

PREVENTION FOR POSITIVES: A COURSE MODULE FOR HEALTHCARE PROFESSIONALS

FACILITATOR'S GUIDE

Gretchen Bachman, MIM|MBA
Leine Stuart, RN, PhD, ACRN

care PREVENTION

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PREVENTION care

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CONTENTS

ACKNOWLEDGMENTS

Family Health International (FHI) is proud to present *Prevention for Positives: A Course Module for Healthcare Professionals*. FHI developed this module to build clinical staff knowledge about prevention with HIV-positive persons in low-resource settings. FHI staff Leine Stuart and Gretchen Bachman authored the module, and other FHI staff—Irina Yacobson, Kwaku Yeboah, Mukadi Ya Diul, Philippe Chiliade, Kathleen Casey, Prisca Kasonde, Kwasi Torpei, and Nancy Jamieson—reviewed drafts and made important contributions.

ACRONYMS

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral drug
HAART	Highly active antiretroviral therapy
HIV	Human immunodeficiency virus
HPV	Human papiloma virus
MTCT	Mother-to-child transmission of HIV
PLHA	People living with HIV and AIDS
PMTCT	Prevention of mother-to-child transmission of HIV
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TB	Tuberculosis

INTRODUCTION

This module encourages healthcare providers to actively promote prevention to their HIV-positive patients. To do this, providers need to know the facts about positive prevention, and they need tips on how to broach the topic with their clients. The module is designed as a PowerPoint presentation that can be delivered in as little as 90 minutes.

Interactive discussions throughout the presentation are recommended, since people learn better when they apply new knowledge to their own experience. Many of the slides include discussion questions, both within their notes and in the facilitator's guide. Self-testing and role-playing activities are also included that maximize audience participation.

Estimated time

Review objectives	5 minutes
Present content	60 minutes
Activities and discussion	25 minutes
Total time	90 minutes

Session plan

1. Present purpose and objectives of the session
2. Present content
3. Guide group activities and discussion

Supplies needed

Flipchart and pens

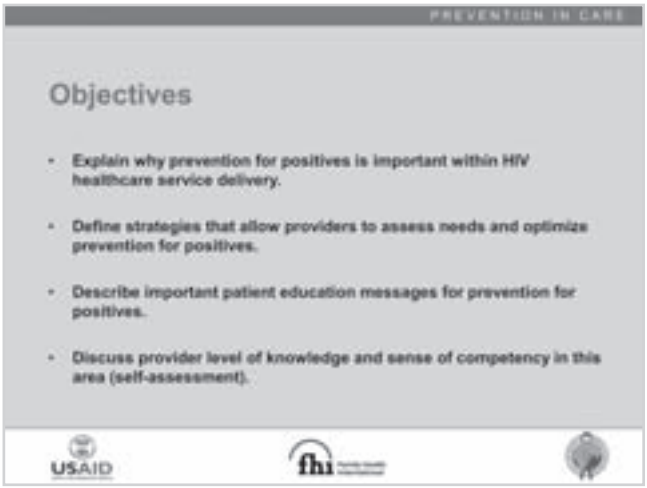
Slide 1. Prevention for Positives

Slide 2. Purpose

Discussion questions

- Why is HIV prevention important for people who are already HIV-infected?
- At what point do you start talking to your positive clients about prevention?
- In your experience, what are some of the misconceptions that your positive clients have about HIV prevention?
- Have you found that your colleagues have misconceptions about prevention for positive persons? If so, what are these misconceptions?

Slide 3. Objectives



Notes

Explain that the first objective is to ensure that providers have all the facts about promoting prevention for positives. However, it is not enough for providers to simply know the facts. To be effective, providers must also know how to relate these facts to their clients in understandable ways.

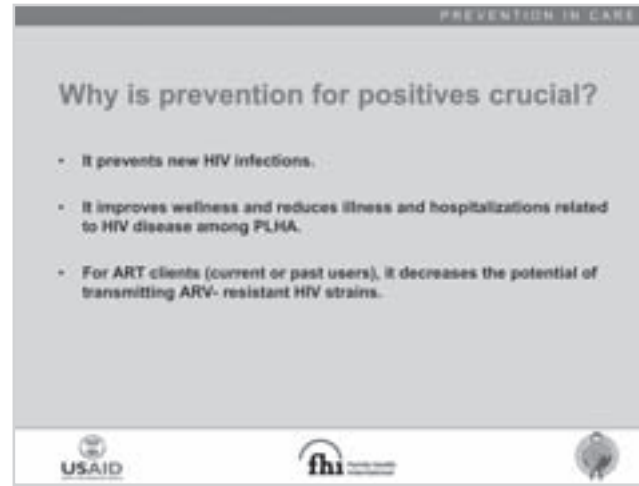
This module thus begins with the facts, and it continues with ideas and suggestions that may enable providers to relate this information to clients in ways that are effective and meaningful but do not take a lot of time.

