New Tools Help Doctors Address HIV Prevention

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SAN FRANCISCO — The Centers for Disease Control and Prevention will offer new tools early next year for health care providers who treat patients with HIV to improve prevention of viral transmission.

Of the approximately 40,000 new HIV infections in the United States each year, about a third are transmitted by people who know that they're infected with HIV.

To make a dent in these numbers, physicians must get more comfortable asking detailed questions about sexual practices, drug use, and other sensitive topics and must learn to deliver brief HIV prevention messages at every visit with HIV-positive patients, a panel of experts agreed at the annual meeting of the Infectious Diseases Society of America.

If you're not comfortable questioning and talking in a nonjudgmental fashion with a patient who mentions having a "booty bump" for sex, for example (that's sex with an amphetamine enema), the new Prevention in Care materials might help, said Mark W. Thrun, M.D., medical director of HIV prevention at the Denver Department of Public Health STD/HIV Prevention Training Center.

Physicians who ask HIV-positive patients about aspects of transmission prevention will find that 80% are doing what they need to do to keep themselves and others safe.

The campaign aims to help manage the other 20% by offering free printed materials in English and Spanish available in early 2006 at www.cdcnpin.org or by e-mailing info@cdcnpin.org. Key materials include a resource kit with a questionnaire, sample prevention messages, and tips to help simplify discussions with patients. Posters and handouts provide graphic displays of the relative risks of HIV transmission from various sexual activities with or without a condom, and illustrate that HIV transmission can happen even with a low viral load.

The CDC, in conjunction with other federal agencies, also is planning training sessions at dozens of medical clinics to get physicians to use evidence-based interventions for HIV prevention. A prospective, randomized study of 585 HIV-positive patients found that brief, safer-sex counseling emphasizing the negative consequences of unsafe sex reduced instances of unprotected anal or vaginal intercourse by 38% among patients with two or more sex partners (AIDS 2004;18:1179-86).

Sex, culture, gender, and socioeconomic factors can all get in the way of prevention.

DR. NEWMAN

Sex isn't the only topic that can get in the way of delivering prevention messages, said panelist Meg D. Newman, M.D., an HIV specialist at San Francisco General Hospital. Racial and ethnic minorities and women make up an increasing proportion of new HIV infections. Cultural issues, gender differences, and socioeconomic factors play roles in patients' decision-making and their openness to prevention messages, she said.

Behavioral change is not always a linear process, she added. "Prevention for positives is about meeting someone where they are and helping them move to a greater knowledge, greater self-acceptance, and self-respect," Dr. Newman said.

Never assume that your patients have had HIV education, said panelist Jesse Milan Jr., J.D., who has HIV. Giving them one lesson is not enough. Remind them about prevention every time you see them, said Mr. Milan of Silver Spring, Md.

Ask patients probing questions about their behavior and knowledge of HIV transmission, he said. "If you don't ask, they won't tell," he said.

Dr. Thrun compiled results of separate studies in 1999, 2003, and 2004 showing that far too many physicians don't assess risks for sexually transmitted diseases (STDs). Approximately 55% of 208 primary care providers assessed STD risk in one study, and routine STD assessment was reported by only around 35% of 3 million private physicians, 18% of 315 physicians not trained in infectious diseases, 10% of 315 physicians with infectious diseases training, and 15% of 417 HIV care providers. ■

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