How To establish an HIV sexual health clinic
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JUSTRI is a UK-based not-for-profit organisation, dedicated to providing resources and education for those with and working with HIV, viral hepatitis and TB. See our work at www.justri.org


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Special thanks to Robin Langley and Louise Weston
“It is a brilliant idea to have a one-stop sexual health service in the HIV clinic with easy open access that’s convenient, flexible, professional and non-judgemental; especially for us MSM (men who have sex with men). We feel less stigmatised and more valued as patients”
Contents

Section 1: Introduction 5
How to use this guide ................................. 6
Why have dedicated HIV sexual health clinics? ....... 7
Basics of sexual health in people living with HIV .......... 8

Section 2: The HIV Sexual Health Clinic 10
What do you need for a ‘one-stop’ HIV sexual health clinic? ....... 10
1. Space ....................................................... 10
2. Equipment ................................................ 10
3. Staff ......................................................... 13
4. Training ..................................................... 14
5. Laboratory support ...................................... 14

How to run the clinic ........................................ 15
Which services should you provide or link to? .......... 16
1. Sexual health: screening and management .............. 16
2. Other services ........................................... 16
3. HIV care .................................................. 16
4. Obstetrics And Midwifery ................................ 17
5. Gynaecology and Urology ................................ 17
6. Psychology/counselling and peer support ............... 18
7. Drugs and alcohol services ............................ 18
8. General practitioner/family doctor ....................... 18
Section 1: Introduction

Welcome to the first edition of the JUSTRI guide for establishing and running an HIV sexual health clinic.

A high proportion of those infected with HIV acquired their infection sexually. Across the World there are rising rates of sexually transmitted infections in all communities, with a resurgence of syphilis and lymphogranuloma venereum (LGV), especially in men who have sex with men (MSM). Sexual health services are the place of diagnosis for many with HIV and their risk of ongoing sexually transmitted infections (STIs) is often high. Consequently, we believe that a cohesive and compassionate provision of co-ordinated sexual health and HIV care is vital.

This guide is designed for practical use by those organising and delivering sexual health care to individuals infected with HIV, including those co-infected with viral hepatitis B (HBV) and/or hepatitis C (HCV). It provides the basis for establishing and running a dedicated HIV sexual health clinical service and has been developed using the model of an established clinic based at the Royal Free Hospital, London, UK, which provides care for over 3500 people living with HIV (PLHIV). Of course, this model will need to be modified for your own setting and needs and can just as easily be the template for a sexual health clinic for those wishing to be screened for HIV as well as other sexually transmitted infections, including viral hepatitis.
How to use this guide

We hope that reading this guide will help those of you who are working with HIV and sexual health to have a clearer understanding of the issues involved. Also, that by sharing the information with your friends, medical colleagues and other professionals and those you look after that your experience of providing care will be improved. Dialogue between HIV doctors and other physicians, nurses, patients and those that work in other areas of health is improving all the while; this is especially important in the area of sexual health where stigma is often a major barrier to good medical care.

The subject of HIV and sexual health is a constantly changing field and there are many online sources in the Further Information section of this guide. These provide a wealth of scientific and general information about the various areas. Don’t be afraid of using the internet to find things out – we all do nowadays! Information provided on the internet, however, is of varying quality and should be read with caution, although Wikipedia is usually very accurate. As with all printed information, please check for updates to this guide, especially if reading it after December 2017; the latest version will always be online at www.justri.org.

A large number of individuals, some living with HIV, have contributed to this guide. We welcome any comments or corrections and ideas or suggestions for inclusion in future editions, please send these to home@justri.org.

JUSTRI and the authors of this guide welcome you to contact them if you wish to establish an HIV sexual health clinic or for advice on the running of your service. Through our JUSTRI Skills Exchange programme, (see www.justri.org), we offer training in areas needed to provide the best care for those living with HIV – please get in touch with us at home@justri.org to find out more.
Why have dedicated HIV sexual health clinics?

Those with HIV have a variety of sexual health needs that can vary from uninfected individuals. Traditionally, sexual health has been delivered by a range of specialists many of whom lack experience with HIV.

