

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV

Ask Screen Intervene

Module 1

Risk Screening: Behavioral Risks and STDs

Developed by:

*The National Network of STD/HIV Prevention
Training Centers, in conjunction with the
AIDS Education Training Centers*



Learning Objectives: Module 1

Upon completion of training, providers
who care for HIV-infected persons
will be able to:

- ◆ **Describe** rationale for implementing consensus recommendations
- ◆ **List** elements of effective screening for behavioral risk factors
- ◆ **Outline** correct approach to screening for STDs

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Why is HIV Prevention Important NOW?

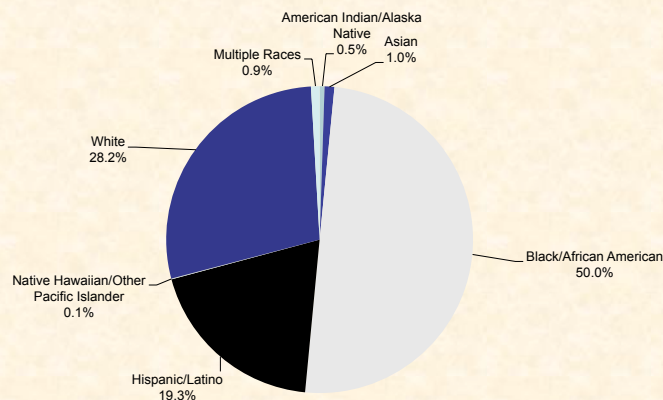


- ◆ Trends among persons living with HIV:
 - Glaring racial disparities
 - Estimated 56,000 new HIV cases each year
 - Increases in unsafe sex
 - Increases in syphilis, gonorrhea
 - Transmission of drug-resistant virus
- ◆ STDs increase amount of HIV shed at genital mucosa (cervix, urethra, rectum)

Hall, Rietmeijer, Chen, Collis, Novak, Tang, Weinstock, Blackard, Jost, Erbelding, Cohen

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Diagnoses of HIV infection by race/ethnicity, 2008

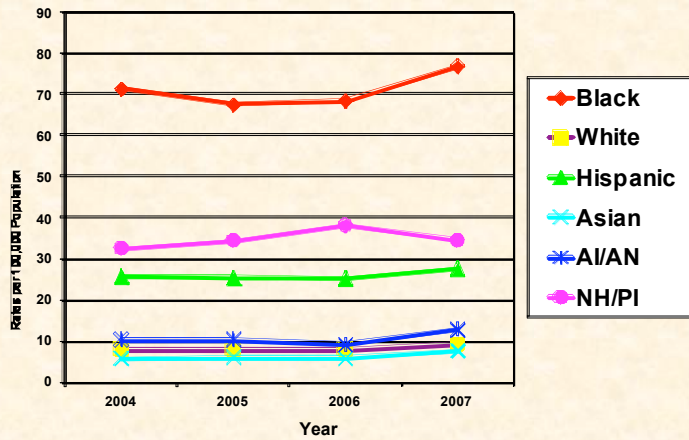


Based on data from 37 States and 5 US Independent Areas with confidential name-based HIV infection reporting

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CDC. HIV/AIDS Surveillance Report, 2008.

HIV/AIDS Rates by Race/Ethnicity 2004 – 2007



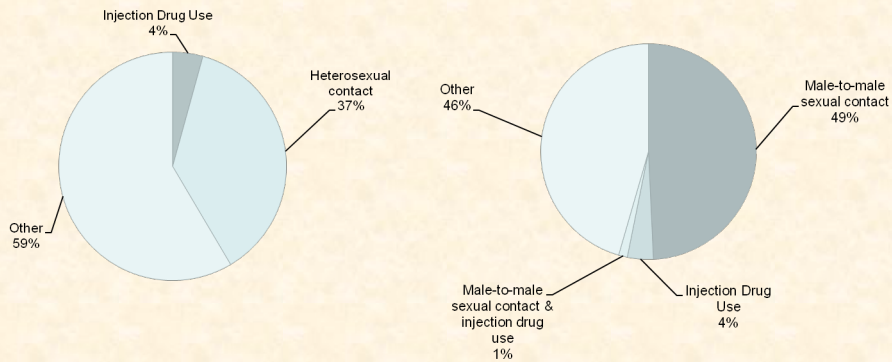
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Source: CDC – 2009

