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HIV, Bloodborne Pathogens, and Sexually Transmitted Diseases (STDs)



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Section 1: Introduction

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What are Human Immunodeficiency Virus (HIV), Bloodborne Pathogens (BBPs), and Sexually Transmitted Diseases (STDs)?

Human Immunodeficiency Virus (HIV)

According to the U.S. Department of Health and Human Services (HHS) (2026d), human immunodeficiency virus (HIV) is a type of bloodborne pathogen that “attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases” (para. 2). Currently, there is no effective way to rid the body of HIV or to cure it, so while a person has the virus for life, there are treatments that can decrease the amount of HIV in the blood (also called the viral load) to a low level. HIV can lead to acquired immunodeficiency syndrome (AIDS) if left untreated (U.S. Department of Health and Human Services [HHS], 2026d).

HIV can be treated with a combination of medications, called antiretroviral therapy (ART), that are taken by mouth daily. This combination could be a single pill containing multiple medications, or several medications combined into a single pill. Several different types of ART work in different ways to stop HIV from replicating or infecting healthy cells (Cleveland Clinic, 2022).

When HIV is not treated, it typically progresses through three stages:

Stage 1: Acute HIV infection

During this time, people have a large amount of HIV in their blood and are highly contagious. Flu-like symptoms are likely present.

Stage 2: Chronic HIV infection

HIV is active in the body, but people may not have symptoms or become ill. HIV can be transmitted during this time, however.

- With treatment, people may never move to stage 3, which is AIDS.
- Without treatment, people may be in stage 2 for 10 years or longer, or the virus may progress more quickly.

Stage 3: AIDS

- While this stage is currently less common, during it, HIV is very severe. Typically, viral load is high, and the virus can be easily transmitted. People in this stage will have weakened immune systems and can become increasingly ill with serious conditions (U.S. Centers for Disease Control and Prevention [CDC], 2025b).

Bloodborne Pathogens (BBPs)

As defined by MedlinePlus (2025a), “a pathogen is something that causes disease. Germs that can have a long-lasting presence in human blood and disease in humans are called bloodborne pathogens” (para. 1). Along with HIV, there are many different types of bloodborne pathogens (BBPs), including hepatitis B virus (HBV) and hepatitis C virus (HCV), which are the two main types reviewed in this course. Hepatitis B and hepatitis C are diseases of the liver caused by HBV and HCV infections (CDC, 2025c).

The term “hepatitis” refers to inflammation of the liver. The liver is a very important organ that performs many functions, from clearing the blood of waste and producing clotting factors that stop bleeding to helping the body fight infection and absorb nutrients. HBV and HCV are viruses that infect the liver and can impair its function, especially when they are chronic (Hepatitis B Foundation,

n.d.e). For example, HBV is the main cause of liver cancer, which carries a poor prognosis and is the sixth leading cause of cancer deaths in the U.S. (American Liver Foundation, 2025). HCV is the leading cause of liver transplants in the U.S. Drug treatments exist for HBV, but there is no cure. A cure exists for HCV, though (Hepatitis B Foundation, n.d.c).

Hepatitis B Virus (HBV)

Most people diagnosed with HBV have it acutely, or short-term, for six months or less. Acute infections are more common in adults, whose immune systems can clear HBV and allow recovery. Treatment may not be needed, as the infection often resolves on its own. Rest, proper nutrition, drinking plenty of fluids, and close monitoring may be recommended by a health care provider. However, if a person has severe symptoms, they may be prescribed antiviral medications or be admitted to the hospital to prevent complications.

Other people diagnosed with HBV have it for more than six months, which is a chronic form of the infection that increases the risk of other serious medical issues, especially without treatment, such as liver failure, cancer, or cirrhosis. The younger a person is when they contract HBV, the higher the risk of it becoming chronic, especially in newborns and children under 5. People with chronic HBV will need lifelong treatment, which is started based on an individual's situation, such as when they are found to have cirrhosis, if they have other infections like HCV or HIV, and their immune system is weakened by other medications or illness.

Treatments for chronic HBV include antiviral medications that can fight the virus and slow liver damage, interferon shots that help the body fight infection, and a liver transplant when there is significant liver damage (Mayo Clinic, 2026).

Hepatitis C Virus (HCV)

Similarly to HBV, an acute HCV infection occurs within the first 6 months after exposure. An acute infection can typically be cured in 2 to 3 months by taking antiviral medications. At times, treatment may last longer. While HCV can be a short-term illness, more than half of the people with an HCV infection will live with it chronically (chronic hepatitis C), causing serious health problems as a result of liver damage (CDC, 2025c; Cleveland Clinic, 2026).

Sexually Transmitted Diseases (STDs)

As defined by MedlinePlus (2025c), “sexually transmitted infections (STIs) are infections that are passed from one person to another through sexual contact. If not treated, an STI can develop into a sexually transmitted disease (STD)” (para. 1). To add to this definition, the U.S. Centers for Disease Control and Prevention (CDC) (2024a) states, “people sometimes use the terms (STI and STD) in one another’s place. The primary goal of public health and health care is to prevent and treat infections before they develop into disease. As a result, many are using the term STI more often. However, STD is still used when referring to data or information from sources that use the term” (para. 1).

Dozens of STDs exist today, with the most common ones being chlamydia, gonorrhea, hepatitis B virus (HBV), herpes simplex virus type 2 (HSV-2), HIV, human papillomavirus (HPV), syphilis, and trichomoniasis (CDC, 2024i). Some STDs can be cured, while others cannot (U.S. Department of Health and Human Services, National Institutes of Health [NIH], 2017).

Most STDs are cured with treatment. However, some require lifelong medication management. The treatment of an STD can include taking antibiotics and/or antiviral medications. A person may receive treatment by taking oral medication or by having an injection. The same STD can be diagnosed more than once if a person gets infected again after treatment (Cleveland Clinic, 2023).

Prevalence

Human Immunodeficiency Virus (HIV)

According to the U.S. Department of Health and Human Services (HHS) (2026c), approximately 1.2 million people in the U.S. are living with HIV, including those who are both diagnosed and undiagnosed. While the annual number of new cases of HIV decreased from 2018 to 2022 (the most recent data available) from 36,300 to 31,800, it remains a significant public health issue.

Some groups in the U.S. are disproportionately impacted by HIV, including people who are Black or Hispanic, and people who are gay, bisexual, and men who have sex with men. People who engage in sexual behaviors for money or other items, such as drugs, are also at a high risk for HIV (Cleveland Clinic, 2022, para. 14).

Bloodborne Pathogens (BBPs)

For the hepatitis B virus (HBV) and the hepatitis C virus (HCV), up to 2.4 million people in the U.S. are chronically infected with HBV, and an estimated 2.7 million people have a chronic HCV infection (American Liver Foundation, 2023; Hepatitis B Foundation, n.d.a). Regarding acute HBV and HCV infections, the U.S. Centers for Disease Control and Prevention (CDC) (2025a) reported that:

- Rates of acute HBV were stable from 2015 to 2019 (around 20,000 new infections annually), decreased from 2019 to 2020, and have remained relatively stable through 2023 (around 14,000 new infections annually) (most recent data available).
- Rates of acute HCV increased from 2011 to 2021, declined for the first time in 2022, and have remained relatively stable from 2022 to 2023 (around 69,000 new infections) (most recent data available).

HHS (2023) also estimates that about 2% of people with HBV are coinfecting with HIV. For those with HCV, being coinfecting with HIV is most common in people who inject drugs (HHS, 2022). Those with more than one infection are at a greater risk of complications and death (HHS, 2022; HHS, 2023).

HBV disproportionately impacts some groups in the U.S. Rates of new infections are highest among adults ages 30-59. The people who are living with chronic HBV the most are those who are foreign-born, especially people who were born in Asia, the Pacific Islands, and Africa. The CDC estimates that approximately 70% of cases in the U.S. occur among people born outside the U.S. People who inject drugs and men who have sex with men are the two other groups who have high rates of chronic HBV in the U.S. (HHS, 2023).

For HCV, the group that is most affected by the virus is people who inject drugs. In 2020, about 66% of new HCV cases that had risk information available reported injecting drugs. For chronic HCV infections, males and people ages 20-39 and 55-70 are most impacted (HHS, 2022).

Sexually Transmitted Diseases (STDs)

In 2018, the CDC (2024i) estimated that about 20% of the U.S. population (nearly 68 million people) or 1 in 5 people in the U.S. had an STD. Four of the 8 most common STDs, chlamydia, trichomoniasis, genital herpes, and HPV, accounted for 98% of all primary STDs and 93% of all new diagnoses in 2018.

More recently, the CDC (2025g) published data on trends for three STIs: chlamydia, gonorrhea, and syphilis. Data shows that in 2024, nearly 2.25 million cases were reported in the U.S., a 8.5% decrease from 2023. Compared with 2014, cases in 2024 are 13% higher, but data show that, while the burden of STDs is substantial, progress is being made.

Certain racial and ethnic groups in the U.S. have higher rates of STDs, including African American, Hispanic, and American Indian/Alaska Native populations, when compared to white individuals. These groups also have higher rates of poverty, limited access to health care, make fewer attempts to receive medical treatment, and live in communities with higher rates of STDs (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, n.d.).

Summary

Bloodborne pathogens (BBPs), including human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus (HCV), and common sexually transmitted diseases (STDs) are all public health issues that disproportionately impact vulnerable, oppressed, and marginalized people and their communities in the U.S. According to the National Association of Social Workers (NASW) (2021), the “primary mission of the social work profession is to enhance human well-being and help meet the basic needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty” (para. 2). Therefore, this mission aligns with the ongoing need for social workers to be knowledgeable and skilled when working with individuals affected by these diseases.

Designed for social workers in a variety of community and workplace settings, including health care, social services, and supportive housing, this course will outline risk factors, modes of transmission, symptoms, universal precautions, and current best practices for reducing exposure to BBPs and STDs. Recognizing potential hazards, applying evidence-based prevention strategies, and responding effectively to exposure incidents in accordance with public health standards and workplace protocols are also reviewed. Trauma-informed communication and client-focused education on sensitive health topics and safety practices are

emphasized. Lastly, specific social work implications for practice are discussed. Upon completion, learners will have a strong understanding of disease prevention, early detection, and the importance of reducing stigma to promote overall community health.

Section 1 Key Terms

Human immunodeficiency virus (HIV) is a type of bloodborne pathogen that “attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases” (HHS, 2026c, para. 2). HIV can lead to acquired immunodeficiency syndrome (AIDS) if left untreated.

A viral load is “the amount of HIV in the blood of someone who has HIV. If taken as prescribed, HIV medicine (called antiretroviral therapy or ART) can reduce a person’s HIV viral load to a very low level, which keeps the immune system working and prevents illness. This treatment strategy is called viral suppression. HIV medicine can also make the viral load so low that a standard lab test cannot detect it. This is called having an undetectable level of viral load” (HHS, 2026a, para. 8-9).

A pathogen is something that causes a disease. Germs that can persist in human blood and cause disease are called bloodborne pathogens (MedlinePlus, 2025a).

The hepatitis B virus (HBV) and hepatitis C virus (HCV) are among the most common bloodborne pathogens. Hepatitis B and hepatitis C are diseases of the liver caused by HBV and HCV infections (CDC, 2025c). The term “hepatitis” refers to inflammation of the liver. The liver is a very important organ that performs many functions, from clearing the blood of waste and producing clotting factors that stop bleeding to helping the body fight infection and absorb nutrients. HBV and HCV are viruses that infect the liver and can impair its function, especially when they are chronic (Hepatitis B Foundation, n.d.e).

Sexually transmitted infections (STIs) are “infections that are passed from one person to another through sexual contact. If not treated, an STI can develop into a sexually transmitted disease (STD)” (MedlinePlus, 2025c, para. 1).

An acute infection develops rapidly and typically lasts for a short period (weeks to months). Symptoms can appear rapidly and may be intense, but with the appropriate medical care, the infection usually resolves.

A chronic infection is something that typically lasts for a longer period of time (months to years). They can be continuously active or cycle between flaring and dormancy. They often require ongoing monitoring and care, increasing the risk of long-term complications (Florida Infectious Disease Care, 2025).

Prevalence is “the number of cases of a disease, number of infected people, or number of people with some other attribute present during a particular interval of time. It is often expressed as a rate” (CDC, 2023, para. 1).

Section 2: Risk Factors, Transmission, Symptoms, and Prevention Strategies

References: 3, 10, 11, 12, 24, 26, 28, 33, 37, 38, 44, 62, 66, 67, 68, 69, 70, 72, 73, 74, 75, 76, 80, 89, 90, 91

Human immunodeficiency virus (HIV), other bloodborne pathogens (BBPs), including the hepatitis B virus (HBV) and hepatitis C virus (HCV), and sexually-transmitted diseases (STDs) have some commonalities and some differences in their risk factors, transmission, symptoms, and prevention strategies. These will be outlined in detail in this section. Social workers need to be knowledgeable in these areas, as they may be affected by these conditions in their professional work settings and when working with patients or clients in clinical practice.

Risk Factors

Human immunodeficiency virus (HIV)

Some of the main factors that increase a person's chance of getting or transmitting HIV include having a detectable viral load and/or other sexually transmitted infections, and using alcohol and/or drugs (CDC, 2025b).

- Detectable viral load: The higher the viral load, the more likely a person is to transmit HIV. A person's viral load is highest during stage 1, the acute phase, and can remain high without treatment.
- Other sexually transmitted infections: When a person has other infections transmitted through sex, they can be more likely to get or transmit HIV. Being tested and receiving treatment, if positive, lowers these chances.
- Alcohol and other drug use: Substance use can cause a person to engage in behaviors that have more risk, such as having sexual intercourse without protection, sharing drug injection items, and being sexually active with multiple partners. The ability to use one's judgment can also be impaired, along with decision-making (CDC, 2024f).

