



Sexually Transmitted Infections and the Ryan White HIV AIDS Program

National Academies Meeting on STI Prevention and Control

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Vision: Healthy Communities, Healthy People



Outline

- Epidemiology of Sexually Transmitted Infections (STIs) and HIV coinfection
- The impact of STIs among people with HIV
- STI testing in the Ryan White HIV/AIDS Program (RWHAP)
- RWHAP's ongoing work
- Future considerations

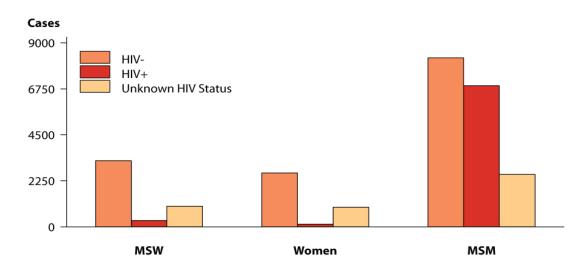




Epidemiology of STI and HIV coinfection

- Men who have sex with men (MSM) have an increased burden of primary and secondary (P&S) syphilis, antimicrobial- resistant gonorrhea, and HIV¹
- Among MSM with P&S syphilis with known HIV status, 45.5% were HIV positive¹
- In Florida, in 2010, among all persons diagnosed with infectious syphilis 42% were also HIV infected (CDC)²

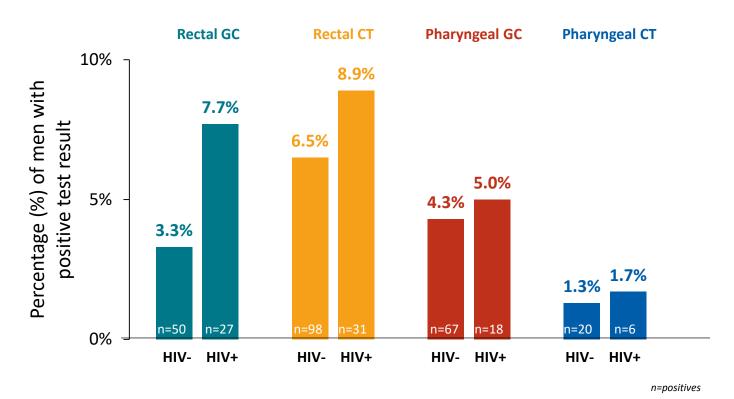
Primary and Secondary syphilis- reported cases by sex, sexual behavior, and HIV Status, United States, 2017¹





Epidemiology of STI and HIV coinfection

Prevalence of extragenital gonorrhea (GC) and chlamydia (CT) among venueattending MSM by HIV status, NHBS, 2017³







Impact of STIs among people with HIV

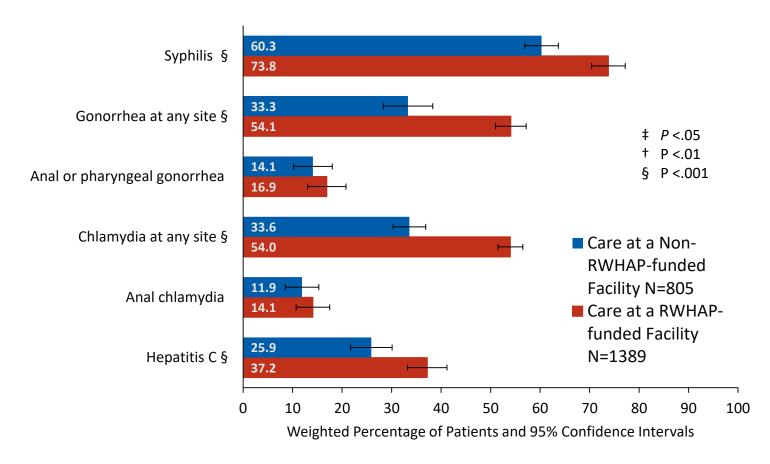
- Increased transmission of HIV
 - Among MSM, approximately 10% of HIV infections among MSM are attributable to gonorrhea/chlamydia infection⁴
- Chlamydia infection may increase the risk of anal cancer in people with HIV⁵
- Coinfection of STIs in people with HIV has been associated with decreased CD4 counts and increased HIV viral load^{6,7}
- People with HIV may be more susceptible to acquiring STIs, the associated negative health outcomes, and STI treatment failure^{8,9}





STI Testing in the Ryan White HIV/AIDS Program

STD testing during the past year among HIV-positive men who have sex with men, stratified by Ryan White Program facility funding status, 2015-2016, N=2194³





STI Monitoring Within the RWHAP

- Annual STI screening are included in chart reviews during RWHAP site visits
 - Chlamydia and Gonorrhea screening (genital and extragenital sites)
 - Syphilis screening is required to be reported for the RWHAP Services Report
- HRSA HAB's clinical quality management performance measure portfolio includes performance measures for chlamydia, gonorrhea, and syphilis screening





HRSA HIV/AIDS Bureau Ongoing STI Initiatives

- Improving STI screening and Treatment among People living with or at risk for HIV (FY 2018-2021)
 - Partnered with HRSA Bureau of Primary Health Centers and the CDC Division of STD Prevention
 - Seeks to promote clinical service and systems-level interventions leading to an increase and/or improvements in the screening and treatment of STIs among low-income people with HIV or at risk for HIV who are served by HRSA's RWHAP and/or Health Center Program
 - 3 jurisdictional conveners and 9 clinical sites in Florida, Louisiana, and Washington, DC
- Enhancing linkage of STI and HIV surveillance Data in the RWHAP (FY19-22)
 - Improve linkage, re-engagement in care, and health outcomes for people with HIV in the RWHAP by improving data sharing across STI and HIV surveillance systems





Improving STI screening and Treatment among People living with or at risk for HIV- Cooperative Agreement

- Convened Technical Expert Panel (May 2018)
- Baseline Needs Assessments performed at clinical sites
- Interventions selected for implementation:
 - Clinic-level:
 - Training modules: Increase knowledge about STI testing and treatment and develop cultural competencies (with the CDC Prevention Training Centers)
 - Audio Computer Assisted Self Interview (ACASI): Collect sexual health history and sexual behavior history in a confidential manner to help identify which STI tests are needed
 - Self-testing
 - LGBTQ-welcoming clinical spaces: unisex bathrooms, LGBTQ friendly posters and pamphlets, staff members noting and calling transgender patients by appropriate name, etc.
 - Systems level:
 - Provider detailing: Use of expert clinicians to train providers in their clinical setting





Main Considerations: Addressing STIs in People with HIV

- Reduce disparities in STI acquisition, testing and treatment among people with HIV
- Decrease stigma related to STI acquisition, testing, and treatment
- Need for increased routine use of extragenital testing when appropriate
- Increased availability of self-collection of samples for STI testing
- Address provider knowledge gaps
 - Obtaining sexual and behavioral health histories
 - Appropriate STI testing and treatment
 - Cultural humility
- Increase patient comfort with reporting their STI risk and seeking STI testing
- Ensure adequate supply and access to benzathine penicillin





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