Transmission categories for black adults and adolescents in newly reported HIV at the end of 2008

Females n=5701

Males n=10417

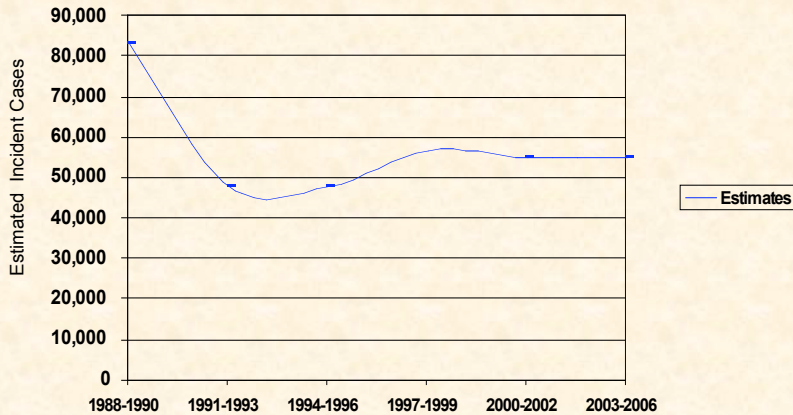


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CDC. HIV/AIDS Surveillance Report, 2008.

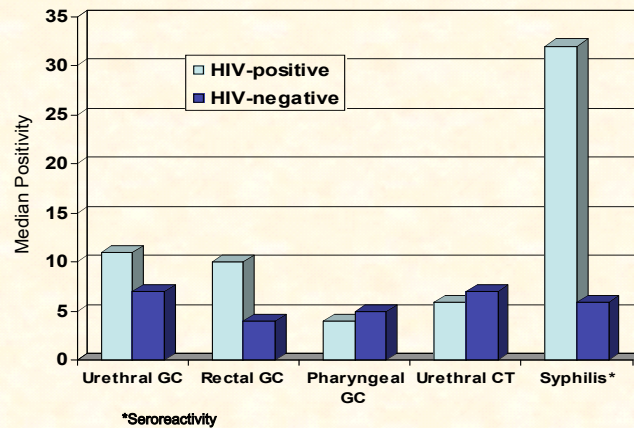
Estimated Number of New HIV Cases Annually in the US 1988-2006



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Hall HI, Song R, Rhodes P, et al. Estimation of HIV Incidence in the United States. *JAMA* 2008;300:520-9.

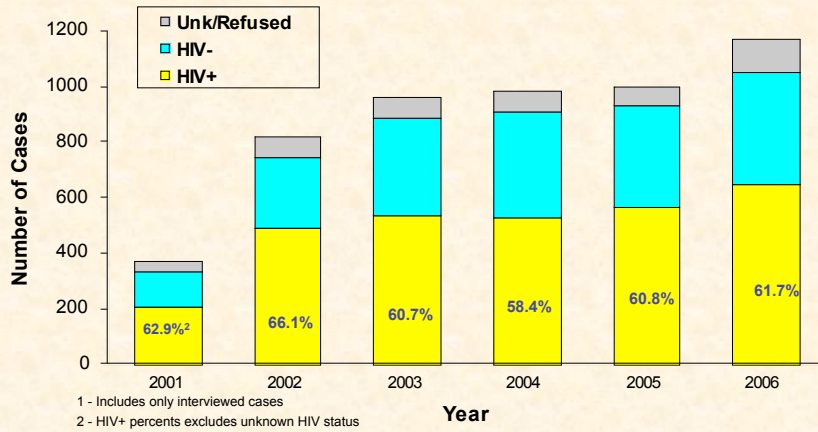
MSM Prevalence Monitoring Project – Test positivity for gonorrhea, chlamydia and syphilis seroreactivity among men who have sex with men, by HIV status, STD clinics, 2007



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CDC. *STD Surveillance Report 2007*

