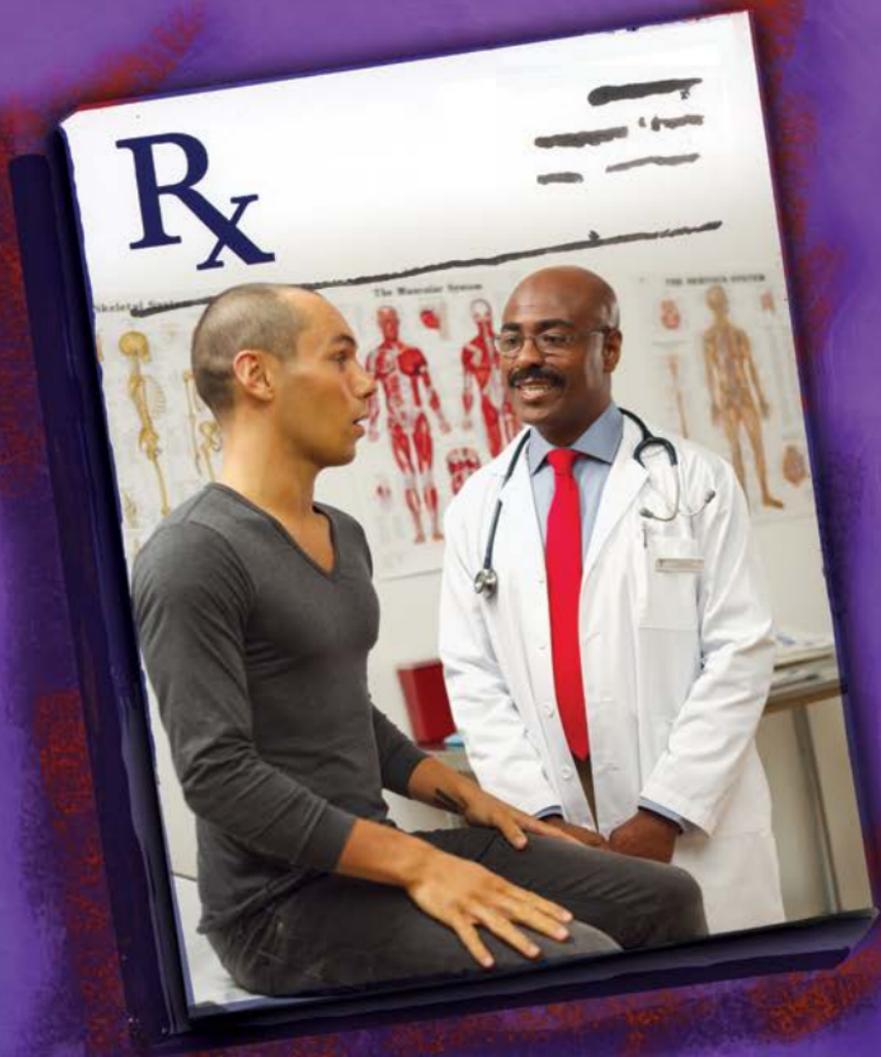


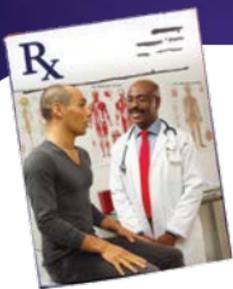
Small Talks ABOUT



Safer Sexual Behaviors

How health care providers can help patients living with HIV adopt safer sexual behaviors

PREVENTION
IS CARE
Care IS Prevention



Safer Sexual Behaviors

Introduction

A growing number of people are living longer with HIV, with fewer AIDS-related complications and deaths. As patients live with HIV and its treatment, prevention remains a critical element of care to protect both their health and that of their partners.

Today we know that HIV transmission prevention can mean much more than consistent *condom use* (although that's still an important component of prevention). For example, early initiation of *ART* (or antiretroviral therapy) and ongoing *viral suppression*, combined with *ongoing medical care*, significantly improve both overall health and transmission prevention.¹⁻³ However, not all patients achieve and maintain viral suppression. New guidelines for pre-exposure prophylaxis (*PrEP*) and the availability of effective post-exposure prophylaxis (*PEP*) provide an extra level of protection for HIV-negative sexual or drug-injecting partners. HIV-negative partners should talk with their health care providers about PrEP and PEP. Even focusing on how different *sexual activities* affect transmission risk can be a "small talk" during routine care checkups.

