

# Guide for STD/HIV/Hepatitis Integrated Risk Assessment



*Created by the STD and HIV Section of the Minnesota Department of Health,  
Minnesota Department of Human Services, and Hennepin County Human Services and Public Health*

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## I. Introduction to the STD/HIV/Hepatitis Integrated Risk Assessment

The mission of the STD and HIV Section is to prevent death and disability from HIV and other sexually transmitted diseases, particularly among populations with a disproportionate burden of disease. It has been shown that opportunities to identify disease risk and assist with interventions are often missed simply by not asking the right questions. Only about one quarter of U.S. adults reported being asked about STDs during routine checkups. Routine checkups in which these issues are not discussed may represent missed opportunities for STD prevention<sup>1</sup>.

In response to this problem, the Minnesota Department of Health (MDH) began reviewing the risk assessment inventories used by many of our funded agencies, community partners, and clinics. A need was identified for the standardization of risk assessment questions and concepts to ensure better collection of information and in meeting the resulting needs. The purpose of this guide and accompanying tool is to:

- increase consistency and improve risk reduction messages,
- increase consistency and accuracy of client assessments,
- insure uniformity of referrals to appropriate resources, and
- improve quality control and standards.

The STD/HIV/Hepatitis Integrated Risk Assessment is meant to identify those at greatest risk of becoming infected with or transmitting infectious disease. This tool and guide are intended to improve your agency's ability to identify high-risk clients and not meant to replace your currently used risk or health assessments. To help agencies and providers identify individuals at highest risk for acquiring and/or transmitting STDs, HIV, and/or hepatitis the following criteria have been established. Individuals are considered at "highest risk" if they have:

- experienced unprotected vaginal, anal, and/or oral sex with more than one partner in the past year,
- a history of STDs, HIV, or viral hepatitis,
- recently been diagnosed with any STD, HIV or hepatitis and are not receiving treatment,
- injected drugs or any other non-prescribed substance such as steroids or hormones, and/or
- not been tested since the last incidence of needle use, particularly if they shared needles or injecting equipment (cottons, water, preparation containers, etc).

The STD/HIV/Hepatitis Integrated Risk Assessment Tool was designed for interview-style administration by properly trained staff. Other uses (such as client self administration) may be appropriate depending on your setting. Settings for use may include:

- prevention and care programs such as those funded by state and federal agencies,
- clinical settings with physicians, registered nurses, nurse practitioners, physician's assistants, and health educators,
- non-clinical settings including community based organizations, social service agencies, state grantee agencies, correctional facilities, chemical dependency prevention and treatment facilities, or
- non-traditional outreach settings such as popular gatherings (bars, clubs, etc), health fairs and community sponsored events such as the Twin Cities Pride Festival.

## II. STD/HIV/Hepatitis Risk Assessment Question Justifications and Explanations

The risk assessment tool has been broken down into four parts addressing infection status, sexual risk, injection history, and other related questions. An additional set of addendum questions was added to the original tool to help reach special populations at risk. This is labeled ‘Part Five’ in the guide, but the questions do not appear in the main risk assessment inventory.

In this risk inventory “tool”, answers will prompt another question and/ or an appropriate action (i.e. referral to testing or other services). Please review the tool for specific actions located in the right columns. You can view this inventory on the internet at <http://www.health.state.mn.us/divs/idepc/diseases/hiv/riskassessment/index.html>

In this section, an explanation or justification for each question is offered. These are based on current recommendations by recognized health organizations such as the CDC as well as the practical experiences of the workgroup members.

