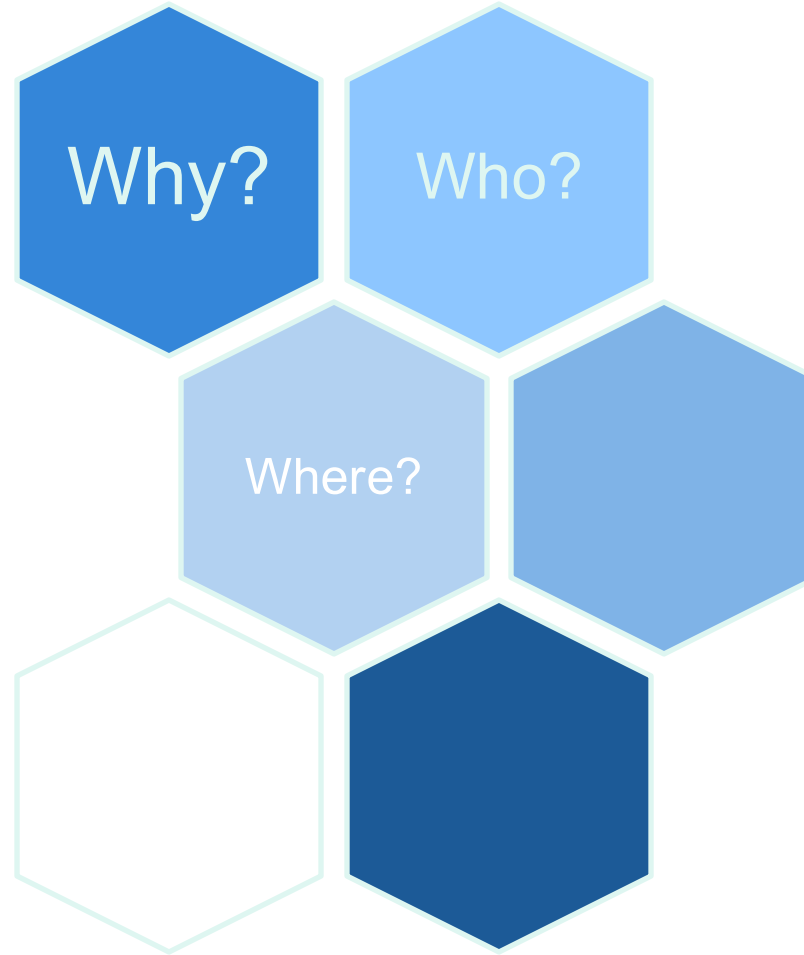
Sex and Seniors

- And...coupled with the increased availability of ED drugs
- And...the risk of pregnancy...off the table
- And...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?

