

## STD / HIV Prevention Integration

The National Alliance of State and Territorial AIDS Directors (NASTAD) and the National Coalition of STD Directors (NCS D) have convened an HIV/STD Work Group to identify cross cutting and shared issues. The Work Group also recommends policies that promote implementation of effective HIV/AIDS and STD prevention and care services. One goal of the Work Group is to promote and encourage the implementation of prevention strategies for persons testing positive for HIV or another STD.

**National Alliance of State and Territorial AIDS Directors**  
444 North Capitol St., NW-Suite 339  
Washington, DC 20001  
Phone: (202) 434.8090  
Fax: (202) 434.8092  
[www.nastad.org](http://www.nastad.org)

**National Coalition of STD Directors**  
1275 K Street, NW - Suite 1000  
Washington, DC 20005  
Phone: (202) 842.4660  
Fax: (202) 842.4542  
[www.ncsddc.org](http://www.ncsddc.org)

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The lack of integration between STD and HIV prevention services is one of the barriers to more effective programs. Integration is essential for many reasons:

- ❖ The same sexual behaviors that cause STDs also cause HIV.
- ❖ Prevention of HIV will benefit STD prevention, and prevention of STDs will benefit HIV prevention.
- ❖ Recent studies have demonstrated that being infected with an STD may make it 2 to 23 times easier to transmit HIV, depending on the specific STD.<sup>1</sup>
- ❖ In recent years a number of syphilis outbreaks have occurred among men who have sex with men (MSM). Of those MSM with syphilis whose HIV status was known, between 25-70% were also infected with HIV. Indeed, recent studies have shown that approximately one out of eight women and one out of four men with syphilis were also infected with HIV.<sup>2</sup>
- ❖ By identifying individuals in clinics who are infected with HIV and other STDs and then treating their STDs, it may be possible to reduce new HIV infections by as much as 27%.<sup>3</sup>
- ❖ New HIV treatments have lessened individuals' concern about becoming infected through high risk sexual practices. Behavioral interventions for HIV prevention need to be supported by enhanced STD screening and treatment to prevent and treat HIV and other STDs.
- ❖ The upcoming changes in leadership in both the HIV and STD Divisions of the CDC provide a unique opportunity to strengthen integration efforts.
- ❖ Federal, state and local health agencies need to explore opportunities to maximize resources in order to maximize efficiency. This may include cross-training of STD/HIV staff, for example, in partner assistance and other services; augmented counseling and testing; and integrated surveillance and assessment.

<sup>1</sup> Fleming DT, Wasserheit JN. From epidemiological synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sex Transm Infect* 1999;75(1):3-17.

<sup>2</sup> Blocker ME, Levine WC, St. Louis ME. HIV prevalence in patients with Syphilis, United States. *Sexually Transmitted Diseases* 2000; 27:53-59.

<sup>3</sup> Rothenberg RB, Wasserheit JN, St Louis ME, Douglas JM. The effect of treating sexually transmitted diseases on the transmission of HIV in dually infected persons: a clinic-based estimate. *Ad Hoc STD/HIV Transmission Group. Sex Transm Dis* 2000;27(7):411-6.

## **STD and HIV Prevention: Different Approaches, Cultures, and Funding Streams**

- ❖ Since many STDs are bacterial and can be cured relatively easily, approaches to STD control have relied on a bio-medical “case-finding” approach to disease prevention and treatment. There has been little reliance on behavioral or community interventions. Conversely, HIV prevention efforts focused initially on behavioral, including both individual-level and community-level approaches, due to the lack of a cure or even effective treatment. This history has led to the development of different organizational and professional cultures.
- ❖ Other issues have led to different approaches in HIV prevention and STD prevention.
  - ❑ Although progress has been made, AIDS is still a fatal disease, and people with HIV still suffer discrimination.
  - ❑ Concerns about confidentiality have led to both anonymous and confidential testing, as well as to a lack of national consensus about HIV surveillance and names reporting strategies for HIV. Other STDs are reportable diseases, along with the names of those infected. Names reporting, identification of partners, and partner assistance are long-accepted public health practices in STD control.
  - ❑ The threat of HIV has prompted some communities across the country to organize and to advocate for HIV prevention and treatment in ways they had never done in STD prevention. Community members and advocacy groups have challenged health departments to be included in HIV prevention and outreach efforts.