### Part One: Infection Status

**1. To the best of your knowledge, do you now have or have you ever had any of the following?**

**1a. If yes, are you currently being treated or were you previously treated for?**

| PART ONE: INFECTION STATUS   |                              |                             |                                     |  |
|--|------------------------------|-----------------------------|-------------------------------------|--|
| 1. To the best of your knowledge, do you now have or have you ever had any of the following? |                              |                             |                                     |  |
| Gonorrhea  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | If no or don't know to all, skip to (  |
| Chlamydia  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |  |
| Syphilis   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |  |
| Herpes   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |  |
| Anal/Genital Warts or HPV  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |  |
| Viral Hepatitis  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |  |
| 1a. If yes, are you currently being treated or were you previously treated for?              |                              |                             |                                     |  |
| Gonorrhea  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | If no or don't know:<br><input type="checkbox"/> Provide/refer to care for appro |
| Chlamydia  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |  |
| Syphilis   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |  |
| Herpes   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |  |
| Anal/Genital Warts or HPV  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |  |
| Hepatitis B  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |  |
| Hepatitis C  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |  |

History of STDs may help indicate the patient’s risk for other STDs, including HIV, for several reasons:

- Having or having had an STD may give the counselor insight into the risk behavior of the patient. For example, contracting rectal gonorrhea indicates that in the past the patient has most likely participated in receptive anal sex without a condom, and may suggest the need to explore if this behavior continues in the present.
- The behavior that may have exposed the patient to one STD also may have exposed the patient to other STDs or HIV. For example, vaginal sex that resulted in chlamydia infection may also have exposed the patient to HIV and thus may indicate the need for testing. Receptive anal sex resulting in

a hepatitis B infection may indicate the need for HIV, gonorrhea, chlamydia and syphilis testing, as well as examination for anal warts.

- Some STDs facilitate both the transmission and acquisition of HIV. For example, gonorrhea, chlamydia, syphilis, and herpes have all been shown to both increase the chances for infection after exposure to HIV and, for patients infected with HIV, to increase the likelihood of their transmitting HIV to their partner(s).
- The patient may have become re-infected, or may not have cleared the infection, and retesting may be in order. For example, according to the CDC a study of family planning clinics found 19.7 percent of women chlamydia patients were either still infected or had been re-infected by the time of retesting.<sup>2</sup>

In addition to assessing risk, other reasons information about past and present STD infection(s) is important include:

- In some cases, knowledge of past STD infection is important to the interpretation of test results. With syphilis, a past infection may mean a positive nontreponemal test long after the infection has cleared. A nontreponemal test is a serologic test used in the diagnosis for syphilis. According to the 2006 CDC Treatment Guidelines, "Nontreponemal tests usually become non-reactive with time after treatment; however, in some patients, nontreponemal antibodies can persist at a low titer for a long period of time, sometimes for the life of the patient. This response is referred to as the serofast reaction."<sup>3</sup>
- Patients may have questions about the STD(s) they have or had. For example, they may be unclear if it is possible to give herpes to a sex partner when asymptomatic. This may be a good opportunity to clear up any misinformation, and/or give them useful facts about the STD they were or are infected with.

## 2. Have you been vaccinated for hepatitis A? hepatitis B?

| 2. Have you been vaccinated for? |                              |                             |                                     |   |
|----------------------------------|------------------------------|-----------------------------|-------------------------------------|---|
| Hepatitis A                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | If no or don't know to either:<br><input type="checkbox"/> Provide/refer to testing and vaccination |
| Hepatitis B                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |   |

If the patient has not been vaccinated for hepatitis A and/or hepatitis B, consider testing and vaccinating, and/or referring for testing and vaccinating, and/or verifying vaccination status.

## 3. When did you have your most recent HIV test?

|  |  |                             |                                     |   |
|--|--|-----------------------------|-------------------------------------|---|
| Hepatitis B  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Provide/refer to testing and vaccination |
| <b>3. When did you have your most recent HIV test?</b> | <input type="checkbox"/> Never been tested<br>Date of most recent test _____ |                             |                                     | If never been tested, skip to Question 4                          |

The date of the most recent test will help determine if the patient needs an HIV test. If the person's most recent HIV transmission risk occurred since the last test or up to six months (the "window period") prior to the last test, an HIV test may be indicated. Conversely, if the patient was tested for HIV six months after their last HIV transmission risk, they may not need to be tested. It is important to note, however, that this should be viewed as only one factor in determining the need for testing, since the patient's memory may not be completely accurate as to the date of their last test and HIV tests, as with all medical tests, are not 100 percent accurate.