The ability to provide cohesive care, preferably in a one-stop-shop setting, facilitates a better understanding of the issues facing PLHIV, a streamlined pathway for all aspects of their care and an holistic environment for both patients and those providing services to them. There are additional benefits in that their healthcare needs can be addressed in fewer visits, especially benefiting those who do not live locally. Clinics can also offer care for individuals uninfected by HIV but at high risk, such as men who have sex with men (MSM) or the partners of those with HIV, but the focus should remain on providing the best package of care for PLHIV.
Basics of sexual health in PLHIV

In recent years there has been a rapid increase in the number of sexually transmitted infections, mainly in young people, especially MSM and most notably of syphilis, gonorrhoea, chlamydia and LGV. Many of the individuals diagnosed with these infections have been HIV-positive MSM but sexual health is an issue for all patients with HIV as well as their partners.

Routine monitoring of sexual health by regular screening and prompt diagnosis and treatment is not only vital for the individual, but also reduces onwards transmission to sexual partners and is an important part of good public health strategy.

Having HIV is only one aspect of sexual health. PLHIV who are sexually active (having sex), need to be aware of other sexual and reproductive health issues that might affect them. This includes feeling comfortable with their sexuality, the kinds of sex they are having and who they are having sex with.

Moreover, HIV may affect the ability to access appropriate medical services due to fear, stigma, gender-based violence where partners may not want them to be seen, ignorance and lack of empathy by medical, nursing and other staff inexperienced with the sexual health needs of PLHIV.

Most of these aspects of sexual health in PLHIV can be addressed by providing welcoming and targeted services.
Section 2: The HIV Sexual Health Clinic

People living with HIV should expect their healthcare to be delivered to the same standard as that provided to those without HIV infection. The ultimate goal is to reduce the incidence of STIs in the community. This can be achieved by providing open and non-judgmental services that offer free and immediate diagnosis and treatment to those who may be at risk of an STI. The healthcare they receive should meet the current accepted national standards and be in line with the most up-to-date local and professional guidelines.

The number of individuals with HIV you look after in your own setting will determine how best you provide for their specific sexual health needs. If you only care for a few PLHIV, it may not be logical to develop all of the services discussed in this guide in a single clinic environment. What is suggested in this guide is an optimal approach and should be modified for your own setting.

Healthcare systems vary widely and general sexual health services may be provided in several different places, none or some of which may be linked to where HIV care is delivered. In this case, the goal would be to establish a network of practitioners who have an understanding and interest in the sexual health of those living with HIV. Then create smooth referral pathways and maintain clear lines of communication, such that an individual’s care is both comprehensive and holistic.

What do you need for a ‘one-stop’ HIV sexual health clinic?

1. SPACE
   - A clinical/consulting room large enough to be divided with a screen, to enable the patient to undress and prepare for the examination with privacy and dignity
   - A waiting room with a child-friendly area and a toilet with baby-changing facility

2. EQUIPMENT
   - An examination couch with or without stirrups. This should be suitable for colposcopy examination and/or insertion of intra-uterine contraceptive devices (IUD/IUS)
   - A portable/fixed (ceiling or wall mounted) adjustable light
   - A trolley, ideally one with free top working space and lockable drawers to store the test kits swabs and smaller equipment
- Gloves
- Speculums of all sizes and water based lubricant
- Proctoscopes
- Cytology tests or kits – liquid-based cytology pots and brushes or Pap smear spatulas, slides and fixative depending on what is currently used in your setting
- Sexually transmitted infection (STI) tests or kits:
  **For Women:**
  - Endo-cervical or vulvovaginal swabs for Chlamydia trachomatis (CT) and gonorrhoea (GC) nucleic acid amplification testing (NAAT)
  - High vaginal swabs/ transport medium for Trichomonas vaginalis (TV), Bacterial Vaginosis (BV) and Candida (thrush/ yeast) infection (for culture testing)
  - Agar plates for cervical GC culture
  - HSV (Herpes simplex virus) transport medium
  **For Men:**
  - Urine pots for CT and GC testing (NAAT)
  - Rectal and pharyngeal swabs for CT and GC testing (NAAT)
  - Agar plates for GC culture
  - HSV (Herpes simplex virus) transport medium
  - Microscopy if feasible in your setting:
    - A microscope to check for TV, BV, candida/ yeasts; GC (urethral, rectal, and cervical); pubic lice/ crabs
    - Glass slides and cover slips
    - Sodium chloride 0.9% ampoules or equivalent for wet prep
    - Heating bench to fix the specimen onto the slide pre- and post-Gram staining
    - Gram stains (crystal violet, iodine, acetone, and Safranin O or basic red 2)
    - Oil for dry prep oil immersion objective microscope
  - Venepuncture kits for serological tests for syphilis, hepatitis A, B, and C.
  - Cryotherapy/liquid nitrogen (LN) for wart treatment
  - Pregnancy testing kits
  - Urinalysis testing kits
  - Patient information leaflets on cervical screening, contraception, the menopause, breast examination, MSM, sexually transmitted infections and other vaginal infections, domestic and sexual violence, drugs and alcohol and pre-conceptual care (even if not available specifically for HIV-positive women)
  - Information booklets on all aspects of HIV and sexual health
  - Condoms/femidoms, also gloves to give away for fisting
Section 2: The HIV Sexual Health Clinic
3. STAFF

