PART 7: APPENDICES

Baltimore City STD Clinics
Domestic Violence Assessment
STI Testing Guidelines
Considerations for Adolescents
References
Acknowledgments
Baltimore City Health Department STD Clinics

Free confidential HIV counseling and testing
All services are free, no insurance necessary
Adolescents do not need parental consent for examination and treatment
Proof of citizenship or immigration status not required
Rapid HIV testing, hepatitis B vaccines, and emergency contraception are available at both sites
PrEP services

Druid Sexual Health Clinic

STD services for patients presenting symptoms or at risk of exposure, HIV counseling and rapid testing, pap smears, pregnancy tests

Address
515 W. North Ave
Baltimore, MD 21217

Phone
(410) 396-0176

Metro Subway
Penn-North Station

MTA buses
No.13 (Pennsylvania & North Ave)

Hours
M/T/W/F: 8:30 - 5:00
Th: 8:30 - 1:00
* Last appointment for blood testing at 3:30 pm

Eastern Sexual Health Clinic

STD services for patients presenting symptoms or at risk of exposure, HIV counseling and rapid testing, pap smears, pregnancy tests, PrEP services

Address
1200 E Fayette St.
Baltimore, MD 21202

Phone
(410) 396-9410

Metro Subway
Johns Hopkins Hospital

MTA buses
No. 65 (Lombard St. & Central Ave)

CityLink Orange (Fayette St & Aisquith St)

CityLink Purple (Fayette St & Front St)

Hours
M/T/W/F: 8:30 - 5:00
Th: 8:30 - 1:00
* Last appointment for blood testing at 3:30 pm
DOMESTIC VIOLENCE ASSESSMENT

Have you ever been emotionally or physically abused by a partner?  
Yes  No  
If so, by whom?

Within the past year, have you been hit, slapped or otherwise physically hurt?  Yes  No  
If so, by whom?

Within the past year, have you been forced to have sex against your will?  Yes  No  
If so, by whom?

Are you afraid of your partner?  Yes  No

*If patient answers ‘Yes’ to one or more questions, conduct clinical assessment and offer referrals.
STI TESTING GUIDELINES

The Basics

Individuals infected with a sexually transmitted infection (STI) are more likely than uninfected individuals to acquire HIV infection.

Screen all patients suspected of having an STI for HIV.

The terms STI and STD (sexually transmitted disease) are used interchangeably.

Chlamydia, gonorrhea, and syphilis can be treated and cured if they are treated early.

If these STIs aren’t treated, they can cause serious health problems, such as infertility.

If your patient is positive for any one of these STIs, it is important to provide treatment right away.

Testing and Vaccination Guidelines

For Women:

All females with symptoms of a sexually transmitted infection (STI) like cervicitis; or a discharge from the genital area, the throat and/or the rectum; lesions; rashes; urethritis; vaginitis; painless, round lesion in the genital area or mouth should be tested for chlamydia, gonorrhea, syphilis and trichomonas.

All sexually active females, 25 years or younger, should have an annual screening for chlamydia, because of the high prevalence of the disease in this population and because asymptomatic infection is common.

All sexually active females, should be screened for chlamydia, gonorrhea and syphilis if they have another STI, a sexual partner who has an STI, new or multiple sex partners, use drugs, and/or have ever had an STI.

All pregnant women should be screened for chlamydia, gonorrhea and syphilis at the first prenatal visit, in the third trimester and at delivery.

All females, 11–12 years of age, should be vaccinated with the HPV vaccine.

All females, 13–26 years of age, who are not sexually active and have not received the HPV vaccine are eligible to be vaccinated.
Testing and Vaccination Guidelines

For men:

All males with symptoms of a sexually transmitted infection (STI) like urethritis; or a discharge from the genital area, the throat and/or the rectum; lesions; rashes; urethritis; vaginitis; etc. should be tested for chlamydia, gonorrhea, syphilis and trichomonas.

All sexually active males, should be screened for chlamydia, gonorrhea and syphilis if they have another STI, a sexual partner who has a STI, new or multiple sex partners, use drugs, and/or have ever had a STI.

Men who have sex with men should be screened for syphilis if they (or their partner(s)) have sex with anyone else.

All males, 11-12 years of age, should be vaccinated with the HPV vaccine.

All males, 13 to 21 years of age, who are not sexually active and have not received the HPV vaccine are eligible to be vaccinated.

Testing for...

...chlamydia is urine-based or via a vaginal or penile swab. The test is easy and painless.

...gonorrhea is urine-based or via a vaginal or penile swab. The test is easy and painless.

...syphilis is conducted by a serum blood test. Sometimes fluid from a syphilitic sore is also taken to see if it is caused by syphilis.
CONSIDERATIONS FOR ADOLESCENTS <18 YEARS OF AGE

Confidentiality & Reporting

Most private health insurance plans send home an explanation of benefits (EOB) to the primary policy holder detailing services that have been received by the minor. Confidentiality may be breached if a parent/caregiver receives an EOB detailing their child’s reproductive or sexual health services.