**3a. What was the result of your most recent test?**

**3b. If positive, are you receiving HIV medical care?**

|  |   |  |
|--|---|--|
| <b>3a. What was the result of your most recent test?</b>                                     | <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Don't know | If negative or don't know, skip to Question 4                |
| <b>3b. If positive, have you seen a physician for HIV medical care in the last 6 months?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No  | If no:<br><input type="checkbox"/> Refer to HIV medical care |

If the patient is not receiving medical care for their HIV, further services or providing referrals may be in order.

An additional consideration is if they are not in medical care, what have been the barriers to their obtaining it? For example, what issues (personal, financial, substance use, etc.) may be at play in that decision? The patient not being in medical care may give the clinician insight into additional medical and risk issues that may need to be explored.

**Part Two: Sexual Risk**

**4. Have you had unprotected *oral* sex with more than one partner in the last year?**

|  |           |  |
|--|-----------|--|
| <p><i>For clients who are NOT KNOWN TO BE INFECTED with HIV, an STD, or hepatitis; or have completed treatment for a bacterial STD, follow the questions below:</i></p> <p style="text-align: center;">↓</p> | <b>OR</b> | <p><i>For clients who ARE CURRENTLY INFECTED with HIV, hepatitis A or B, and/or an STD, follow the questions below:</i></p> <p style="text-align: center;">↓</p>   |
| <b>PART TWO: SEXUAL RISK</b>   |           | <b>PART TWO: SEXUAL RISK</b>   |
| <b>4. Have you had unprotected <i>oral</i> sex with <u>more than one partner</u> in the last year?</b>   |           | <b>4. Have you had unprotected <i>oral</i> sex with <u>anyone</u> in the last year?</b>  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know   |           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know   |
| If yes or don't know:<br><input type="checkbox"/> Provide/refer to risk reduction counseling and<br><input type="checkbox"/> Provide/refer to testing for STDs, and hepatitis A and B                        |           | If yes or don't know:<br><input type="checkbox"/> Provide/refer to risk reduction counseling and<br><input type="checkbox"/> Provide/refer to testing for other possible sexually transmitted infections |

“Unprotected” is defined here as oral sex without a condom, dental dam, or other barrier used at all times during the sex act. While any one instance of sexual contact may transmit an STD, “more than one partner” is used here to refine the risk assessment to those most at risk and in need of follow-up and further assessment.

The risk or risks for STDs and HIV varies greatly depending on the genitalia of the partner and the form of oral sex in question.

- *The patient used their mouth on female genitalia:* HIV transmission is not likely, however, some STDs are transmissible, notably syphilis, and herpes
- *The patient used their mouth on a penis:* HIV transmission is not common but has been found to occur. HIV risk is increased if semen was present, the patient has poor dental hygiene, and/or the patient or their partner had another STD. Several STDs are easily transmissible, notably gonorrhea, syphilis, herpes, and hepatitis B. The presence of semen is not a factor in the transmission of these STDs
- *A partner used their mouth on the patient's female genitalia:* HIV transmission is not likely, however, some STDs are easily transmissible, notably syphilis and herpes

- *A partner used their mouth on the patient's penis:* HIV transmission is not likely, however, several STDs are easily transmissible, notably gonorrhea, syphilis, herpes, and nongonococcal urethritis (NGU)

It is important to consider oral sex in context with other sex acts performed. For example, oral–penile contact following anal sex adds a risk for hepatitis A and parasites such as cryptosporidium.

Another issue to consider is oral–rectal contact. If the patient put their mouth on or near a partner's rectum, HIV transmission is not likely. However, some STDs are transmissible, notably hepatitis A, syphilis, and herpes. Also, several parasites are known to transmit in this way, such as cryptosporidium. If the patient had a partner put their mouth on or near the patient's rectum, HIV is not a factor, but they may be at risk for syphilis and herpes.

