



ADDRESSING STIs AMONG PEOPLE WITH HIV

Why This Topic?

In 2021, the Centers for Disease Control and Prevention (CDC) reported 2.5 million cases of chlamydia, gonorrhea, and syphilis.¹ Sexually transmitted infections (STIs) can increase the risk of contracting and spreading HIV.² Studies show that men with syphilis are at higher risk for being diagnosed with HIV in the future.³ Among gay, bisexual, and other men who have sex with men (MSM), syphilis and HIV are highly concentrated epidemics.^{4,5} HIV is also closely linked to gonorrhea among young women.⁶

Annual testing for chlamydia (CT), gonorrhea (GC), and syphilis is recommended for all people with HIV; with more frequent testing (every 3–6 months) for those who report having two or more sexual partners, using alcohol or other drugs with sex, and those engaging in commodity sex.^{7,8} However, despite nationwide increases in the incidence and prevalence of CT, GC, and syphilis, routine screening for STIs is not consistently performed in HIV clinics.

What are Some Tips for Success?

Partner with local/state/territorial departments of public health. Work closely with the local/state/territorial Departments of Health disease intervention specialists to make sure that treatment and partner notification is completed. For syphilis staging diagnosis, help the clinical team identify if and when this individual has had previous reactive syphilis testing done in that state/territory.

Normalize taking a sexual health history. Ensure that taking a sexual health history is part of a routine visit at your clinic. Some patients are put off by questions

What are the Capacity Requirements for Addressing STIs among People with HIV?

Below are some questions to consider early on in your planning process:

- Is your staff knowledgeable about STI testing and treatment and/or have they been trained on STIs and sexual health?
- Is your staff comfortable discussing sexual behavior with patients?
- Is your staff culturally responsive and able to provide a welcoming and stigma-free environment for people with HIV and/or STIs and the LGBTQ+ community?
- Does your clinic support specimen self-collection and if so, is your staff comfortable instructing patients on specimen self-collection?
- Is your organization partnered with a lab that can process patient-collected, extragenital site specimens?
- Does your organization have partnerships with local, state, or territorial health departments to ensure treatment and partner notification?

regarding sexual histories. If a patient is hesitant to do the sexual history, emphasize that the survey is routine for all patients regardless of gender or sexual identity.

Identify change champions. Identify and empower change champions to guide implementation of routine STI screening, testing, and treatment in the clinic and to gain buy-in from clinic staff. Create a clinic flow that engages all appropriate team members to facilitate engagement and successful implementation.

Featured Intervention

Addressing STIs: Ask. Test. Treat. Repeat. is an intervention consisting of four evidence-based components designed to improve routine screening, testing, treatment, and follow-up of common bacterial STIs among people with HIV or who are vulnerable to HIV acquisition. The goal is to integrate evidence-based interventions into HIV clinics and routine, primary care without adding extensive burden to the clients and clinical team. The four components of the intervention include:

- Audio computer-assisted self-interview (ACASI)-administered sexual history survey
- Patient self-collection of urogenital and extragenital site *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (GC) nucleic acid amplification test (NAAT) specimens
- Sexual and gender minority welcoming indicators
- Provider training of stigma reducing strategies

Innovations

Nine clinical demonstration sites in three U.S. jurisdictions—Florida, Louisiana, and Washington, D.C.—were selected to participate in Addressing STIs: Ask. Test. Treat. Repeat. due to the average incidences of GC, CT, syphilis, and HIV reported. The intervention increased routine STI screening and testing of bacterial STIs based on reported behavioral risk across all nine sites. A key component of the intervention was an ACASI-administered sexual history survey that patients completed using an e-tablet and audio-headset. Patient feedback was positive with respect to the ease of answering questions using the ACASI system.

References

¹ Hayes R, Watson-Jones D, Celum C, van de Wijgert J, Wasserheit J. Treatment of sexually transmitted infections for HIV prevention: end of the road or new beginning? *AIDS* 2010;24(suppl 4):S15–S26.