- ❖ Although many of the populations at risk for HIV and STD overlap, they are not always the same and interventions need to specifically address subpopulations at risk.
- ❖ Categorical funding may protect projects that are specific to STD or HIV prevention. However, categorical funding, the organization of HIV and STD programs within state and local health departments, and competition for funding may be barriers to STD/HIV integration. Competition can lead to unnecessary duplication of effort and higher overall costs.
- ❖ Although historically there have been different organizational and professional cultures, as well as different approaches related to STD and HIV prevention, public health leaders are now being challenged to integrate these efforts.
- ❖ With advances in the treatment of HIV/AIDS, there is now a focus on clinical, behavioral, and other approaches to primary and secondary prevention of HIV, including prevention and treatment of other STDs.

### **How Do We Know Integration Will Benefit Both HIV and STD Prevention?**

- ❖ Many states and local health jurisdictions have already integrated their HIV and STD prevention efforts. Those states which have already integrated their STD and HIV efforts have benefited from: <sup>4</sup>
  - ❑ Increased flexibility in offering STD screening alongside HIV testing and treatment and vice versa.
  - ❑ Increased ability to develop media and other interventions that address the same risk behaviors placing people at risk for STDs and HIV.

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<sup>4</sup> Fox Fields H. The Integration of HIV/AIDS and TB Prevention and Control Programs. Washington, DC: Association of State and Territorial Health Officials, 1998.

- More efficient data collection, standardization and integration of data, and use of data to allow improved prediction of transmission and outbreaks.
- Better cross-training and utilization of staff and administrative time.

**Moving Toward STD/HIV Prevention  
Integration:  
Some Next Steps for Federal Agencies**

- ❖ Federal agencies, particularly those within the Department of Health and Human Services, including the Office of the Secretary, CDC, HRSA, SAMSHA, and NIH, need to better articulate their goals and coordinate their efforts related to funding for:
  - HIV prevention
  - STD prevention and treatment
  - HIV care and treatment
  - substance abuse prevention and treatment, and
  - research in all of these areas.
- ❖ Specifically, these agencies, in conjunction with state health departments should:
  - Support efforts for coordinated funding streams to address behavioral, cultural, geographic, structural and environmental factors that affect transmission of STDs, HIV, hepatitis and TB, where appropriate.
  - Support jurisdictions through specific requests for proposals to conduct innovative STD/HIV/substance abuse integration efforts and establish a set of best practices based on the success of those efforts.
  - Combine STD and HIV strategic prevention plans into one document. At the least, make sure they have

similar formats and support the same goals with coordinated strategies.

- Encourage STD/HIV case registries to be matched, so that the characteristics of those at highest risk of infection will be highlighted and these factors will be incorporated into complementary HIV and STD prevention plans. The results should be provided to communities as part of the planning process.
- Support integrated HIV and STD surveillance activities to include case-based, venue-based, and population-based registries, as well as to include disease, behavioral, and social factors.
- Establish and support states' abilities to reimburse health care providers for specified prevention services.
- Provide technical assistance and financial support for cross-training between HIV and STD departments and community-based organizations to increase mutual understanding of perspectives, prevention strategies, and skills.
- Provide technical assistance to integrate HIV, STD, substance abuse, TB and hepatitis prevention strategies when building community partnerships.
- Fund meetings between state and local STD and HIV departments and planning groups, in order to review prior work, formulate future plans, and to identify opportunities for improved coordination and integration.
- Integrate and/or have overlapping HIV and STD conferences.

- ❑ Integrate and/or have overlapping STD and HIV prevention guidelines.
- ❑ Recognize that the complexities inherent in integration require a more educated and trained staff. This underscores the importance of providing funding for salaries high enough to attract and retain personnel with a breadth and depth of training in community-based organizations and health department staff.
- ❑ Eliminate unnecessary restrictions for specific HIV and STD prevention activities.
- ❑ Increase funding for both STD and HIV prevention in order to realize maximum cost-savings to the health care system as a whole, and to implement many of the recommendations included in this document.
- ❑ Evaluate and disseminate examples of structures, policies, and actions within state and local health departments and community-based organizations that successfully facilitate integration.
- ❑ Support the development of behavioral surveillance and valid surveys and measures to address both HIV and STD issues (e.g., behavioral and environmental factors).