Adolescents list confidentiality concerns as the number one reason for delaying or forgoing medical care.

During a visit, teens are more likely to disclose sensitive information if consent and confidentiality is explained to them and they have time alone with a provider (see guidance below on discussing consent).

Explain that mandated reporting exists. Though it can cause confusion at times, it is ultimately for their protection.

Partner Notification

A Disease Intervention Specialist (DIS) may be contacting an HIV positive patient to discuss notifying the patient’s partners. The DIS cannot disclose the patient’s identity to any partners and cannot discuss test information with a parent/caregiver.

Maryland STD/HIV Confidentiality and Consent Policy

A minor (i.e., a person under the age of 18) has the same capacity as an adult to consent to treatment for or advice about venereal disease.

A provider does not need to provide information to the minor’s parent, guardian or custodian or to the spouse of the minor’s parent about treatment needed or provided. However, a provider may provide this information to those parties without the consent of or over the express objection of a minor. (See Types of HIV tests in section 2)

Communication

Begin by discussing confidentiality and its limits. This helps build trust and explains the basis for mandated reporting.

Do not make any assumptions, particularly about initiation of sexual activity, type of activity, gender identity, and sexual orientation.

Avoid jargon or complex medical terminology. Teens are often hesitant to ask for clarification. Simple, straightforward language ensures effective communication of important information.

Use inclusive language. Language that includes LGBTQ or gender variant youth builds trust and indicates acceptance. Instead of ‘do you have a boyfriend/girlfriend?’ try saying ‘are you seeing anyone?’ or ‘are you in a relationship?’
TAKING A SEXUAL HISTORY

The American Medical Association recommends that providers begin obtaining an annual sexual history from their patients at age 11. If the patient has not reached puberty, focus on what he or she can expect during puberty. After puberty, ask girls about their menstrual history first. Ask about sexual development, sexual activity, dating, relationships, STIs, and pregnancy.\textsuperscript{10}

When taking a sexual history, allow the patient to remain fully dressed and seated in a comfortable chair. Try to establish rapport to make the patient feel comfortable. Remember to reinforce the discussion is confidential unless the patient discloses certain facts, such that he or she is a victim of abuse or is a danger to him or herself or others. In order to normalize the conversation explain that you ask all your patients about their sexual history. Ask open-ended questions that are framed in a neutral, non-judgmental manner. Do not make assumptions about a patient’s sexual activities, gender identity, or sexual orientation or preferences. Be sure to allow the patient time to ask questions.\textsuperscript{11} Have a written questionnaire (available on page 83) available for any patient who is not willing to disclose their sexual history verbally.\textsuperscript{12}

If a partner has accompanied the patient, first offer positive reinforcement, and thank the partner for accompanying the patient to their visit. Next, explain that you would like to first meet the patient and their partner, but then with the patient alone. Stress your commitment to confidentiality. If appropriate and with the patient’s permission, include the partner in education and counseling discussions at the conclusion of the visit.\textsuperscript{13}

Risk assessment: Think in terms of the five Ps:
\begin{itemize}
\item Partners
\item Pregnancy Prevention
\item Protection for STIs
\item Practices
\item Past history of STIs
\end{itemize}
# FIVE Ps

<table>
<thead>
<tr>
<th>Partners</th>
<th>Determine the number and gender of a patient's sexual partners.</th>
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<tbody>
<tr>
<td></td>
<td>&quot;Do you have sex with men, women, or both?&quot;</td>
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<td></td>
<td>&quot;In the past 12 months, how many people have you had sex with?&quot;</td>
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<tr>
<td></td>
<td>&quot;Is it possible that any of your sex partners in the past 12 months had sex with someone else while they were still in a sexual relationship with you?&quot;</td>
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<tr>
<th>Protection from STIs</th>
<th>With the following open-ended question, you allow different avenues of discussion: condom use, monogamy, patient self-perception of risk, and perception of partner's risk.</th>
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<tr>
<td></td>
<td>&quot;What do you do to protect yourself from sexually transmitted infections and HIV?&quot;</td>
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<tr>
<td></td>
<td>If protection is used, determine what kind, how often it’s used, if it’s used correctly, and under what circumstances it’s used.</td>
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<tr>
<th>Past STIs</th>
<th>Determine whether the patient had a previous history of STIs.</th>
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<tr>
<td></td>
<td>&quot;Have you ever been told you had a sexually transmitted infection?&quot;</td>
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<td></td>
<td>&quot;Have any of your partners ever had a sexually transmitted infection?&quot;</td>
</tr>
<tr>
<td>If yes:</td>
<td>&quot;Do you know what the infection was, when it was, and if it was treated?&quot;</td>
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<tr>
<th>Practices</th>
<th>Determine which type of sexual contact the patient is having or has had in the past year, and condom use association with each kind of sex.</th>
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<td></td>
<td>&quot;I am going to ask you about the kind of sex you have been having over the last year so I can understand your risks for STIs.&quot;</td>
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<tr>
<td></td>
<td>&quot;Do you have vaginal sex, meaning 'penis in vagina' sex?&quot;</td>
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<tr>
<td></td>
<td>&quot;Do you have anal sex, meaning 'penis in rectum or anus' sex?&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Do you have oral sex, meaning 'mouth on penis, vagina, or rectum' sex?&quot;</td>
</tr>
<tr>
<td>For each yes:</td>
<td>&quot;Do you use condoms: never, sometimes, or always with this kind of sex?&quot;</td>
</tr>
<tr>
<td>For sometimes:</td>
<td>&quot;In what situations, or with whom, do you not use condoms?&quot;</td>
</tr>
<tr>
<td>Additional practices that may increase risk:</td>
<td>&quot;Have you or any of your partners ever injected drugs?&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;Have you or any of your partners ever exchanged money or drugs for sex?&quot;</td>
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<tr>
<th>Prevention of Pregnancy</th>
<th>Based on information from the prior section, you may determine that the patient is at risk for becoming pregnant or of causing a pregnancy.</th>
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<tbody>
<tr>
<td>Women:</td>
<td>&quot;Are you trying to get pregnant?&quot;</td>
</tr>
<tr>
<td>Men:</td>
<td>&quot;Are you and a partner trying to get pregnant?&quot;</td>
</tr>
<tr>
<td>If no:</td>
<td>&quot;What are you doing to prevent a pregnancy?&quot;</td>
</tr>
<tr>
<td>If contraception is used, determine satisfaction with current method, how often it’s used, and if it’s used correctly.</td>
<td></td>
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</table>
### Patient-administered sexual history questionnaire