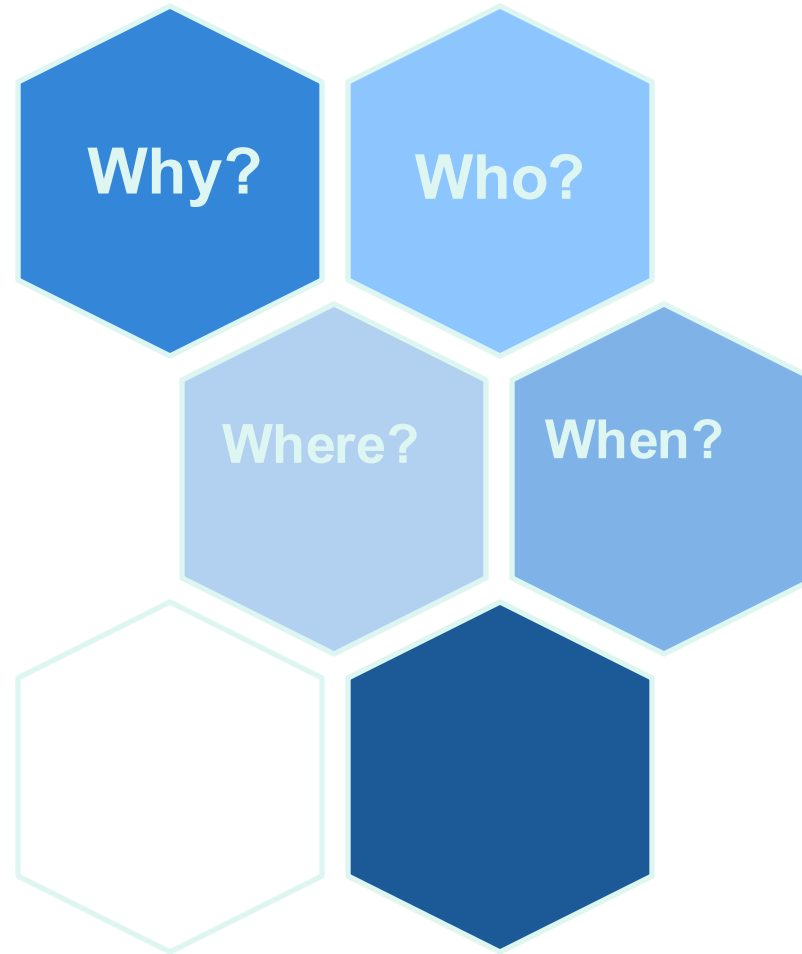


Newest Vital Sign

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

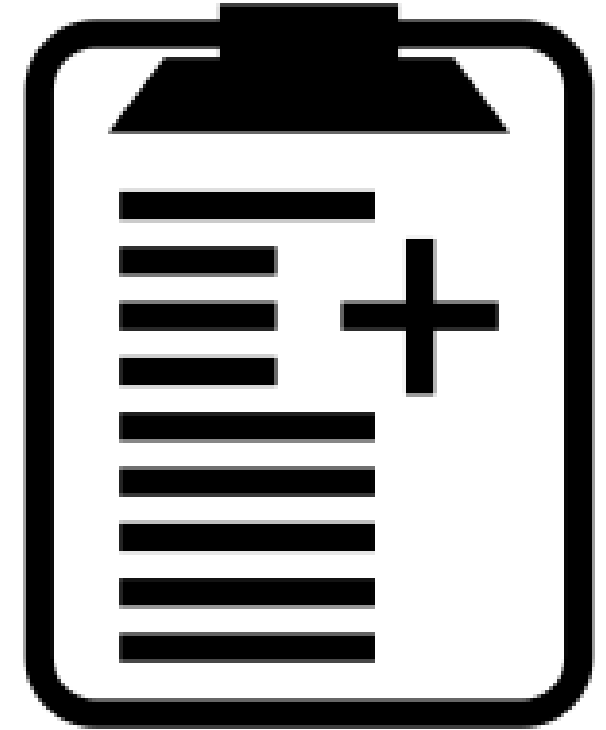


Sexual History Taking

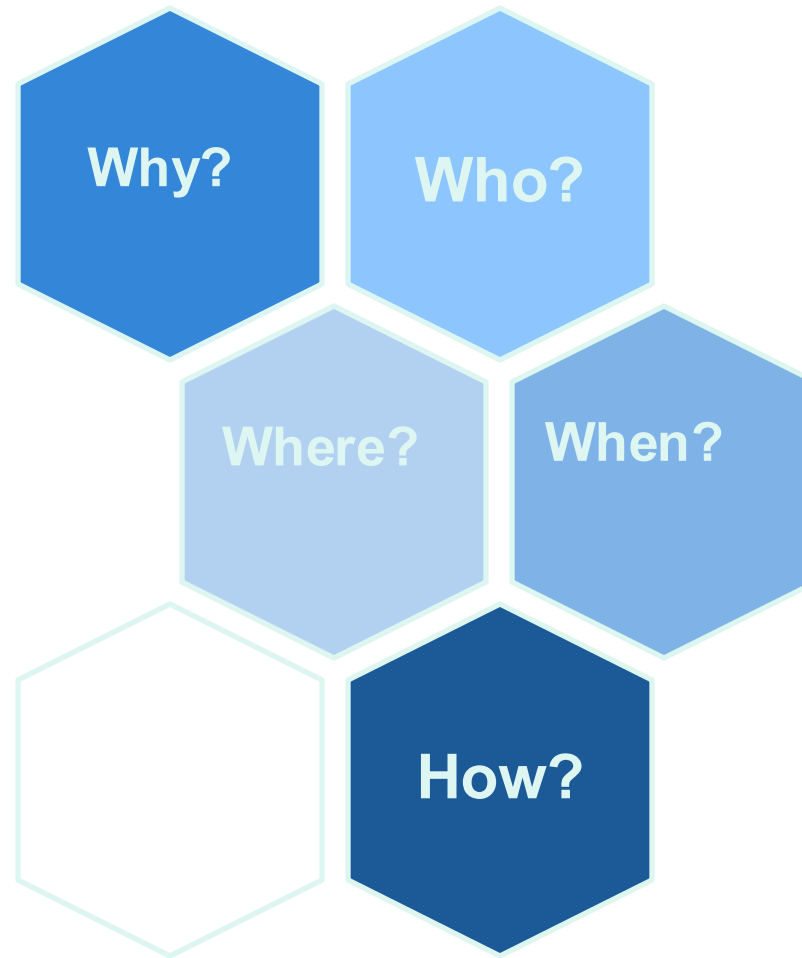


Look For Time That Feels Natural

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



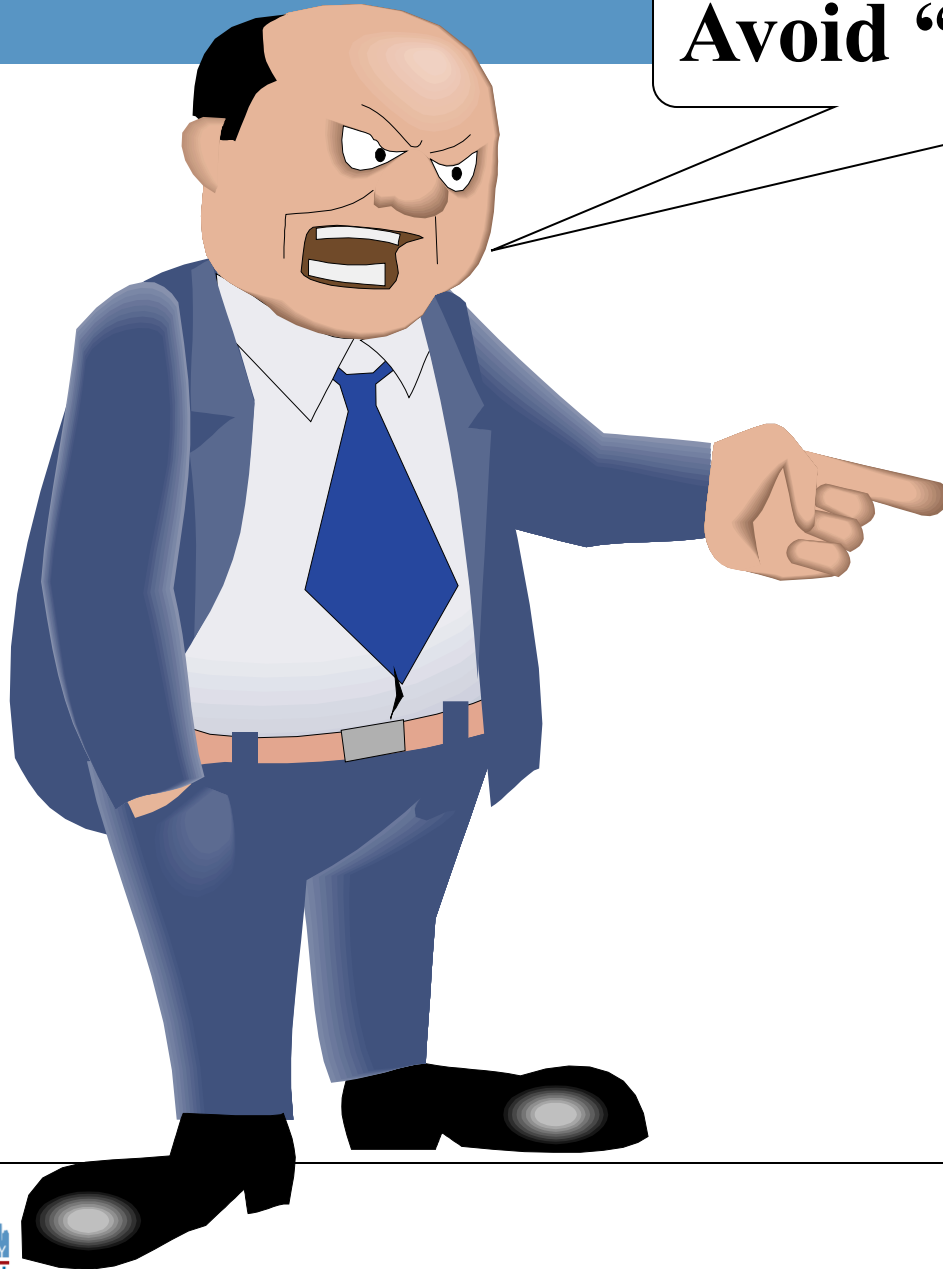
Sexual History Taking – How?



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**

Patient Experiences with Providers

- ***“You’re only 15 and you’ve had 5 partners already. Don’t you know that NY is the STD/HIV capital of the world? How could you be so careless? What’s wrong with you????”***



Patient Experiences with Providers



- Need to understand the ramifications of negative interactions with providers about sex
- “Slut-shaming”
- Criticizing a patient for number of sex partners, sexual practices (condomless sex) etc.
- 25% of Ob-gyn providers expressed disapproval of patient’s sexual practices
 - Sobecki J et al 2012

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 LGB 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?”*

