



Addressing STIs: Ask. Test. Treat. Repeat.

This fact sheet contains highlights from a Ryan White HIV/AIDS Program (RWHAP) recipient on the *Addressing STIs: Ask. Test. Treat. Repeat.* intervention, a series of four, evidence-based intervention components for people with HIV or people with risk behaviors for HIV acquisition.

INTERVENTION OVERVIEW: The Addressing STIs: Ask. Test. Treat. Repeat. intervention supports screening, testing, and treatment of common bacterial sexually transmitted infections (STIs) among people with HIV or with risk behaviors for HIV acquisition through four key components: 1) self-administered sexual history survey, 2) self-collected chlamydia (CT)/gonorrhea (GC) nucleic acid amplification test (NAAT) specimens, 3) LGBTQ+ welcoming clinic space indicators, and 4) provider training.

PRIORITY POPULATION: People with HIV and STIs.

ORGANIZATIONAL SETTING: Primary Care Clinics and Health Centers in Florida, Louisiana, and Washington, D.C.

FUNDING SOURCE(S): Health Resources and Services Administration's (HRSA) RWHAP Part F: Special Projects of National Significance (SPNS) "Improving Sexually Transmitted Infection Screening and Treatment Among People Living with or at Risk for HIV" Initiative, with additional funding from HRSA's Bureau of Primary Health Care (BPHC).

INTERVENTION PURPOSE/GOAL: This intervention aims to improve routine screening, testing, and treatment of common bacterial STIs in HIV primary care clinics.

INTERVENTION SUCCESSES: Addressing STIs: Ask. Test. Treat. Repeat. implementers recruited 1,382 participants, among which:

- 7,824 screenings (2,862 CT NAATs, 2,816 GC NAATs, and 2,146 syphilis tests) were conducted.
- 3% tested positive for chlamydia, 3.1% tested positive for gonorrhea, and 6.6% tested positive for syphilis.
- 14% with diagnosed cases reported related symptoms when screened and tested, while 86% were asymptomatic at the time of testing.

SUSTAINABILITY: Practitioners wishing to implement a similar intervention should consider the following recommendations for sustainability:

- When planning for and promoting sustainability, assess organizational capacity to fold intervention activities and roles into existing structures, services, and programs.
- Delivery of the Audio Computer-Assisted Self-Interview (ACASI) administered sexual history survey to every patient each day in the clinic can be taxing on small clinical teams. To ensure sustainability, some clinics may want to implement the sexual health history into their electronic medical record (EMR) systems so that patients can answer those questions when filling out the paper or electronic forms for their appointments.



INTERVENTION CORE ELEMENTS:

Review the Addressing STIs: Ask. Test. Treat. Repeat. Starter Kit Materials. Visit <https://targethiv.org/STIs> to review the sexual health history surveys, instructions for specimen self-collection, and the LGBTQ+ welcoming indicators.

Secure Buy-In Among Leadership and Staff. Facilitate a clinical team meeting about the need to make bacterial STI screening (asking), testing, treatment, and follow-up (repeat) a routine part of the clinic culture. Share data about the increasing prevalence of STIs; how STIs can spread among people who are asymptomatic and cause serious, long-term health problems if left untreated; and how STIs increase the likelihood of HIV acquisition and transmission.

Determine Staffing Capacity and Resource Assessments. Identify current staff who are experienced in engaging people with HIV and/or STIs, including a clinician who can diagnose and treat STIs, and recruit new staff as necessary. Secure access to a laboratory for testing and to provide the clinic with specimen collections supplies. Determine if funds are available to support the purchase of the ACASI software, audio headsets, and e-tablets for administration of the survey for clients to share their sexual histories.

Nominate/Designate a Champion. Having a champion who can motivate staff to undertake new protocols and take on additional work is necessary to successfully administer intervention components.

Provider Trainings. Assess gaps in staff training by determining whether employees understand trauma-informed care and are culturally responsive to provide a welcoming and stigma-free environment for all clients, inclusive of LGBTQ+ clients.

Install and Place LGBTQ+ Welcoming Indicators in Clinic. Display the clients' bill of rights and/or judgment-free zone signs from the STI Starter Toolkit. There you can learn about other welcoming indicators, such as gender-neutral bathrooms, pronoun pins, and displaying the Progress Pride flag.

Implement Interventions with Patients. Ask patients to complete the ACASI-administered sexual history survey, perform standing orders for screening and testing patients with HIV for bacterial STIs, provide patients with instructions on specimen self-collection(s), and recommend follow-up care as needed.

Collect Ongoing Feedback. The success of the intervention relies on keeping staff engaged and requesting their feedback to improve processes.



INTERVENTION STAFFING:

- **Clinical Prescriber (Medical Doctor, Doctor of Osteopathic Medicine, Nurse Practitioner, Physician's Assistant):** Orders labs, diagnoses infections, and orders and/or provides treatment. (Note: If a prescriber is not available, refer to the standing order for STI-specific testing.)
- **Clinical Non-Prescriber (Registered Nurse, Social Worker, Medical Assistant):** Provides screening, testing, treatment, and follow-up.



IMPLEMENTATION CHALLENGES:

Technology challenge. Because the ACASI software does not connect to EMRs, the sexual history responses need to be inputted manually. This can be mitigated by having everyone on the clinical team including support staff help with this data entry.

Additional work for some team members. Conducting additional testing adds to a clinician's workload and administrative work. Securing buy-in and explaining the benefits of routine STI screening can help staff understand why the additional tests are necessary to help end the HIV epidemic in the U.S. and reduce the epidemics of STIs.

Clinical staff turnover. Staff have reported signs of high stress and burnout since the COVID-19 pandemic leading to frequent employee attrition. Training for all new staff is necessary to provide clients with a consistent and welcoming patient experience.

Commercial sites do not allow patient specimen self-collection. Patient self-collection of CT/GC NAAT has not been considered by the Food and Drug Administration (FDA) for extragenital site specimens. Patients who could not make it in person to the clinic for labs were sent to commercial community-based lab collection sites. However, at these sites, only labs that have conducted a validation study of patient-collected versus provider-collected extragenital site specimens to verify noninferiority of patient-collected specimens are able to test patient-collected specimens. Other implementing sites may experience different commercial lab processes and/or requirements.

RESOURCES:

Addressing STIs: Ask. Test. Treat. Repeat. Intervention Overview and Materials: https://targethiv.org/intervention/addressing-stis-ask-test-treat-repeat?utm_source=bpURL

Addressing STIs: Ask. Test. Treat. Repeat. Video: <https://youtu.be/hpUGSmwT7nA>

HRSA IHIP Addressing STIs: Ask. Test. Treat. Repeat. Intervention Implementation Guide: https://targethiv.org/sites/default/files/media/documents/2023-09/IHIP_Addressig_STIs_Implementation_Guide.pdf