Other risk factors include:

- Having sex without a condom.
- Being a man who has had sex with another man.
- Having more than one partner since the last HIV test.
- Sharing contaminated needles, syringes, or other items that are used to inject things, such as drugs, into the body.

- Receiving unregulated and unsafe medical procedures, such as an injection, blood transfusion, tissue transplantation, or unsterile skin cutting or piercing.
- Having sex with someone who has done any of the above and/or having sex with a person whose sexual history is unknown (CDC, 2025e; World Health Organization, 2025b).

The CDC (2025e) recommended that everyone between the ages of 13 and 64 be tested for HIV at least once. However, people with the risk factors listed above should be tested more often, at least once per year.

Bloodborne Pathogens (BBPs)

Certain factors increase a person's risk of developing BBPs, including hepatitis B virus (HBV) and hepatitis C virus (HCV).

Hepatitis B Virus (HBV)

Risk factors for HBV include:

- Having sex without a condom with multiple people or someone with HBV.
- Being a male who has sex with men.
- Sharing needles while injecting drugs into the body. Also, other methods of consumption of illegal drugs, such as inhaling or snorting.
- Living with someone who has chronic HBV.
- Being born to an infected pregnant mother, or being a child who is adopted from a country where HBV is common.
- Having a job that allows exposure to human blood, such as a health care provider or emergency responder.

- Being diagnosed with HCV, HIV, or an STD.
- Receiving dialysis.
- Taking medications that weaken the immune system, such as chemotherapy.
- Living in prison, currently or previously.
- Working or living in a facility for developmentally delayed people.
- Being born in or traveling to areas with high infection rates, including Asia, the Pacific Islands, Africa, Eastern Europe, the Middle East, and South America (Hepatitis B Foundation, n.d.d; Mayo Clinic, 2026).

The people who are most commonly at risk for HBV include infants born to a mother with hepatitis B, people who are born in certain countries with high rates of HBV, people who were born in the U.S. who did not receive the hepatitis B vaccine series as an infant, and people whose parents were born in countries with high rates of HBV. People with hepatitis C, STDs, or HIV, people on dialysis, and people with liver damage are also most commonly at risk (CDC, 2025c)

People who are healthy overall but are at risk for HBV may be screened for the virus. Screening is done with a blood test (Mayo Clinic, 2026). The CDC has outlined recommendations for HBV screening based on a person's risk factors:

- If a person has no known risk factors and has never been screened, a triple-panel screening test can be performed.
- If a person has risk factors and has never been screened, a triple-panel screening test can be performed, regardless of their age. The only exception is a person who is less than 18 years old and has completed the vaccine series as an infant.

- If a person has risk factors, has been screened, and remains unvaccinated, a screening test should be offered if they continue to be at risk of exposure.
- People with certain risk factors, such as residents and staff of facilities for people with developmental disabilities, health care providers and safety personnel with exposure risk, people with diabetes, and international travelers to areas with high rates of HBV, should be screened if they have not been previously. The only exception is a person who is less than 18 years old and has completed the vaccine series as an infant (CDC, 2025f).

A person can discuss screening with a health care provider to determine what is right for them based on their individual situation (Mayo Clinic, 2026). In many of these situations, a hepatitis B vaccine will be recommended (CDC, 2025f).

Hepatitis C Virus (HCV)

The risk factors for HCV have some similarities to HBV. The following groups are at an increased risk of hepatitis C:

- People who are currently injecting drugs into their bodies, and those who have engaged in this behavior in the past.
- People who have been diagnosed with HIV.
- People with certain medical conditions, including those with kidney disease who receive dialysis, and people with persistent abnormal liver enzyme levels.
- Personnel who work in health care and public safety, who have been exposed to the blood of someone infected with HCV.
- Infants born to an infected pregnant mother.

- People who have received transfusions or organ transplants before July 1992, or people who have received blood from a donor who tested positive for HCV later (CDC, 2025d).
- Baby boomers born between 1945 and 1965 (American Liver Foundation, 2023).

People who are healthy overall but are at risk for HCV may be screened for the virus. A person can discuss screening with a health care provider. Screening is done with a blood test (Cleveland Clinic, 2026).

Sexually Transmitted Diseases (STDs)

Any sexually active person is at risk of developing an STD. Specific risk factors include:

- Having unprotected sexual contact with multiple partners.
- Sexual assault or prostitution.
- Having a history of STDs.
- Being with a sexual partner who has other sexual partners or a history of an STD.
- Using alcohol and recreational drugs (Garcia et al., 2024).
- Sharing personal items that contain blood, like needles that are used to inject drugs.
- Getting a body piercing or tattoo at a place that does not use sterilized needles.

Since STD testing is not a standard part of medical check-ups, a sexually active person at risk for STDs can discuss testing with their health care provider (Cleveland Clinic, 2023).

Transmission

Human immunodeficiency virus (HIV)

HIV can only be transmitted through direct contact with certain bodily fluids, such as blood, semen, rectal and vaginal fluids, and breast milk, from a person who has HIV with a detectable viral load (HHS, 2026a). For transmission to happen, “the HIV in these fluids must get into the bloodstream of an HIV-negative person through a mucous membrane (found in the rectum, vagina, mouth, or tip of the penis), through open cuts or sores, or by direct injection (from a needle or syringe)” (HHS, 2026a, para 3). People who are HIV-positive, compliant with their medications, and have an undetectable viral load will not transmit HIV to an HIV-negative person through sex (HHS, 2026a). HIV cannot be transmitted through activities that do not involve contact with bodily fluids (CDC, 2024f).

In the U.S., the most common ways to spread HIV from person to person are:

- Through vaginal or anal sex with an HIV-positive person without using a condom correctly, and that person is not taking medications to prevent or treat HIV.
- Sharing needles, syringes, or other items used to inject drugs, hormones, silicone, or steroids. These items may have blood that carries HIV.

Less common ways include:

- An HIV-positive person can transmit the virus to their baby during pregnancy, birth, or breastfeeding. Medications and strategies have decreased the risk to less than 1% in the U.S (HHS, 2026a).
- Exposure to HIV by a needle stick or sharps injury as a health care worker. This exposure has less than a 1% chance in the U.S. (CDC, 2024e; HHS, 2026a).

Some rare ways that HIV is transmitted include:

- Medical care, such as receiving a blood transfusion or an organ or tissue transplant. These procedures are safe and regulated, making this situation rare.
- Biting when the contact includes open wounds or broken skin that can be infected with bodily fluids from an HIV-positive person (CDC, 2024f).

Bloodborne Pathogens (BBPs)

Transmission of HBV can occur through blood, semen, or other bodily fluids, whereas transmission of HCV is most often through infected blood (CDC, 2025c; Hepatitis B Foundation, n.d.d.; Mayo Clinic, 2026).

Hepatitis B Virus (HBV)

The most common ways that transmission of HBV occurs include:

- Having unprotected sex with someone who has HBV.
- Injecting illegal drugs and sharing needles and syringes.
- Coming into direct contact with infected blood. For example, a health care provider accidentally sticks themselves with a needle.

- An infected person can pass the virus to their newborn during pregnancy and childbirth.

Other ways of transmission are:

- Receiving medical or dental care where needles and other equipment are not sterilized. Acupuncture is one example.
- Getting a body piercing or tattoo, or getting nails done at a salon that does not use sterilized needles.
- Sharing sharp instruments like razors, nail clippers, toothbrushes, and body jewelry (Hepatitis B Foundation, n.d.d; Mayo Clinic, 2026).

Hepatitis C Virus (HCV)

The most common way that HCV is transmitted is by sharing needles, syringes, or other items used to prepare or inject drugs.

Less common transmission methods include:

- Having unprotected sex with someone who has HCV, though this chance is less than with someone who has HBV.
- Childbirth.
- Sharing personal items, such as razors or toothbrushes.
- Needles and other sharp instruments. Getting a tattoo or body piercing in an unregulated facility is one example (American Liver Foundation, 2023; CDC, 2025c).

Sexually Transmitted Diseases (STDs)

STDs are transmitted from one person to another through vaginal, oral, and anal sex (CDC, 2024a). Bodily fluids or skin-to-skin contact with the infected part of a

person's body, usually the genitals, cause transmission to occur. Some STDs, such as syphilis, can spread during childbirth (Cleveland Clinic, 2023).

Symptoms

Human immunodeficiency virus (HIV)

HIV symptoms present as those that are flu-like, including:

- Fever
- Night sweats
- Chills
- Fatigue
- Sore throat
- Mouth sores
- Cough
- Swollen lymph nodes
- Muscle aches
- Rash
- Diarrhea
- Weight loss

These symptoms typically appear 2 to 4 weeks after infection and may last for a few days to several weeks. On the other hand, some people have no symptoms.

Therefore, the only way to learn about an HIV diagnosis is to get tested (CDC, 2025b; Cleveland Clinic, 2022).

Testing includes providing a blood or saliva sample, which can be done at home, in a health care provider's office, or at another community testing location. If an HIV test comes back positive, a health care provider will likely order follow-up tests to confirm the result.

If the test comes back negative, no additional testing is needed in two situations:

- When there has not been a possible exposure in the three months preceding the test.
- When there has not been a possible exposure within the period from initiation of a blood HIV test to the time of the test result.

If the test is negative, but there was a possible exposure within the three months before the test, retesting can be considered to confirm the negative result (Cleveland Clinic, 2022).

Bloodborne Pathogens (BBPs)

Hepatitis B Virus (HBV)

Symptoms of an HBV infection include:

- Abdominal pain
- Upset stomach and vomiting
- Loss of appetite
- Fever
- Joint pain

- Weakness
- Extreme fatigue
- Jaundice (yellowing of the whites of a person's eyes and skin)
- Dark-colored urine

These symptoms usually begin 1 to 4 months after infection, but they can occur as early as 2 weeks. Some people have no symptoms.

When HBV is suspected, a health care provider will order certain tests to confirm whether the virus is present. These tests include blood tests and a liver ultrasound. A liver biopsy may also be done to test for liver damage (Mayo Clinic, 2026).

Hepatitis C Virus (HCV)

Symptoms do not typically develop in people with an HCV infection. A small percentage of people, about 10-20%, may have non-specific symptoms, while about 20-30% may have jaundice. However, if symptoms of an acute infection occur, they can include:

- Abdominal pain
- Body aches
- Nausea and/or vomiting
- Dark-colored urine
- Clay or gray colored stools
- Loss of appetite
- Fever

- Joint pain
- Fatigue
- Jaundice (yellowing of the whites of a person's eyes and skin)

People who develop symptoms typically do so 2 to 12 weeks after exposure, but may not appear until up to 26 weeks after exposure. People with chronic HCV may have non-specific symptoms, such as fatigue, or they may have no symptoms. HCV is typically not detected until someone is tested or develops severe liver disease (CDC, 2025d).

Since many people with HCV do not have symptoms, testing may be recommended by a health care provider as part of screening. If the screening test indicates HCV is present, additional tests may be ordered, including antibody and RNA tests. The antibody test detects antibodies produced by the immune system after exposure to the virus, while the RNA test detects the virus itself. If a diagnosis of HCV is confirmed, a health care provider may order more tests to assess liver damage, including liver function tests that are done with a blood test and imaging tests (Cleveland Clinic, 2026).

Sexually Transmitted Diseases (STDs)

According to the CDC (2024a), many STDs do not have symptoms or may have mild symptoms. It is common for a person to have an infection without realizing it, which makes testing important when having sex.

While symptoms vary for the 8 most common STDs (chlamydia, gonorrhea, hepatitis B virus (HBV), herpes simplex virus type 2 (HSV-2), HIV, human papillomavirus (HPV), syphilis, trichomoniasis, the following are common symptoms:

- Bumps, sores, or warts on or near the genitals, mouth, or anus.

- Swelling or severe itching near the genitals.
- Discharge from the penis.
- Vaginal discharge that has an odor, irritates the area, or is a different color or amount than normal.
- Vaginal bleeding between periods.
- Abdominal pain.
- Painful intercourse.
- Painful or frequent urination.

A person may also have a rash, diarrhea, weight loss, body aches or pains, fever, chills, night sweats, or jaundice. A health care provider will review symptoms and likely offer an STD test to determine the type that is present. STD testing can include a urine test, a cheek swab, a blood test, a cell sample, or a fluid sample from a skin sore.

STD testing may be recommended annually if a person is sexually active; however, they may be able to be tested more often if they have multiple sexual partners. STD testing may also be recommended before having sex with a new partner. A person can talk with their health care provider about how often they should be tested based on their situation (Cleveland Clinic, 2023).

Prevention Strategies

Human immunodeficiency virus (HIV)

An HIV-negative person can prevent HIV through various strategies, including:

- Choosing sexual activities that have a low chance of transmission occurring, or being abstinent.
- Use latex condoms correctly during each sexual encounter.
- Get tested and treated for any other sexually transmitted infections.
- Avoiding alcohol and drugs, as intoxicated people are less likely to use protection during sex.
- Not sharing needles, syringes, or other items that are used to inject drugs, hormones, silicone, or steroids into the body.
 - If a person is injecting drugs, they can talk with their health care provider about substance use treatment options.
- Taking pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).
 - PrEP is a medication (pills or shots) that a person can take to prevent HIV through sex or injecting drugs. As an example, this is an option for people who do not have HIV, but who have a sexual partner who is HIV-positive.
 - PEP is a medication that a person can take to prevent HIV if there is concern for exposure. Ideally, a person should see a health care provider within 72 hours of the possible exposure.
- If a person is pregnant, they can get tested for HIV and take medication to prevent HIV transmission to their baby (CDC, 2024g; Cleveland Clinic, 2022; HHS, 2026a).

