

Innovative Approaches for Risk-based Assessment to Increase STI Screening for People with HIV

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INTRODUCTION

The rate of bacterial STIs has steadily increased and continues to rise in the United States. STIs increase the risk for acquiring HIV. Most providers only screen clients once a year for chlamydia, syphilis and gonorrhea and every three months for symptomatic individuals.

The purpose of this study was to increase screening, testing, and treatment of bacterial STIs among clients of Ryan White HIV/AIDS Program funded clinics.

METHODS

Clients were provided an audio computer-assisted self-interviewing (ACASI) sexual history at the beginning of every visit. This survey addressed sexual behaviors since last clinic visit and current symptoms of STIs to determine the need for testing. If indicated, clients were educated on how to self-collect specimens for urine and extragenital (rectal and pharyngeal) chlamydia/gonorrhea (CT/GC) testing. A standing order for STI tests was used so testing could be done without a provider present.

RESULTS

During the nine-month study period, 604 screenings were completed. Of those screened, 172 participants enrolled into the study. Among participants, 260 CT/GC urine samples and 177 CT/GC extragenital specimens were collected. Positivity rate for CT/GC was 5.74% for throat specimens, 15.5% for rectal, 3.5% for urine. Of the 19 positive extragenital case of CT or GC, 11 were negative for urine and 8 were asymptomatic.

CONCLUSION

The ACASI screening tool increased extragenital testing, especially in asymptomatic participants. Among positive results, extragenital site results were commonly discordant with urogenital site results for CT/GC, highlighting the need for extragenital testing. Self-collection created opportunities for education and increased discussion of STI risks, symptoms, and screening between providers and patients.

- An *accurate* history leads to *improved STI testing and diagnosis*.
- Allows for *consistent* and *complete* sexual health history taking

SUCSESSES

The ACASI screening tool streamlined visits making it easier to reach a diverse population. ACASI provided a space that was private for patients to answer questions in a manner that was less invasive and non-stigmatizing.

CHALLENGES

Staff and space constraints.

Extragenital Cases of Chlamydia/Gonorrhea among Research Participants

Disease	Total Cases	Asymptomatic	Negative Urine
Chlamydia	11	3	8
Gonorrhea	8	5	3
Total	19	8	11

Gonorrhea Labs Among Research Participants from 11/05/2020-08/31/2021

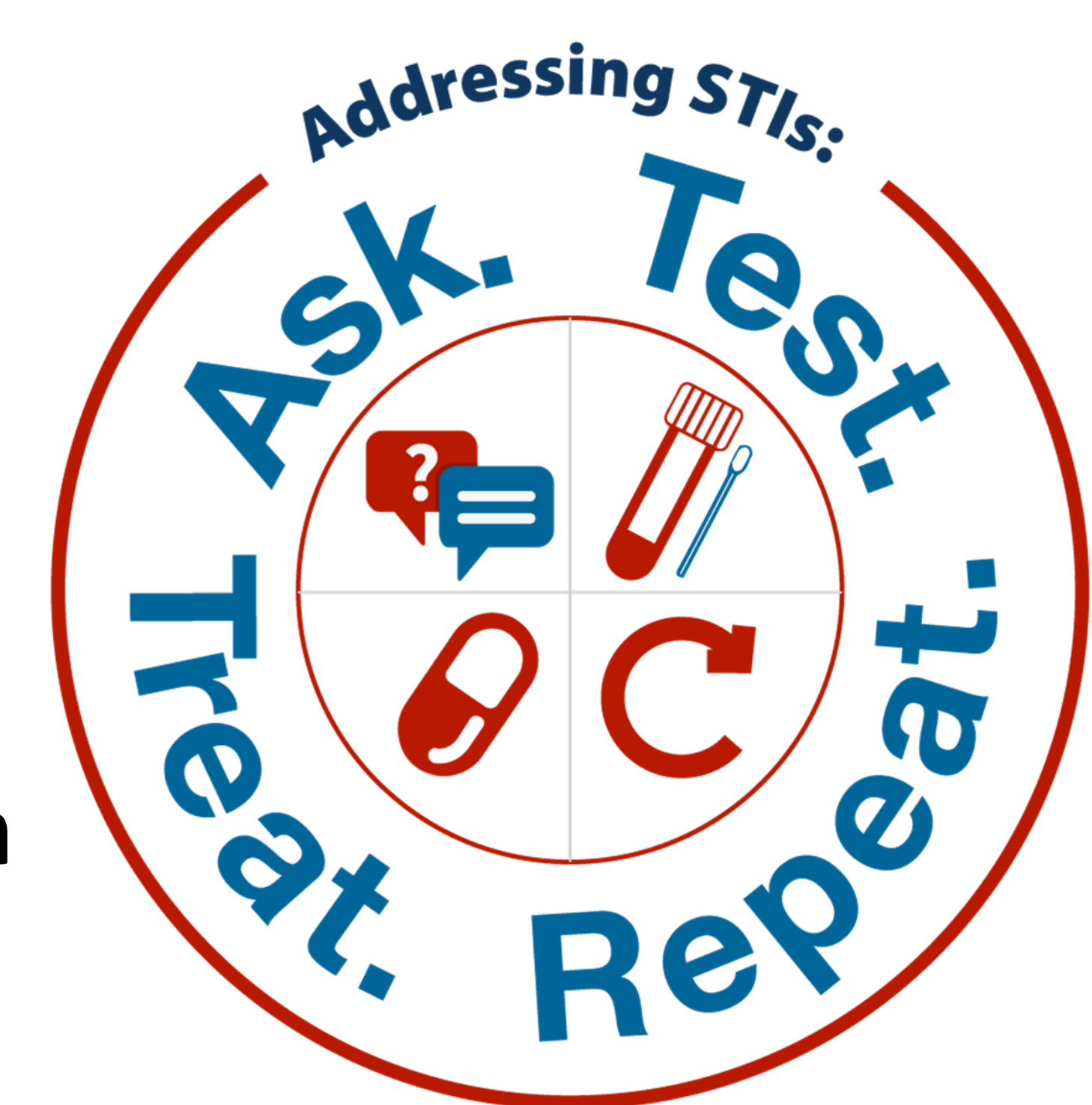
Location	Positive	Negative	Total	Positivity Rate
Rectal	1	25	26	3.84%
Throat	6	57	63	7.27%
Urine	5	110	115	4.35%
Vaginal	0	0	0	0.00%

Chlamydia Labs among Research Participants from 11/05/2020-8/31/2021

Location	Positive	Negative	Total	Positivity Rate
Rectal	10	43	53	18.86%
Throat	1	62	63	1.59%
Urine	2	114	115	1.74%
Vaginal	0	0	0	0.00%

Syphilis Labs Among Research Participants from 11/05/2020-8/31/2021

Total Labs	Positive Labs	New Infections	New Case Rate
128	51	11	8.60%



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