**Decisions about STD/HIV Integration:  
State and Local Jurisdictions Choose Models  
That Work Best**

- ❖ State and local health departments can develop models of integration that work for them and for people in their jurisdictions. The great variety of ways that HIV and STD programs are organized within state and local health departments, as well as state statutory requirements and funding related to these programs, make state and local

decision-making a necessary part of leadership in integration.

**Moving Toward STD/HIV Prevention  
Integration:  
Some Next Steps for State and Local  
Jurisdictions**

There are several steps that state and local jurisdictions may take to support integration, providing funding is available for these activities.

- ❑ Support integration of biomedical, behavioral and structural interventions in clinical and non-clinical settings where possible to reduce fragmentation of services. HIV testing, for example, is frequently included in STD settings, but the converse is not as frequent.
- ❑ Coordinate efforts to maximize the richness of data that are collected, as well as the use of such data in designing and evaluating prevention activities.
- ❑ Develop integrated surveillance systems, data collection, software, and analytic approaches for tracking and evaluation.
- ❑ Develop behavioral surveillance and valid surveys and measures to address both HIV and STD issues (for example, behavioral and environmental factors).
- ❑ Integrate surveillance activities to include case-based, venue-based and population-based systems, as well as to include disease, behaviors and social factors.
- ❑ Develop and disseminate STD screening and treatment guidelines to HIV and substance abuse providers to ensure familiarity and improve their

ability to respond to patients' concerns.

- ❑ Develop and disseminate substance abuse guidelines to STD and HIV providers to ensure familiarity and promote appropriate referrals.
- ❑ Cross-train staff, including community-based organizations, in STD and HIV prevention.
- ❑ Coordinate prevention interventions and message development to address common risk factors.
- ❑ Use integrated HIV and STD surveillance data for planning and evaluation of both HIV and STD prevention programs.
- ❑ Evaluate and improve integrated STD and HIV screening opportunities in HIV testing sites, HIV care settings, and other non-clinical settings serving at-risk populations.
- ❑ Evaluate and improve current partner assistance and referral strategies for HIV and STD prevention and case management.
- ❑ Create more opportunities for STD and HIV professionals to regularly interact and develop relationships.
- ❑ Integrate STD, HIV, and healthy sexuality curricula in schools.
- ❑ Continue to integrate STD prevention into HIV Community Planning efforts.
- ❑ Consider developing STD advisory groups, in coordination with HIV community planning efforts, to focus on prevention priorities and clinical treatment guidelines.

## Some Next Steps for STD and HIV Researchers

- ❑ Design more effective screening programs for STD and HIV prevention.
- ❑ Further develop non-invasive and rapid technologies for STD and HIV testing.
- ❑ Develop assessment and program evaluation measures.
- ❑ Develop Performance Measures that can be applied to common goals.
- ❑ Conduct further research into the role of commercial sex establishments and the use of the Internet to facilitate, as well as prevent, HIV and STD transmission.
- ❑ Identify and disseminate the most effective partner notification methods for both HIV and STD prevention.

*This paper was written by Dan Wohlfeiler, Chief, Policy and Communications Office, STD Control Branch, California Department of Health Services, with support from the HIV/STD Workgroup convened by members of NASTAD and NCSD. Work group members include Gail Bolan (CA), Casey Blass (TX), Jane Cheeks (AL), Juliet Dorris-Williams (OH), Paul Etkind (MA), Marty Goldberg (Philadelphia), Jack Jourden (WA), and Karla Schmitt (FL),*

*NASTAD and NCSD applaud those jurisdictions that have made progress in HIV/STD integration. For more information on this fact sheet or HIV/STD integration, please contact Kelly Mayor at NCSD at [kmayor@ncsddc.org](mailto:kmayor@ncsddc.org) or Rebecca Wong at NASTAD at [rwong@nastad.org](mailto:rwong@nastad.org).*