



Addressing STIs: Ask. Test. Treat. Repeat.

Intervention Implementation Guide

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Addressing STIs: Ask. Test. Treat. Repeat.

This guide describes an intervention that relies on four evidence-based intervention components, collectively known as the Addressing STIs: Ask. Test. Treat. Repeat. intervention, designed by the François-Xavier Bagnoud Center, Rutgers School of Nursing, and implemented by nine clinical demonstration sites in Florida, Louisiana, and Washington, D.C. For this guide, examples from one of the clinics, the Florida Clinic (implemented and studied from August 2020 to August 2021), will be used. This intervention was primarily funded through the Health Resources and Services

Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) Program "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).

Addressing STIs: Ask. Test. Treat. Repeat. is a series of four evidence-based intervention components for people with HIV or who are vulnerable to HIV acquisition. The intervention includes: 1) an audio computer-assisted self-interview (ACASI)-administered sexual history survey, 2) patient self-collection of urogenital and extragenital site *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC) nucleic acid amplification test (NAAT) specimens, 3) sexual and gender minority welcoming indicators, and 4) provider training of stigma reducing strategies. These components were designed to improve routine screening, testing, and treatment of common bacterial sexually transmitted infections (STIs) in HIV primary care clinics. Nine clinical demonstration sites in three U.S. jurisdictions—Florida, Louisiana, and Washington, D.C.—were selected to participate in this project because of higher than national average incidences of GC, CT, syphilis, and HIV.



Ending the HIV Epidemic in the U.S. Pillar: Diagnose



HIV Care Continuum Stage: Diagnosis of HIV Infection



Priority Population: People with HIV and STIs



Setting: Primary Care Clinics and Health Centers

This guide includes key components of the Addressing STIs: Ask. Test. Treat. Repeat. intervention, outlines the capacity required by organizations/clinics to conduct this work, and includes replication steps to support others in their implementation efforts. Finding replicable interventions that meet Ending the HIV Epidemic in the U. S. (EHE) initiative goals and supporting clients along the stages of the HIV care continuum are key to future programmatic and client success in HIV care.¹



ACHIEVEMENTS

The intervention increased routine STI screening and testing of bacterial STIs based on reported behavioral risk, across all nine sites. Of the 255 cases of CT, GC, and syphilis infections diagnosed, 14 percent of clients reported related symptoms while 86 percent were asymptomatic at the time of diagnosis.² Without routine screening and testing, these infections would have been missed.

In the Florida Clinic, the automated risk assessment encouraged STI screening and testing among all clients at each clinic visit. Of the nine STI positive cases identified, six (67 percent) were asymptomatic and would not have been tested without the results from the sexual health history. Extragenital site-specific screening improved diagnostic accuracy by identifying positive cases of CT and/or GC that urine screening alone did not detect. When extragenital STI screening was recommended, the majority of clients elected CT/GC NAAT specimen self-collection after a brief demonstration. Patients rarely reported issues with self-collection, and testing error rates did not differ between client- and provider-collected samples. Furthermore, the automated risk assessment reduced potential interviewer bias, improved privacy for patients responding to sensitive questions about sexual activity and provided additional health education opportunities for priority populations.



About SPNS

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services (HHS), is the primary federal agency for improving healthcare to people who are geographically isolated, economically, or medically vulnerable. The Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) Program is administered by HRSA's HIV/AIDS Bureau (HAB). The RWHAP SPNS Program supports the development of innovative models of HIV care and treatment to quickly respond to emerging needs of clients served by the RWHAP. RWHAP SPNS advances knowledge and skills in the delivery of healthcare and support services for people with HIV who have not been successfully maintained in care. Through its demonstration projects, RWHAP SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of treatment models while promoting the dissemination and replication of successful interventions.






