

**GUIDANCE ON THE MANAGEMENT OF SEXUAL AND REPRODUCTIVE HEALTH FOR
ADOLESCENTS LIVING WITH HIV 2011. HYPNET / CHIVA / BASHH / BHIVA**

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20.1 APPENDIX 1: Talking to HIV-Positive Adolescents About Sexual Health

The following recommendations are intended to help PHCP to talk to HIV-positive adolescents about sexual health

- Welcome the adolescent, assure confidentiality (within the legal framework of child protection and consent) and introduce the subject. It can be helpful to use 'bridging' questions to link general lifestyle questions to a sexual history (eg going out, alcohol use, what their friends are doing in terms of alcohol, drugs or sex), to start the conversation and provide a wider picture of their lives. Then find out what they already know about sexual development and relationships and build from there.
- Be friendly, non-judgemental, encouraging and show respect. Few adolescents have the courage or confidence to talk about sex in a 'routine' consultation yet most of them have many questions and concerns. When they do talk about sex, listen to what they have to say, acknowledge fears, reassure them, answer their questions and address any inaccuracies.
- Think about and prepare for some of the questions in advance which may arise in discussion, for example: "How is HIV transmitted?" and "What is a condom?", or "What things can I do without a condom that are safe?"
- Use open ended questions to explore the opinions and feelings of the adolescent by asking questions starting with how, what, why, when and where rather than encouraging closed "yes / no" answers. Ask an adolescent what they would like to know about sex and relationships and what questions they have about anything to do with sex. These are likely to lead to longer responses and are more effective in determining their needs. See 2010 NICE Guidance on preventing STIs and under-18 conceptions.

For example:

- "What do you know about sex?"
- "What have you learnt from.....friends, family, school etc"
- "Tell me whether..... you have started thinking about girls or boys yet?",
- "Tell me whetheryou have started thinking about or wanting to have sex?"
- "Tell me whether you have had had sex yet?"
- "Do you know how to avoid pregnancy?" "Tell me what you know"
- "Do you know how to avoid sexually transmitted infections?" "Tell me what you know"

- **Do not overload adolescents with too many questions at once, confusing facts or statistics until asked for them.**
- Use active listening to encourage the adolescent to talk. Summarising what the adolescent has said can demonstrate to them that what they have said has been heard and understood. Any misunderstandings can then be clarified.
- Use simple language and check that the adolescent has understood. Medical terms should be explained and long words avoided. Find out what the adolescent already knows so that the topic content is pitched appropriately for their level of understanding. Be honest and frank about risks and explain them clearly.
- Avoid assumptions about whether the adolescent is sexually active or what their sexual orientation is. For example, it is important to ask questions such as “Was your partner male or female ?” to both sexes.
- These conversations will need to be repeated as adolescents grow up.
- Find out who whether the adolescent has a good relationship with anyone with whom can continue these conversations
- Check what support or expertise there is within the institution or area. Are there other services in the area which can be recommended to adolescents?

20.2 APPENDIX 2: Assessment of under-16 year-olds who are planning to have consensual sex. Based on Proforma used by Chelsea and Westminster Hospital, London

ASSESSMENT BY STAFF PLANNING TO EXAMINE AND/OR TREAT UNDER- 16 YEAR-OLDS WHO ARE HAVING CONSENSUAL SEX

If non-consensual / rape / abuse discuss IMMEDIATELY with Lead for Young People in the Clinic: JHC – Dr XX, VC – Dr XX, WLCSH – Dr XX (or in their absence, Senior Doctor, Nurse or HA) who will be expected to refer to the Trust Child Protection Unit – ext XXXX.

All under 13's must be discussed with the Lead for Young People in the clinic (see above)

The Child Protection Consultant on call may be contacted via paediatric A&E on ext XXXX.

See Confidentiality and Trust sections below

Some useful information

C&W Social services (XXXX XXXX) ext XXXX

C&W Child Protection Team ext XXXX

C&W Lead for Child Protection (Paediatrician) via A&E ext XXXX

Child and Adolescent Mental Health Services (CAMHS) ext XXXX

Westminster Young People's Drug and Alcohol Service 020 XXXX XXXX

Hammersmith and Fulham Young People's substance misuse co-ordinator 020 XXXX XXXX

The Law: It is against the law for anyone, male or female to have sex with someone under the age of 16. However, it is not the intention of the law to prosecute under 16 year olds who engage in mutually consenting sexual behaviour. It is vitally important, however, to identify vulnerable young people who might be or are being sexually exploited. An under 13 year old by law cannot consent to sexual activity. All such sexual activity should be discussed with the Lead for Young People in the clinic.

