

Assessing and Interpreting HIV and STD Risk History, Symptoms and Lab Results

Christina DeMatteo, DO, MPH
Kim Meehan Brown, DIS
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Disclosure

- Christina DeMatteo has nothing to disclose with regard to commercial relationships
- Kim Meehan-Brown has nothing to disclose with regard to commercial relationships


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Objectives

- Understand the components of sexual health history and how this affects recommended testing
- Understand how verbal and non-verbal communication affects accuracy of sexual health history
- Understand the process and interpretation of HIV and syphilis testing

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Why take a sexual history?




- Sexual health is an integral part of physical and mental health
- Affirms personal identity, normalizes discussion about socially stigmatized behaviors
- Identify physical and mental health risks
- Identify substance use risks
- Provides an opportunity for risk reduction counseling

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CDC Basics



THE 5 "P"'S OF SEXUAL HEALTH

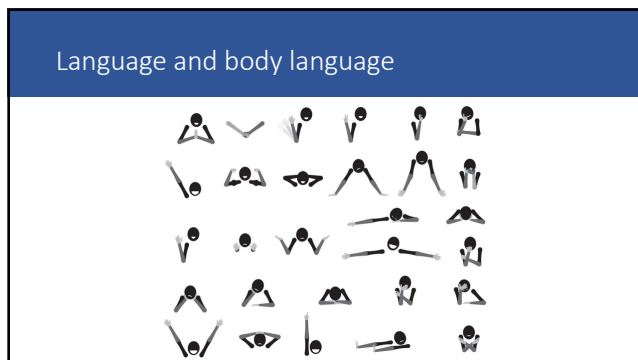
The five "P's" stand for:

- **Partners**
- **Practices**
- **Protection from STDs**
- **Past history of STDs**
- **Prevention of pregnancy**

These are the areas that you should openly discuss with your patients.

You probably will need to ask additional questions that are appropriate to each patient's special situation or circumstances.

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What Tests to Choose?

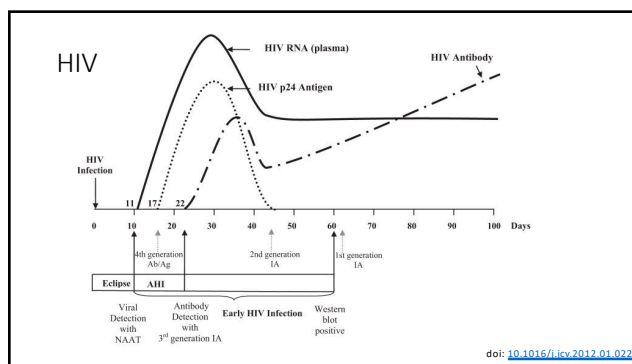
- One size does NOT fit all

- Chlamydia
- Gonorrhea
- Syphilis
- HIV
- Hepatitis C
- Bacterial vaginosis
- Candida vaginitis
- Trichomoniasis
- HPV
- Herpes