About the Improving STI Screening and Treatment Among People Living with or At Risk for HIV Initiative




The featured intervention was funded by the RWHAP Part F: SPNS "Improving Sexually Transmitted Infection Screening and Treatment among People with or at Risk for HIV" initiative. Additional funding came from HRSA's Bureau of Primary Health Care (BPHC). The goal was to improve screening, testing, and treatment of common bacterial sexually transmitted infections (STIs) among people with HIV or people with risk behaviors for HIV acquisition who are served by HRSA's RWHAP and/or BPHC-funded clinics or health centers. Nine clinical demonstration sites in three U.S. jurisdictions—Florida, Louisiana, and Washington, D.C.—were selected to participate in this pilot demonstration project because of higher than national average incidences of gonorrhea, chlamydia, syphilis, and HIV.

To learn more about this initiative, visit: <https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-f-spns/previous-spns-initiatives/improving-sti-screening-and-treatment#>

Getting Started

This table provides a general overview of the Addressing STIs: Ask. Test. Treat. Repeat. intervention so readers can assess the necessary steps required for replication. This intervention improves screening, testing, and treatment of common bacterial STIs among people with HIV or who are vulnerable to HIV acquisition.

INTERVENTION AT-A-GLANCE	
Step 1 	Review the Addressing STIs: Ask. Test. Treat. Repeat. Starter Kit Materials Visit https://targethiv.org/STIs to review the letter from Dr. Laura Cheever and Mr. James Macrae, the intervention overview, and intervention fact sheets, tools, and resources.
Step 2 	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 Centers for Disease Control and Prevention (CDC) data about the increasing prevalence of STIs; how they can spread among people who are asymptomatic; cause serious, long-term health problems if left untreated; and increase the likelihood of HIV acquisition and transmission.
Step 3 	Determine Staffing Capacity and Resource Assessments Identify current staff experienced in engaging people with HIV and/or STIs including a clinician who is able to diagnose and treat STIs, and recruit new staff, as needed. 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. If not, paper surveys can be substituted or use of an electronic medical record (EMR) patient portal capable of adding the survey.
Step 4 	Nominate/Designate a Champion Because additional tests may need to be performed based on the results of the individual's sexual history, have a champion who can motivate staff to undertake new protocols and take on additional work necessary to administer the intervention components.
Step 5 	Provide 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. Additional training might be needed for staff to assist patients with completing a sexual history and specimen self-collection.

INTERVENTION AT-A-GLANCE	
Step 6 	Install and Place LGBTQ+ Welcoming Indicators in Clinic There are various welcoming indicators that can be used in your clinic based on the space constraints. Display the clients' bill of rights and/or judgement-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.
Step 7 	Implement Interventions with Patients Now that you are familiar with the different intervention components, put them into practice. Ask patients to complete the ACASI-administered sexual history survey, use 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.
Step 8 	Collect Ongoing Feedback The success of the intervention relies on keeping staff engaged and requesting their feedback to make process improvements.

*Standing orders can be found at https://targethiv.org/sites/default/files/media/documents/2023-02/STISPNS_StandingOrderSTIs.docx and is also available in the STI Starter Kit.

**Patient instructions of specimen self-collection can be found here and are also available in the STI Starter Kit (posters developed by the University of Washington STD Clinical Prevention Training Center):

Patient Instructions for Pharyngeal Swabbing:

English:

https://targethiv.org/sites/default/files/media/documents/2022-10/SPNS_STIS_Throat_English.pdf

Spanish:

https://targethiv.org/sites/default/files/media/documents/2022-10/SPNS_STIS_Throat_Spanish.pdf

Patient Instructions for Rectal Swabbing:

English:

https://targethiv.org/sites/default/files/media/documents/2022-10/SPNS-STIS-Rectal_English.pdf

Spanish:

https://targethiv.org/sites/default/files/media/documents/2022-10/SPNS-STIS_Rectal_Spanish_2.pdf

Patient Instructions for Vaginal Swabbing:

English:

https://targethiv.org/sites/default/files/media/documents/2022-10/SPNS-STIS_Vaginal_English.pdf

Spanish:

https://targethiv.org/sites/default/files/media/documents/2022-10/SPNS-STIS_Vaginal_Spanish_2018.pdf



