

# MICHIGAN

HIV and STI

Provider Resources



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# Chlamydia

Chlamydia, caused by *Chlamydia trachomatis* bacterium, is the most frequently reported sexually transmitted infection (STI). If untreated, it can lead to pelvic inflammatory disease (PID), ectopic pregnancy, chronic pelvic pain, infertility in women, and urethral infections, epididymitis, and testicular pain and swelling in men.

<b>Exposure Behaviors</b>	<p>Exposure behaviors/indicators include inconsistent condom use, previous history of STIs, and exchanging sex for money or drugs.</p>
<b>Recommended Screening</b>	<p>Annual screening is recommended for pregnant women, sexually active women under 25, and those over 25 with new partners, multiple partners or partners with STIs. Providers should also consider rectal screening for all individuals based on reported sexual behaviors and exposure.</p> <hr/> <p>Men who have sex with men (MSM) should receive preventive screening, including rectal and pharyngeal testing if exposed.</p> <hr/> <p>Screening for transgender and gender diverse individuals should be adapted based on anatomy (i.e., annual or routine screening for Chlamydia in cisgender women &lt;25 years old should be extended to all transgender men and gender diverse people with a cervix).</p>
<b>Treatment</b>	<ul style="list-style-type: none"> <li>● <b>Recommended Drug Regimens for Chlamydia:</b> Doxycycline 100 mg orally 2 times/day for 7 days</li> <li>● <b>Alternative Regimens:</b> Azithromycin 1 g orally in a single dose OR Levofloxacin 500 mg orally once daily for 7 days</li> <li>● <b>Regimens for Expedited Partner Therapy (EPT):</b> Doxycycline 100 mg orally 2 times/day for 7 days</li> </ul> <p><i>Note: When prescribing/dispensing EPT for Chlamydia, Azithromycin 1 gram orally should be substituted when partner is or might be pregnant, or if partner is unlikely to adhere to 7-day regimen.</i></p>
<b>Rescreening</b>	<p>Rescreening three months after treatment is advised for all diagnosed cases of Chlamydia.</p>

# Gonorrhea

Gonorrhea (GC), caused by *Neisseria gonorrhoeae* bacterium, primarily affects the reproductive tract, urethra, eyes, throat, vagina, penis, and rectum. If left untreated, it can lead to increased risk of HIV, pelvic inflammatory disease (PID), infertility, ectopic pregnancy, and chronic pelvic pain.

<p><b>Exposure Behaviors</b></p>	<p>Exposure behaviors/indicators include inconsistent condom use, previous history of STIs, multiple sex partners and exchanging sex for money or drugs.</p>
<p><b>Recommended Screening</b></p>	<p>Annual screening is recommended for pregnant women, sexually active women under 25, and those over 25 with new partners, multiple partners or partners with STIs. Pregnant women should be screened at first prenatal visit and retested in the third trimester if at continued risk. Providers should also consider rectal screening for all individuals based on reported sexual behaviors and exposure. Men who have sex with men (MSM) should receive preventive screening, including rectal and pharyngeal testing if exposed.</p> <p>Screening for transgender and gender diverse individuals should be adapted based on anatomy (i.e., annual or routine screening for Gonorrhea in cisgender women &lt;25 years old should be extended to all transgender men and gender diverse people with a cervix).</p>
<p><b>Treatment</b></p>	<p><b>Recommended Drug Regimens for Gonorrhea:</b> Ceftriaxone 500 mg IM in a single dose for people weighing &lt;150kg. For people weighing <math>\geq</math>150 kg, treat with Ceftriaxone 1 g.</p> <p><b>Alternative Regimens (when Ceftriaxone is not available):</b> Gentamicin 240 mg IM in a single dose <b>PLUS</b> Azithromycin 2 g orally in a single dose OR Cefixime* 800mg orally in a single dose.</p> <p><b>If chlamydial infection has not been excluded:</b> Treat for Chlamydia (CT) with Doxycycline 100 mg orally 2 times/day for 7 days.</p> <p><b>Regimens for Expedited Partner Therapy (EPT):</b> <u>For sexual partners of patients with Gonorrhea only:</u> Cefixime 800 mg orally in a single dose.</p> <p><u>For sexual partners of patients with GC who are co-infected with CT, or for whom a CT result is not available:</u> Cefixime 800 mg orally in a single dose <b>PLUS</b> Doxycycline 100 mg orally 2 times/day for 7 days.</p> <p><i>Note: When prescribing/dispensing EPT for Gonorrhea, Azithromycin 1 gram orally should be substituted when partner is or might be pregnant, or if partner is unlikely to adhere to 7-day regimen.</i></p>
<p><b>Rescreening</b></p>	<p>Rescreening three months after treatment is advised for all diagnosed cases of Gonorrhea.</p>