Brief discussions offer health care providers unique opportunities to educate patients and normalize discussions about safer sexual behaviors.

What prevents some patients from practicing safer sexual behaviors?

Some patients living with HIV don't realize that what they are doing is not "safe." Others may not understand the virus or how it is transmitted. They may be uncomfortable disclosing their HIV status to sexual or drug-injecting partners. Or they may use alcohol or drugs or have undiagnosed depression, any of which can cause disinhibition and lapses in judgment.

Brief discussions about sexual behavior at every visit with every patient:⁴

- ▶ *Use teachable moments to impart factual information about all of the risk reduction strategies available today.*
- ▶ *Help patients understand how to reduce their risk of HIV transmission.*
- ▶ *Help patients better understand the benefits of safer sex to their own health.*
- ▶ *Help patients feel more comfortable discussing sexual behavior.*



Why Are Some Health Care Professionals Uncomfortable Talking About Sex?

Sometimes physicians and other health care providers ascribe the difficulty of talking about sex to the patient, but it may be the provider who is uncomfortable with this subject.

Health care professionals cite several barriers to discussing sex, including:

- Overall discomfort discussing sex and sexuality.
- Belief that patients are uncomfortable discussing sex.
- Concerns about cultural differences/saying the “wrong” thing.
- Belief that older (age 60+) patients are “probably not having sex.”

Brief discussions lead to positive changes in sexual behavior

Recent research suggests that brief discussions between health care providers and patients during routine clinical

care are very effective in helping patients to modify their sexual behaviors.⁵⁻⁸



Evidence that ongoing, brief counseling increases safer sexual behaviors:

- ▶ **Decline in sex without a condom** (insertive and receptive anal/vaginal intercourse and insertive oral sex) from 7.1 mean estimated events at baseline to 1.5 mean estimated events at 18 months ($P < 0.05$) after patients participated in ongoing brief discussions about safer sexual behaviors. In patients who were not counseled, a significant increase in unprotected sex was seen from 2.06 mean estimated events at baseline to 9.61 mean estimated events at 18 months ($P < 0.01$).

Fisher JD et al. *J Acquir Immune Defic Syndr*. 2006;41:44-52⁵

- ▶ **Decline in sex without a condom** (anal or vaginal intercourse) from 42% at baseline to 26% at 6 months and to 23% at 12 months ($P < 0.001$) after patients were given targeted counseling, including prevention messages.

Gardner LI et al. *AIDS Patient Care STDS*. 2008;22:627-635⁶

- ▶ **Fewer sexual partners** (at follow-up, a mean of 8.1 sexual partners for the control group, versus a mean of 4.3 sexual partners for those who participated in brief discussions about safer sexual behaviors, $P = .03$).

Rose CD et al. *J Acquir Immune Defic Syndr*. 2010;55:572-581⁷

- ▶ **Decline in STD acquisition**, including syphilis, chlamydia, and gonorrhea (8.8% to 4.2%, $P < 0.04$) within 1 year after patients were screened for STDs and participated in ongoing brief discussions with their providers about safer sexual practices.

Patel P et al. *Sex Transm Dis*. 2012;39:470-474⁸

But many patients are never counseled

A recently published MMWR report from the Centers for Disease Control and Prevention (CDC)⁹ showed that, among HIV-infected men who have sex with men (MSM):

- **31.8%** engaged in anal intercourse without a condom.
- **Nearly 14%** had anal sex without a condom with partners who were either HIV-negative or of unknown serostatus.

Further, less than half of all HIV-infected patients received counseling about available HIV and STD prevention strategies, and fewer than 20% were tested annually for STDs.