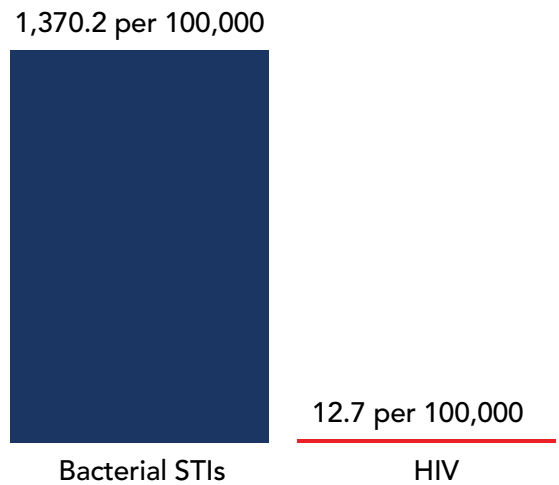
RESOURCE ASSESSMENT CHECKLIST

Prior to implementing the Addressing STIs: Ask. Test. Treat. Repeat. intervention, organizations should walk through the following Resource Assessment (or Readiness) Checklist to assess their ability to conduct this work. If organizations do not have the recommended readiness, they are encouraged to develop their capacity so that they can successfully implement this intervention. This intervention is best suited for primary care and HIV clinics. Questions to consider include:

- Does your clinic have the infrastructure to support increased STI screening, testing, treatment, and follow-up?
- Do you have staff who are comfortable instructing patients on specimen self-collection?
- Are staff culturally responsive, compassionate, and interested in working with people with HIV and/or STIs and the LGBTQ+ community?
- Do you have staff who can assist patients with completing the ACASI-administered sexual history survey via a tablet or other electronic device?

Setting the Stage

The rising incidence and prevalence of STIs represent a significant public health concern. According to the CDC, 2.5 million cases of chlamydia, gonorrhea, and syphilis were reported in 2021.³ In 2021, the rate of bacterial STIs in the Florida Clinic's county was 1,370.2 per 100,000, which is higher than three quarters of other counties in Florida.⁴ The rate of HIV diagnoses was 12.7 per 100,000.⁵ STIs can spread among people who may be asymptomatic and cause serious, long-term health problems if left untreated. Although national rates of new HIV infections have decreased in recent years, rates of STIs, including CT, GC, and syphilis, have not. Their presence significantly increases chances of HIV acquisition and transmission and is associated with other morbidities and mortalities.⁶



Despite national increases in the incidence of CT, GC, and syphilis each year since 2014, routine assessment of clients for STI risk and testing needs (urogenital and/or extragenital sites) is not consistently performed in clinics.⁷ While annual testing of CT, GC, and syphilis is recommended for all people with HIV, the CDC recommends that patients who report having two or more sexual partners, using alcohol or other drugs with sex, and those engaging in commodity sex, be screened and tested every three to six months.^{8,9} Furthermore, because some STIs are asymptomatic, CT/GC testing needs to be done at each anatomic site with possible STI exposure (genitals, rectum, throat). However, many people are not routinely screened and tested due to multifaceted barriers, including feeling stigmatized when receiving care that prevents sharing accurate information about their sexual histories. Additionally, health care providers may have discomfort with discussing sexual behaviors, limited STI testing and treatment knowledge, or limited time available to spend with clients to adequately discuss STIs.

Description of Intervention Model



CHALLENGE ACCEPTED

The Challenge: Improve routine screening, testing, treatment, and follow-up of common bacterial STIs among people with HIV or vulnerable to HIV acquisition. In addition, the goal was to integrate evidence-based interventions into routine, primary care without adding extensive burden to the clients and clinical team.

In response to rising rates of bacterial STIs in the U.S., nine sites implemented four evidence-based intervention components with the overall goal of routinizing STI screening, testing, treatment, and follow-up in primary care, collectively known as Addressing STIs: Ask. Test. Treat. Repeat. The four intervention components are ACASI-administered sexual history surveys, patient self-collection of urogenital and extragenital site CT/GC nucleic acid amplification test specimens, sexual and gender minority welcoming indicators, and provider training.