Slide 4. What is prevention for positives?

Discussion question

Before presenting this slide, ask participants to provide their own examples of what is meant by prevention for positives.

Slide 5. Why is prevention for positives crucial?



Notes

1. Prevents new HIV infections

- All transmission starts with at least one infected person. Care alone has limited impact on transmission; care with prevention has the most impact.
- PLHA are sexually active.
- With contraception and planned pregnancies, there is reduced risk of MTCT.

2. Improves wellness and reduces illness and hospitalizations among PLHA.

- It prevents the risk of HIV re-infection.
- It prevents transmission of HIV-related conditions that require care, such as STDs.

3. Decreases threat of transmitting ARV-resistant HIV strains

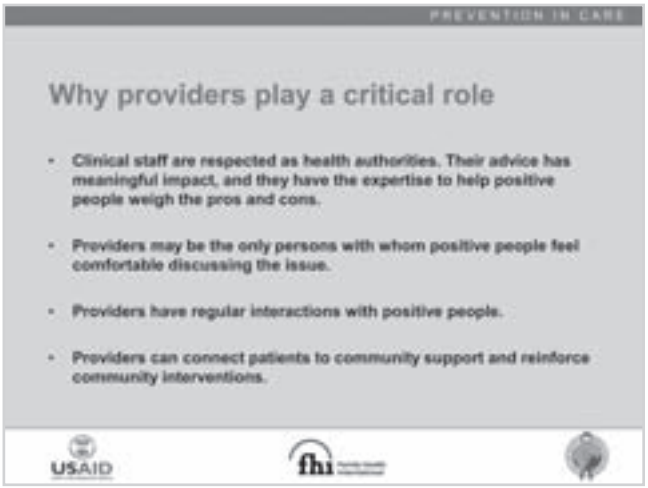
- Transmission among ART users could lead to transmission of resistant strains.
- ART is limited to only a few regimens in most settings.
- Transmission could lead to the use of more expensive ARV regimens.

Slide 6. Why providers play a critical role

Notes and discussion question

Ask participants to identify some of the things that might make it difficult for providers to talk to their clients about prevention.

Time is one of the constraints that providers often raise. Mention this, if not brought up by participants. Tell participants that you will be explaining later in the session a method that helps them go quickly through basic facts of prevention with their clients.



Slide 7. Strategies for providers

Slide 8. Self-test

Notes

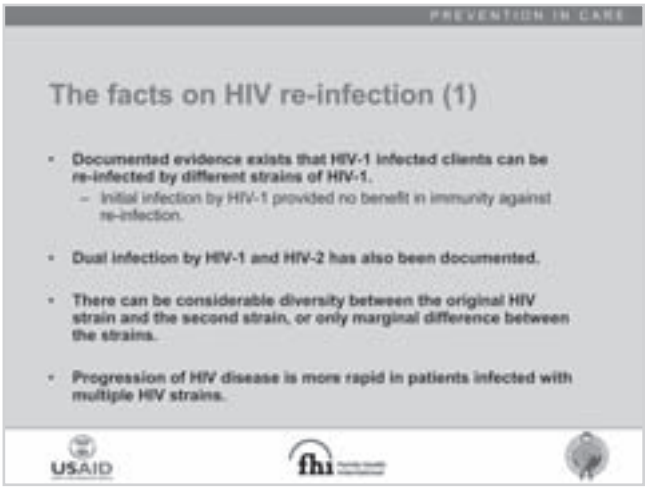
Participants conduct self-tests of their level of knowledge about prevention for positives. It is important to let them know that this is an anonymous test. It is intended to help identify gaps in knowledge among all staff, not to evaluate individual performance or knowledge. Participants should not write their names on their tests. Explain that an important outcome of the activity is that areas where further training is needed on prevention for positives will be identified.