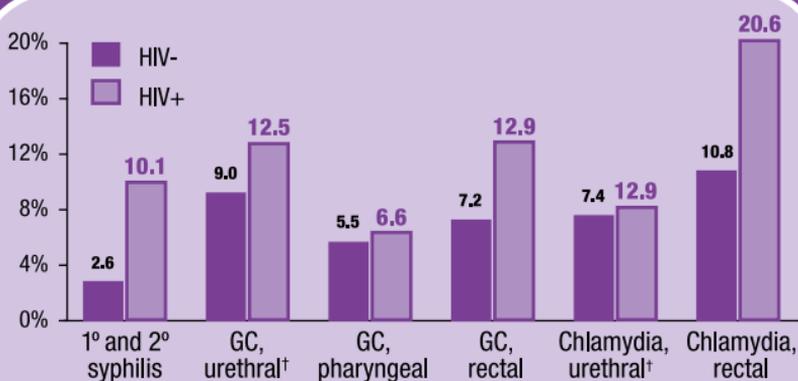


Screening for STDs

Regular screening for STDs provides a benchmark for sexual behavioral assessment for both men and women living with HIV. However, the observed increased incidence of STDs and hepatitis C indicates that sex without condoms occurs frequently, particularly among HIV-infected MSM.

Indeed, data from CDC's STD Surveillance Network (SSuN)¹⁰ indicate that the burden of STDs is greater among HIV-infected MSM than among uninfected MSM.

Proportion of MSM Attending STD Clinics With Syphilis, Gonorrhea, or Chlamydia, by HIV Status



GC = gonorrhea

* 2011 data; excludes all persons for whom there was no laboratory documentation or self-report of HIV status.

† Includes results from both urethral and urine specimens.

Suggested questions to help identify STD risk, symptoms, and history:

- ▶ *“How many male and female partners have you had within the past month/ 6 months/year?”*

- ▶ *“What types of sexual activities did you engage in, and did you use a condom?” For example, ask, “Have you had any anal intercourse?” If yes, “Was it receptive? Insertive? Was a condom used?”*

- ▶ *“Have you or your partner had any discharge, sores, pelvic or anal pain, or rash? If yes, how long have you or your partner had these symptoms?”*

- ▶ *“Have you ever had an STD or been tested for STDs, and what were the results?”*

The goal for HIV-infected patients who are sexually active is STD screening at least annually. Consider screening MSM for these infections every 3-6 months if they have multiple or anonymous sex partners.



Recognizing Teachable Moments That Enable Positive Behavior Change

Providers should be alert to teachable moments—opportunities to stimulate patient action, particularly with regard to health behavior change.⁴

When a teachable moment occurs, the message should be brief, accurate, and nonjudgmental.

Open-ended questions allow patients to speak freely:

***“What do you think about using condoms?”
instead of “Do you use condoms?”***

When health care providers are open to talking to patients about their sexual behaviors, patients may be more willing to confide in them. Providers should let patients know that they appreciate the patient’s willingness to talk freely.

Emphasize that you have these discussions with all patients, because it helps to keep them healthy.



Ongoing conversations may range in scope and change over time

Patients' health status, relationship status, and personal needs change over time. Therefore, conversations about sexual behaviors should continue and evolve for as long as the patient remains in care.

Suggested topics:

- ▶ Consistent use of ART and ongoing medical care.
- ▶ How to communicate HIV status with others.
- ▶ Correct and consistent use of condoms and lubricants.
- ▶ The relative risk of HIV transmission associated with various sexual activities (e.g., oral sex has less risk for HIV transmission than anal sex).
- ▶ How alcohol and/or drug use can impair judgment (e.g., less likelihood of condom use during sex with partner of unknown serostatus).
- ▶ The use of PrEP for some HIV-negative partners, including women planning to become pregnant.
- ▶ The use of PEP for emergencies for HIV-negative or unknown status partners (e.g., if a condom breaks or is not used and the patient is not virally suppressed).



Suggested Conversation Starters for “Small Talks” About Sex

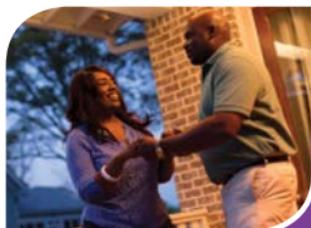
The importance of knowing the HIV status of/disclosing HIV status to sexual partners

“Some of my patients have told me how hard it is to decide who to tell about their HIV status, and what the best way is to tell someone. Are you comfortable disclosing your HIV status to your sexual partners?”

“Some of my patients find it difficult to talk to a potential sexual partner about HIV. What do you find to be the best way to disclose your HIV status?”

Relative risk of HIV transmission associated with type of sexual activity

“You’ve said that you don’t always use condoms during anal sex. Did you know anal sex is the highest-risk sexual activity for HIV transmission? Overall, oral sex is much less risky. What do you think about that?”



