

# THE INTERDICTION PROJECT

#### BACKGROUND

STD/HIV field investigations reveal that some persons with HIV infection have unprotected sex, multiple anonymous sex partners, and don't disclose their HIV positive status. Recurrent STDs are common among these persons, making HIV transmission more likely. CDC estimates that roughly I in 5 people infected with HIV in the United States is unaware of his or her infection and may be unknowingly transmitting the virus to others.

For every HIV infection that is prevented, an estimated \$355,000 is saved in the cost of providing lifetime HIV treatment.<sup>2</sup> Research has shown that increasing the availability of condoms is associated with significant reductions in HIV risk<sup>3</sup> and sexually transmitted disease increase an individual's risk of acquiring and transmitting HIV.<sup>4</sup> Multiple STD infected individuals may unknowingly, but significantly contribute to high STD and HIV rates.<sup>5</sup> In 2008, nearly 1,600 HIV infected individuals in Florida contracted another STD, most of whom already knew of their HIV status at the time of their subsequent STD diagnosis.<sup>6</sup> Therefore, regular STD screening and treatment of previous HIV positive persons with symptoms of STD, history of unprotected sex and recurrent STD may reduce risk for HIV transmission.

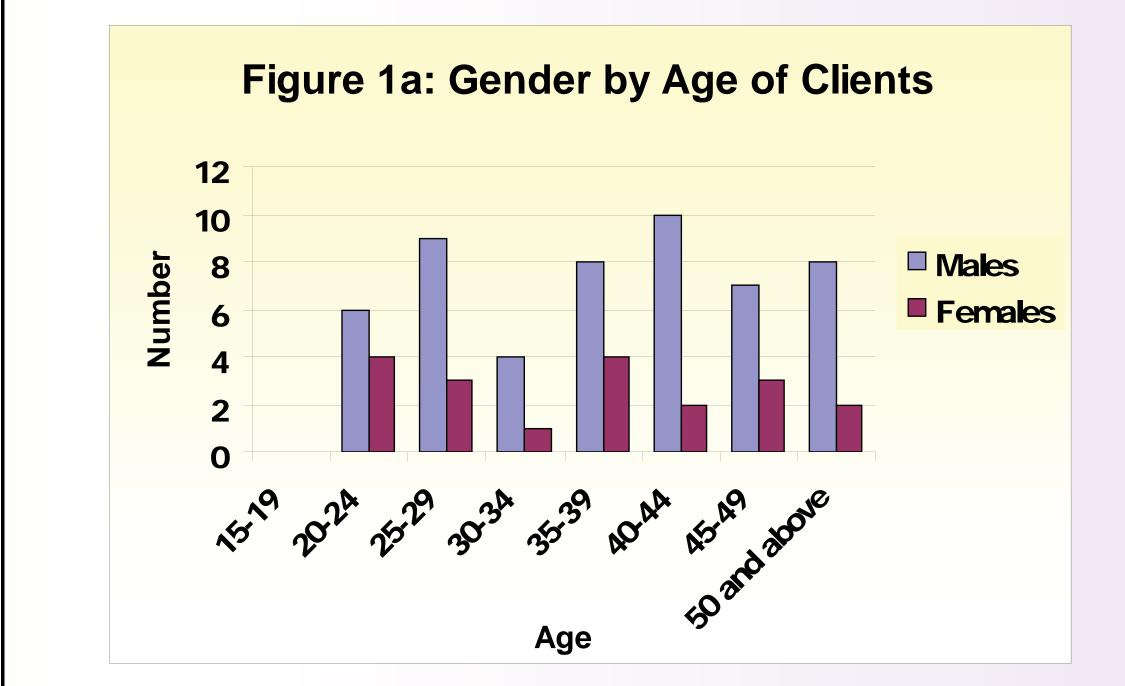
The Interdiction Project is a clinic-based, individual-level HIV intervention that combines linkage for treatment adherence/risk reduction education and testing with ongoing monitoring of patient care and epidemiological data systems. This project targets HIV positive persons who present with a new STD and/or unprotected sex and their sex partners. The information presented reflects the first six months of the project, January – June 2009.