Distribute the clinical staff self-assessment survey (see pages 28–30) and ask participants to complete it. This should take approximately 15 minutes. Have participants hold on to their completed tests until the end of section that reviews the facts about HIV re-infection and the relationship between HIV and STDs, and contraception and pregnancy (slide 23).

Slide 9. The facts on HIV re-infection (1)

Notes

Before going over this slide, ask participants how a person who is HIV-positive can be re-infected with HIV. Point out that re-infection refers to a new or secondary infection by a virus that has already infected a person; this is also called "superinfection."

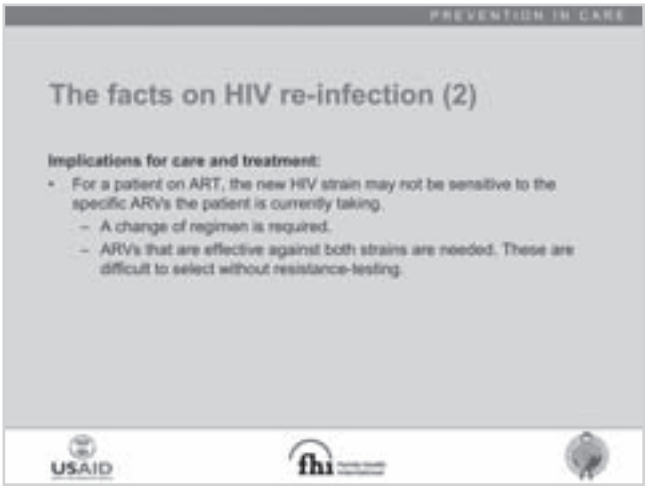


Slide 10. The facts on HIV re-infection (2)

Notes and discussion questions

Ask participants the following questions:

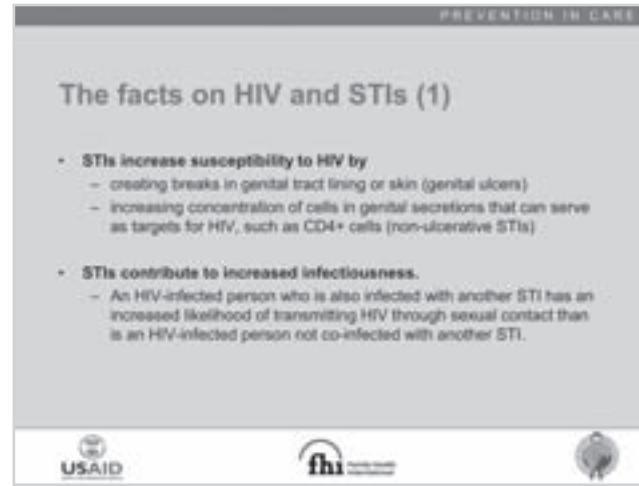
- What implications does HIV re-infection have for clients who are in sero-concordant relationships? (That means both partners are HIV-positive.)
- What implications does HIV re-infection have for a client who is positive and has more than one partner?



Make sure to raise the following points, if not mentioned:

- Sero-concordant couples may not believe they are at risk for HIV re-infection since they are both already infected.
- Knowledge of the risk of re-infection may motivate HIV-positive persons to use safer sex practices for their own protection.

Slide 11. The facts on HIV and STDs (1)

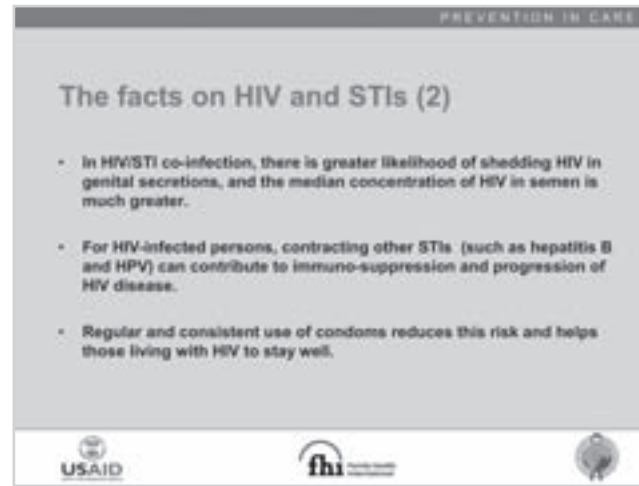


Notes

STDs are likely increase susceptibility to HIV infection by two mechanisms:

- Genital ulcers (such as syphilis, herpes or chancroid) result in breaks in the genital tract lining or skin, creating a portal of entry for HIV.
- Non-ulcerative STDs (such as chlamydia, gonorrhea, and trichomoniasis) increase the concentration of cells in genital secretions that can serve as targets for HIV (for example, CD4+ cells).