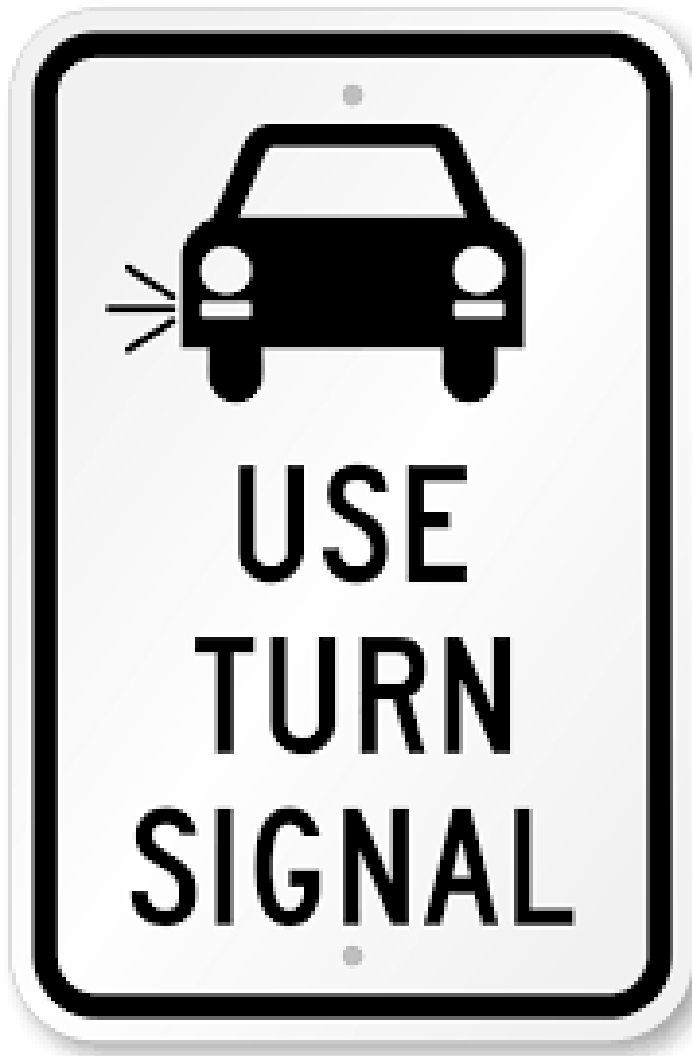
A Word About Words

- 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...”
 - “I’m curious about how...”

Provide a Signal



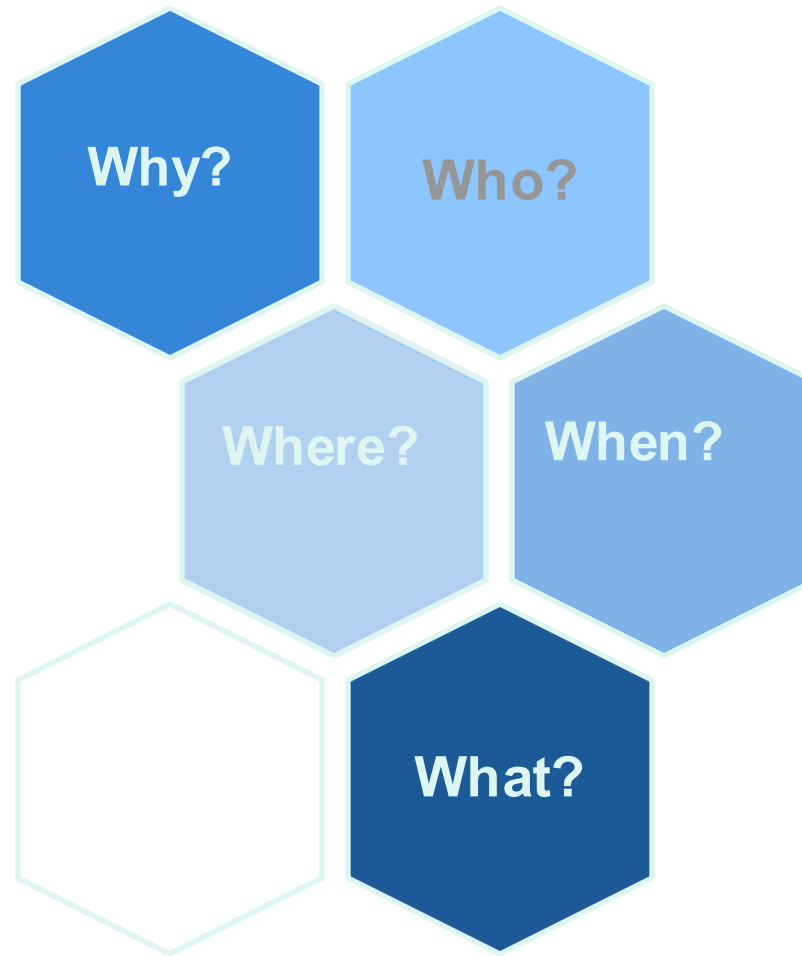
- *“Mr. Rodriguez....I know you are here to get your blood pressure checked and to get refills on your meds...but would you mind if we spend a few minutes talking about how things are going with your sex life? Many of my patients have questions or concerns that they would like to discuss but don’t know 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 sex 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 people with penises, people with vaginas, or both?”