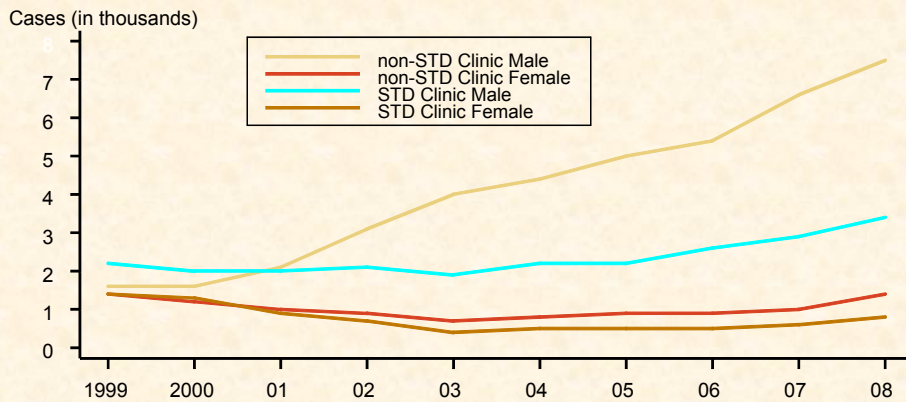
HIV Status Among MSM Primary & Secondary Syphilis Cases¹ California, 2001-2006



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12/2007 Provisional Data - CA DHS STD Control Branch

Primary and Secondary Syphilis Cases by Reporting Source and Gender: United States, 1999–2008



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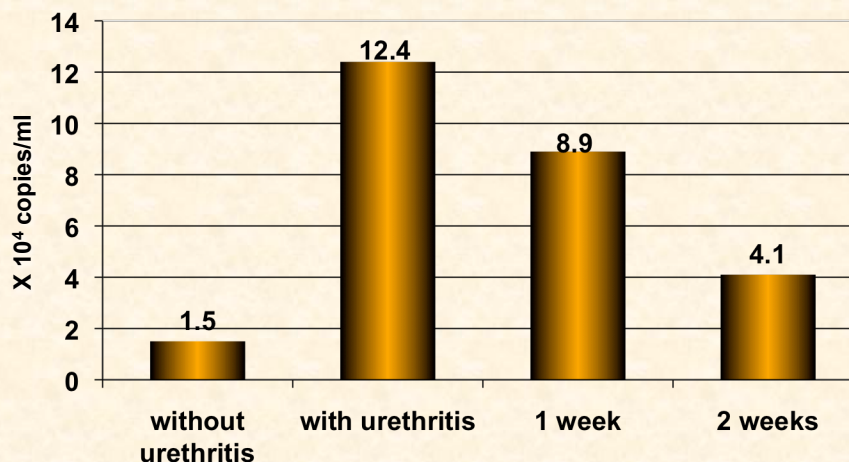
CDC - STD Surveillance Report 2010

STDs are Associated with Increased HIV Transmission and Acquisition

- ◆ **STDs increase amount of HIV shed at genital mucosa**
 - Cervix, urethra, rectum
 - Directly increases risk of transmitting HIV
- ◆ **STDs can produce breaks in mucosa and inflammation**
 - Genital ulcers: herpes and syphilis
 - Inflammation: gonorrhea, non-gonococcal urethritis

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Median Concentration of HIV-1 RNA in Semen Among 135 HIV-Infected Men With (n=86) and Without (n=49) Urethritis in Malawi



Cohen MS, Hoffman IS, et al. Lancet. 1997 Jun 28;349(9069):1868-73

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Why is this occurring?

- ◆ Improved HIV therapy, well-being, and survival
- ◆ “Prevention fatigue”
- ◆ Increased use of erectile dysfunction drugs, methamphetamine, poppers
- ◆ Anonymous partners
- ◆ Old & new ways to meet partners
 - Baths, parks
 - Internet
- ◆ HIV sero-sorting

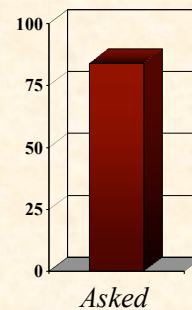
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(Ciesielski 2003, Katz 2002)

Proportion of Physicians Discussing Topics with HIV-Positive Patients

4 US Cities (n=317)

- ◆ **Adherence to ART 84%**



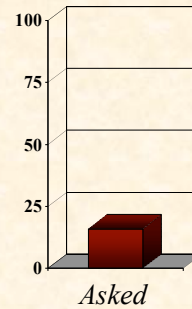
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(AmJPublicHealth. 2004;94:1186-92)

