**HIV PREVENTION IN THE CLINICAL SETTING**

**RISKY SEX**

Ironically, prevention may be more difficult because of the success of HAART. By the end of 2004, more than 4000 Oregon residents were living with HIV, and are increasingly able to sustain an active sex life. HAART does reduce the risk of HIV transmission for any given episode of unprotected sex, but this salutary effect seems to have been offset by an increase in unsafe sex. In San Francisco, MSM with AIDS treated with HAART were 4.1 times as likely to acquire an STD than were men with AIDS not treated with HAART.

Unfortunately, the uninfected may also have become less concerned about HIV. In San Francisco, unprotected anal intercourse among MSM increased and condom use declined from 1996–1999. In Oregon, a recent survey found that 45% of MSM had engaged in unprotected anal intercourse at their last sexual encounter, and only 30% of MSM who had sex with more than one partner in the previous two months always used condoms. Syphilis and gonorrhea are both markers of high-risk sex and cofactors for HIV transmission. During 2002–2004, an average of 37 primary, secondary and early latent syphilis cases occurred among MSM in Oregon — up from 3.5 such cases during 1994–2001. A similar rise in gonorrhea among MSM has been observed (Figure). Anecdotes also suggest that increasing combined use of methamphetamine and phosphodiesterase inhibitors (i.e., sildenafil, tadalafil, vardenafil, vardenaf) go hand-in-hand with unprotected sex and multiple partners.

**WHAT CAN WE DO ABOUT IT?**

Recent evidence-based guidelines recommend strategies for incorporating HIV prevention into the medical care of HIV-infected persons. (Box, verso).

**TESTING**

Many HIV infections are still diagnosed late. Since 2002, about 40% of Oregonians newly diagnosed with HIV infection have had AIDS at or within 12 months of diagnosis. In a retrospective review of 221 new cases in one medical system, all had risk factors, symptoms or signs that should have triggered earlier HIV testing. Patients unaware of their HIV infection may unknowingly transmit it. Clinicians of all specialties should consistently ask patients about HIV risks and initiate testing upon minimal provocation.

**RISK ASSESSMENT AND COUNSELING**

Physicians should regularly address risk reduction with their HIV-infected patients, but many do not. One survey found that only 10% of the infectious-disease-trained and 21% of non-ID-trained physicians reported always talking to their patients about condom use. One out of every four HIV-positive men surveyed reported never having received safer sex counseling from their healthcare provider.

**PARTNER NOTIFICATION**

Confidential notification of sex and needle-sharing partners after HIV diagnosis presents a great opportunity to test and counsel others who may be at risk, and to identify new cases for early referral to treatment. However, a randomized trial of partner notification found that newly diagnosed patients aren’t reliable in this matter: they notified only 7% of their named partners (each named about...
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Steps You Can Take to Reduce HIV Transmission in Oregon

Testing
- Test all patients in high-risk settings for HIV such as sexually transmitted disease clinics, or healthcare locations where significant numbers of men who have sex with men or injection drug users are treated.
- Test patients with HIV risk factors in all settings.

Risk Assessment and Counseling
- Ask HIV-infected patients about sex and drug use at every visit.
- Talk to patients about ways to reduce their risk of transmitting HIV to, or acquiring a new strain from sex or drug partners
- Reinforce incremental changes to safer sex or drug use behaviors
- Refer patients for assistance like substance abuse treatment or counseling to reduce risky sex. (Assistance with behavior change, substance abuse, and diagnosis and treatment of other sexually transmitted diseases may be available from your local health department. Find the number at http://oregon.gov/DHS/ph/lttd/CountyDirectory.pdf.)

Diagnose and treat other sexually transmitted diseases
- Refer patients to local health departments for assistance with partner notification, counseling and testing; or offer to do it yourself. (Voluntary, confidential partner counseling and referral is available through your local health department or by contacting the Oregon HIV/STD/TB Program at 971/673-0153.)

References
10. Specter M. Crystal meth, the Internet, and dangerous choices about AIDS. The New Yorker May 23, 2005.