

**18th Annual
HIV CONFERENCE**
of the Florida/Caribbean AIDS Education and Training Center

May 1-2, 2009
Orlando, FL

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

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Disclosure of Financial Relationships

**Dr. Toney has no significant financial relationships with
commercial entities to disclose.**

This slide set has been peer-reviewed to ensure that there are
no conflicts of interest represented in the presentation.

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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:

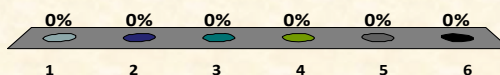
- ❖ **Describe** rationale for implementing consensus recommendations
- ❖ **List** elements of effective screening for behavioral risk factors
- ❖ **Outline** correct approach to screening for STDs

Ask Screen Intervene

Which of the following health care categories describes you best?

1. Clinician
2. Nursing
3. Social work
4. Dental
5. Nutrition
6. Other

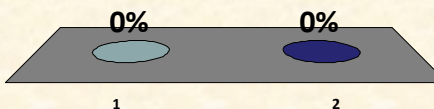
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Do you or your clinic/office screen your patients/clients for STDs?

1. Yes
2. No

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Why is HIV Prevention Discussion Important NOW?

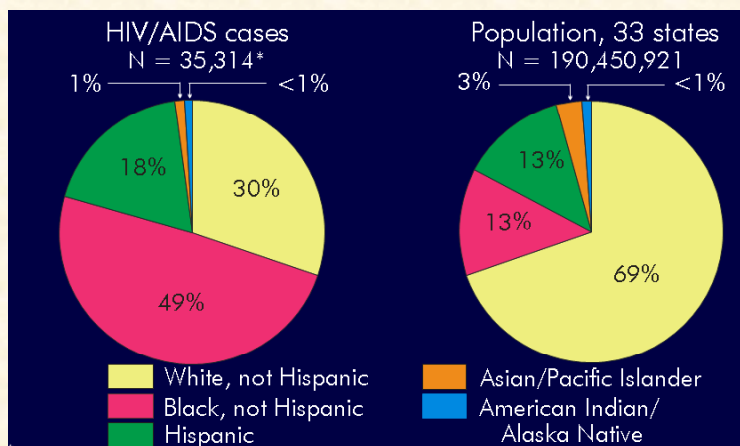
- ❖ Emerging trends among the HIV-infected:
 - Increases in racial disparity
 - Increases in unsafe sex
 - Increases in syphilis, gonorrhea
 - Transmission of drug-resistant virus
- ❖ STDs increase amount of HIV shed at genital mucosa (cervix, urethra, rectum)
 - Directly increases risk of transmitting HIV

Rietmeijer et al. STD. 2003 Jul;30(7):562-7
 Chen et al. AIDS. 2003 Apr; 17(6):942-943
 CDC. MMWR 2001; 50:117-120

Collis et al. CID. 2001; 32: 611-22
 Novak et al. CID. 2005; 40:468-474
 Tang et al. J of Clin Virology. 2004; 30:1-10
 Weinstock et al. JID. 2004 June; 189:2174-8
 Blackard et al. STD. 2004 April; 31(4):201-4
 Jost et al. NEJM. 2002; 347:731-6.
 Erbeding. JAIDS. 2003 Jun 1;33(2):247-52

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Race/ethnicity of persons (including children) with HIV/AIDS diagnosed during 2006



Based on data from 33 states with long-term, confidential name-based HIV reporting.

CDC. HIV/AIDS Surveillance Report, 2006

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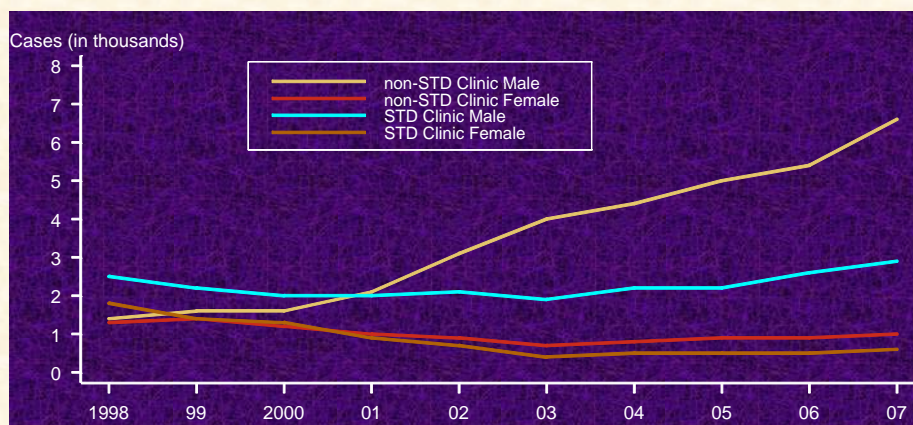
AIDS in Blacks