If a person is HIV-positive, compliance with treatment is important in preventing the transmission of HIV through sex. An HIV-positive person can be honest with

their partner by letting them know their HIV status. They can also talk with their sexual partner about taking PrEP. Additionally, wearing a latex condom during sex (even if their viral load is undetectable) and limiting the number of sexual partners are recommended.

If an HIV-positive person is injecting drugs with other people, compliance with treatment, informing others of their HIV status, and not sharing needles or other equipment to inject drugs are recommended (Cleveland Clinic, 2022).

Bloodborne Pathogens (BBPs)

Hepatitis B Virus (HBV)

HBV is a disease that can be prevented by receiving a vaccine. The vaccine is considered safe and effective in protecting infants, children, and adults. The CDC's Advisory Committee on Immunization Practices (ACIP) recommends the hepatitis B vaccine for the following people:

- All infants.
- Unvaccinated children under 19 years old.
- Adults aged 19-59 years old
- Adults aged 60 and older with hepatitis B risk factors.

Adults age 60 and over without known risk factors can also receive the vaccine (CDC, 2025f). Furthermore, if a family member, partner, or other household member is living with a person who has a chronic HBV infection, they should be tested and vaccinated. While HBV cannot be spread through sharing food or hugging, living with a chronically infected person increases the other person's risk of getting the virus.

In addition to being vaccinated for HBV, there are other ways to stop the virus from spreading, including:

- Avoid direct contact with blood and bodily fluids, and wash your hands thoroughly after any exposure.
- Cover any open cuts with appropriate bandages.
- Clean up blood with diluted bleach.
- Discard tampons and sanitary napkins into plastic bags.
- Use condoms during sexual encounters.
- Knowing if a sexual partner has HBV or another STD.
- Avoid illegal drugs.
- Make sure sterile needles are used when receiving acupuncture, ear or body piercing, and tattoos.
- Asking about the hepatitis B vaccine when traveling to areas where the virus is common (Hepatitis B Foundation, n.d.b; Mayo Clinic, 2026).

Hepatitis C Virus (HCV)

Unlike HBV, there is no vaccine to prevent hepatitis C. The World Health Organization (2025a) recommends the following to prevent hepatitis C:

- Using health care injections and procedures safely and appropriately.
- Handling and disposing of needles and medical waste safely and appropriately.
- Offering or seeking harm-reduction services for people who inject drugs, including needle exchange programs and substance use treatment.

- Practicing safe sex using condoms.

Sexually Transmitted Diseases (STDs)

The only way to reduce the risk of STDs is abstinence. However, if a person is sexually active, it is recommended that they do the following to decrease risk:

- Use a latex condom or a dental dam for oral sex.
- Be selective of sexual partners and do not have sex if the partner is suspected of having an STD.
- Reduce the number of sexual partners.
- Get checked regularly to help prevent the spread.
- Ask any new sexual partner to get tested before having sex. A person can also ask the following questions of their partner:
 - Do you have an active STD?
 - When was your last test?
 - Are you currently receiving treatment for an STD?
 - Do you use protection with your sexual partners?
- Avoid using substances before sex to avoid being under the influence.
- Learn the types and common signs and symptoms of STDs.

If a person has an STD or symptoms of one, the following is recommended to protect themselves and other people:

- Abstaining from sex until seeing a health care provider and receiving treatment.

- Being compliant with treatment and resuming sex when a health care provider gives the clearance to do so.
- Returning for a visit with a health care provider to get retested after completing treatment.
- Informing a sexual partner about the diagnosis and treatment received.
- Using condoms during sex, especially with a new partner.
- Getting vaccinated for specific STDs to prevent complications (Cleveland Clinic, 2023).

Summary

HIV, HBV, HCV, and STDs all have their own risk factors, modes of transmission, symptoms, and prevention strategies. Social workers need to have this knowledge, as they may work in settings that expose them to these infectious diseases or with clients who may be affected by them. In the latter situation, having this knowledge can help them educate their clients and address the physical and psychosocial impacts of living with an infectious disease.

Section 2 Key Terms

A risk factor is “an aspect of personal behavior or lifestyle, environmental exposure, inborn or inherited characteristic, which, based on epidemiological evidence, is known to be associated with a health-related condition considered important to prevent” (National Library of Medicine, n.d., para. 1).

A viral load is “the amount of HIV in the blood of someone who has HIV. If taken as prescribed, HIV medicine (called antiretroviral therapy or ART) can reduce a person’s HIV viral load to a very low level, which keeps the immune system

working and prevents illness. This treatment strategy is called viral suppression. HIV medicine can also make the viral load so low that a standard lab test cannot detect it. This is called having an undetectable level of viral load" (HHS, 2026a, para. 8-9).

A screening test is "done to detect potential health disorders or diseases in people who do not have any symptoms of disease. The goal is early detection and lifestyle changes or surveillance to reduce the risk of disease or detect it early enough to treat it most effectively. Screening tests are not considered diagnostic, but are used to identify a subset of the population who should have additional testing to determine the presence or absence of disease" (John Hopkins Medicine, n.d., para. 1). While a screening test is not always 100% accurate, they are generally more useful to have than not at all (John Hopkins Medicine, n.d.).

A triple-panel test is used to determine whether a person has been infected with hepatitis B. The three components of the test include hepatitis B surface antigen (HBsAg), antibody to hepatitis B surface antigen (anti-HBs), and total antibody to hepatitis B core antigen (total anti-HBc) (CDC, 2024h).

Transmission means sending or conveying something from one person or place to another. It also means to cause or allow something to spread (Merriam-Webster, n.d.b).

Symptoms are the "subjective evidence of disease or physical disturbance or something that indicates the existence of something else" (Merriam-Webster, n.d.a, para. 1).

Disease prevention "focuses on reducing the risk of disease, identifying disease risk factors, and detecting disease in its early, most treatable stages" (Wisconsin Department of Health Services, 2025, para. 1).

Section 2 Reflection Question

In what ways has your knowledge increased about the risk factors, transmission, symptoms, and prevention strategies of HIV, BBPs, and STDs?

Section 3: Workplace Exposure Risks and Protective Measures

References: 2, 13, 17, 31, 46, 66

Since social workers are present in a variety of settings, including health care, social services, and supportive housing, they must understand workplace exposure risks and protective measures.

The bloodborne pathogens, human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) account for the majority of occupational infections (Denault & Goldin, 2026). HIV occupational transmission is extremely rare (CDC, 2024e, para. 1). Furthermore, since sexually transmitted diseases (STDs) are primarily transmitted through sex, the risk of exposure in the workplace is even less. However, certain professions can put people at risk of being exposed to some STDs, including some doctors, nurses, and other hospital personnel, as well as first responders. They may come in contact with bodily fluids or have skin-to-skin contact with the infected part of a person's body (Corlis, 2024a).

This section will review exposure risks across different settings. Implementing appropriate protective measures, including universal precautions, standard precautions, hand hygiene, and personal protective equipment (PPE), is also reviewed.

Health Care Setting Exposure Risks and Protective Measures

Several different workplace exposure risks exist for health care providers. It is important to recognize these risks and protective measures.

The following are common risks in the health care setting:

- **Needlestick injuries:** Some health care providers are at risk of accidental needlestick injuries when using needles to take care of patients, which poses a significant risk of infection transmission.
- **Sharp object injuries:** Cuts or punctures can get contaminated with infectious materials.
- **Exposure to blood and bodily fluids:** Some health care providers can come in direct contact with blood or other infectious materials through broken skin or mucous membranes.
- **High-risk procedures:** Some health care professionals perform high-risk procedures, such as drawing blood and surgeries, which involve direct contact with blood and other bodily fluids that may be contaminated.
- **Incorrect Disposal of Contaminated Materials:** Disposing of sharps material and other contaminated waste incorrectly can lead to infections and injuries.
- **Inadequate use of personal protective equipment (PPE):** Not using gloves, gowns, masks, and eye protection properly, which increases the risk of exposure.
- **Lack of training and awareness:** Ignorance of bloodborne pathogens and safety protocols increases exposure risk.

- Workplace accidents: In environments where bloodborne pathogens are present, such as a hospital setting, a person who slips or falls may be accidentally exposed to them.
- Inadequate hand hygiene: Failing to wash hands thoroughly and frequently can allow infections to spread.

Protective measures can enhance safety, increase awareness, establish standardized protocols, promote regulatory compliance, and reduce workplace accidents. These measures in the health care setting include:

- Correct hand hygiene, including regular, thorough hand washing.
- Correct use of personal protective equipment (PPE), such as gloves, gowns, masks, and eye protection. Training on proper PPE use also reduces the risk of exposure.
- Standardized procedures and proper disposal of sharp equipment, including the use of non-puncture containers. The standardization of both can lead to consistent practices that minimize exposure and accidental injuries.
- Vaccinations, including against hepatitis B.
- Training and education on bloodborne pathogens, risks, transmission, symptoms, and prevention.
- Ongoing training and protocol updates ensure that practices continue to evolve with new information and technology (American CPR Care Association, 2026).

Social Services and Supportive Housing Setting Exposure Risks

According to the Occupational Safety and Health Administration (OSHA) (n.d.), while the majority of bloodborne pathogen exposure occurs in the health care setting, other occupational groups are at risk, including those who work in public and in-home settings.

In workplaces that welcome the public, such as social services agencies, people may sustain minor injuries, including cuts, scrapes, or nosebleeds, which can contaminate surfaces or materials with blood. If a person handles blood, such as when cleaning it up, and does not use proper precautions, they are at risk of exposure by coming into contact with contaminated blood.

In the home setting, including supportive housing environments, employees may encounter blood or other bodily fluids or needles if drugs are being used in these environments. Therefore, employees in all of these settings need access to precautions, such as personal protective equipment, hand hygiene practices, and appropriate supplies for cleaning up blood or other bodily fluids (Occupational Safety and Health Administration, n.d.).

Universal Precautions

In 1985, the CDC introduced universal precautions in response to the human immunodeficiency virus (HIV) epidemic. These guidelines provide “a standardized approach to preventing the transmission of bloodborne pathogens through exposure to blood and other potentially infectious materials” (Kopitnik & Kahwaji, 2025, para. 1). OSHA has developed the criteria for other potentially infectious materials, which include human bodily fluids, any unfixed human tissue or organ (excluding intact skin), and cell or tissue cultures that contain HIV or HBV.

Universal precautions do not apply to certain substances, including sputum, feces,

sweat, vomit, tears, urine, or nasal secretions, unless blood is visible in them (Kopitnik & Kahwaji, 2025).

Standard Precautions

About 10 years after universal precautions were introduced, the CDC issued the Guideline for Isolation Precautions in Hospitals, which “integrated the core elements of universal precautions and body substance isolation (avoiding direct contact with potentially infectious bodily substances) into what became known as standard precautions” (Kopitnik & Kahwaji, 2025, para. 4).

Standard precautions encompass the care that is provided to all patients, regardless of their suspected or known disease status. These precautions are recommended when there has been potential exposure to blood, all bodily fluids, secretions, excretions, nonintact skin, or mucous membranes. The main elements of standard precautions are hand hygiene and the use of personal protective equipment (PPE).

Hand Hygiene

Hand hygiene is the most effective method for interrupting the transmission of diseases. It includes handwashing with soap and water for about 40 to 60 seconds. After hands are clean, they should not be used to turn off the faucet, as this can recontaminate the hands. Alcohol-based hand rubs (a specific type of hand sanitizer) can be used when hands are not visibly soiled, and there has been no exposure to spores. A provider should generously apply hand sanitizer, ensuring full hand coverage, and rub it in until the hands are completely dry. Providers should incorporate hand hygiene into their daily routines, and it is recommended in the following situations:

- Before and after any direct contact with patients or clients, and between contacts with different patients or clients, regardless of whether gloves were used.
- Immediately following glove removal.
- After contact with blood, bodily fluids, secretions, excretions, nonintact skin, or contaminated items, such as clothing, even if gloves are worn.
- After contact with an inanimate object that has been used or is in proximity to a patient or client.

Personal Protective Equipment (PPE)

PPE is a physical barrier that prevents contamination of the skin, mucous membranes, respiratory tract, and clothing. PPE can include a gown, gloves, a mask, and goggles or a face shield, which depends on the type and level of exposure.

- A gown should be worn when there is a potential for blood, bodily fluids, secretions, or excretions to be sprayed or splashed. A provider should follow proper techniques for putting on and taking off a gown to prevent self-contamination.
- Gloves must be worn when a person comes into contact or anticipates coming into contact with blood, bodily fluids, secretions, excretions, nonintact skin, or mucous membranes. If there has been contact with a potentially infectious material, even within the same patient or client encounter, a provider should change their gloves to prevent cross-contamination. A provider should also remove their gloves before touching other surfaces or equipment. Additionally, a provider should wash their hands before and after glove use.

- Facial protection includes a mask, goggles, or a face shield. This form of PPE should cover the eyes, nose, and mouth to prevent mucosal exposure during situations where blood, bodily fluids, secretions, or excretions may be sprayed or splashed.
- Providers must discard needles and other sharp materials in puncture-resistant containers to prevent punctures.

