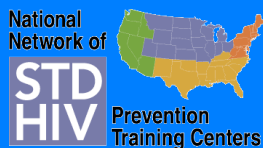


National Network of STD/HIV Prevention Training Centers

*Promoting CDC Revised HIV Testing
Recommendations*

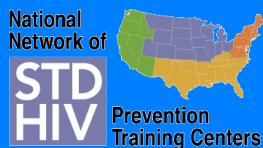
Chris Hall, MD, MS



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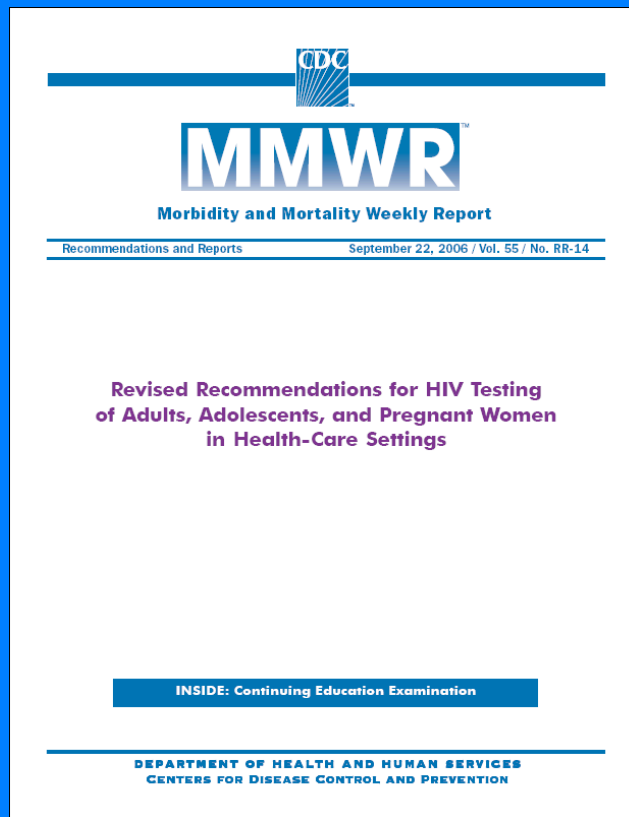
NNPTC: Who We are

- ❖ Network of 18 regional training centers funded by CDC
- ❖ Each PTC has been developed as a partnership with a health department and a university
- ❖ Focus on translating research to practice
- ❖ Address health providers' training needs, especially in those in the fields of STD/HIV/FP and primary care



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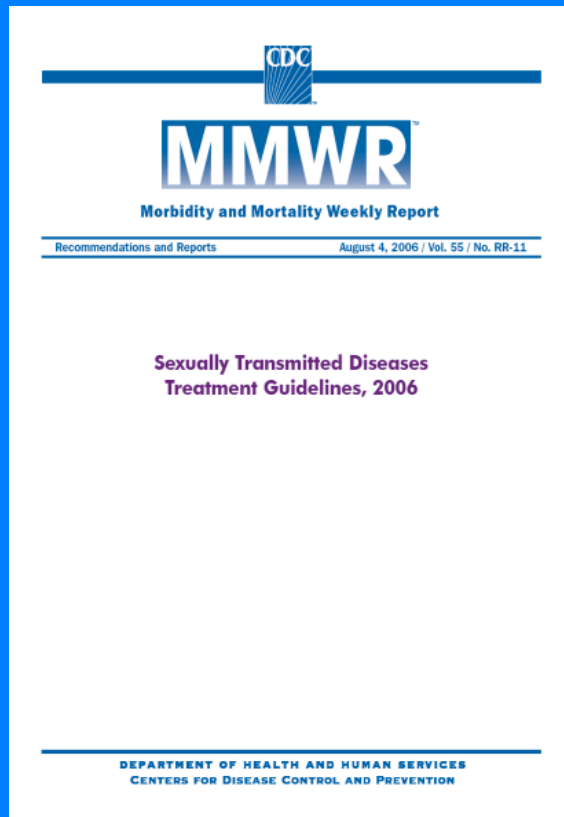
Expansion of HIV Testing in Health-care Settings



*Revised
Recommendations for
HIV Testing of Adults,
Adolescents, and
Pregnant Women in
Health-Care Settings*

*MMWR Sept 2006;
55 (RR14): 1-17*

CDC STD Treatment Guidelines (2006)



“All persons who seek evaluation and treatment for STDs should be screened for HIV infection. Screening should be routine, regardless of whether the patient is known or suspected to have specific behavioral risks for HIV infection.”

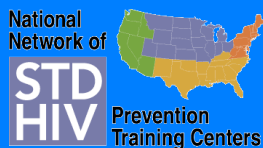
**MMWR Aug 4, 2006;
55 (RR11): 11**



National Network of **STD/HIV** Prevention Training Centers

Why Care about HIV Testing in STD Clinics?

