

## Partner Services changes

The Oregon Health Authority (OHA) STD Program is transitioning to a new model for supporting Partner Services. Partner Services is a set of free services to help ensure that people diagnosed with STDs, including HIV, 1) receive their test result, 2) access treatment and 3) have an opportunity to identify their sex and needle-sharing partners and receive assistance notifying them of their exposure and need for testing and/or treatment.

Historically, the role of OHA disease intervention specialists (DIS) focused on providing Partner Services directly and routinely. OHA DIS will now help expand the capacity of local health departments (LHDs) to implement Partner Services and assist with unique cases as needed. An online Partner Services training for LHDs is under development.

There are a few reasons for these changes. OHA staffing will not meet the increasing need for Partner Services throughout Oregon using the previous model. STD cases have increased, federal funding and OHA STD Program staffing have decreased, and OHA staff must take on duties (e.g., epidemiology, technical assistance) to fulfill new federal grant requirements.

While local public health authorities' responsibility to address STDs is not new, we recognize that this is a time of change and that resources have diminished locally, as well. OHA remains committed to supporting LHDs.

To request assistance, please contact the DIS assigned to your area directly.

## State DIS Assigned Counties



## HIV testing procedural guidance

The OHA HIV Prevention Program (HPP) has developed procedural guidance for HIV testing (see <http://bit.ly/TestPolPro>). The guidance is intended for any staff person providing HIV testing services funded by OHA HPP.

The guidance addresses key information relating to the HIV testing process, including case

reporting and linkage to care and Partner Services for individuals testing HIV positive.

The document includes a link to a table comparing the characteristics of rapid HIV tests approved for use in non-clinical settings (<http://bit.ly/RapTests>). This table will be updated as new tests become available.

## Reducing delayed diagnosis of HIV

In Oregon, more than one-third (39%) of people diagnosed with HIV meet criteria for AIDS within 12 months of their HIV diagnosis, indicating they may have been infected, undiagnosed and untreated for 7–10 years.

**“I thought that I had a better chance of being pregnant.”**

To understand factors contributing to delayed diagnosis in Oregon, OHA conducted interviews

with 17 people who were diagnosed late.

Three themes emerged from the interviews: 1) failure to identify HIV risk, 2) missed opportunities for diagnosis and 3) a need for routine HIV screening.

More information about the findings, quotes from participants and recommendations are included in a new OHA fact sheet (<http://bit.ly/DelayedDx>). Quantitative data on late diagnosis are available at [www.healthoregon.org/hivdata](http://www.healthoregon.org/hivdata).

## Lubricant safety

As a result of emerging research and recommendations related to personal lubricant, OHA plans to purchase and distribute silicone-based lubricant this year. While lubricant can help prevent damage to condoms and to human tissue, we are learning that not all lubricants are created equal.

Current knowledge suggests that most silicone-based lubricants are safe for use with latex, polyurethane and polyisoprene condoms. In contrast, recent studies have identified a number of potential safety issues related to water-based lubricants, the most widely available kind. More research on both types of lubricants is needed.

The majority of commercially available water-based lubricants have high osmolalities, which can cause damage to vaginal or anal tissue. This damage could, in turn, increase the risk of STD infection, particularly if a condom is not used. One study found that four lubricants (Astroglide products containing polyquaternium) significantly enhanced HIV replication compared to other lubricants tested in a laboratory setting.

The World Health Organization is expected to publish formal recommendations on personal lubricants. In the interim, the agency has released an advisory note (<http://bit.ly/lubeWHO>) with the following recommendations: 1) Avoid lubricants containing polyquaternium 15 specifically, and perhaps polyquaternary compounds in general; 2) Avoid water-based lubricants with osmolality greater than 1200 mOsm/Kg (less than 380 mOsm/Kg is ideal); 3) For anal sex with water-based lubricant, a lubricant pH in the range 5.5 to 7 is recommended; and 4) For vaginal sex with water-based lubricant, a lubricant pH of around 4.5 is recommended.

Unfortunately, few water-based lubricants meet these criteria (see <http://bit.ly/lubeWHO>, page 7). Moreover, the different pH recommendations based on type of sex act present challenges for wide-scale water-based lubricant distribution. Thus, OHA plans to purchase lubricant that is silicone based in the future.



## New gonorrhea investigative guidelines

OHA has updated the Investigative Guidelines for Gonorrhea (see <http://bit.ly/OR-IG>). The guidelines include information on diagnosing, treating, reporting, and controlling the spread of gonococcal infection. The case report form also was updated (see <https://bitly.com/CaseReport>).

As a reminder, CDC recommends dual treatment with ceftriaxone and azithromycin as described in a recent CD Summary (see <http://bit.ly/GC-CDS>).

If there is any suspicion of treatment failure, please contact OHA.

## Upcoming events

### Health Fair (Eugene)

Hosted by the Men's Health Network

Mar. 1, 1–3 p.m.

99 W. 10th Ave.

Contact Paul Homan at [phoman@hivalliance.org](mailto:phoman@hivalliance.org).

### CAP Oscar Party (Portland)

Mar. 2, 4–10 p.m.

Hotel Monaco

Learn more at <http://on.fb.me/1p3MbwR>.

### 2014 HIV and Hepatitis

#### Treatment Update (Portland)

Mar. 7, 9:00–10:30 a.m.

800 NE Oregon St.

Room 1D

Contact Dano Beck at [daniel.w.beck@state.or.us](mailto:daniel.w.beck@state.or.us).



### National Week of Prayer for the Healing of AIDS

Mar. 3–9

Learn more at <http://bit.ly/x6HMIT>.

### HIV in Corrections: Mythbusting (Portland)

Mar. 5, 7:30–8:30 a.m.

Kaiser Interstate Campus

South Building, 2nd Floor, Conference Room 2A

### HIV/AIDS Prayer and Healing Breakfast

(Portland)

Mar. 8, 10 a.m.–12 p.m.

501 N Graham St.

### Sunday Worship Service (Portland)

Mar. 9, 3:30–5:00 p.m.

5450 NE Flanders St.

### National Women and Girls HIV/AIDS Awareness Day

Mar. 10

Learn more at <http://1.usa.gov/RVs2M>.

### National Native HIV/AIDS Awareness Day

Mar. 20

Learn more at <http://bit.ly/nnhaad12>.

### “Cover” Film Viewing (Portland)

Mar. 21, 6:45–8:45 p.m.

705 N. Killingsworth, Terrell Hall

Contact [afoster@cascadeaids.org](mailto:afoster@cascadeaids.org).

### Women and Girls Health Fair (Portland)

Mar. 22, 10 a.m.–5 p.m.

705 N. Killingsworth

Student Center

Contact [afoster@cascadeaids.org](mailto:afoster@cascadeaids.org).

### LGBTQ Meaningful Care Conference (Portland)

Mar. 28

Register at <http://bit.ly/MCC2013>.

### HIV, STD and Hepatitis C Update (Warm Springs)

Apr. 2

Agencies working with tribal communities can register at [www.spipa.org](http://www.spipa.org).

### STD Awareness Month

April

Learn more at <http://1.usa.gov/SAM12>.

### Sexual Assault Awareness Month

April

Learn more at <http://bit.ly/8L7oJw>.

### Adolescent Sexuality Conference (Seaside)

Apr. 7–8

Register at [www.oregon-asc.org](http://www.oregon-asc.org).

### National Youth HIV and AIDS Awareness Day

Apr. 10

Visit <http://bit.ly/NYHAAD>.