Fact Sheet

Tips for Success

The Rutgers School of Nursing conducted a multi-year evaluative study **(TargetHIV.org/STIs)**, funded by the Health Resources and Services Administration (HRSA) and the Bureau of Primary Health Care (BPHC), on the implementation of evidence-based interventions in clinics to improve routine screening, testing, and treatment of common bacterial sexually transmitted infections (STIs) among people with or at-risk for HIV.

Tips for Success

After conducting a baseline needs assessment[1] with the nine clinical demonstration sites in this study, the following interventions were found to be highly effective:

- Provider education about the need for routine STI testing of extragenital sites
- A welcoming clinic space for LGBTQ+ patients
- An audio computer-assisted self-interview (ACASI), enabling patients to answer questions privately, silently, and at their own pace, about their sexual history
- Patient self-collection of chlamydia/ gonorrhea (CT/GC) urogenital and extragenital site nucleic acid amplification test (NAAT) specimens

STIs: A Hidden Epidemic

The rates of CT, GC, and syphilis in the U.S. have increased steadily for the past six years, and people with STIs have an increased risk of acquiring HIV.[2]

Many of those who have STIs are asymptomatic. They feel well and therefore do not realize they need a test. Likewise, some providers don't know their patients' full sexual health history due to the patients' feelings of shame or stigma about discussing private sexual behaviors face-to-face—and some providers believe they know their longtime patients "well enough" to assume they are in a monogamous sexual relationship and only need STI testing once annually via a urine NAAT.

Equally important, a urine NAAT is ineffective for identifying CT/GC infection outside of the urogenital site. A patient can be negative for CT/GC in the genitals, but positive in extragenital sites (primarily rectal and pharyngeal). So, testing the site on the body that corresponds with their sexual behaviors is necessary. Routinely screening at-risk patients at the appropriate extragenital site after giving them a vehicle for confidentially sharing their sexual history in an electronic survey provides an easier way (for most patients and providers) to assess STI risk status.

Administering an electronic sexual history is one way to routinely "ask" patients about STI risks.

Simply put, it improves STI diagnostics, especially among asymptomatic patients.

Screen at three to six-month intervals for those with reported risk behavior; and before routine lab visits.

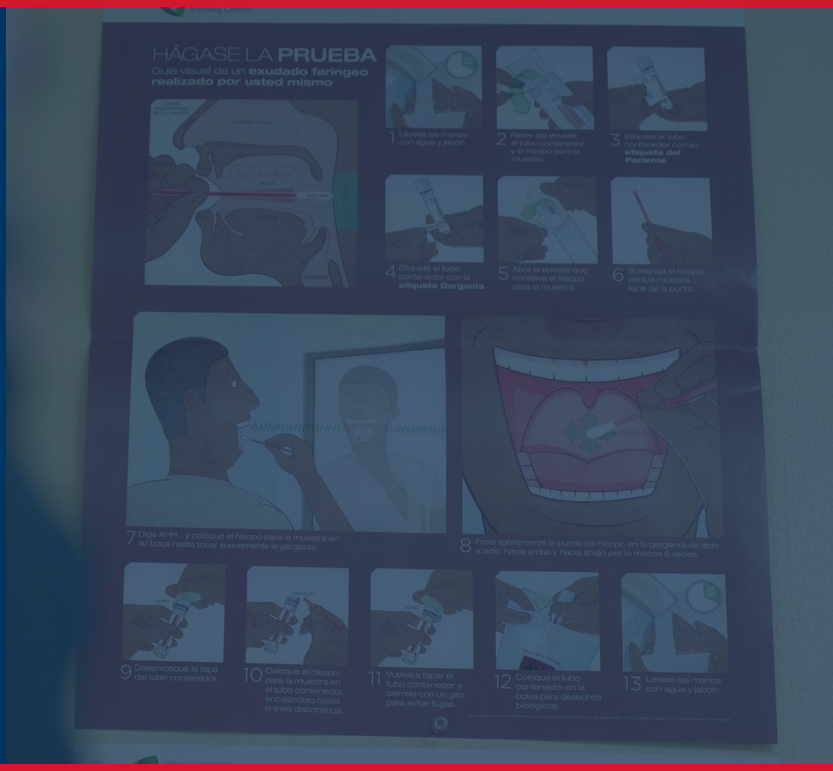
The electronic sexual history survey[3] not only standardizes data collection, but helps providers identify STI risk behaviors and order needed STI tests. As a result, the provider spends less time taking a sexual history and provides the patient with the comfort of not having to verbally answer private information out loud. Providers can use the sexual history to individualize harm reduction education to the patients' specific risks (for example, discussing how PrEP prevents HIV but does not prevent other STIs when having condomless sex).

Below are some tips to remember as you integrate the ACSI sexual history in your practice:

- Get buy-in from all clinic staff so they understand these interventions won't interrupt the flow of the clinic but will improve it overall.
- Consider having a clinic champion for the interventions.
- Decide how best to incorporate the interventions into your practice's patient workflow
- Conduct ongoing training. All new employees need to be included in cultural sensitivity and stigma reduction efforts.

"Make sure patients know that they aren't being singled out and take the time to explain why you are asking questions. Make sure the visit is focused on the patient and their health, be responsive to body language and stop to check-in if the patient seems uncomfortable. Remember that conducting sexual histories and building rapport is about listening; be attentive and give them the space to ask questions before expecting them to answer yours."

– a provider in Alachua County, FL



General Tips for Success

The ACASI sexual history can be self-administered. It provides a private way for patients to answer questions in a manner that is less invasive and non-stigmatizing. The audio component is helpful to those who have difficulty reading or are visually impaired.

