

PREVENTION
 Screen for HIV or. IS CARE
 Prescribe healthy behavior

Rx

Risk Reduction
 Strategies for
 Health Care
 Providers



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Incorporating prevention into the
 routine medical care of
 patients with HIV

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Going by the numbers.

Today, an estimated 1.1 million people in the United States are living with HIV or AIDS.¹ Despite medical advances, and the wealth of information about how the virus is transmitted, new cases of HIV/AIDS are diagnosed each year. In fact, an estimated 56,300 new cases were diagnosed in 2006 alone.²

In the past, attempts to reduce the spread of HIV have focused on keeping those not infected with HIV from getting the virus. However, the focus is now expanding to include an increased emphasis on preventing transmission by those who are infected. You can play an important role in this effort by emphasizing the importance of prevention to your patients living with HIV.

This piece was created to assist health care providers in determining transmission risk and delivering relevant prevention messages to their patients with HIV. This brochure is divided into major sections followed by discussion points and suggested steps. Clearly, you won't get through every topic in a patient visit. But it's important to continue reinforcing the importance of prevention during every visit. You can use this material as a guide.

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8. Centers for Disease Control and Prevention. How is HIV passed from one person to another? Available at www.cdc.gov/hiv/resources/qa/qa16.htm. Accessed November 28, 2006.

This piece also incorporated information from the following PowerPoint presentations:

1. Newman MD. Making prevention for positives work: Things I remember when working with women and HIV. Satellite symposium. Presented at the 43rd annual meeting of the Infectious Diseases Society of America. October 6, 2005.

2. Thrun M. Incorporating HIV prevention into the medical care of persons living with HIV: Ask· Screen· Intervene risk screening. Satellite symposium. Presented at the 43rd annual meeting of the Infectious Diseases Society of America. October 6, 2005.

3. Milan J Jr. Patient perspectives for physicians conducting HIV prevention in care. Satellite symposium. Presented at the 43rd annual meeting of the Infectious Diseases Society of America. October 6, 2005.

4. Thrun MW. Incorporating HIV prevention into the medical care of persons living with HIV: Ask· Screen· Intervene. Developed by the National Network of STD/HIV Prevention Training Centers, in conjunction with the AIDS Education Training Centers. Presented at the 2005 National HIV Prevention Conference. June 12-15, 2005. Atlanta, GA.

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References.

1. Centers for Disease Control and Prevention. HIV Prevalence Estimates – United States, 2006. *MMWR* 2008;57(39):1073-1076.
2. Centers for Disease Control and Prevention. HIV Incidence. Available at <http://www.cdc.gov/hiv/topics/surveillance/incidence.htm>. Accessed August 26, 2008.
3. Fisher JD, Cornman DH, Osborn CY, Amico KR, Fisher WA, Friedland GA. Clinician-initiated HIV risk reduction intervention for HIV-positive persons: formative research, acceptability, and fidelity of the Options project. *J Acquir Immune Defic Syndr* 2004;37(suppl 2):S78-S87.
4. Mayer KH, Safren SA, Gordon CM. HIV care providers and prevention: opportunities and challenges. *J Acquir Immune Defic Syndr* 2004;37(suppl 2):S130-S132.
5. Centers for Disease Control and Prevention. Incorporating HIV Prevention into the medical care of persons living with HIV. *MMWR* 2003;52 (No. RR-12):1,3.
6. Wasserheit JN. Epidemiologic synergy: interrelationships between human immunodeficiency virus infection and other sexually transmitted diseases. *Sex Trans Dis* 1992;9:61-77.
7. Anzala AO, Simonsen JN, Kimani J, et al. Acute sexually transmitted infections increase human immunodeficiency virus type 1 plasma viremia, increase plasma type 2 cytokines, and decrease CD4 cell counts. *J Infect Dis* 2000;182:459-466.

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The benefits of identifying risk.

For clinicians, identifying behavioral risk for HIV transmission assists in clinical intervention and examination. It also provides focus for an in-depth risk assessment and direction for risk reduction or referrals. For patients, the risk identification process provides the opportunity to ask questions and facilitates a discussion the patient may be unlikely to initiate. Risk identification may also affect patients' motivation to change their unsafe behaviors.

Before you start.

