

ican!

Breaking down Silos
Across Sexual and
Reproductive Healthcare



Learning Objectives



1. Methods to integrate routine screening for contraceptive needs and desires alongside STI/HIV prevention and education for people of reproductive age.
2. STI prevention tools such as PrEP, PEP, and vaccines for pregnant and non-pregnant patients.
3. Coverage PrEP, PEP and additional primary and preventive care services with the relatively new HFS Family Planning Program.

ICAN! aims to de-silo,
destigmatize and normalize birth
control as **basic health care.**



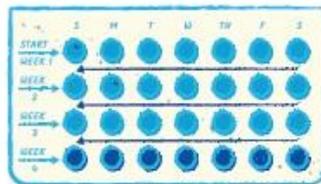
Breaking down barriers to sexual and
reproductive health care
through routine screening

Promoting sexual and reproductive well-being

Sexual and reproductive well-being means having the freedom, knowledge, and resources to make decisions about one's body in an informed and supported environment. **Sexual and reproductive health affects everybody - let's normalize the conversation!** Screening for contraceptive needs and desires alongside STI and HIV screening and prevention helps to de-silo and de-stigmatize these services as basic primary and perinatal care and connect clients to:



Preconception, family building, management of chronic conditions



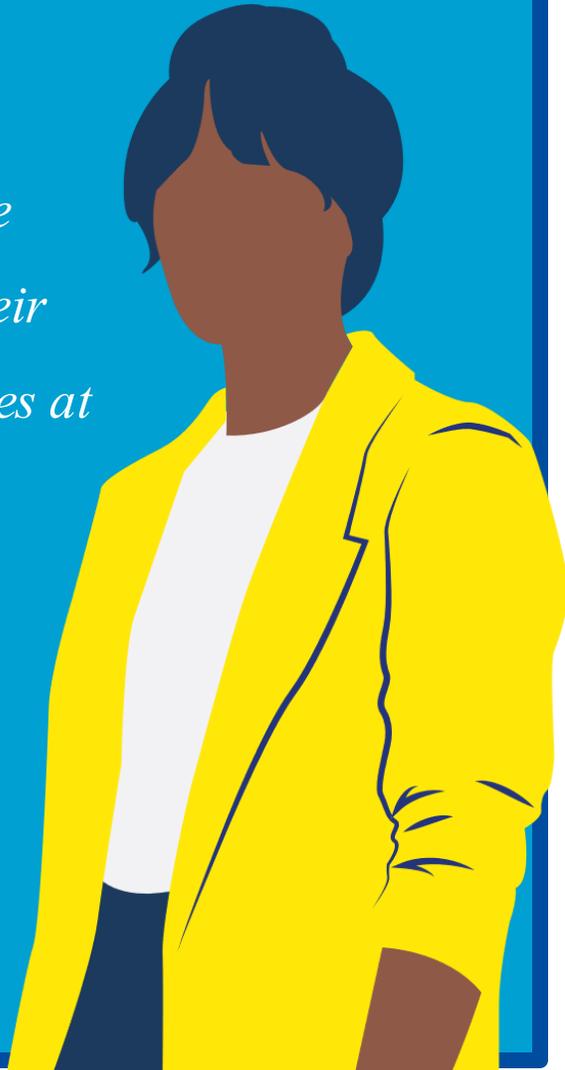
Contraception for pregnancy prevention, spacing, or managing health conditions



STI and HIV screening and prevention (PEP, PrEP, and vaccines)

Reproductive Justice

means placing the individual and their unique life realities at the center of the provider-client relationship.



The TRUER Care Approach:

Trauma-informed

Respectful

Unconscious bias aware

Evidence-based

Reproductive well-being centered

Screening for birth control and STI/HIV should go hand in hand

5 P's to Capturing Sexual Health History

Adopted from the CDC 5 P's framework.

Partners

Are you currently having sex? In recent months, how many partners have you had? What is your partner(s) gender?

Practices

What kinds of sexual contact do you have, or have you had? What parts of your body are involved when you have sex?

Protection from STIs

Do you and your partner(s) discuss STI prevention? How often do you use condoms? Have you heard about PrEP/PEP/DoxyPEP?

Past History of STIs

Have you ever been tested for STIs or HIV? Would you like to be tested while you're here today?

Pregnancy Intention

Understand client's contraceptive needs and desires through a question like:



The 5th “P” – Pregnancy intention/contraceptive screening questions



One Key Question (OKQ)

Would you like to become pregnant within the next year?



Self-Identified Need for Contraception (SINC)

Do you want to talk about contraception or pregnancy prevention during your visit today?



Parenting/Pregnancy Attitudes, Timing & How Important (PATH)

Q1: Do you think you might like to have (more) children at some point?

Q2: When do you think that might be?

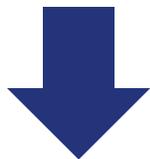
Q3: How important is it to you to prevent pregnancy (until then)?

Q4: What else is important to you in your birth control method?

What else is important to you about your birth control method?

Control of Method

- Client
- Partner
- Provider



Mode of Action

- Hormonal
- Non-hormonal
- Barrier



Ease & Comfort of Use

- Does/does not require a pelvic exam
- Frequency of use/of clinic visits
- Does/does not require touching one's genitals
- Has/has no impact on pleasure
- Side effects
- Nonsurgical or surgical
- Risks
- Discreetness



Ease of Discontinuation

Protection from STIs

Cultural Acceptability

Affordability

Non-Contraceptive Benefits



Ease of Access



- Clinic or hospital
- Purchase in store/pharmacy
- Mailed via pharmacy
- Purchase on-line
- Public space

Duration of Effectiveness



- Short-acting
- Long-acting reversible
- Permanent

STI and HIV Prevention and Education

Sexually transmitted infections (STIs) are spread when semen, vaginal fluid, or blood comes into contact with the mouth, penis, vagina, anus, or eyes. Some STIs can spread through open skin or blisters. Many STIs don't have symptoms and if left untreated can cause more serious issues. **Inform your clients that routine testing can keep them, their partner(s), and if they're pregnant, their baby, safe and healthy!**

DECREASING THE SPREAD OF STIS AND HIV:



- **Barrier methods:** Correct and consistent use of condoms. Remind clients to ask their provider for a condom prescription - they can get this filled at a pharmacy for free with IL Medicaid.
- **Vaccinations:** There are vaccines to prevent transmission (such as HPV or Hep A/B). If your client isn't sure if they've been vaccinated for Hepatitis B, they can ask their doctor for a blood test. HPV vaccination is recommended for all genders starting at age 11 to prevent cancer!
- **Routine testing:** Recommended yearly when clients are <25, have a new sexual partner(s), have frequent unprotected sex or IV drug use. Done through a urine, blood sample, and/or genital swab.
- **Abstinence:** Not having sex or sexual contact.

Anyone 12+ can get birth control and STI and HIV testing without parent or guardian consent in Illinois.

HIV and STI Prevention and Education Spotlight

Moira McNulty, MD, MS

Why Do You Take a Sexual History?



1. Meystre-Agustoni et al. *Swiss Med Wkly.* 2011; 141:w13178.
2. Fairchild et al. *Female Pelvic Medicine & Reconstructive surgery.* 2016; 22 (5): 297-302

Learning Your Patient's History

Sexual history should be taken during: initial visits, routine preventative exams, presenting with signs/symptoms of an STI, and all visits for those receiving pre-exposure prophylaxis (PrEP).

