HIV—Risk Assessments

1. Risk Assessments for HIV

   a. Clinical Risk Assessment
   b. Drug Use Risk Assessment
   c. Sexual Risk Assessment

2. Reference

3. Risk Assessment & Blood Draw Form

This guideline is designed for general use for most adult patients, but may need to be adapted to meet the special needs of a specific patient as determined by the patient's provider.

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1. Risk Assessments for HIV

HIV risk assessments should be incorporated into regular medical care of all clients, done on a regular basis, and with every new patient. Sexual and drug use risks should be determined. See sample Risk Assessment & Blood Draw form (Section 2 below) or refer to: STD/HIV Risk Assessment, A Quick Reference Guide developed by the Seattle STD/HIV Prevention Training Center at: www.uchsc.edu/mpaetc for further guidance.

Sexual and drug use risks should be determined. Key questions include:

a. Have you ever had a blood transfusion or received any other kind of blood product? Was it before 1985?
b. Do you now or have you ever shared injection equipment?
c. Are you now or have you ever been sexually active?

a. Clinical Risk Assessment:

- Include STDs and HIV in the differential diagnosis.
- Assess all patients for signs or symptoms consistent with an STD including:
  - Genital ulcers, warts, blisters or other lesions
  - Pain or burning with urination
  - New or unusual skin rash
  - Oral lesions

  For men:
  - Urethral discharge
  - Testicular or groin pain

  For women:
  - Increased bloody or foul-smelling vaginal discharge
  - Vulvar itching
  - Metamenorrhagia (bleeding between periods)
- Assess for constitutional signs, history of chronic infection, and associated problems:
  - Headaches
  - Diarrhea
  - Fatigue
  - Shingles
  - History of STD, hepatitis, or TB
  - Fever, chills, night sweats
  - Skin lesions/rash
  - Weight loss
  - Oral thrush
  - Generalized lymphadenopathy

b. Drug use risk assessment

- It is important to be non-judgmental and non-moralistic. Injection drug use is illegal and many patients will not be truthful unless trust is established.

- Start with less threatening questions:
  - What over-the-counter or prescription medications are you taking?
  - How often do you use alcohol? Tobacco?
  - Have you ever used drugs from a non-medical source?
  - Have you ever injected any kind of drug?

- Do not assume anything.
  - Drug use occurs in all socioeconomic strata.
  - Don’t forget that people also inject things like insulin and steroids.
  - Any sharing of injection equipment, even one time, can result in HIV exposure.

- Look for other clues in the history and physical.
  - Antisocial behavior
  - Recurrent criminal arrests
  - Needle tracks

- If there is a positive history of drug injection use, get more information:
  - Do/did you share needles/other equipment?
  - Is/was the equipment you use(d) clean?
  - How did you know it was clean?
  - What drugs did you inject?

c. Sexual Risk Assessment:

- Use specific terms:
  - Use “men who have sex with men” or “women who have sex with women” instead of gay. (Some men do not consider themselves “gay” if they practice anal insertive intercourse, but their receptive partners may consider themselves to be gay.)

- Do not assume anything.
  - Marriage does not always mean an individual is monogamous or heterosexual.
  - People who identify as homosexual may also have heterosexual sex and vice versa.

- Ask for an explanation of sexual practices:
  - When you say you had sex, what exactly do you mean?
  - I don't know what you mean, could you explain…?

- Direct and non-judgmental questions are best:
  - Do you have sex with men, women or both?
  - Do you have oral sex? Vaginal sex? Anal sex?
  - What do you know about the sexual activities of your partners?
  - What do you do to protect yourself during sex?
  - When was the last time you had unprotected sex?
  - Do you use condoms? How often?
  - Have you ever had sex with someone you didn't know or just met?
  - Have you noticed any STD-type symptoms in your partner(s)?

2. Reference

STD/HIV Risk Assessment, A Quick Reference Guide. Issued by the Mountain-Plains Regional AIDS Education and Training Center. www.uchsc.edu/mpaetc.

3. Risk Assessment & Blood Draw Form

___________	___________________________	_____________________	__________
Date of Visit	Client Name (Last, First)	Date of Birth	Chart#

NOTE: Most diseases listed below are reportable to the State of Alaska.

I give permission to have my blood drawn:

____

Client Signature

I give my permission to have my results released to me by:

Initials
____ Telephone
____ Mail
____ Appointment
____ Other (fill in)_____________________________

STAFF USE ONLY

Test Requested

- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ HIV
- ☐ Rubella
- ☐ Rubeola
- ☐ Syphilis
- ☐ Varicella
- ☐ Other_______________________

Reason for Test

- ☐ Screen
- ☐ Prenatal
- ☐ Post vaccine # of Doses_______
- ☐ Symptomatic
- ☐ Exposure to infected person
- ☐ History of disease
- ☐ Occupational exposure
- ☐ Other___________________________

RISK ASSESSMENT FOR HIV/HBV/HCV/SYPHILIS

Are your sex partners?	☐ M	☐ F	☐ Both
	No	Yes	
Previously test for HIV/HBV/HCV/Syphilis Neg ☐ Pos ☐	☐	☐	Date:_____________
IVDU/Intranasal DU	☐	☐	Last Use: _________
Received Transfusion or Clotting Factors prior to July 1992	☐	☐	Date: ____________
Sexual Contact with infected Person:HIV/HBV/HCV/Syphilis	☐	☐	Date: ____________
Sexual Contact with Prostitute/Gay/Bi-sexual	☐	☐	Date: ____________
Sexual Contact with IVDU/Intranasal DU	☐	☐	Date: ____________
Body Piercing/Tattooing	☐	☐	Date: ____________
Household/Prenatal Contact	☐	☐	Date:_____________

Number of partners in past 6 months:___
Number of partners in last year:_______

Condom use: LSE W/O ____________
% used in 6 months _______________

HBV/HCV Primary Risk#: __________
HIV Primary Risk# ________________

Date last TB skin test: ________________
Neg Pos

Type of Sex:
☐ Vaginal
☐ Oral
☐ Anal

Additional Risk Comments:

____

G P L
BC Method B________ A__________

Allergies ________________________

Pre-Test Counseling (Signature) ___________________________ Date drawn _______________

Post-Test Counseling (Signature) __________________________ Date results given __________

Pre-Test Counseling/Risk Reduction Plan

1. **Safer Goal Behavior(s):**

____

Previous Successes:

____

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2. **Action Plan:**

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3. **Referrals:**

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4. **Post-Testing Counseling/Risk Reduction Plan:**

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5. **Other Comments:**

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