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- ◆ Adherence to ART 84%
- ◆ Condom use 16%



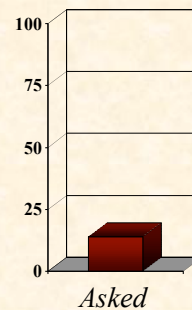
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(AmJPublicHealth. 2004;94:1186-92)

Proportion of Physicians Discussing Topics with HIV-Positive Patients

4 US Cities (n=317)

- ◆ Adherence to ART 84%
- ◆ Condom use 16%
- ◆ HIV transmission and/or risk reduction 14%



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(AmJPublicHealth. 2004;94:1186-92)

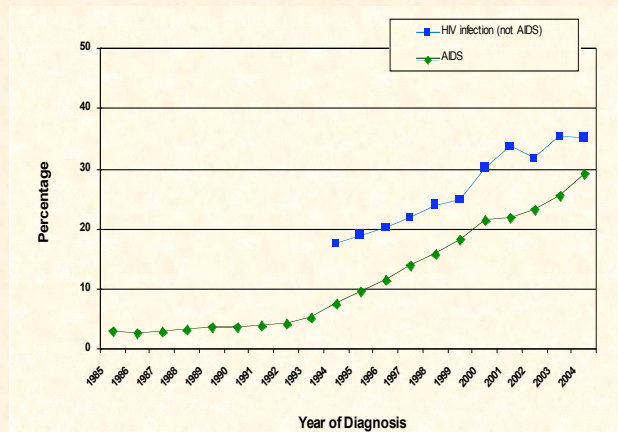
Discomfort as a Barrier

“Ironically, it may require greater intimacy to discuss sex than to engage in it.”

The Hidden Epidemic
Institute of Medicine, 1997

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Percent AIDS and HIV (not AIDS) Cases in the National HIV/AIDS Reporting System with No Identified Risk Factor, 1985 to 2004



(CDC, 2005)

A Missed Screening Opportunity...

- ◆ Tony is a 40 year-old HIV-positive man
- ◆ CD4 = 350, viral load undetectable, on HAART
- ◆ Presents for routine visit, feeling well
- ◆ Physical exam, including external genitalia: normal
- ◆ Continue current regimen
- ◆ Routine follow-up scheduled for 3 months

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A Missed Screening Opportunity...

- ◆ During this routine visit
 - Provider does not inquire about Tony's recent sexual activity or symptoms of STDs
 - Tony does not volunteer that his girlfriend, also HIV+, recently had yeast infection; around the same time, he noticed irritation on his penis, resolved after using miconazole cream
 - No laboratory screening for STDs is performed

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A Missed Diagnostic Opportunity...

- ◆ Returns 3 weeks later with generalized rash
- ◆ Rx topical steroids, dermatology follow-up
- ◆ No STD test performed



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A Missed Opportunity...



- ◆ Dermatology orders RPR: positive at titer of 1:128
- ◆ Returns, and reports receptive/insertive anal and oral sex with 5 male partners in prior 3 months
- ◆ Uses Internet to meet partners, mostly anonymous
- ◆ 'Almost always' uses condoms with them, while reports no condom use with girlfriend

What went wrong?

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Provider Barriers to Screening for Behavioral Risk Factors

- ◆ Inexperience or discomfort asking questions
- ◆ Discomfort responding to issues that arise
- ◆ Incorrect assumptions about sexual behavior and risk
- ◆ Patient perception of stigma from a medical care provider
- ◆ Limited time is available
- ◆ Perceived reimbursement issues

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Overcoming Barriers

- ◆ Identify specific questions to ask all patients
- ◆ Train providers to enhance competence
- ◆ Develop clinic policy for risk screening and integration into overall care (When and Where)
 - Questionnaire, CASI
- ◆ Develop plan to respond to information that might surface
- ◆ Determine ways to overcome stigma

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Handout 1





Identifying Risk: Benefits

◆ *Clinician Perspective*

- Assists in clinical intervention/exam
- Provides focus for an in-depth risk assessment and direction for risk reduction or referral
- May identify persons with acute HIV infection who may be more infectious

◆ *Patient Perspective*

- Opportunity to ask questions
- May affect self-motivation for behavior change
- Patients *want* to have these discussions yet often will not initiate on their own