# Expedited Partner Therapy

Expedited Partner Therapy (EPT) is the clinical practice of treating sexual partners of persons who receive a chlamydia (CT) or gonorrhea (GC) diagnosis by providing additional medications or prescriptions to the patient. Patients then provide their partner(s) with these therapies without the health care provider having examined the partner.

<b>EPT Eligibility</b>	<p>EPT can be utilized for sexual partners of patients with a clinical or laboratory diagnosis of CT and/or GC. There is no limit to how many partners can be provided with treatment via EPT in Michigan.</p> <p>Any sexual partners that the patient has had in the last 60 days are the best candidates for EPT as they are at highest risk for infection. If the patient's last sexual encounter was more than 60 days prior, the most recent sexual partner should be treated.</p> <p>EPT can be utilized without laboratory confirmation when there is a high clinical suspicion of infection and there is a concern that the patient will not follow-up. EPT should also be utilized for partners of patients who are unable or unwilling to seek prompt clinical services for CT and/or GC screening and treatment.</p>
<b>EPT Considerations</b>	<p>If a patient's sexual partner is pregnant, every effort should be made to contact the pregnant woman for a referral to pregnancy services and/or pre-natal care, and doxycycline <b>should not be given</b>. <b>EPT should not be used when:</b></p> <ul style="list-style-type: none"><li>• There is suspected child abuse or sexual assault.</li><li>• A patient's safety is in question.</li><li>• A patient's partner has a known allergy to antibiotics.</li><li>• A patient is co-infected with an STI other than CT and/or GC.</li></ul>
<b>How to Provide EPT</b>	<p>Medication for EPT may be dispensed in the clinic or prescribed. When dispensing EPT as a medication inclusive packet in the clinic, include informational materials and a clinical referral for follow-up testing and counseling for your patients and their partner(s).</p> <p>When dispensing EPT as a prescription:</p> <ul style="list-style-type: none"><li>• Individual prescriptions should be given for each partner.</li><li>• Prescriptions should be made out in the partner's name if possible.</li><li>• Prescriptions can be made out to 'Expedited Partner Therapy' with January 1 of the current year as the date of birth if partner's name is unknown or unavailable.</li></ul>

[Learn more about Expedited Partner Therapy in Michigan.](#)

# Syphilis

Syphilis is a sexually transmitted infection that can lead to serious health problems if left untreated. Syphilis is divided into stages (primary, secondary, latent and tertiary). There are different signs and symptoms associated with each stage. While syphilis is a curable infection, the adverse manifestations of it may not be reversible. The more damage the bacteria can cause to a person's body, the more likely the person will suffer permanent health problems.

<b>Stages and Symptoms</b>	<p><b>Primary:</b> generally includes a sore(s) at the original site of infection. Sores usually occur on or around the genitals, around the anus or in the rectum and in or around the mouth. Sores are usually firm, round and painless.</p> <p><b>Secondary:</b> include skin rash, swollen lymph nodes and fever.</p> <p><b>Latent:</b> no visible signs or symptoms. Late latent stage occurs after one year or more of untreated syphilis.</p>
<b>Recommended Screening</b>	<p>All symptomatic people and those exposed to syphilis should be tested, as well as those with a higher likelihood of exposure based on factors such as geography, race/ethnicity, history of incarceration or transactional sex work, and being a male younger than 29 years old. All pregnant women should be screened at first prenatal visit and again at 28 weeks, as well as at delivery.</p> <p>Sexually active men who have sex with men (MSM), transgender and gender diverse individuals, and people with HIV should be screened annually based on reported sexual behaviors. Those with a higher likelihood of exposure should be screened every three to six months.</p> <p>Both non-treponemal and treponemal testing are needed to accurately identify new syphilis cases. For a comprehensive syphilis history on a patient, please call BHSP at 517-335-0213 and request to speak to a Surveillance Specialist.</p>
<b>Treatment</b>	<p>Penicillin G is the preferred treatment for all stages of syphilis.</p> <p><b>Primary, Secondary and Early Latent:</b> Benzathine penicillin G 2.4 million units IM in a single dose. For persons with a penicillin allergy, Doxycycline 100 mg twice daily for 14 days.</p> <p><b>Late Latent Syphilis and Tertiary Syphilis (Normal CSF Exam):</b> Benzathine penicillin G 7.4 million units IM administered as 3 doses of 2.4 million units each at one week intervals. For persons with a penicillin allergy, Doxycycline 100 mg twice daily for 28 days.</p>

For more information, please refer to the [CDC's Provider Resources guide](#).

