

Improving Routine Sexual Transmitted Infections (STI) Testing Among People with HIV

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Learning Objectives

- Summarize ways of integrating evidence-based interventions used by CSMD to increase routine STI screening and testing in other primary care settings
- Identify methods to routinize STI screening and testing for clients with HIV
- Describe the successes and challenges of implementing interventions to increase routine bacterial STI extragenital site screening and testing

Introduction

- In the U.S., sexual transmitted infections (STI)s have remained elevated for the fifth consecutive year from 2015-2019
- Federally qualified health center (FQHC)s have the potential to deliver routine STI screening and testing for at-risk communities
- In Louisiana, the East Baton Rouge Parish health unit relies on community-based organizations to complete STI screening and testing
- CareSouth Medical and Dental (CSMD), a FQHC, is among one of the community-based organizations rendering HIV and STI screening for low-income communities in Baton Rouge, Louisiana since 1997

- CSMD implemented an audio computer-assisted self-interview (ACASI) software on a tablet to complete comprehensive sexual activity/history screenings at every visit
- Based on the individuals' results, clients were offered STI testing for pharyngeal, rectal, or urogenital for chlamydia (CT) or gonorrhea (GC) as well as syphilis testing
- The comprehensive sexual activity screening was completed during the client's medical appointment before the client was evaluated by the medical provider in the examination room

Results

Out of 432 eligible clients, 230 consented to participate in the study. The average age among participants was 46 years old. The median age was 44 years old with a range of 20-73 years old. 93% of participants identified as Black, 6.5% were white, and 0.5% were Asian. 53% were assigned male at birth while 47% were female at birth. 86.5% self reported as heterosexual or straight while 10.9% self reported as gay/lesbian/same gender loving and 2.6% reported as bisexual or pansexual. 63% of participants had Medicaid while 35% had private insurance and 1.3% with Medicare while 0.7% did not have health insurance. All participants spoke English.

Table 2. STI Testing Preference Among Consented Participants (n = 149)

Site Test	Self Collect	%	Provider Collect	%	Urine in Cup	%	No Answer	%
Pharyngeal Swab	88	21%	322	77%	0	0%	9	2%
Urogenital	46	11%	95	23%	271	65%	7	1%
Rectal Swab	172	41%	238	57%	0	0%	9	2%

Data source: audio computer-assisted self interview (ACASI) database

Table 1. STI Testing Recommendations Among Consented Participants

Site Test	Number (n=419)	Percentage
Pharyngeal Swab	109	26%
Urogenital	114	27%
Rectal Swab	65	16%
Syphilis	171	41%

Data Source: audio computer-assisted self interview (ACASI) database

Table 3. Chlamydia (CT) and Gonorrhea (GC) Results Among Consented Participants

NAAT Specimen	Positive Lab	Total Collected	Incidence Rate
Rectal CT	4	34	12%
Rectal GC	3	34	9%
Total CT/GC Rectal	7	68	10%
Pharyngeal CT	2	70	3%
Pharyngeal GC	6	70	9%
Total CT/GC Pharyngeal	8	140	6%
Urine CT	11	427	3%
Urine GC	9	428	2%
Total CT/GC Urine	20	855	2%

Data Source: CareSouth Medical and Dental electronic medical record system

- Based on use of the audio computer-assisted self interview sexual history, higher positivity rates among pharyngeal and rectal specimens compared to urogenital specimens were found
- We found a slightly higher positivity rate in rectal samples (10%) compared to pharyngeal samples (6%). For positive rectal specimens, CT and GC yielded the same number of positive tests; however, for pharyngeal specimens, there were more GC positive results than CT positive results
- Regardless of sexual orientation, an ACASI-based sexual history can identify risk of STIs for individuals self reporting site specific sexual activity

References

- Centers for Disease Control and Prevention. Sexually transmitted disease surveillance 2019. Atlanta: U.S. Department of Health and Human Services; 2021.
- Owusu-Edusei K Jr, Gift TL, Leichliter JS, Romaguera RA. The spatial association between federally qualified health centers and county-level reported sexually transmitted infections: a spatial regression approach. *Sex Transm Dis.* 2018 Feb;45(2):81-86.
- Cullinen K, Hill M, Anderson T et al. 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. *PLoS ONE.* 2021; 16(12) e0261824.