The CDC recommends a certain sequence for applying and removing PPE. To apply it, put on the gown first, then a mask, goggles or a face shield, and gloves last. When removing PPE, the provider should remove gloves first by grabbing one at the palm and peeling it away from the body. The provider should hold the removed glove in the gloved hand and remove it with the ungloved hand. Then, a provider should lift the goggles or a face shield from behind their head without touching the part closest to the face. Next, the provider should remove the gown, turn it inside out, and only touch the inner surface. Lastly, a mask or respirator should be removed by reaching behind the head, avoiding contact with the part closest to the face. Alternatively, the provider can remove a gown and gloves together and roll them into a bundle. Regardless of the removal method, the provider must perform hand hygiene after removing PPE and during removal if contamination is suspected.

Transmission-based Precautions

Three categories of transmission-based precautions were also introduced in the CDC's 1996 Guideline for Isolation Precautions in Hospitals. These categories include airborne, droplet, and contact precautions and are used alongside standard precautions (Kopitnik & Kahwaji, 2025). Transmission-based precautions "provide additional protective measures for patients known or suspected to be infected with specific pathogens requiring more than Standard Precautions. These

precautions are implemented based on the pathogen's mode of transmission to prevent the spread of healthcare-associated infections” (Kopitnik & Kahwaji, 2025, para. 14).

Airborne Precautions

Airborne precautions are used with patients with suspected or known infections caused by pathogens transmitted through airborne droplets. Some of these infections include COVID-19, herpes zoster, measles, smallpox, and tuberculosis. Patients should be isolated, and a provider should wear an N95 mask or respirator over the nose and mouth. Patients can also wear a mask to minimize the spread.

Droplet Precautions

Droplet precautions are used with patients with suspected or known infections caused by pathogens transmitted through respiratory droplets, such as those transmitted during coughing. Some of these infections include COVID-19, influenza during a pandemic, meningitis, mumps, pertussis, rhinovirus, rubella, and Ebola. Patients can be isolated, and the provider and patient should wear surgical masks covering the nose and mouth.

Contact Precautions

Contact precautions are used with patients with suspected or known infections caused by pathogens transmitted through direct or indirect contact. Some of these infections include adenovirus, c difficile, certain types of herpes simplex, pressure ulcers, abscesses with drainage, major wound infections, and smallpox. Patients can be isolated, if possible, and a provider should wear gloves and a gown before entering a patient's room and remove them upon exiting. Hand hygiene must happen before gloves and a gown are worn, and immediately following their removal.

Importance of Precautions

Effectively implementing standard and transmission-based precautions (when appropriate) can limit the transmission of infectious diseases. Depending on the work setting, regulatory agencies may be involved to ensure guidelines and mandates are being followed correctly. It is the provider's responsibility to make sure they are actively anticipating any exposure scenarios and taking the proper precautions (Kopitnik & Kahwaji, 2025)

Section 3 Key Terms

Universal precautions are “a standardized approach to preventing the transmission of bloodborne pathogens through exposure to blood and other potentially infectious materials” (Kopitnik & Kahwaji, 2025, para. 1).

Standard precautions “integrated the core elements of universal precautions and body substance isolation (avoiding direct contact with potentially infectious bodily substances)” (Kopitnik & Kahwaji, 2025, para. 4). They encompass the care that is provided to all patients, regardless of their suspected or known disease status. These precautions are recommended when there has been potential exposure to blood, all bodily fluids, secretions, excretions, nonintact skin, or mucous membranes. The main elements of standard precautions are hand hygiene and the use of personal protective equipment (PPE).

Hand hygiene is the most effective method for interrupting the transmission of diseases. It includes handwashing with soap and water for about 40 to 60 seconds.

Personal protective equipment (PPE) is a physical barrier that prevents contamination of the skin, mucous membranes, respiratory tract, and clothing.

PPE can include a gown, gloves, a mask, and goggles or a face shield, which depends on the type and level of exposure (Kopitnik & Kahwaji, 2025).

Transmission-based precautions “provide additional protective measures for patients known or suspected to be infected with specific pathogens requiring more than Standard Precautions. These precautions are implemented based on the pathogen's mode of transmission to prevent the spread of healthcare-associated infections” (Kopitnik & Kahwaji, 2025, para. 14). The three categories include airborne, droplet, and contact precautions and are used alongside standard precautions (Kopitnik & Kahwaji, 2025).

Section 3 Reflection Questions

1. What are the exposure risks in your work setting?
2. Which protective measures are in place?
3. In what ways has your knowledge increased on this topic?

Section 4: Occupational and Non-Occupational Exposure Response, Reporting, and Disclosure

References: 9, 11, 12, 13, 14, 21, 22, 30, 34, 35, 45, 49, 50, 54, 60, 63, 64, 65, 66, 69, 81, 84, 85

When considering occupational exposures to human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV) via blood and bodily fluids, using standard precautions is the most important strategy to reduce the risk of exposure. However, exposures will still happen, and in these instances, response guidelines exist. There are also response recommendations for non-

occupational exposures to HIV, HBV, HCV, and sexually transmitted diseases (STDs) (Corlis, 2024a).

The CDC considers HIV, HBV, HCV, and several STDs as reportable diseases, meaning that they require these diseases to be reported when laboratories, other health care facilities, and/or health care providers diagnose them. Reporting enables agencies to collect statistics on disease prevalence, which helps researchers identify trends and track disease outbreaks (MedlinePlus, 2025b).

Social workers need to be informed about these recommendations, as they may be exposed to these viruses themselves or work with patients or clients who have been exposed. Social workers should also know about the reporting that must occur when a person tests positive for HIV, HBV, HCV, and STDs, so that they can either report, if required, or provide education and support to their patients or clients who are going through this experience.

Human Immunodeficiency Virus (HIV) Exposure Response and Reporting

Occupational Exposure Response

In 2025, the CDC updated the existing U.S. Public Health Service Guidelines for the management of Occupational Exposures to HIV and Recommendations for Post-exposure Prophylaxis in Healthcare Settings. These guidelines were reviewed and updated by a working group of representatives from the CDC, the Food and Drug Administration (FDA), the Health Resources and Services Administration (HRSA), and the National Institutes of Health (NIH). The working group identified gaps in recommendations, prioritized topics for review and update, and conducted literature reviews to inform their recommendations. A Healthcare Infection

Control Practices Advisory Committee (HICPAC) reviewed the recommendations at public meetings, and a panel of external experts also reviewed them.

The following points are emphasized in the guidelines:

- Preventing occupational exposures.
- Immediate reporting and management of occupational exposures, and starting PEP as soon as possible after the exposure (if indicated).
- Selecting a PEP regimen that has the fewest side effects and is best tolerated by recipients.
- Recognizing potential drug interactions between PEP and other medications being taken.
- Consulting experts on complex cases.
- HIV testing for patients or clients using methods that produce rapid results, and not delaying PEP while awaiting results.
- Counseling and follow-up with the exposed employee.

If an HIV exposure occurs in the workplace, the following steps are recommended:

- First, clean the area with soap and water. If blood or fluid splashes into the eyes or mucous membranes, flush the affected areas with clean water or saline.
- Report the exposure to the appropriate person, such as a supervisor and/or occupational health, immediately.
- See a doctor or go to the emergency room right away and share what occurred during the exposure.

- If an occupational health clinic is available in the workplace, that is an option as well.
- Start post-exposure prophylaxis (PEP), which can reduce the chance of an HIV infection developing. PEP must be started within 3 days of the HIV exposure, but the sooner it is started, the better. If PEP is considered to be started after the 3-day window, the CDC recommends consulting a health care provider with HIV expertise to determine if it should be prescribed.
- Take a PEP regimen for 28 days. In this instance, the CDC also recommends that the employee:
 - Be counseled on the importance of complying with PEP.
 - Use precautions to prevent secondary transmission until follow-up testing is complete.
 - Do not take any medications that interfere with PEP.
 - Learn how to manage or minimize the side effects of PEP.
 - Understand the importance of being evaluated if any symptoms arise.
- Determine the HIV status of the patient or client to help guide the appropriate use of PEP. However, the administration of PEP should not be delayed while awaiting this information.
 - If the patient or client is determined to be HIV negative, PEP can be stopped. Any follow-up HIV testing can also be canceled.
- Reevaluation within 72 hours to assess how the employee is tolerating PEP and if any additional education is needed.
 - If the employee is unable to tolerate PEP, an expert in HIV treatment should be consulted.

- If it is determined that the employee has an HIV infection, they must be referred to a provider who has expertise in HIV treatment (CDC, 2024e; Kofman et al., 2025; MedlinePlus, 2025a).

Non-occupational Exposure Response

If a person experiences a non-occupational exposure to HIV through sex or by sharing needles or other injection equipment with someone who is HIV positive, the following is recommended:

- First, clean the area with soap and water. If blood or fluid has splashed into the eyes or mucous membranes, flush the areas with clean water or saline.
- See a doctor or go to the emergency room right away and share what occurred during the exposure. An HIV test will likely be ordered, but the person has a choice of whether to take the test.
- Consider starting non-occupational post-exposure prophylaxis (nPEP), if recommended, which can reduce the chance of an HIV infection developing. nPEP should be initiated as soon as possible, ideally within 36 hours of exposure, but may be started within 72 hours.
- Complete nPEP treatment over the course of four weeks.
- See a doctor during the four weeks as recommended and again at the end of the four weeks. Another HIV test will likely be ordered after the four-week treatment and two months thereafter.
- The person should avoid the following while on nPEP:
 - Having sex or using condoms each time.
 - Injecting drugs. If it is not possible to avoid, using clean needles is recommended.

- Breastfeeding.
- Donating blood or semen (New York State Department of Health, 2013).
- If it is determined that a person has an HIV infection, they must be referred to a provider who has expertise in HIV treatment.

Reporting

If a person tests positive for HIV, the clinic or other testing site is required to report the results to their state and/or local health department. Reporting is required for public health officials to monitor the status of the HIV epidemic in their jurisdiction. Once the health department has the test results, it will remove all personal information and send them to the CDC. The CDC also uses this information to track the status of national public health issues, but it does not share it with other organizations, such as insurance companies.

Some health departments require health care providers to report the name of a sex and/or needle-sharing partner, if they have the information available, regardless of whether the patient is willing to report it themselves. Some states also require health care providers to notify a third-party person about their patient's positive HIV status if they know that person is at a significant risk of being exposed to HIV. In many instances, third-party reporting is referred to as the "duty to warn." Additionally, the Ryan White HIV/AIDS program requires that health departments that receive funding from them show "good faith" efforts to contact married partners of a patient with HIV (HHS, 2026b).

A health care provider must be aware of the requirements in their jurisdiction and follow the appropriate reporting protocols. State health departments can provide information on their reporting requirements and serve as a resource to ensure regulatory compliance (Spach & Corcorran, 2025).

Disclosure

As noted above, some states have partner-notification laws that require a person or their health care provider to inform a partner, whether that be sexual and/or in needle-sharing, about an HIV positive status. It is considered a crime in some states if a person does not tell their partner about being HIV positive. Disclosure can be a complicated process, so patients or clients need support from social workers in preparing for these conversations, including considering who needs to know the information and the implications of sharing it.

Hepatitis B Virus (HBV) Exposure Response and Reporting

Occupational Exposure Response

The CDC has developed guidelines and recommendations for responding to occupational exposure to HBV.

- First, clean the area with soap and water. If blood or fluid has splashed into the eyes or mucous membranes, flush the areas with clean water or saline.
- Report the exposure to the appropriate person, such as a supervisor and/or occupational health.
- The CDC then recommends seeking medical care immediately and sharing details of the exposure. Medical care could include a triple-panel lab test for employees who may have been exposed to the virus, as well as the same test for the source patient or client (CDC, 2024h; MedlinePlus, 2025a).
- Next steps depend on whether the employee has been vaccinated against HBV, on certain post-exposure lab results, and on the HBV status of the source patient or client. In some situations, post-exposure prophylaxis will

be recommended; in others, it will not. Post-vaccination serologic testing is also recommended in specific situations.

It is important to consider that some workplaces may require employees to complete hepatitis B lab tests upon hire or during onboarding to determine whether they are immune to the virus. This testing can help ensure their employees are protected, either by confirming they are immune or identifying the need for the complete hepatitis B vaccine series.

Non-occupational Exposure Response

If a person experiences a non-occupational exposure to HBV through the various modes of transmission outlined earlier in this course with someone who is HBV positive, the following is recommended:

- First, clean the area with soap and water. If blood or fluid splashes into the eyes or mucous membranes, flush the affected areas with clean water or saline.
- The CDC then recommends seeking medical care immediately and sharing details of the exposure.
- Next steps depend on the person's vaccination status and certain lab results.
 - If the person is vaccinated but has not had post-vaccination testing, the CDC recommends a single dose of the hepatitis B vaccine after exposure.
 - If a person is vaccinated and post-vaccination testing indicates they are immune to the virus, no further treatment is needed.

- If the person is in the process of being vaccinated when they are exposed, they should receive a dose of hepatitis B immune globulin (HBIG) and complete the full hepatitis B vaccine series.
- If a person is not vaccinated or does not know if they were vaccinated at any point, they should receive HBIG and a hepatitis B vaccine as soon as possible after the exposure, ideally within 24 hours. They should also complete the full vaccine series afterward (CDC, 2024h).

Reporting

All states have regulations requiring laboratories, other health care facilities, and/or health care providers to report all positive triple-panel test results to their local and/or state health department. At the same time, states may have procedures in place that routinely provide these results. HBV reporting is essential for monitoring patients and understanding this health issue on a larger scale.

Some states require laboratories, other health care facilities, and/or health care providers to report suspected HBV cases. Some health departments also routinely receive negative HBV test results or require facilities and providers to share them, as this information is also helpful for monitoring patients and understanding this health issue (CDC, 2024d).