Some patients are put off by questions regarding sexual practices in which they don't engage. If a patient is saying they don't participate in a certain sexual behavior regularly, emphasize that this survey is routine for all patients regardless of gender or sexual identity.

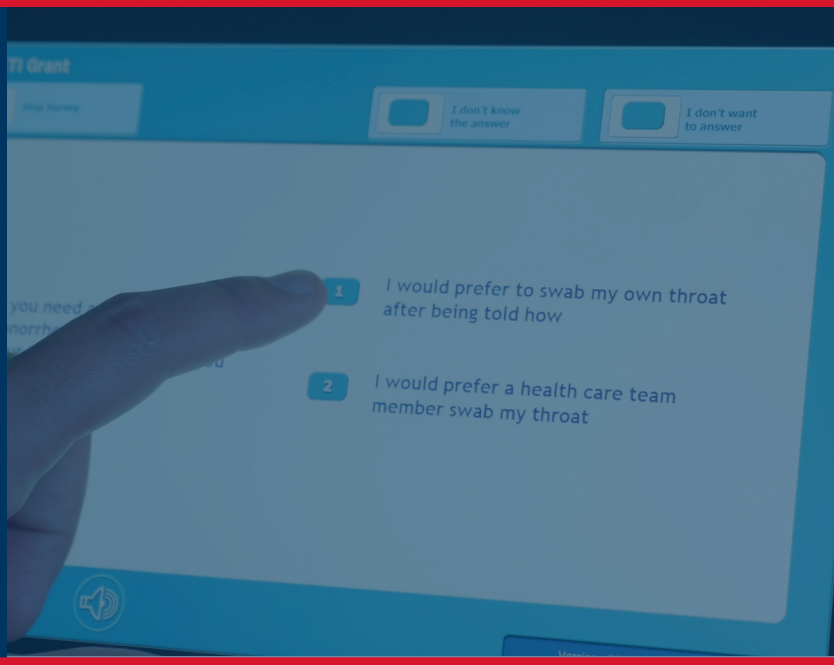
Establishing trust is essential for discussing sensitive topics. Below are additional tips to remember:

- Be non-judgmental (and aware of your own body language) with patients. Do all you can to allow them to feel supported.
- Keep in mind that different religions and ethnic groups have their own cultural beliefs that may be different from your own.
- When discussing the survey, remove any sense of shame from the equation. You might say something like: *"We do the test as part of your routine care. Sex is a natural part of adult life, but we want you to do things as safely as possible."*
- Use everyday language. patientUse non-clinical and non-scientific terms. Use language patients are comfortable with such as, "giving/receiving" in terms of sexual practices, or "throat" instead of "pharyngeal."

Some patients in the study voiced concern that the government would receive their answers to the survey. You can assure your patients that:

- The results of their survey are considered private health information available only to those providing them care at their clinic and the patient themselves.
- Their information is protected by HIPAA.
- Any information going to the local or state department of health is also protected and is provided only for specific positive STIs to make sure patients are treated.
- Specific Tips for Introducing Patients to the Sexual History Self-Survey Clinic staff should continually work to reduce stigma by setting aside extra time for new patients to build rapport and talk about the reasons they are being asked certain personal questions.
- Older adults may have issues if using a computer or tablet to complete a sexual history. They may not be comfortable using technology or may have vision and hearing impairments that sometimes require assistance. As an alternative, a clinic staff member can read the questions to the patient in a private room and input the answers for them.
    - Another option is to give the patient a headphones and a laptop or tablet. A laptop battery has a shorter "life" than tablets. One clinic taped bold, large letters over the keys so that older adults could see them more easily.
- A clinic staff member also can read and walk the patient through the first few questions and then work nearby (without hovering) in case of any questions.
- If using the tablet for the survey, some clinics use a colorful case for it so no one walks off with it.

For a comprehensive sexual history template, sample clinic visit STI screening flow, and other resources referenced, please visit, **http://www.TargetHIV.org/STIs**.



Allow Patients to Self-Collect Specimens

Patient self-collection of specimens (rectal/vaginal/throat) has been shown to be equally effective to provider-collected specimens in clinical and non-clinical settings.[4] It gives the patient control over their body and reduces anxiety.

Train providers on the best way to educate patients on self-collection. Show them the swab and explain each step. Give them the visual guide sheet to take into the restroom (instructions sheets are available in Spanish) or post the guide in the restroom. Make sure each CT/GC NAAT kit vial is labelled with the correct site of collection (pharyngeal, rectal, vaginal) and that the patient knows which swab goes into which vial.

Endnotes

[1] Cullinen, K., Hill, M., Anderson, T., Jones, V., Nelson, J., Halawani, M., & Zha, P. (2021). Improving sexually transmitted infection screening, testing, and treatment among people with HIV: A mixed method needs assessment to inform a multi-site, multi-level intervention and evaluation plan. *PloS one, 16*(12), e0261824. **https://doi.org/10.1371/journal.pone.0261824--**

[2] Centers for Disease Control. (2021). *STDs and HIV—CDC Fact Sheet*. **https://www.cdc.gov/std/hiv/stdfact-std-hiv-detailed.htm**

[3] *Sexual history taking toolkit.* TargetHIV. (2020, July 1). Retrieved April 8, 2022, from **https://targethiv.org/library/sexual-history-taking-toolkit**

[4] Lunny, C., Taylor, D., Hoang, L., Wong, T., Gilbert, M., Lester, R., Krajden, M., & Ogilvie, G. (2015). Self-Collected versus Provider-Collected Sampling for Chlamydia and Gonorrhea Screening: A Systemic Review and Meta-Analysis. *PloS one, 10*(7), e0132776. h**ttps://doi.org/10.1371/journal.pone.0132776**

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