Our clinic is held in the general HIV day care centre and all the staff work alongside each other. Sexual and reproductive healthcare or genitourinary medicine (GUM) however does not necessarily exist as a speciality in some settings. In many countries where JUSTRI operates much of this work is provided, to some level by gynaecologists and/or dermatovenerologists who manage syphilis and vulval conditions. The provision of sexual health services is largely left to individual practitioners. In addition, there may be limited training of nursing staff in sexual health and contraception. Having the right staff is one of the biggest challenges to providing a cohesive service; it takes time to identify those to be trained and those who are willing to be involved in developing a functional HIV sexual health clinic. It is best to approach this one step at a time and to slowly improve staff capacity, thereby developing a team who work well together and have the skills to provide the service you wish to give to your PLHIV.

Listed below are the staff we currently have available in our HIV Sexual Health Clinic.

- **Sexual and reproductive health-trained nurse.** Ideally a nurse competent to take STI screening and cytology samples, provide conception/contraception and general advice on sexual health.
- **Sexual and reproductive health-trained doctor** to support the nurse, prescribe drugs, perform procedures (IUD/IUS fittings) and give more specialist advice about gynaecological issues, pregnancy, menopause and fertility
- **HIV doctor** to work alongside the other professionals and provide expertise in HIV and co-morbidities
- **HIV patient advocate** who can listen, advise and share their experiences, as well as advocate for individual PLHIV across a wide variety of subjects
- **Child-minder** (could be a volunteer or nurse) to allow patient a child-free consultation
4. TRAINING

Training and competence of staff in an HIV sexual health clinic is vital for the development of an effective service. This will be country specific and it’s important to decide how best your healthcare professionals can be supported to gain the knowledge needed and to then disseminate their expertise through teaching, training and sharing of best practice. There should be local training programmes, but if not or to help support these, there are many on-line programmes. In addition, JUSTRI are always willing to support you to develop training for your staff, please just contact us at home@justri.org.

In the UK, there is a plethora of training opportunities for doctors, nurses and other health professionals in sexual health. For instance, some nurses enrol for specific modules on ‘Sexual and Reproductive Health’ at University or attend STIF (Sexually Transmitted Infection Foundation) courses, run by the British Society for Sexual Health and HIV (BASSH). An understanding and willingness to keep up to date with new ways of screening, treating and caring for patients with HIV and other sexually transmitted diseases in the clinic is vital to providing the best service possible. Further areas in which training is helpful include gender-based/intimate-partner violence and how to engage and retain patients in care.

5. LABORATORY SUPPORT

It is imperative to have laboratory services for your sexual health clinic. These should be provided in addition to standard HIV laboratory testing and the laboratory needs to be able to deliver test results in a timely manner for clinical decisions and follow-up. The availability of specific tests will vary widely and it is vital to have a good relationship with your laboratory colleagues to develop an effective service.

