Screening for Bacterial STDs in HIV+ MSM

Incorporating Self-Testing into Routine Care

S. Dhanireddy, MD

Presentation prepared by: Lindley Barbee and S. Dhanireddy
Last Updated: 5/21/13
Overview

- Rationale for STD screening among HIV+ patients
- Patient and Provider Survey results
- Interventions at Madison
- Brief Risk Behavior Assessments
Proportion of MSM* Attending STD Clinics with Primary and Secondary Syphilis, Gonorrhea or Chlamydia by HIV Status†, STD Surveillance Network (SSuN), 2011

* MSM = men who have sex with men.
† Excludes all persons for whom there was no laboratory documentation or self-report of HIV status.
‡ GC urethral and CT urethral include results from both urethral and urine specimens.

http://www.cdc.gov/std/stats11/figures/y.htm
• 13% with STD at enrollment (100% asymptomatic)
• 9% incident STD at 6 months
  • rectal chlamydia, pharyngeal gonorrhea
• 20% of all MSM diagnosed with an STD by 6 mos

• Sexual risk behaviors
  • polysubstance use, > 4 partners in 6 months
  • UAI unchanged 39% at baseline to 37% at 6 months
Figure 12: Early Syphilis Incidence Among MSM by HIV Status
King County, WA, 1997-2011

Incidence per 100,000 population

- All MSM
- HIV+
- HIV-
CDC Screening Guidelines 2010: MSM

- Urethral NAAT for GC & CT if insertive intercourse in past year
- Rectal NAAT for GC & CT if receptive intercourse in past year
- Pharyngeal NAAT for GC if oral sex
- Syphilis serology

HIGH RISK MSM
- Multiple (>10 in last year) or anonymous partners
  - Patient or sex partners use meth or poppers
  - Recent bacterial STD
  - Unprotected anal intercourse

- HIGH RISK: test every 3-6 months
• Poor annual STD screening coverage:
  • Syphilis: 66% - 75.8%
  • Urethral CT/GC: 13.8% - 18.3%
  • Rectal CT, rectal GC, and pharyngeal GC: 2.3% - 8.5%

• Barriers to extra-genital testing
  • Lack of FDA approved NAATs for non-urethral testing,
  • Lack of time,
  • Competing medical priorities,
  • Lack of skill conducting sexual history
Male Patient Sexual Health Survey Results (May 2012)

- MSM sexual behavior results:
  - 68% Top
  - 69% Bottom
  - 79% Give oral sex
  - 75% Receive oral sex

- In 2 months prior, average 1.9 (SD 2.9) sexual partners

- >25% reported bacterial STD in the last year

- >16% report that they or sex partner use meth/poppers
Male Patient Sexual Health Survey Results (May 2012)

• At their last STD screening:
  • Of those reporting exposure, 58% screened at throat
  • Of those who bottom, 53% screened at rectum

• 72% seek STD care at Madison Clinic

• 83% report that Madison clinic provider discusses sexual health with them.
Male Patient Sexual Health Survey Results (May 2012)

• 28% seek STD screening at PHSKC STD clinic
• 3% seek STD care at Gay City
• Because…
  • 42% think it’s easier to be tested elsewhere
  • 21% prefer anonymity
  • 16% want more frequent screening
  • 3% costs
Madison Clinic Provider Survey on MSM Screening, Results (June 2012)

- 28 of 34 providers completed survey

- 15% unaware of NAAT screening for extra-genital testing

- Provider challenges in screening compliance
  - 68%: not enough time
  - 39%: patient reluctance
  - 32%: unsure of guidelines
  - 21% do not feel comfortable discussing sexual practices or performing genital exam
• Which interventions would help improve STI screening rates?
  • 71%: access to STD testing results from other clinics
  • 82%: STD registry / reminders
  • 57%: self-collected specimens

• Over 50% providers wanted brief educational session on STIs
MSM Self-Testing at Madison

Test Yourself!

- **Goal**: Improve STD screening rates
- **What**: Self-testing program at Madison
- **When**: Open during business hours for walk-ins
Self-Testing Process

Patient enters STD self-testing program by:
- Self-referral
- Provider-referral
- Self assessment computer survey (done q6 months)

Nursing Triage
- Ensures asymptomatic
- If symptomatic, see provider

Asymptomatic patient given screening form and directed to testing bathroom
- Patient follows instructional posters
TEST YOURSELF
The Visual Guide for a Self-collected Throat Swab

1. Wash your hands with soap and water.
2. Remove the transport tube and collection swab from packaging.
3. Label the transport tube with your Patient label.
4. Label the transport tube with the Throat label.
5. Open the package containing the collection swab.
6. Hold the collection swab far enough from the tip.
7. Say AH-HH... and reach the collection swab into your mouth to gently touch your throat.
8. Gently rub the swab tip on your throat side to side, up and down at least 6 times.
9. Unscrew the cap from the transport tube.
10. Place the collection swab into the transport tube, snapping it at dashed line.
11. Put the cap back on the transport tube and twist it closed to prevent leaks.
12. Put the transport tube into the biohazard bag.
13. Wash your hands with soap and water.
TEST YOURSELF
The Visual Guide for a
Self-collected Rectal Swab

1. Wash your hands with soap and water.
2. Remove the transport tube and collection swab from packaging.
3. Label the transport tube with your Patient label.
4. Label the transport tube with the Rectal label.
5. Open the package containing the collection swab.
6. Firmly hold the collection swab above the dashed line (color to the swab tip).
7. Get into a comfortable position that allows you access to your anus. Putting your foot on the step stool may help.
8. Gently insert the swab 1 inch into the rectum and twist the swab in a circle at least 5 times.
9. Unscrew the cap from the transport tube.
10. Place the collection swab into the transport tube, snapping it at the dashed line.
11. Put the cap back on the transport tube and twist it closed to prevent leaks.
12. Put the transport tube into the blue hazardous.
13. Wash your hands with soap and water.
What can you do during a visit to help prevent STDs?
“Whoa—way too much information.”
Risk Assessment

- **Open the Conversation**: “Tell me about your sex life.”
- **The Who**: “Tell me about your partners.”
- **The What**: “What types of sex are you having?”
- **The How**: “How do you protect yourself and your partners during sex?”
risk Reduction

- Assess perception of risk
  - What concerns do you have about giving HIV to someone else? Or acquiring STD?
- Motivation behind decision
  - How do you decide when to use a condom?
- Identify risk reduction goal
  - What’s a realistic step you can take in order to stay safe?