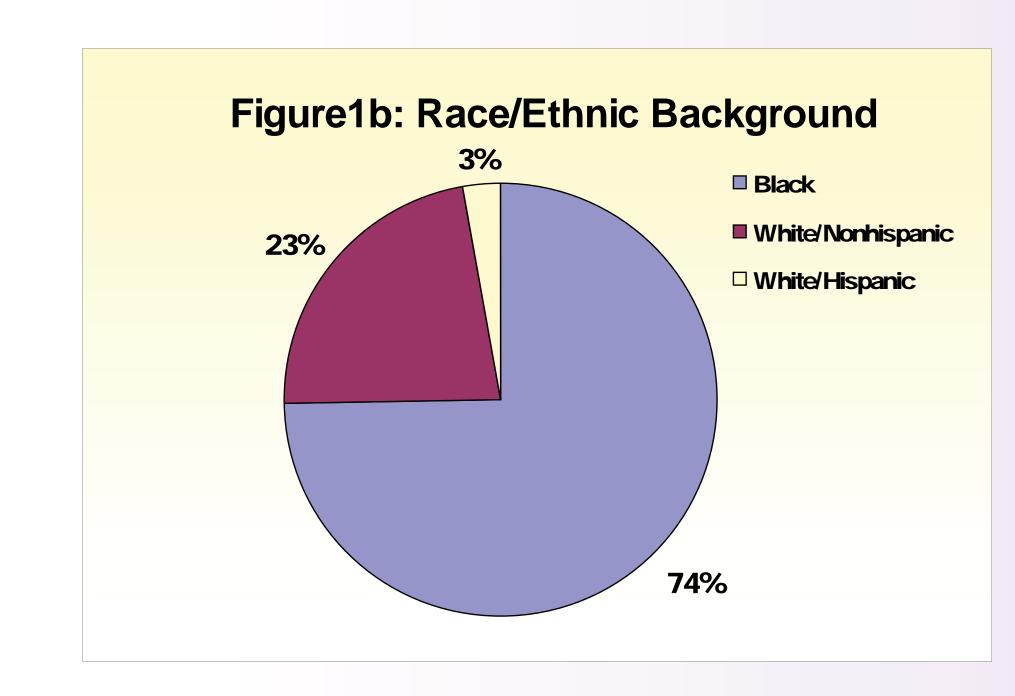
## **OBJECTIVES**

This poster describes processes for establishing a program to reduce the spread of HIV and repeat STD infections among HIV positive persons. The program integrates use of existing data systems and personnel (medical providers, STD field staff, and HIV health educators). Strategies for overcoming client identification/retention and institutional barriers are reviewed. Finally, this presentation will describe initial outcomes and how this approach helps early diagnosis of HIV and notification among clients' sex partners.

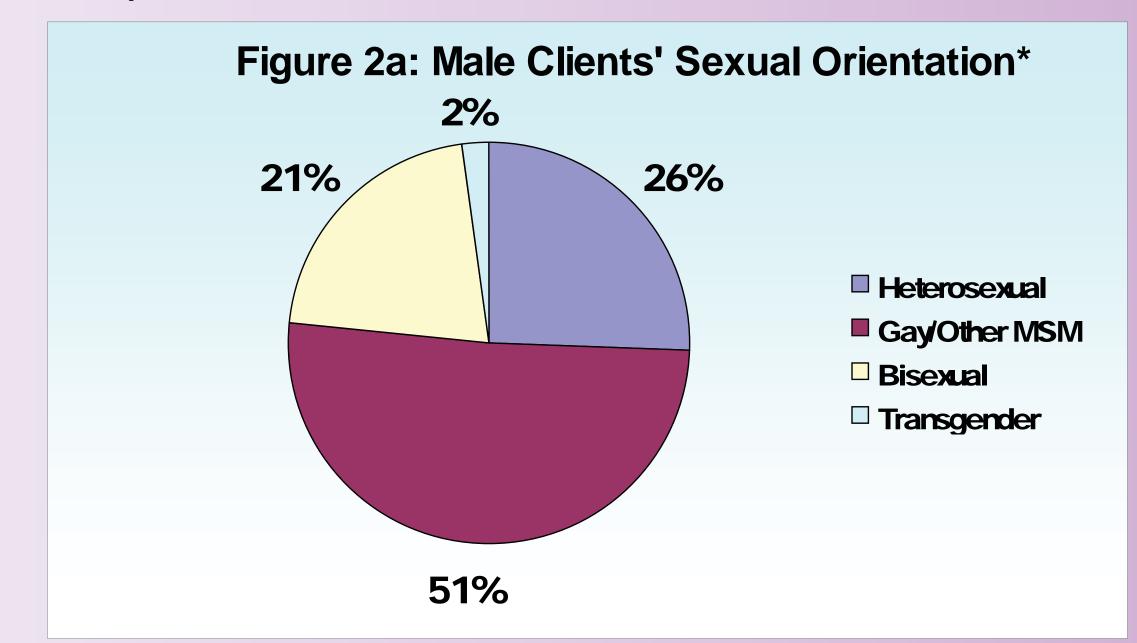
#### METHODS

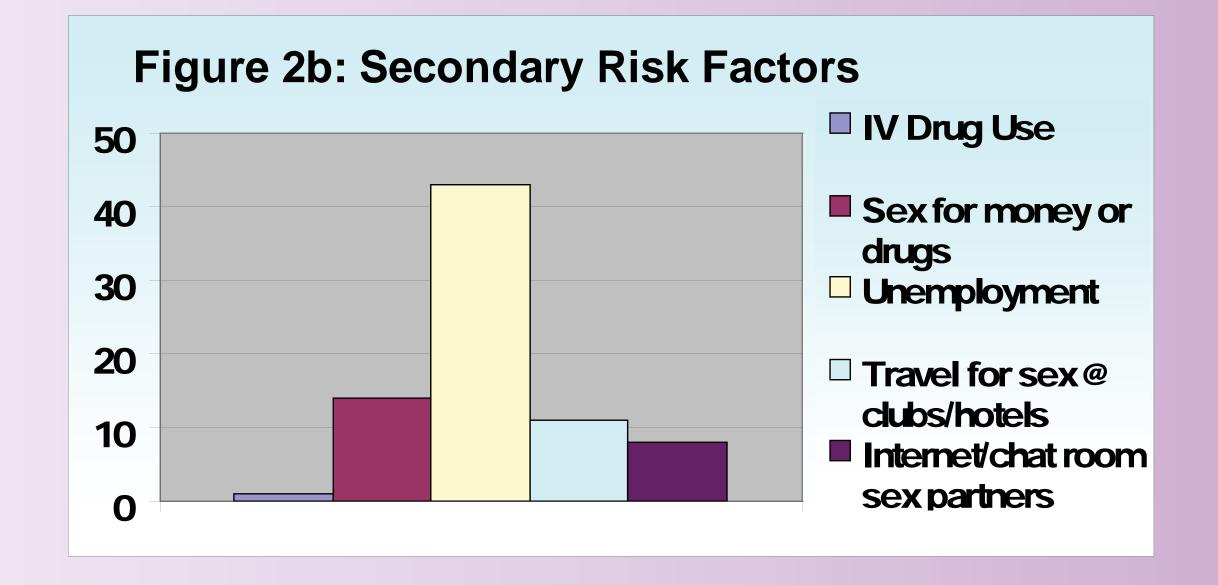
Of the I I7 referrals from medical providers, 71 clients are included this project. Most of these clients are male and African American. There are 19 female clients enrolled, all of these identify as heterosexual. (Figure 1a and 1b)





These clients receive an initial HIV knowledge and risk assessment, intensive health education and condom skill training. Clients also receive condoms. Client's knowledge and subsequent STD infection is tracked to determine effectiveness of the health education component. Data was collected from medical charts and STD/HIV records; additional demographic and risk information is collected at the initial interview. This information includes sexual orientation and secondary risk factors. (Figure 2a and 2b)





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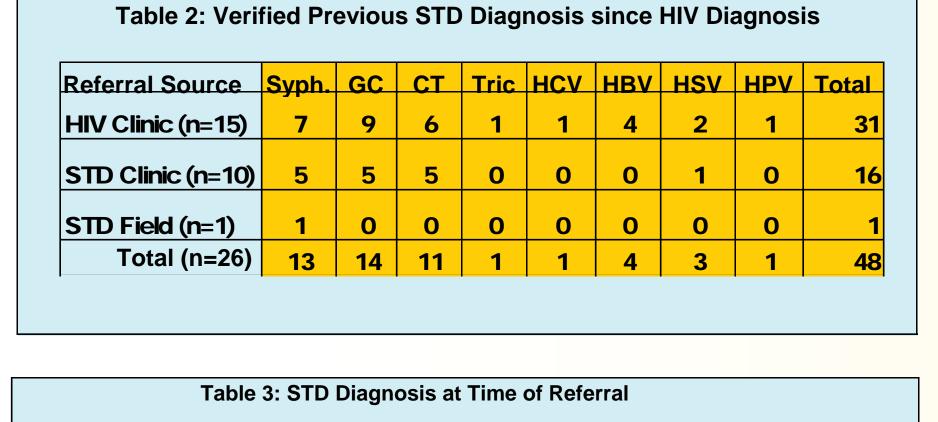
#### RESULTS

