



Sexual Risk Assessment and Risk Factors for Sexually Transmitted Diseases

These guidelines were developed by:
California Department of Public Health
Sexually Transmitted Diseases (STD) Control
Branch in collaboration with the California
STD/HIV Prevention Training Center

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Disclaimer for public health clinical guidelines: These guidelines are intended to be used as an educational aid to help clinicians make informed decisions about patient care. The ultimate judgment regarding clinical management should be made by the health care provider in consultation with their patient in light of clinical data presented by the patient and the diagnostic and treatment options available. The California Department of Public Health disclaims all liability for the accuracy or completeness of these guidelines and disclaims all warranties express or implied. Further these guidelines are not intended to be regulatory and not intended to be used as the basis for any disciplinary action against the health care provider.

INTRODUCTION

Sexually transmitted diseases (STDs) including chlamydia (CT) and gonorrhea (GC) are among the most common reportable infections nationwide. If left untreated, STDs can result in serious health consequences including infertility, ectopic pregnancy, and chronic pelvic pain in women. STDs can also increase risk of HIV transmission and acquisition. Because many STDs do not have symptoms, screening for asymptomatic infection is a cornerstone of STD prevention.

Performing a sexual risk assessment

A brief risk assessment can guide decisions about what screening tests for STDs are indicated for particular patients. The content of a brief risk assessment should cover the following areas, summarized as "The 5 P's":

P Step	Assessment Question
Past STDs:	"Have you ever had an STD in the past?"
P artners:	"Have you had sex with men, women, or both?" "In the past six months, how many people have you had sex with?" "Have any of your sex partners in the past 12 months had sex with other partners while they were still in a sexual relationship with you?"
Practices: (sexual/needle sharing)	Do you havevaginal sex (penis in vagina)?"anal sex (penis in anus/butt)?"oral sex (penis in mouth or mouth on vagina/vulva)?" "Have you ever used needles to inject/shoot drugs?"
Prevention:	"What do you do to prevent STDs and HIV?" "Tell me about your use of condoms with your recent partner."
Pregnancy plans and prevention:	"How would it be for you if you were to get pregnant now?" "What are you doing to prevent pregnancy now?"

Risk factors by population

Population	Risk Factors
Adolescent females and young women (age 25 and younger)	Because of high levels of infection in this age group, sexual activity alone represents a significant risk for acquiring CT and GC.
Women over age 25	Risk factors for CT or GC include: O Prior CT or GC infection, particularly in past 24 months O Multiple sex partners within the past year O Suspicion that a recent partner may have had concurrent partners O New sex partner in the past 3 months Exchanging sex for drugs or money within the past year O African-American women up to age 30 may be at increased risk Other factors identified locally, including prevalence of infection in the community
Men who have sex with men	Risk factors that indicate more frequent screening for STDs (CT, GC, syphilis, HIV) include: O Multiple or anonymous partners O Intravenous drug use O Sex in conjunction with illicit drug use, including methamphetamine O Sex partners who engage in these activities
Men who have sex with women	CT screening targeted to men in high-risk settings including: adolescent clinics, correctional facilities, and STD clinics. Risk factors for CT or GC include: O Prior CT or GC infection, particularly in past 24 months

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