² Pathela P, Braunstein SL, Blank S, Schillinger JA. HIV incidence among men with and those without sexually transmitted rectal infections: estimates from matching against an HIV case registry. *Clin Infect Dis* 2013;57:1203–1209.

³ Peterman TA, Newman DR, Maddox L, Schmitt K, Shiver S. Extremely High Risk for HIV following a diagnosis of syphilis, men living in Florida, 2000–2011. *Pub Health Rep* 2014;129:164–169.

⁴ Pathela P, Braunstein SL, Schillinger JA, Shepard C, Sweeney M, Blank S. Men who have sex with men have a 140-fold higher risk for newly diagnosed HIV and syphilis compared with heterosexual men in New York City. *J Acquir Immune Defic Syndr* 2011;58:408–416.

⁵ Purcell DW, Johnson CH, Lansky A, et al. Estimating the population size of men who have sex with men in the United States to obtain HIV and syphilis rates. *Open AIDS J* 2012;6(Suppl 1:M6)98–107.

⁶ Newman DR, Rahman MM, Brantley A, Peterman TA. Rates of new human immunodeficiency virus (HIV) diagnoses after Reported sexually transmitted infection in women in Louisiana, 2000–2015: Implications for HIV Prevention. *CID.* 2020;70:1115–1120.

Accomplishments:

As a result of the intervention:

- 1,382 patients between ages of 18–83 were recruited.
- 7,824 tests (2,862 CT NAATs, 2,816 GC NAATs, & 2,146 syphilis tests) were conducted.
- 2,203 ACASI-administered sexual history surveys were completed.

The intervention increased routine screening and testing of bacterial STIs based on reported behavioral risk. Overall, more clients were screened and treated for STIs, not only those who reported symptoms. Among clients with CT, GC and syphilis, 86 percent were asymptomatic. Without routine screening and testing, these would have been missed.

Where Can I Find Additional Resources?

Addressing STIs: Ask. Test. Treat. Repeat. Starter Toolkits:
<https://targethiv.org/STIs>

Addressing STIs: Ask. Test. Treat. Repeat. Video:
<https://www.youtube.com/watch?v=RnQGjCq1910>

Improving Sexually Transmitted Infection Screening and Treatment Among People with or at Risk for HIV:
<https://targethiv.org/ta-org/sti-screening-treatment>

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:
<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0261824>

Implementation of Evidence-Based Interventions to Improve Routine Sexually Transmitted Infection Screening, Testing, and Treatment in Primary HIV Care Clinics in Three Jurisdictions of the United States:
<https://www.liebertpub.com/toc/apc/36/S2>

Audio Computer-Assisted Self-Interview (ACASI) Software:
<https://acasillc.com/acasi.htm>

Provider Training:
<https://aidsetc.org/aetc-program/regional-offices>
<https://nnptc.org/>

Additional Replication Resources
Integrating HIV Innovative Practices (IHIP):
<https://targethiv.org/ihip>

Best Practices Compilation:
<https://targethiv.org/bestpractices/search>

HIV Care Innovations:
<https://targethiv.org/library/hiv-care-innovations-replication-resources>

⁷ Workowski, K.A., Bolan, G.A., & Centers for Disease Control and Prevention. (2015). Sexually transmitted diseases treatment guidelines. (2015). *MMWR Recomm Rep* 2015, 64(RR-03),1–137. <https://pubmed.ncbi.nlm.nih.gov/26042815/>

⁸ Workowski, K.A., Bachmann, L.H., Chan, P.A., et al. (2021). Sexually transmitted infections treatment guidelines. (2021). *MMWR Recomm Rep* 2021, 70(4),1–187. <https://www.cdc.gov/mmwr/volumes/70/rr/pdfs/rr7004a1-H.pdf>

About IHIP

Integrating HIV Innovative Practices (IHIP) includes implementation tools and resources, peer-to-peer technical assistance (TA), and other capacity building support to help providers address needs and gaps in the delivery of HIV care and treatment along the HIV Care Continuum. Visit www.targethiv.org/ihip to subscribe for updates on intervention materials, trainings and TA opportunities.