Slide 12. The facts on HIV and STDs (2)



Notes

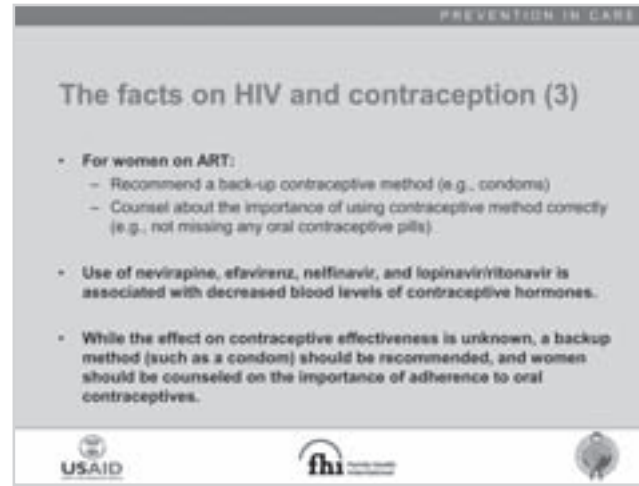
There is substantial biological evidence that an HIV-infected person who is also infected with another STD has an increased likelihood of transmitting HIV through sexual contact, compared to an HIV-infected person who is not co-infected with another STD.

- When HIV-infected individuals are also infected with other STDs, they are more likely to have HIV in their genital secretions. For example, men who are infected with both gonorrhea and HIV are more than twice as likely to shed HIV in their genital secretions than men who are infected solely with HIV.
- The median concentration of HIV in semen is as much as 10 times higher in men who are infected with both gonorrhea and HIV than in men infected solely with HIV.

Slide 13. The facts on HIV and contraception (1)

Slide 14. The facts on HIV and contraception (2)

Slide 15. The facts on HIV and contraception (3)



Slide 16. The facts on pregnancy and HIV (1)

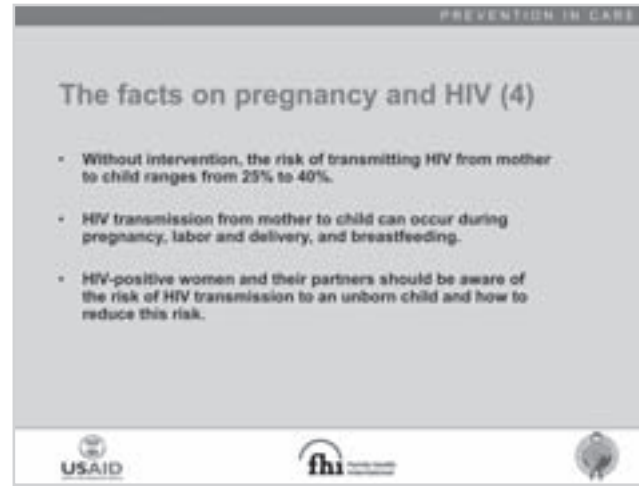
Slide 17. The facts on pregnancy and HIV (2)

Slide 18. The facts on pregnancy and HIV (3)

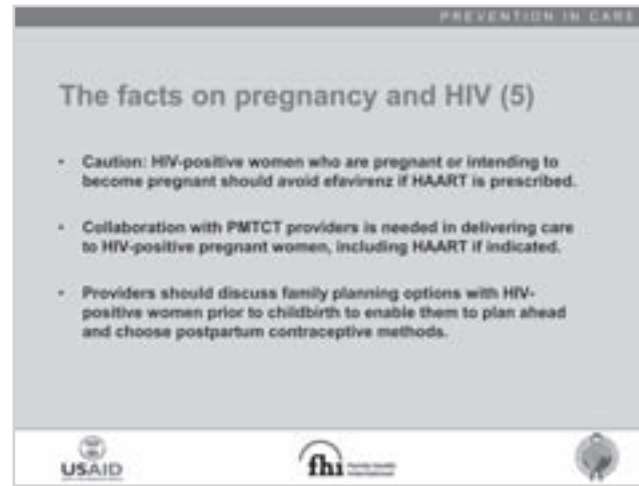
Slide 19. The facts on pregnancy and HIV (4)

Notes

For women who are pregnant or intending to become pregnant and need ART, efavirenz should not be included in the regimen, particularly during the first trimester, because of teratogenicity (risk of birth defects).

