

# HIV Case Finding and Secondary Prevention for Women: Clinical Risk Assessment and Screening Guide

## A Reference Tool for Clinicians

HIV risk assessment for all women entering primary care is an invaluable tool for clinicians. HIV risk assessment is an ongoing process, not a one-time clinical intervention. Assessments can assist providers in: 1) Knowing when to offer voluntary HIV testing and counseling, identifying women who are infected with HIV, yet unaware of their status and thus not receiving care; 2) Providing routine screening for genital tract infections, including chlamydia cervicitis, candida vaginitis, and bacterial vaginosis among sexually active women; and 3) Providing clinicians the opportunity to reinforce safer sex messages.

It is expected that routine voluntary screening of women who are pregnant or considering pregnancy will: 1) Identify HIV-infected women before or shortly after pregnancy so that antiretroviral therapy may be initiated for the benefit of the woman and the mitigation of risk of HIV transmission to the child; and 2) help to prevent secondary infection by working with newly discovered HIV positive women on risk reduction with their partners.

## Female-Focused General Case Finding and Risk Assessment Guidelines

### Your approach to the patient is so important.

1. **Communicating with female patients.** Use sensitive, easily understandable language and take the time to listen to the patient. Ask them how they wish to be addressed. Demonstrate active listening skills. Explain each step along the way. If you do not know the answer to a question, indicate that. Patients appreciate honesty. Offer to obtain needed information.
2. **Explain why you must discuss sensitive issues.** Background, religion, gender and psychosocial issues may have an effect on a patient's ability to disclose HIV risk behaviors. It is important to frame the discussion of such sensitive issues by explaining the routine nature of risk assessment with all patients and its importance in planning patient care and treatment. Questioning may begin with: "I am going to ask some personal questions. I ask them of all my patients to help me understand them better and provide the best possible care."
3. **Cultural sensitivity.** Women coming from cultures or locales that consider the discussion of sex to be taboo could find some direct questions too threatening. Put the patient at ease first with general questions about family, living situation, and general health concerns.
4. **Confidentiality is essential.** Assure patients that all answers are confidential. Inform them about your clinic's confidentiality policy. Be mindful that the risk assessment should take place in a safe and private environment with limited interruptions.
5. **Assume nothing.** You should not make assumptions about HIV risk based on a patient's age, ethnicity, socio-economic status, marital status or cultural background. Simply because a woman does not "look or act like someone who might have HIV" does not mean that she is not at risk. In addition, women often may not know about the sexual risk behavior, drug use, or lifestyle of their partner(s).
6. **Open-ended questions are important.** Open-ended questions are more likely to assist in ascertaining needed information. Whenever possible, questions should be asked in an open-

ended manner. You could begin with: "What brings you here?" and use the phrase: "How do you feel about ...?"

7. **Be non-judgmental when you ask specific questions.** The two most important questions in every risk assessment are: 1. "Have you recently or ever had unprotected sex?" 2. "Have you recently or ever shared needles?"
8. **Offer Sexually Transmitted Infection (STI) screening and counseling** (syphilis, gonorrhea, herpes, chlamydia, hepatitis, etc.) at regular intervals to all women annually and all pregnant women or those considering pregnancy.
9. **Prevention approaches include encouragement of the use of:**
  1. male and female condoms.
  2. reduction of number of sexual partners.
  3. reduction in needle sharing and substance use
  4. recognition of the need for medical care for genital tract signs or symptoms.
10. **Discuss the patient's anticipated feelings** about her testing results. This type of rehearsal is needed for psychological preparation for a positive test result. Some examples of questions to ask the patient include: "If your test comes back negative, how do you think you will feel?" "How will you or could you reduce your risk in the future?" and "If your test comes back positive, how do you think you will feel?"
11. **Ask questions about possible barriers to care and treatment** such as lack of or insufficient health insurance, lack of transportation and child care. Assessment for history or current domestic violence, and partner or family obstacles to care should be completed. If the patient is not insured, explain the availability of HIV medications through state AIDS Drug Assistance Programs (ADAP), care and treatment offered in Ryan White-funded clinics and programs, and applications for Medicaid/Medicare.

