INTERVENE: Provide patients with brief, tailored behavioral interventions for risk reduction.

Discuss risk with patients:

- sexual activity
- Anonymous partners
- Unprotected
 Patient or partners with recent STI
 - History of recreational or intravenous drug use (particularly meth)
 - Exchange of sex for money or drugs
 - Recent incarceration

Assess patients' knowledge and misconceptions about transmission, and

assess attitudes and beliefs. "What are your concerns about giving someone HIV or getting an STI?"

Assess circumstances affecting behaviors: What and with whom, where, when, triggers. Assess patients' readiness to change. "How do you tell your partners about your HIV status?" "What makes it difficult to use condoms with your partners?"

Negotiate a behavioral **goal:** "What is one thing you can do to reduce your risk of getting HIV or other STIs?"

Identify a first step toward the goal that is:

- concrete
- incremental
- individualized
- realistic

Know the resources in your community and refer for social, mental health, substance abuse, or reproductive concerns as needed.

PARTNER SERVICES: The health department helps patients with HIV identify and notify partners in need of testing. For partners, partner services staff provide education and access to testing. Contact your local health department for more information.

Partner Services:

- Are free, voluntary. and confidential
- Facilitate linkages to services
- Assist patients with telling their partners about HIV exposure
- May be handled differently for HIV based on jurisdiction

How to bring up the subject of partners:

"Now that we have talked about ways to keep you healthy, let's talk about ways to keep your partners healthy. How do you feel about telling your partners they have been exposed to HIV?"



Rev 3/12/2012

Ask Screen Intervene **ASI** Provider **Pocket Guide Effective Prevention** in HIV Care

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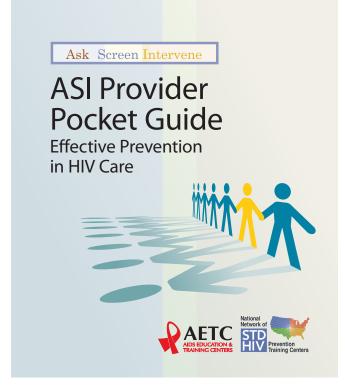
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SCREEU: Appropriately screen patients for STIs based on risk assessment, and ask about STI symptoms.

SCREEN all HIV-positive patients for the following:

and C not documented	not documented
Hepatitis B First visit, and annually if immunity or infec	First visit, and annually if immunity or infection is
9 1 A 191 H 1 A 1 A 12 G 140 H	
Irichomoniasis □ n/a	 Initial visit and repeated as indicated by risk
■ Rectal specimen, if exposed	■ Rectal specimen, if exposed
Urine specimen for urethral infection	Vaginal swab, urine or cervical specimen
Chlamydia* • Annually, repeated as indicated by risk	 Annually, repeated as indicated by risk
■ Pharyngeal specimen, if exposed	
Rectal specimen, if exposed	Rectal or pharyngeal specimen, if exposed
·	
Urine specimen for urethral infection ■	■ Vaginal swab, urine or cervical specimen
Gonorrhea* Annually, repeated as indicated by risk	 Annually, repeated as indicated by risk
Syphilis • Annually, repeated as indicated by risk	 Annually, repeated as indicated by risk
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^{*} Screen all exposed anatomic sites: Rectum, pharynx, cervix, urethra, and treat even if asymptomatic. Repeat screening every 3-6 months as indicated by risk factors.

NOTE: Evidence suggests that the presence of other STIs increases the risk of HIV transmission and acquisition; therefore, prompt diagnosis and treatment for STIs may reduce HIV transmission rates.

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8 sititeq9H D bns	 First visit, and annually if immunity or infection is not documented 	e First visit, and annually if immunity or infection is barted ton
zizsinomodzizT	e/u •	lnitial visit and repeated as indicated by risk
*eibymeld⊃	 Annually, repeated as indicated by risk Urine specimen for urethral infection Rectal specimen, if exposed	 Annually, repeated as indicated by risk Vaginal swab, urine or cervical specimen Rectal specimen, if exposed
*eadvronoD	 Annually, repeated as indicated by risk Urine specimen for urethral infection Rectal specimen, if exposed Pharyngeal specimen, if exposed 	 Annually, repeated as indicated by risk Vaginal swab, urine or cervical specimen Rectal or pharyngeal specimen, if exposed
silidqy2	 Annually, repeated as indicated by risk 	Annually, repeated as indicated by risk
	иәW	Моте

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ASK: Routinely obtain a sexual and substance use history from all patients to assess risk behaviors.

Framework for asking: Reinforce confidentiality, be tactful, be clear, check your assumptions, and be non-judgmental.

Open with: "To provide the best care, I ask all my patients about their sexual activity — so tell me about your sex life."

HOM3	\$TAHW	WHO?
"How do you protect	"What types of	Tuodp əm lləT"
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yourself during	"¿биілру иәәд	■ Gender
"¿xəs	lanigaV ■	■ Number
"Ном до уои таке	lsnA ■	■ New Partners
cן6au;" snג6	oral ■	■ Partners
		with other
		bartners

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HOW? "How do you protect your partners and yourself during	TAHW To seqy!" To sedy!" To sedy year To sedy year To sedy T	WHO? "Tell me about your partners." • Gender
"Ном до уои таке	lenigeV • lenA •	■ Number
clean?" sure your works are	ls¹O •	 Mew Partners with other