One of the basics will be testing for STIs (some tests may be possible to evaluate in your clinic with a microscope, reagents and suitable training), another is pregnancy testing and urinalysis. However, more specialised testing and, specifically, evaluation of cytology specimens will require formal laboratory support in line with your national guidelines.
How to run the clinic

The clinic should operate a range of services to accommodate both the planned and unplanned nature of the illness and treatment.

These should include:

- A clinic with booked appointments
- Daily emergency or ‘walk-in’ services (for problems that arise at short notice and between appointments)
- A strategy in place for out-of-hours access for emergencies
- Virtual or e-clinics with e-mail consultation may be an option, especially when distance is a problem for the patient

The frequency of booked clinics will depend on your patient caseload and capacity, with appointment slots for new patient referrals and those in routine follow-up. New referrals should be accepted from within the hospital, from other services (other hospitals, primary care and other agencies, such as maternity services) and directly from the patients themselves, i.e. self-referral. New patient slots should be at least 30 minutes long to allow sufficient time for a full initial assessment, history and examination.

How the clinic operates will vary according to local needs and resources; however, division of the patient assessment can speed-up the process. One method is for the nurse (when trained) to perform the blood tests and the doctor to take the history and examine the patient. In this way, all data can be assimilated by the end of the consultation and a treatment and follow-up plan be made and discussed before the patient leaves the clinic.

Patients need variable amounts and types of information when they come to clinic. Nurses are best placed to assess information needs and provide resources on transmission, prevention, treatment and support.

Summaries of clinic visits should be entered into shared notes and copies sent securely with the patient’s consent to key personnel involved in their care. It is a good idea to send copies of correspondence to the patient themselves (with their consent) to keep them central in any decision-making.

The relationship between HIV and sexual health can be complex and benefits from clinic services that can provide an integrated approach to care, management and treatment. Historically, management of sexual health in HIV has been fragmented and led to poor user involvement and unacceptable delays in patients accessing care and treatment.

In an ideal situation, a joint clinic with staff having expertise in both HIV and all aspects of sexual health should be established, so that care that is specifically tailored to PLHIV can be offered in a single patient consultation. In the absence of a joint clinic per se care may need to be provided across sites, in which case the goal is to adopt an integrated approach through clear communication for shared decision making between the patient and the key care providers.
Which services should you provide or link to?

Some of these can be delivered in the HIV sexual health clinic whereas others will need you to develop partnerships within your hospital or elsewhere in order to deliver comprehensive care. Sexually transmitted infections (STIs) and genitourinary conditions can present in a variety of different specialties (e.g. dermatology, gynaecology, urology, and infectious diseases) therefore cross-referral is common and should be encouraged. Outreach teaching of your colleagues is a great way to reduce stigma and advertise your sexual health service.

1. SEXUAL HEALTH: SCREENING AND MANAGEMENT

All PLHIV should be supported to protect themselves (and others) from acquiring new STIs, through access to regular screening and prevention interventions for all STIs. Investigation, diagnosis and treatment of STIs should form a regular part of health monitoring, with clear referral pathways for expert opinion for complex cases. STI screening should be offered to all new patients as part of their HIV medical assessment and annually thereafter or every 6 months for MSM regardless of symptoms as recommended by the BASHH (British Association for Sexual Health and HIV), and at other times when necessary or requested by the patient, such as after meeting a new partner or prior to starting a new relationship.

2. CONTRACEPTION: COUNSELLING AND PROVISION

All individuals who are HIV positive should have access to accurate information about contraceptive choices, including specialist advice on safe options for those using antiretroviral drugs. This should be available both within the specialist HIV sexual health clinic and through liaison pathways with dedicated local contraceptive services (with knowledge of the issues pertaining to HIV), if appropriate. The UK Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists have produced a guide to contraception, www.fsrh.org/pdfs/UKMEC2009.pdf, which is a country-specific modification of the World Health Organization guidelines document on the same subject (www.who.int/reproductivehealth/publications/family_planning/9789241563888/en/).