Review Sexual and Substance Use History:

What is your patient's HIV, STI, and HCV status?

What prevention method(s) is your patient currently using?

What prevention method(s) does not work for your patient?

Avoid These Assumptions



“Sex” means the same thing to everyone



Condom use = correct and consistent use



Older patients aren't sexually active



Sexual behavior are static throughout life



Gay- and lesbian-identified patients don't have opposite sex partners



Heterosexual patients don't have same sex partners



Married patients are monogamous



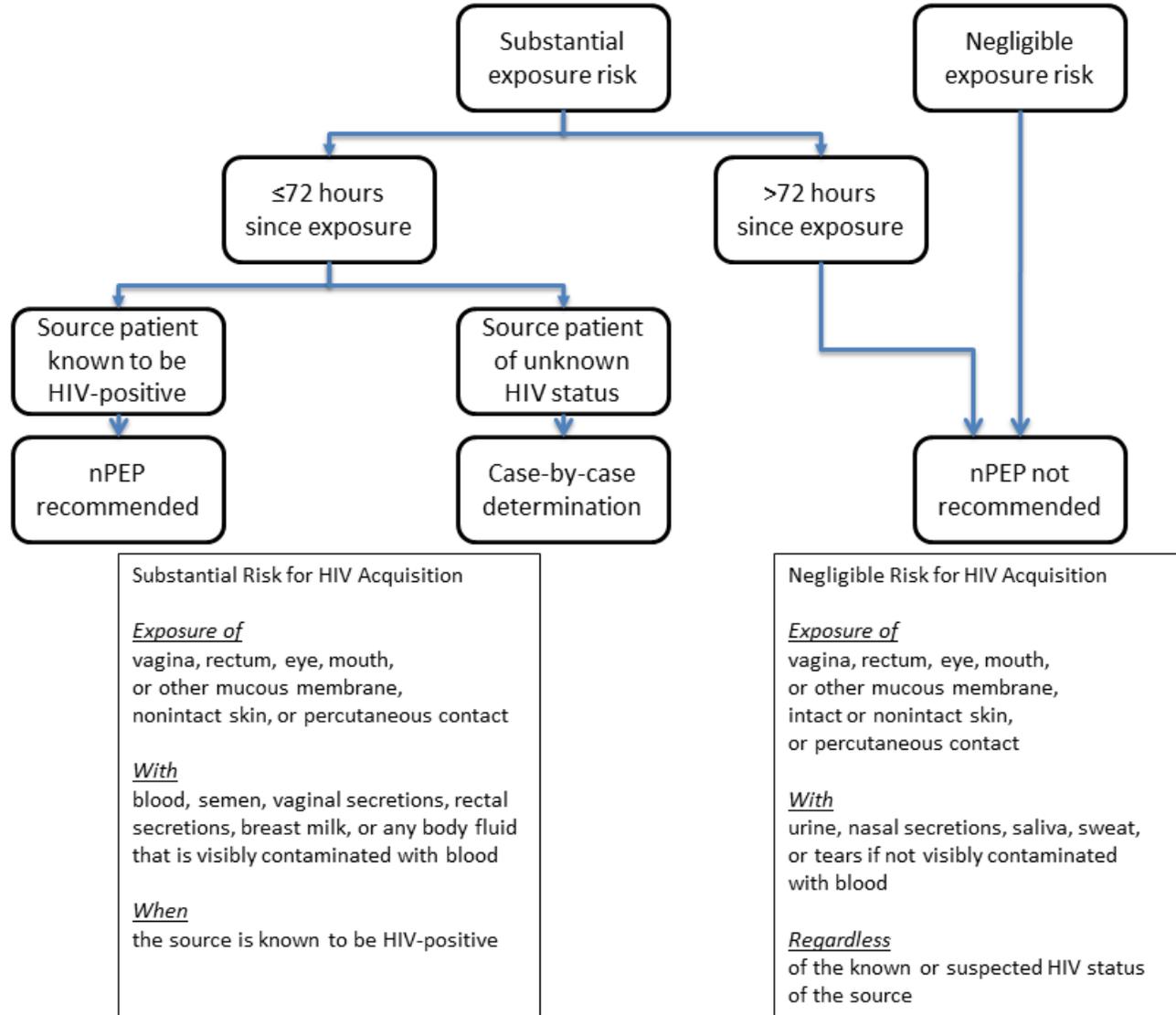
Patients with mental or physical health needs or limitations do not have sex

Transmission of HIV

- Blood transfusion
- Perinatal exposure
- Needle sharing
- Unprotected anal sex
- Unprotected vaginal sex



CDC nPEP Algorithm



CDC nPEP Guidelines 2016.

Prevention: HIV Pre-Exposure Prophylaxis (PrEP)

- PrEP is a medication **routinely taken before potential exposure** to HIV to reduce the risk of getting HIV and keep patients HIV negative
- Discussions about PrEP are a **crucial part of comprehensive sexual health** and HIV prevention.
- Education on PrEP **should take place alongside other prevention measures** like condom use and regular testing.
- PrEP **does not protect against other STIs** – only against HIV.



~99%

effective at preventing HIV through sex, when taken as prescribed.¹

Who Is PrEP For?

Providers across primary, reproductive, pediatric, and infectious disease care should be routinely screening patients for HIV risk and discussing PrEP just like other routine screenings (ie hypertension).



PrEP is not only for gay men

- 22% of new HIV diagnosis (n=8,227) in the U.S in 2022 were through heterosexual contact.



