

How to integrate STI and HIV screening into Family Planning

Lenka Cech, CNM





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- ▶ She/her
- ▶ Grays Harbor County Public Health Clinic, Reproductive and Sexual Health Program.
- ▶ Graduate from University of Colorado, Bachelor and Master in Science of Nursing
- ▶ Trained in teaching hospital in urban setting of Denver- UCH
- ▶ Planned Parenthood Clinics:
 - ▶ Granby: mountain-rural,
 - ▶ Boulder: urban-student,
 - ▶ Aurora: suburb- immigrants, low-income.
- ▶ Provided OBGYN care
 - ▶ STRIDE Community Health Center,
 - ▶ FQHC in Aurora clinic, serving immigrants, low-income women.

OBJECTIVES

- ▶ Taking Sexual Health History
- ▶ Identifying risk factors for STIs screening
- ▶ Expanding services to be more inclusive
- ▶ De-stigmatizing by educating, talking and addressing STIs
- ▶ Ideas to remove barriers to care for patients accessing reproductive and sexual health



Polls:

- ▶ Are you:
 - ▶ Practicing clinician
 - ▶ Administrator or manager
 - ▶ Other health care staff
- ▶ Do you in your practice include sexual health hx in your intake during family planning visit/IV/AV-well visit?
 - ▶ Yes
 - ▶ No
- ▶ Do you offer rapid HIV test to your patients?
 - ▶ Yes
 - ▶ No

Disclosure

STI versus STD

Basic STI screening guidelines to get you started!

Links to further educate and find more in-depth information, training

As a patient I am never screened if I need STI screen, no sexual hx discussion

Getting Started

- ▶ National Network of STD Clinical Prevention Training Centers:
 - ▶ Wet prep and 3-day STI intensive course
 - ▶ <https://www.nnptc.org/> 8 centers throughout USA, local at University of WA STD Prevention Training Center
 - ▶ Self Study FREE courses with CNE/CME credits, Clinical Counsel, Trainings, 2021 STI Treatment Guidelines

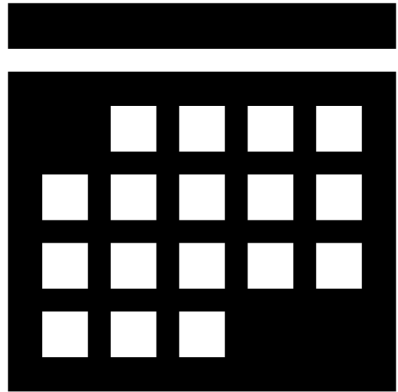
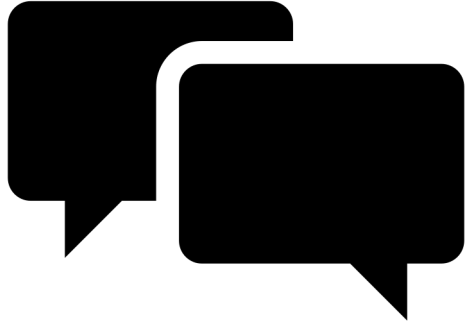
The screenshot displays the website for the National Network of STD Clinical Prevention Training Centers (NNPTC). The header includes the NNPTC logo and navigation links for SIGN IN, STD CCM, NATIONAL STD CURRICULUM, and PODCAST. A dark blue navigation bar contains links for ABOUT, OUR CENTERS, TRAINING, NEWS, RESOURCES, and CONTACT. The main content area features the 'National STD Curriculum' section, which highlights the most recent CDC STD treatment guidelines integrated into a free, up-to-date educational website. Three circular icons represent 'SELF STUDY' (showing a microorganism), 'QUICK REFERENCE' (showing a Chlamydia Life Cycle diagram), and 'QUESTION BANK' (showing a list of questions). A prominent blue button labeled 'EXPLORE THE CURRICULUM' is positioned below these icons. The 'STD News' section at the bottom features a green header and an 'ALL NEWS' button. A news banner below the header states 'Syphilis is increasing among newborn babies in the U.S.' and 'In 2021, 2,855 CASES OF NEWBORN SYPHILIS'.