3. HIV CARE

People living with HIV should receive care overseen by a consultant physician specialist in HIV and provided by doctors and nurses who are knowledgeable and competent to care for them in recognised governance and management structures.
4. OBSTETRICS AND MIDWIFERY

A major success in the management of HIV has been the prevention of vertical transmission. The high uptake of routine antenatal screening for HIV, coupled with appropriate management for women with HIV during pregnancy and delivery and women and their infants in the postnatal period, have resulted in rates of vertical transmission in the UK that are between 0.1% and 1%. The provision of appropriate care during and after pregnancy, including the use of antiretroviral therapy (ART) and obstetric intervention, continues to evolve.

Women living with HIV must be able to access appropriate healthcare services, including those for sexual health, for a safe pregnancy and childbirth to provide the best chance of having a healthy infant.

The management of pregnancy, childbirth and the immediate postnatal period for women with HIV should be in line with current national guidelines and undertaken by a specialist multidisciplinary team (to include obstetrician, HIV specialist physician, specialist midwife, psychologist, specialist HIV pharmacist and paediatrician) with expertise in HIV and pregnancy. Designated individuals within the hospital/centre should be identified to undertake this work.

An agreed documented birth plan is essential to ensure continued prevention of mother-to-child transmission. The pregnant woman should also have a copy of this document in the event that she presents in labour at another institution/hospital.

5. GYNAECOLOGY AND UROLOGY

A good relationship with your local gynaecologist and urologist is imperative. It is important that referral pathways are established for the medical management of common and more complex gynaecological and urological problems, as well as human papillomavirus (HPV) related conditions such as cervical intraepithelial neoplasia (CIN), vulvar intraepithelial neoplasia, vaginal intraepithelial neoplasia and anal intraepithelial neoplasia. Access to a doctor or specialist nurse with an interest in menopause/post-reproductive women’s health may be useful for your female patients as they get older.
6. PSYCHOLOGY/COUNSELLING AND PEER SUPPORT

Psychological health and wellbeing are key components of health and quality of life for everyone and especially for those living with HIV. Whatever an individual is going through, they can manage their physical health better if they are coping emotionally. PLHIV should receive care and support that promotes their mental, emotional and cognitive wellbeing and is sensitive to the unique aspects of living with HIV.

Some PLHIV experience anger, sadness, fear and guilt because HIV still carries a lot of stigma. All their care should be confidential, non-stigmatising and promote emotional, cognitive and behavioural wellbeing. It is vital to have a sensitive, caring and professional approach when trying to establish who else in their life may be at risk of HIV infection, e.g. partner(s) or children, who will need to be offered HIV testing. Clear local policies and pathways of post-diagnosis support should be in place and access to specialist psychology services is recommended.

Peer support is very helpful for PLHIV as they may be isolated and have little or no contact with anyone with HIV in their social circle. Link up your local HIV NGOs to help with this.

7. DRUGS AND ALCOHOL SERVICES

Many patients may have issues with drug and alcohol misuse and there is much evidence that these factors strongly influence the risk of acquiring HIV and other sexually transmitted infections. It is helpful to have good links with any local services that provide care for such problems and they are often a good source of referrals to the sexual health service.

8. GENERAL PRACTITIONER/FAMILY DOCTOR

It is very important that PLHIV are registered with a family doctor or general practitioner (GP) and they are involved in their care. Not all individuals will want to do this for reasons of confidentiality but they should be encouraged to, as it should improve their holistic care. All too often, communication problems cause mistakes to be made or care to be poor, or even dangerous, so it is vital that all healthcare professionals are kept up to date with what happens at the clinic, always with the patients consent. Developing this communication can be a slow process but is well worth persisting with.
Section 3: The Patient

All PLHIV under your care should be invited and encouraged to come to the HIV sexual health clinic on a regular basis. They should be given written information on where the clinic is, opening times, what services are provided and what they can expect to take place during a routine visit; a template for this leaflet is provided in Appendix 1.

Patients should be encouraged to utilise other sources of help available to them through the HIV clinic such as treatment support groups, patient networks, community nurses and GPs. Arrangements should be made for regular follow-up and patients encouraged to attend clinic or telephone if they experience any additional problems or lack something they need.