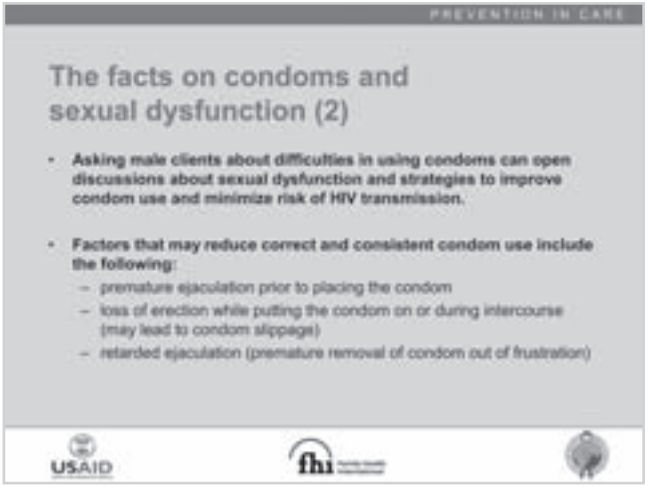


Slide 20. The facts on pregnancy and HIV (5)



Slide 21. The facts on condoms and sexual dysfunction (1)

Slide 22. The facts on condoms and sexual dysfunction (2)



Slide 23. Self-test review

Notes and self-test answer key

Go over each of the test questions (see page 28) and provide explanations for any answered incorrectly.

Ask participants to identify areas where they feel they may need more information and experience.

Section I		Section II
1. False	8. True	1. D
2. False	9. False	2. B
3. False	10. True	3. B
4. False	11. True	4. B
5. False	12. True	5. C
6. False	13. False	
7. False		

Slide 24. How to talk to clients about prevention

Notes and discussion questions

Ask participants to describe their sense of competency and comfort in raising and discussing issues of sexuality, risk behaviors, and substance use with their clients.

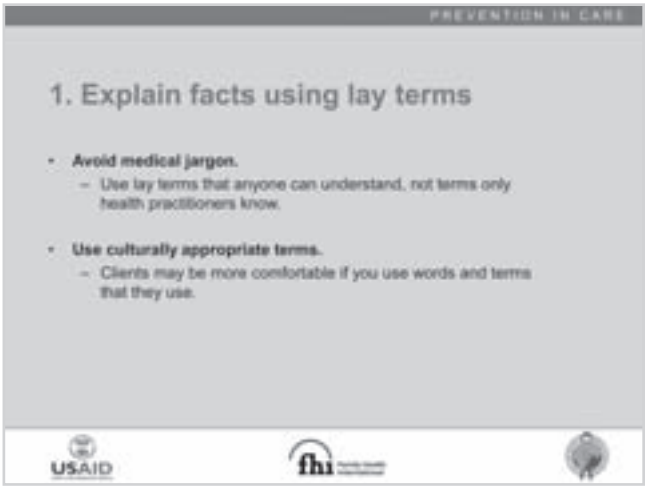
Ask participants if they need more information on any of these issues.

Slide 25. Explain facts using lay terms

Notes and discussion questions

Point out that it is easy for clinicians to fall back on medical terms or jargon that clients are unlikely to understand, and ask participants to explain the following in lay terms:

- HIV re-infection
- HIV strains
- ovulation window



Clients may have an especially difficult time talking about parts of the body, including genitalia. Using terms that are considered appropriate in the local cultural context may help clients feel more at ease.

Slide 26. Ask open-ended questions

Slide 27. Give clients reasons that matter to them

Slide 28. Put clients at ease

Slide 29. Be supportive

Slide 30. Incorporate prevention into routine visits (1)

Slide 31. Incorporate prevention into routine visits (2)

Slide 32. A brief method for helping clients prevent new HIV infections

ASSESS • PLAN • SUPPORT

Notes

Providers have limited time to spend with each client. To use this time optimally, providers need to find out quickly the factors that might put clients and their partners at risk for HIV, the plans of action that clients might take to prevent or minimize risk, and the support clients might need to carry out their plans.