Please take a few minutes to fill out these questions about your sexual health. Your information is strictly confidential. This form will be shared with no one but your health care provider. Your honest answers will help your provider to provide the best care possible and work with you to help you be healthy. Leave all questions blank that do not apply to you.

#### Patient Name: ____________________________

**Patient ID:** ____________________________

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1. Have you ever had sex (vaginal or penis in anus or rectum)?
   - [ ] Yes  
   - [ ] No  
   **If no skip to Question 10.**

2. How many partners have you had sex with in the past year?
   - [ ] No partners  
   - [ ] One partner  
   - [ ] More than one partner  

3. Do you have sex with:
   - [ ] Males only  
   - [ ] Females only  
   - [ ] Both  

4. What method do you currently use to prevent a pregnancy, if applicable? (check all that apply)
   - [ ] Condoms (for men or for women)  
   - [ ] Oral contraceptives (birth control pills)  
   - [ ] I am not concerned about getting pregnant  
   - [ ] Other (please specify)  
   - [ ] Foam, spermicides, film or suppositories  
   - [ ] Depo-Provera shot or Norplant  
   - [ ] Rhythm method or withdrawal  
   - [ ] Nothing  

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5. How often do you use condoms with vaginal sex?
   - [ ] Always  
   - [ ] Most of the time  
   - [ ] Sometimes  
   - [ ] Never  
   - [ ] I do not have vaginal sex  

6. How often do you use condoms with anal sex (penis in anus or rectum)?
   - [ ] Always  
   - [ ] Most of the time  
   - [ ] Sometimes  
   - [ ] Never  
   - [ ] I do not have anal sex  

7. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease?
   - [ ] No  
   - [ ] Yes (circle all that apply) Chlamydia  
   - [ ] Genital herpes  
   - [ ] Genital warts  
   - [ ] Gonorrhea  
   - [ ] PID  
   - [ ] HIV  
   - [ ] Trichomonas  
   - [ ] Syphilis  
   - [ ] Other: ____________________________
   
   If yes, when was the last time you had one of these diseases? ____________________________ month/__________________________ year

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8. Have any of your sexual partners...
   - [ ] had a sexually transmitted disease in the past year?  
   - [ ] No  
   - [ ] I do not know  
   - [ ] Yes (please specify)  
   - [ ] had other partners while still in a relationship with you?  
   - [ ] No  
   - [ ] I do not know  
   - [ ] Yes  
   - [ ] had sex with prostitutes?  
   - [ ] No  
   - [ ] I do not know  
   - [ ] Yes  
   - [ ] injected drugs?  
   - [ ] No  
   - [ ] I do not know  
   - [ ] Yes  

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9. Have you ever gotten hepatitis B vaccine (3 injections)?
   - [ ] No  
   - [ ] I do not know  
   - [ ] Yes (all 3 doses)  
   - [ ] Yes (less than 3 doses)  

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10. Have you ever been tested for HIV, the virus that causes AIDS?  
    - [ ] No  
    - [ ] Yes  
    - [ ] I have ever injected drugs?  
      - [ ] No  
      - [ ] Yes

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11. How many drinks of beer, wine or hard liquor did you have in the past week? ____________________________

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12. Have you had sex while under the influence of alcohol or drugs in the past year?  
    - [ ] No  
    - [ ] Yes  

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13. Have you ever had sex when you didn’t want to?  
    - [ ] No  
    - [ ] Yes  

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Adapted with permission from the California Chlamydia Action Coalition
REFERENCES