A health care provider must be aware of the requirements in their jurisdiction and follow the appropriate reporting protocols. State health departments can provide information on their reporting requirements and serve as a resource to ensure regulatory compliance (Spach & Corcorran, 2025).

Disclosure

It is important to note that while health care facilities and providers are required to report HBV, individuals are not required to share that they have HBV with other

people in their lives, though it may be encouraged in some situations. For example, the Americans with Disabilities Act limits what potential employers can ask about a person's health during a job interview. However, a person may be required to undergo a medical exam if it is required for all employees performing the same job. On the other hand, a person with HBV may want to more seriously consider informing their sexual partner of their status to ensure they are having safe, protected sex to prevent transmission or a co-infection. Also, not sharing this information early in a relationship that later becomes serious can affect trust when it is shared. Disclosure is a personal decision regardless of the situation, which is important for a patient or client to be aware of (Hepatitis B Foundation, 2011). Social workers can provide education and support in preparing for these conversations, including considering who needs to know the information and the implications of sharing it.

Hepatitis C Virus (HCV) Exposure Response and Reporting

Occupational Exposure Response

The CDC has developed guidelines and recommendations for responding to occupational exposure to HCV. The most recent guidance, developed in 2020, is based on expert opinion reflecting understanding of how HCV can behave and on information from respected organizations, including the Infectious Disease Society of America.

- First, clean the area with soap and water. If blood or fluid has splashed into the eyes or mucous membranes, flush the areas with clean water or saline.
- Report the exposure to the appropriate person, such as a supervisor and/or occupational health.

- The next part of the guidelines is about testing the source patient or client who is known or suspected to be at risk for HCV. Testing is recommended within the first 2 days after exposure.
 - If the source patient or client is found to be positive for HCV, they should be referred for further specialized care and evaluation for treatment.
- While the source patient or client is being tested, the employee should also be tested for HCV, preferably within the first 2 days after exposure.
 - If the source patient or client is found to be positive, the employee may have additional testing about 3 to 6 weeks after exposure.
 - ◆ If they are negative after 3 to 6 weeks, one additional test will likely be recommended at 4 to 6 months after exposure.
 - ◆ If they are negative after 4 to 6 months, further follow-up will likely not be needed.
- If the employee develops symptoms and/or tests positive for hepatitis, they should receive the appropriate follow-up tests and be referred for treatment.

The CDC does not recommend post-exposure prophylaxis (PEP) for all potential HCV exposures, especially given the low risk of transmission through skin puncture, mucous membranes, or non-intact skin (CDC, 2024c).

Non-occupational Exposure Response

If a person experiences a non-occupational exposure to HCV through the various modes of transmission outlined earlier in this course with someone who is HCV positive, the following is recommended:

- First, clean the area with soap and water. If blood or fluid has splashed into the eyes or mucous membranes, flush the areas with clean water or saline.
- Then, seek medical care immediately and share what occurred during the exposure. A blood test will be ordered to check for a hepatitis C infection.
- If the diagnosis is confirmed, the person should receive appropriate follow-up tests, such as additional blood tests and liver imaging, and be referred for treatment.
 - Treatment usually involves antiviral medications to target the virus. A person typically takes medications for 3 to 4 months, but they may take them longer depending on their situation. Hepatitis C is usually curable when medications are taken as prescribed.
- If the test result is negative, follow-up testing will likely be ordered, as the virus may not be detectable in blood tests initially (Cleveland Clinic, 2026).

Reporting

The CDC has established clear definitions of acute, chronic, and perinatal HCV infections for reporting purposes. All states have regulations requiring laboratories, other health care facilities, and/or health care providers to report all acute HCV infections and past/present HCV infections to local and/or state health departments. There can be more variability among states in reporting negative results, however. A provider must be aware of the requirements in their jurisdiction and follow the appropriate reporting protocols. State health departments can provide information on their reporting requirements and serve as a resource to ensure regulatory compliance (Spach & Corcorran, 2025).

Disclosure

While health care facilities and providers are required to report HCV infections to local and/or state health departments, personal disclosure is a personal decision. Similar to HBV, people are not required to share that they have HCV with other people in their lives. However, it may be considered in some situations, such as employment, in partnered relationships, and/or relationships with family members or friends (Rath, 2022).

In most cases, an HCV infection does not need to be reported to an employer, except when the job involves blood-to-blood contact. The CDC states that there is no reason for people with HCV to be excluded from any job, but some jobs pose a higher risk of exposure, so that disclosure may be required or considered in those situations (Cherney, 2024).

Regarding family members and friends, a person does not have to disclose their HCV status to them, but they may want to consider it if they live with them. Though living together is not a risk, it is important for a person living with someone who has HCV to be aware that they should not use any of their personal items that may have blood on them, such as razors, toothbrushes, and nail clippers (Rath, 2022).

Social workers can provide education and support in preparing for disclosure conversations, including considering who needs to know the information and the implications of sharing it.

Sexually Transmitted Disease (STD) Exposure Response Reporting

Non-occupational Exposure Response

If a person is exposed to an STD through vaginal, oral, and anal sex, they should seek medical care right away. This medical care can include a physical examination as well as an STD test. STD testing could include a urine test, a cheek swab, a blood test, a fluid sample test, and a discharge or cell sample test.

If an STD test is positive, the type of treatment depends on the STD that is diagnosed. Treatment could include taking an oral medication or receiving an injection. In some instances, a vaccine may be recommended. Treatment called expedited partner therapy (EPT) may be given by a health care provider to the partner of a person who is diagnosed with chlamydia or gonorrhea. A health care provider typically gives a prescription for EPT after examining the patient's partner. EPT can prevent reinfection and stop additional transmission (Cleveland Clinic, 2023).

Reporting

A STD diagnosis must be reported accurately and timely to a state and/or local health department by a laboratory, other health care facility, and/or a health care provider in compliance with their statutory requirements. Some STDs, including syphilis, gonorrhea, chlamydia, chancroid, and HIV, are required to be reported in every state; however, other STD diagnoses reporting requirements differ by state. Therefore, a health care provider must be familiar with the reporting requirements within their applicable jurisdictions. State health departments can provide information on their reporting requirements and serve as a resource to ensure regulatory compliance (CDC, 2021).

According to the CDC (2021), STD reports are kept confidential, and in most jurisdictions, reports are protected by statutes or regulations. A public health department may contact a patient with a positive STD test. In these cases, it is recommended that they consult the patient's health care provider to inform them of this contact, verify the diagnosis, document the treatments received, and discuss the best way to follow up with the patient (CDC, 2021).

Duty to Warn

The concept of duty to warn has been discussed in health care settings in terms of a health care provider's responsibility to warn a third-party person about their patient's STD diagnosis. However, only a few states (California, Nebraska, and Indiana) have their own duty-to-warn laws or regulations. Note that legal responsibilities vary by state. (CDC, 2024b). According to the CDC (2024b),

"It has been suggested that this duty may extend to infectious diseases, including sexually transmitted diseases (STIs). In a few U.S. jurisdictions, an STI diagnosis may create various physician duties that indirectly extend to people who are not their patients. A direct duty to warn third parties that they may need a medical examination because of their potential STI exposure was not found across states, despite its existence for other serious medical conditions" (para. 4-6).

Since laboratories, other health care facilities, and health care providers are only required to report an STD to their local and/or state health department (depending on jurisdiction), sex partners of diagnosed patients are not always notified that they may also have an STD.

- Many health departments use partner notification and contact tracing to stop the transmission of syphilis because of the long-term health risks when this condition is not treated.

- Some other conditions, such as gonorrhea and chlamydia, may have some partner notification depending on the resources of the health department.
- In some states, there may be reporting required of suspected STD cases, which can include partner notification, but not in all situations.

When a health department conducts partner notification and contact tracing, it uses specifically trained staff to ensure confidentiality. These interventions have been seen as effective in reducing STD transmission and continue to be used throughout many states.

In conclusion, “the responsibility for STI reporting and partner notification currently lies in the hands of individual states – there is no universal duty to warn law in place at present, although STI diagnoses do sometimes trigger actions beyond the physician's care of their patient and may involve consideration of the care of their patient's sex partner” (CDC, 2024b, para. 19).

Disclosure

There is also variation in STD partner disclosure depending on the state where a person resides. In general, a person is not obligated to tell their partner if they have an STD. However, this obligation is different from a person knowing that they have an STD and transmitting it to a partner. Some states consider this to be civilly and/or criminally illegal (Corlis, 2024b).

For example, in New York,

“The law states that a person has a duty to warn their partner about an STD, because the law assumes that individuals would not have sex if they knew about the disease beforehand (however, whether that is truly an accurate assumption depends on the person). Therefore, a person not

warning their sexual partner and transmitting an STD is considered guilty of battery” (Corlis, 2024b, para. 4).

Also, in California, criminal charges may be pressed against a person if they know that they are infected with HIV, they do not tell their partner, and engage in unprotected sex with or without the intent to infect them (Corlis, 2024b).

California also has a more general duty to disclose law that states a person is required to disclose an STD to a partner before sex, and they must have consent from their partner to proceed with sexual contact. If a person does not disclose the STD, they could be found guilty of a misdemeanor based on the idea that they are endangering another person, being negligent, or intentionally harming, committing battery when the disease is knowingly transmitted, and fraud if they tried to hide their STD status (Pride, n.d.). Because disclosure regulations vary by state, an individual needs to be aware of the regulations in their state of residence.

Social workers can provide education and support in preparing for disclosure conversations, including considering who needs to know the information and the implications of sharing it.

Section 4 Key Terms

An occupational exposure is “contact with a potentially harmful physical, chemical, or biological agent as a result of one's work. For example, a health care professional may be exposed to HIV or another infectious agent through a needlestick injury” (HHS, n.d.b, para. 1).

A nonoccupational exposure is an “exposure to an infectious agent that occurs outside of one’s work, for example, during sex or when people share needles to inject drugs” (HHS, n.d.a, para. 1).

Reportable diseases are “considered to be of great public health importance. In the United States, local, state, and national agencies (for example, county and state health departments or the CDC) require that these diseases be reported when diagnosed by health care providers or labs. Reporting enables the collection of statistics on how often the disease occurs. This helps researchers identify disease trends and track disease outbreaks. This information can help prevent future outbreaks” (Medline Plus, 2025b, para. 1-2).

A source patient is the person whose blood or other potentially infectious material caused the exposure.

A triple-panel test is used to determine whether a person has been infected with hepatitis B. The three components of the test include hepatitis B surface antigen (HBsAg), antibody to hepatitis B surface antigen (anti-HBs), and total antibody to hepatitis B core antigen (total anti-HBc) (CDC, 2024h).

Duty to warn is “a legal concept that indicates possible liability for health care providers if no warning of possible harm is given in certain circumstances” (CDC, 2024b, para. 1).

Section 4 Reflection Questions

1. In what ways has your knowledge increased on this topic?
2. Have you ever been responsible for reporting an HIV, HBV, HCV, or STD diagnosis to a local and/or state health department, or the partner of one of your patients or clients? If so, what was that experience like for you?
3. What are your thoughts on the duty to warn in terms of infectious diseases?

Section 5: Trauma-Informed Communication

References: 5, 6, 7, 8, 19, 32, 39, 40, 42, 47, 48, 51, 52, 55, 56, 57, 58, 59, 88

The American Psychological Association (2018) defines trauma as:

“Any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person’s attitudes, behavior, and other aspects of functioning. Traumatic events include those caused by human behavior (e.g., rape, war, industrial accidents) as well as by nature (e.g., earthquakes) and often challenge an individual’s view of the world as a just, safe, and predictable place” (para. 1).

According to the National Council for Behavioral Health, about 70% of adults in the U.S. have experienced a traumatic event in their lifetime, which means that more than 220 million people are living with the impact of trauma (Virginia Commonwealth University, n.d.).

Practicing trauma-informed care means that an individual clinician, such as a social worker, as well as the program or organization for which they work, has a widespread understanding that the people they serve may have experienced trauma. As a result, they will experience certain signs and symptoms and have vulnerabilities. They may also react to stressful life events in specific ways, such as being triggered by life experiences and service delivery approaches that can worsen trauma. Therefore, practicing with a trauma-informed approach allows a clinician, program, or organization to be sensitive to traumatic experiences, be more supportive of the people they serve, understand the paths to recovery, and design individual practices or service delivery to avoid retraumatization (Richardson, 2014; Substance Abuse and Mental Health Services Administration [SAMHSA], 2026).

According to Richardson (2014), “trauma-informed care also can be viewed as an overarching philosophy and approach, or even as a set of universal precautions, designed to be both preventive and rehabilitative in nature, in which the relationship among environment, triggers, and perceived dangers is noted and addressed” (para. 3). Considering this approach, universal precautions are not only these practices outlined in section three of this course.

The Substance Abuse and Mental Health Services Administration [SAMHSA] (2026) has outlined five guiding principles to providing trauma-informed care. They are as follows:

- Safety: a patient or client feels physically and psychologically safe.
- Peer support: mutual self-help is essential to establishing safety and hope, building trust, increasing collaboration, and utilizing a person’s lived experience to support their recovery and healing.
- Trustworthiness and transparency: decisions are made to build trust with the people that are being served.
- Collaboration and mutuality: partnering and removing power differences between staff and patients or clients is emphasized.
- Empowerment, voice, and choice: the belief that the patients and clients served can heal and promote recovery from trauma lies at the core of the support provided by the clinician, program, and/or organization (para. 4-8).

Cultural competence is another guiding principle of trauma-informed care.