Grays Harbor County Public Health Clinic Reproductive and Sexual Health Program

- ▶ Rural clinic in coastal Aberdeen, WA. Aberdeen/Hoquiam 25K pop in Grays Harbor County
- ▶ 1 CNM, 2 clinical health workers, 1 RN-supervisor, 1 front desk
- ▶ 75% Medicaid, 40% Spanish speaking only
- ▶ 1040 total visit in 2022 ,628 clients, Male/Female (7/93%)



Removing barriers to care



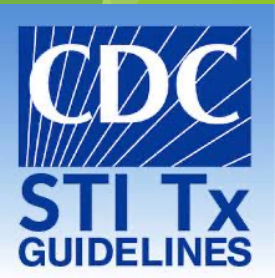
- ▶ 13 yr. and older can consent for mental health services.
- ▶ 14 yr. old and older can consent to test and treat STIs
- ▶ Quick start methods and treatment
 - ▶ Rapid tests, self swabs
 - ▶ Walk ins
 - ▶ Self Referrals
- ▶ Integrated public health programs
 - ▶ BCCHP
 - ▶ Family Planning Only (FPO)
- ▶ Optimize telemedicine

HIV screening guidelines and clinic project



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- ▶ Implemented rapid HIV Abbott, Determine HIV ½ Ag/Ab COMBO on 1/2022. 4 standard HIV in 2021 to 181 (176 rapids) in 2022.
- ▶ An estimated 1,189,700 people in the United States^c had HIV at the end of 2019, Of those people, about 87% knew they had HIV.
- ▶ CDC recommends:
 - ▶ Test everyone 13-64 at least once in their lifetime
 - ▶ Test with every new partner – no other risk factors
 - ▶ Test once a year - drug use
 - ▶ Test every 3-6 mos. – MSM



WHAT IS THE WINDOW PERIOD FOR THE HIV TEST I TOOK?

Nucleic Acid Test (NAT)*
window period

10-33 days



Antigen/Antibody Lab Test*
window period

18-45 days

Rapid Antigen/Antibody Test†
window period

18-90 days



Antibody Test‡
window period

23-90 days



* Performed by a lab on blood from a vein.

† Done with blood from a finger stick.

‡ Most rapid tests and self-tests are antibody tests.

HIV Basics
www.cdc.gov/hiv/basics

For more information, visit www.cdc.gov/hiv/basics/testing.html



Type of HIV tests

Refer to the Package Insert for Complete Instructions

1 Prepare Test

Bend along the perforation then tear one strip from the right and remove cover.

Assay should be initiated within 2 hours after removing the protective foil cover from each test.



2 Place Test

Place one strip inside the workstation. Do NOT touch the sample pad with your fingers.

NOTE: Use of the workstation is optional. If workstation is not used, place test strip on a clean flat surface.



Optimize Bloodflow Prior to Collection:

- Warm the hand by washing in warm water (or holding it in a heating pad or hand warmer).
- Lower the hand below the heart level before collecting a drop of blood.
- Massage the finger with a downward motion several times before performing the fingerstick.

3 Collect Fingerstick Sample

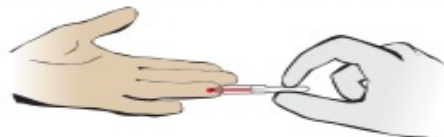
CAUTION: The capillary tube must be used to collect the fingerstick sample. Clean the finger of the person being tested with an antiseptic wipe. Allow the finger to dry thoroughly or wipe dry with a sterile gauze pad. Using a sterile lancet capable of producing 50µL of blood, puncture the skin just off the center of the finger pad and wipe away the first drop with sterile gauze.

To Collect an Adequate Sample Volume:

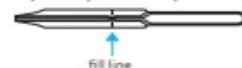
- Quickly express blood down the fingertip by gently squeezing across the entire finger, to the last joint (not to the end of the fingertip).
- Do not squeeze or “milk” the fingertip to accelerate bleeding.



Collect the second drop of blood by holding the capillary tube **HORIZONTALLY**, and touch the tip of the capillary tube to the blood sample.

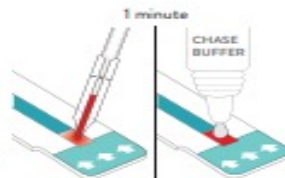


NOTE: Filling of the capillary is automatic – do NOT squeeze the bulb while sampling. Maintain this position until the flow of the sample has reached the fill line and stopped.



4 Add Sample

Touch the tip of the capillary tube containing the blood sample to the sample pad and expel all of the contents by gently squeezing the bulb.



When all of the blood is transferred to the sample pad, wait 1 minute to ensure the chase buffer does not overflow the sample pad.

5 Add Chase Buffer

Add one drop of chase buffer to the sample pad.

CAUTION: Do not lift the capillary tube from the sample pad before all the blood has been transferred – a bubble may form which will prevent the complete transfer of sample. If a sample won't expel, cover the small opening at the mark on the capillary with a gloved finger. Then squeeze the bulb until the sample is fully dispensed onto the sample pad.