Patient Confidentiality

Patients visiting the sexual health service may disclose highly sensitive information to the doctor or nurse, so an explicit assurance of confidentiality to the patient is paramount. Confidentiality is central to the trust between patient and the clinician. Without this, a patient may not volunteer a full sexual history and their care may be compromised. This is not limited to sexual health clinics but applies in every healthcare setting. The right to anonymity is accepted within sexual health settings.

Here is a list of recommendations to maintain confidentiality which may be modified for different settings:

- Offer the patient a choice how they would like to be called in the waiting room (e.g. some clinics have a number system instead of calling them by their names)
- Do not discuss the patient’s case outside the team or where it can be overheard by others
- All consultations should occur in a private room and not at the reception area
- Disclose information to the GP (general practitioner/family doctor) only if the patient consents

There are instances, however, where confidentiality may be broken especially if it applies to serious communicable infections including HIV, Hepatitis B and C. The decision needs to be justified in accordance to your country specific laws.

- Anonymize patient data on records/forms/specimens by using identification (ID) numbers (e.g. for men use prefix M, year of attendance 2015 use 15, and generate start number 0001-M150001, similarly for female patients prefix F, year of attendance 2015 use 15, and generate start number 0001-F150001).
Patient support organisations

Effective support helps PLHIV develop confidence and competence in living with HIV. This development enables the individual to take increased responsibility for her own health and wellbeing. It can also encourage better adherence to medication and to other advice given. Having a patient advocate associated with the HIV sexual health clinic is vital to facilitate their engagement with ongoing care.

Some of the UK-based support organisations for PLHIV include the following, but it is highly recommended that you use your local support organisations to best help your patients:

- **Positively UK**
  (www.positivelyuk.org) provides peer-led support, advocacy and information to, women, men, young people, children and families living with HIV to manage all aspects of their diagnosis, care and life with HIV.

- **Body & Soul**
  (www.w.org) is a UK charity dedicated to transforming the lives of children, teenagers, adults and families living with, or affected by HIV.

- **African HIV Policy Network**
  (www.ahpn.org) works to improve the health and wellbeing of the UK’s African population, reduce health inequalities through influencing health policies and ensure that the health needs of Africans are recognised and addressed in a meaningful way.
Assessment and investigations

The standard assessments and investigations offered at our HIV sexual health clinic are listed below. The form we use to record our findings can be found in Appendix 2.

ESTABLISH:

- Sexual history
- Any significant current or previous STI concerns
- Any drug or alcohol use issues
- Any sex work
- Reproductive history
- Gynaecological history
- Cervical screening history
- Conceptual issues (desire for pregnancy, partner status, safe conception)
- Contraception needs
- Have children/partner been offered HIV testing

OFFER OR LINK TO OTHER SERVICES FOR:

- Gynaecological or urological examination
- Screening and testing for other vaginal conditions (e.g. vaginismus, vulvodynia)
- Cervical screening +/- colposcopy and biopsy, if appropriate
- Pelvic ultrasound if gynaecological pathology suspected (e.g. PCOS (polycystic ovary syndrome))
- Basic fertility investigations, if appropriate
- Drug and alcohol services
Section 4: Management and Treatment

A variety of guidelines exist for the management of sexual health in the setting of HIV infection. They focus on evidence-based diagnosis, management and treatment from the ever-increasing body of scientific data gleaned from clinical trials and research studies. They are based on current evidence and bodies of clinical experience and have been drafted in consultation with healthcare professionals as well as PLHIV.

These guidelines can give you the framework within which to provide the best care and it is important to be aware when they are updated or when new ones are produced. Obviously, you will then need to assess which guidelines you are going to use, how you may put them into practice and which parts are relevant to your own clinical setting.