PrEP is for sexually active adults or adolescents who are HIV negative

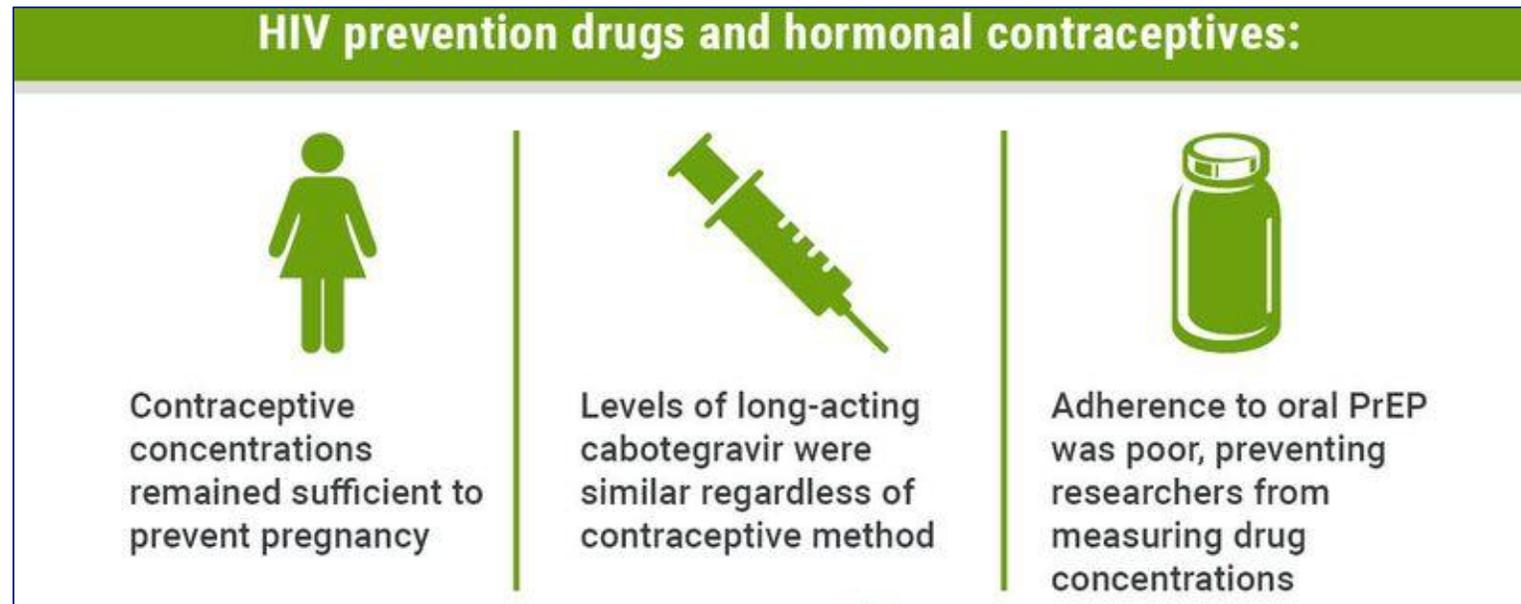
- Men, transgender men, women, pregnant women, transgender women, and nonbinary individuals who may need or want PrEP
- Individuals of any sexual orientation or relationship status
- Anyone who asks for it, even if there are no identified risk factors after a sexual health assessment
- Especially recommended for anyone having unprotected sex with a partner with HIV or an unknown HIV status, a recent bacterial STI, injection drug use, survival/transactional sex, or desire to conceive with a partner who is HIV positive.

What PrEP medications are available?

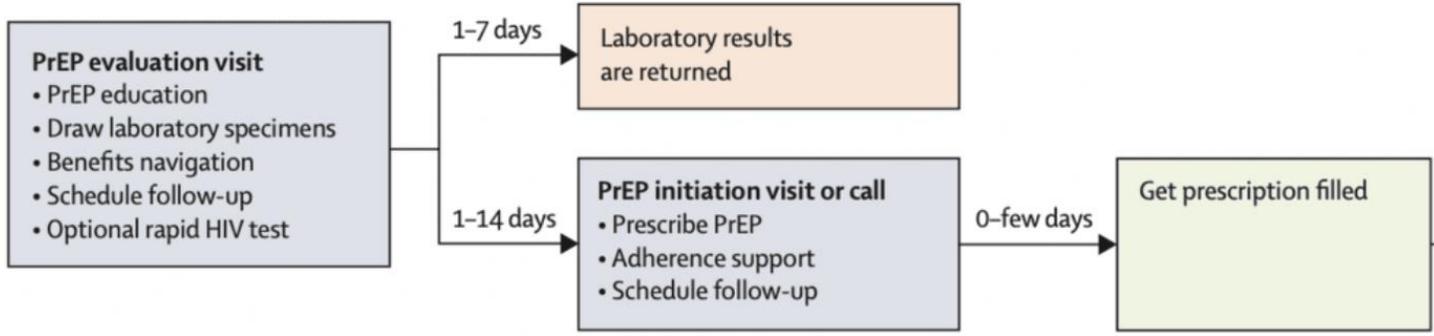
	Truvada	Descovy	Cabotegravir
Regimen	Daily use pill & PrEP 2-1-1	Daily use pill (being studied for PrEP 2-1-1)	Injection taken every 2 months
Effective for	Gay & bisexual men Trans women Trans men Cis women Heterosexuals People who inject drugs	Gay & bisexual men Trans women (additional clinical data being collected)	Gay & bisexual men Trans women Trans men Cis women Heterosexuals People who inject drugs
Affordability	Covered by Illinois Medicaid including the HFS FPP/FPPE!		

Additional Considerations

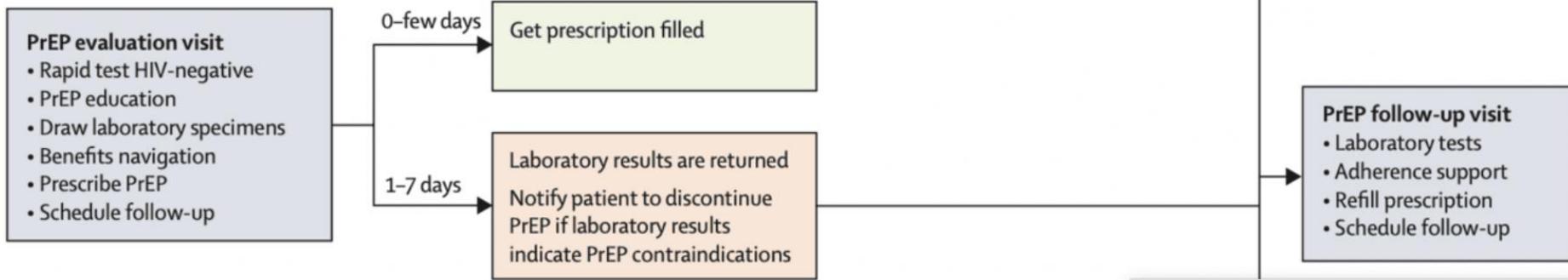
- Safe in pregnancy and in those planning to become pregnant
- Can have some medication interactions, so need to take medication history
- PrEP can be prescribed and started the same day



Standard PrEP start



Same-day PrEP prescription



Same-day PrEP start

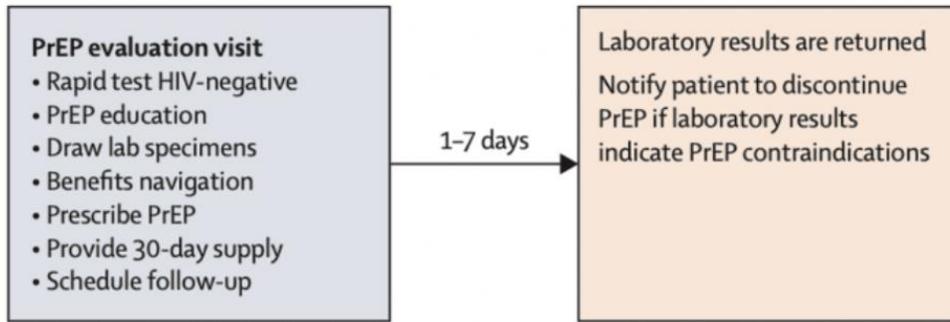


Figure 1 - Standard Versus Same-Day HIV PrEP Timelines

Figure 1. Standard Versus Same-Day HIV PrEP Timelines

Source: Rowan SE, Patel RR, Schneider JA, Smith DK. Same-day prescribing of daily oral pre-exposure prophylaxis for HIV prevention. Lancet HIV. 2021;8:e114-e120.