### 5. Have you had unprotected *vaginal* sex with more than one partner in the last year?

|  |  |
|--|--|
| 5. Have you had unprotected <i>vaginal</i> sex with <u>more than one partner</u> in the last year? |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know       | If yes or don't know:<br><input type="checkbox"/> Provide/refer to risk reduction counseling and<br><input type="checkbox"/> Provide/refer to testing for HIV, STDs, and hepatitis B |

|  |  |
|--|--|
| 5. Have you had unprotected <i>vaginal</i> sex with <u>anyone</u> in the last year?          |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know | If yes or don't know:<br><input type="checkbox"/> Provide/refer to risk reduction counseling and<br><input type="checkbox"/> Provide/refer to testing for other possible sexually transmitted infections |

“Unprotected” is defined here as vaginal sex without the use of a condom at all times during the sex act. While any one instance of sexual contact may transmit an STD, “more than one partner” is used here to refine the risk assessment to those most at risk and in need of follow-up and further assessment.

- If the patient had a penis in their vagina, they are at risk for HIV and all STDs, most commonly chlamydia, gonorrhea, syphilis, herpes, HPV, vaginosis, trichomoniasis and hepatitis B
- If the patient put their penis in a vagina, they are at risk for HIV and all STDs, most commonly chlamydia, gonorrhea, syphilis, herpes, HPV, trichomoniasis and hepatitis B

It is important to note that HPV, herpes, and syphilis do not require penetration to transmit, therefore specifics of the sexual contact must be considered.

### 6. Have you had unprotected *anal* sex with more than one partner in the last year?

|   |  |
|---|--|
| 6. Have you had unprotected <i>anal</i> sex with <u>more than one partner</u> in the last year? |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know    | If yes or don't know:<br><input type="checkbox"/> Provide/refer to risk reduction counseling and<br><input type="checkbox"/> Provide/refer to testing for HIV, STDs, and hepatitis A and B |

|  |  |
|--|--|
| 6. Have you had unprotected <i>anal</i> sex with <u>anyone</u> in the last year?             |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know | If yes or don't know:<br><input type="checkbox"/> Provide/refer to risk reduction counseling and<br><input type="checkbox"/> Provide/refer to testing for other possible sexually transmitted infections |

“Unprotected” is defined here as anal sex without the use of a condom at all times during the sex act. While any one instance of sexual contact may transmit an STD, “more than one partner” is used here to refine the risk assessment to those most at risk and in need of follow-up and further assessment.

- If the patient had a penis in their rectum, they are at risk for HIV and all STDs, most commonly chlamydia, gonorrhea, syphilis, herpes, HPV, and hepatitis B

- If the patient put their penis in a rectum, they are at risk for HIV and all STDs, most commonly chlamydia, gonorrhea, syphilis, herpes, HPV, and hepatitis B

It is important to note that HPV, herpes, and syphilis do not require penetration to transmit, therefore specifics of the sexual contact must be considered.

### Part Three: Injection History

**7. Have you ever injected drugs or anything else, such as hormones, steroids, or non-prescription medications?**

**8. Have you been tested for HIV since the last time you injected?**

**9. Have you been tested for hepatitis B since the last time you injected?**

**10. Have you been tested for hepatitis C since the last time you injected?**

| PART THREE: INJECTION HISTORY   |  |  |
|---|--|--|
| <b>7. Have you ever injected drugs or anything else, such as hormones, steroids, or non-prescription medications?</b>                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No   | If no, skip to Question 12<br>If yes, continue with Questions 8, 9, 10 and:<br><input type="checkbox"/> Provide/refer to risk reduction counseling |
| <b>8. Have you been tested for <u>HIV</u> since the last time you injected?</b> (Skip to Question 9 if client has HIV/AIDS)                                 |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know  | If no or don't know:<br><input type="checkbox"/> Provide/refer to HIV testing  |  |
| <b>9. Have you been tested for <u>hepatitis B</u> since the last time you injected?</b> (Skip to Question 10 if client has been vaccinated for hepatitis B) |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know  | If no or don't know:<br><input type="checkbox"/> Provide/refer to hepatitis B testing and vaccination<br>If yes and client has never had hepatitis B:<br><input type="checkbox"/> Provide/refer to vaccination | If yes and client still has hepatitis B and is not receiving treatment:<br><input type="checkbox"/> Provide/refer to treatment                     |
| <b>10. Have you been tested for <u>hepatitis C</u> since the last time you injected?</b> (Skip to Question 11 if client currently has hepatitis C)          |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know  | If no or don't know:<br><input type="checkbox"/> Provide/refer to hepatitis C testing and<br><input type="checkbox"/> Provide education on possibility of re-infection   |  |
| <i>If client is currently infected with HIV, hepatitis B, and/or hepatitis C, continue with Question 11<br/>If not, skip to Question 12</i>                 |  |  |