- ❖ Of the 992,865 AIDS cases reported to CDC through 2006, blacks accounted for
 - 40% of total
 - 60% of women
 - 59% of heterosexual persons at high risk
 - 59% of children aged <13 years
- ❖ Of AIDS cases reported during 2006, 48% were in black adults and adolescents

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CDC. HIV/AIDS Surveillance Report, 2006

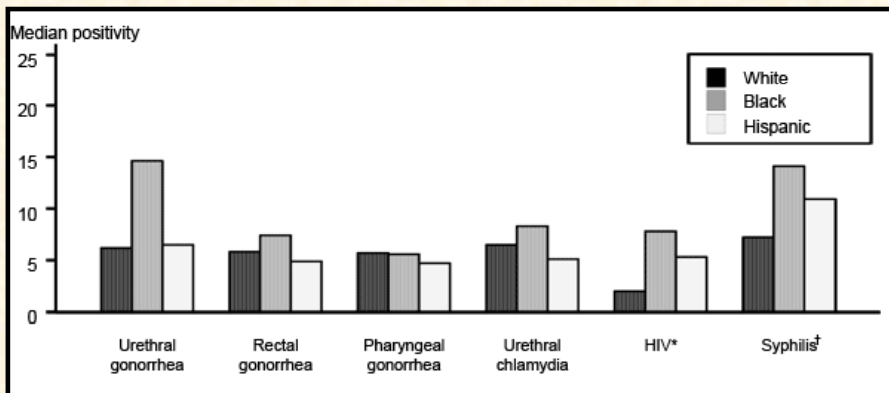
Primary and secondary syphilis — Reported cases by reporting source and sex: United States, 1998–2007



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Source: CDC Sexually Transmitted Disease Surveillance 2007

MSM Prevalence Monitoring Project – Test positivity for gonorrhea and chlamydia and syphilis sero-reactivity among MSM by HIV status, STD clinics, 2007



*Excludes persons previously known to be HIV-positive.

†Sero-reactivity.

Source: <http://www.cdc.gov/std/stats07/figures/aa.htm>

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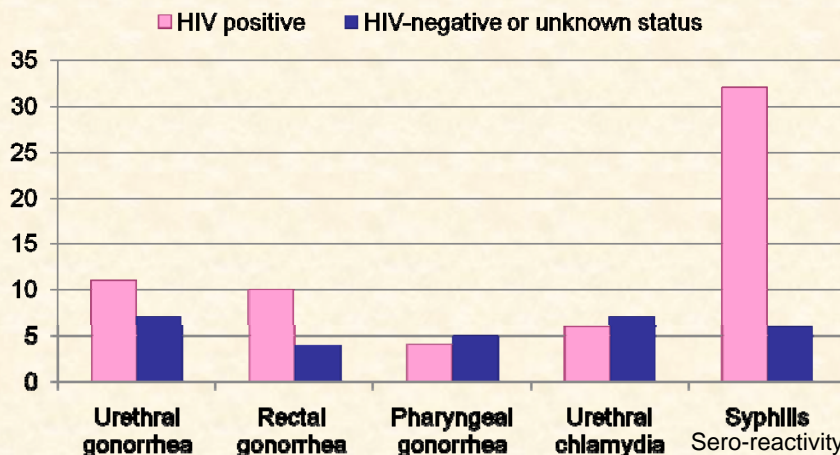
TABLE 2. Chlamydia Prevalence Among Men, by Race/Ethnicity, Selected Populations

Data Source (yrs)	Race/Ethnicity		
	Black	White	Hispanic
NHANES (1999–2002; age 14–39)	5.3	1.5	3.1
AddHealth (2001–2002; age 18–26)	11.1	1.4	7.2
National Job Training Program (2003–2004; age 16–24)	13.0	3.1	5.7
MSM Prevalence Monitoring Project (2005; age 15–80)	7.0	6.0	6.0

Sexually Transmitted Diseases, November Supplement 2008, Vol. 35, No. 11, p.S3–S7

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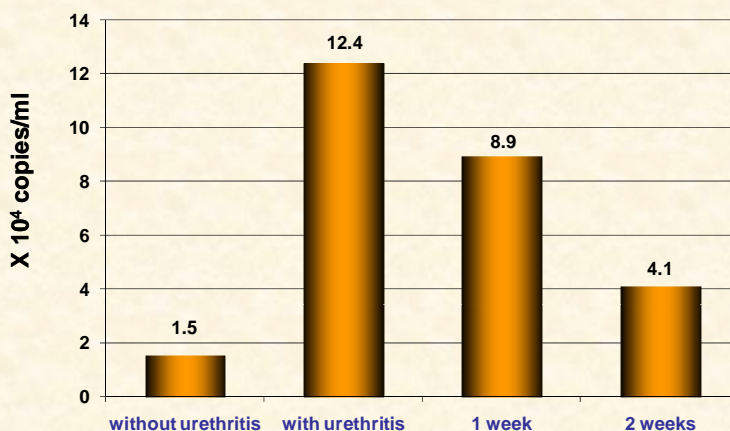
MSM Prevalence Monitoring Project – Test positivity for gonorrhea and chlamydia and syphilis sero-reactivity among MSM by HIV status, STD clinics, 2007



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Source: <http://www.cdc.gov/std/stats07/msm.htm>

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



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

Why is this occurring?