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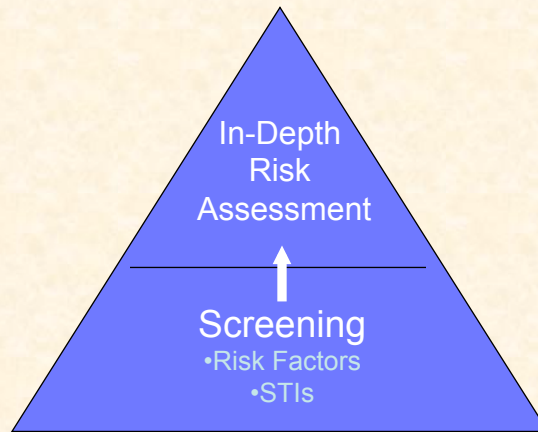
Incorporating HIV
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with HIV

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Asking about Behavioral Risk...



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Framework for Asking about Behavioral Risk

- ◆ Reinforce confidentiality
- ◆ Establish rapport
- ◆ Be tactful
- ◆ Be clear
- ◆ Check your assumptions...
- ◆ Be non-judgmental

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Risk Screening Techniques

- ◆ ***Open the conversation***
- ◆ ***Open-ended Questions***
- ◆ ***Closed-ended Questions***
- ◆ ***Permission Giving Statements***

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Risk Screening Techniques

- ◆ **Broaching the topic**
 - Use a phrase or question that works for you
- ◆ **Begin with open-ended questions**
- ◆ **Follow by closed-ended questions, as indicated**
- ◆ **Encourage patients to talk when needed**

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Risk Screening:

What Should We Ask? GENERAL QUESTIONS

- ◆ **Determine whether the patient has been having sex...**

OPEN-ENDED: *“To provide the best care, I ask all my patients about their sexual activity – so, tell me about your sex life.”*

- ◆ **Statements about sex practices and drug-related behaviors may need clarification...**

OPEN-ENDED: *“I don’t know what you mean, could you explain..?”*

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Handout 2



Risk Screening:

What Should We Ask? WHO

- ◆ **Determine number and gender of partners, current and past...**

OPEN-ENDED: *“Tell me about your partners”*

- ◆ **Ask about HIV status of sex and/or injection partners...**

OPEN-ENDED: *“Talk to me about the HIV status of your partners”*

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Handout 2



Risk Screening:

What Should We Ask?

WHAT, WHERE

- ◆ **Ask about various types of sexual activity...**

OPEN-ENDED: *“Tell me about how you have sex”*

- ◆ **Determine where patient meets sex and/or injection partners (e.g., venues)...**

OPEN-ENDED: *“Where do you meet your partners?”*

Don't forget: Internet, bars, bathhouses, circuit parties, public venues, travel, and sex abroad

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Handout 2



Risk Screening:

What Should We Ask?

PREVENTION METHODS

- ◆ **Ask about condoms/barrier contraception...**

OPEN-ENDED: *“What's your experience been with condom use?”*

- ◆ **Ask about drug-injection equipment...**

OPEN-ENDED: *“How do you know your works are clean?”*

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Handout 2





Skills Practice: **GATHERING THE INFORMATION**

Goal

- ◆ Practice the essential elements of an effective behavioral risk screening
 - Use open-ended questions to initiate a conversation with a patient/client
 - Use closed-ended questions to gather more specific information
 - Use permission statements to normalize

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Skills Practice: **INSTRUCTIONS**

- ◆ Divide into sets of two
- ◆ Patient-provider roles will be assigned
- ◆ Read your character's description
- ◆ Interact (Behavioral Risk Screening)
- ◆ Use open-ended questions (refer to handout)
- ◆ Time allocated: 3 minutes per role play

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Interact!