These questions are designed to prompt discussion about the specific risks associated with injection drug use. Due to the nature of this type of exposure, (i.e., blood or serum directly introduced into the body) there is significantly higher risk of infection with HIV and/or viral hepatitis B and C. Each injection occurrence poses a risk of infection. This question seeks to specifically identify those injecting illegal or nonprescription substances. The risks for those injecting prescribed medications including hormones or insulin are assumed to be lower as new, sterile injection equipment is more likely to be obtained and used at each injection occurrence than those obtaining drugs and medications illegally.

In addition, the prevalence of HIV and viral hepatitis B and C is higher among those who inject drugs or other non-prescription substances. HCV infection is highly prevalent (50%–95%) among injection drug users (IDUs) and rapidly acquired after drug users first inject drugs.<sup>4</sup> There is also an increased risk of infection for the sexual partners of injecting drug users. IDUs and their sex partners represent approximately one third of persons infected in the HIV epidemic and continue to be at risk for transmitting HIV.<sup>5</sup>

It is important to remind clients that they should test regularly if they are injecting drugs. Hepatitis B and C testing should be performed at 6 months from the last injection occurrence. HIV testing should be performed at 3 and 6 months after the last injection occurrence.



### 11. Have you ever shared needles and/or other injection equipment?

|   |  |  |
|---|--|--|
| <b>11. Have you ever shared needles and/or other injection equipment?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes:<br><input type="checkbox"/> Provide/refer to risk reduction counseling and<br><input type="checkbox"/> Recommend that partner(s) get tested for infection(s) that client has |
|---|--|--|

The behavior which poses the greatest risk of transmission or infection among IDUs is the sharing of syringes or other injection supplies. This includes cookers, water, or other equipment. This question is meant to identify those at HIGHEST risk of either exposure or transmission. A single occurrence, even many years prior should be a prompt for testing or referral to testing.

### Part Four: Other Questions

### 12. These questions have focused on the highest risk behaviors. Do you have questions or concerns about anything related to these behaviors?

| PART FOUR: OTHER QUESTIONS  |   |
|---|---|
| 12. These questions have focused on the highest risk behaviors. What questions or concerns do you have about these or other risk behaviors? | 13. What questions or concerns do you have about another person's behaviors that might put you at risk? |

Inquiring encourages the client to ask specific questions of clarification or discuss concerns they may have about his/her sexual risk or injection history, degree of risk, or disease transmission. It also provides a forum to discuss methods to decrease risk behavior.

### 13. What questions or concerns do you have about another person's behaviors that might put you at risk?

| PART FOUR: OTHER QUESTIONS  |   |
|---|---|
| 12. These questions have focused on the highest risk behaviors. What questions or concerns do you have about these or other risk behaviors? | 13. What questions or concerns do you have about another person's behaviors that might put you at risk? |

This question is designed to help assess the degree to which partner risk behaviors (i.e., client's partner has other or multiple partners) or disease status put client at-risk for acquiring STD, HIV and/or hepatitis infection.

