

***Fundamentals of HIV
Prevention Counseling:
Level 1***

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Faculty

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Objectives

- Identify HIV risk behaviors and populations at risk for HIV infection.
- Identify HIV risk behaviors to be able to discuss risk reduction strategies with HIV clients and HIV at risk populations.

Objectives

- Identify effective HIV prevention counseling techniques.
- Identify barriers to risk reduction which might be experienced by clients.

Outline

- HIV Data
- HIV Risk Behaviors
- HIV Testing Recommendations
- Barriers to Risk Reduction
- Benefits of Counseling
- Recommendations for HIV Counseling

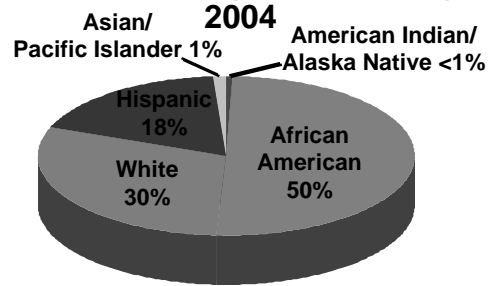
HIV Status

- Of the 850,000 - 950,000 people in the U.S. infected with HIV-1, 25% are unaware of their status.
- 2000: 31% of persons who tested positive for HIV did not return to learn of their HIV status.

Missed Opportunities

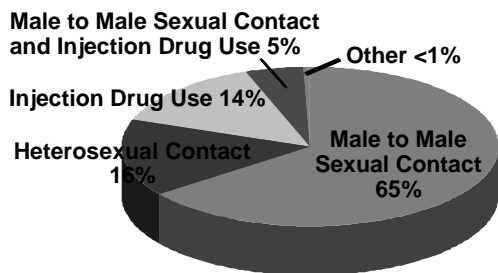
- Many people learn of their HIV infection only after they have developed symptoms: in a large study of HIV-infected persons, 44% reported they were first tested for HIV because of illness.

Race/Ethnicity of Persons with HIV/AIDS Diagnosed During 2004



Total = 38,730

Transmission Categories: Male Adults with AIDS 2004

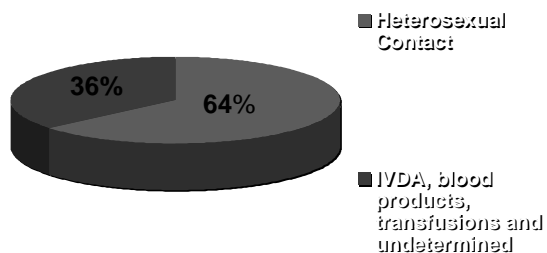


Total = 28,143

HIV Data: Women

- Women bear half of HIV infections worldwide.
- Fastest growing group of persons with new HIV diagnoses.
- Proportion of AIDS cases in women has TRIPLED since 1985.
- 1999-2003: AIDS diagnoses increased 1% among men and 15% among women.

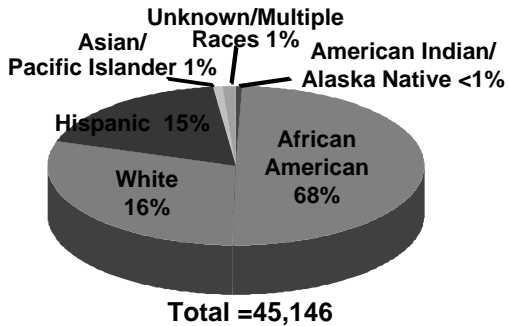
HIV Transmission in Women



HIV Transmission

- Many women are infected through heterosexual sex with a drug user.
- Women using non-injection drugs are at high risk of acquiring HIV sexually.
- Nonoxynol-9 may increase transmission.

Race/Ethnicity of Women with HIV/AIDS: Diagnosis 2001-2004



HIV Data: Minority Women

- 2001: HIV leading cause of death among African-American women age 25-34.
- Hispanic women: heterosexual sex (especially with an IV drug user) is greatest risk factor (42%) and IVDA 40%.