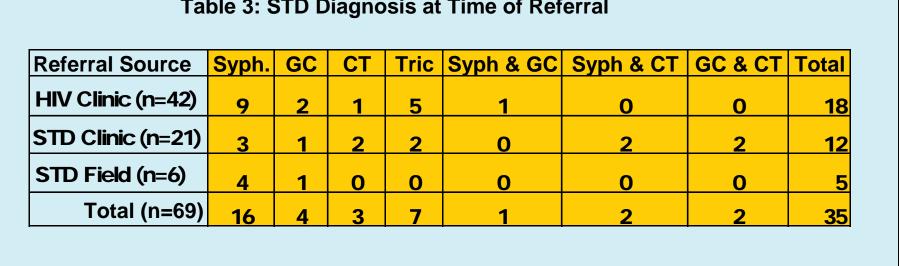
Project screenings indicate patterns of high STD morbidity (especially syphilis) and relatively low condom use. Only 14% of clients always used a condom in the previous 12 months. (Table 1)

# of STDs after HIV Diagnosis	<b>Condom Use at Last Sex</b>		Hx of Condom Use in Last 12 months			
	Yes	No	Always	Sometimes	Never	Total
1 STD	14	8	5	15	2	22
2 STDs	6	12	0	18	0	18
3 or more	3	4	0	6	1	7
No STD*	10	9	4	14	1	19
Total	33	33	9	53	4	66

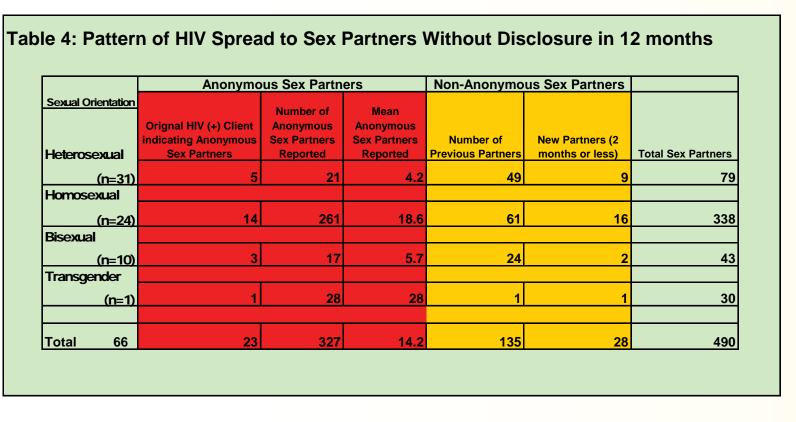
Clients also demonstrate a history of high STD morbidity (72.7%) and in one sub-group (n= 26), there is a mean of 1.8 STD infections among these clients with a new STD and/or history of unprotected sex before the referral (Table 2). 37.8% of clients had recurring STD morbidity (two or more STDs) since their initial HIV diagnosis. (Table 1)

Clients demonstrate a range of current STD infections at the time of referral; 24.2% presented with syphilis at that time. The overall STD morbidity rate for clients at the time of referral was 50.7%. (Table 3)