The most relevant current guidelines that we use at our HIV sexual health clinic can be found on the following organisation’s websites:

- **British Association of Sexual Health and HIV**
  (BASHH; www.bashh.org/BASHH/Guidelines/Guidelines/BASHH/Guidelines/Guidelines.aspx) has a plethora of very useful documents as well as many guidelines, such as those for Safer Sex and the treatment of STIs

- **International Union of Sexually Transmitted Infections**
  (IUSTI; www.iusti.org/regions/Europe/euroguidelines.htm) has all the IUSTI Guidelines which are widely used by specialists in the field of sexually transmitted infections. They are produced on behalf of: IUSTI Europe; the European Academy of Dermatology and Venereology (EADV); the European Dermatology Forum (EDF); the European Society of Clinical Microbiology and Infectious Diseases (ESCMID); the Union of European Medical Specialists (UEMS) with contributions from the European Centre for Disease Prevention and Control (ECDC) and the European Office of the World Health Organisation (WHO-Europe). The 2012 ‘European guideline for the organisation of a consultation for sexually transmitted infections’ is extremely clear and would be useful guidance for a new clinic

- **British HIV Association**
  (BHIVA; www.bhiva.org/Guidelines.aspx) is a site where you can find the ‘UK Guidelines for the management of sexual and reproductive health of people living with HIV infection’, the ‘Management of HIV infection in pregnant women and the ‘Guidelines for Routine investigation and monitoring of adult HIV-1-infected individuals’, as well as other useful guidelines and information
Management pathways

It is useful to have management pathways within your clinic to maintain standards and to enable all staff to be working from the same plan for each situation. Since the management pathways that we use in our clinic are regularly updated the full selection of the latest ones can be found as a stand-alone document with the online version of this guide at [www.justi.org/sexualhealth](http://www.justi.org/sexualhealth). They will of course need to be modified for your own setting.

Treatments available in the HIV sexual health clinic

All treatments in the HIV sexual health clinic should be prescribed in line with national guidelines and the best available evidence, in partnership with each patient, taking into account their wishes and concerns and any previous allergies. Antibiotic treatments change relatively frequently, especially due to the rise of resistance strains, for instance of gonorrhoea. So, regular checking of new guidelines and national guidance for your own setting is vital.

The following should be available in the clinic:

**Genital infections**

- Genital warts: liquid nitrogen and/or topical treatments or onward referral to specialist services
- Genital herpes: episodic or suppressive antiviral treatments
- Candida: Oral and/or topical antifungal agents and preventative advice
- Antibiotics for bacterial STIs and vaginal infections (chlamydia, gonorrhoea, trichomomas infections, bacterial vaginosis, syphilis)

**Immunisations**

- HPV vaccine
- Hepatitis A and B vaccines
Further Information

Web Links and Resources

GENERAL INFORMATION ABOUT SEXUAL HEALTH IN HIV

www.aidsmap.com is the organisation NAM’s comprehensive information and news portal for HIV, from where it is possible to download, among a plethora of information, simple guides to many aspects of HIV care.

www.i-base.info has a series of booklets, including a guide to HIV and pregnancy, available in several languages.

www.hiv-druginteractions.org is the only website to use when considering potential drug–drug interactions.

www.natap.org provides an excellent selection for up-to-date scientific and news information about HIV and associated conditions.

www.cancerscreening.nhs.uk/breastscreen/breastawareness describes what it means to be breast aware.

www.menopausematters.co.uk and www.womens-health-concern.org are good websites for information on the menopause (although with no reference to HIV).

SEXUAL HEALTH INFORMATION

www.bashh.org The British Association for Sexual Health and HIV is the UK’s leading professional organisation dealing with all aspects of Sexual Health Care.

www.iusti.org The International Union against Sexually Transmitted Infections is organized on both a global and regional basis - it aims to foster international cooperation in the control of STIs; the site is comprehensive with a useful newsletter.

www.nhs.uk/Livewell/Sexualhealthtopics/Pages/Sexual-health-hub.aspx has excellent information.

www.sheffieldsexualhealth.nhs.uk is a good site for general information.

www.fpa.org.uk is a good source of information about contraception and sexual health.

www.ssha.info: Society of Sexual Health Advisers.

www.brook.org.uk provides free and confidential sexual health advice and contraception to young people.