HIV Data: Special Populations

- Pregnant women:
 - 6,000-7,000 HIV positive women give birth each year in the U.S.
 - 40% of mothers with perinatally-infected infants have no documentation of HIV status.
- Older women:
 - 2001: 10% of AIDS cases and 6% of HIV infections in females were in women > age 50.

Older Women: Price of Ignorance

- Knowledge in older inner-city women
 - Mean score poor: 3.7 / 9
- Sources of information
 - Majority of info from TV.
 - Only 38% received HIV information from a health professional.
 - Info from health professionals associated with higher knowledge scores.

HIV Risk Factors

- MSM after 1975
- Unprotected sex with multiple partners
- Past or present IVDA
- Exchanging sex for money or drugs
- Past or present partners who are HIV-infected, bisexual or injection drug users

HIV Risk Factors

- Treated for STDs
- Blood transfusion 1978-1985
- Symptoms or signs of HIV
- Request HIV test

HIV and STDs

- If infected with STD, 2-5x more likely to acquire HIV through sexual contact.
- Increased susceptibility.
 - Ulcers provide portal of entry for HIV.
 - Increased # of cells as HIV targets.
- Increased infectiousness.
 - More likely to have HIV in genital secretions.

Definition: Increased HIV Risk

- Risk factor assessment still misses 1/4 of HIV positive clients who report no risk factors.
- Criteria: 1 or more risk factors in low prevalence or patient receives health care in high-prevalence or high-risk setting.
 - High Prevalence = 1% or greater prevalence of infection among patient population served.

Seize the Opportunity!

- STD testing, treatment visit
- Routine pap smear
- Preconception / prenatal visit
- Routine visit / preventive care

Benefits of Counseling/Testing

- Success in changing patient behavior.
- Project RESPECT.
 - Subjects in counseling are more likely to use condoms 100% of time and were 30% less likely to have incident STD.
- Once patients know they are HIV+, they often reduce high-risk behaviors.
- Diagnosis is first step toward medical care.

Barriers to Clinician Counseling

- Lack of training and knowledge of sex/drug-related behaviors and HIV
- Lack of discussion skills
- Reluctance to discuss sex/drugs
- Belief that attempts will not be successful
- Lack of perception of patients risk
- No standardized tools to assess risk
- Constraints of time and resources

Goals of HIV Counseling

- Personalized Risk Assessment
- Testing (New CDC recommendation)
- Education
 - HIV transmission
 - Meaning of various tests
 - Risk Reduction and Prevention of HIV infection
- Referral

Patient-Centered Counseling

- Culturally competent
- Sensitive to issues of sexual identity
- Developmentally appropriate
- Linguistically specific

Patient-Centered Counseling

- Focus on patient's individual circumstances and needs
- Be supportive and non-judgmental
- Be interactive and motivational
- Use scripted conversations
- Set reasonable, attainable goals
- Incorporate into EVERY CLINICAL ENCOUNTER

Risk Assessment

- Make experience interactive
- Use open-ended questions
- Sexual activity
 - Drug use
 - Transfusions

Risk Assessment

Box 2. Examples of Two Risk Screening Strategies to Elicit Client-reported HIV Risks

- Open-ended question by provider, "What are you doing now or what have you done in the past that you think may put you at risk for HIV infection?"

Risk Assessment

Box 2. Examples of Two Risk Screening Strategies to Elicit Client-reported HIV Risks

- Screening questions
"Since your last HIV test (if ever), have you
 - injected drugs and shared equipment (e.g., needles, syringes, cotton, water) with others?"

Risk Assessment

Box 2. Examples of Two Risk Screening Strategies to Elicit Client-reported HIV Risks

- had unprotected intercourse with someone that you think might be infected (e.g., a partner who injected drugs, has been diagnosed or treated for a sexually transmitted disease (STD) or hepatitis, has had multiple or anonymous sex partners, or has exchanged sex for drugs or money)?