## Determining Sexual Risk for All Female Patients

### The message is:

• *Protect yourself* • *Protect your partner* • *Get HIV tested to know your status*

With all new female patients, a careful risk assessment is essential to recognize risk behaviors and detect undiagnosed infections. Incorporating HIV prevention and risk reduction into treatment and care is an effective tool for clinicians. Since behaviors change, it is always important to assess risky sexual behavior at all clinical encounters, at every visit. It is also essential that all members of the care team, physicians, and nurse practitioners, and nurses reinforce prevention messages.

### General Sexual Risk Assessment Questions for All Women

1. Are you or have you been sexually active?
2. Have you ever or do you currently have sex with men? With women? Both?
3. Can you share with me the number of current sexual partners? How about the past week? Month? 6 months? 1 year?
4. What do you know about the sexual practices of your partners?
5. Can you tell me the specifics about your sexual activity?
  - a. How often do you have sex?

- b. What kind of sex do you have?
    - i. Vaginal?
    - ii. Anal?
    - iii. Oral?
    - iv. All?
  - c. Do you use condoms? How often?
6. Have you ever had unprotected sex? Why don't you always use condoms?
  7. Do you know about female condoms? Have you ever used them?
  8. Are you currently pregnant?
    - a. Is it possible that you might be pregnant?
    - b. Are you considering trying to become pregnant?
    - c. If not, what contraceptive method are you using?
  9. Have you ever had sex in exchange for money, housing, food, clothing, drugs or other gifts?
  10. Have you ever had a sexually transmitted infection? If so, which ones?
    - a. Have you had a sexual partner who has had a sexually transmitted infection?
    - b. Have you or your current partner been tested for HIV, STIs, or Hepatitis B or C?
  11. Have you ever had a sex partner who used drugs or was in prison or jail?
  12. Have you ever been subject to:
    - a. sexual abuse?
    - b. physical abuse?
    - c. emotional abuse?
  13. Have you ever been forced or coerced into using drugs or engaging in sex?
  14. What have you done to change your behavior to reduce the risk for getting or spreading HIV and/or other STIs?

### Assessing Drug, Alcohol, and Related Risks in Women

Substance use is more prevalent in the U.S. than clinicians realize in both urban and rural areas. Women who use drugs may engage in sex for money or drugs or be involved in relationships that include drug use. In addition, women may acquire HIV, Hepatitis B or C, and STIs through sexual contact with injection drug users. Prevention for the reduction of risky sexual and drug-using behaviors must be developed in the context of relationships, social circumstances, family responsibilities, and socioeconomic conditions. Exploratory questions might help. Look for clues in the history and physical examination.

#### Questions to ask and important points for a substance use risk assessment:

1. How often do you use alcohol?
2. How much do you drink? Do your friends drink alcohol?
3. Do you smoke? What do you smoke?
4. Have you ever used drugs from a non-medical source (street drugs)?

With a history of drug use:

- a. Ask specific questions about the drug names, dosages, frequency, and routes of ingestion.
- b. Inquire about sharing of needles, syringes and other equipment.

- c. Inquire about their knowledge of where to obtain clean needles and syringes where possible.
- d. Ask if there has been sharing of equipment for body piercing or tattooing.

### All HIV-Positive Women

The message is:

- *Protect yourself* • *Protect your partner(s)* • *Get and stay in HIV care*

The following questions and points are useful to assess special health risk factors for the HIV-positive woman. You should also be prepared to help the woman with disclosure of her diagnosis to partners and health providers, with partner management, notification and referral, and accessing medical and support services.

1. Have you notified your partner of your HIV status?
  - a. If "yes," what was his or her reaction?
  - b. If a threat of violence occurred, offer referral for domestic violence counseling and provide phone numbers.
  - c. If no, why not? Would you like help from a partner notification program?
2. Has your partner been tested for HIV?
  - a. What were the results?
  - b. Is your partner in HIV treatment?
  - c. Are you currently receiving HIV treatment?
    - i. If yes, assess treatment adherence knowledge and behavior
    - ii. Give adequate time to assess
    - iii. Reinforce successes and attempts at adherence
  - d. Discuss HIV re-infection and infection with other STIs
    - i. Can result in faster disease progression
    - ii. Can cause other signs and symptoms requiring additional medications
  - e. Discuss the importance of condom use for all sexual encounters with partners to reduce the spread of HIV or re-infection with different strains of HIV
    - i. Discuss and provide referrals for learning sexual negotiation strategies, couples counselling, or other support services
    - ii. Offer free condoms (male and female) and discuss and rehearse how to use them
    - iii. Provide information on where to obtain additional condoms and ongoing support for behavior change within the clinic or AIDS service organizations

Secondary prevention is essential to prevent further HIV transmission.