Advice for those with serodiscordant partners

“You said your spouse is HIV-negative. Has (she/he) talked with (her/his) doctor about additional ways to protect herself/himself, including PrEP as an extra protective step?”

“When you’re ready to start your family, let’s talk about pre-exposure prophylaxis, or PrEP, a set of HIV medicines that can help keep your partner HIV-negative.”

“I know you always use condoms, and that’s terrific. But what do you do if your condom breaks while you’re having sex with an HIV-negative partner?”

“Have you and your partner heard of post-exposure prophylaxis, or PEP? Your partner would get that from a health care provider within 72 hours after exposure, but preferably within 24 hours, and start taking the medication no later than 72 hours after exposure to reduce the chances of HIV infection.”

Suggested Conversation Starters for “Small Talks” About Sex (continued)

How change in relationship status can affect overall health and behavior

“I know you have recently ended a relationship. How are you holding up? Are you keeping active? Have you started dating yet? Are you sexually active? What are you using for protection?”

Why routine screening for STDs is important throughout care

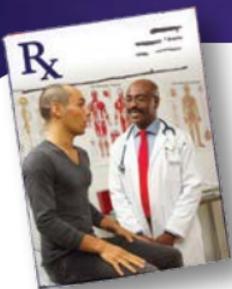
“There have been recent reports that STDs like syphilis and gonorrhea are on the rise in men who have sex with men. This is why we screen patients for STDs regularly, and I’d like to test you for STDs at least once a year. How do you feel about that?”



Using condoms while on ART therapy

“You have been doing very well with your ART, and your virus remains undetectable in your blood test, so congratulations! Tell me, are you continuing to use condoms?”

“It is very important to use condoms to protect yourself from getting hepatitis C and STDs such as syphilis or gonorrhea. STDs can increase your risk of transmitting HIV to an HIV-negative partner, increase your HIV viral load in your blood, and decrease your CD4 count. Let’s talk about this a little more. What questions do you have?”



What To Cover Once the Conversation Has Begun

Once you have a “small talk” started, use the teachable moment to help the patient understand how to protect their overall health and prevent transmission to partners. Here are some suggested topics.

The benefits of ART as prevention

Antiretroviral therapy should be offered to all patients with HIV regardless of CD4 count to prevent and/or treat HIV-related disease and to prevent transmission of HIV to partners or the fetus.¹¹ Consider discussing:

- ▶ The importance of achieving an undetectable viral load with ART.
- ▶ The rationale for adhering to the daily ART regimen.
- ▶ The health benefits of remaining on ART even if the viral load is undetectable.

Consistent and correct condom use

Condoms are a mainstay of comprehensive HIV/STD prevention strategies. Consider these topics when discussing condom use:

- ▶ Negotiating condom use in the heat of the moment.
- ▶ Use of appropriate non-oil-based lubricants.
- ▶ Condom use with serodiscordant partners.
- ▶ Condom use when the viral load is undetectable.

PrEP for HIV-negative partners



In May 2014, CDC released new guidelines for the use of PrEP.¹² The efficacy and safety of PrEP to prevent sexual HIV acquisition among MSM, heterosexuals, and injection drug users have been shown in several clinical trials of daily oral tenofovir co-formulated with emtricitibine or tenofovir alone. Based on these trials, FDA approved a Truvada[®] indication for prevention of sexual acquisition of HIV infection in July 2012. Key guidelines for physicians include:

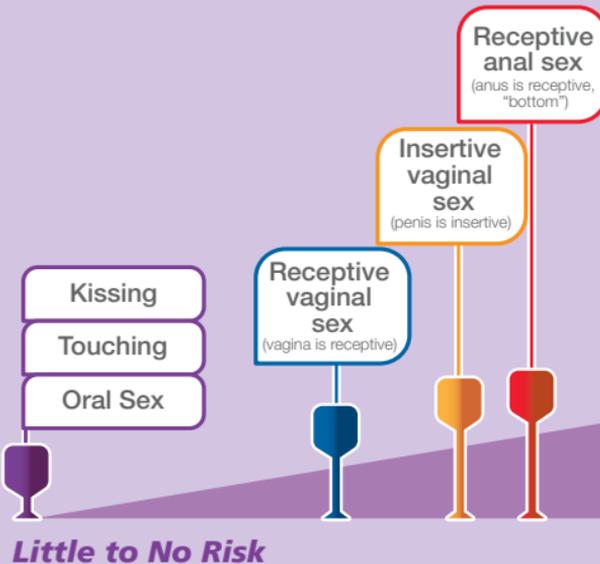
- ▶ Regularly ask HIV-infected patients about the HIV status of their partner/spouse to identify discordant relationships.
- ▶ Recommend or make periodic HIV testing available to partners/spouses of unknown or negative status.
- ▶ When partners/spouses are known to be HIV-negative, offer to discuss the appropriateness of PrEP along with additional protective actions. HIV-negative partners should be encouraged to talk with their own health care providers about PrEP.
- ▶ If you only see HIV-infected patients, identify PrEP providers to whom you can refer negative partners.
- ▶ Assess reproductive desires and intent (including among MSM couples); discuss the use of safer conception options (including PrEP) to couples in discordant relationships who desire pregnancy.