Risk Assessment

Box 2. Examples of Two Risk Screening Strategies to Elicit Client-reported HIV Risks

- had unprotected vaginal or anal intercourse with more than one sex partner?"
- been diagnosed or treated for an STD, hepatitis, or tuberculosis?"
- had a fever or illness of unknown cause?
- been told you have an infection related to a 'weak immune system'?

Closed vs. Open Questions

- Closed
 - Have you ever injected drugs (risky sex, etc...)?
- Open
 - What are you doing that may be putting you at risk for HIV infection?

Closed vs. Open Questions

- Closed
 - Have you ever had sex under the influence of drugs?
- Open
 - How often do you use drugs/alcohol?

Closed vs. Open Questions

- Closed
 - Do you always use condoms when you have sex?
- Open
 - What are you currently doing to protect yourself from HIV?

Closed vs. Open Questions

- Closed
 - Can you always use clean paraphernalia when you inject?
- Open
 - How risky are your sex/needle-sharing partners?

Previous CDC Recommendations for HIV Testing

- Offer HIV testing to:
 - Patients in high-prevalence settings
 - Patients with risk factors
 - Patients who request testing

Screening Criteria

- HIV is a serious health disorder that can be diagnosed before symptoms develop.
- HIV can be detected by reliable, inexpensive, screening tests.
- HIV-infected patients can live longer healthier lives if treatment is initiated early, before symptoms develop.
- The costs of HIV screening are reasonable when compared with the anticipated benefits.

New CDC Recommendations

- **EVERYONE** age 13-64 without regard to risk factors at least once ("Opt out")
 - Persons aged 50-64 account for 13% of new HIV diagnoses

New CDC Recommendations

- If high risk, at least test annually
 - All patients initiating treatment for TB should be screened routinely for HIV infection
 - All patients seeking treatment for STDs should be screened routinely for HIV during each visit for a new complaint

New CDC Recommendations

- Decrease requirements that are barriers to screening
 - Prevention counseling does not have to be linked to HIV testing in healthcare settings
 - Provide information, verbally or in writing, sufficient for an informed patient to decide whether or not to get an HIV test
 - Separate, written informed consent should not be required

HIV Testing: Pregnancy

- Screen ALL pregnant women regardless of their risk or prevalence rates in their community- "Opt out" approach
- Repeat HIV screening in the third trimester if high-risk women and in areas with elevated rates of HIV infection among pregnant women
- Written information

Reasons for Declining an HIV Test

- Lack of perceived risk
- Fear of the disease
- Concerns about partner violence
- Potential stigma
- Concerns about the cost of treatment
- Discrimination

Pretest Counseling

- Describe the test and how it is done
- Explain AIDS and the ways HIV is spread
- Discuss ways to prevent the spread of HIV
- Remember: This can be written or oral information

HIV Tests

- ELISA + Western Blot = 99.9% accurate
- Point of care rapid antibody tests:
 1. OraQuick Rapid HIV-1 Antibody Test
 - Fingerstick whole blood, results in 20 minutes
 - 100% specificity, 96% sensitivity
 - Confirm with Western Blot

HIV Tests

2. OraQuick Advance HIV1/2 Antibody Test
 - Oral fluid, plasma or whole blood, results in 20 minutes
 - 99.8% specificity, 99.3% sensitivity
 - Confirm with Western Blot

Education: Prevention

- Abstinence
- Condom use (can demonstrate)
- Effectiveness of using clean needles, etc.
- Drug Treatment Programs
- Information on other STDs

Condom Use

- Use a new condom with each act of sexual intercourse
- Carefully handle the condom to avoid damaging it
- Put the condom on after the penis is erect and before any genital contact with their partner

Condom Use

- Use only water-based lubricants (e.g., K-Y Jelly™, Astroglide™, AquaLube™, and glycerin) with latex condoms
- Hold the condom firmly against the base of the penis and withdraw while the penis is still erect to prevent slippage