You should:

1. Focus counselling on risk reduction, adherence to ART, and behavior change.
2. Listen to the woman's description of issues, problems, and behavior. Focus on realistic goals.
3. Identify situations that make the woman vulnerable to HIV risk, or triggers for risk behavior.
4. Address the woman's ability to communicate with her partner(s) about risk reduction.
5. Identify successful attempts at risk reduction and obstacles to risk reduction.
6. Address the HIV risk in the context of the woman's responsibilities, caregiving, economics, and psychology.
7. Support and encourage the woman to take action.
8. Give the woman written documentation of the risk-reduction plan.
9. Provide encouragement and feedback.

## Pregnant, HIV-Positive Women

### The message is:

- *Protect yourself* • *Protect your partner(s)* • *Protect your baby* • *Get and stay in HIV care*

### Offer voluntary HIV testing to all pregnant women.

Prevention of HIV transmission from mother to child can be greatly reduced through the use of antiretroviral medications during pregnancy and labor and delivery. Therefore, every pregnant woman should be encouraged to be tested and offered ART if HIV positive. Best practice in this situation suggests:

- Consider the health of the mother first
- Treat the mother's HIV infection
- Offer a choice to the mother of taking ART during pregnancy
- If the mother refuses, assure her that other care and services will not be compromised
- If already on ART, the mother may choose to remain on medications or discontinue during the first trimester
- Reinforce adherence to ART
- Discuss the plan for ART during labor and delivery
- Explain that HIV-positive mothers in the U.S. should not breastfeed due to risk of HIV transmission

### Rapid testing during labor and delivery:

For women of unknown HIV status when labor begins, the Centers for Disease Control and Prevention recommends the use of rapid HIV testing.

1. Informed consent and comfort during labor and delivery are essential to provide support to the woman in this difficult and emotional life situation.
2. Reassure the pregnant woman that the test is voluntary and confidential.
3. Explain the reasons for HIV testing.
4. Emphasize the effectiveness of antiretroviral medications in preventing perinatal transmission of HIV.
5. Specific questions that can be asked:
  - a. Do you know your HIV status?
  - b. Have you already been HIV tested during this pregnancy?

## Women Considering Pregnancy

1. Clinician and patient should determine if the woman and her partner are both HIV negative (no risk behavior in the last 6 months and a current negative HIV test).
2. A general risk assessment (see first page) should be conducted.
3. HIV testing should be offered to the woman and her partner if either's status is unknown. Couples, where either or both are HIV positive, should be counseled appropriately. Whether they are discordant or both infected, counseling should address issues of risk, contraception, prophylactic anti-retroviral drug regimen during pregnancy, and adoption. Where the couple are discordant, and the male partner is HIV positive, "artificial/alternate insemination" and "sperm washing" options should be explained.

Information on HIV treatment of women is available through the AETC National Clinician Consultation Center

Warmline: 800-933-3413

Information related to the HIV treatment of women during pregnancy and labor and delivery is available through the AETC National Clinician Consultation Center

Perinatal Hotline: 888-448-8765

## Referral Opportunities

During risk assessment, clinicians may uncover medical, psychological, social, and environmental issues that could interfere with accessing care, remaining in care, or adhering to the treatment plan. Addressing these issues through specific, direct intervention or through referral to other agencies and programs can improve the likelihood that treatment for HIV can occur. Based upon specific patient profiles, clinicians may choose to delay the start of ART with patients due to untreated substance abuse and mental illnesses. Interdisciplinary cooperation between clinicians and patients with referral to appropriate care providers for further assessment and intervention is essential in these circumstances. Stigma may be attached to receiving some of these other services, specifically mental health and substance treatment. It is important to:

- Refer to known and trusted service providers and organizations
- Track referrals to assure that the woman had received needed services
- Offer assistance in making appointments, transportation, and community support through AIDS service organizations
- Assure the woman that the goal is to provide comprehensive woman-centered HIV care for her and her family.

