

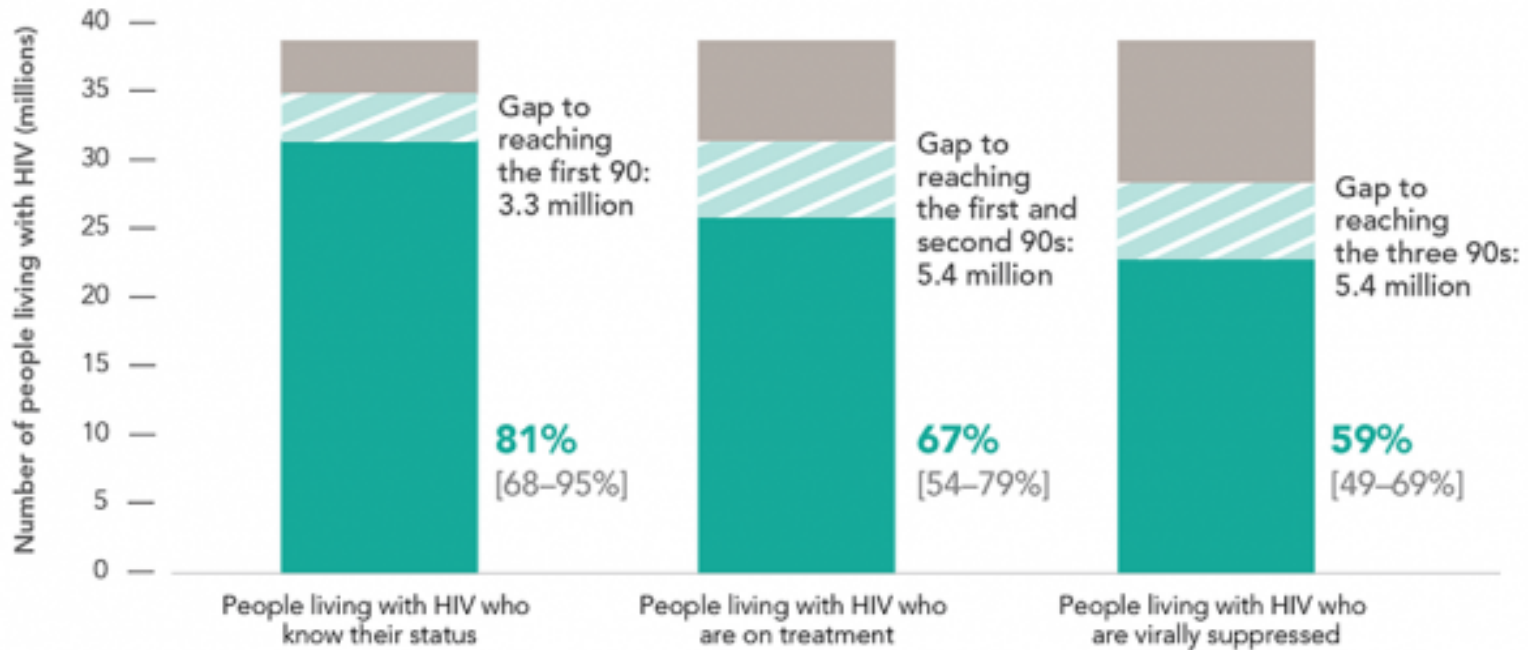
# New Diagnosis in a Woman of Childbearing Age: Module 1 Answers



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# Global HIV Care Continuum

## HIV testing and treatment cascade, global, 2019



Source: UNAIDS special analysis, 2020.



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UNAIDS. (2020) "90–90–90: good progress, but the world is off-track for hitting the 2020 targets."

# Barriers to Achieving 95-95-95 Goals

- 95% of all people living with HIV know their HIV status
  - » Limited access to HIV testing and counseling, especially for key populations
  - » Avoidance of HIV testing or care engagement
  - » HIV stigma
- 95% of all people diagnosed with HIV receiving sustained antiretroviral therapy
  - » Limited access to ART (cost, stock-outs, gaps in procurement systems)
  - » Alcohol and substance use among PWH
  - » Delayed scale up of “Treat All” (ART for all PWH, regardless of CD4+)
- 95% of all people on ART virally suppressed
  - » Healthcare worker shortages
  - » Long distances to clinic
  - » Limited viral load testing availability
  - » Limited resources for patient tracking, engagement, additional support



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# Key Information to Include in New Diagnosis Counseling

- Explaining the test results and diagnosis
- Allowing time for the patient to process the news
- Discussion of immediate concerns and identification of a support network
- Clear information on ART: benefits to health, reduction in transmission, and where and how to obtain it. Ideally, patients should receive test-and-treat, i.e., same day linkage and initiation of ART
- A referral appointment with time and date for HIV care services (ideally same day)
- A discussion of anticipated barriers to linkage to care and services
- Information on preventing transmission to sexual partners
- Discussion of the risks and benefits of disclosure
- Offer testing for sexual partners, children, and family
- Assess risk of gender-based violence (GBV)
- Assess the mental health status of the patient and any risk for suicide
- Referrals to additional services if needs identified
- Time for questions and answers



# Risk of HIV transmission after a single exposure if patient is not on suppressive ART

	Exposure route	Risk per 10,000 exposures to an infected source (risk)	Order of risk
<b>Blood-borne exposure</b>	Blood transfusion	9250 (9/10)	#1
	Needle-sharing injection drug use	63 (1/150)	#4
	Percutaneous needle stick	23 (1/435)	#5
	Mucous membrane exposure to blood (eg, splash to eye)	10 (1/1,000)	#7
<b>Sexual exposure</b>	Receptive anal intercourse	138 (1/72)	#3
	Insertive anal intercourse	11 (1/900)	#6
	Receptive penile-vaginal intercourse	8 (1/1250)	#8
	Insertive penile-vaginal intercourse	4 (1/2500)	#9
	Receptive or insertive penile-oral intercourse	0-4	#10
<b>Perinatal</b>	Mother-to-child	2260	#2
<b>Other</b>	Biting, spitting, throwing body fluids (including semen and saliva)	Negligible	#11

ZERO Risk: hugging, kissing, shaking hands, sharing a toilet seat



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# Module 1: Learning Objectives

By the end of the module, the learner will be able to:

1. Recognize the psychosocial effects of a new HIV diagnosis
2. Identify barriers to linkage to care for individuals newly diagnosed with HIV
3. Demonstrate how to support an individual newly diagnosed with HIV with the aim of supporting linkage to care and rapid ART initiation for all patients
4. List risk factors related to increased risk of HIV transmission and understand that individuals who are virally suppressed cannot sexually transmit HIV (undetectable = untransmittable).
5. Discuss appropriate ART regimens for any adult
6. Describe contraception options for women living with HIV and at risk for acquiring HIV
7. Describe the appropriate team-based clinical management and follow-up for (a) a newly diagnosed patient and (b) a stable patient with undetectable VL



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