Patient Counseling

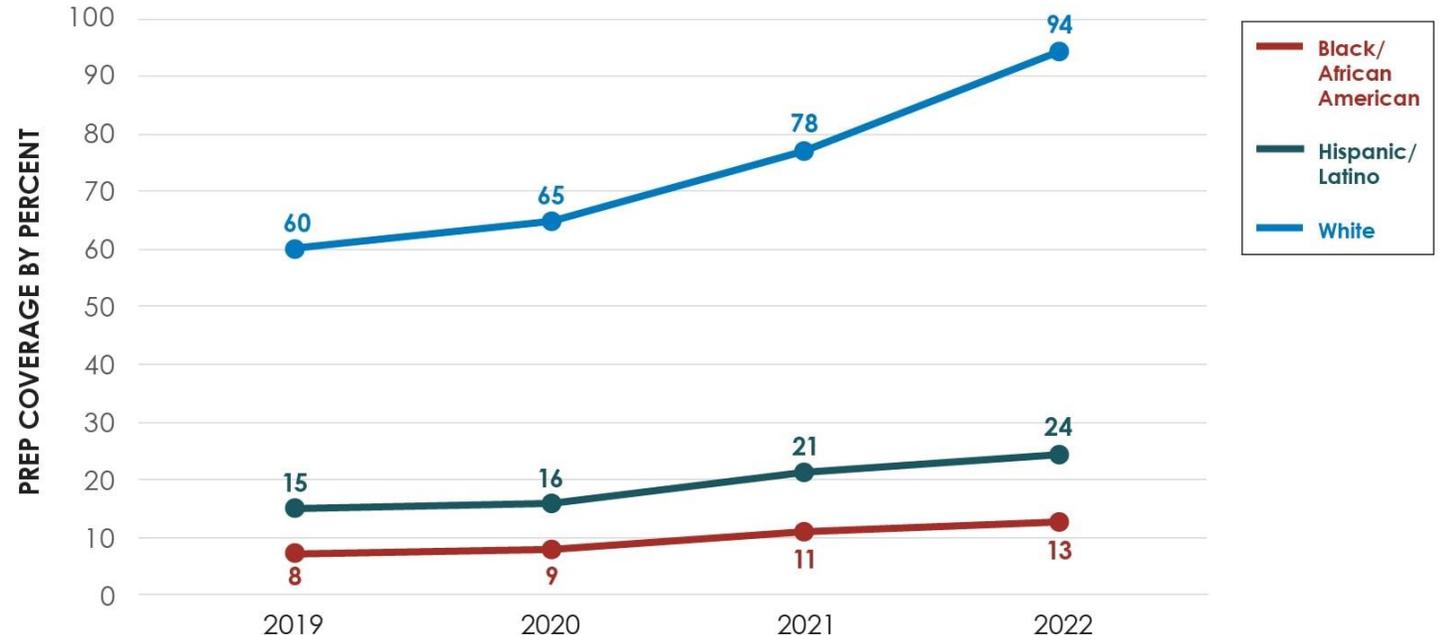
- Importance of adherence/risks of stopping
- STI and HIV prevention (i.e. condom use, risk reduction)
- Safer injection use practices
- Need for regular follow-up visits and lab tests
- Symptoms of HIV infection
- Procedures for refills
- Insurance assistance
- Reproductive goals/contraception

Missed opportunities for connecting to PrEP

1.1 Million Americans would benefit from PrEP, but <150,000 Americans have been prescribed PrEP.

- 44% of people who could benefit from PrEP are African American (500,000 people) but only 1% (<7,000) of those have been prescribed PrEP.
- 25% of people who could benefit from PrEP are Latino (300,000 people) but only 3% (7,600) of those have been prescribed PrEP.

TRENDS IN PREP PRESCRIPTIONS AMONG PEOPLE WHO COULD BENEFIT, BY RACE/ETHNICITY, 2019-2022*



Smith DK, Van Handel M, Grey J. Estimates of adults with indications for HIV pre-exposure prophylaxis by jurisdiction, transmission risk group, and race/ethnicity, United States, 2015. *Ann Epidemiol* 2018 May 18

Cahill S, Taylor SW, Elsesser SA, Mena L, Hickson D, Mayer KH. Stigma, medical mistrust, and perceived racism may affect PrEP awareness and uptake in black compared to white gay and bisexual men in Jackson, Mississippi and Boston, Massachusetts. *AIDS Care* 2017;29:1351-1358.

Provider Barriers to PrEP Prescribing

Table 4
Barriers to PrEP Access

Theme	Example from EHR
Provider PrEP knowledge gaps	<p>“Vet has been tested for HIV, was neg, I informed him this medication is not provided for preventive measures, needs to protect himself by practicing safe sex and avoiding risky behaviors.”</p> <p>“Informed him that PrEP is effective only 50% of the time, maybe less.”</p>
Provider systems knowledge gaps	<p>“(PrEP) is not part of standard practice at the VA at this time as a ‘necessary medical care’ and I would recommend veteran go to the health department.”</p> <p>“I called pharm and they could not tell me whether Prep was available. I placed ID consult, but suspect it is not available. I suspect consult to be d/c and informed patient of my expectations.”</p>
Provider attitudinal barriers	<p>“I suggested a monogamous relationship.”</p> <p>“Multiple sexual partners, unable to maintain same sexual partner.”</p> <p>“I am not comfortable prescribing for this purpose.”</p>
Clinic purview barriers	<p>“Patient called upset about receiving a letter from infectious disease clinic.”</p> <p>“(ID) Consult was d/c because pt is HIV neg. Please reschedule with primary care.”</p>

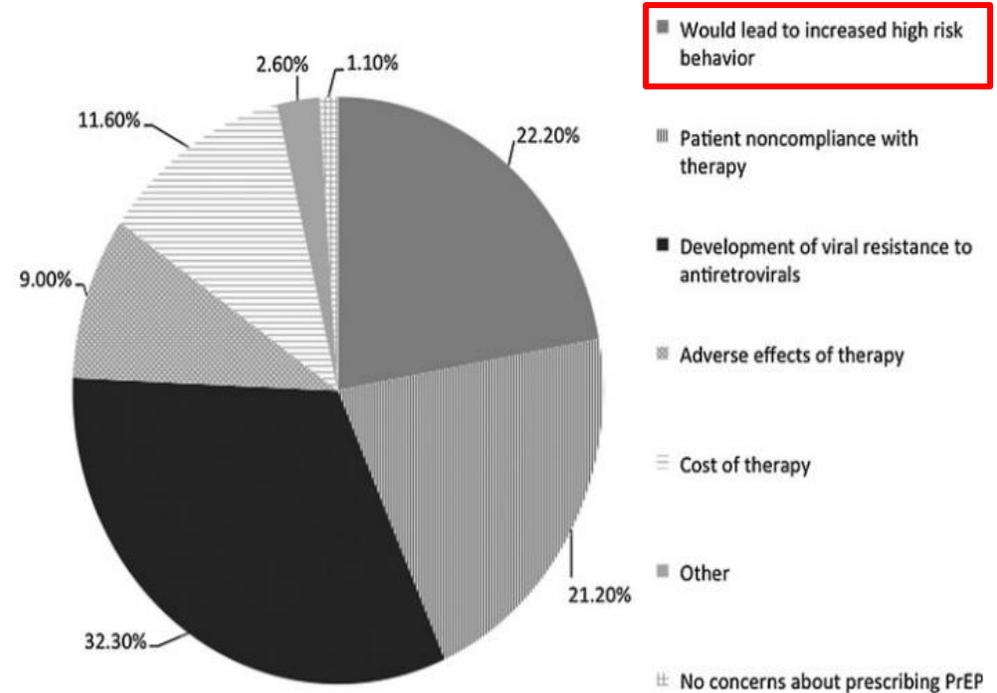


FIG. 3. Chart summarizing responses to PrEP survey question: “What is your greatest concern about prescribing PrEP?”