# Syphilis: Special Considerations

<b>Syphilis in Pregnancy</b>	<p>New perinatal testing laws were enacted in Michigan in 2019. <a href="#">State law (HCB-6022)</a> aligns with the CDC and prevention guidelines. The law states that testing for syphilis, HIV, and hepatitis B shall occur at the time of initial examination, typically in the first trimester. Additionally, testing shall occur during the third trimester preferably between 28 to 32 weeks to allow for timely and adequate treatment. MDHHS also recommends testing at delivery for all birthing women in line with <a href="#">ACOG guidance</a> and hepatitis C testing during pregnancy.</p> <p>Parenteral penicillin G is the only therapy with documented efficacy for syphilis during pregnancy. Pregnant women with syphilis at any stage who report a penicillin allergy should be desensitized and treated with penicillin. Treatment should follow the recommended therapy for the diagnosed stage of syphilis.</p> <p>Missed doses more than nine days between doses are not acceptable for pregnant women receiving therapy for late latent syphilis. An optimal interval between doses is seven days for pregnant women. Pregnant women who miss a dose of therapy should repeat the full course of therapy.</p>
<b>Management of Sex Partners</b>	<p>People who have had sexual contact with a person who receives a diagnosis of primary, secondary or early latent syphilis less than 90 days before the diagnosis should be treated presumptively for syphilis, even if serologic test results are negative.</p> <p>People who have had sexual contact with a person who receives a diagnoses of primary, secondary or early latent syphilis more than 90 days before the diagnoses should be treated presumptively for early syphilis if serologic test results are not immediately available and the opportunity for follow-up is uncertain.</p> <ul style="list-style-type: none"><li>• If serologic tests are nonreactive, no treatment is needed.</li><li>• If serologic tests are reactive, treatment should be based on clinical and serologic evaluation and syphilis stage.</li></ul> <p>Long-term sex partners of people who have late latent syphilis should be evaluated clinically and serologically for syphilis and treated based on findings of the evaluation.</p>
<b>Adverse Manifestations of Syphilis</b>	<p>Central nervous system including ocular and oto involvement can occur during any stage of syphilis, and CSF laboratory abnormalities are common among people with early syphilis, even in the absence of clinical neurologic findings. No evidence exists to support variation from recommended diagnosis and treatment for syphilis at any stage for people without clinical neurologic findings except tertiary syphilis. If clinical evidence of neurologic involvement is observed (e.g., cognitive dysfunction, motor or sensory deficits, cranial nerve palsies, or symptoms or signs of meningitis or stroke), a CSF examination should be performed before treatment.</p>

# Syphilis: Special Considerations

(cont.)

<b>Ocular Symptoms</b>	<p>CSF examination is unnecessary before treatment for people with isolated ocular symptoms (i.e., no cranial nerve dysfunction or other neurologic abnormalities), reactive syphilis serology and confirmed ocular abnormalities.</p> <p>CSF analysis may be helpful in evaluation people with ocular symptoms and reactive syphilis serology who do not have ocular findings on examination. If ocular syphilis suspected, immediate referral to an ophthalmologist is crucial. Ocular syphilis should be managed in collaboration with an ophthalmologist and treated similarly to neurosyphilis, even if a CSF examination is normal.</p>
<b>Auditory Symptoms</b>	<p>CSF examination is unnecessary before treatment for people with isolated auditory symptoms, normal neurologic examination and reactive syphilis serology. Ootosyphilis should be managed in collaboration with an otolaryngologist and treated similarly to neurosyphilis.</p>
<b>Testing and Treatment</b>	<p>Anyone with neurosyphilis, ocular syphilis or otosyphilis should be tested for HIV at the time of syphilis diagnosis. Those whose HIV test results are non-reactive should be offered HIV PrEP.</p> <p>Recommended treatment for neurosyphilis, ocular syphilis and otosyphilis is Aqueous crystalline penicillin G 18-24 million units per day, administered as 3-4 million units IV every 4 hours or continuous infusion for 10 to 14 days.</p>

For more information, please refer to the [CDC's Provider Resources guide](#).