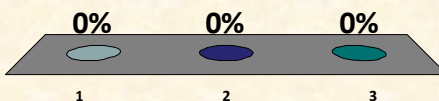
- ❖ Improved HIV therapy, well-being, and survival
- ❖ “Prevention fatigue”
- ❖ Increased use of erectile dysfunction drugs, methamphetamine, poppers
- ❖ Old & new ways to meet partners
 - Baths, parks
 - Internet
- ❖ Anonymous partners
- ❖ HIV sero-sorting

Stockman et al. *JAIDS*. 2004 Apr; 35(4):432-4.
 Edelman, Susan. "'Condom Fatigue' Shock in Epidemic". New York Post. February 22, 2004.
 Semple et al. *Addictive Behaviors*. 2004; 29:807-810.
 Semple et al. *AIDS Education and Prevention*. 2003; 15(2):133-147.
 Crosby et al. *JAIDS*. 2004 Dec; 37 (4): 1496-9.

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Proportion of Physicians Discussing Topics with HIV-Positive Patients

1. Adherence to ART
2. Condom use
3. HIV transmission and/or risk reduction

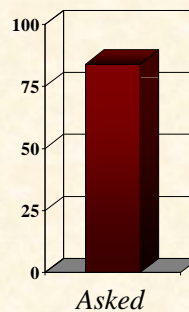


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Proportion of Physicians Discussing Topics with HIV-Positive Patients

4 US Cities (n=317)

❖ **Adherence to ART 84%**



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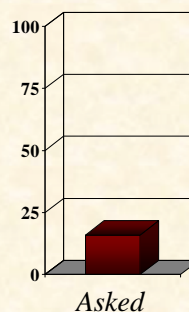
Metsch LR, Pereyra M, del Rio C, et al. Delivery of HIV Prevention Counseling by Physicians at HIV Medical Care Settings in 4 US Cities. *Am J Public Health* 2004;94:1186-92.

Proportion of Physicians Discussing Topics with HIV-Positive Patients

4 US Cities (n=317)

❖ **Adherence to ART 84%**

❖ **Condom use 16%**



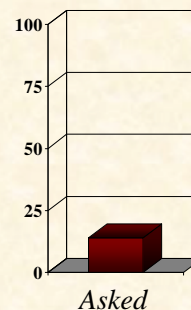
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Metsch LR, Pereyra M, del Rio C, et al. Delivery of HIV Prevention Counseling by Physicians at HIV Medical Care Settings in 4 US Cities. *Am J Public Health* 2004;94:1186-92.

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%



Metsch LR, Pereyra M, del Rio C, et al. Delivery of HIV Prevention Counseling by Physicians at HIV Medical Care Settings in 4 US Cities. *Am J Public Health* 2004;94:1186-92.

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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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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, computer-assisted self-interviewing (CASI)
- ❖ Develop plan to respond to information that might surface
- ❖ Determine ways to overcome stigma

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Identifying Risk: Benefits

❖ *Clinician Perspective*

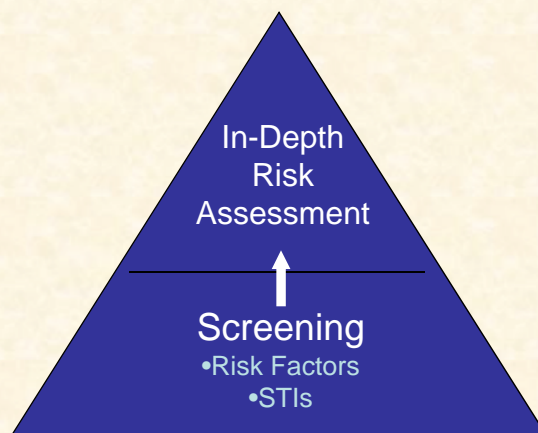
- Assists in clinical intervention/exam
- Provides focus for an in-depth risk assessment and direction for risk reduction or referral
- May identify persons with acute HIV infection who may be more infectious

❖ *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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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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Risk Screening:

What Should We Ask? WHO

- ❖ Determine number and gender of partners, current and past...

OPEN-ENDED: *“So, 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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Risk Screening:

What Should We Ask? WHAT, WHERE

- ❖ Ask about various types of sexual activity...