Cultural competence is the understanding that many factors, including cultural backgrounds, norms, and expectations, influence people’s experiences and how they cope with them. Culture also impacts a person’s perceptions of mental health care and their willingness to receive it. For example, some people may consider receiving help from a mental health professional as a sign of weakness. Being

aware of and considering these factors is essential to comprehensive trauma-informed clinical practice (Virginia Commonwealth University, n.d.).

One aspect of trauma-informed care is trauma-informed communication. One definition of this concept states that it is:

“An approach to interacting with people who have experienced trauma, acknowledging the impact trauma may have on their communication styles and emotional responses. It emphasizes creating a safe and supportive environment that honors individual agency and boundaries that lend towards healing” (Trauma Informed Oregon, 2024, slide 6).

This section will review trauma’s connection to the human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV), and sexually transmitted diseases (STDs). Trauma-informed communication will also be reviewed in detail.

Trauma and Infectious Diseases

While the connection to trauma after an infectious disease diagnosis and the prevalence vary in the research, some studies have shown that trauma is connected to HIV, HBV, HCV, and STDs in two ways. First, some of these conditions disproportionately affect people who have experienced trauma in childhood and/or adulthood. Second, the diagnosis of one of these conditions can be considered a traumatic event itself. Therefore, it is essential that social workers are aware of the connections between these conditions and trauma, and approach the patients or clients that they are working with from a trauma-informed lens.

Bloodborne Pathogens

Human Immunodeficiency Virus (HIV)

While there is a variety of prevalence rates among studies that are examining trauma and post-traumatic stress disorder (PTSD) in people living with HIV, an analysis of close to 40 studies found that the average prevalence rate of PTSD in this population was close to 30% (Pebody, 2020). Studies have shown that people living with HIV are disproportionately impacted by trauma, including physical, sexual, emotional, and psychological forms of it, meaning that they tend to have higher rates of trauma when compared to the general population. People with HIV may have experienced certain trauma before their diagnosis, such as physical and sexual abuse in childhood, intimate partner violence, or other traumatic experiences throughout their lives. The diagnosis of HIV itself can also be considered a traumatic event that can be accompanied by experiences of revictimization and people needing to face the fact that they will be living with a life-long illness (Brown & Adeagbo, 2023).

Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV)

Prevalence rates of trauma in people living with the HBV and HCV were not located; however, both are commonly transmitted through injecting illegal drugs and sharing needles and syringes. Studies have shown that people who have survived various traumatic experiences, including those experienced in childhood and adulthood, are more susceptible to engaging in high-risk behaviors, such as intravenous drug use. Additionally, people who are facing overwhelming life stressors may make choices that put them at risk for HBV and HCV, such as using drugs and/or sharing needles if they do so (Roland, 2022). Furthermore, the diagnosis of HBV or HCV itself can be stressful and traumatizing. One small study found that HBV impacts health-related quality of life, causing fear, anxiety, and social isolation, which can be symptoms of trauma (Freeland et al., 2021). Another small study found that about 40% of people considered an HCV infection to be a traumatic experience and that about the other 60% of people had a PTSD diagnosis (Morais-de-Jesus et al., 2014).

Sexually Transmitted Diseases (STDs)

When compared to HBV and HCV, there is more research in the area of trauma and STDs, but prevalence rates vary. Research has shown connections between traumatic events, such as childhood sexual abuse, intimate partner violence, and community violence, with high rates of sexually risky behavior and STD diagnoses (Brewer et al., 2020). Another study that examined connections between PTSD and sexual risk outcomes found that people with interpersonal trauma report lifetime trauma, and those with lifetime PTSD had an increased chance of having an STD within the past year (Mota et al., 2019). Furthermore, the diagnosis of an STD itself can be a traumatic experience, especially for people who have experienced past traumas or may have gotten the STD through a traumatic experience, such as sexual assault. The diagnosis can trigger certain emotions, such as anxiety, fear, self-blame, guilt, anger, depression, and being out of control (Skoufalos, 2016).

Trauma-Informed Communication

Being that trauma has a connection to people living with HIV, HBV, HCV, and STDs, trauma-informed communication is essential when working with people impacted by these infections.

First, it is important to understand that trauma-informed communication requires understanding and respecting diverse perspectives. This means that a person providing trauma-informed communication understands that those communicating with one another have intersecting identities, which likely share commonalities, while also respecting their individual experiences. Next, considering language and power dynamics is crucial. This means that a person providing trauma-informed communication chooses inclusive language, avoids triggering terms, challenges power dynamics in the relationship, and lifts the

voices of marginalized, vulnerable, and oppressed people (Trauma Informed Oregon, 2024). Additionally, trauma-informed communication understands that people who have experienced trauma may distrust other people or feel uncomfortable disclosing sensitive information. They may also be intimidated by certain providers, believe they will not be listened to or be disrespected, and be skeptical (Tulane University, 2021).

The following are components of trauma-informed communication. The first is screening, followed by strategies for social workers' conversations with patients or clients.

Trauma Screening

Screening for trauma using a validated screening tool is one consideration in trauma-informed communication. Through screening,

“Social workers can gain holistic insight into the problems their clients face and increase their ability to give effective, individualized care. Screening is an intake process focused on learning about what trauma people have experienced. Screening is typically paired with trauma assessment, which is designed to identify symptoms of trauma. Successful screening and assessment processes are well-defined and comprehensive. Social workers should explore everything from common trauma-related symptoms to substance abuse problems, coping mechanisms, past mental health disorders, and physical health” (Virginia Commonwealth University, n.d.).

Of note, screen tools should be administered by those with knowledge of PTSD and those who have the specific skills for each tool. The following are some examples of screening tools that may be used for trauma:

- Trauma Screening Questionnaire (TSQ) - This tool was designed to be used with survivors of all types of traumatic stress (National Center for PTSD, 2025).
- Clinician-Administered PTSD Scale (CAPS) - This tool can be administered to understand lifetime and/or current stress.
- Posttraumatic Diagnostic Scale (PDS) - This tool assesses PTSD symptom clusters in the past month. It has been studied in a variety of populations, including people with major illnesses and sexual assault victims.
- Impact of Event Scale Revised (IES-R) - This tool assesses PTSD for a single event and has been studied in a variety of populations, including sexual assault victims.
- Trauma Assessment for Adults (TAA) - This tool assesses for lifetime trauma history and has been sampled in adult mental health centers (SAMHSA, 2014).

When screening and assessing for trauma symptoms, another aspect of trauma-informed communication is understanding some symptoms as adaptations to a world that has not always been safe for the patient or client. For example, if the patient or client is fearful or anxious in the setting in which they are being assessed, those could also be considered as symptoms of trauma. Some symptoms, such as anger and acting out, can be dangerous to the self or others and require appropriate intervention (Carter et al., 2022).

Non-Verbal Communication

Non-verbal communication is “how we convey information to others without speaking” (Petty, 2025, para. 2). It includes sitting down with a patient or client,

facial expressions, eye contact, body language, touch, and the environment. It can supplement verbal communication (Petty, 2025).

When a social worker stands over a patient or client while speaking, it can create a power imbalance. Instead, the social worker can sit down with the patient or client, which can help both people feel present and not rushed. It also helps build trust and lessen anxiety regarding the discussion (Tulane University, 2021).

Additional methods of non-verbal communication include facial expressions, eye contact, body language, hand gestures, and touch. When used appropriately, they can convey trauma-informed communication.

- As a social worker, using facial expressions to show empathy, trust, and sincerity is key to building and maintaining a trusting relationship.
- Maintaining regular eye contact throughout interactions shows sincere, trustworthy interest and attentiveness to the other person. Notably, some cultures may not be comfortable with regular eye contact, so that should be taken into consideration during patient or client interactions.
- Body language, such as an upright posture with open arms, nodding, and head tilting, can show engagement.
- Touch, when used appropriately, can be comforting and reassuring. However, it is important to be mindful that people who have experienced trauma may not want to be touched, so it is important to respect their personal space as well.

The environment can also be a form of non-verbal communication. Professional dress and clean grooming, as well as an organized and tidy environment, can contribute to a patient or client positively perceiving the social worker and their work setting. Additionally, creating a calm, soothing environment (to the extent

possible), free of distractions and overstimulation, can foster a safe space (Carter et al., 2022; Petty, 2025; Virginia Commonwealth University, n.d.).

Verbal Communication

Verbal communication is how a person relays information through speaking. It is a critical component of social work practice, including trauma-informed practice. For example, speaking with a normal, controlled voice that expresses kindness, patience, and acceptance is critical when engaging in verbal communication. The following are verbal communication strategies that can be used when screening, assessing, and intervening with patients or clients who have experienced trauma.

Active Listening

Active listening is a critical component of trauma-informed communication. One definition of active listening is “the practice of fully concentrating on the speaker, understanding their message, responding thoughtfully, and remembering what is said. It is about listening with all senses and giving full attention to the speaker’s words, emotions, and underlying messages” (Trauma Informed Oregon, 2024, slide 21). The benefits of active listening include:

- Building trust.
- Helping the person feel heard.
- Increasing empathy and understanding.
- Reducing misunderstanding by clarifying and validating statements.
- Healing is promoted when people can process their feelings, express their emotions, and receive validation.

Some strategies of active listening include repeating, paraphrasing, and reflecting. All three strategies can help promote perception, paying attention, and

remembering, but paraphrasing and reflecting also promote thinking and reasoning.

- Repeating is stating the same message back to the speaker using their exact words.
 - For example, if the person states they are feeling overwhelmed, the statement “You are feeling overwhelmed” is said back to them.
- Paraphrasing is restating the message using words and phrases similar to those of the speaker.
 - Using the same example, the phrase “It sounds like everything you are going through is overwhelming” could be said.
- Reflecting is restating the message in your own words and using your own sentence structure.
 - Using the same example, the phrase “You are going through so much right now, and of course, it is hard to know what to do or where to start.”

Additional strategies for active listening include responding with empathy and asking open-ended questions. In the reflection example above, stating “it is hard to know what to do or where to start” shows empathy. This statement could also be followed up with an open-ended question, such as “How can I help you?” Furthermore, avoiding judgmental or shaming statements and trying to fix things displays respectful active listening (Carter et al., 2022).

Another strategy of active listening is silence, which provides time for self-reflection and for people to process their thoughts and feelings. Instead of responding right away, allowing silence means not jumping in with a response and providing space for the person who is speaking (Trauma Informed Oregon, 2024).

Open-Ended Questions

As noted above, asking open-ended questions is a strategy for active listening. It can also provide patients or clients with a sense of comfort and reassurance that the social worker is interested in what they need to or would like to say. One technique for asking open-ended questions is BATHE, as follows:

- Background: Ask a patient or client, “What is going on in your life?”
- Affect: Then ask them, “How is this affecting you?”
- Trouble: Follow up by asking what they are worried about: “What troubles you the most about this situation?”
- Handling: Then ask them how they are coping with the situation by saying, “How have you been handling this so far?”
- Empathy: Finally, respond with empathy, which shows active listening: “That sounds (enter feeling).”

One additional open-ended question that a social worker can ask before ending the conversation is “Is there something else you would like to talk about today?”

Plain Language

HIV, HBV, HCV, and STDs are conditions that come with complicated terms that may be difficult for patients or clients to understand. They may feel like providers are speaking medical jargon when discussing these conditions with them. Instead, speaking in plain language shows patients or clients that a provider is thoughtful in their approach and genuinely cares about a two-way conversation, wanting their patient or client to understand the information being shared (Tulane University, 2021). There are several examples of plain language dictionaries to support communication, including the following:

- CDCs Plain Language Thesaurus for Health Communications - <https://stacks.cdc.gov/view/cdc/11500>
- U.S. General Services Administration Plain Language Series Guide - <https://digital.gov/guides/plain-language>
- Center for Plain Language U.S. Federal Plain Language Guidelines - <https://centerforplainlanguage.org/learning-training/tools-training/>
- CDC's Everyday Words for Public Health Communication - <https://www.cdc.gov/ccindex/everydaywords/index.html>
- University of Michigan's Plain Language Medical Dictionary - <https://medicaldictionary.lib.umich.edu/>
- UnitedHealth Group - Just Plain Clear® Glossary - <https://www.iustplainclear.com/en>

Specific to vaccines, the CDC provides a [vaccine glossary](#) that explains key terms covered in this course.

Other Trauma-Informed Communication Strategies and Considerations

Before using these strategies, social workers should consider the setting and timing of sensitive topic conversations. As noted above, the environment in which the conversation will take place is an important consideration, not only for the place itself but also for ensuring privacy and confidentiality. Confidentiality should always be outlined by a social worker for their patient or client so they are aware of what must be reported or disclosed and what does not. This helps build trust and open communication in a working relationship. Timing also plays a critical role, as the patient's readiness for a sensitive, trauma-informed conversation should be assessed and carefully decided upon.

Furthermore, while using these strategies, it is also important for social workers to be mindful of their patients' or clients' verbal and nonverbal communication cues during conversations. Both can provide valuable information about how a patient or client might be engaging in the conversation and/or processing the information being shared with them. Social workers should also be thoughtful about retraumatization and avoid causing patients or clients to share their stories about troubling or stigmatizing behaviors repeatedly. They can also assess the patient or client's needs throughout the conversation, provide opportunities for shared decision-making (when appropriate), and allow patients or clients to ask questions or give feedback. Lastly, social workers should also use interpreters to ensure all patients or clients can communicate effectively and feel heard (Carter et al., 2022; Malcolm, 2025; Roland, 2022; Tulane University, 2021).

Section 5 Key Terms

Trauma is “any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person’s attitudes, behavior, and other aspects of functioning. Traumatic events include those caused by human behavior (e.g., rape, war, industrial accidents) as well as by nature (e.g., earthquakes) and often challenge an individual’s view of the world as a just, safe, and predictable place” (American Psychological Association, 2018, para. 1).

