

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

SUBSEQUENT VISIT AND POST-TEST COUNSELLING

Patient identification

Reason for the consultation: _____

FOLLOW-UP ON SCREENING AND VACCINATION

- Go over the tests that were performed, infections for which tests were done, and STBBI not included in screening
- Give the results
- Go over meaning of the results and limits of the tests
- If result is *negative*:
 - Be cautious of the false sense of security a negative result can provide (window period, limits of the tests, possibility of infection with subsequent exposure, result does not apply to all STBBI)
 - Assess the need to repeat testing
- If result is *positive*, discuss based on the infection or infections detected:
 - treatment (free prescription medication program for the treatment of STD)
 - clinical presentation and evolution of the infection, symptoms to watch for and possible complications
 - modes of transmission and duration of contagious period
 - partners to contact so they can also be treated
 - support for partner notification
 - reminder of notifiable disease status
 - pertinence of referring to a medical specialist
 - pertinence of referral for psychosocial support
- Follow-up on vaccination
- Notify the Direction de santé publique (form AS-770)

SAFER BEHAVIOURS

- Go over risk factors identified (former and new ones): _____
- Go over preventive counselling:
 - systematic condom use
 - safer sexual activities
 - risk reduction linked to drug addiction
 - circumstances that encourage risk taking

NOT READY TO CHANGE OR TOTALLY FAILED:

- The *pros*:

- The *cons*:

- Transmit a clear message and offer support
- Negotiate rediscussion

ACHIEVING OR MAINTAINING:

- Go over objectives agreed upon
- List the successes and failures
- Discuss current difficulties

- Discuss solutions

- Congratulate for results achieved and reiterate your confidence and support
- Reassess action plan

Physical examination: _____

Diagnostic impression: _____

PLAN FOR FOLLOW-UP

- Review of documentation: _____
- Follow-through on partner notification: _____ Referral to a regional service for preventive intervention with partners (IPPAP)
- Verification of the pertinence of post-treatment follow-up testing (indications limited to certain infections and contexts. See the *Canadian Guidelines on STI*): _____
- Evaluation of the need for periodic screening (agreement with the patient regarding optimal interval): _____
- Agreement on process for follow-up without breach of confidentiality: _____
- Follow-up on adoption or maintenance of safer behaviours
 - Follow-up appointment: _____
 - Referral to a resource: _____

Signature : _____ Date : _____ Time: _____