What To Cover Once the Conversation Has Begun (continued)

Non-occupational PEP

HIV-infected patients should also be made aware of PEP to prevent HIV acquisition in negative partners if they have been exposed to HIV, for example, if a condom breaks during sex and the patients are not virally suppressed.

- ▶ PEP should be used as soon as possible after exposure to HIV; every hour counts.



- ▶ PEP must be prescribed and initiated within 72 hours post-exposure to effectively reduce the chances of HIV infection.
- ▶ HIV-negative partners should talk with their own health care providers about PEP.

Relative risk of sexual activities

If patients have a basic understanding of the relative risks associated with different sexual activities, they can choose safer sexual behaviors. This chart shows the relative risk of HIV transmission from an HIV-positive patient to an HIV-negative sexual partner based on these sexual activities.¹³ The risk for transmission is lower when the HIV-infected patient is the receptive partner.

Relative risk of HIV-positive partners' sexual behaviors for HIV transmission to HIV-negative sexual partners.

Insertive anal sex
(penis is insertive, "top")

High Risk



Structuring Small Talks for Optimal Success

Be prepared for relapses

Behavior change is an ongoing process. It is to be expected that patients will relapse from time to time. By encouraging patients to use their lapses as learning experiences, you can facilitate long-term behavior change.

- ▶ *“I know it’s challenging to practice safer sex consistently. You slipped in this situation, but we can learn from it. What can you do differently next time the situation arises?”*

Be collaborative, respecting patients as experts in understanding their own health and well-being

Negotiate safer sexual goals that are realistic and attainable. This increases the probability of behavior change because it enhances the perception of personal choice and involves patients in their own care.

- ▶ *“We have talked today about using condoms with both HIV-positive and negative partners. What steps could you take to make this possible?”*

Document the goal for patients

You can write a “prescription” or use the Action Plan available online at cdc.gov/actagainstaids/pic, which the patient can take home and refer to as needed.

- ▶ *“Let me write this down for you, and we can talk during our next appointment to see how it’s all going, okay?”*

Continue encouraging patients

Just like everyone else, patients need encouragement, support, and acknowledgment of all their positive efforts.

Be proactive

Make sure patients know that safer sexual behaviors involve more than just condom use.



- ▶ Lifelong ART adherence, understanding HIV transmission risks from various sex acts, the targeted use of PrEP and PEP for HIV-negative sexual and drug-injecting partners, and regular STD screening are all part of a comprehensive prevention strategy. Brief discussions about these subjects also create a foundation for a good provider/patient relationship, helping patients protect their overall health and preventing transmission to partners.

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Resources

Additional Prevention IS Care materials

Patient education materials designed to foster communication about barriers to and strategies for safer sexual behaviors are also available.

Access these, along with a variety of educational and informational materials for HIV providers and their patients, at:



cdc.gov/actagainstaids/campaigns/pic

An online resource for patients

CDC offers a comprehensive website, HIV Treatment Works, designed to provide reliable information to patients at all stages of HIV infection. Focusing on getting in care, staying in care, and living well, your patients will also find insightful videos of real people sharing how they live well with HIV.

cdc.gov/hivtreatmentworks



Other resources to consider

- General information
1-800-CDC-INFO (232-4636)
- Partner Services overviews and patient education materials
cdc.gov/hiv/prevention/programs/pwp/partnerservices.html
- Clinical guidelines and recommendations for PrEP and PEP
cdc.gov/hiv/guidelines/index.html
- SAMHSA mental health, alcohol, or drug use services
1-800-662-4357