- ◆ ***Form an opening statement***
- ◆ ***Use open-ended questions to initiate a conversation about sexual or IDU risk activity***
- ◆ ***Use closed-ended questions to gather more specific information***

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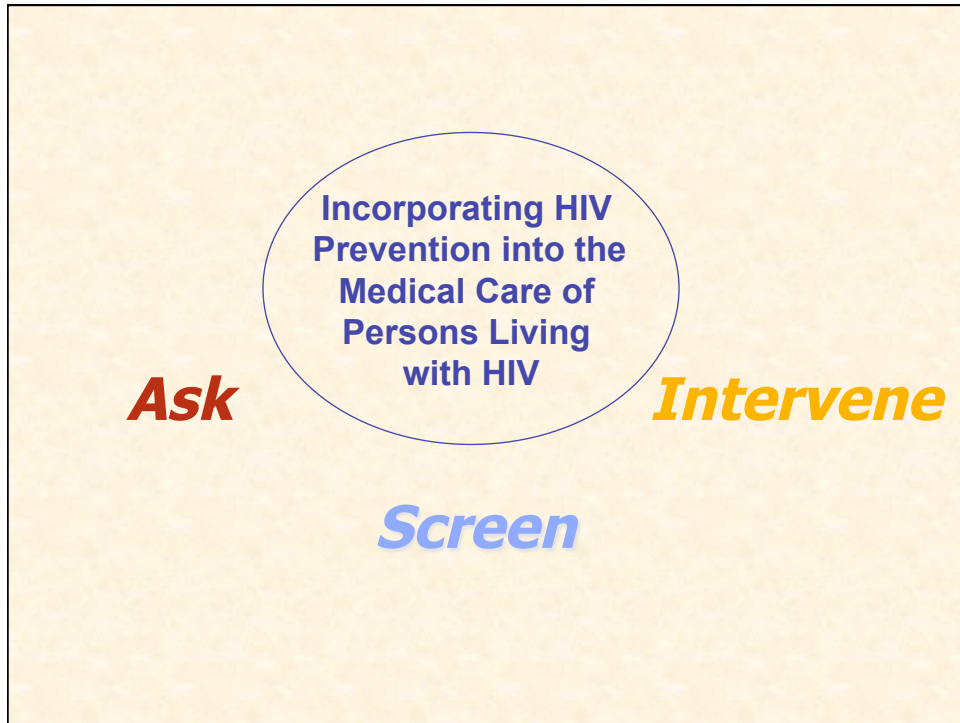
Skills Practice:

DEBRIEFING



- ◆ What opening question did you use?
- ◆ What was the most challenging about this practice?
- ◆ What could have the health provider asked or done to get more honest and complete answers?

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Screening vs. Diagnostic Testing

Screening

- ◆ **Goal:** test apparently healthy people to find those who may be infected
 - Patient is asymptomatic!

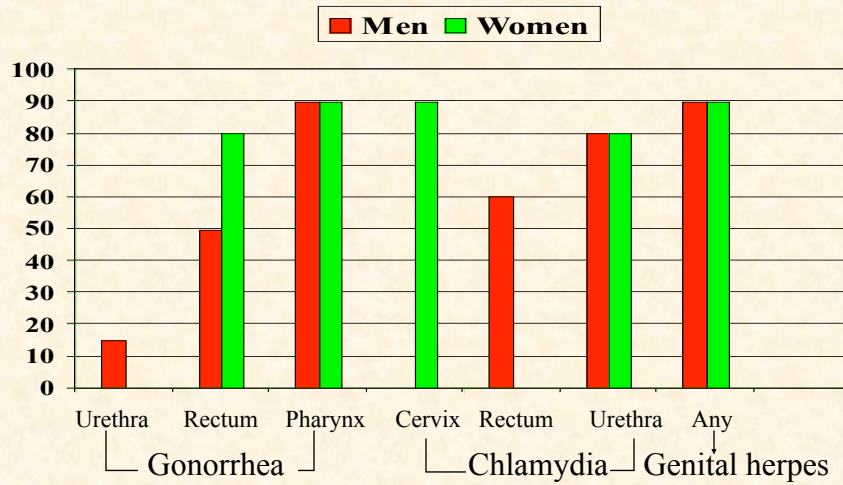
Diagnostic Testing

- ◆ **Goal:** assess signs, symptoms, and patient complaints

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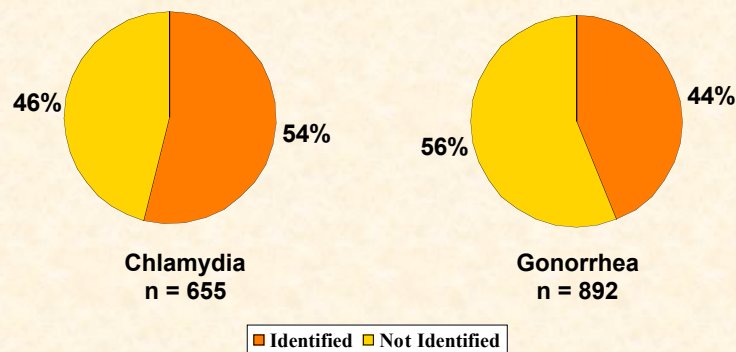
Why Bother Screening?