Confidentiality: Our duty of confidentiality is the same for under 16 year olds (incl under 13 year olds) as it is for anyone else. If it is felt that the health, welfare or safety of a young person is at risk, they must be informed of this and attempts made to get them to consent to pass information on to child protection services. If they do not agree to this, their case should be discussed with clinic Lead for Young People or Senior Doctor/Nurse/HA as regards further management.

Trust: In many circumstances young people are unable or do not feel comfortable discussing issues about sex with other adults (including their parents). Often the GUM clinic is the only place that they can come to for advice. It is of paramount importance that young people feel confident that they can continue to access advice/treatment from GUM without fear that they will automatically be reported to other authorities (e.g. social services). If it is felt that information about a young person needs to be passed on, it may be necessary to see the young person on several occasions in order to gain their trust and confidence that it is in their best interest for information about them to be passed on.

An assessment should be made as to whether there is ongoing risk of abuse or, whether any other children are at risk or being abused. The situation is not an emergency if the abuse is historical and, it may be better to gain the trust of the young person first so that they feel more in control of the sharing of information.

Vulnerability: When talking to young people it is important to try to identify factors that suggest that they may be vulnerable. These include imbalances in age or power (young person much younger than partner or relationship with teacher); unusual levels of secrecy about the partner and if the young person tries to minimise the health care worker's concerns.

As long as a healthcare worker is acting in the best interest of the young person and can demonstrate that this is the case, they can provide the same care to the young person as they would to anyone else attending the service.

PLEASE LOOK UP THE DATIX GUIDELINES ON THE MANAGEMENT OF YOUNG PEOPLE IF YOU REQUIRE FURTHER OR MORE SPECIFIC INFORMATION

Please complete proforma overleaf for every visit by young person under the age of 16

Note: The information in the proforma may need to be obtained over several visits. It is vital to gain the young person's trust and this may mean that it may not be appropriate to ask all the questions on the proforma in one visit.

P.T.O

Adapted: BASHH United Kingdom National Guideline on the Management of Sexually Transmitted Infections and Related Conditions in Children and Young People (2009)

'Risk assessment for young people attending sexual health services'

Name/ID: **Age:** **Gender F / M**

ESSENTIAL				ADDITIONAL INFORMATION
Age (circle)	Under 13	13-15		
Accompanied by adult?	Yes	No		
Parental awareness of sexual activity	No	Yes		
Involuntary sexual activity				
Current	Yes	No		
Previous	Yes	No		
More than 1 partner	Yes	No		
Partners ages (specify)				
Partner in position of trust	Yes	No		
Alcohol use	Yes	No		
Drug abuse	Yes	No		
Pre-puberty	Yes	No		
Intellectual understanding	No	Yes		
Other young people/children at risk	Yes	No		
ADDITIONAL				
Involvement of other services	Yes	No		
Home circumstances of concern (e.g. in care/looked after)	Yes	No		
Out of school	Yes	No		
Aggression / coercion / bribery / grooming	Yes	No		
Mental health issues	Yes	No		
FRASER COMPETENCY FOR TREATMENT FOR ALL <16 YEARS OLD				
Understands advice given	No	Yes		
Cannot be persuaded to inform parent(s)/responsible adult	Yes	No		
Is likely to have intercourse regardless of advice/treatment	No	Yes		
Physical and/or mental health likely to suffer if care not given	No	Yes		
Best interest is care with or without parental consent	No	Yes		
ACTION				
Need to disclose	Yes	No		
Reasons				
Consent to disclose	Yes	No		
Discussed with/seen by senior doctor	Yes	No		
Action				
Referred to Health Adviser	Yes	No		
Referred to Sexual Assault Referral Centre (SARC)				
Other action	Yes	No		
Follow up	Yes	No		
If concern about any items above, seek senior advice and document				
Name of Doctor/Nurse/HA				
Designation				
Date:				

