



Please Stand By

You will hear silence until the  
presentation begins



The HIV/STD/TB/Hepatitis Program, Division of Disease Control, conducts Lunch and Learn Webinars for health-care professionals in North Dakota.

Disease 101 Conference: December 3<sup>rd</sup> and 4<sup>th</sup>  
[www.ndhealth.gov/disease/Conference](http://www.ndhealth.gov/disease/Conference)

Next month's L&L : December 16th, 2015

Topic: Syphilis

Register: <http://www.ndhealth.gov/HIV/events.htm>



Please complete the post-test to receive CEU's for this presentation. You must score at least 70% to receive credit.

This presentation will be archived and available for review on:

[www.ndhealth.gov/HIV/Resources/resources.htm](http://www.ndhealth.gov/HIV/Resources/resources.htm)

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# CLINICAL PREVENTION GUIDANCE FOR STDS AND HIV

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November 25, 2015

November Lunch N' Learn Presentation



# Objectives



1. Identify the five strategies that are should be used for the prevention and control of STDs.
2. Describe effective interviewing and counseling skills that are essential to obtaining a thorough sexual history and delivering effective prevention messages.
3. Describe the “Five P’s” approach to obtaining a sexual history.
4. Identify STD/HIV prevention methods In addition to risk assessment and counseling.

# There are 5 major strategies for the Prevention and Control of STDs.



# Addressing Risk Reduction is a Key Component in a STD/HIV Risk Assessment.

- Effective Interviewing Skills
- Determine Appropriate Information to Cover in a Counseling Session
- Cultural Competency
- Goal: Risk Reduction

# Many Skills are Necessary to Have When Conducting HIV/STD Risk Assessment.



- Professionalism
- Rapport
- Listen Effectively
- Giving Factual Information
- Reinforcement

# Simplify Language.



- Dysuria maybe evidence of the disease you have.
  - ▣ Gonorrhoea may be the reason you experience pain during urination.
  
- Your titers indicate that you have a primary syphilis infection.
  - ▣ You have syphilis. You most likely got this infection in the last year.

# Who, What, Where, When, How?

- Did you use condoms the last time you had sex?
- How** often do you use condoms?
- Do you have multiple partners?
- How** many partners have you had in the last 6 months?
- Are you gay?
- When** was the last time you had sex with a man?

Nonverbal Communication, including Physical Environment is an Important Aspect of Communication.



# There are 5 Key Areas of Interest When Obtaining a Sexual History.

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**P**artners

**P**ractices

**P**revention of  
Pregnancy

**P**rotection from STDs

**P**ast History of STDs

**5** **Ps**

# Partners: Men, Women, Both

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Gender

Number of  
Partners

Anonymous  
Partners

Exclusive  
Partners

# Ppractice. Oral Sex can put you at risk for STDs.



- To understand your risks for STDs, I need to understand the kind of sex you have had recently.
- Oral Sex vs. Vaginal Sex vs. Anal Sex
- Comprehensive Care: Asking About Drug Use

# Prevent Pregnancy. Protection from STDs.



- What do you do to prevent pregnancy?
  
- What do you do to protect yourself from STDs and HIV?
  - ▣ Resource: NDDoH STD/HIV Program – Condoms/Safer Sex Kits

# Past History of STDs.



- Do they have a history of STDs?
- Have their partners had a STD?
- Provide information on consequences of multiple STD infections.

# There are many types of Counseling.



- Client-Centered Counseling
  - ▣ Tailored to Client
- Provider Delivered Prevention Messages
- Motivational Interviewing

# Improve Self-Perception Risk for Each Client.



- Establish/improve client's self-perception of risk
- Identify and Support Previous Behavior Change Attempts
- Negotiate a Simple, Realistic and Incremental Plan for Reducing Risk
  - ▣ Determine the Next Step
  - ▣ Determine Barriers to Taking the Next Step
  - ▣ Problem Solve Barriers

# Examples Risk Reduction.



- Client: I never use condoms.
  - ▣ Why don't you use condoms? – Cost Barriers.
  - ▣ Risk Reduction: Free Condoms.
  