Trauma-informed care “realizes the widespread impact of trauma and understands paths for recovery; recognizes the signs and symptoms of trauma in patients, families, staff, and others involved in the system; responds by integrating knowledge about trauma into policies, procedures, and practices, while actively avoiding re-traumatization.” It acknowledges that clinicians and organizations

need a complete picture of each person they serve. This can improve engagement, treatment adherence, and outcomes (SAMHSA, 2026, para. 2).

Trauma-informed communication is “an approach to interacting with people who have experienced trauma, acknowledging the impact trauma may have on their communication styles and emotional responses. It emphasizes creating a safe and supportive environment that honors individual agency and boundaries that lend towards healing” (Trauma Informed Oregon, 2024, slide 6).

Non-verbal communication is “how we convey information to others without speaking” (Petty, 2025, para. 2). It includes facial expressions, eye contact, body language, hand gestures, touch, and the environment.

Verbal communication is how a person relays information through speaking.

Section 5 Reflection Questions

1. In what ways are you practicing trauma-informed care and communication?
2. Did you learn any new strategies that you would like to implement in your practice?

Section 6: Supporting Harm Reduction and Improving Public Health Outcomes

References: 1, 15, 16, 43, 53

According to the National Harm Reduction Coalition (n.d.), harm reduction is “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs” (para. 1).

Because human immunodeficiency virus (HIV), other bloodborne pathogens (BBPs), including the hepatitis B virus (HBV) and hepatitis C virus (HCV), and sexually-transmitted diseases (STDs), have connections to drug use, this topic is essential for understanding the whole picture of these conditions. Social workers can support harm reduction strategies and support public health initiatives in this area in their work.

The overarching goals of harm reduction are to prevent transmission of BBPs and STDs, discourage sharing needles or equipment, and reduce the number of overdose deaths (Coulson & Hartman, 2022).

The strategies used in harm reduction can promote safer, managed use or abstinence, reduce stigma and risk to the extent possible, and address conditions that affect use itself. They do not use a “one-size-fits-all” approach; instead, they respect the autonomy and individuality of each person they are intended to help. They also focus on engagement, collaboration, and empowerment rather than taking away a person’s sense of control or making them feel isolated.

Furthermore, they recognize that abstinence is not always a realistic or immediate goal for everyone and that, regardless of their situation, a person should not be judged by the people caring for them. Still, providers and programs should do their best to support people who use drugs and implement interventions to keep them safe (Salisbury-Afshar et al., 2024). As stated by Salisbury-Afshar et al. (2024),

“Harm reduction offers a promising, evidence-based alternative to address these (drug use) challenges. Unlike methods that focus solely on achieving total abstinence, harm reduction strategies prioritize the health and well-being of individuals, even if they continue to use substances. By addressing the immediate risks and reducing the long-term harms associated with substance use, harm reduction provides practical solutions that meet people

where they are, helping to protect their health and dignity while offering a path toward improved health and well-being” (p. 2).

Principles for guiding harm reduction programming include:

- Accepting that licit and illicit drug use is part of the world and working to minimize the harmful effects is a positive choice.
- Understanding that drug use is a complex, multifaceted problem that has a continuum of behaviors, from abstinence to severe use.
- Quality of individual and community life, not only the cessation of drug use, should be considered in the criteria for successful interventions.
- Non-judgmental and non-coercive services and resources should be offered to people who use drugs in the communities in which they live.
- People who have used and currently use drugs should have input into creating programs and policies that are intended to serve them.
- Affirming that people who use drugs are the primary people who can reduce the harms of use and should be empowered with information and support.
- Recognizing that many factors impact vulnerability and capacity to effectively deal with drug-related harm, including poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities.
- Not minimizing the harm and danger that can be associated with illicit drug use (National Harm Reduction Coalition, n.d.).

Some examples of harm reduction programs include:

- Education about and access to naloxone for overdose prevention.

- Screening and treatment for injection-related infections, such as HBV and HCV.
- Drug-checking services for overdose prevention, including test strips to test for substances, such as fentanyl, in certain drugs.
- Needle exchange and syringe service programs that provide sterile needles and other injection equipment to people who use drugs.
- Safe consumption spaces.
- Connection to resources, such as peer support programs, mental health treatment, and substance use disorder treatment programs.
- Providing medications for opioid use disorder, either through telemedicine or offering health care services on-site.

Trauma-informed communication is also used in harm reduction programs as it uses non-stigmatizing and non-judgmental language to help people who use drugs overcome any stigma they experience in the health care, social services, and community settings, as well as societally (Salisbury-Afshar et al., 2024).

Many harm reduction programs are available in community settings, such as clinics, health departments, churches, food banks, homeless shelters, social service offices, mental health facilities, urgent care centers, and mobile outreach vehicles (Coulson & Hartman, 2022). One study examined the harm reduction workforce and found four primary types of workers delivering these services: community health/peer specialists, medical and nursing staff, behavioral health providers, and others. Behavioral health providers accounted for about 50% of the workforce. They included clinical social workers, non-clinical social workers, marriage and family therapists, addiction counselors, mental health/professional counselors, advocates, and case managers, among others (de Saxe Zerden et al., 2024).

In addition to focusing solely on drug use, harm reduction efforts include sex education, STD testing and treatment, condoms, and providing PrEP (Coulson & Hartman, 2022).

Harm reduction is important for social workers as it is “a philosophy that aligns with the core values of social work. It emphasizes human dignity, self-determination, and the right to make informed choices. In the context of substance abuse, harm reduction allows social workers to approach treatment with flexibility and compassion, acknowledging that recovery is not a one-size-fits-all process” (Agents of Change, 2024, para. 6).

To further explore alignment with the profession's core values, harm reduction respects patient or client autonomy by meeting people where they are and offering support without judgment or pressure, which can help clients feel more engaged in their overall experience with seeking help. By meeting people where they are, patients or clients receive a more flexible, individualized approach to their treatment. They can take small steps, such as reducing the amount of their use or using more safely, instead of only focusing on abstinence. Harm reduction also encourages a strengths-based perspective, focusing on building patients' or clients' strengths and helping them make safer, healthier choices. Patients or clients can also set realistic, achievable goals tailored to their needs and circumstances.

Additionally, harm reduction decreases the shame or guilt that people who use drugs may feel when they are not able to fully abstain because of various reasons, including unrealistic expectations, barriers to care, and the nature of addiction itself. Social workers engaged in harm reduction efforts can better address barriers to care and normalize the recovery process. They can also better meet the diverse needs of their patients or clients who do not fit into traditional recovery models based on their goals or unique barriers to care (Agents of Change, 2024).

Lastly, harm reduction programs have been shown to improve public health outcomes, including decreasing various risks associated with drug use, reducing transmission opportunities by preventing disease spread, lessening harms associated with use, and decreasing the number of deaths from drug use (Salisbury-Afshar et al., 2024). Therefore, if social workers support and/or are involved in harm reduction, they contribute to improved public health efforts and outcomes (Agents of Change, 2024).

Section 6 Key Terms

Harm reduction is “a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs” (National Harm Reduction Coalition, n.d., para. 1).

Section 6 Reflection Questions

1. What is your perspective on harm reduction?
2. If harm reduction is involved in your practice, how have you seen it benefit patients or clients? What struggles and challenges do they face alongside these benefits?
3. Are there certain areas of harm reduction and/or public health that you would like to explore further?

Section 7: Implications for Social Work Practice

References: 29, 41

Since social workers work with patients or clients who are impacted by human immunodeficiency virus (HIV), other bloodborne pathogens (BBPs), including the hepatitis B virus (HBV) and hepatitis C virus (HCV), and sexually-transmitted diseases (STDs), and/or they may also be exposed to these diseases themselves, there are some implications for social work practice to consider.

The first implications concern the National Association of Social Workers (NASW) Code of Ethics. The Code of Ethics requires social workers to be competent in their areas of practice; therefore, having up-to-date knowledge of these conditions, including new prevention strategies, treatment models, and policies, as well as understanding their psychosocial impact, is critical. Within competency, social workers are also required to be culturally competent. In terms of HIV, HBV, HCV, and STDs, this requires that they seek to understand the social diversity and oppression involved with these conditions, including the disproportionate risks of transmission in vulnerable communities and barriers to receiving preventive medical care, as well as treatment. Additionally, social workers have an ethical responsibility to be committed to their clients, meaning their primary responsibility is to promote their well-being. This includes not discriminating against their clients or imposing their personal values, and understanding their clients' right to self-determination and informed decision-making. Furthermore, social workers must exercise sound professional judgment regarding confidentiality and the interpretation of state reporting laws (Kaplan et al., 2017; National Association of Social Workers, 2021).

Regarding state disclosure laws, it is important for social workers to not only be knowledgeable in this area but also understand their patient or client's experience of needing or wanting to disclose and to be skilled in supporting them throughout this process, including education, helping them prepare, and dealing with the implications of disclosure.

Other areas of knowledge that are essential in working with people who are affected by HIV, HBV, HCV, and STDs are the psychosocial issues that impact them in the short and long term, as well as implementing appropriate psychosocial interventions, the effects of stigma, shame, and marginalization, medical trauma, and all aspects of trauma-informed care, among others.

Lastly, social workers need to be able to protect themselves from being exposed to HIV, HBV, HCV, and STDs in their workplace; therefore, they need to possess the knowledge about risk factors, transmission, symptoms, and prevention of these conditions.

Section 7 Key Terms

The NASW Code of Ethics is the set of standards that guides the professional conduct of social workers.

Section 7 Reflection Question

1. What other implications for social work practice are important from your perspective?

References

1. Agents of Change. (2024). *Exploring Harm Reduction Strategies in Substance Abuse Treatment for the ASWB Exam*. <https://agentsofchangeprep.com/blog/exploring-harm-reduction-strategies-in-substance-abuse-treatment-for-the-aswb-exam/>.
2. American CPR Care Association. (2026). *Common Risks of Bloodborne Pathogen Exposure for Healthcare Workers*. <https://cprcare.com/blog/risks-of-bloodborne-pathogen/>.
3. American Liver Foundation. (2023). *Hepatitis C Information Center*. <https://liverfoundation.org/liver-diseases/viral-hepatitis/hepatitis-c/>.
4. American Liver Foundation. (2025). *Liver Cancer*. <https://liverfoundation.org/about-your-liver/facts-about-liver-disease/liver-cancer/>.
5. American Psychological Association. (2018). *APA Dictionary of Psychology - Trauma*. <https://dictionary.apa.org/trauma>.
6. Brewer, A., Colbert, A. M., Sekula, K., & Bekemeier, B. (2020). A need for trauma-informed care in sexually transmitted disease clinics. *Public health nursing (Boston, Mass.)*, 37(5), 696–704. <https://doi.org/10.1111/phn.12784>.
7. Brown, M. J., & Adeagbo, O. (2022). Trauma-Informed HIV Care Interventions: Towards a Holistic Approach. *Current HIV/AIDS reports*, 19(3), 177–183. <https://doi.org/10.1007/s11904-022-00603-3>.
8. Carter, K., Rutherford, M, & Stevens, C. (2022). Trauma-Informed Communication. *Therapeutic Communication for Health Care Administrators*. <https://ecampusontario.pressbooks.pub/>

[therapeuticcommunicationforhealthofficeadministrators/chapter/trauma-informed/](#).

9. Cherney, K. (2024). *Everything You Need to Know About Employment and Hepatitis C*. Healthline. <https://www.healthline.com/health/hepatitis-c/employment-and-hepatitis-c>.
10. Cleveland Clinic. (2022). *HIV & AIDS*. <https://my.clevelandclinic.org/health/diseases/4251-hiv-aids>.
11. Cleveland Clinic. (2023). *Sexually Transmitted Infections*. <https://my.clevelandclinic.org/health/diseases/9138-sexually-transmitted-diseases--infections-stds--stis>.
12. Cleveland Clinic. (2026). *Hepatitis C*. <https://my.clevelandclinic.org/health/diseases/15664-hepatitis-c>.
13. Corlis, N. (2024a). *Risky & Risque: 10 Jobs That Put You at Risk of STDs*. <https://www.stdcheck.com/blog/risky-risque-10-jobs-that-put-you-at-risk-of-stds/>.
14. Corlis, N. (2024b). *STDs and The Law*. <https://www.stdcheck.com/blog/stds-and-the-law/>.
15. Coulson, M. & Hartman, M. (2022). *What is Harm Reduction?* <https://publichealth.jhu.edu/2022/what-is-harm-reduction>.
16. de Saxe Zerden, L., Ware, O. D., Lombardi, B. N., & Lombardi, B. M. (2024). Harm reduction workforce, behavioral health, and service delivery in the USA: a cross-sectional study. *Harm reduction journal*, 21(1), 36. <https://doi.org/10.1186/s12954-024-00952-9>.