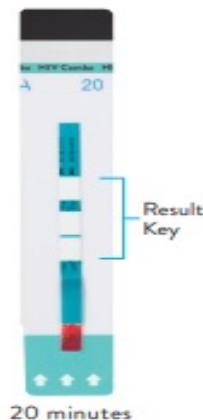
NOTE: Only the liquid provided in the chase buffer bottle should be used. Do not use water or other liquids.

6 Read Results

Read the test result between 20 and 30 minutes after the addition of the chase buffer.

Do not read test results after 30 minutes.

A **PINK/RED** control line AND a **PINK/RED** test line **must** appear in order for the test to be considered reactive. If a **PINK/RED** control line is visible AND a **PINK/RED** test line does not appear, the test is nonreactive. If the control line does not appear, the results are invalid and should be repeated using a new test strip.



Result Key			
Line	Reactive	Nonreactive	Invalid
Control			
Ag			
Ab			

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A Guide to Taking a Sexual History by CDC

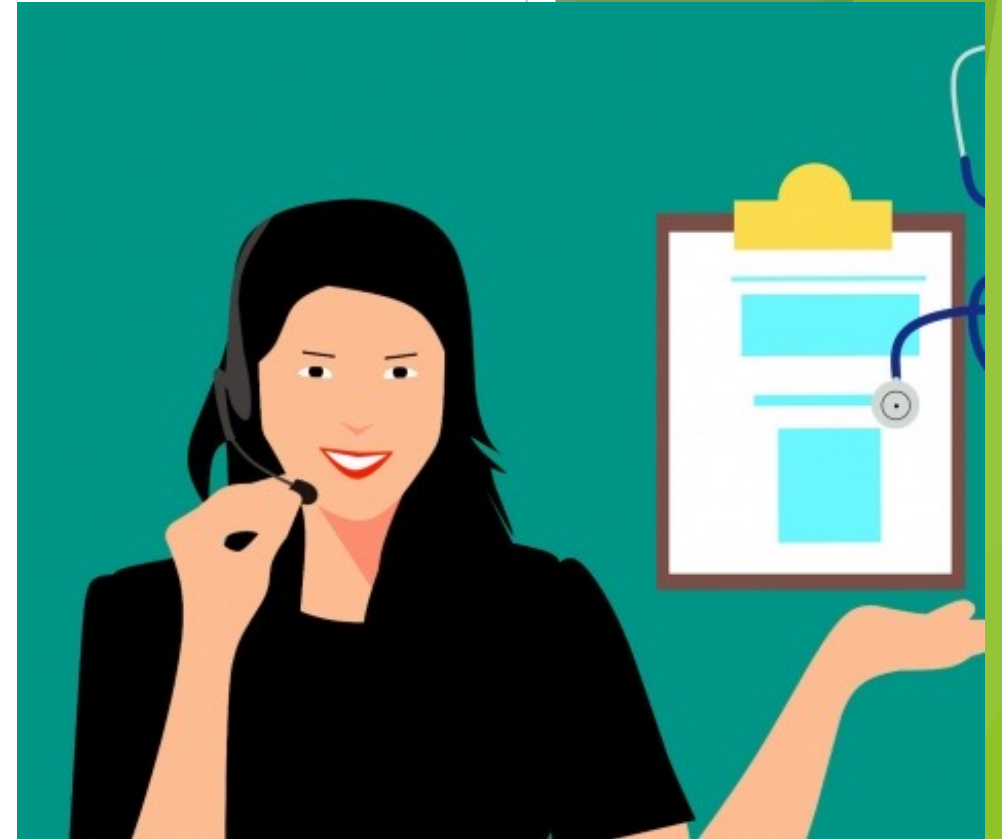
- ▶ <https://www.cdc.gov/std/treatment/sexualhistory.pdf>
- ▶ 5 P's (24 pages)
 - ▶ Partners
 - ▶ Practices
 - ▶ Protection from STI's
 - ▶ Past Hx of STI's
 - ▶ Pregnancy Intention



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Taking Sexual History The Easy Way

- ▶ **Goal– find risk factors for testing**
 - ▶ Are you sexually active?
 - ▶ How many partners do you have now?
 - ❖ What is your partner's gender? Do your partners have other partners?
 - ▶ How long have you been together? (Are the tests that are being considered within incubation window?)
 - ▶ How many partners did you have in the past 12 months?
 - ▶ When was your last STI screen?
 - ❖ Do you or your partners use drugs?
 - ❖ Do you or your partners live in stable housing?
 - ❖ Have you ever tested + on STI and which?