## **Part Five: Addendum Question List to Accompany the Integrated Risk Assessment Tool**

### **1. Have you ever received a tattoo or piercing from an unlicensed artist, while incarcerated, or using un-sterile equipment?**

The risk of HIV and hepatitis transmission via tattoos is low. With regard to the transmission of HCV, the CDC has issued this statement:

“Although some studies have found an association between tattooing and HCV infection in very selected populations, it is not known if these results can be generalized to the whole population. Any percutaneous exposure has the potential for transferring infectious blood and potentially transmitting blood borne pathogens (e.g., HBV, HCV, or HIV); however, no data exist in the United States indicating that persons with exposures to tattooing alone are at increased risk for HCV infection. For example, during the past 20 years, less than 1% of persons with newly acquired hepatitis C reported to CDC's sentinel surveillance system gave a history of being tattooed.”<sup>6</sup>

What is known is that certain settings and situations increase the risk of infection during a tattoo. Non-sterile settings such as prisons, homes, or by unlicensed artists would be considered a higher risk and testing for HIV, HBV and/or HCV should be considered.

### **2. Were you born outside of the United States? If so, where were you born?**

Certain areas of the globe experience higher rates of HIV and viral hepatitis infections. It may be important if you are working with foreign born clients to assess their need for testing based on their region of origin and whether they have received testing in the past.

As an example hepatitis B infection may be of greater concern for some residents of Minnesota who were refugees from or emigrated from HBV endemic areas. Parts of Africa, Southeastern Asia, South America, and Northern Eurasia are considered areas of endemicity. The following link shows an illustration of the global distribution of hepatitis B. [http://www.cdc.gov/ncidod/diseases/hepatitis/slideset/101/101\\_hbv.ppt](http://www.cdc.gov/ncidod/diseases/hepatitis/slideset/101/101_hbv.ppt) For more information on the state health impact of the global distributions of HIV and viral hepatitis, contact the MDH Refugee Health Unit at 651-201-5414 or visit them at the MDH Web site at <http://www.health.state.mn.us/refugee/>

### **III: The Need for a Recommendation and Referral Plan**

Included in this guide is a brief resource list for providers, both medical and non-medical, of appropriate patient care recommendations and referrals for HIV testing and care, STD testing and treatment options, and hepatitis care and vaccine options. The resources provided in this list are not meant to be required, exclusive, or complete. All service providers should develop a plan of referral for their patients which include local resources for further counseling and prevention information as well as a plan of care for their patients who test positive for infection. For further resources and information, contact program staff directly (see Section IV), or visit the Center for Disease Control and Prevention's Web site at [www.cdc.gov](http://www.cdc.gov).

A referral and resource page has been included in your packet.

### **IV: Program Contacts**

#### **Minnesota Department of Health:**

Cheri Booth –Viral Hepatitis Prevention, Education, and Training Coordinator

Phone: 651-201-4035 E-mail: [Cheri.Booth@health.state.mn.us](mailto:Cheri.Booth@health.state.mn.us)

Bill Burleson- Syphilis Elimination Program Coordinator

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Sarah Gordon –HIV Counseling, Testing, and Referral (CTR) Coordinator

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Candy Hadsall – STD Coordinator

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Rob Yeager- HIV Health Education and Risk Reduction Program

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#### **Minnesota Department of Human Services:**

Michelle Sims, Case Management Coordinator

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#### **Hennepin County:**

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## V: Appendices

- A. Quick Guide: Conducting Effective Risk Assessments and Sexual Histories
  - Available at the MDH Web site (coming June, 2007)
- B. Integrated Risk Assessment Tool for Outreach and Social Services Providers, Printable Version
  - Available for download at the MDH Web site,  
<http://www.health.state.mn.us/divs/idepc/diseases/hiv/riskassessment/index.html>
- C. Resource listing
  - Included in your packet and available at the MDH Web site (coming June, 2007)

## VI: References

- <sup>1</sup> Tao, G, Irwin, KL, Kassler, WJ. (2000), "Missed opportunities to assess sexually transmitted diseases in u.s. adults during routine medical checkups," *American Journal of Preventive Medicine*, 18(2):109-114. <http://www.cdc.gov/STD/research/2000/tao-MAJPM-2000-18-2.htm>, retrieved from the internet on 4/23/07.
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