Framework

To evaluate the Addressing STIs: Ask. Test. Treat. Repeat. intervention, the interventionists utilized the RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance) framework.¹⁰ The goal of RE-AIM is to encourage program planners, evaluators, funders, and policy makers to pay attention to essential program elements, including external validity, that can improve the sustainable adoption and implementation of effective, generalizable, evidence-based interventions.¹¹

The five dimensions of RE-AIM are:

Reach—The absolute number, proportion, and representativeness of individuals who are willing to participate in the initiative, intervention, or program.

Effectiveness (or Efficacy)—The impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes.

Adoption—The absolute number, proportion, and representativeness of settings and intervention agents (people who deliver the program) who are willing to initiate a program.

Implementation—At the setting level, implementation refers to the intervention agents' fidelity to the various elements of an intervention's protocol, including consistency of delivery as intended and the time and cost of the intervention. At the individual level, implementation refers to clients' use of the intervention strategies.

Maintenance—The extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies. Within the RE-AIM framework, maintenance also applies at the individual level. At the individual level, maintenance has been defined as the long-term effects of a program on outcomes after six or more months after the most recent intervention contact.

Intervention Steps:

1 *Review the Addressing STIs: Ask. Test. Treat. Repeat. Starter Kit Materials.* Three of the four evidence-based intervention components have specific materials designed to make clients feel more comfortable about disclosing their sexual history and feel empowered to collect their own specimen samples. Visit <https://targethiv.org/STIs> to review the sexual health history surveys, instructions for specimen self-collection, and the LGBTQ+ welcoming indicators. These tools and resources are key components and should be incorporated into your workflow.

2 *Secure staff and leadership buy-in.* Implementing new interventions that can result in additional patient visit duration needs to be shared and the rationale explained to the whole team. To help all team members understand the need for the four evidence-based intervention components, facilitate a clinical team meeting and share CDC data about the

increasing prevalence of STIs; how they can spread among people, including those who are asymptomatic; cause serious, long-term health problems if left untreated; and increase the likelihood of HIV acquisition and transmission. Once team members understand the STI epidemic, present the intervention's client-centered approach to improving clinical outcomes and demonstrate how they can be part of the solution.

3 *Determine capacity and resource assessment.* Implementing the intervention requires that staff be culturally responsive to people with HIV and to those with risk behavior for HIV acquisition, and can provide screening, testing, diagnosis, treatment, and follow-up. Review current staffing levels and determine if new staff are needed. Also, determine whether funds are available to support the purchase of ACASI software (<https://acasillc.com/acasi.htm>), audio headsets, and e-tablets that clients will use to complete their sexual history—this is a key component of the

intervention. If not, paper surveys can be substituted or an EMR patient portal capable of providing the survey.

4 *Designate an intervention champion.* Having a staff member who believes and advocates for the intervention is important because team members may need to take on new responsibilities. It is helpful to have a point person who can answer questions from other staff members, administration, and community stakeholders about the intervention. This person will also do the quality assurance evaluations to make sure the interventions are effective or if any changes would be helpful.

5 *Provide training opportunities for all staff.* Being culturally responsive to priority populations of people with HIV and people who are sexual and gender minorities (SGM) requires special training. Assess any gaps in current 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 the LGBTQ+ community. Regional training can be found at the AIDS Education and Training Centers at <https://aidsetc.org/aetc-program/regional-offices> and the National Network of STD Clinical Prevention Training Centers at <https://nnptc.org/>.

6 *Install and place LGBTQ+ welcoming indicators in clinic.* Making all feel

welcome, including SGM clients, is key to reducing stigma around STIs and encouraging people to respond to a sexual health history accurately and honestly. Make your clinic LGBTQ+ welcoming by wearing pronoun pins, offering gender-neutral bathrooms, and displaying judgement-free zone signs in the waiting room. Some demonstration sites added the welcoming signs to their closed-circuit digital displays.