20.3 APPENDIX 3: Sexual History Proforma Female <18. St George's Hospital, London

Courtyard Clinic <18 Proforma
St George's Hospital Female

First Name –
Last Name –

Affix Patients
Sticker here

Date:			Seen by:				
Presenting problem(s) Heard of clinic from: Identifies as hetero/lesbian/bi/other Previous screen Y/N when: where: Hx non consensual sex:					Allergies Drug reaction Other		
Sexual History							
LSI	when	Relnshp/ dur/ gendr/ from / age	PSI	UPI	Contraception	Other comments	
1							
2							
3							
# partners in last 3 months <input style="width: 50px;" type="text"/>			last unprotected sex <input style="width: 50px;" type="text"/>				
# total lifetime partners <input style="width: 50px;" type="text"/>			age of first sex <input style="width: 50px;" type="text"/>				
PMH			Medication				
GU/STI Hx			Hep A/B Vax Hx (if relevant)				
Gynaecological Hx Menarche LMP Cycle Menorrhagia Pregnancies: children Miscarriages terminations Previous contraception Preferred contraception Missed pill in last month Y/N		Risk Assessment Diabetes CVD Ca Breast DVT IPE Migraine Epilepsy Liver disease		Individual	Family Hx		
HIV Risk factors (if HIV NEG) IDU – Pt/Pnr MSM PNR High prevalence area – Pt/Pnr Blood transfusion (<1985) Sex worker – Pt/Pnr HIV+ Pnr		Y/N <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/>		HIV Hx Previous test Y/N Result/date Test today Y/N PTD Dr/HA Leaflet given Y/N			
HA referral:			Female	FP nurse referral:			

Social history School/college Lives with Social worker involvement Mental health issues	<table border="0"> <tr> <td style="width: 15%;">Social history</td> <td style="width: 15%;">past</td> <td style="width: 15%;">current</td> <td style="width: 15%;">never</td> </tr> <tr> <td>Alcohol use</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Smokes</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Drug use</td> <td></td> <td></td> <td></td> </tr> </table>	Social history	past	current	never	Alcohol use				Smokes				Drug use			
Social history	past	current	never														
Alcohol use																	
Smokes																	
Drug use																	

Additional information

UNDER 16 additional information Female

Who is aware of sexual activity: _____

Person with parental responsibility aware: Y/N _____

Discussion re confidentiality <16 Y/N _____

Info given on services in clinic

Condoms demonstrated/given

Advice on contraception given

Contact details verified: _____

Preferred method of contact: _____

Fraser Competence

Complete for all patients aged under 16 years in whom contraception or other drugs are to be prescribed
If the patient is under 16 years of age the practitioner MUST satisfy himself or herself that::

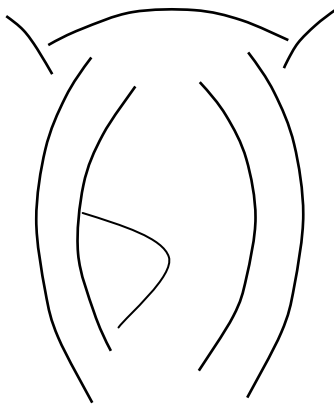
1. The patient understands the choices available and the consequence of those choices	YES/NO
2. She can not be persuaded to inform her parents that she is seeking contraceptive/sexual health advice	YES/NO
3. Her physical or mental health will suffer if she is not prescribed contraception/treatment	YES/NO
4. It is in her best interests to prescribe contraception/treatment without parental consent	YES/NO

Doctors signature.....Date.....

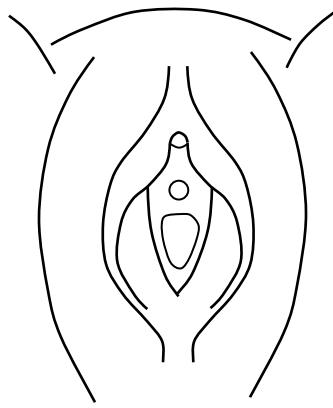
Child protection issues

Consider the possibility of abuse or coercion with clients less than 16 years. Consider the following points:

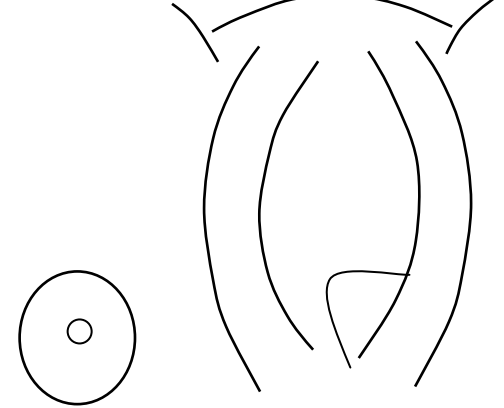
- Hx of physical or sexual abuse	- Communication difficulties
- Age gap of partner greater than 3 years	- Age of first sex
- Low self esteem	- Hx of social services care
- Learning difficulties	

ExaminationChaperone Offered accepted/declined/under 16 Chaperoned by:

Inguinal Nodes
Cervix



Vulva
Bimanual



Vagina

Tests required Female

- Ur slide / culture
- Cx slide / culture
- Cx Chlamydia
- Vaginal
- R slide / culture
- Th culture
- Urinalysis
- MSU
- HSV
- PT
- Cytology

Blood requests

- STS
- HIV Ab
- Hepatitis Bc Ab (screening)
- Hepatitis Bs Ab (post vaccination)
- Hepatitis C
- Hepatitis A Ab
- Other

Diagnosis and Treatment

- Drug info
- Contact slips X
- No SI advised
- Safer sex / condoms
- Info leaflet

Follow up / tel 14 days

HA referral Y / N
Reason:
Other referral:

Microscopy

UR: PC.....GC.....

CX: PC.....GC.....

VAG:TV.....CAN.....

BV.....

PC.....GC.....

Microscopy read by-

Swabs taken by-**Chaperoned by-****Blood taken by-****KC 60 Code:**

Medication given by

Signature

Print name

Designation

UNDER 16 additional information Male

Who is aware of sexual activity:

Person with parental responsibility aware: Y/N

Discussion re confidentiality <16 Y/N

Info given on services in clinic

Condoms demonstrated/given

Advice on contraception given

Contact details verified:

Preferred method of contact:

Fraser Competence

Complete for all patients aged under 16 years in whom contraception or other drugs are to be prescribed

If the patient is under 16 years of age the practitioner MUST satisfy himself or herself that::

- | | |
|---|--------|
| 5. The patient understands the choices available and the consequence of those choices | YES/NO |
| 6. He can not be persuaded to inform her parents that she is seeking contraceptive/sexual health advice | YES/NO |
| 7. His physical or mental health will suffer if she is not prescribed contraception/treatment | YES/NO |
| 8. It is in his best interests to prescribe contraception/treatment without parental consent | YES/NO |

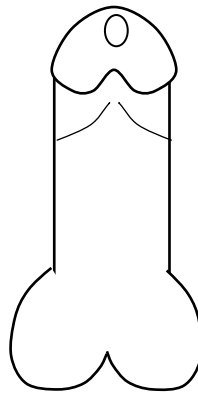
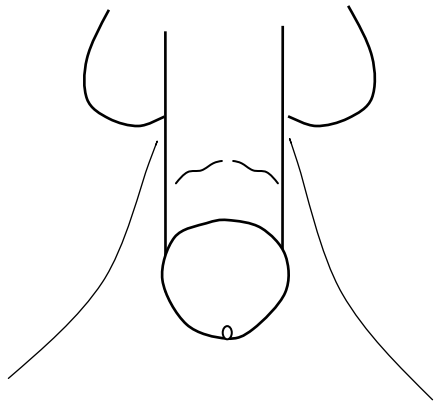
Doctors signature.....Date.....