“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? Practices

- We should try not to make assumptions...and instead focus on what body parts are utilized during sex
- ***“So, talk to me a little about which body parts you use when you are having sex with your partner/s”***

◆ 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

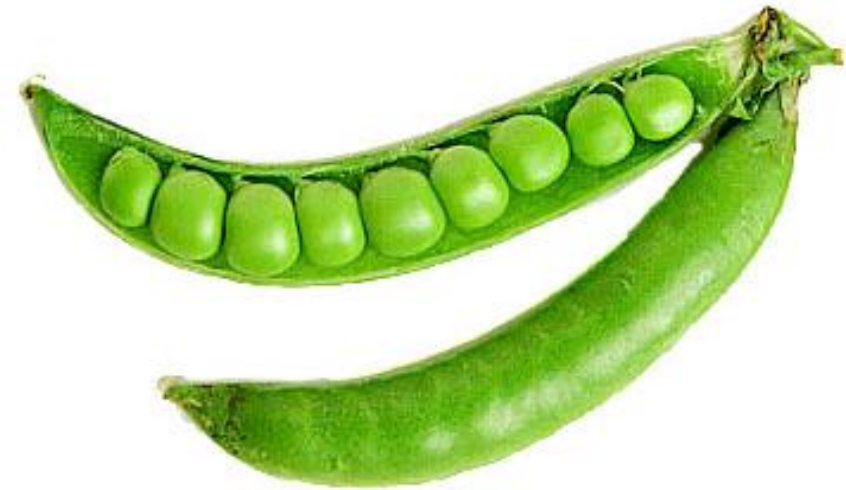
❖ Ask about prior experiences with screening, treatment and involvement of partners

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!

- **Partners**
- **Practices**
- **Prevention of Pregnancy**
- **Protection from STDs**
- **Past history of STDs**
- **Psychosocial issues**
- **Prevention of HIV (PrEP)**
- **Prevention of STIs (DoxypEP, immunizations)**