PrEP can be easily integrated into primary care settings

Similar to other preventative medications, such as statins for cardiovascular disease



Prevention of Bacterial STIs: Doxycycline Post-Exposure Prophylaxis



Doxycycline post-exposure prophylaxis (doxy PEP) is the use of the antibiotic doxycycline after sex to reduce bacterial STI transmission



DID YOU KNOW?

Doxycycline post-exposure prophylaxis (doxy PEP) has been shown to reduce syphilis and chlamydia infections by >70% and gonococcal infections by approximately 50%!

CDC Clinical Guidelines of Use of DoxyPEP



- MSM and TGW with a bacterial STI (syphilis, chlamydia, or gonorrhea) diagnosed in the past 12 months should receive counseling on doxyPEP (may be effective in other populations but clinical data are limited)
- Offer a prescription for doxycycline to be taken as a single dose of 200mg, self-administered ideally within 24 hours and no later than 72 hours after having oral, vaginal, or anal sex
- Patients should not exceed a maximum dose of 200 mg every 24 hours
- Use shared decision-making to inform use of doxy PEP with populations that are not part of CDC recommendations but may be at heightened risk of STIs

Given the high rates of STIs in Illinois and the concern about a 211% rise in congenital syphilis from 2018-2022, IDPH recommends:

1. **Recommend doxy PEP** to MSM or TGW who have had ≥ 1 bacterial STI in the past 12 months. Doxy PEP can be used by people taking HIV PrEP.
2. **Offer doxy PEP using shared decision-making** to *all* non-pregnant individuals at increased risk for bacterial STIs and to those requesting doxy PEP, even if these individuals have not been previously diagnosed with an STI or have not disclosed their risk status.
3. **Provide comprehensive preventative sexual health counseling and education** to all sexually active individuals to include HIV/STI screening, doxy PEP, HIV pre-exposure prophylaxis/HIV post-exposure prophylaxis, vaccinations (e.g., Hepatitis A/B, Human Papilloma Virus, MPox, Meningococcal) [Expedited Partner Therapy](#), and contraception where warranted.

Doxy PEP: Shared Decision Making

- Collaborative process where patients and their health care providers work together to make health care decisions
- Discuss risks/benefits, how doxyPEP fits with health priorities and other prevention strategies
- Additional considerations for cisgender women, transgender men, and others assigned female at birth
 - Sexual behavior
 - STI history, HIV PrEP use or indications
 - Pregnancy status and desires
 - Contraception

Doxy PEP with Comprehensive Sexual Health Services

- Screen and treat STIs, including viral hepatitis and HIV
- Discuss and facilitate access to HIV PrEP
- Discuss prevention strategies: condoms, HIV PEP, HIV PrEP, HIV and STI treatment, vaccinations, and link to health and social services

PrEP Coverage Programs

- Government coverage programs
 - Medicare, Medicaid, and the US Department of Veterans Affairs
 - The HFS Family Planning Program and FPPE cover all formularies of PEP and PrEP as well as STI testing and treatment and all methods of birth control.
- The Affordable Care Act (ACA) requires almost all plans to cover PrEP medications and associated visits with no cost sharing
- Manufacturer access programs for individuals with or without insurance
 - Gilead, Viiv
- State- and city-based programs
 - PrEP4Illinois covers Truvada and Descovy
 - Apretude is being considered for future coverage

Getting covered

for sexual and reproductive healthcare

Connecting Communities to Birth Control, STI, and HIV Coverage

- **The HFS Family Planning is an alternative Medicaid benefits program** that covers primary and preventive care for people of all genders and ages.
- This program can provide coverage **for uninsured individuals who do not qualify for full Medicaid** because they earn too much. It can also provide coverage for those who have confidentiality or cost concerns around applying their private insurance.
- Patients **can use coverage at any Illinois provider** (clinic, hospital, pharmacy, lab) that accepts Medicaid.



Immediate, temporary coverage (FPPE)



- To enroll in FPPE, patients **self-attest** that they meet eligibility requirements with a registered FPPE provider.
- The application **takes 5 minutes** and can be completed by any staff member who has been trained by the health center (CHW, PSR, etc).
- The application requires **no proof of income or residency** and is open to patients of any immigration status.
- Even if patients do not qualify for ongoing coverage, any family planning services rendered during the FPPE period will still be **fully covered**.



Covered services include:

- Annual check-up.
- HIV testing, PEP, and PrEP.
- STI testing and treatment.
- HPV, hepatitis, mpox, and COVID vaccines.
- All FDA-approved birth control.
- Preconception care.
- Screening for breast (mammogram) and cervical (pap) cancer.
- Follow up for abnormal pap smears.
- Treatment for genital & urinary infection.
- Basic infertility counseling.



You can apply as an individual if:

- You're a resident of Illinois.
- You make \$3,680 a month or less before taxes.
- You are not currently pregnant.
- And you don't already have Medicaid.

You should also know the application is open to:

- People of all genders.
- People of all ages.
- People of any immigration status (through FPPE).
- People with private insurance.
- People of any pregnancy intention or ability, regardless of the primary purpose of their visit (great opportunity for encounter rate clinics!).

Available resources

for connect clients and patients to care and coverage

NEW Sexual and Reproductive Well-Being Training Opportunities

- Modern Contraception and Reproductive Justice Foundational Training
- NEW: 6-hour training curricula for Community Health and Birth Workers now available!

Modern Contraception and Reproductive Justice

Foundational Webinar



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**PROVIDING PERSON-CENTERED
REPRODUCTIVE CARE AND SUPPORT**

This virtual training curriculum includes live and asynchronous course content to equip learners to:

- Apply Reproductive Justice-informed techniques to screen and educate clients on reproductive well-being.
- Educate clients on common Medicaid programs for people of reproductive age including the new HFS Family Planning Program.
- Connect community members to reproductive care and coverage.

How to Register:

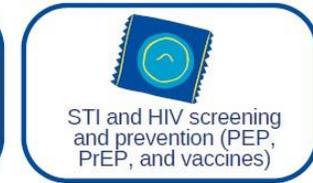
1. Access the registration page by scanning the QR code or through [this link](#).
2. Create an account by selecting "Login to Enroll" and selecting "Register an account".
3. Add your personal information and under "Connection to ICANI!" select "Social Service Provider".



Tools for routine screening for contraceptive needs and desires alongside HIV/STI prevention and education

Advancing Sexual and Reproductive Well-being

Sexual and reproductive well-being means having the freedom, knowledge, and resources to make decisions about one's body in an informed and supported environment. **Sexual and reproductive health affects everybody - let's normalize the conversation!** Screening for contraceptive needs and desires alongside STI and HIV screening and prevention helps to de-stigmatize and de-stigmatize these services as basic primary and perinatal care and connect clients to:



When discussing sexual and reproductive health (SRH), what you ask is just as important as *how you ask*. Have **TRUER** sexual and reproductive health conversations with clients by being:

Trauma-Informed

- Help clients feel comfortable by establishing rapport before asking personal questions.
- Ask permission, note signs of distress, and ensure privacy and confidentiality to build trust.