For questions about a patient's syphilis history, please contact the Surveillance Specialist at the Bureau of HIV and STI Programs at 517-335-0213.

# Doxy PEP

## Doxycycline Post-Exposure Prophylaxis (Doxy PEP) Protocol

### Overview

Doxy PEP is a strategy to reduce the incidence of bacterial sexually transmitted infections (STIs), specifically chlamydia, gonorrhea and syphilis. For more information, including Center for Disease Control and Prevention (CDC) recommendations, refer to [MDHHS's Doxy PEP Guidance](#).

### Doxy PEP Protocol

<b>Instructions</b>	<p><b>Take 200 mg of doxycycline, which is typically two tablets, within 24 hours</b>, but no later than 72 hours, after condomless oral, anal or vaginal sex that you think has a high likelihood of exposure to chlamydia, gonorrhea and/or syphilis.</p> <hr/> <p>Doxycycline can be taken as often as every day depending on the frequency of sexual activity, but <b>you should not take more than 200 mg in a 24-hour period</b>.</p> <hr/> <p>While on doxy PEP, you will need <b>STI testing every three months</b>.</p>
<b>Note on STI Diagnosis</b>	<p><i>If you are diagnosed with an STI while using doxy PEP, you will still need to be treated according to standard <a href="#">CDC STI Treatment Guidelines</a>.</i></p>
<b>Potential Side Effects</b>	<ul style="list-style-type: none"><li>• <b>Sun sensitivity:</b> wear sunscreen when outdoors.</li><li>• <b>Esophagitis:</b> take medication with a full glass of water and <b>remain upright for 30 minutes after taking medication</b>.</li><li>• Doxy PEP's impact on antibiotic resistance is still being studied.</li></ul>
<b>Efficacy/ Evidence</b>	<p>Among people taking PrEP for human immunodeficiency virus (HIV) prevention, doxy PEP reduced rates of syphilis by 87%, chlamydia by 88% and gonorrhea by 55%.</p> <hr/> <p>Among people with HIV, doxy PEP reduced rates of syphilis by 77%, chlamydia by 74%, and gonorrhea by 57%.</p> <hr/> <p>Doxy PEP <b>does NOT</b> prevent HIV, Mpox, human papillomavirus (HPV) or herpes simplex virus (HSV).</p>

[Learn more about doxy PEP in Michigan.](#)

# HIV/STI Reporting Requirements

<b>Prompt Reporting</b>	MDHHS and local health departments are public health officials tasked with monitoring the health of Michigan’s communities and providing the basis of preventative action for HIV and STIs. This requires physicians, laboratory facilities, and other care providers to promptly report communicable diseases to MDHHS and local health departments to ensure timely investigations and follow-up.
<b>Michigan Legal Requirements</b>	According to the Michigan law, all HIV and STI cases must be reported to MDHHS or the local health department <b>within 24 hours of diagnosis or discovery</b> . Lab results can be reported electronically (preferable) or by fax if electronic reporting is not available.  Please refer to the Health Care Professional’s Guide to Disease Reporting in Michigan to view all reportable diseases and rules.
<b>HIV Case Reporting</b>	HIV cases should be reported directly to MDHHS. Please complete the <a href="#">Michigan Adult Confidential HIV Case Report Form</a> and fax to 313-338-3906. STI cases can be reported to MDHHS at the same fax number.  All reporting forms and information can be found at <a href="http://Michigan.gov/HIVSTI">Michigan.gov/HIVSTI</a> .

