
Howard University National HIV Curriculum Integration Project

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MODULE I – SCREENING AND DIAGNOSIS

Faculty – John I. McNeil, MD, FACP

CASE STUDY #1

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CASE STUDY #1

Latrice is a 59-year-old, single African American woman who resides in the Villages a retirement community, which caters to retirees 55 years and older. After settling in, Latrice has immersed herself in the retirement community's weekly events, galas, and golf tournaments. Latrice, meets Lawrence, a 60-year-old African American, male who is seemingly charismatic and charming. Latrice and Lawrence immediately start a relationship, and are intimately involved, without using condoms. After 3 months, Lawrence and Latrice decide they want to "spice things up" in the bedroom and join a local swingers group located within their community. Latrice and Lawrence are engaged in weekly sexual condomless encounters with multiple members of the Villages community.

One day a local representative from the health department stops by the Villages recreation center to conduct rapid HIV and Syphilis testing. Latrice and Lawrence see the health department booth and are contemplating whether they should get tested for HIV and Syphilis. Both Latrice and Lawrence have heard of HIV and Syphilis, but figure young promiscuous people typically need those tests, not them.

DISCUSSION

1. Are Latrice and Lawrence good candidates to receive a HIV and Syphilis rapid test? Why, or Why not?
2. If you were the local health department official how would you convince Latrice & Lawrence, they are ideal candidates for HIV screening?
3. If Latrice and Lawrence were tested and their rapid results were negative for both HIV and Syphilis, what suggestions/advice would you provide during your HIV prevention counseling session?

CASE STUDY #2

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CASE #2:

Carolyn is a 30-year-old heterosexual female. She works full time as a secretary and resides in an urban city. She reports after talking with one of her girlfriends about the number of sexual partners in the past 3 months her friend advised her to get screening for HIV she decided to come to the Women's Clinic for screening. She reports having 2-3 sexual partners for the past 3 months. She uses oral contraceptives for birth control. She reports that her partners have not used a condom.

Physical examination reveals no abnormal findings and she has no complaints of any vaginal discharge, dysuria, or vaginal irritation. She has no history of any chronic illnesses.

Her last STI testing 6 months ago was negative including an HIV screening was negative.

CHALLENGES

Challenges for client assessment and management include awareness for the client about her sexual risk-taking behaviors that can increase her risk of contracting an STI and HIV.

The client has to be aware of the possible consequences of her sexual behaviors regarding number of partners, and unprotected intercourse

Management and Outcome

The client should have screening performed for STIs (Gonorrhea, Chlamydia, syphilis) and for HIV. She is at risk for HIV based on CDC recommendations for persons who have had more than one sex partner since their most recent HIV test.

PrEP should be initiated and because of her risky behaviors she should be advised to have periodic retesting and receive prevention counseling

DISCUSSION

1. What is an effective counseling method for high risk clients? How best to increase clients understanding about PrEP?
2. Counseling and education for the client regarding risky sexual behaviors.

CASE STUDY #3

***RITA DARBY, MSN, ANE, FNP, RN
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CASE STUDY #3

Penelope is an 18-year-old Senior in high school who presents to our doctor's office. She has been in reasonably good health for the past 18 years but has recently been unable to eat or sleep well and complains of being tired and having difficulty concentrating due to some "medical concerns". When questioned further Penelope explains that she has had a vaginal discharge with some burning during urination that she has treated for long off and on periods with over the counter medications and cranberry juice, but she has become suspicious and depressed that it may be something far more serious.

CASE STUDY #3

She also reports mild anal itching and some recent nausea, but denies chills, fever, vomiting, and abdominal pain. When questioned further, she reported that she “last had male to female sex with her prom date and his friends she thinks over a year ago.” She does not recall the use of a condom and she has never been on birth control. She denies anal intercourse. Her LMP occurred four days ago. She denies any recent travel.

Penelope attributes her depression and suspicion to recent rumors that her previous prom date and at least one of his friends has “full blown aids.” Penelope says when she tried to call the prom date in question, he told her that she was a drunken “ho” anyway and hung up on her.

CASE STUDY #3

PMH

- No previous history of urinary or female reproductive tract infections
- No previous pregnancies
- Immunizations are up to date
- Patient receives annual physical examinations

CASE STUDY #3

FH

- Father died three years ago from a drive by shooting. He was a Pastor.
- Mother has a heart murmur and teaches school.
- Younger brother, age 14, has autism.
- Maternal grandmother has “high blood pressure.”

CASE STUDY #3

Penelope is popular at school and is liked by her teachers although she often does not get along with her classmates. She has dated several boys from school but claims not to have been sexually active before prom night. She comes from a middle socioeconomic background. She does not drink alcohol, smoke, or use any recreational drugs on a “consistent basis”. She is on the varsity volleyball team and practices most days after school. Her home life has been difficult since the death of her father with whom she was very close. Penelope claims that, for the most part, she has the responsibility of caring for herself and she prefers it that way since her mother “is a selfish airhead”.

Meds

Tylenol for headaches PRN

NKDA



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