Percent of Persons with STD Who Are Asymptomatic



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Proportion of chlamydial and gonococcal infections that would not be identified if only urine/urethral screening is performed among gay/bisexual men: San Francisco – 2003



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(Kent et al. CID 2005 updated)

Providers' Questions About Screening

- ◆ Do I need to treat if *asymptomatic*?
- ◆ How often?
- ◆ What tests?
- ◆ What anatomic sites?
- ◆ Do I need to treat patient's sex partners?
- ◆ How much time?
- ◆ Who pays?

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STD Screening: FIRST VISIT

- ◆ **All patients**
 - Ask about STD symptoms
 - Syphilis serology, chlamydia, gonorrhea
 - Hepatitis A/B/C status
 - ◆ **Men should be screened for urethral infection**
 - ◆ **Patients who report receptive anal sex**
 - Rectal gonorrhea
 - Rectal chlamydia
 - ◆ **Patients who report receptive oral sex**
 - Pharyngeal gonorrhea
- *Check with local laboratory/program regarding availability of approved tests for pharynx/rectum***

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MMWR Recommendations and Handout 2



STD Screening: FIRST VISIT

◆ **Women**

- **Chlamydia:** routinely test **all** women at first visit, especially those ≤ 25 years;
- **Trichomoniasis**
- **Gonorrhea:** routinely test **all** sexually active women
- **Pregnancy:** ask a woman of childbearing age if she suspects pregnancy or has missed her period

Identify possible current pregnancy, interest in future pregnancy, or sexual activity without reliable contraception

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MMWR Recommendations and Handout 2



STD Screening: SUBSEQUENT VISITS

- ◆ Periodic retesting for all sexually active patients
- ◆ Annually for all, more frequent (every 3-6 months) depending on risk:
 - Multiple or anonymous sex partners
 - Unprotected vaginal or anal intercourse with partner with negative or unknown HIV status
 - Sex or needle-sharing partner with above risks
 - “Life changes” associated with increased risk

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MMWR Recommendations and Handout 2



Points to Remember

- ◆ Screen more frequently rather than less
- ◆ Screen at all anatomic sites exposed (rectum, pharynx, cervix, urethra)
- ◆ Remember report of condom use does not always predict absence of STD
- ◆ Reinforce the consistent and correct use of condoms with patients
- ◆ Contact the lab for appropriate test assays

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MMWR Recommendations for STI Tests



Management of the Symptomatic Patient

- ◆ Recognize common syndromes and know directed work-up
 - Key descriptions in ancillary course materials
- ◆ Use available tools (wall charts, pocket cards, reference manuals/atlasses)
- ◆ Online resources: *The Practitioner's Handbook for the Management of Sexually Transmitted Disease*

www.STDhandbook.org

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Handout 3 and Handout 4



Treatment of STD in HIV-infected persons

- ◆ CDC STD Treatment Guidelines highlight specific regimens for HIV-infected persons when appropriate
- ◆ In general, treatment guidelines are not different between HIV-infected and non-infected patients
- ◆ Because re-infection rates are high, patients with chlamydia or gonorrhea should be re-tested 3 months after treatment

www.cdc.gov/std/treatment

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Handout 4



Take home messages

- ◆ Ask about behaviors that can transmit HIV and other STDs
 - Use directed open-ended questions to enhance communication
 - Practice to increase comfort level with discussing risk behaviors
- ◆ Screen appropriately for STDs
 - Remember: Most STDs are asymptomatic

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*What is one thing
you will change in
your practice...?*

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*What are your
Next Steps?*



- PARTNER SERVICES
- REFERRALS
- BRIEF BEHAVIORAL INTERVENTIONS
- ADDRESSING MISCONCEPTIONS
- PREVENTION MESSAGES
- STD SCREENING
- RISK SCREENING