[Learn more about HIV and STI Reporting Requirements in Michigan.](#)

# Partner Services

<b>Overview</b>	Partner Services (PS) is a program in Michigan designed to assist people living with HIV and/or diagnosed with a sexually transmitted infection (STI) with notifying their partners of a possible exposure. PS is offered by local health departments, physicians, and community-based organizations.
<b>Benefits of Partner Services</b>	<p>PS leads to earlier diagnosis of HIV and STIs and helps partners determine their next steps in getting treatment. PS increases the likelihood of positive health outcomes and promotes healthier communities by reducing the burden of disease.</p> <p>PS also ensures that people are obtaining the appropriate referrals for medical care, prevention education, and other support services.</p>
<b>Role of Health Care Providers</b>	<p>The connection between health care providers and patients is critical in helping to identify sex and/or needle sharing partners of patients. Medical providers, testing staff and other health care professionals play a key role in PS by informing patients of the value and importance of identifying and notifying partners.</p> <p>It only takes a few minutes to present PS in a positive light to patients, which helps them and their partners by reducing the risk of transmission of HIV and STIs and improving health outcomes. Health care providers can offer a nonjudgmental space and opportunity for patients to confidentially talk about their behaviors, well-being, and to confidentially identify partners.</p> <p><b>Per MCL 335. 5131: Public Act 488 of 1988; amended by Act 86 of 1992</b>, health care providers can identify and inform the patient's partners of a possible exposure themselves or health care providers can relinquish that responsibility to the local health department.</p>
<b>MDHHS Contact</b>	For more information, contact Tracy Peterson-Jones, Partner Services Coordinator, at <a href="mailto:PetersonT@michigan.gov">PetersonT@michigan.gov</a> .

[Learn more about Partner Services in Michigan.](#)

# Pre-Exposure Prophylaxis (PrEP)

## Overview

PrEP is a medication for individuals who do not have HIV that, when taken as directed, effectively reduces the chance of acquiring HIV by up to 99% for sexual contact and up to 74% for intravenous drug use. PrEP is currently available through three drugs: Truvada, Descovy, and Apretude. A generic version of Truvada (300 mg Tenofovir Disoproxil Fumarate/200 mg Emtricitabine) is also available.

<b>How PrEP Works</b>	PrEP is a combination of two antiretroviral medications that effectively prevent the HIV virus from replicating in the host cells of the body. PrEP prevents an active HIV infection if an individual has been exposed to the virus.
<b>PrEP Side Effects</b>	Potential side effects of PrEP include abdominal pain, nausea, diarrhea, headache, and fatigue. These side effects will likely disappear after a week of starting the medication. More serious side effects may include kidney dysfunction and decrease in bone mineral density. These effects may also be reversed upon stopping the medication.
<b>Who Should be Prescribed PrEP</b>	<p>PrEP should be prescribed to any patient who does not have HIV and would like to be on PrEP, including patients who have condomless anal or vaginal sex, had a recent bacterial STI or have partners living with HIV or partners with unknown HIV status.</p> <p>PrEP can also be beneficial for patients without HIV who inject drugs. PrEP can be stopped and restarted after at any time after completion of laboratory tests, including HIV testing, based on patient preference and risk factors.</p>
<b>Starting PrEP &amp; Follow-Up</b>	<p>Providers should have a conversation with patients about their sexual history and potential for HIV exposure. Prior to starting PrEP, patients must be confirmed via testing to not be living with HIV. Tests for bacterial STIs, Hepatitis B, Hepatitis C, Creatinine Clearance and Pregnancy (for people of childbearing potential) must be ordered. PrEP must be taken as prescribed.</p> <p>Follow-up appointments should be scheduled every three months to discuss adherence, screening for acute HIV infection, potential side effects, HIV and STI testing, answering questions and providing refills. Creatinine clearance should be repeated every six months.</p>

[Learn more about PrEP in Michigan.](#)

# HIV Post-Exposure Prophylaxis (PEP)

## Overview

HIV post-exposure prophylaxis (PEP) is an effective HIV prevention strategy consisting of a person starting a course of antiretroviral medication immediately after a known or possible exposure to HIV. PEP is **not** meant for exposures associated with work, especially within the healthcare field.

