



Risk Assessment Guidelines for Patients with HIV Infection

All patients with HIV infection should be screened for behaviors associated with HIV transmission, especially high-risk behaviors such as anal-receptive intercourse. Questions should be open-ended and nonjudgmental. Screening should be done initially and at least annually thereafter.

During the initial and subsequent visits, all patients should be screened for symptoms suggestive of sexually transmitted diseases (e.g., dysuria, discharge). Symptoms should prompt appropriate testing.

Initial visit

Women: Screen for syphilis, trichomoniasis, gonorrhea, chlamydial infections.

Men: Screen for syphilis; consider screening for gonorrhea and chlamydial infections, depending on local prevalence of sexually transmitted diseases and risk behaviors.

Subsequent visits

Repeat screening at least annually or as often as every 3 to 6 months, depending on local prevalence of sexually transmitted diseases and risk behaviors.

All women of childbearing potential should be routinely tested for pregnancy if indicated and counseled about contraception and family planning.

Adapted from Centers for Disease Control and Prevention. Incorporating HIV prevention into the medical care of persons living with HIV: recommendations of CDC, the Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. *MMWR* 2003;52(No. RR-12).

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