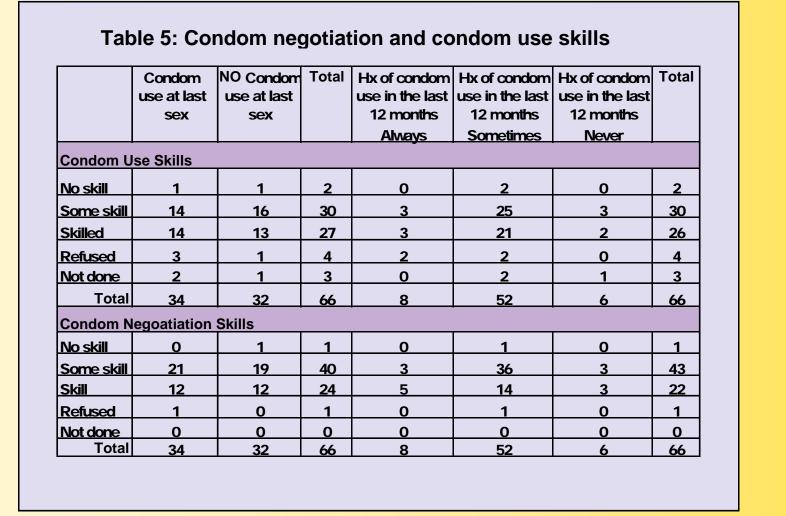




The number of sex partners reported is high. The 66 clients reported 490 sex partners, a mean of 7.4. Twenty-three clients report anonymous sex partners, with a mean partner number of 14.2 (Table 4). Project staff are often able to screen sex partners for HIV. Among these there is a 30% HIV positivity rate (6 of 20 screened).

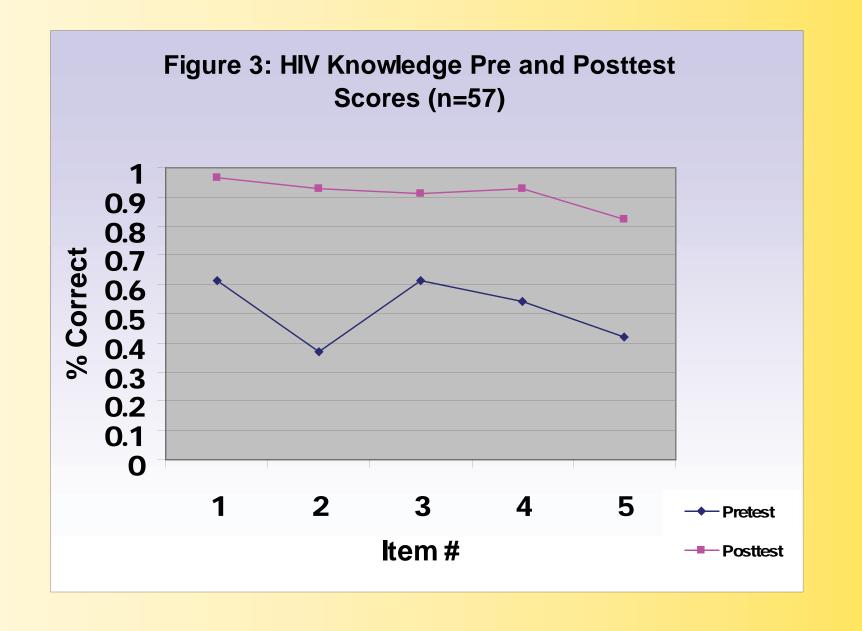


Half of clients (51.5%) report using condoms during last intercourse at the time of referral. Eighty-percent of clients report using a condom only "sometimes." The prevention activity includes condom skills demonstration and practice. After this session, 96% of clients report that they intend to use condoms every time they have sex. (Table 5)



Knowledge about HIV transmission and prevention at the time of referral is relatively low. (Figure 3) Post-test findings reveal improvement of HIV transmission/treatment knowledge, improved condom negotiation skills, and 96% intent to use condoms with all sex partners. Findings vary by knowledge tests below:

- Question I; HIV transmission knowledge improve from 61.5% to 96.5% good perfect score.
- Question 2; Condom usage knowledge improve from 36.8% to 92.9%.
- Question 3: Laws to prevent HIV transmission knowledge improve from 61.4% to 91.2%.
- Question 4; STD and HIV co-infection complications (negative consequences) knowledge improvement from 54.4% to 92.9%.
- Question 5: HIV treatment and monitoring score improved from 42.1% to 82.5% good perfect score.



### CONCLUSIONS

The combination of HIV risk reduction behavior intervention and epidemiologic contact investigation in a clinic may help reduce unprotected sex and the spread of HIV by known previous HIV positive persons. Clients report satisfaction with the project and are pleased to have a dedicated resource person with whom they can talk about their challenges living with HIV, leading an active sexual life, and avoiding STD.

# IMPLICATIONS FOR PROGRAMS, POLICY, AND/OR RESEARCH

Clients with previous history of HIV infection who present with a new STD are one of the highest risk populations we can access. This project shows innovative use of existing resources to curb the spread HIV/STDs. This project suggest a pattern of HIV spread by relationship type - anonymous, previous and new sex partner, when HIV status is not disclosed. Our work demonstrates the need for a sophisticated health education approach to reducing unprotected sex among various relationship types. Additional resources and replication are indicated.

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- 6. Bureau of STD Prevention and Control. Florida Department of Health. March, 2009.