Child protection issues

Consider the possibility of abuse or coercion with clients less than 16 years. Consider the following points:

- | | |
|---|------------------------------|
| - Hx of physical or sexual abuse | - Communication difficulties |
| - Age gap of partner greater than 3 years | - Age of first sex |
| - Low self esteem | - Hx of social services care |
| - Learning difficulties | |

Chaperone offered & declined Chaperoned by:



Inguinal Nodes

Circumcised **yes / no**

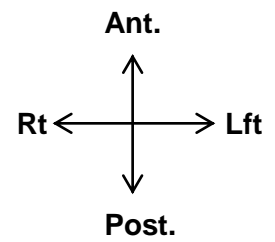
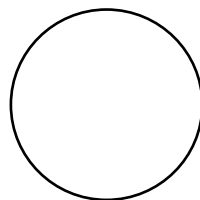
Urethral discharge

Testes/epididymis

Perianal



Proctoscopy



<p>Tests required Male</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ur slide / culture <input type="checkbox"/> Ur Chlamydia <input type="checkbox"/> 2 Glass test <input type="checkbox"/> R slide / culture <input type="checkbox"/> Th culture <input type="checkbox"/> Urinalysis <input type="checkbox"/> MSU <input type="checkbox"/> HSV <input type="checkbox"/> Sub – prep <input type="checkbox"/> Other 	<p>Microscopy</p> <p>Urethral</p> <p>Pus GC</p> <p>Rectal</p> <p>PusGC.....</p> <p>Microscopy taken by –</p>	
<p>Blood requests</p> <ul style="list-style-type: none"> <input type="checkbox"/> STS <input type="checkbox"/> HIV Ab <input type="checkbox"/> Hepatitis Bc Ab (screening) <input type="checkbox"/> Hepatitis Bs Ab (post vaccination) <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Hepatitis A Ab <input type="checkbox"/> Other 	<p>Swabs taken by–</p> <p>Chaperoned by–</p> <p>Blood taken by–</p>	
<p>Diagnosis and Treatment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drug info <input type="checkbox"/> Contact slips X <input type="checkbox"/> No SI advised <input type="checkbox"/> Safer sex / condoms <input type="checkbox"/> Info leaflet 	<p>Follow up / tel 14 days</p> <p>HA referral Y / N</p> <p>Reason:</p> <p>Other referral:</p>	<p>KC 60 Code:</p> <p>Medication given by</p> <p>.....</p> <p>Signature</p> <p>.....</p> <p>Print name</p> <p>.....</p> <p>Designation</p> <p>.....</p>

20.4 APPENDIX 4: Discussion and sexual History with adolescents when a sexually transmitted infection (STI) is diagnosed

Ensure No Risk of Child Sexual Abuse

Ensure Adolescent Fraser Competent

Explain, as a minimum, the following:

- The name of the infection
- That the infection has been caught through having sex with someone who has this infection
- This partner may not have know they had the infection (most have no symptoms)
- The infection can be treated
- The purpose of treatment is to stop the infection causing any damage to the body or their fertility and to prevent transmission to other partners or, if pregnant, to their baby
- After taking the treatment it is important not to have sex for a certain time to prevent the infection being transmitted to another person (mostly seven days, longer for some stages of syphilis, HIV and Hepatitis B). We advise no sex even with a condom as condoms split.
- If their partner is treated later on they should not have sex for seven days after the partner is treated
- Their sexual partner/s within the last 3 months should also have a check up (See Partner Notification section)
- Arrange how other results will be received if applicable

Offer written information

- Check understanding
- Check pregnancy status
- Check drug allergies
- Give treatment (many are one oral dose and can be taken immediately while in clinic)
- Remind them not to have sex for the specified period
- Remind them to encourage their partners to have a check up
- Ensure they understand how they will receive results
- Ensure they know where they can attend if symptoms recur/ occur/ worsen or they have concern
- Ensure that they did not have sex when they did not want to / with someone against their will / when they did not feel comfortable with the idea

20.5 APPENDIX 5: Genital and sexually transmitted infections: symptoms, sequelae and treatment – refer to BASHH guidelines on specific infection www.bashh.org

