Clinical Education Session

https://ashm.org.au/training/SSHC-sessions/

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December 11, 2019
Ruthy McIver

Patient initiated partner treatment for chlamydia infection in the Netherlands: views of patients and partners

- PIPT is not legal in the Netherlands
- 1/3 reinfections in heterosexuals due to an untreated partner
- Qualitative study of patient and partner attitudes and preferences

Int J STD AIDS. 2019 Oct;30(11):1071-1079. doi: 10.1177/0956462419851906. Epub 2019 Sep 19

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Australian PDPT Recommendations

✓Laboratory confirmed chlamydia

✓Heterosexual partners unable or unlikely to attend

✓Heterosexual patients with repeat infections and untreated partners

X Men with male partners

X Concurrent infections

X Partners who are pregnant or symptomatic

X Patient safety concerns

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Methods

- Recruitment at SHC and GPs in various locations
- Heterosexuals 16 years or older with chlamydia or attending as a contact
- Interviews in Dutch by phone or in-person and then coded and analysed
- 15 Euro reimbursement

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Participants

- 20 patients and 21 partners
- All but one were recruited from a sexual health clinic
- 17-38 years (68% under 25)
- 21 female, 20 male,
- Dutch, African, Surinamese, other

Regions with significant populations	
Suriname	575,990[1][2]
Netherlands	349,978[3][4]
French Guiana	32,412[5]
France	24,753[5]

Results

- Most thought PN was important
- PIPT was thought to make PN easier (“offers a solution”, “shows responsibility”)
- High motivation in steady and “super casual” relationships
- Motivation related to degree of affection, type of partnership, knowledge of chlamydia, cultural factors
- Cultural acceptance of different partnerships a common barrier
- Concern about breaking PN chain if treated without testing
- Request for packaged Rx with information insert, website or clinic phone number

Recommendations

- Complex factors influence PN decisions
- Educational, motivational and communication challenges
- Offering a range of options may improve PN
- PIPT with the option for a home-test kit
- Partner information in print or by SMS

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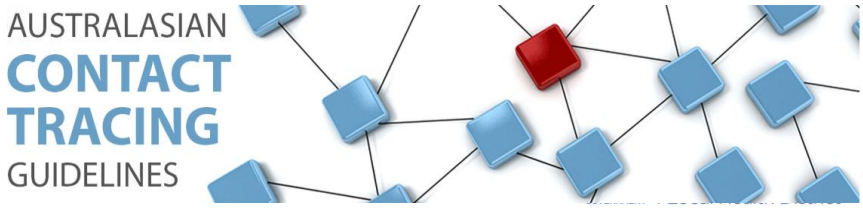
Resources

https://stipu.nsw.gov.au/wp-content/uploads/Chlamydia-Treatment-Partner-Information_final.pdf

https://stipu.nsw.gov.au/wp-content/uploads/Chlamydia-Treatment-Patient-Information_final.pdf



HIV nursing practice: the role of named nurses in the first year of outpatient care

- Nurse assigned at first appointment after diagnosis
- Single point of contact for the first year
- Monthly appointments for three months, then as needed
- 6-10 appointments in first 12 months

Int J STD AIDS 24 Sep 2019, 30(11):1129-1130 DOI: 10.1177/0956462419848959

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Results

- Anonymous10-item evaluation survey
- 33 surveys (83% completion rate)
- 97% rated service as very good or excellent
- Participants valued support of named nurse and having time to ask questions
- 36% saw their named nurse for most appointments
- 24% said seeing the same person was very important to them

"Otherwise you keep repeating the same things over again"

"You build a relationship with that nurse, and they get to know you better".

"I've been seen by most nursing staff in the department and find that they all give the same level of care and attention"

"Different staff have different skills"

https://www.researchgate.net/publication/336019705_HIV_Nursing_Practice_The_role_of_named_nurses_in_the_first_year_of_HIV_outpatient_care

Recommendations

- Patients seem to value the named nurse model and staff should ensure patients see their named nurse as often as possible

- ¼ thought seeing the same person was important
- High satisfaction among all patients (2/3 didn't see their named nurse for most appointments)

- Appointment convenience vs. consistent clinician
- Other "named" models: peer support, counselling

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The panty condom: a pilot study of the function and acceptability of an alternative female condom design

- Female condom accounts for 0.2% of condoms used globally
- Cost, acceptability, design challenges and regulatory barriers
- The "panty condom" contraceptive lingerie
- Developed in Columbia over 10 years ago
- No data on popularity or acceptability

Int J STD AIDS. 2019 Oct;30(11):1080-1086. doi 10.1177/0956462419845543

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The Panty Condom

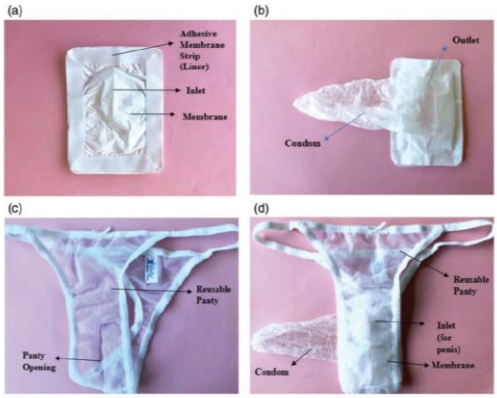

Figure 1. Panty Condom. (a) Condom enclosed in membrane; (b) Condom removed from membrane; (c) Panty prior to insertion of adhesive membrane; (d) Panty with membrane inserted.