Other Forms of Protection

- Female Condoms
 - Effective mechanical barrier to HIV
 - Use when a male condom cannot be used properly
- Spermicides
 - Not effective in preventing STDs like HIV
 - Nonoxynol-9 can damage lining of vagina or rectum

Pre-Test Counseling

- Discuss the meaning of possible test results.
- Ask what impact the test result, whether negative or positive, will have on the patient.
- Address the matter of whom to tell about their test result.
- Discuss the importance of telling their sexual or drug-using partner(s) if they are HIV+.

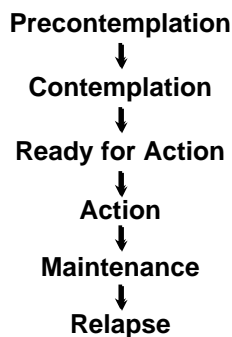
Post-test Counseling

- Negative HIV test:
 - Encourage safer sex and decrease risk
- Positive HIV test:
 - Follow up with a doctor
 - Drug treatment
 - Social support
 - Take precautions
 - Inform partners

Barriers to Patient Risk Reduction

- Lack of knowledge about HIV/AIDS
- Lack of recognition of partner's risk
- Sexual inequality in relationships
- Biologic vulnerability
- STDs
- Substance abuse
- Socioeconomic factors

Stages of Behavior Change



Specific Risk Reduction Steps

- Global
 - Always use condoms
- Specific
 - Buy a condom and try it on.

Specific Risk Reduction Steps

- Global
 - Have fewer/less risky partners
- Specific
 - Stop seeing specific partner seeing other people.

Specific Risk Reduction Steps

- Global
 - Have safer sex
- Specific
 - Only kissing with partner until both tested for HIV.

Specific Risk Reduction Steps

- Global
 - Stop injecting drugs
- Specific
 - Obtain clean needles, syringes, etc.; tomorrow or contact drug treatment center and make an appointment.

Counseling: Drug Users

- Effectiveness of using clean needles
- Community resources
 - Drug treatment
 - Syringe exchange

Occupational Exposure

- Percutaneous 0.3% risk-increased if:
 - Device visibly contaminated with blood.
 - Needle directly in vein or artery.
 - Deep injury.
 - Terminally ill patient.
- Mucus membrane 0.09% risk.
- Less risk for non-intact skin and other bodily fluid/tissues exposures.

Counseling: Occupational Exposure

- Abstain from sex or use condoms
- Avoid pregnancy until negative HIV result
- Discontinue breastfeeding
- Do not donate blood
- Post-exposure prophylaxis
 - Two - three drug regimen, depending on severity of exposure

Information for Pregnant Women

- HIV is virus that causes AIDS and is spread through unprotected intercourse and injection drug use.
- 25% of HIV-infected pregnant women who are not treated during pregnancy transmit the virus to their child during pregnancy, delivery or breastfeeding.

Information for Pregnant Women

- Effective interventions to prevent transmission exist (HAART, C-section)
- HIV testing recommended for all pregnant women
- Services available
- No denial of care for those declining testing

Newly-Diagnosed HIV+ Patients

- Consider emotional impact of test result
- Ensure client understands result
- Clarify misconceptions about transmission risk
- Advise to avoid blood donation

Newly-Diagnosed HIV+ Patients

- Address strategies to avoid transmission and further STDs
- Referral for baseline bloodwork, social support
- Follow-up three to six months

Referral

- Refer to services best meeting patient's needs
- Appropriate to:
 - Culture
 - Language
 - Sexual orientation
 - Sex
 - Age
 - Developmental level

Take-Home Points

- Seize the opportunity!
- Individualize your message.
- Be supportive, interactive and goal-directed.

**For a complete list of upcoming programs,
go to the
Alabama Public Health Training Network
web site at
www.adph.org/alphn**

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