Respectful

- Start with open-ended questions & confirm understanding with statements like "What I'm hearing you say is".
- Use affirming language and show empathy and neutrality to client responses.

Unconscious-bias checked

- Avoid assumptions based on client age, gender, race/ethnicity, sexuality, # of children, marital status, etc.
- Use non-gendered language like "partner" and confirm/use preferred pronouns/names.

Evidence Based

- Provide information based on research/science instead of personal preferences, beliefs or experiences.
- Connect clients to reliable information and services and combat mis/disinformation.

Reproductive and sexual well-being centered

- Personalize care across the lifespan with shared decision-making driven by what is important to the client.
- Normalize SRH services across the pediatric, maternal, and primary care continuum by integrating routine screening for contraceptive needs and desires alongside STI and HIV screening and prevention.

Access trainings, job aids, and birth control/ STI patient handouts in multiple languages, and find a low- or no-cost provider near you.



Person-centered sexual and reproductive care resources

Take the Birth Control Options Quiz

Bodily autonomy means the ability to own your own body and to make your own choices to protect your freedom, your health, and your future.

Whether you're using birth control to prevent pregnancy, protect against STIs, manage a health condition, or confirm your gender identity—or whether you're not using birth control at all—we believe that there's only one person who should have the final say in that decision—YOU.

Take our quiz to learn more about your options, and use our provider finder tool to get an appointment if you want one!



Start Birth Control Quiz

Timeframe	Tubal ligation	Vasectomy	Implant	Copper IUD	Hormonal IUD	Depo shot	Condom	Lactational Amenorrhea	Progestin (mini) pill	Fertility awareness	Combined pill	Patch	Ring
WITHIN 10 MINUTES POST-PLACENTA	✓	✓	✓	✓	✓								
WITHIN 24 HOURS POSTPARTUM	✓	✓	✓	✓	✓	✓							
1 TO 3 DAYS POSTPARTUM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			
3 DAYS TO 3 WEEKS POSTPARTUM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
3 TO 4 WEEKS POSTPARTUM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4 TO 6 WEEKS POSTPARTUM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6 OR MORE WEEKS POSTPARTUM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

ican! choose the birth control best for me

In Illinois, anyone 12+ can get birth control and STI testing on their own. Ask your provider to help you find the method that's right for you.

Hormonal Methods

	PILL	PATCH	RING	SHOT	PROGESTIN IUD	IMPLANT
THICKENS CERVICAL MUCUS & PREVENTS OVULATION	91% effective	91% effective	91% effective	94% effective	99% effective	99+% effective
FREQUENCY	At the same time daily	Weekly for 3 weeks. No patch 4th week	Wear three weeks, remove 4th week	Every three months	Every 3-7 years	Every five years
USE	Take daily by mouth, Rx required	Apply on the back, butt, belly. Rx required.	Insert anywhere in the vagina (like a tampon). Rx required.	Injection into arm, butt, belly, usually by a provider.	Inserted into uterus via the cervix by a provider.	Inserted under skin in upper arm by provider.
HORMONES	Combined (estrogen + progestin or progestin only)	Estrogen + progestin	Estrogen + progestin	Progestin	Progestin	Progestin
THE PROS	Reduced PMS, cramps, bleeding & acne. Lowers risk of repro cancers.	Reduced PMS, cramps, bleeding & acne. Lowers risk of repro cancers.	Reduced PMS, cramps, bleeding & acne. Lowers risk of repro cancers.	Reduced or no bleeding after several months.	Treatment for heavy, painful bleeding. Reduced or no bleeding after several months.	Reduced or no bleeding after several months.
THE CONS	Nausea, breast soreness early on.	Nausea, breast soreness early on. One color-beige.	Nausea, breast soreness early on. In fridge if <3 months.	May change appetite. Irregular bleeding and spotting early on.	Increased vaginal discharge. Insertion may cause heavy cramps.	Unpredictable spotting more common, mild pain with insertion.
OTHER INFO	Progestin only pills for those that cannot take estrogen.	Hormones secreted through sticky band-aid, may irritate skin.	Monthly and yearly rings. Can remove with sex but < 3 hours daily.	Longer time to return to baseline fertility.	Effective as EC within 5 days of unprotected sex.	Not visible to others but you can feel it.

Non-Hormonal Methods

	EXTERNAL CONDOM	INTERNAL CONDOM	WITHDRAWAL	FERTILITY AWARENESS	DIAPHRAGM, CAP, SPONGE	COPPER IUD
PREVENTS SPERM FROM SWIMMING TO AN EGG	85% effective	79% effective	78% effective	76-88% effective	71-88% effective	99+% effective
FREQUENCY	Every time you have sex	Every time you have sex	Every time you have sex	Daily with tracking app or calendar	Every time you have sex, during and for a few hours after	Every twelve years
USE	Rolled onto an erect penis	Inserted into the vagina or anus	Remove penis before ejaculating	Daily tracking of temperature, vaginal mucus, and periods	Inserted into vagina to cover the cervix	Inserted into uterus via a provider
THE PROS	ONLY method that prevents HIV/STIs. Pair w/another method for dual protection.	ONLY method that prevents HIV/STIs. Pair w/another method for dual protection.	Doesn't affect your cycles. Available anytime with cooperative partner.	Doesn't affect your cycles. Good for tracking ovulation if trying to get pregnant.	Doesn't affect your cycles and can be used for many years without replacing.	Doesn't affect your cycles, lowers risk of repro cancers. Effective as EC within 5 days.
THE CONS	Requires careful removal after each use. Add lube to avoid tears.	Requires careful removal after each use. Add lube to avoid tears.	Requires control on ejaculate outside of, away from vagina	Must have regular cycles. No sex (or use a condom) during most fertile days.	Must be used with spermicide foam or gel which may irritate the vagina.	May increase cramps and bleeding. Effective as EC within 5 days of unprotected sex.

Permanent Methods

VASECTOMY: 99+% EFFECTIVE
Non-surgical procedure done at a clinic to cut the vas deferens, no sutures needed. Normal non-sperm ejaculations several months after procedure. Requires local numbing medicine and up to 2 days for recovery.

TUBAL LIGATION: 99+% EFFECTIVE
Surgical procedure via belly button w/2 small incisions, done at a hospital to cut or remove fallopian tubes. Requires anesthesia and up to 2 weeks for recovery.

Emergency Contraception

THE MORNING AFTER PILL
Two types: 1) Plan B (comes in many names) is available without Rx for any age. 2) Ella (comes in many names) is best if >155 lbs. May cause nausea & irregular period. Take ASAP within 5 days after unprotected sex.

THE IUD
Copper or progestin IUDs are more effective than EC pills. Insertion should be ASAP within five days of unprotected sex. Provides birth control for 7-12 years after use as EC.

ican! prevent the spread of STIs + HIV

Sexually transmitted infections (STIs) are spread when semen, vaginal fluid, or blood comes into contact with the mouth, penis, vagina, anus, or eyes. Some STIs can spread through open skin or blisters. Many STIs don't have symptoms and if left untreated can cause more serious issues. Inform your clients that routine testing can keep them, their partner(s), and if they're pregnant, their baby, safe and healthy!