7 *Implement interventions with patients.* Ask patients to complete the ACASI-administered sexual history survey, which is completed at the clinic and should take about 15 minutes or less. If an individual needs assistance, ensure they can ask questions in private to a staff member. Incorporate standing orders for testing patients for bacterial STIs based on the results of the sexual history. This can be useful if the sexual history is done at a laboratory visit prior to a provider visit. Provide patients with the illustrated self-collection instructions that depict the procedure and ask them if they have any questions. Recommend follow-up care as needed.

8 *Conduct quality improvement.* After implementing the intervention, request feedback from staff on how the new processes are working. Gathering qualitative and quantitative data will help evaluate intervention fidelity and opportunities for improvement.



STAFFING REQUIREMENTS & CONSIDERATIONS FOR REPLICATION



Staffing/Organizational Capacity

The minimum staff requirements and competencies needed to successfully implement the Addressing STIs: Ask. Test. Treat. Repeat. intervention include the following:

- *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.

Note: While not a formal position necessary to replicate this intervention, for some novice technology users, a staff member is needed to assist patients taking the survey on a tablet or laptop.



Staff Characteristics

Core competencies of staff include:

- Experience working with people with HIV or having lived experience with HIV
- Cultural responsiveness to provide a welcoming and stigma-free environment for all clients
- General technology experience to assist with digital sexual health survey if done electronically

Replication Tips for Intervention Procedures and Client Engagement

This section provides tips for readers interested in replicating the intervention and, where applicable, examples for further context.

Successful replication of the intervention involves the following:



Secure leadership approval. Because a possible financial investment is involved to purchase ACASI software, it is important to have the support of leadership. Having their endorsement can go a long way in securing grants and other funding.



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



Normalize taking a sexual health history. Some patients are put off by questions 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.



Allow individuals to complete the ACASI-administered sexual history survey before meeting with the provider or before a routine laboratory visit. In the Florida Clinic, interventionists learned that most young adults were comfortable with technology and did not need assistance to complete the survey. In this workflow, the provider reviewed their results at the beginning of the consultation, saving time.



Assist older adults and people who have hearing or visual impairments. Older adults may have issues 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 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. Additionally, the use of the audio component assists lower-health literacy patients with understanding the question.



Use a colorful case for the tablet. If using the tablet for the survey, some clinics use colorful cases and add clinic stickers to keep it from being misplaced or taken home for personal use.



Gather feedback. Post-intervention follow-up with clients and clinical team members is an essential part of quality improvement. This can determine what is working well, what is challenging, and help collaboratively problem-solve to improve the process.

Securing Buy-in

Securing the support of leadership, staff, and other relevant stakeholders is an important step when implementing a novel intervention. The following strategies may help to secure buy-in:



- ⦿ **Highlight the need that the intervention seeks to address.** Addressing STIs: Ask. Test. Treat. Repeat. is a series of intervention components that enable providers to improve routine screening, testing, and treatment of common bacterial STIs among people with and/or people with risk behaviors for HIV acquisition.
- ⦿ **The critical stakeholders for this multi-part intervention are clinical team members** who need to understand the importance of the intervention components and how they are each making a difference. In addition, clients need to understand why they are being asked to complete a sexual history survey and how to properly collect their own specimen. The trainings help reinforce the need of the intervention with the clinical team members, and the LGBTQ+ welcoming measures help clients feel “safe” in the clinic to respond to sexual behavior questions.

Overcoming Implementation Challenges

Despite the successful implementation of the project, some challenges were experienced by interventionists in the Florida Clinic, including:

- **Technology challenge.** Because the ACASI software does not connect to EMRs, the sexual history responses need to be input 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.** Having to conduct additional testing adds to a clinician's workload and may involve additional paperwork. Securing buy-in and explaining the purpose of routinizing STI screening can help staff understand why the additional tests are necessary to help end the HIV epidemic in the U.S.
- **Clinical staff turnover.** Since the COVID-19 pandemic, staff have been reporting signs of burnout and high stress causing frequent employee attrition. Providing training to 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 approved by the Food and Drug Administration for extragenital site specimens. Patients who could not make it in person to the clinic for labs are sent to commercial community-based lab collection sites. Not all labs are willing to accept patient-collected specimens. This was identified as a large barrier to normalizing routine screening and testing during the COVID-19 pandemic, since much of primary care was done using telehealth technologies.
- **Using ACASI software requires a developer.** Using ACASI software requires a developer, but other options include patient portals or other Health Insurance Portability and Accountability Act (HIPAA)-compliant self-administered survey systems. A great option is the HIV/STD/Viral Hepatitis risk assessment survey from the North Dakota Department of Health found at <http://www.ndhealth.gov/hiv/knownyourrisk/>. Sexual history can also be added as a patient portal component of EMRs, but customization by the EMR vendor may be required.

Promoting Sustainability

The Addressing STIs: Ask. Test. Treat. Repeat. intervention has been sustained at the nine demonstration sites and is now being replicated by other clinics who have received the free starter kits, from all 50 states plus Puerto Rico, and the Virgin Islands.

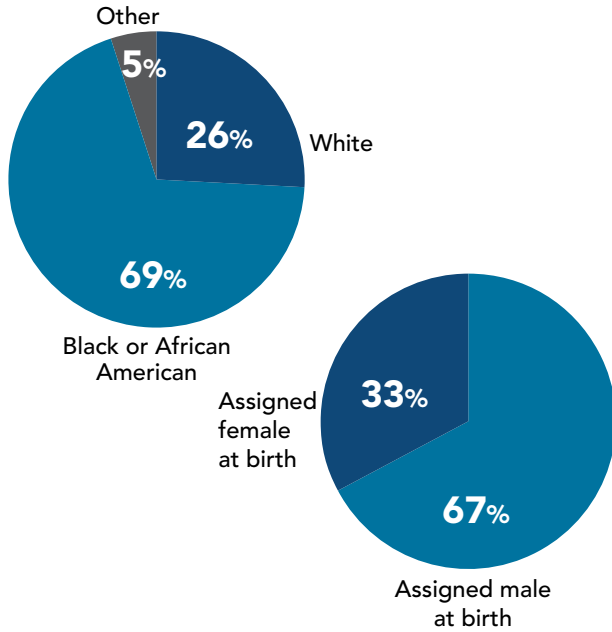
Recommendations for sustainability:

- Delivery of the 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 plan to implement the sexual health history into their EMR systems, so that patients can answer those questions when filling out the paperwork for their appointments. When planning for and promoting sustainability, assess organizational capacity to roll intervention activities and roles into existing structures, services, and programs.

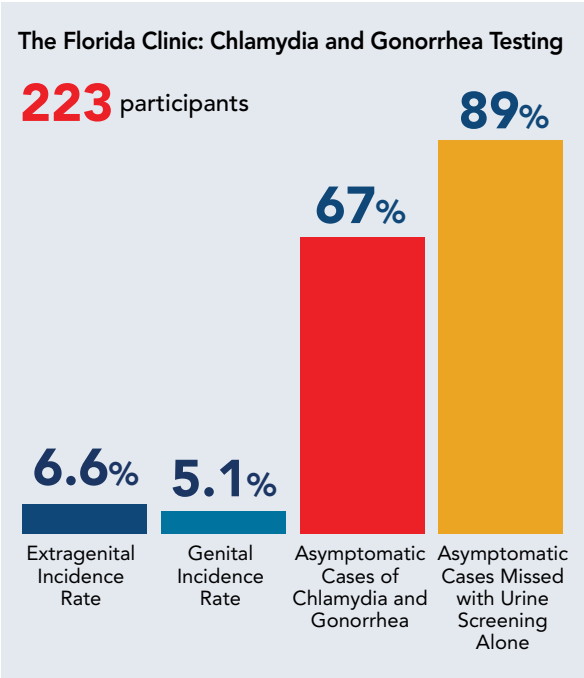
BY THE NUMBERS

Across Nine Intervention Sites

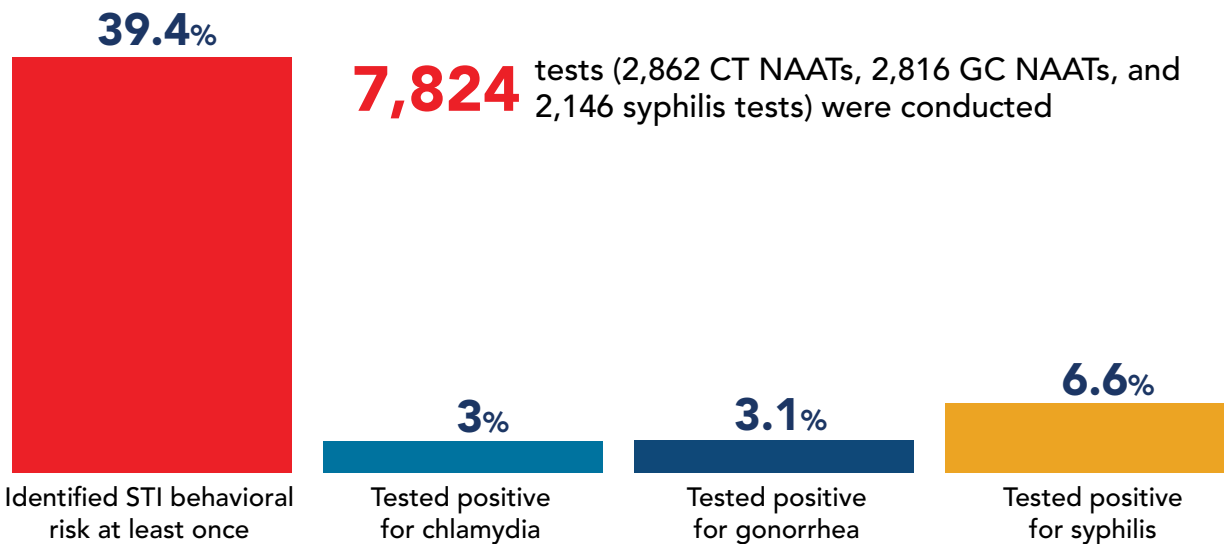
1,382 participants ages 18–83



2% of participants currently identify as transgender.