Screening Tips

Basic

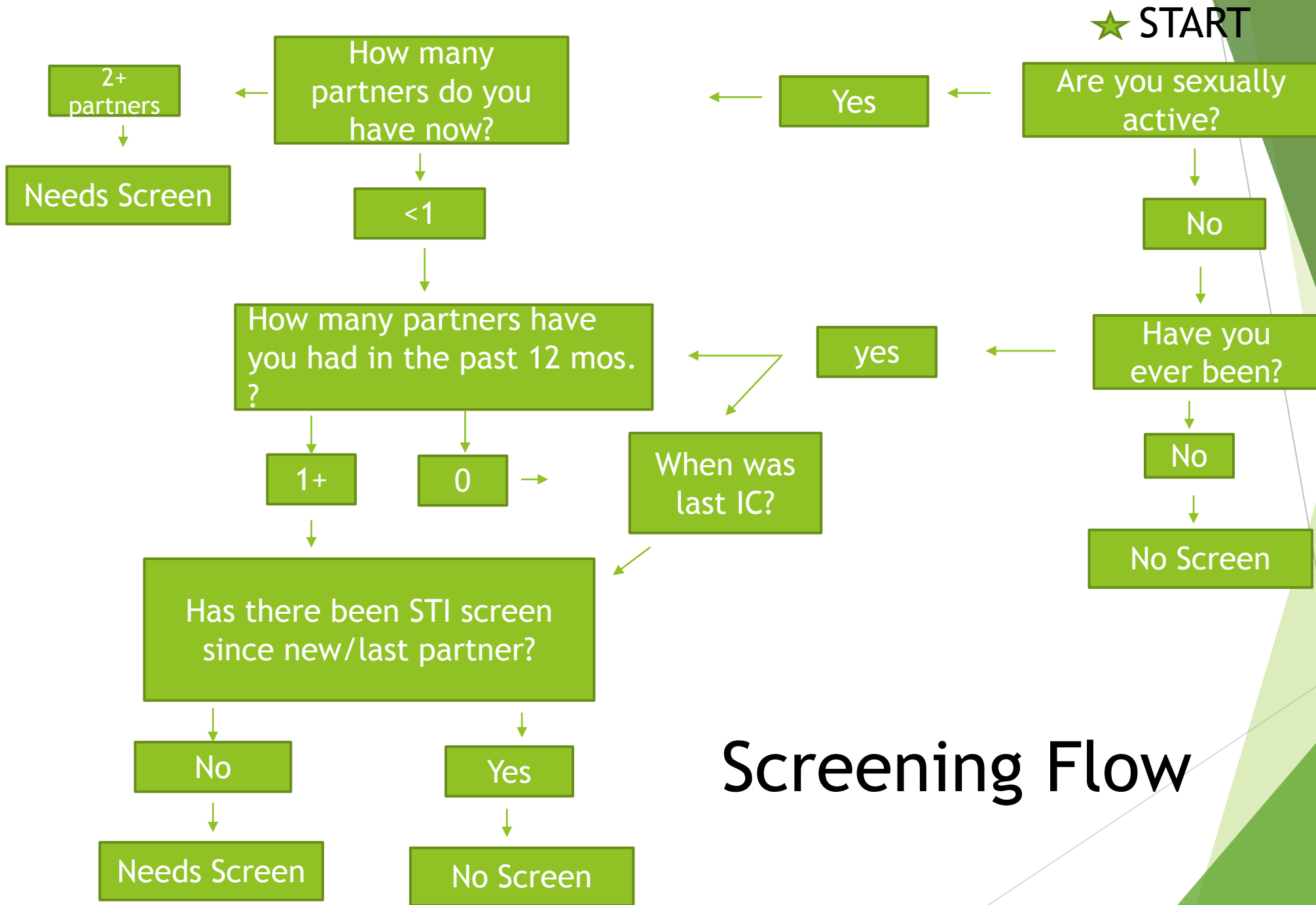
- ▶ Basic for low risk patients
 - ▶ GC/CT, HIV
 - ▶ GC/CT-incubation period (7 days)
 - ▶ HIV-rapid or standard (3wks-3mos)

❖ HIGH Risks: TGF, MSM, drug use, exchanging sex for money, shelter, or drugs, living in unstable housing

Full

- ▶ Full panel for pts with risk factors
 - ▶ GC/CT, HIV, Syphilis, Hepatitis
 - ▶ Trich-women with discharge (7 days)
 - ▶ Syphilis (10-90 days-average 3 wks)
 - ▶ Hepatitis (3-6 mos)
 - ▶ Trich (7 days)

Full STI screening guidelines: <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>



Screening Flow

Case Study #1

45 yr. Spanish speaking only female presents for annual visit for Pap and CBE.