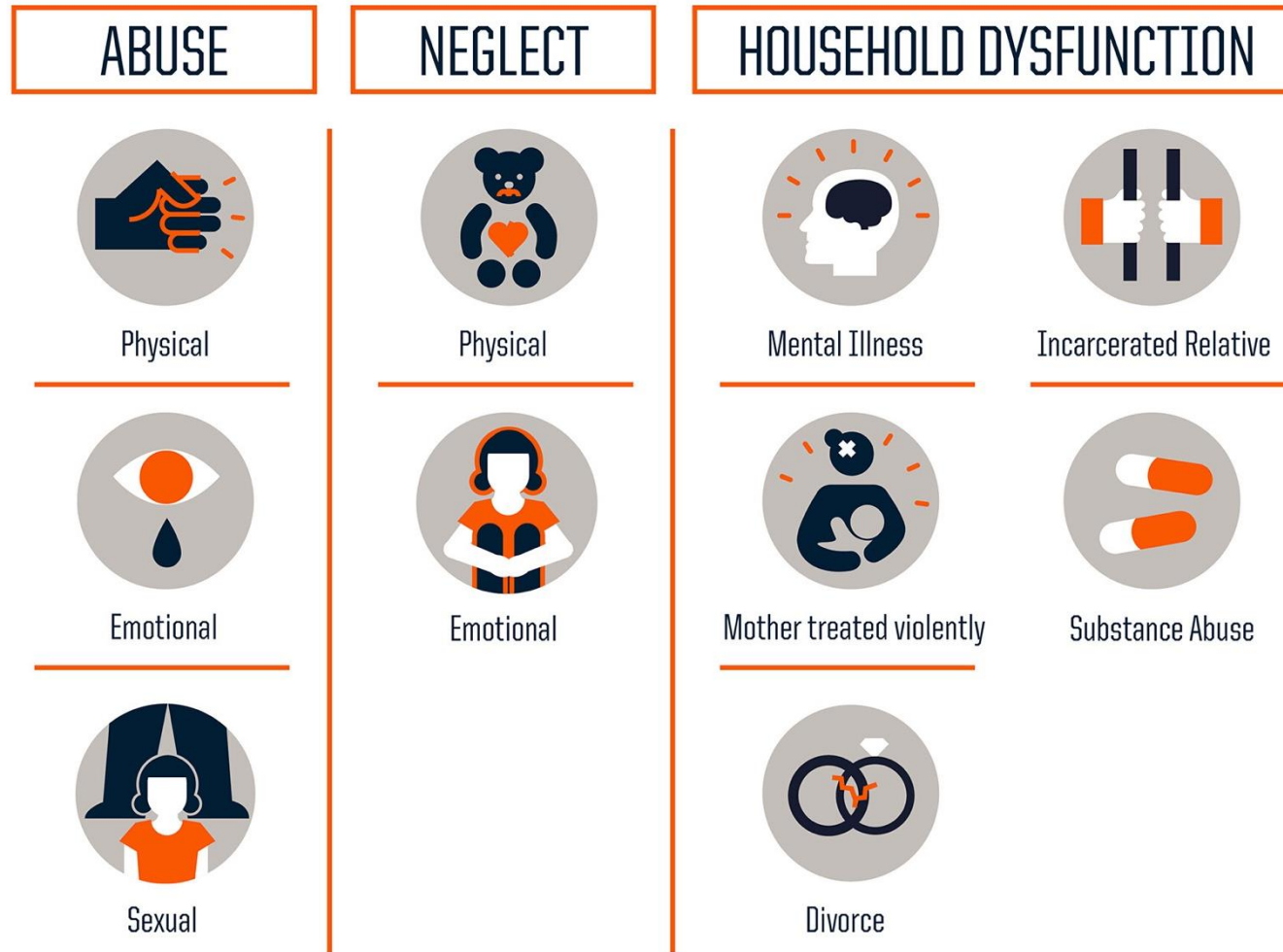
Psychosocial Issues

- 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

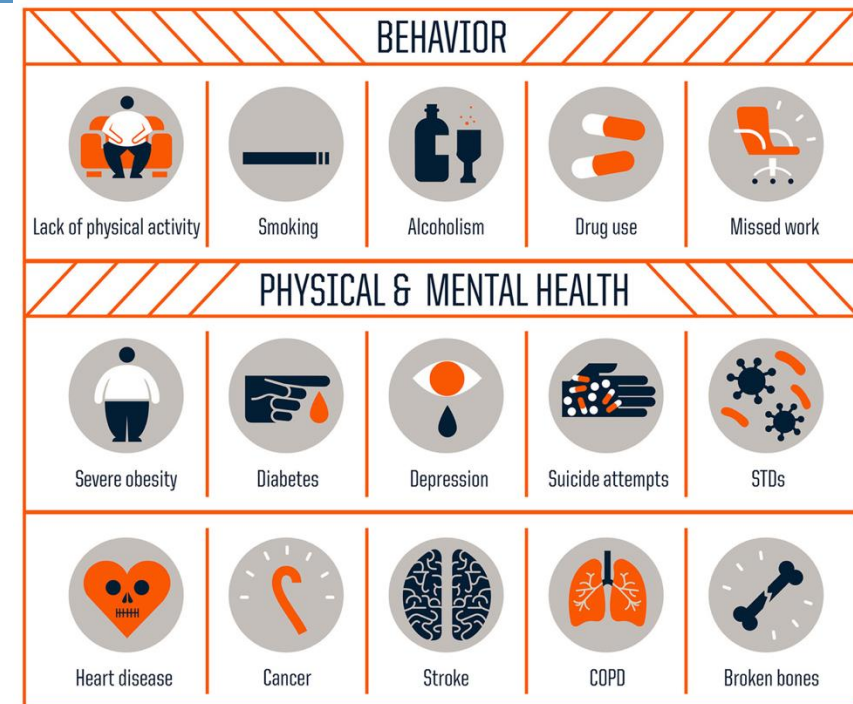
- Trauma (recent)
- Trauma (historical)
 - ACES (Adverse childhood experiences)
 - Traumatic events happening before age of 18
 - Exposure to Domestic violence, Parental substance abuse, Parental incarceration, divorces, household instability, and personal history of abuse
 - Scale = 0-10
 - Dose related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

Adverse Childhood Experiences



ACEs

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



ACEs

The image shows a close-up of a survey form. At the top, there is a list of categories with checkboxes: ☒ Excellent, ☐ Very Good, ☐ Good, ☐ Fair, ☐ Poor, and ☐ DK/NARF. Below this, the text reads: "On a scale of 1 to 5 where 1 represents the lowest level of exposure and 5 represents the highest level of exposure, how would you rate your level of exposure to each of the following categories?" The scale is shown as 1, 2, 3, 4, 5, each with a corresponding checkbox. A blue pen is pointing to the checkbox for '5'. Below this, the same question is repeated for another category.

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 a person's decision to have sex, who to have sex with, and may interfere with their motivation/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

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 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 STIs* 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

- Give 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

- Suggest 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 female, goes to Catholic School, presenting for a school physical, mother has accompanied her to the visit.

