

## HIV/STD Service

Jane\*, a 16-year-old high school student, meets Joe, a 19-year-old, at a party. The two begin a relationship and become sexually active. Then they break up. Shortly after, Jane notices a vaginal discharge and has some irritation. Concerned, she goes to the local County Health Department (CHD) where a public health nurse counsels her to be screened for sexually transmitted diseases. Jane agrees and the nurse collects blood and tissue samples to forward to the OSDH Public Health Laboratory. Although tests were negative for gonorrhea, chlamydia, and syphilis, Jane was positive for HIV. The nurse arranges for Jane to return to the CHD. The nurse, along with a Disease Intervention Specialist (DIS), delivers the news and assures Jane confidentiality. The DIS counsels and educates Jane about HIV, refers her to Regional AIDS Intercommunity Network (RAIN) for case management, and to the OU Infectious Disease Institute (IDI) Clinic for medical care.

In a few days, Jane visits RAIN, where a case manager helps her access services related to HIV, including medical care, dental care, and transportation. In addition, the manager learns that Jane's health insurance does not include medications, so she helps her complete an application for the HIV Drug Assistance Program (HDAP).

Shortly thereafter, Jane is transported to the OU IDI clinic for her first appointment. Her physician runs a "viral load" test to measure the amount/severity of HIV in her blood. He also tests her "CD4" cell count. These cells, which protect us from infection and illness, are attacked by — and serve as hosts to — HIV.

As a result of testing, Jane's doctor prescribes a drug treatment known as antiretrovirals or "ARVs" to slow down the progression of HIV and damage to her immune system. Then, as part of the *Drug Adherence Program*, Jane is connected with a pharmacist to develop a plan for taking the ARVs to maximize the potential for drug effectiveness. In addition to the ARVs, Jane is also provided with other medication needs available through HDAP, including Chantix, hepatitis A and B vaccinations, and oral contraceptives.

The following day, Jane's case manager checks on her and learns she is excessively tired, and feeling sad and hopeless. Concerned that she is clinically depressed, the case manager refers Jane to a psychologist within the OU IDI clinic for a mental health evaluation and treatment.

A few days later, the DIS meets with Jane again to learn more about the ex-boyfriend, their relationship, and any other lifestyle risks for HIV infection. During the interview, Jane reveals that Joe frequently used methamphetamine, but that she did not participate. Assuring Jane confidentiality, the DIS asks for Joe's contact information to schedule an interview. When they meet, the DIS learns Joe has never been tested for HIV and recommends a rapid HIV test. He agrees and within 20 minutes, results showed Joe



Clients are able to access many services through counseling and referrals provided by DIS and case managers.



was HIV positive. During the interview, the DIS also learns that Joe has a new girlfriend and that she is pregnant. That same day, the DIS meets the girlfriend and tests her — the results were negative. The DIS counsels her regarding the risk to herself and her baby and refers her to the OU IDI Clinic to receive Comprehensive Risk and Counseling Referral Services (an in-depth intervention program for people at high risk for HIV infection or transmission).

As standard procedure, the DIS forwarded information collected on Jane's case to the Surveillance and Analysis Unit within the OSDH HIV/STD Service for database entry. At the end of the year, epidemiologists analyzed the data to identify trends and discovered that Jane's case was not uncommon. They found that the most common risk factor among HIV positive girls ages 13-19 was sex with a male. They also found African American teens to be disproportionately infected. These findings were utilized by the HIV/STD Service, as well as the Oklahoma HIV Planning Council, for setting priorities, defining target groups, and establishing prevention activities.

- Services provided or funded through the HIV/STD Service >
- Screening/testing for sexually transmitted diseases and identification of HIV
  - Education, counseling, rapid HIV testing, and disease investigation
  - Case management services to access medical care, dental care, transportation to appointments, and completion of HDAP application
  - CD4 cell count and viral load testing
  - Mental health examination and treatment
  - Antiretroviral (ARV) therapy, hepatitis A and B vaccinations, nicotine patches, and oral contraceptives
  - Comprehensive Risk and Counseling Referral Services
  - Information collection, database entry, and evaluation of HIV trends

\*names have been changed