DECREASING THE SPREAD OF STIS AND HIV:



- Barrier methods:** Correct and consistent use of condoms. Remind clients to ask their provider for a condom prescription - they can get this filled at a pharmacy for free with IL Medicaid.
- Vaccinations:** There are vaccinations available for both HPV and Hepatitis B. If your client isn't sure if they've been vaccinated for Hepatitis B, they can ask their doctor for a blood test.
- Routine testing:** Recommended yearly when clients are <25, have a new sexual partner(s), have frequent unprotected sex or IV drug use. Done through a urine, blood sample, and/or genital swab.
- Abstinence:** Not having sex or sexual contact.

Anyone 12+ can get birth control and STI and HIV testing without parent or guardian consent in Illinois.

STI PREVENTION MEDS

EPT: Expedited Partner Therapy meds for client and their partner(s) if diagnosed with Chlamydia/Gonorrhea.

DoxyPEP: A single course of Doxy is taken within 72 hours of unprotected sex to prevent bacterial STIs.

HIV PREVENTION MEDS

PrEP: Pre-exposure prophylaxis is a daily pill or every other month injection to prevent HIV.

COMMON STIS	CHLAMYDIA	GONORRHEA	HERPES	HIV	HPV	M-POX	SYPHILIS	TRICH (TRICHOMONAS)
SYMPTOMS	Pain with peeing or sex, unusual discharge and itching, or no symptoms.	Pain with peeing or sex, unusual discharge and itching, or no symptoms.	First outbreak: very painful blisters and sores that burn and may blister and dry up.	Flu like symptoms, swollen lymph nodes, but often nothing obvious.	Small bumps or cauliflower-like warts. Mild pain, itching, bleeding.	Flu like symptoms with a rash that sometimes with rash on palms or soles of feet.	Single sore lasting 3-6 weeks. Aches and pains on chest, hands, feet, or genitals.	Bad smell, unusual discharge, genital irritation, or no symptoms.
TESTING	Urine sample or swab at site of infection.	Urine sample or swab at site of infection.	Sample of fluid from the blistering lesion. Blood test is less reliable.	Swab from inside the mouth, or blood from a finger prick or the back of hand/forearm.	Cervical cancer can be detected from routine pap smears.	Swab from one or more rashes present on the body.	Blood from a finger prick or the back of hand/forearm.	Sample for provider to view under the microscope or swab at site of infection.
TREATING	Oral antibiotics for 7 days or single dose. Wait 7 days after the single treatment.	Injection into arm, butt or belly. Oral meds also available if you can't get the shot.	No treatment. Oral meds can prevent outbreaks and lessen symptoms.	No treatment but oral meds can suppress the virus and decrease risk of AIDS.	Burning or freezing. Surgical management by cervical cancer.	Meds for immunocompromised (not needed for healthy people).	Antibiotics. Dosage and length of treatment depends on stage of syphilis.	Antibiotics for one day (males) to seven days (females).
GOOD TO KNOW	Can cause female infertility when left untreated.	Resistance to many drugs. Must complete all meds prescribed to treat.	Oral meds can be unrelated to sex. Recurrent outbreaks are less severe.	Pie and post exposure meds available. Managed like a chronic disease.	2 types: 1 causes cervical cancer. 2 is more vaccine available for all patients age 11-45.	2 dose vaccine recommended. Associated with smallpox.	Can spread to baby if pregnant. Important to do multiple tests during pregnancy.	Most common curable STI. Often doesn't have symptoms.

FOR A FULL LIST OF STIS, VISIT WWW.CDC.GOV/STI/ABOUT/

RECOMMEND A HEALTH CENTER

Scan the QR code to find a health center in your area that offers low or no cost STI+HIV testing. Providers in this directory also offer primary care and low- or no-cost birth control.



For Health & Social Service Providers: [Recommend a Health Center](#) [HFS Family Planning Program](#) [View Courses & Resources](#) [Login](#) [View All](#)

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We're making birth control easier to get in Illinois

We believe that reproductive freedom is for everyone. No matter where you live, who you love, how you identify, or how much money you make.

[See if you qualify for coverage to get free birth control](#)

[Find a free or low-cost birth control provider](#)



Recommend a health center

- Your client will receive **text and email reminders** on how to schedule their appointment.
- All providers offer **free or low cost** sexual and reproductive health care.
- Many providers offer **immediate enrollment** support.
- Clients are invited to **share feedback on their experience** to improve the quality of care for others.



Questions?

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Annex

Additional clinical considerations for PEP and PrEP

Recommended nPEP Regimens

Patient Characteristics	Preferred vs. Alternative	Medication
Men ≥ 13 years Women ≥ 13 years, including those pregnant and of childbearing potential normal CrCl (≥ 60 ml/min)	Preferred	TDF/FTC (Truvada) WITH Dolutegravir 50mg daily OR Raltegravir 400mg BID
	Alternative	TDF/FTC (Truvada) WITH Darunavir 800mg daily AND Ritonavir 100mg daily
Men ≥ 13 years Women ≥ 13 years of non childbearing potential Renal dysfunction (≤ 59 ml/min)	Preferred	Zidovudine + Lamivudine WITH Dolutegravir 50mg daily OR Raltegravir 400mg BID
	Alternative	Zidovudine + Lamivudine WITH Darunavir 800mg daily AND Ritonavir 100mg daily



Post-Exposure Recommendations

Baseline Testing

- HIV Ab/Ag
- HbsAg, HbsAb, HbcAb
- HCV Ab
- Syphilis screen
- Triple Site GC/CT testing
- *bHCG (people of childbearing potential)*

HIV nPEP

TDF/FTC + DTG x28d

or

TDF/FTC + RAL x28d

or

TDF/FTC + DRV/r x28d

Or

BIC/TAF/FTC x 28d

STI Prophylaxis

Ceftriaxone 250mg IM

Azithromycin 1g PO

Metronidazole 2g PO

**Consider what regimen is easiest to get to patients immediately.
Sometimes that might be a single tablet regimen.**

CDC Guidelines on PrEP, 2021

Table 1a: Summary of Clinician Guidance for Daily Oral PrEP Use

	Sexually-Active Adults and Adolescents ¹	Persons Who Inject Drugs
Identifying substantial risk of acquiring HIV infection	Anal or vaginal sex in past 6 months AND any of the following: <ul style="list-style-type: none"> • HIV-positive sexual partner (especially if partner has an unknown or detectable viral load) • Bacterial STI in past 6 months² • History of inconsistent or no condom use with sexual partner(s) 	HIV-positive injecting partner OR Sharing injection equipment
Clinically eligible	<p style="text-align: center;"><u>ALL OF THE FOLLOWING CONDITIONS ARE MET:</u></p> <ul style="list-style-type: none"> • Documented negative HIV test result within 1 week before initially prescribing PrEP • No signs/symptoms of acute HIV infection • Estimated creatinine clearance ≥ 30 ml/min³ • No contraindicated medications 	
Dosage	<ul style="list-style-type: none"> • Daily, continuing, oral doses of F/TDF (Truvada®), ≤ 90-day supply <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • For men and transgender women at risk for sexual acquisition of HIV; daily, continuing, oral doses of F/TAF (Descovy®), ≤ 90-day supply 	
Follow-up care	<p><u>Follow-up visits at least every 3 months to provide the following:</u></p> <ul style="list-style-type: none"> • HIV test, medication adherence and behavioral risk reduction support • Bacterial STI screening for MSM and transgender women who have sex with men² – oral, rectal, urethral, blood • Pregnancy testing for women (with reproductive potential) • Access to clean needles/syringes and drug treatment services for PWID <p><u>Follow-up visits every 6 months to provide the following:</u></p> <ul style="list-style-type: none"> • Assess renal function for patients aged ≥ 50 years or who have an eCrCl < 90 ml/min at PrEP initiation • Bacterial STI screening for all sexually-active patients² – [vaginal, oral, rectal, urine- as indicated], blood • For patients on F/TAF, assess weight, triglyceride and cholesterol levels <p><u>Follow-up visits every 12 months to provide the following:</u></p> <ul style="list-style-type: none"> • Assess renal function for all patients • Chlamydia screening for women - vaginal 	