Performing a “Parentectomy”



- One of the foundational principles in work with teens is having a few minutes of privacy and assurance of confidentiality
- Teens will very rarely provide accurate responses to sensitive questions in the presence of a parent

Performing a “Parentectomy”

- After providing a rationale, parents are usually fine with leaving the room..
- *“Mrs. Johnson...thank you for bringing Alicia in today. In a few short years, she may be heading off to college, so we need to get her ready to be independent. That includes taking care of her health. In our office, we want to help young people and their parents with that transition. We make it a policy in our clinic for young people to spend time with the health provider alone. We will bring you back in a few minutes to review the results of the physical and to make plans for any next steps that might be needed. What questions or concerns, if any, might you have?”*

Approach: CDC 5 Ps

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

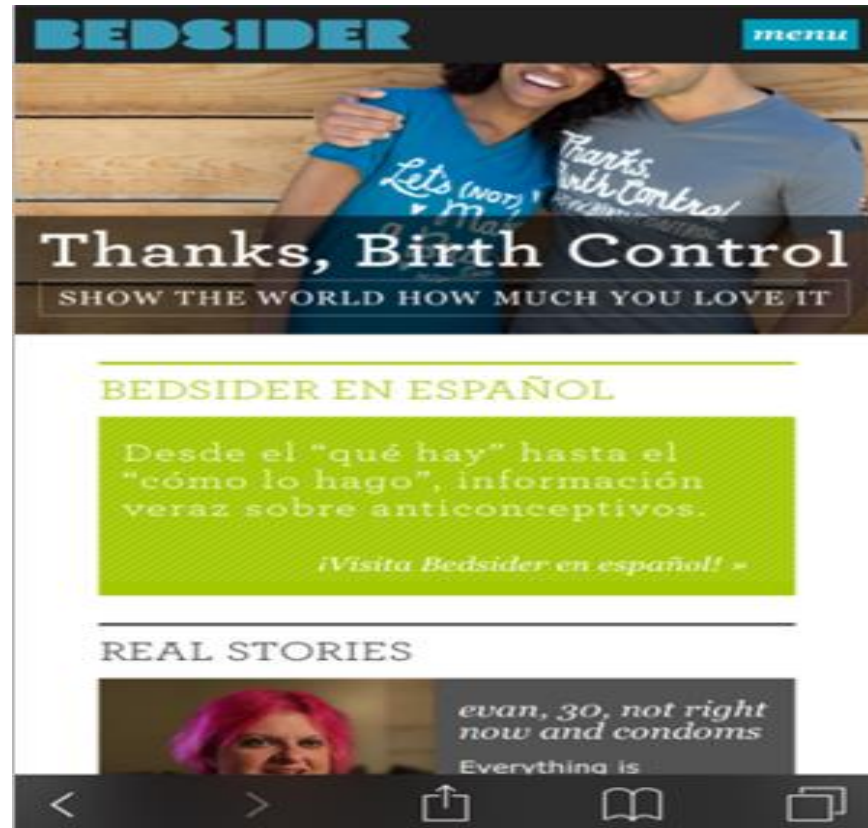
Approach: CDC 5 Ps

- Partners
 - 17 yo 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

Bedsider.org



Action Steps

- Prevention
 - HPV vaccine

HPV Vaccine

- Effective against oncogenic strains of HPV
- Ideally, should be given between the ages of 12 before sexual activity ensues
- Parents are relatively uninformed or may have concerns regarding safety, efficacy and concerns about promoting sexual activity
- Providers can play an important role in providing accurate information and reframing provision of HPV vaccine as a cancer reduction modality

