

# Managing HIV testing in general practice and working with sexual clinics

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## PrEP in general practice

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- Since 1 April 2018, PrEP available on PBS
- Streamlined Authority (number 7580)
  - **Clinical criteria:**
    - *The treatment must be for patients at medium to high risk of HIV infection, as defined by the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) Guidelines,*
  - AND**
  - *Patient must have a negative HIV test result prior to treatment with PBS-subsidised therapy with this drug.*
  - **Population criteria:**
    - *Patient must be 18 years or older.*



## Steps in prescribing PrEP

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1. Assess HIV risk
  - *Medium or high*
2. Assess clinical eligibility
  - *HIV status negative*
  - *No signs or symptoms of HIV infection*
  - *Normal renal function*
  - *Not taking nephrotoxic medication*
3. Perform other testing
  - *HBV, HCV, STIs*

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## Steps in prescribing PrEP

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4. Prescribing PrEP
  - *TDF/FTC one tablet daily*
  - *30 tablets and 2 repeats*
  - *Authority (Streamlined number 7580)*
5. Ongoing monitoring
  - *3-monthly reviews*
  - *Medication adherence, side effects*
  - *Behavioural risk assessment, risk reduction counselling*
  - *HIV/STI screen, renal function*

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## Case Study

Tom, a 28-year-old man, presents to you for the first time, requesting a full “check up”. He appears nervous and slightly embarrassed.

You have a sixth sense that he is worried about something sexual in nature, and need to find out what that is.

***How do you sensitively introduce sexual history taking into a consultation?***



### Suggestions to start the discussion

*"We are offering chlamydia testing to all sexually active people under the age of 30. This is because chlamydia is so common, can be easily treated and its important to treat it early. Would you like to have a test while you're here today?"*

**NORMALISING**

*"Have you heard about the hepatitis B or HPV vaccines? They protect against infections that can be sexually transmitted. Would you like to find out more while you're here?"*

**USING A HOOK**



## Sexual history taking

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- Establish **trust**, make the patient feel **comfortable**
- **Normalise**
- Explain **rationale** for questions
- Be **prepared & comfortable** discussing topics
- **Don't assume** heterosexuality
- Address **the whole person** and relationships, not just STIs
- **Does not need to be extensive** – most important information is determining whether they have sexual contact with men, women or both

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## Case study

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After your gentle, sensitive probing, Tom tells you that he has vaginal sex with women, and receptive and insertive anal sex with men, sometimes without using condoms

He states that he is very likely to continue his inconsistent use of condoms for penetrative sex, because it just feels better.

He has no symptoms that would indicate an STI.

***Does Tom meet the behavioural eligibility for PrEP?***

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## Case study

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You order the appropriate tests and receive the following results:

- **HIV Ag/Ab** negative
- **syphilis serology** non-reactive
- **HBsAb, HBsAg, HBcAb** negative
- **HAV IgG** negative
- **HCV Ab** negative
- **chlamydia & gonorrhoea NAT** negative in throat and rectal swabs, and first pass urine
- **eGFR** >90

*Does Tom meet the clinical criteria for PrEP?*

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## Case study

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Tom returns to see your practice nurse who:

- discusses his tests results with him
- reminds him of the side effects of PrEP
- reinforces dosing requirements, including the need to take it for at least 7 days before placing himself at risk for HIV
- provides him with the TDF/FTC script you had prepared in advance
- tells Tom that he can take script to his local community pharmacy but might have to let them know in advance so they can order it from their suppliers
- Gives Tom a pathology form for his next set of monitoring pathology
- Makes an appointment to see her in 3 months to discuss the results and obtain next prescription,

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## Challenges in rolling out PrEP in general practice

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- PrEP available through trials in US and Europe for many years
- Much research over the past 3-4 years on challenges of rolling out PrEP in primary care
- Challenges seem consistent across differing health system structure and most likely apply in the Australian context:
  - Inadequate knowledge of PrEP/
  - Fear of prescribing HIV medications
  - Resistance to performing routine HIV risk assessment
  - Difficulty determining whether a patient meets the behavioural eligibility
  - Time constraints
  - Inadequate remuneration

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## Working with sexual health clinics

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- In NSW, there are over 40 publically funded sexual health clinics
- Provide a range of medical, counselling and health promotion services to those most at risk of HIV and STIs.
- Sexual health physicians, registrars and experienced sexual health nurses are available for advice on testing, interpretation of pathology results, and management of STIs

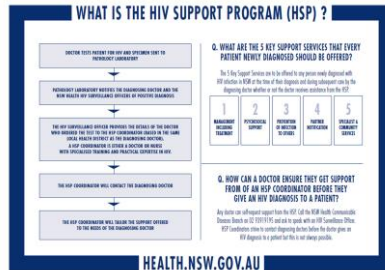
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## Other supports for GPs in managing sexual health issues

NSW HIV Support Program



SEXUAL HEALTH **link** INFO

1800 451 624

PEP Information Line  
(24 hours)  
1800 PEPNOW

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## Take home messages

- Take **sexual histories routinely** for all sexually active patients
- **Be alert** for people at higher risk for HIV & STIs
- Initiation and ongoing management of patients on **PrEP is EASY**
- There are **multiple resources to assist** you in managing sexual health and HIV-related problems

And finally - for complex cases or curly ones?

Call **NSW Sexual Health Infolink**, or your local **Sexual Health Clinic**

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