<p><b>Who Should be Given PEP</b></p>	<p>Any patient with a potential HIV exposure (not associated with work) within the past 72 hours. Exposures are usually from condomless anal or vaginal sex or from sharing intravenous drug needles, syringes or other equipment.</p>
<p><b>Time Limit for Initiating PEP</b></p>	<p>PEP must be initiated within 72 hours (three days) of exposure to HIV. The first dose should be given as soon as possibly, which is typically a starter pack provided to patients by hospitals or urgent cares. The starter pack includes five days worth of the medications.</p> <p>Upon receiving the starter pack, the patient needs to coordinate with their pharmacy to fill the prescription for the rest of the medication as soon as possible. An HIV test must also be ordered along with PEP. If the test result is reactive and confirmed positive, PEP can be discontinued and the patient can start ART for HIV treatment.</p>
<p><b>PEP Regimen</b></p>	<ul style="list-style-type: none"> <li>● <b>Preferred Dosing Regimen:</b> <ul style="list-style-type: none"> <li>1 tablet Truvada (TDF 300 mg/F 200 mg) once daily <b>PLUS</b> <ul style="list-style-type: none"> <li>○ Raltegravir 400 mg (RAL) twice daily <b>OR</b></li> <li>○ Dolutegravir 50 mg (DTG) once daily</li> </ul> </li> </ul> </li> <li>● <b>Alternative Dosing Regimen:</b> <ul style="list-style-type: none"> <li>1 tablet Truvada (TDF 300 mg/F 200 mg) once daily <b>PLUS</b> <ul style="list-style-type: none"> <li>○ 1 tablet Darunavir 800 mg (DRV) once daily <b>AND</b></li> <li>○ 1 tablet Ritonavir 100 mg (RTV) once daily</li> </ul> </li> </ul> </li> </ul>
<p><b>Importance of PEP</b></p>	<p>Studies have shown that initiating PEP within 72 hours reduces the risk of HIV transmission among individuals who have been exposed by more than 80%. PEP is an integral part of HIV prevention.</p>

[Learn more about PEP from the CDC.](#)

# Undetectable = Untransmittable (U=U)

<b>Overview</b>	U=U is the scientifically proven fact that people living with HIV who achieve and maintain an undetectable viral load have negligible risk of transmitting HIV to their sexual partners. U=U is supported by evidence-based studies.
<b>What does it mean when someone is 'undetectable'?</b>	A person living with HIV becomes undetectable when, through adherence to ART medication, they achieve two viral loads with an undetectable level of the HIV virus taken at least six months apart. Individuals must continue to be tested and maintain an undetectable viral load to remain undetectable.
<b>How does someone achieve an undetectable viral load?</b>	People living with HIV can achieve an undetectable viral load through: <ul style="list-style-type: none"><li>• Adherence to ART medication as prescribed.</li><li>• Avoiding co-infections with sexually transmitted infections by using condoms or other prevention methods.</li><li>• Regularly attending medical appointments and maintaining current lab tests as recommended by their health care provider.</li><li>• Using clean, sterile needles and equipment, and not sharing equipment, if using injection drugs.</li></ul>
<b>More Information about U=U</b>	For more information, contact Mark Schaecher, PA-C, HIV Public Health Detailer, at <a href="mailto:SchaecherM@michigan.gov">SchaecherM@michigan.gov</a> .  U=U, as well as PrEP, PEP, Doxy PEP, condoms, regular HIV and STI testing, and rapid linkage to care treatment is one of the many tenets of a comprehensive HIV prevention strategy aimed at decreasing new HIV infections across Michigan and the United States as part of Ending the HIV Epidemic.

[Learn more about U=U in Michigan.](#)

# Sexual Health

<b>Sexual Health Assessment</b>	<p>Sexual health is an important component of an individual's overall health. Routine medical care should address sexual health in the same way that it addresses other aspects of overall health.</p> <p>CDC Guidance (<a href="#">Sexually Transmitted Infections Treatment Guidelines, 2021</a>) recommends that health care providers routinely perform a behavioral and biologic sexual health assessment with their patients. This assessment should include the routine acquisition of sexual history information that can be incorporated as part of a patient's comprehensive health assessment.</p>
<b>Obtaining a Sexual History</b>	<p>When obtaining a sexual history, it is important that providers and staff address patients in a way that is nonjudgmental and avoids making assumptions about an individual's sexual orientation, gender identity, relationship status, number of partners, gender of partners and sexual practices.</p> <p>Open-ended questions are a good way of initiating conversations regarding sexual health because they can avoid these assumptions and allow individuals the freedom to express themselves in a way they feel comfortable with.</p> <p>Consider using the <a href="#">"5 P's" model</a> as a good starting point for addressing some of the key components of a sexual history.</p>
<b>Initiating the Conversation</b>	<p>Patients may not be comfortable initiating conversations regarding their sexual health with a provider. This does not mean that they think their sexual health should not be addressed or that it is not important to them.</p> <p>It is imperative that health care providers include a sexual history as part of a comprehensive health assessment.</p>

[Learn more from the CDC about addressing Sexual Health.](#)

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