Following are general tips on how to make your efforts more effective:

- Establish a good rapport with the patient. This will make it easier to discuss sensitive subjects.
- Remember that a non-judgmental attitude tends to elicit more information.
- Avoid sexual euphemisms and generalities. Make sure you use language your patients understand.
- Keep in mind that the process of changing behaviors may involve many small steps on the patient's part rather than one giant step.

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Ask, screen, intervene.

Although you may have much to discuss in a short period of time when seeing patients, it's important to spend a little time providing brief prevention messages to those with HIV during every visit.

Ask.

In one study involving focus groups with patients who had HIV, patients expressed a positive attitude toward talking about HIV risk reduction with their clinicians.³

- Encourage patients to ask questions
- Ask open-ended questions yourself, such as “How often do you use condoms?” as compared to “Do you use condoms?” Patients are unlikely to volunteer information on certain subjects unless you directly ask them
- Emphasize that all information will be kept confidential

Screen.

Behavioral risk screening

Risk screening involves discussing with patients the behaviors most commonly associated with transmitting HIV — unsafe sexual activity and

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To Learn More

For more information about
Prevention IS Care
and to order campaign materials
(i.e., behavioral risk screener, intervention tools,
patient education brochures)

at no cost, visit

www.cdc.gov/PreventionISCare

or contact CDC-INFO by:

- mail using enclosed reply card
- phone at 800-CDC-INFO (232-4636)
- email at cdcinfo@cdc.gov

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Remember to ask your patients about frequency of these activities, or give them a scale to respond to (i.e., sometimes, rarely, never).

Ask, screen, and intervene — a small effort on your part can make a big difference in keeping your patients healthy and reducing the spread of HIV.

Referrals and Partner Services.

Sometimes managing risk behaviors — and handling the impact of such behaviors — requires additional assistance.

- Support services such as counseling may be needed to help patients address underlying reasons for continuing certain activities despite being aware of the risks
- Assistance may be required in notifying sex/injection-drug partners about HIV status. Through Partner Services, the health department can help notify and direct partners to appropriate testing/counseling services
- It might be advisable to include the sexual partner in the discussion of risk behaviors

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injection drug use. During the risk-screening process:

- Establish whether the patient is sexually active
- Establish whether the patient is sharing drug-injection equipment
- Determine whether the patient discloses his/her HIV status to partners — and whether the status of partner(s) is known
- Identify steps the patient is taking to prevent HIV transmission (i.e., consistent condom use, participation in needle-exchange programs)
- Determine why the patient is continuing risky behaviors (i.e., optimism about current HIV treatments, past sexual abuse, substance abuse, belief in certain misconceptions)^{3,4}

You might ask questions such as:

- When was the last time you had sex?
- Tell me about the people you've been having sex with.
- How do you feel about letting the people you're having sex with know that you're living with HIV?
- What have you been doing about using condoms?
- Do you take any drugs not prescribed by your provider?

Remember to ask your patients about frequency of these activities, or give them a scale to respond to (i.e., sometimes, rarely, never).

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Screening for sexually transmitted diseases (STDs) and other infections

The presence of an STD indicates that risky behavior is taking place. As part of STD screening:

- Evaluate obvious STD symptoms such as discharge, lesions, pelvic/anal pain, and rash
- Do routine laboratory screenings for STDs.⁵ Screenings should be done at anatomic sites corresponding to the patient's risk behaviors (i.e., if the patient is a recipient of anal sex, screen for rectal disease). Patients at higher risk require more frequent screenings
- Screen for hepatitis C and vaccinate against hepatitis A and hepatitis B as indicated.

You might ask questions such as:

- What types of sex do you participate in — anal, oral, vaginal?
- Have you seen any symptoms of STDs in your sexual partners such as genital sores, rash, or discharge?
- Have you noticed any signs of STDs on your own body?
- Do you participate in oral sex? Have you noticed any STD symptoms in your mouth (areas of discomfort in your mouth, sores, white or yellow patches, bleeding)?
- How long have you had these symptoms?
- Have you ever been tested for an STD? What were the results?

Remember to ask your patients about frequency

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condoms correctly and consistently during sexual activities. In both cases, it is important that you discuss contraception, as well as condom usage with your female patients to help them protect themselves and their partners.

Negotiating contraception

Another issue to keep in mind with female patients is that they are usually the ones who have to negotiate condom use — and may have to deal with rejection or even abuse if their partner doesn't want to comply.³ In addition, they are often on the “weak” side of the balance of power (i.e., a younger woman with an older man, or cultures in which women are supposed to be submissive to men), which can take a lot of the decision-making out of their hands when it comes to participating in risky behaviors.