HPV Vaccine

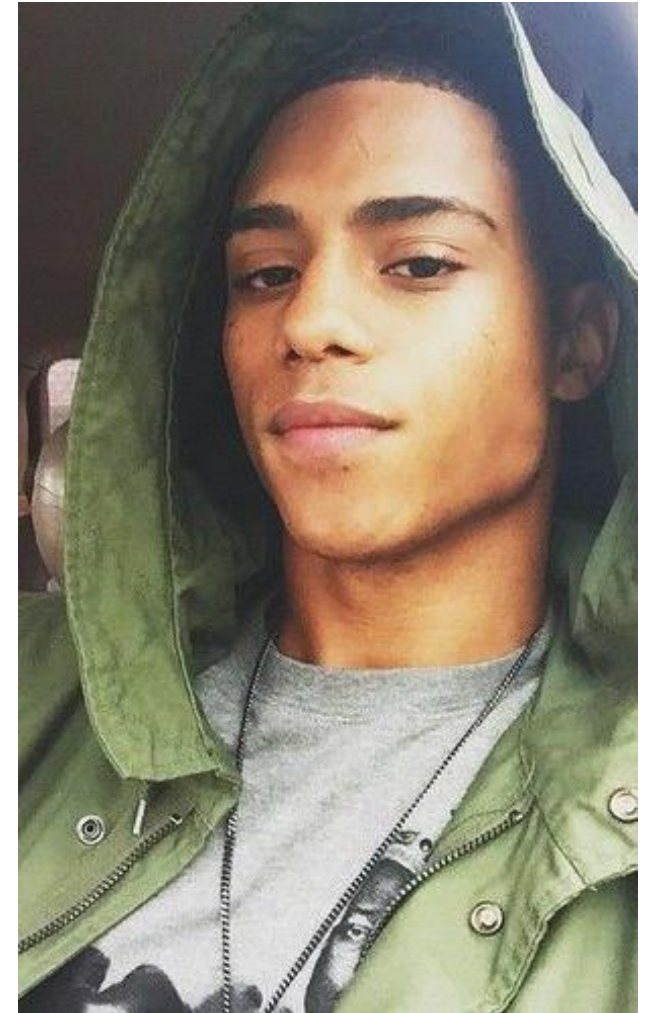
- *“Mrs. Johnson, thank you for bringing your daughter in today. Her exam is normal and we are going to order some routine tests. Additionally, I would like to talk to you today about the HPV vaccine. HPV is a virus that can cause cancer. Over 13,000 women are diagnosed with cervical cancer each year and over 4,000 will die. To keep your daughter healthy and prevent her from becoming a statistic, I strongly recommend that you consider allowing us to provide with the HPV vaccine. The vaccine is safe and works well to prevent cancer. I feel so strongly about it that my own kids have been vaccinated with it. Talk to me about any issues or concerns you might have”*

BTW...

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

Ricky

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



Approach: CDC 5 Ps

- Partners
 - Since release 1 month ago, 5 female and 2 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...will discuss in more detail in future presentation

BTW...

- HIV/RPR/Hep C/Quantiferon = neg
- Antibodies to Hep A and B are negative
- Urine naats (+) for GC

BTW

- He returns for treatment
- Encouraged to contact partners and refer them to clinic for screening and treatment
- Started on PrEP
- Also started on DoxyPEP

BTW

- Consents to get the Hep A and Hep B immunizations
- While most US born patients received Hep A and B vaccines as children, for some immunity may have waned. Also, patients from other countries may not have been vaccinated
- In a retrospective chart review study, we did in our clinic 40% of MSM patients presenting for PrEP lacked immunity to Hep A

BTW



- Additionally, MPOX was a huge issue in the recent past ...vaccination helped reduce the rate of new infections
- But...we are seeing a resurgence, most often among people who are not vaccinated
- Need to provide information and encourage vaccination

BTW

- Consents to get MPOX and HPV vaccines at next visit

Julio



- 60 yo businessman, blood pressure check

Approach: CDC 5 Ps

- Partners
 - Married = female, 2 grown children
 - 2 male partners last 3 months, meet via apps
- Practices
 - No sex with wife for past 5 years (breast cancer survivor)
 - Oral and anal sex with male partners (“Verse”)
 - Last sex yesterday (condomless)
- 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 for CT and GC
- 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

What's the Big Deal with Extragenital Testing?

Clinical Infectious Diseases Advance Access published April 15, 2014

MAJOR ARTICLE

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

Monica E. Patton,^{1,2} Sarah Kidd,¹ Eloisa Llata,¹ Mark Stenger,¹ Jim Braxton,¹ Lenore Asbel,³ Kyle Bernstein,⁴ Beau Gratzner,⁵ Megan Jespersen,⁶ Roxanne Kerani,^{7,8} Christie Mettenbrink,⁹ Mukhtar Mohamed,¹⁰ Preeti Pathela,¹¹ Christina Schumacher,^{12,13} Ali Stirland,¹⁴ Jeff Stover,¹⁵ Irina Tabidze,¹⁶ Robert D. Kirkcaldy,¹ and Hillard Weinstock¹

- 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 !!!***

Vanessa



- 68 yo retired librarian, ½ 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 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 replacement therapy
- Lung CT scan to screen for cancer
- 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 = (+)

Jason



- 28 yo beautician, coming in to get a note for work. Missed 2 days last week due to low grade temp, sore throat body aches and chills. Feels better now
- Will discuss his case in the Thursday presentation on Mental Health and STIs

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 strategies...not only for STIs, but for other aspects of sexual health (contraception), as well as other health issues (vaccines), hypertension, smoking cessation etc.
- Additionally, could open the door for assessment and linkages to care for mental health support

Thank You

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