

**SEXUALLY TRANSMITTED AND BLOOD-BORNE INFECTIONS (STBBI)
PREVENTIVE INTERVENTION**

Patient identification

INITIAL VISIT AND PRE-TEST COUNSELLING

Reason for the consultation: _____

ASK

- Patient's sex Male Female Age: _____ Country of birth: _____
- History of STBBI No Yes Specify the infection(s) and date(s) _____
- Date of most recent screening: _____ Result: _____
- Hepatitis B vaccination No Yes: number of doses _____ date of last dose _____
 Hepatitis A vaccination No Yes: number of doses _____ date of last dose _____
 HPV vaccination No Yes: number of doses _____ date of last dose _____
- Sex of partners Male Female Both
- Number of sex partners in the past two months: _____ in the past year: _____
- Condom use

	<i>Systematic</i>	<i>Sometimes</i>	<i>Never</i>	<i>Does not engage in this activity</i>	<i>Other barrier method (specify)</i>
Vaginal relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Places Bathhouses The street Prison/Detention centre Sex worker Other (specify) _____
- Characteristics of partners Anonymous Sex worker (client) From an endemic region
 Partner has an STBBI (specify): _____ Other (specify) _____
- History that includes a risk of exposure to blood
 - Exposure to blood at work Tattoo or piercing in non-sterile conditions
 - Blood transfusion or other blood products Tissue transplant or organ(s) received
 - Procedure (surgical or other) involving use of contaminated equipment
 Specify: _____
- Drug use (current/history of)
 - No Yes Specify drug(s) _____ last time used: _____
 - Specify route of utilisation: intravenous intra nasal oral
- **FEMALE** LMP: _____ Currently pregnant: _____ History of abortion: _____ **MALE** Partner is pregnant
- Known diseases **OR** Allergies **OR** Recent medication
Specify: _____
- Presence of signs or symptoms No Yes (evaluate the pertinence of empiric therapy)
Specify: _____

Physical examination:

Diagnostic impression:

SCREENING AND VACCINATION

- Screening for STBBI based on risks identified Patient's reactions following positive or negative results
- STBBI that are not subject to screening Importance of partner notification if there is an STBBI
- Types of samples to collect Procedure ensuring confidentiality and disease reporting
- Meaning of results and limits of the tests Vaccination according to indications outlined in the Protocole d'immunisation du Québec

SAFER BEHAVIOURS

- Systematic and proper condom use Circumstances that encourage risk taking (alcohol, drugs, places to meet partners...)
- Safer sexual activities Risk reduction linked to drug addiction

RISK PERCEPTION AND INTENTION TO ADOPT SAFER BEHAVIOURS

THE PATIENT IS NOT READY TO CHANGE

- Explore the *pros* and *cons*

- Negotiate rediscussion

THE PATIENT IS READY TO CHANGE

- Negotiate an action plan
 - Agree on short-term risk-reduction objectives
 - Evaluate the barriers to attaining set objectives
 - Encourage the patient to find solutions
 - Determine the need to refer to a resource for support

DISCUSS

GIVE

- Documentation: _____ Tests: _____
- Vaccination: _____ Empiric treatment if indicated: _____
- Process for F-U without breach of confidentiality: _____
- F-U appointment: _____ Referral to a resource: _____

Signature: _____ Date: _____ Time: _____