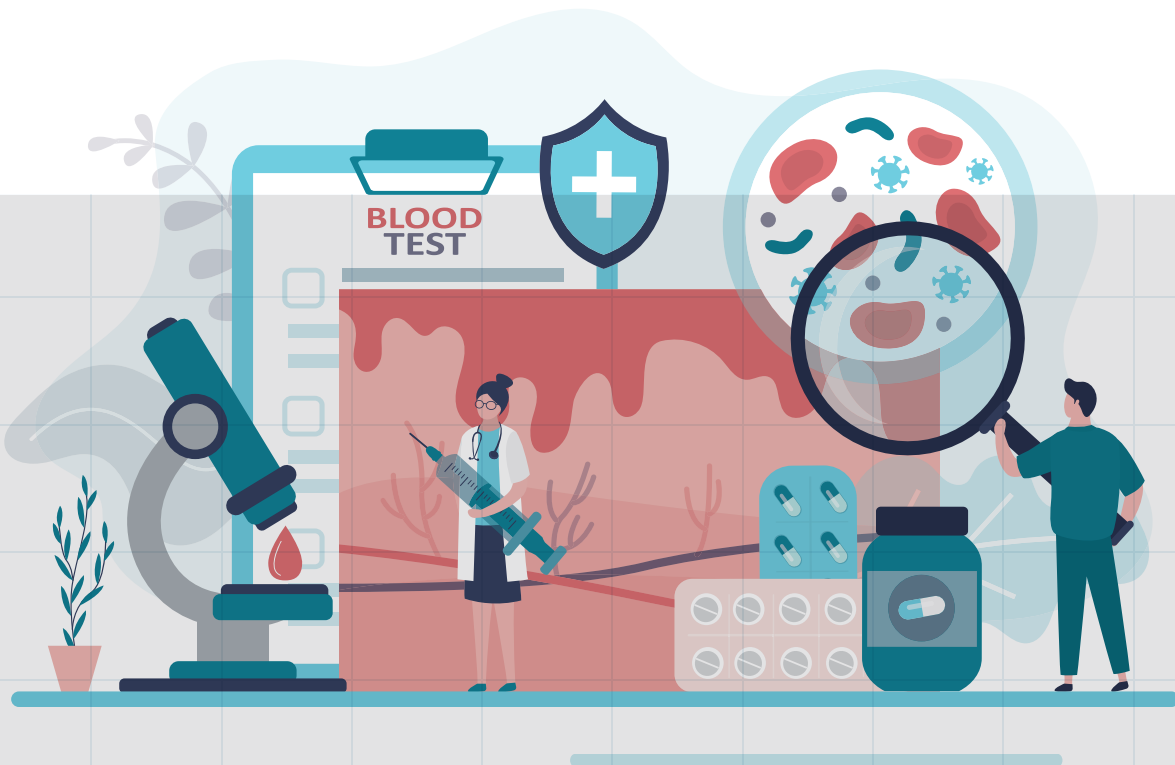
2,203 ACASI-administered sexual history surveys completed by 1,348 participants



Conclusion

Addressing STIs: Ask. Test. Treat. Repeat. is a comprehensive intervention for improving routine bacterial STI screening, testing, treatment, and follow-up of patients with and/or with risk behaviors for HIV acquisition. This intervention has reached people who often experience stigma related to HIV, as well as being a sexual and gender minority. In the Florida Clinic, and across the additional eight intervention sites, it was shown to increase patient satisfaction, comfort, and level of safety for follow-up engagement of people with HIV and/or STIs in care, and significantly improve retention in care.

Conversations between patients and providers during the self-testing instruction discussions afforded an opportunity to provide more health education on STIs. The ability to self-test helps patients take a more active role in their sexual health. The ACASI-administered sexual history survey allowed patients to be screened and tested at clinic lab visits when not seeing a provider (such as with increased telehealth provider visits).



OTHER AVAILABLE RESOURCES

Addressing STIs: Ask. Test. Treat. Repeat. & Initiative 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>

Need Help Getting Started?

If you are interested in learning more about this intervention or other interventions featured through the Integrating HIV Innovative Practices project or want to request technical assistance, please email: ihiphelpdesk@mayatech.com

Subscribe to our Listserv

To receive notifications of when other evidence-informed and evidence-based intervention materials, trainings, webinars, and TA are available through the Integrating HIV Innovative Practices project, subscribe to our listserv at: <https://targethiv.org/ihip>

Tell Us Your Replication Story!

Are you planning to implement this intervention? Have you already started or know someone who has? We want to hear from you. Please reach out to SPNS@hrsa.gov and let us know about your replication story.

Endnotes

- ¹ Centers for Disease Control and Prevention. (2022). *CDC issue brief: HIV and transgender communities*. Centers for Disease Control and Prevention.
<https://www.cdc.gov/hiv/policies/data/transgender-issue-brief.html>
- ² Nelson, J.A., Peijia, Z., Halawani, M., & Jones, V. (2022, September). Evidence-based interventions implemented into HIV primary care clinics to make sexually transmitted infection screening and testing routine: Outcomes of a multi-site study. *AIDS Patient Care and STDs*, 92–103.
<https://doi.org/10.1089/apc.2022.0131>
- ³ Centers for Disease Control and Prevention. (2021). *Sexually Transmitted Disease Surveillance 2021*. Centers for Disease and Prevention Division of STD Prevention.
<https://www.cdc.gov/std/statistics/2021/default.htm>
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