- Client: I will never wear condoms and I will continue to have 4 partners every weekend.
  - ▣ Risk Reduction: Get Tested Every 3 months.

# There are Several Methods that can be Used to Prevent STDs/HIV.



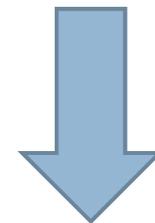
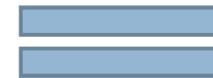
- Pre-Exposure Vaccination
- Abstinence and Reduction of Number of Partners
- Male Condoms
- Female Condoms
- Antiretroviral Treatment
- Preexposure Prophylaxis for HIV

# Data Shows PrEP Effective to Prevent HIV Infection.

Evaluate Sexually  
Active HIV-  
Negative & IDU



Risk Reduction  
Counseling



HIV  
RISK

# All persons being treated and evaluated for STDs should be screened for HIV.



- ND Data: The number of patients being tested for STD in ND is significantly less than those being tested for HIV.
- All CT/GC Positive Patients Should be Screened for HIV.

# Screening Criteria.



- USPSTF categorizes chlamydia/gonorrhea screening as level “B” evidence
- Women: Annual screening for chlamydia/gonorrhea
  - ▣ Women < age 25 (harmonized) or older women with risk factors
- Heterosexual men
  - ▣ Chlamydia, consider screening in high prevalence settings (adolescent clinics, corrections, STD clinics)
  - ▣ Gonorrhea screening not recommended

# Be Aware of 2015 Treatment Recommendations.

## Chlamydia:

Azithromycin 1 g orally in  
a single dose

OR

Doxycycline 100 mg orally  
twice a day for 7 days

## Gonorrhea:

Ceftriaxone 250 mg IM

**PLUS**

Azithromycin 1 g orally

# Partner Services is an Essential Component in the Prevention of STDs/HIV.



- Involves **Testing** and **Treatment** of sex partners of an infected person.
  - ▣ NDDoH: Limited Chlamydia Partner Services
- Internet Partner Notification

# Use EPT as Often as you Can!



- Expedited Partner Therapy (EPT) is a tool to increase the number of sex partners treated.
- Chlamydia/Gonorrhea: Offer to heterosexual patients.
- Provide medications or prescriptions to patient for their partners.
- Lower reinfection rates.

# All Patients Should Have 3 Month Patient Follow-Up if Positive for CT/GC.



- There is a high prevalence of gonorrhea infections among men and women previously treated for gonorrhea. Most of these infections are reinfection caused by failure to treat all sex partners and not treatment failures.
- Retesting should occur 3 months after treatment regardless if sex partners were treated

# Upcoming Disease Control Projects



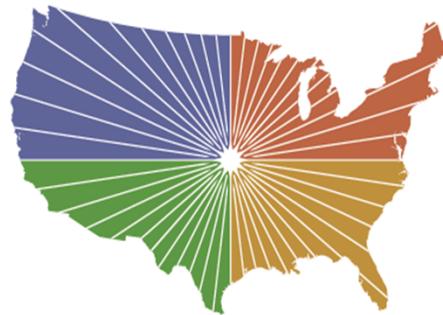
- Provider Specific STD Prevention Data
  - Screening Data & Partner Services
  
- Testing Card for Patients
  
- 2015 Treatment Guidelines Summary Guides – Available Soon!

# STD Clinical Consultation Network (STDCCN)

- Provides STD clinical consultation services within 1-3 business days, depending on urgency, to healthcare providers nationally
- Your consultation request is lined to your regional PTC's expert faculty (Seattle Regional PTC: [www.seattlestdhivntc.org/](http://www.seattlestdhivntc.org/))

- Also offers cour

- [www.STDCCN.org](http://www.STDCCN.org)



National Network of  
STD Clinical Prevention  
Training Centers

**STD Clinical Consultation Network**

# Questions?



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