## Barriers to Case Finding of HIV-Infected Women and Secondary Prevention

This is not a complete list but common barriers often encountered in clinical settings.

**Barrier #1: Many women do not perceive themselves as being at risk for HIV.** Patients need to understand that unprotected sex is associated with risks even if they are married and remain monogamous; they might not be aware of their partner's behaviors.

**Barrier #2: Fear of stigma and lack of trust may result in denial of disease, avoidance of clinic visits and nonadherence.** The use of peer advocates and peer counselors who understand the woman's values and culture, or support groups could help. The patient's psychosocial support system should be reinforced. Help patients access some specialized services such as substance abuse treatment services or mental health services if necessary.

**Barrier #3: Fear of partner's violence could hinder disclosure.** Help the woman by providing the possibility of referral to a domestic violence counseling service, partner notification program, and legal assistance services.

**Barrier #4: Unequal socioeconomic status and power relationships between men and women are a reality.** In general, poverty is more widespread among women than among men. Women may stay with a partner because of their economic dependency or practice survival sex because of lack of money. Refer to social services for assistance. Women may not be in a position to demand condom use. Try to empower them and help them learn condom negotiating strategies. Inform them about the female condom. Refer to couple counseling and follow up at next visit.

**Barrier #5: Limited finances, lack of health insurance, lack of transportation, and competing child care and family responsibilities are common with women.** Social services can help these women obtain benefits. They can also provide them with transportation coupons and help for child care. Cooperation between care and social services is once again essential.

## Additional Resources



Pennsylvania/MidAtlantic AIDS Education and Training Center  
130 DeSoto Street, A453 Crabtree Hall  
Pittsburgh, PA 15261  
Phone: 412-624-1895  
Fax: 412-624-4767  
[www.pamaaetc.org/](http://www.pamaaetc.org/)

## Selected Web Sites

AIDS Clinical Trials and Women	<a href="http://www.hivatis.org/womninfo.html">http://www.hivatis.org/womninfo.html</a>
AETC National Resource Center	<a href="http://www.aidsetc.org/">http://www.aidsetc.org/</a>
American College of Obstetricians and Gynecologists (ACOG)	<a href="http://www.acog.org">http://www.acog.org</a>
Association of Nurses in AIDS Care	<a href="http://www.anacnet.org">http://www.anacnet.org</a>
HIV/AIDS Medical Practice Guidelines	<a href="http://www.aidsinfo.nih.gov/guidelines/">http://www.aidsinfo.nih.gov/guidelines/</a>
Centers for Disease Control and Prevention	<a href="http://www.cdc.gov">http://www.cdc.gov</a>
Divisions of HIV/AIDS Prevention	<a href="http://www.cdc.gov/hiv/dhap.htm">http://www.cdc.gov/hiv/dhap.htm</a>
HRSA, HIV/AIDS Bureau	<a href="http://www.hab.hrsa.gov">http://www.hab.hrsa.gov</a>
National Clinician Consultation Center Perinatal Hotline: 888-448-8765 Treatment Warmline: 800-933-3413	<a href="http://www.ucsf.edu/hivcntr/">http://www.ucsf.edu/hivcntr/</a>
Pennsylvania Department of Health	<a href="http://www.health.state.pa.us">http://www.health.state.pa.us</a>
Pennsylvania/MidAtlantic AIDS Education and Training Center	<a href="http://www.pamaaetc.org/">http://www.pamaaetc.org/</a>
Perinatal HIV Prevention	<a href="http://www.hivati.org/trtgdlns.html">http://www.hivati.org/trtgdlns.html</a>
National Institute of Mental Health	<a href="http://www.nimh.nih.gov/">http://www.nimh.nih.gov/</a>
National Institute on Drug Abuse	<a href="http://www.nida.nih.gov/">http://www.nida.nih.gov/</a>
Women Alive	<a href="http://www.women-alive.org">http://www.women-alive.org</a>

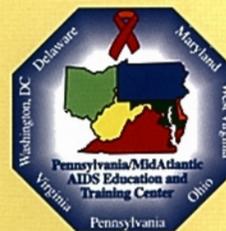
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