³ adolescents weighing at least 35 kg (77 lb)

Three PrEP medications are approved by the U.S. Food and Drug Administration:

- F/TDF (Truvada[®] or generic equivalent)
- F/TAF (Descovy[®])
- CAB (Apretude[®])

	TRUVADA	DESCOVY
Effectiveness	>99% effective	
Safety: general	Both medicines have very low rates of side effects overall.	
Cost & affordability	Same cost; assistance programs available to cover costs of co-pays and medical care	
Regimen	Daily use & PrEP 2-1-1	Daily use (Although Descovy for PrEP 2-1-1 is being studied, there is inadequate clinical data to support this regimen now)
Show to be effective for	Everyone, including: Gay & bisexual cis men Trans women Trans men Cis women Heterosexuals People who inject drugs	Only: Gay & bisexual cis men Trans women (No clinical data to support use in people who may be exposed to HIV through vaginal sex or injection drug users)
Bone health	People with osteoporosis should avoid	Safer to take with osteoporosis
Kidney health	People with existing kidney issues or a strong family history of kidney disease should avoid	Safer to take with existing kidney issues or a strong family history of kidney disease, though monitoring still recommended
Weight gain & cholesterol	Small degree of weight loss and small increases in LDL in some studies	Small degree of weight gain and increases in LDL in some studies
Pill size (actual size)		

Truvada has been available for many more years than Descovy. There is substantially more data to support use of Truvada than Descovy.

Additional PrEP Considerations

POSSIBLE SIDE EFFECTS

Oral PrEP (TDF/FTC, TAF/FTC)

- Nausea, diarrhea, or headache; usually mild and resolves within 1 month
- Renal dysfunction; typically reversible if PrEP is stopped (risk greater with TDF)
- Slight (1%) loss of bone mineral density over 1 year; no increased risk of fractures (risk greater with TDF)
- TAF: possible weight gain

Injection PrEP (CAB)

- Injection site reactions

CAUTIONS

- Symptoms of possible acute HIV (e.g., flu-like illness); defer PrEP and evaluate immediately for acute HIV, including HIV RNA testing
- Be aware of local policies related to minors and HIV prevention/treatment
- Drug interactions: See product Prescribing Information

Oral PrEP (TDF/FTC, TAF/FTC)

- Hepatitis B (HBV) infection can flare after stopping PrEP medications; check for HBV infection before starting PrEP
- Chronic kidney disease (CKD) or significant risk of CKD
- Osteoporosis

Injection PrEP (CAB)

- Not studied for persons age < 18, not recommended
- Pregnancy/breastfeeding: discuss benefits/possible risks

PrEP Visit Checklist for Providers

TIMELINE



INDICATIONS

- Weighs at least 35 kg (~77 lbs)
- Without evidence of acute or established HIV infection
- Adequate renal function (creatinine clearance ≥ 60 mL/min)
- Increased risk of HIV acquisition through sex or injection drug use, including one or more of the following for the patient AND/OR their partner(s):
 - Condomless vaginal or anal sex (receptive or insertive) with a partner who is HIV infected or of unknown infection status in the past 6 months
 - An HIV-positive partner with a detectable or unknown viral load
 - Diagnosis of a bacterial STI (gonorrhea, syphilis, chlamydia) in the past 6 months
 - A history of stimulant (such as methamphetamine) or injection drug use
 - A history of transactional sex activity
 - A history of intimate partner violence

	LABS	PSYCHOSOCIAL EVALUATION	OTHER
INITIAL VISIT	<ul style="list-style-type: none"> <input type="checkbox"/> HIV Test - 4th Gen <input type="checkbox"/> RPR <input type="checkbox"/> GC/CT (3-site, if indicated) <input type="checkbox"/> Hep A, B, and C <input type="checkbox"/> Metabolic Panel <input type="checkbox"/> Urinalysis <input type="checkbox"/> Pregnancy Test (if indicated) <input type="checkbox"/> Assess for Acute HIV Infection 	<ul style="list-style-type: none"> <input type="checkbox"/> Assess prospective adherence issues <input type="checkbox"/> Provide risk-reduction counseling <input type="checkbox"/> Offer condoms <input type="checkbox"/> Manage side effects <input type="checkbox"/> Mental health screening and referral is needed <input type="checkbox"/> Assess reproductive health plans 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide same day initial PrEP Prescription when possible <input type="checkbox"/> No refills, only 30 days of medication
30-DAY VISIT	<ul style="list-style-type: none"> <input type="checkbox"/> HIV Test - 4th Gen <input type="checkbox"/> RPR <input type="checkbox"/> GC/CT (3-site, if indicated) <input type="checkbox"/> Metabolic Panel <input type="checkbox"/> Urinalysis <input type="checkbox"/> Pregnancy Test (if indicated) <input type="checkbox"/> Assess for Acute HIV Infection 	<ul style="list-style-type: none"> <input type="checkbox"/> Assess adherence <input type="checkbox"/> Provide risk-reduction counseling <input type="checkbox"/> Offer condoms <input type="checkbox"/> Manage side effects <input type="checkbox"/> Mental health screening and referral is needed <input type="checkbox"/> Assess reproductive health plans 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide PrEP prescription with 3 refills ONLY <input type="checkbox"/> Provide any needed vaccinations and contraceptive modalities where necessary <input type="checkbox"/> If notable adherence concerns present, patient should return in 30 days
QUARTERLY VISIT	<ul style="list-style-type: none"> <input type="checkbox"/> HIV Test - 4th Gen <input type="checkbox"/> RPR <input type="checkbox"/> GC/CT (3-site, if indicated) <input type="checkbox"/> Hep C (quarterly to annually per risk) <input type="checkbox"/> Metabolic Panel <input type="checkbox"/> Urinalysis <input type="checkbox"/> Pregnancy Test (if indicated) <input type="checkbox"/> Assess for Acute HIV Infection 	<ul style="list-style-type: none"> <input type="checkbox"/> Assess adherence <input type="checkbox"/> Provide risk-reduction counseling <input type="checkbox"/> Offer condoms <input type="checkbox"/> Manage side effects <input type="checkbox"/> Mental health screening and referral is needed <input type="checkbox"/> Assess reproductive health plans 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide PrEP prescription with 3 refills ONLY <input type="checkbox"/> Provide any needed vaccinations and contraceptive modalities where necessary <input type="checkbox"/> If notable adherence concerns present, patient should return in 30 days