- ❖ HIV is an STD
- ❖ HIV-STD interaction:
 - ◆ Behavioral risk factors common
 - ◆ Biologic synergy between HIV and STD transmission
 - ◆ Provision of STD care intervention maximizes potential of identifying acute HIV and interrupting further HIV transmission events
- ❖ STD clinics play a pivotal role in providing evidence-based treatment, partner services including disease control follow-up, and consultative services to community physicians
- ❖ Client-centered STD care mandates ease of access to HIV testing

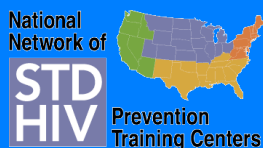


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Yield of HIV Testing in STD Clinics

Site	Year; Test	N tested	Positivity
Rothstein STD Clinic, Chicago ¹	1999-2000; rapid Ab	1,372	2.70%
City Clinic, San Francisco ²	2007; Ab/RNA	5,283	2.50%
LA County STD Clinics ³	2007; Ab <i>all</i>	16,745	0.90%
		1,332	6.40%
Baltimore STD Clinics ⁴	2007 ; Ab <i>MSM</i>	11,307	1.35%
STD clinics (CDC) ⁵	1995; Ab	551,838	1.50%

¹ Kendrick *JAIDS* Feb 2005; 38 (2), pp. 142-146; personal communication: ² Klausner, ³ Kerndt, ⁴ Erbeding; ⁵ *MMWR* June 25, 1999 /48(24);509-513



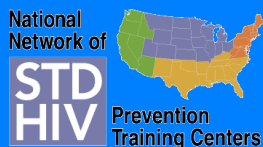
National Network of **STD/HIV** Prevention Training Centers

STD Care Fragmented

- ❖ STD CLINIC: clinical facility whose primary mission is to detect, diagnose, and treat sexually transmitted infections; includes prevention and partner management services
 - ◆ *Fewer categorical clinics, with challenged public health infrastructure*
 - ◆ *Hybrid and other clinic types have emerged*
 - ◆ *Many STDs diagnosed in private sector medical settings*
 - ❖ *e.g., only 12.3% of primary and secondary syphilis cases in California diagnosed in STD clinics in 2006-07*

NNPTC's HIV Testing-related Activities to Date

- ❖ Trainings: HIV Testing, STD/HIV Interactions, Brief Counselling Skills for Clinicians, Point of Care Lab STD/HIV Tests
- ❖ Clinical consultations
- ❖ National HIV Testing Audioconference (August 2007), with 4TC Partner Groups – HIV, TB, FP
- ❖ NNPTC HIV Testing Working Group
- ❖ Modular “HIV Testing Training for Medical Providers” & other curricula in development



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HIV Testing in STD Clinics: *Guidance Development by NNPTC*

- ❖ Training and Technical Support for STD clinical care providers nationally
- ❖ National survey and field research
 - ◆ Web-based survey
 - ◆ Key Informant interviews
 - ❖ Characterize categorical STD care providers
 - ❖ Identify stages of HIV testing integration

HIV Testing in STD Clinics: *Guidance Development*

❖ Topics

- ◆ Implementation strategies
- ◆ Laboratory and reimbursement issues
- ◆ Educational materials
- ◆ Administrative tools

❖ Web-based and print materials

❖ Relevant to STD clinical providers

❖ Applicable in other clinical care settings

- ◆ Family planning and general medicine clinics, and private practice settings



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HIV Testing in STD Clinics: *Emerging Themes of Needs Assessment*

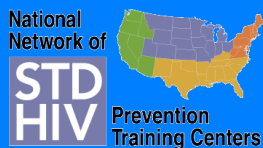
- ❖ Most HIV testing in STD clinics is conventional, delayed basis; only 2/3 offer rapid antibody testing; <20% offer NAAT testing to identify acute infections
- ❖ Barriers to implementation identified:
 - ▼ Clinic lacks adequate financial resources
 - ▼ Clinic lacks adequate staffing
 - ▼ Providers do not have enough time to properly conduct
 - ▼ Federal or local data collection too burdensome
 - ▼ Logistical/laboratory issues, especially with rapid testing
 - ▼ Lack of training

Challenges

- ❖ Structural / institutional barriers to integration
 - ◆ *HIV testing in some STD clinics under the auspices of CDC/state-funded traditional C&T programs*
- ❖ Majority of STDs diagnosed in private care settings (in many jurisdictions)
- ❖ **HOWEVER...** NNPTC is experienced in development of training and technical assistance programs

Medical Provider Training (in development)

- ❖ Intervention developed to increase adoption of more routine HIV testing, as allowed by law
- ❖ Modular clinical training
 - ◆ Three distinct modules for a total of 3.5 hours of training
 - ◆ Accredited for CMEs and Nursing CNEs
- ❖ Developed with:
 - ◆ STD/HIV Prevention Training Centers
 - ◆ AETCs
 - ◆ UCSF's AIDS Health Project
- ❖ Rollout expected to begin Summer 2008

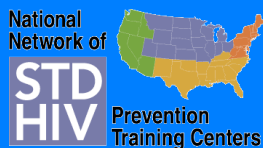


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Medical Provider Trainings

Related 4TC Training / TA Interventions

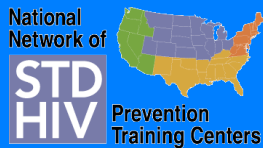
- ❖ Webinar for California medical providers: implementation of HIV testing in medical care settings (June 9, 2008)
- ❖ 4TC “HIV Testing in California Health Care Settings: Taking the Next Step” (June 30, 2008)



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Contact us...

www.stdhivpreventiontraining.org



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