Infection	STI	Symptoms	Sequelae	Treatment of early disease / preventative vaccine available
Candida	No	Vaginal discharge	None	Topical clotrimazole Systemic Fluconazole
BV	No	Vaginal discharge	None	Metronidazole
Trichomonas	Yes	Vaginal discharge	None	Metronidazole
Chlamydia	Yes	Commonly asymptomatic Male Urethral discharge	Epididymo-orchitis Pelvic inflammatory disease Ectopic pregnancy Chronic pelvic pain Infertility	Azithromycin LGV -Doxycycline
Gonorrhoea	Yes	Commonly asymptomatic Male Urethral discharge Epididymo-orchitis Pelvic pain due to PID	Epididymo-orchitis Pelvic inflammatory disease Ectopic pregnancy Chronic pelvic pain Infertility	Cefixime Other extra- genital sites see sensitivities
Herpes simplex virus	Yes	Commonly asymptomatic Genital ulcer	Recurrences with type 2 virus	Acyclovir Analgesia (Acyclovir prophylaxis if required)
Syphilis	Yes	Commonly asymptomatic Genital ulcer, Rash Neurological symptoms	Cardiovascular disease Neurological disease Gummata	Benzathine penicillin - early disease. If neurological - Procaine penicillin
Human papilloma virus	Yes	Genital lump	CIN	Cryotherapy Podophyllotoxin (Warticon™) Imiquimod (Aldara™) Vaccine
Molluscum contagiosum Pox virus	Yes / No	Genital lump	None	Cryotherapy HAART
Pubic lice	Yes / No	Genital Rash Itch	None	Malathion (Derbac™)
Scabies	Yes / No	Body Rash Itch	None	Malathion (Derbac™)
Hepatitis A	Yes / No	Commonly asymptomatic Jaundice	None	Vaccine
Hepatitis B	Yes / No	Commonly asymptomatic Jaundice	Chronic carrier and transmitter Cirrhosis Hepatocellular carcinoma	Vaccine HAART
Hepatitis C	Yes / No	Commonly asymptomatic Jaundice	Chronic carrier and transmitter Cirrhosis Hepatocellular carcinoma	HAART

20.6 APPENDIX 6: From Sexually Transmitted Infections and Young People in the United Kingdom: 2008 Report. HPA 2008

HPA recommendations – Key Messages for Young People 2008

- **Have fewer sexual partners and avoid overlapping sexual relationships**
- **Use a condom when having sex with a new partner and continue to do so until both have been screened**
- **Get screened for chlamydia every year and whenever you have a new partner**
- **If you are a man who has sex with men, then always use a condom and have an annual sexual health screen, including an HIV test**

- **STIs including HIV remain one of the most important causes of illness due to infectious diseases among young people aged 16-24 years**
- **If left untreated, many STIs can lead to long-term fertility problems**
- **Infection with HIV or the strains of wart virus that cause cervical cancer can lead to long term illness and possible death**

20.7 APPENDIX 7: Checklist for Sexual Health Education for HIV-infected Adolescents Before and After Sexual Activity Commences

Before Sexually Active and Continuing Afterwards

- Transmission of HIV facts
- Disclosure to partners
- Condoms
 - Why
 - How
 - Negotiation
- Condom failure
 - Partner disclosure
 - PEPSE
 - Emergency contraception
 - STI screening
- Pregnancy
 - How to prevent MTCT
 - Discordant couples
 - Families
- Vaccination
 - Hepatitis A and B
 - HPV

When Sexually Active

- **6 monthly**
 - Sexual history
 - Contraception / condom review
 - Continuing sexual health education
- **Annual**
 - STI screen
 - Cervical smear
 - HBV titres
 - HCV serology
 - Syphilis serology

20.8 APPENDIX 8: Emergency Contraception Proforma

Sticker

EMERGENCY CONTRACEPTION PROFORMA

PATIENT NAME:		DOB:	
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			YES / Type	NO
DATE OF VISIT		EARLIER RISK IN CYCLE		
DATE OF RISK		WAS EC USED		
TIME OF RISK		MEDICAL CONTRAINDICATIONS		
HOURS SINCE RISK		ENZYME INDUCING DRUGS/WARFARIN		
TYPE OF RISK		PREGNANCY TEST		
LMP		STI RISK ASSESSMENT		
USUAL CYCLE		STI SCREEN		
DAY IN CYCLE				

Discussion / decision re type of emergency contraception:

Referred for IUD YES / NO

LEAFLET DISCUSSED/ISSUED:	
Information discussed about chosen method of EC	
FAILURE RATE	
POSSIBLE VOMITING	
RISK TO FETUS	
RISK OF ECTOPIC PREGNANCY	
MENSTRUAL DISRUPTANCE	

CURRENT AND FUTURE CONTRACEPTION DISCUSSED/ ISSUED		
LEVONELLE 2 EMERGENCY CONTRACEPTION ISSUED:		
FOLLOW UP:		
NAME:	SIGNATURE:	DATE: