

Strength of Recommendations
Bold = Good
Italics = Fair
 Plain Text = consensus or inconclusive evidence

HPV, Herpes simplex	<i>Not recommended for primary screening</i>
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Canadian Guidelines on STIs www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php USPSTF www.uspreventiveservicestaskforce.org, SOGC sogc.org



Sexuality Questions	
Partners	Sex with men, women, both or people who identify in other ways? How many partners in past 2 mos /12 mos? Any partners having sex with someone else while in a sexual relationship with you?
Pregnancy Prevention	What are you doing to prevent pregnancy?
STI Protection	What do you do to protect yourself from STIs / HIV?
Practices	Kind of sex: Vaginal, anal, oral. Condom use – always, sometimes, never. If not always, what situations or circumstances make condom use less likely?
Past STI history	Have you or a partner -ever had a STI? –exchanged sex for drugs or money? Is there anything else about your sexual practices I need to know in order to help you?

Adapted from: <http://www.cdc.gov/std/treatment/2010/clinical.htm#shpc>

Cervical cancer, STI and Infectious Disease Screening

Pap smears for sexually active females beginning at age 21. Delay screening if not sexually active. Screen every three years. No HPV testing	
<i>Chlamydia and Gonorrhea</i>	
Screen all asymptomatic sexually active women under 25 years males- assess risk	<i>Urine or vaginal* or cervical swabs (use first 10 to 20 ml of urine, Preferable to avoid voiding 2hrs prior but does not preclude testing)</i>
Screen those who are symptomatic or who have contact with an infected person	<i>Use vaginal* or cervical swabs for females Urine for males</i>
* Vaginal self-administered swabs may be used. Instructions for sample collection should be given.	
Risk factors: <ul style="list-style-type: none"> • Having a new sex partner, more than one sex partner, a partner with other concurrent partners, a partner with an STI • Inconsistent condom use in persons who are not mutually monogamous • Previous or existing STI • At risk population – eg those in prison, military recruits, attending an STI clinic, certain communities 	

HIV	
Risk factors: <ul style="list-style-type: none"> • Men who have sex with men • Injection drug users • Those with STI's or requesting STI testing • Unprotected vaginal or anal intercourse • Having sexual partners who are infected with HIV, bisexual, or injecting drugs • Exchanging sex for drugs or money 	Screen all sexually active individuals

Syphilis	Screen for those at increased risk, including high community prevalence
Hep B	<i>Screen high risk</i>
	Risk factors: <ul style="list-style-type: none"> • Men who have sex with men • Injection drug users • HIV positive people • Household or sexual contacts of people with Hep B infection • Those born in countries with high prevalence of Hep B
Hep C	<i>Screen high risk</i>
	Risk factors: <ul style="list-style-type: none"> • IV drug use intranasal drug use • Unregulated tattoos, • High risk sexual contacts and behaviours • Other percutaneous exposures

Prevention Counselling for Sexual Activity	
Abstinence and reduction of number of sex partners	CDC
Pre-exposure Immunization – Hepatitis B, HPV	CDC, PHAC
Pre-exposure Immunization for men who have sex with men – Hepatitis A	CDC, PHAC
Condom use (male), female condoms	CDC, PHAC
Education about STIs – signs, symptoms, transmission, risk factors, safer sex practices	PHAC
Nonoxynol 9 and increased risk of STI transmission	CDC, PHAC
Partner testing (previously sexually active) for youth contemplating initiation of sexual activity	PHAC
Folic acid – peri-conceptual	SOGC, USPSTF
Contraception	SOGC
<i>Emergency contraception</i>	SOGC, CDC

CDC <http://www.cdc.gov/std/tg2015/>

SOGC sogc.org

PHAC <http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-lcits/index-eng.php>

Iron deficiency

Counsel at risk populations: encourage consumption of adequate dietary iron. Measure ferritin in those with multiple risk factors or for clinical suspicion.
Risk factors:
• Poor nutrition
• Socio-economic factors
• Adolescent
• Menstruating
• Vegetarians
• Regular blood donors
• Certain ethnic groups – First Nations, Indo-Canadians
Symptoms: tiredness, restlessness, attention-deficit/hyperactivity disorder (ADHD), irritability, growth retardation, cognitive and intellectual impairment.
www.bcguidelines.ca/guideline_iron_deficiency.html

Type II Diabetes Screening

Screen individuals at higher risk as per consensus guidelines
Youth guidelines http://guidelines.diabetes.ca/Browse/Chapter35
Adult guidelines http://guidelines.diabetes.ca/Browse/Chapter4

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Disclaimer: Given the evolving nature of evidence and changing recommendations, the Greig Health Record is meant to be used as a guide only. Preventive care is delivered both episodically and at dedicated visits. This tool may be used in part or as a whole.