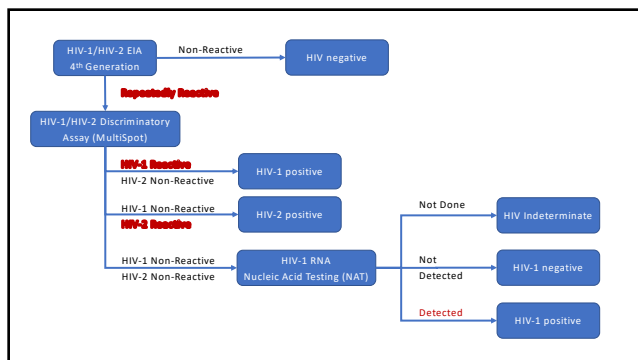
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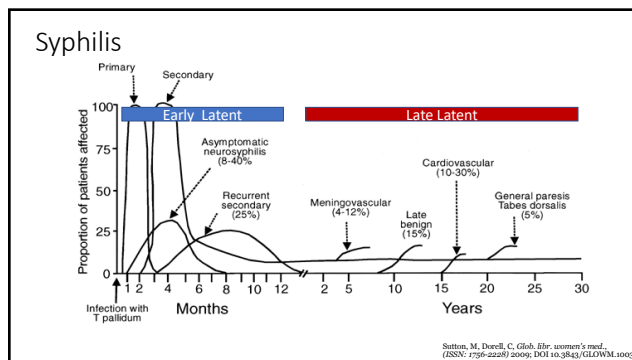
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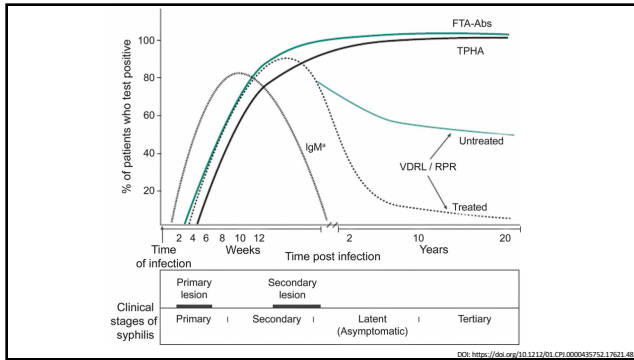
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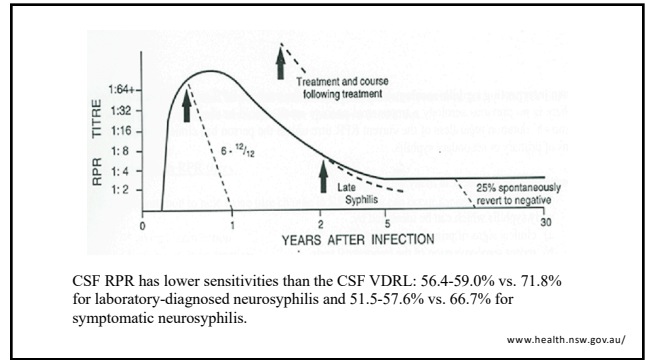
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CSF RPR has lower sensitivities than the CSF VDRL: 56.4-59.0% vs. 71.8% for laboratory-diagnosed neurosyphilis and 51.5-57.6% vs. 66.7% for symptomatic neurosyphilis.

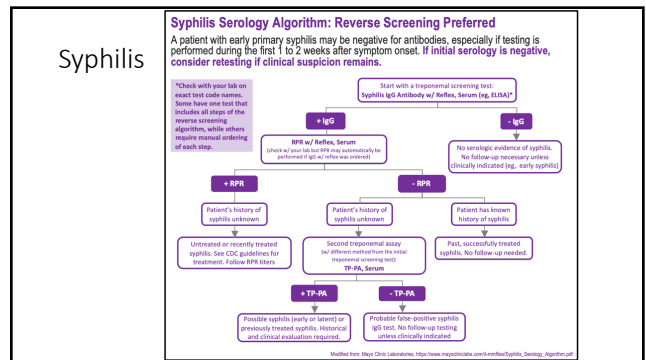
www.health.nsw.gov.au/

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RPR Biologic False-Positive Results:

- HIV
- Lyme
- Malaria
- Lupus

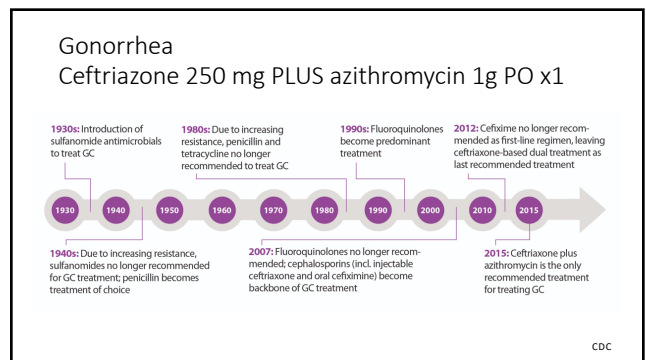
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EIA/CIA/MFI	RPR	TP-PA	Interpretation	Next steps
-	N/A	N/A	-	
+	+	N/A	+	
+	-	-	-	
+	-	+	+	...

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CDC



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