Assess, Plan, Support emphasizes the three things that providers needs to do to help their clients prevent new infections.

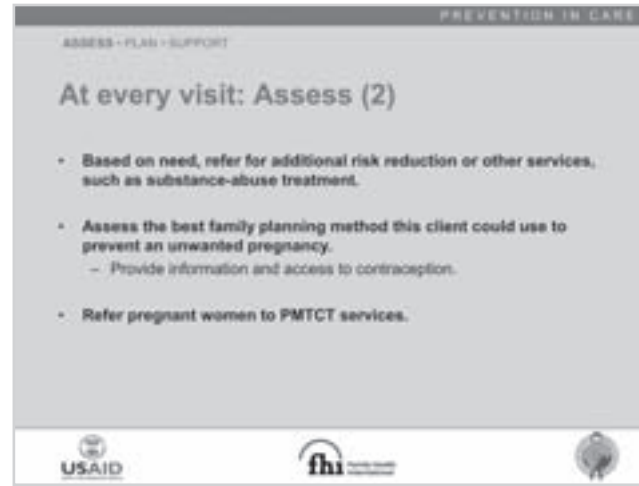
Slide 33. At every visit: Assess (1)

Notes and discussion question

To prevent HIV transmission, providers need to know the unique factors that put each individual at risk. However, telling clients all the risk factors is likely to overwhelm them, and will result in a missed opportunity to focus on factors that are the most pressing. Asking a series of questions helps the provider learn what the client already knows, thus saving valuable time. While an initial assessment will likely involve lots of questions, the number should decrease in subsequent visits and as a relationship and understanding is built between client and provider.

Prior to presenting the next slides, ask participants to list the key factors that should be assessed to determine the HIV risk, both to the client and others.

Slide 34. At every visit: Assess (2)

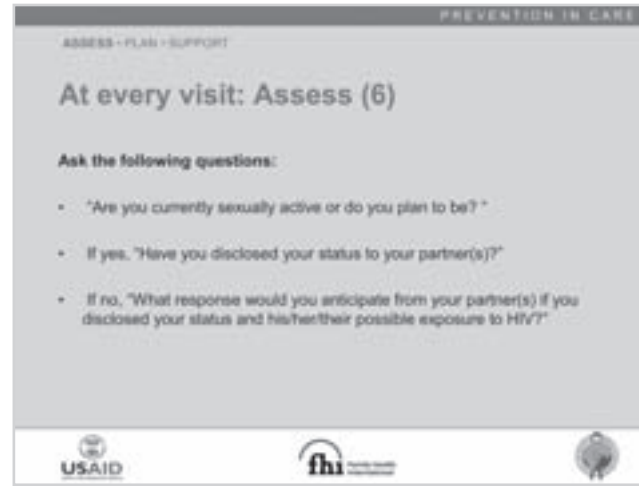


Slide 35. At every visit: Assess (3)

Slide 36. At every visit: Assess (4)

Slide 37. At every visit: Assess (5)

Slide 38. At every visit: Assess (6)



Slide 39. Plan: Help clients make prevention plans (1)

Slide 40. Plan: Help clients make prevention plans (2)

Slide 41. Support: Offer clients support to succeed in their plans (1)

Slide 42. Support: Offer clients support to succeed in their plans (2)

Slide 43. Repeat at all follow-up visits

Notes

Providers need to work with clients over time; most people don't change their behaviors overnight, and clients' situations also change. Clients who were not at risk for HIV may become at risk due to a change in their situations. For example, once patients stabilize on ART and start to feel better, they are likely to have a more active sex life. Asking clients regularly about any changes that would impact their ability to protect themselves and others should be routine at all visits, initial as well as follow up.

Slide 44. Activity: Role play (1)

Notes

Depending on time, ask two participants to volunteer for the role play, with one as the provider and the other as the patient. Alternatively, ask all participants to break into pairs for the role play, as above.

Slide 45. Activity: Role play (2)

Discussion questions

At the end of the role play, ask participants the following questions:

- What are your observations about the role play?
- What things did the provider say that you thought you might use yourself?
- What seemed to be the most difficult questions for the provider to ask?
- Are there ways in which the provider might have asked these questions that would have made it easier for the client?

