In all primary care settings it is essential that patients are assured privacy in the clinical encounter. Introduce yourself as well as other clinicians and students who may be in the room. If the patient objects to others in the room, then respect their wishes. The following screening activities are recommended for transgender women (sometimes referred to as MTF) and are based on the specific sexual organs present. This is important even if the patient is prescribed hormones for feminizing hormone therapy.

**STI and Hepatitis Screening**
The following screenings are recommended based on risk factors determined by asking the patient if they want to be tested, clinical history of multiple sexual partners, sexual partner(s) with STIs, and a high community prevalence of STIs.

1. Trans women who have sex with men may need more frequent screenings
2. Perform multi-site (urethral, oral, rectal, etc..) testing when appropriate based upon risk and organs present

**Chlamydia and Gonorrhea**
- Screenings at least annually for patients 25 yrs or younger and those at increased risk

**Syphilis**
- Screenings at least annually for patients at increased risk

**Hepatitis C**
- Screen those at increased risk and individuals born between 1945 and 1965 at least once in their lifetime

**HIV Testing**
All patients (ages 13-64) in primary care should be offered opt-out HIV testing
- Patient should be informed that HIV testing is offered to all patients
- Patient should be informed that the test will be performed (unless they decline)
- A separate consent form is NOT required
- If a patient declines or agrees to an HIV test the decision should be documented in the medical record

**Pre-Exposure Prophylaxis (PrEP) for HIV**
- FDA approved for individuals weighing at least 35kg
- Counsel patients who are at high risk of HIV infection through sex or injection drug use

**Use of Hormones**

**Screening for increased risk of venous thromboembolism and breast cancer**
- Tobacco users should be counseled on cessation options due to increased risk of venous thromboembolism associated with the combination of tobacco use and estrogen therapy
- Breast cancer screenings every two years for those over 50 and at least 5-10 years of feminizing hormone therapy

**Prostate and Neovaginal Screenings**
Patients who retain a prostate
- Digital rectal examination of the prostate annually after age 50
- Prostate-specific antigen (PSA) screening is NOT recommended
- Consider both rectal and neovaginal approaches if screening is appropriate
- Routine screening is NOT recommended for the following individuals:
  - Patients over the age of 70
  - Patients with less than a 10 year life expectancy

**Patients who have a neovagina**
- A neovagina may have a more posterior orientation than a natal vagina
- An anoscope may be more anatomically appropriate for a visual examination
Competency in Health History Taking

Key points of in clinical encounters with trans women

- Ask the patient how they would like to be addressed in conversation
- Use patient preferred pronouns (he, she, they) and/or names
- Apologize if the wrong name or pronoun is used
- Continue to use the patient’s preferred name and pronouns, even when they are not present
- Risk assessments should be based on patient sexual and psychosocial history
- Ask the patient about history of trauma which may put the person at risk
- Make referrals as needed
- Ask the patient about sexual function and satisfaction
- Make referrals as needed
- DO NOT assume that a patient is high risk because of their gender identity

Best Practices for Affirming Care

- Train all staff annually and train new staff within 30 days of hire
- Focus on the entire treatment team including clerical and fiscal staff
- Always focus questions that are related to providing inclusive, quality care
- Update policies on restroom usage or have single occupancy or all-gender multi-stall restrooms
- Include “gender identity and expression” in non-discrimination policies
- Be knowledgeable of county and state policies, ordinances, and laws related to LGBTQ patients
- Review policies and procedures to increase comfort and privacy for all patients

Best Practices for Taking a Sexual Health History

- Create pauses to allow the patient to ask their own questions
- Reinforce healthy sexual practices
- Frame questions in a way that supports risk reduction
- Be aware of the body language and facial expressions of you and your patient

Sample Script:

“Good morning, my name is ______ and I am a ______ (discipline). You can call me ______. How would you like to be addressed?”

“Before we begin, are there any issues that are of concern for your health so I make sure we talk about them?”

“The following are questions to assess your sexual health risks. I ask all of my patients regardless of age, gender, or marital status. Is it OK to go ahead and ask you these questions?”

- When was the last time you had sex?
- How many sex partners have you had in the past week? Past month?
- Can you share the gender of people with whom you’re having sex?
- What kinds of sex are you having?
- Do you use drugs or alcohol before or during sex?
- How often do you use a condom during sex?
- When was the last time you were tested for STIs?
- Have you had an STI in the past?

Resources List:

- U.S. Preventive Services Task Force Published Recommendations
  https://www.uspreventiveservicestaskforce.org/BrowseRec/Index/browse-recommendations
- University of California, San Francisco Center of Excellence for Transgender Health
  http://transhealth.ucsf.edu/trans?page=home-00-00
- World Professional Association for Transgender Health (WPATH)
  https://www.wpath.org/
- National LGBT Health Education Center
  https://www.lgbthealtheducation.org/
- The Fenway Institute
  http://fenwayhealth.org/the-fenway-institute/
- A Guide to Taking a Sexual History
  www.cdc.gov/std/treatment/sexualhistory.pdf
- Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings
  https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6631a3.htm
- Recommendations for HIV Screening of Gay, Bisexual, and Other Men Who Have Sex with Men
  United States, 2017
  https://www.cdc.gov/mmwr/volumes/66/wr/mm6631a3.htm

MIDATLANTIC AIDS EDUCATION AND TRAINING CENTER
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Please refer to the most recent guidelines.
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