OPEN-ENDED: *“Tell me about the types of sex you have”*

- ❖ 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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Risk Screening:

What Should We Ask? PREVENTION METHODS

❖ **Ask about condoms/barrier contraception...**

OPEN-ENDED: *“What do you do to protect yourself during sex?”*

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

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

OPEN-ENDED: *“What do you do to protect yourself when injecting drugs?”*

OPEN-ENDED: *“How do you know your equipment is clean?”*

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Diagnostic Testing vs. Screening

Screening

❖ **Goal:** test apparently healthy people to find those at increased risk of disease

- Patient is asymptomatic!

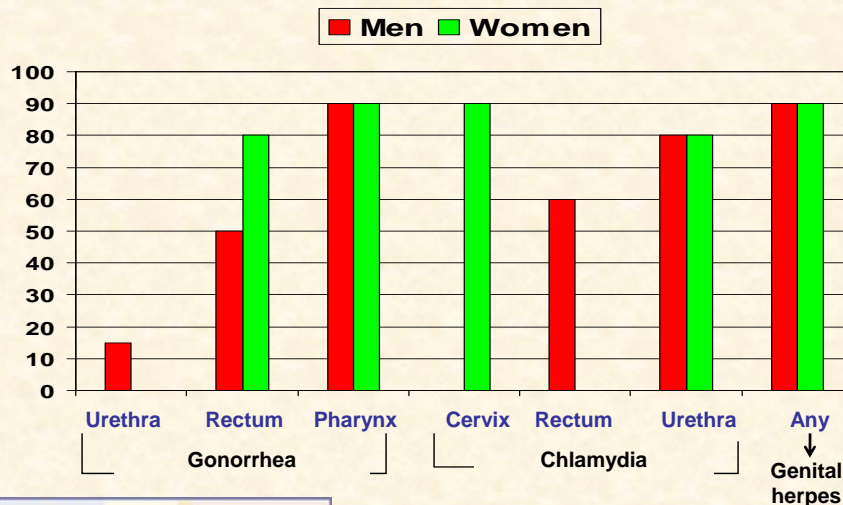
Diagnostic Testing

❖ **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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Fleming, Wasserheit. Sex Transm Infect. 1999 Feb; 75 (1): 3-17

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

❖ **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 screening**

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STD Screening: FIRST VISIT

❖ **Women**

- **Chlamydia:** routinely test ***all*** women at first visit
- **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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CDC. Sexually Transmitted Diseases
Treatment Guidelines, 2006 / Vol. 55 / No. RR-11

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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CDC. Sexually Transmitted Diseases
Treatment Guidelines, 2006 / Vol. 55 / No. RR-11

Points to Remember

- ❖ Screen more frequently rather than less
- ❖ Screen at all anatomic sites exposed (rectum, pharynx, cervix, urethra)
- ❖ Report of condom use does not always predict absence of STD
- ❖ Condoms are not always used consistently or correctly

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Tests Recommended for STD Screening

STD	TEST	COMMENT
Syphilis	Serology with nontreponemal tests (RPR or VDRL) or treponemal EIA	Confirm positive result with serum treponemal test (FTA-ABS, TPPA)
Trichomonas	Saline microscopy of vaginal fluid, culture, antigen detection test	
Genital herpes	Type-specific serology (consider)	Genital herpes increases genital HIV shedding

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CDC. Sexually Transmitted Diseases
Treatment Guidelines, 2006 / Vol. 55 / No. RR-11

Tests Recommended for Chlamydia & Gonorrhea Screening

GENDER	TEST	COMMENT
Women	<ul style="list-style-type: none"> ➤ NAAT on cervical swab or urine ➤ Culture or other non-NAAT assay of cervical swab 	<ul style="list-style-type: none"> ➤ NAAT include PCR, SDA, TMA; most sensitive tests (>90% vs. 70%) ➤ Non-NAAT include culture, unamplified DNA probe, antigen detection tests
Men	<ul style="list-style-type: none"> ➤ NAAT of urine or urethral swab ➤ Culture or other non-NAAT assay of urethral swab 	<ul style="list-style-type: none"> ➤ NAAT only test performed on urine ➤ Collect first 15-30 cc of urine stream without cleansing urethral meatus
Both	<ul style="list-style-type: none"> ➤ Culture of rectal or pharyngeal swab (NAAT if locally validated) 	<ul style="list-style-type: none"> ➤ Depends on reported sexual exposure at these sites

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CDC. Sexually Transmitted Diseases
Treatment Guidelines, 2006 / Vol. 55 / No. RR-11

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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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

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CDC. Sexually Transmitted Diseases
Treatment Guidelines, 2006 / Vol. 55 / No. RR-11

Take home messages

- ❖ Ask about behaviors that can transmit HIV and other STDs
 - Use 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 are your Next Steps?



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

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