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Methods

- Pilot study in S. Africa
- Experienced female condom (FC) users
- Training and education including a demonstration on a pelvic model
- Instructions in English and Zulu
- Asked to use 5 PC over 4-6 weeks
- Asked to complete a condom diary

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Results

- Sample size: 19 out of a planned sample size of 50 due to production issues with the manufacturer
- Primary objective: clinical failures
  - Clinical breakage (during sex)
  - Non-clinical breakage (before use)
  - Slippage
  - Misdirection (penis inserted between the condom and the vaginal wall)
  - Invagination (external retention feature pushed into the vagina during sex)
- Secondary objective: acceptability

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Results

- All 19 women used all 5 PC and returned for follow up
- Total failure rate = 8 (8.4%)
  - 2 condom body
  - 6 detachment of membrane

Acceptability Features	"Liked very much or somewhat" (%)
Feel/sensation	84
Length	68
Lubrication	74
Appearance	68
Ease of use	84
Scent	63
Colour	68
Overall fit	79

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Recommendations

- PC failure rate twice as high as FC
- Most failures related to poor quality and size
- Overall very high acceptability rate

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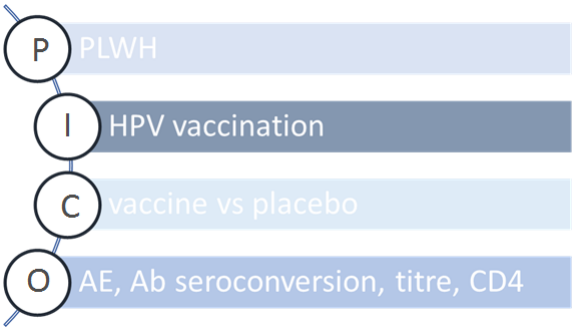
Safety and efficacy of HPV vaccination for PLWH: systemic review and meta analysis

- HPV more common and persistent in PLWH
- Higher risk of HPV-related cancers
- Most studies have looked at safety, immunogenicity and cost effectiveness in the general public
- Vaccine advice for PLWH unclear

Int J STD AIDS. 2019 Oct;30(11):1105-1115. doi 10.1177/0956462419852224

Methods

PRISMA: Evidence-based minimum set of items for reporting systematic reviews and meta-analyses



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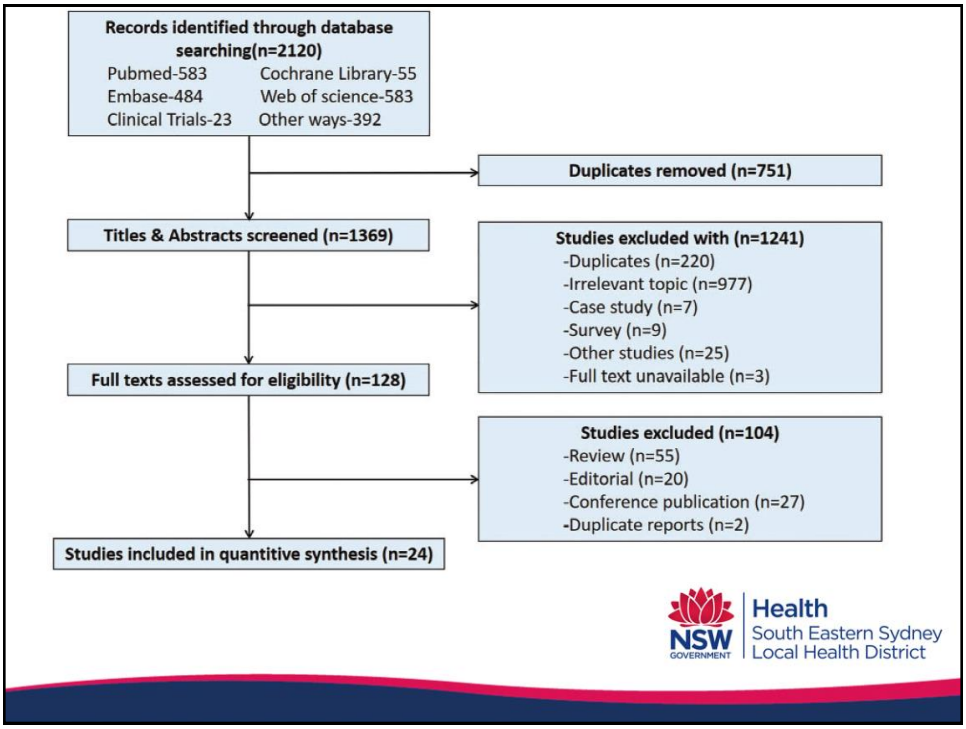

Results: Safety

Pooled risk ratios

- Compared with placebo
  - Higher risk of injection site reaction
    RR: 2.63, 95%CU: 1.72-4.01, p=<0.001
  - No difference in other adverse events
- Compared with HIV negative vaccines
  - No difference

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Results: Immunogenicity

Pooled risk ratios

- Proportion of HPV antibody seroconversion
  - HPV 6 and 11: 94%
  - HPV 16: 98%
  - HPV 18: 90%
- Compared with HIV negative vacinnees:
  - No difference except for HPV 18

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Discussion

- Limited data on Gardasil 9
- Insufficient data on HPV related cancers
- HPV vaccines are safe and efficacious
- The authors recommend vaccinations for PLWH
- Australian guidelines recommend a 3-dose 9vHPV for PLWH but
  - Age $\geq$19
  - Likelihood of previous and future exposure

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