

HOW TO HAVE THE SEXUAL HEALTH CONVERSATION

HELPING TO PREVENT HIV STARTS WITH A CANDID DISCUSSION



Talking to patients about their sexual health is often postponed due to urgent care issues, provider discomfort, or anticipated patient discomfort.¹ However, routinely taking a sexual history is important for identifying patients at risk of acquiring HIV and other STIs.¹ Use the **SAFE discussion method** to help guide your conversations about sexual health:

S **TART** the sexual history conversation by stating that it is routine practice. Explain how information about your patients' sexual history will be confidential, and will enable you to provide appropriate sexual healthcare.¹

A **SSESS** your patients' risk for acquiring STIs, including HIV. Though some patients may be at greater risk than others, it's important to have this discussion with all of your patients.¹

F **IND OUT** about your patients' sexual history in the past **6 months** and current practices through a series of questions^{1,2}:

“Have you had sex with men, women, or both?”¹

- “How many men and/or women have you had sex with?”

For men who have sex with men (MSM)¹:

- “Do you have insertive sex (you are the top), receptive sex (you are the bottom), or both?”*
- “How many times did you have anal sex without a condom?”
- “Have you used methamphetamine (such as crystal or speed)?”
- “How many of your sex partners did not know their status or were HIV positive?”
 - “With these HIV-positive male partners, how many times did you have anal sex without a condom?”

For heterosexual men and women¹:

- “How many times did you have vaginal or anal sex when you (if a male patient) or your partner (if a female patient) did not use a condom?”
- “How many of your sex partners did not know their status or were HIV positive?”
 - “With these HIV-positive partners, how many times did you have vaginal or anal sex without a condom?”

“Have you had sex under the influence of alcohol and/or recreational drugs?”¹

“Have you been screened for HIV, STIs, and/or hepatitis B and C? If so, what were the results?”^{1,2}

“Are you up to date on your hepatitis A and B and/or HPV vaccinations?”²

E **DUCATE YOUR PATIENTS** on the importance of condoms, as well as other components of a comprehensive HIV prevention approach, including routine HIV and STI testing, and sexual history conversations. For HIV-positive patients, initiating and adhering to treatment helps prevent HIV transmission to negative partners. For HIV-negative patients at risk of HIV infection, consider additional prevention methods such as behavioral counseling, PrEP (pre-exposure prophylaxis), and PEP (post-exposure prophylaxis).^{1,3}

Using the **SAFE discussion method** can help you gain a better understanding of your patients' risk status and sexual behaviors. By guiding your patients toward safer encounters that may reduce their risk of contracting or transmitting HIV, you can help end the epidemic.⁴

HPV=human papillomavirus; STI=sexually transmitted infection.

*Anal sex is the riskiest type of sex for contracting or transmitting HIV. Receptive anal sex (“bottoming”) results in a higher risk of HIV infection than insertive anal sex (“topping”).⁵

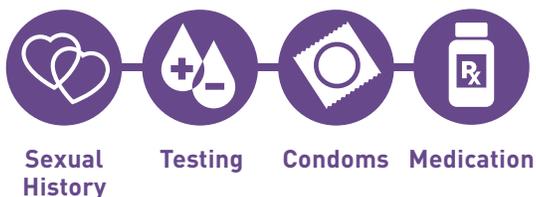


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You can help protect your patients at risk of HIV infection by utilizing a comprehensive approach. Be proactive.

Combine routine HIV and STI testing with sexual history conversations and education on the importance of condoms.^{1,3}

- | For HIV-positive patients, initiating and adhering to treatment helps prevent HIV transmission to negative partners.
- | For HIV-negative patients at risk of HIV infection, consider additional prevention methods such as behavioral counseling, PrEP (pre-exposure prophylaxis), and PEP (post-exposure prophylaxis).



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References: **1.** Centers for Disease Control and Prevention. Preexposure prophylaxis for the prevention of HIV infection in the United States—2014: a clinical practice guideline. <http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>. Published 2014. Accessed November 22, 2016. **2.** Centers for Disease Control and Prevention. For your health: recommendations for a healthier you. <http://www.cdc.gov/msmhealth/for-your-health.htm>. Updated February 29, 2016. Accessed November 22, 2016. **3.** Centers for Disease Control and Prevention. Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV—United States, 2016. <http://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>. Published 2016. Accessed November 22, 2016. **4.** Centers for Disease Control and Prevention. Today's HIV/AIDS epidemic. <http://www.cdc.gov/nchhstp/newsroom/docs/factsheets/todaysepidemic-508.pdf>. Published August 2016. Accessed November 22, 2016. **5.** AIDS.gov. Understanding risk activities. <https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/understanding-risk-activities/>. Updated December 23, 2015. Accessed November 22, 2016.