UTD with care.

No hx of abnormal Pap.

Reports 1 male sex partner x 25 yrs.

Denies any vaginal or urinary issues.

G3P3, last baby 10 yr. old born in USA.



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Case #1

- ▶ Poll:

- ▶ Does she need an STI screen?

- ▶ Yes

- ▶ No

Case #1

- ▶ Comment:
 - ▶ No, since 1995 CDC has recommended all pregnant women be tested for HIV.
 - ▶ Exceptional consent for HIV testing is no longer required in WA.
 - ▶ HIV testing is considered a routine test for OB patients.

Case Study #2

33 yr. female presents for annual pap, CBE and STI screen.

Reports 1 male sex partner x 4 years.

Last STI screen 18 years ago during pregnancy. Last contact with medical system was 18 years ago.

Has hx of abnormal pap with no f/u.

Her partner and she uses drugs, meth.

Reports vaginal discharge.



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Case #2

- ▶ Poll:

- ▶ Does she need an STI screen?

- ▶ Yes, HIV, GC/CT only

- ▶ Yes, full panel, HIV, GC/CT/Trich, syphilis, Hep panel

- ▶ No, she is low risk

Case #2

- ▶ Comment:
 - ▶ Yes, full panel, HIV, GC/CT/Trich, syphilis, Hep panel

Case Study #3

18 yr. transgender male presents for Depo.

Reports 1 male sex partner x 2 years.

Denies any other partners in the past 12 mos.

Their last STI screen was 1 year ago, tested for GC/CT only, during their annual, never tested for HIV.

Denies vaginal or urinary issues today.

Denies using drugs, lives in stable housing.



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Case #3

- ▶ Poll:
 - ▶ Do they need a screen?
 - ▶ Yes, HIV and GC/CT
 - ▶ Yes, GC/CT
 - ▶ Yes, GC/CT/Trich
 - ▶ No, they screened with recent partner

Case #3

- ▶ Comment:
- ▶ People with vaginas under the age of 25, need annual GC/CT tests.
- ▶ Provide HIV test, never had one done.
- ▶ It is recommended for everyone to be tested for HIV at least once in their life.

One Person Can Make a Difference

One morning a man walked along a beach covered with thousands of starfish that had washed up during a storm. Now they lay dying in the sun.

He saw a young girl picking up the starfish one by one and tossing them into the sea. As he approached

her he couldn't help but ask,

"Why bother? There are too many of them.

You won't make much of a difference."

She picked up another starfish and tossed it into the water. Then she turned to the man and said, "I made a difference to that one."



Making a difference

- ▶ 1 +HIV, 35 yr. female who has female and male partners, typically other couple, 9 past partners in the past 12 mos., no drug use, stable job, has a teenage child. No medical contact for a decade due to lack of insurance. We were able to connect to care and support.

Addressing HIV Stigma

- ▶ Native story:
 - ▶ <https://www.youtube.com/watch?v=6FyblW3-9vM>
- ▶ Discuss with colleagues/staff meeting/share with a friend:
 - ▶ HIV awareness
 - ▶ World AIDS day December 1st yearly since 1988, red ribbon



The background features a series of overlapping, semi-transparent green geometric shapes, primarily triangles and quadrilaterals, that create a sense of depth and movement. The colors range from a light, pale green to a vibrant, saturated lime green. The shapes are layered, with some appearing in front of others, creating a complex, layered effect. The overall composition is clean and modern, with a focus on geometric forms and color gradients.

Questions?



Contact

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360-500-4047

Resources:

- ▶ Abbott HIV Quick reference Card:
 - ▶ <file:///C:/Users/lcech/Downloads/IN02732540%20v6.0%20Determine%20HIV%2012%20AgAb%20Combo%20Quick%20Refe.pdf>
- ▶ Ending the HIV Epidemic in the US (EHE)
 - ▶ [Ending the HIV Epidemic in the U.S. \(EHE\) | CDC](#)
- ▶ National STD Curriculum
 - ▶ <https://www.std.uw.edu/>
- ▶ [STI Tx Guide on the App Store \(apple.com\)](#)
- ▶ Taking Sexual Hx and 5 P's:
 - ▶ <https://www.cdc.gov/std/treatment/sexualhistory.pdf>