As you can see, there may be a number of special issues regarding women and HIV prevention. Knowing what they are can help you deliver relevant prevention information to your female patients living with HIV.

You might ask questions such as:

- What type of birth control are you using? Is your goal to prevent pregnancy, prevent the transmission of HIV, or both?
- What factors might prevent you from using condoms during every sexual activity?
- Are you trying to get pregnant?
- What do you know about mother-to-baby transmission of HIV during pregnancy?

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the above subjects. Remember to periodically update your knowledge of your patients' behaviors related to drug use. The information from these discussions can help guide you in delivering brief prevention messages that address these specific points.

You might ask questions such as:

- Do you know where in your community you can get sterile needles and syringes?
- How often do you exchange or clean your needles?
- Do you think it's safe to share needles with others who have HIV?
- Do you think that HIV is the only virus that can be transmitted by sharing needles?

Remember to ask your patients about frequency of these activities, or give them a scale to respond to (i.e., sometimes, rarely, never).

Special issues facing female patients

Contraception can be an important issue in the lives of your female patients. Perhaps your HIV-positive female patients want to get pregnant, and may engage in unprotected sexual activities with their partner. If this is the case, they need to know that they can pass the virus to their partner as well as to the baby during pregnancy and after birth.⁸ On the other hand, perhaps they employ other contraceptive methods and therefore may not rely on condoms as their primary choice. They may not think about using

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of these activities, or give them a scale to respond to (i.e., sometimes, rarely, never).

Intervene.

Strategies for reducing risk of transmission through sexual behavior

Of course, abstinence is the most effective way of reducing HIV transmission through sexual behavior. But if your patient doesn't consider this an option, it's important for him/her to have the facts in order to make informed decisions about sexual behaviors.

- Discuss the importance of using condoms correctly and consistently
- Discuss the choice of partners. Limiting the choice of partners to those already infected with HIV is one effective strategy for reducing new infections. However, it's important to remind the patient that other STDs can still be transmitted through unsafe sex
- Discuss number of different partners and sex episodes (fewer is better)
- Discuss the relative risk of transmission associated with different types of sexual activities (i.e., performing oral sex vs. receiving anal sex)
- Emphasize the need for prompt, effective treatment of STDs. Explain that STDs facilitate the transmission of HIV. In addition, having an STD along with HIV can increase the patient's

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HIV viral load, which may lead to faster progression of HIV^{6,7}

- Address misconceptions patients may have about HIV transmission (i.e., that a low viral load means they can't transmit HIV or that HIV cannot be transmitted through oral sex)

Talking about sexual behaviors

It's important to spend a little time engaging patients with HIV in a discussion about some of the above subjects. Remember to periodically update your knowledge of your patients' sexual behaviors. The information from these discussions can help guide you in delivering brief prevention messages that address these specific points.

You might ask questions such as:

- Do you still use condoms during sexual activity even if both of you have tested positive for HIV?
- Do you know that some sexual activities are riskier than others, in terms of transmitting HIV? If so, can you name some of them?
- Do you know whether you can still transmit HIV when your viral load is low?
- Do you choose sexual partners based on their HIV status?
- How many sexual partners have you had in the last month? Last six months? Last year?
- In an average month, how many times do you participate in sexual activities?

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Remember to ask your patients about frequency of these activities, or give them a scale to respond to (i.e., sometimes, rarely, never).

Strategies for reducing the risk of transmission through intravenous drug use

The surest way to prevent HIV transmission through drug-related behaviors is for the patient to stop injecting drugs. That's why it's so important to encourage your patient to seek treatment for substance abuse. However, if the patient is unable to stop injecting drugs, be sure to:

- Discuss the importance of not sharing drug equipment. Remind the patient that, in addition to HIV, sharing equipment can transmit other viruses such as hepatitis
- Encourage the use of sterile needles/syringes (from pharmacies or needle-exchange programs). If that's not feasible, recommend disinfecting drug equipment before use
- Discuss number of injection episodes and partners (fewer is better)
- Address misconceptions patients may have about HIV transmission (i.e., how it's okay to share needles with HIV-seroconcordant partners)

Talking about drug use behaviors

It's important to spend a little time engaging patients with HIV in a discussion about some of

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