

**How do you know?**  
**Risk Assessment**  
**in the Spectrum of HIV**



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# HIV Infection

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- Large numbers of new cases each year ⇒ prevention is **imperative**
- Infection ⇒ chronic, progressive depletion of immune function
- Emerging treatments make diagnosis & early intervention **imperative**

# Benefits of Universal Risk Assessment for HIV

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- **Open door to discuss risk**
  - Patients want information but don't get it
  - Basis for all behavior change (prevention) discussions
  - Opportunity: develop relationship w/patient & improve health

# Benefits of Universal Risk Assessment for HIV

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- Open the door to discuss risky behaviors
- **Normalize the process**
  - ALL patients will know to expect these questions
  - No one will feel singled out by the process

# Benefits of Universal Risk Assessment for HIV

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- Open the door to discuss risky behaviors
- Normalize the process
- **Find cases**
  - “hidden cases” – patients & providers who do not know of risks

# Benefits of Universal Risk Assessment for HIV

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- Open the door to discuss risky behaviors
- Normalize the process
- Find cases
- **Provide early treatment**
  - Early intervention provides best outcome

# **Why *aren't* assessments done?**

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- ❑ Fear of offending patient
- ❑ Time
- ❑ Discomfort discussing sex/drugs
- ❑ Not knowing how
- ❑ Confidentiality issues
- ❑ Not considering risk to be relevant
- ❑ Fear of the answer “yes”

# Process

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- **Set stage: introductions, private space**
- **Assure confidentiality**
- **Non-judgmental**
- **Imbed into comprehensive assessment**
- **Less threatening questions first**

# Areas to Assess (in order)

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- Exposure to blood
- Substance use
- Sexual behaviors
- Other pertinent health history

# Blood Exposure

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- ❑ History of transfusion or any blood product, esp. prior to 1985
  - Risk is now 1 in 800,000
- ❑ History of occupational exposure
  - Not just HCP
  - Parenteral is most dangerous: 0.3% overall; 2-3% w/hollow-bore blood-filled needle

# Substance Use

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- ❑ “Legal” first!
- ❑ Have you ever used drugs from a non-medical source?
- ❑ When was the last time you used drugs?
- ❑ Do you now or have you ever injected drugs?
- ❑ Some of my patients use drugs, is that something you’ve ever done?

# Ø Substance Use

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**You don't  
use drugs,  
do you?**

# Sex

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- Are you now or have you ever been sexually active?
- When did you last have sex?

# ∅ Sex

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- ❑ You don't have sex, do you?
- ❑ So, you're monogamous with your spouse, right?
- ❑ You're married? Then you aren't at risk for HIV, are you?

# Sexual Partners

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- ❑ Do you have sex with men, women, or both?
- ❑ Do you know about the drug using habits of your partner(s)?
- ❑ Do you know about the sexual activities of your partner(s)?
- ❑ Have you ever had anonymous sex?

# Sexual Activities

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- ❑ Do you have or have you ever had vaginal sex? Oral sex? Anal sex?
- ❑ Some people enjoy anal intercourse. Is this something you do?
- ❑ Have you ever exchanged sex for drugs or money?

# Extent of Sexual Activity

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- ❑ When did you have your first sexual intercourse?
- ❑ How many sexual partners have you had in the last week?  
Month? Year?
- ❑ How many sexual partners have you had in your life time?

# Extent of Protection

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- ❑ When you have sex, how do you protect yourself from STDs?
- ❑ Are there times when you are more likely to use protection? When? Less likely? When?
- ❑ Have you ever had sex when you were drunk or stoned?

# Other Pertinent History

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- History of STDs
- Previous HIV test
  - Why? Results?
- Violence
  - Domestic violence
  - Fear in a sexual situation
  - Forced sex

# Other Pertinent History

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- Symptoms of HIV infection:
  - “bad case of the flu”
  - Swollen lymph glands
  - Shingles, thrush, other infections
  - Unexplained weight loss
  - Persistent headaches, diarrhea, fatigue, rashes
  - Associated diseases: TB, HCV, HBV

Remember...things are not always what they seem