PATIENT SUPPORT ORGANISATIONS

www.positivelyuk.org

www.shetoshe.org

www.ahpn.org

www.bodyandsoulcharity.org
Working versus Retiring

The era of steady employment after school or college, working until retirement age and living out a dotage is becoming less common. People with HIV infection, especially those diagnosed prior to the era of highly active antiretroviral therapy (HAART), have often worked only sporadically or have retired early. Now that life expectancy has increased, many are considering second careers, going back to train or working either full or part-time. Apart from the obvious financial rewards, this can bring physical, mental and social benefits. There is robust evidence that ongoing mental and physical activity throughout life has a significant impact in prolonging both quantity and quality of life. It is nonetheless important to establish a balance to ensure that continued employment is not physically and mentally stressful, and therefore detrimental to health. Equally it is important that retirement does not lead to reduction in physical, mental and social stimulation or isolation. Therefore to a certain extent, each individual can influence this process by what they do and how they choose to live. Advanced planning should include recognition and acceptance of individual risks and regular review of how personal lifestyle can be improved. It is not possible to predict the future but it is possible to plan for a healthier old age. Research indicates that only a proportion of longevity (length of life) is genetically determined whilst the bulk of it depends on lifestyle and environmental factors (external factors such as infections, sunlight or accidents, for example).

ONLINE DOWNoadable GUIDES

- https://www.aidsmap.com

http://i-base.info/guides/testing

OTHER

www.chemsexsupport.com/for-professionals

good site for information on recreational drugs and their misuse management
Appendices

Appendix 1
Leaflet introducing the HIV sexual health clinic

Welcome to the [add name you choose for your clinic]

This clinic at the [add name of centre] Hospital is designed to offer both HIV care and a sexual health service in a single clinic setting. We have a team of doctors and nurses who have experience and training in a range of sexual health issues. If we cannot help you, we can refer you onto other services or clinics that can.

WE OFFER THE FOLLOWING CONFIDENTIAL SERVICES:

Sexual health: A full range of checks for sexually transmitted infections are offered to all new patients and you can access the clinic for treatment and advice at any point if you are concerned about infections, or other sexual problems.

Contraception: Contraceptive advice and contraception (including the fitting of implants and coils) is available.

Pregnancy planning and fertility advice: Whether you have a partner with HIV or without HIV, you can access information and advice from us about planning for a pregnancy and getting pregnant safely. When necessary, referrals can be made to specialist fertility services.

For further information about the HIV sexual health clinic, please speak to any of the nurses, counsellors, or to your HIV doctor.

The clinic opening times are [add days and times of opening] and you can make an appointment yourself by speaking to one of the clinic staff or by ringing [add number].
Appendix 2: Form for recording patient visits

Download at justri.org/howtohivclinic

Sexual Health Clinic Form

Number .................................................. Date ..................................................
Name .................................................................... Date ..................................................
Address ..................................................................... DOB ..................................................
Contact number .................................................. Country of birth ....................................
Ethnicity ............................................ Gender ............................................. Sexual orientation ..................................

Reason for attendance:

Sexual history:

Relevant Past Medical History:
Medications:

Allergies: ............................................... Domestic violence: ..............................................

STI History: *(Tick boxes and describe)*
- Syphilis: .............................................. Gonorrhoea: ..............................................
- HSV: ................................................ Chlamydia: ................................................
- Warts: ................................................ Other: ..........................................................
- HCV: ................................................

HBV Status
- Vaccinated ........................................ Immune ........................................... Non-responder

HAV Status
- Vaccinated ........................................ Immune ..............................................

HIV Status
- HIV negative Date last HIV test:
- HIV positive CD4 count: HIV RNA: cART:
- No previous test Risk factors: Test offered Outcome:
Sexual Health Clinic Form

Number ___________________________________________ Date ____________________________

**Examination**: *(Tick boxes and describe)*
- [ ] Consent given  
  Examined by: ___________________________________________________________
- Findings on examination: ________________________________________________

- Microscopy findings: _____________________________________________________
- Urinalysis: _____________________________________________________________
- Provisional Diagnosis: _________________________________________________
- Medication given: ______________________________________________________

**Test Taken & Results:**
- [ ] Syphilis:  
  [ ] Gonorrhoea:  
- [ ] HIV:  
  [ ] Chlamydia:  
- [ ] HAV:  
  [ ] HBV:  
- [ ] HCV:  
- Other Tests: ___________________________________________________________

**Follow-up Plan:** _______________________________________________________

**Notes**: *(partner notification, etc.)* ________________________________________

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