Slide 46. Thank you for participating

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PLEASE DO NOT WRITE YOUR NAME ON THIS FORM

Self-assessment for Clinical Staff

Your help is needed! The answers you provide to the questions that follow will help plan future training for staff. We are not evaluating individual staff members. The information you give will be confidential: no one in the facility will know who filled out this information.

Section 1: True or False

Please answer each of the questions by checking "true" or "false."

1. HIV and AIDS are the same thing.
   ☐ True ☐ False

2. All people who have TB also have HIV.
   ☐ True ☐ False

3. You cannot always tell whether a person has HIV by looking at them.
   ☐ True ☐ False

4. Once a patient starts ARV treatment, he or she can no longer transmit HIV infection to others.
   ☐ True ☐ False

5. If a person is HIV-infected, then his or her partner must also be HIV-infected.
   ☐ True ☐ False

6. Once a person has HIV, he or she cannot be infected again with HIV.
   ☐ True ☐ False

7. When one family member with HIV infection begins ARV treatment, it is helpful for him or her to share drugs with other family members who also have HIV infection but do not have access to ARV treatment.
   ☐ True ☐ False

8. Sexually transmitted infections, including HIV, are more easily transmitted from men to women than from women to men.
   ☐ True ☐ False

9. Infants living with HIV are likely to progress to AIDS more slowly than adults with HIV.
   ☐ True ☐ False

10. Women—and especially adolescent females—who are at high individual risk of sexually transmitted infections should avoid using an intrauterine device (IUD) to prevent pregnancy.
    ☐ True ☐ False

11. Some antiretroviral drugs taken for HIV may reduce the effectiveness of birth-control pills in preventing pregnancy.
    ☐ True ☐ False

12. Untreated sexually transmitted diseases increase the risk of sexual HIV transmission.
    ☐ True ☐ False

13. Pregnancy cannot occur before the first menstrual period following birth.
    ☐ True ☐ False

Section II: Multiple Choice

Please answer each question by checking only one of the possible answers provided.

1. Mother-to-child transmission of HIV can occur during
    ___ A. pregnancy
    ___ B. labor and delivery
    ___ C. breastfeeding
    ___ D. all of the above

2. The "window period" refers to
    ___ A. the time it takes for a person taking ARV to have an undetectable viral load
    ___ B. the time it takes for a person who has been infected with HIV to test positive for HIV antibodies
    ___ C. none of the above

3. A woman who presents with vaginal discharge should be
    ___ A. treated for STI right away
    ___ B. treated for STI only if she answers questions that reveal she has been at risk for STI
    ___ C. none of the above

4. PCP (Pneumocystis carinii pneumonia) and other infections in infants living with HIV can be prevented by
    ___ A. ciprofloxacin
    ___ B. cotrimoxazole or TMP/SMX (Septrim)
    ___ C. doxycycline
    ___ D. all of the above

5. If you are HIV-negative and get a needle-stick injury (from a used needle), you should do the following to reduce your risk of HIV transmission:
   ___ A. take a very strong antibiotic such as ciprofloxacin
   ___ B. wait until you see signs of HIV and then talk to someone about it
   ___ C. ask about antiretroviral prophylaxis as soon as possible
   ___ D. none of the above

Section 3: Your recommendations

1. Do you have any specific questions about HIV and AIDS that you would like answered? Please write them below.

2. Are there any specific topics related to HIV and AIDS that you think should be included in future training and updates for staff? Please describe these below.

Please do not answer this section

Circle service area most appropriate to staff interviewed. (More than one area may apply.)

HIV/ART	OPD	STI
IPD	TB	MCH
FP	PEDS	Laboratory
Pharmacy/dispensary	Casualty	Administration
Other _____		

Answers to clinical staff self-assessment survey

Section I	Section II
1. False	1. D
2. False	2. B
3. True	3. B
4. False	4. B
5. False	5. C
6. False	
7. False	
8. True	
9. False	
10. True	
11. True	
12. True	
13. False	

Until recently, HIV prevention efforts in low-resource settings have primarily targeted persons at risk, though prevention is also crucial for HIV-positive people. People living with HIV and AIDS require knowledge and support so they can protect others from infection, protect themselves from HIV re-infection, and avoid other sexually transmitted infections. *Prevention for Positives* includes a facilitator's manual and a set of PowerPoint slides that quickly update health care staff technical knowledge about this important topic. In addition to HIV prevention, the slides also discuss related issues in positive prevention, including facts on sexual dysfunction, pregnancy, and contraception.

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