17. Denault, D. & Goldin, J. (2026). OSHA Bloodborne Pathogen Standards. In *StatPearls*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/sites/books/NBK570561/>.
18. Florida Infectious Disease Care. (2025). *Understanding the Difference Between Acute and Chronic Infectious Diseases*. <https://floridaidcare.com/acute-vs-chronic-infectious-diseases/>.
19. Freeland, C., Racho, R., Kamischke, M., Moraras, K., Wang, E., Cohen, C., & Kendrick, S. (2021). Health-related quality of life for adults living with hepatitis B in the United States: a qualitative assessment. *Journal of patient-reported outcomes*, 5(1), 121. <https://doi.org/10.1186/s41687-021-00398-8>.
20. Garcia, M. R., Leslie, S. W., & Wray, A. A. (2024). Sexually Transmitted Infections. In *StatsPearls*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK560808/>.
21. Hepatitis B Foundation. (2011). *To Disclose or Not to Disclose, That is the Question*. <https://www.hepb.org/blog/to-disclose-or-not-to-disclose-that-is-the-question/>.
22. Hepatitis B Foundation. (2015). *Do You Have to Tell Your Employer About Your Hepatitis B?* <https://www.hepb.org/blog/do-you-have-to-tell-your-employer-about-your-hepatitis-b/>.
23. Hepatitis B Foundation. (n.d.a). *Hepatitis B Facts and Figures*. <https://www.hepb.org/what-is-hepatitis-b/what-is-hepb/facts-and-figures/>.
24. Hepatitis B Foundation. (n.d.b). *Prevention Tips for Hepatitis B*. <https://www.hepb.org/prevention-and-diagnosis/prevention-tips/>.

25. Hepatitis B Foundation. (n.d.c). *The ABCs of Viral Hepatitis*. <https://www.hepb.org/what-is-hepatitis-b/the-abcs-of-viral-hepatitis/>.
26. Hepatitis B. Foundation. (n.d.d). *Transmission of Hepatitis B*. <https://www.hepb.org/prevention-and-diagnosis/transmission/>.
27. Hepatitis B Foundation. (n.d.e). *What Is Hepatitis B?* <https://www.hepb.org/what-is-hepatitis-b/what-is-hepb/>.
28. John Hopkins Medicine. (n.d.). *Screening Tests for Common Diseases*.<https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/screening-tests-for-common-diseases>.
29. Kaplan, L. E., Murray, A., & Tomaszewski, E. P. (2017). *Ethics 8 Series: Ethical Considerations for Working with People Affected by HIV/AIDS*. NASW, Texas Chapter. https://cdn.ymaws.com/naswtx.site-ym.com/resource/resmgr/newsletters/june2017-ethics_hiv.pdf.
30. Kofman, A. D., Struble, K. A., Heneine, W., Gayle, B., de Perio, M. A., Okasako-Schmucker, D. L., So, C. N., Anderson, L. E., Stone, E. C., Henderson, D. K., & Kuhar, D. T. (2025). 2025 US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Post-exposure Prophylaxis in Healthcare Settings. *Infection Control & Hospital Epidemiology*, 46(9), 863–873. <https://doi.org/10.1017/ice.2025.10254>.
31. Kopitnik, N. L. & Kahwaji, C. I. (2025). Universal Precautions. In *StatPearls*. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK470223/>.
32. Malcolm, L. (2025). *How to Discuss Sensitive Topics with Your Patients*. <https://www.osmosis.org/blog/how-to-discuss-sensitive-topics-with-your-patients>.

33. Mayo Clinic. (2026). *Hepatitis B*. <https://www.mayoclinic.org/diseases-conditions/hepatitis-b/symptoms-causes/syc-20366802>.
34. MedlinePlus. (2025a). *Bloodborne pathogens: MedlinePlus Medical Encyclopedia*. Medlineplus.gov. <https://medlineplus.gov/ency/patientinstructions/000453.htm>.
35. MedlinePlus. (2025b). *Reportable diseases*. <https://medlineplus.gov/ency/article/001929.htm>.
36. MedlinePlus. (2025c). *Sexually Transmitted Infections: MedlinePlus Medical Encyclopedia*. Medlineplus.gov. <https://medlineplus.gov/sexuallytransmittedinfections.html>.
37. Merriam-Webster. (n.d.a). *Symptom Definition*. <https://www.merriam-webster.com/dictionary/symptoms>.
38. Merriam-Webster. (n.d.b). *Transmit Definition*. <https://www.merriam-webster.com/dictionary/transmitting>.
39. Morais-de-Jesus, M., Daltro-Oliveira, R., Pettersen, K. M., Dantas-Duarte, A., Amaral, L. S., Patrícia Cavalcanti-Ribeiro, Ferreira, C., Maria Isabel Schinoni, Netto, L. R., Araújo-de-Freitas, L., Paraná, R., Ângela Miranda-Scippa, Koenen, K. C., & Quarantini, L. C. (2014). Hepatitis C Virus Infection as a Traumatic Experience. *PLOS ONE*, 9(10). <https://doi.org/10.1371/journal.pone.0110529>.
40. Mota, N. P., Turner, S., Taillieu, T., Garcés, I., Magid, K., Sethi, J., Struck, S., El-Gabalawy, R., & Afifi, T. O. (2019). Trauma Exposure, DSM-5 Post-Traumatic Stress Disorder, and Sexual Risk Outcomes. *American Journal of Preventive Medicine*, 56(2), 215–223. <https://doi.org/10.1016/j.amepre.2018.08.025>.

41. National Association of Social Workers. (2021). *Code of Ethics of the National Association of Social Workers*. <https://www.socialworkers.org/about/ethics/code-of-ethics/code-of-ethics-english>.
42. National Center for PTSD. (2025). *Trauma Screening Questionnaire (TSQ)*. <https://www.ptsd.va.gov/professional/assessment/screens/tsq.asp>
43. National Harm Reduction Coalition. (n.d.). *Principles of Harm Reduction*. <https://harmreduction.org/about-us/principles-of-harm-reduction/>.
44. National Library of Medicine. (n.d.). Risk Factors. <https://www.ncbi.nlm.nih.gov/mesh?Db=mesh&Cmd=DetailsSearch&Term=%22Risk+Factors%22%5BMeSH+Terms%5D>.
45. New York State Department of Health. (2013). *I Might Have Been Exposed to HIV...What Should I Do?* <https://cdn.hivguidelines.org/wp-content/uploads/20160817164543/i-might-have-been-exposed-to-hiv...-what-should-i-do.pdf>.
46. Occupational Safety and Health Administration. (n.d.). *Bloodborne Pathogens and Needlestick Prevention*. <https://www.osha.gov/bloodborne-pathogens/hazards>.
47. Pebody, R. (2020). *A quarter of people with HIV may have post-traumatic stress disorder*. <https://www.aidsmap.com/news/may-2020/quarter-people-hiv-may-have-post-traumatic-stress-disorder>.
48. Petty, Louise. (2025). *Non-Verbal Communication in Health and Social Care*. <https://www.highspeedtraining.co.uk/hub/non-verbal-communication-health-social-care/>.

49. Pride, J. (n.d.). *Sexually Transmitted Disease (STD) Disclosure Laws: How Do They Affect You?* <https://survivorlawyer.com/sexual-assault/std-disclosure-laws/>.
50. Rath, L. (2022). *Talking About Hepatitis C*. <https://www.webmd.com/hepatitis/features/hep-c-share-diagnosis>.
51. Richardson, S. A. (2014). *Awareness of Trauma-Informed Care*. Social Worker Magazine. https://www.socialworktoday.com/archive/exc_012014.shtml.
52. Roland, J. (2022). *Using a Trauma-Informed Approach with Hepatitis C Patients*. Healthgrades for Professionals. <https://resources.healthgrades.com/pro/using-a-trauma-informed-approach-with-hepatitis-c-patients>.
53. Salisbury-Afshar E, Gale B, Mossburg S. (2024). *Harm Reduction Strategies to Improve Safety for People Who Use Substances*. <https://psnet.ahrq.gov/perspective/harm-reduction-strategies-improve-safety-people-who-use-substances>.
54. Spach, D. H. & Corcorran, M. A. (2025). *HCV Epidemiology in the United States*. <https://www.hepatitisc.uw.edu/go/screening-diagnosis/epidemiology-us/core-concept/all>.
55. Skoufalos, N. (2016). *Women, STDs, and The Emotional Rollercoaster*. <https://www.greentpsychology.com/psychologyofchronicillness/2016/3/7/women-stds-and-the-emotional-rollercoaster>.
56. Substance Abuse and Mental Health Services Administration. (2014). *Trauma-Informed Care in Behavioral Health Services, Treatment Improvement Protocol (TIP) Series, No. 57, Appendix D, Screening and*

Assessment Instruments. <https://www.ncbi.nlm.nih.gov/sites/books/NBK207193/>.

57. Substance Abuse and Mental Health Services Administration. (2026). *Trauma-Informed Approaches and Programs*. <https://www.samhsa.gov/mental-health/trauma-violence/trauma-informed-approaches-programs>.
58. Trauma Informed Oregon. (2024). *Micro Lesson Communication* [PowerPoint slides]. Trauma Informed Oregon. <https://traumainformedoregon.org/wp-content/uploads/Micro-Lessons-for-Trauma-Informed-Workplaces-Communication-04-17-24.pdf>.
59. Tulane University. (2021). *Strategies for Effective Communication in Health Care*. <https://publichealth.tulane.edu/blog/communication-in-healthcare/>.
60. U.S. Centers for Disease Control and Prevention. (2021). *Sexually Transmitted Infections Treatment Guidelines, 2021 - Reporting and Confidentiality*. <https://www.cdc.gov/std/treatment-guidelines/clinical-reporting.htm>.
61. U.S. Centers for Disease Control and Prevention. (2023). *Prevalence - Health, United States*. <https://www.cdc.gov/nchs/hus/sources-definitions/prevalence.htm>.
62. U.S. Centers for Disease Control and Prevention. (2024a). *About Sexually Transmitted Infections (STIs)*. <https://www.cdc.gov/sti/about/index.html>.
63. U.S. Centers for Disease Control and Prevention. (2024b). *Duty to Warn for Health Care Settings*. <https://www.cdc.gov/sti/hcp/clinical-guidance/duty-to-warn-for-health-care-settings.html>.

64. U.S. Centers for Disease Control and Prevention. (2024c). *Guidelines for Health Care Personnel Exposed to Hepatitis C Virus*. <https://www.cdc.gov/hepatitis-c/hcp/infection-control/index.html>.
65. U.S. Centers for Disease Control and Prevention. (2024d). *Hepatitis B Surveillance Guidance*. https://www.cdc.gov/hepatitis/php/surveillance-guidance/hepatitis-b.html#cdc_generic_section_6-recommended-reportable-laboratory-markers.
66. U.S. Centers for Disease Control and Prevention. (2024e). *HIV Occupational Transmission*. <https://www.cdc.gov/hiv/causes/occupational-transmission.html>.
67. U.S. Centers for Disease Control and Prevention. (2024f). *How HIV Spreads*. <https://www.cdc.gov/hiv/causes/index.html>.
68. U.S. Centers for Disease Control and Prevention. (2024g). *Preventing HIV*. <https://www.cdc.gov/hiv/prevention/index.html>.
69. U.S. Centers for Disease Control and Prevention. (2024h). *Responding to HBV Exposures in Health Care Settings*. <https://www.cdc.gov/hepatitis-b/hcp/infection-control/index.html>.
70. U.S. Centers for Disease Control and Prevention. (2024i). *Sexually Transmitted Infections Prevalence, Incidence, and Cost Estimates in the United States*. <https://www.cdc.gov/sti/php/communication-resources/prevalence-incidence-and-cost-estimates.html>.
71. U.S. Centers for Disease Control and Prevention. (2025a). *2025 Viral Hepatitis National Progress Report Overview*. <https://www.cdc.gov/hepatitis/php/npr-2025/overview.html>.

72. U.S. Centers for Disease Control and Prevention. (2025b). *About HIV*. <https://www.cdc.gov/hiv/about/index.html>.
73. U.S. Centers for Disease Control and Prevention. (2025c). *Clinical Overview of Hepatitis C*. <https://www.cdc.gov/hepatitis-c/hcp/clinical-overview/index.html>.
74. U.S. Centers for Disease Control and Prevention. (2025d). *Clinical Signs and Symptoms of Hepatitis C*. <https://www.cdc.gov/hepatitis-c/hcp/clinical-signs/index.html>.
75. U.S. Centers for Disease Control and Prevention. (2025e). *Getting Tested for HIV*. <https://www.cdc.gov/hiv/testing/index.html>.
76. U.S. Centers for Disease Control and Prevention. (2025f). *Hepatitis B Vaccine Administration*. <https://www.cdc.gov/hepatitis-b/hcp/vaccine-administration/index.html>.
77. U.S. Centers for Disease Control and Prevention. (2025g). *Sexually Transmitted Infections Surveillance 2024 (Provisional)*. <https://www.cdc.gov/sti-statistics/annual/index.html>.
78. U.S. Department of Health and Human Services. (2022). *Hepatitis C Basic Information*. <https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/hepatitis-c-basics/index.html>.
79. U.S. Department of Health and Human Services. (2023). *Hepatitis B Basic Information*. <https://www.hhs.gov/hepatitis/learn-about-viral-hepatitis/hepatitis-b-basics/index.html>.
80. U.S. Department of Health and Human Services. (2026a). *How is HIV Transmitted?* <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/how-is-hiv-transmitted>.

81. U.S. Department of Health and Human Services. (2026b). *Limits on Confidentiality*. <https://www.hiv.gov/hiv-basics/living-well-with-hiv/your-legal-rights/limits-on-confidentiality>.
82. U.S. Department of Health and Human Services. (2026c). *U.S. Statistics*. <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>.
83. U.S. Department of Health and Human Services. (2026d). *What Are HIV and AIDS?* <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids>.
84. U.S. Department of Health and Human Services. (n.d.a). *Nonoccupational Postexposure Prophylaxis*. <https://clinicalinfo.hiv.gov/en/glossary/nonoccupational-postexposure-prophylaxis-npep>.
85. U.S. Department of Health and Human Services. (n.d.b). *Occupational Exposure*. <https://clinicalinfo.hiv.gov/en/glossary/occupational-exposure>.
86. U.S. Department of Health and Human Services, National Institutes of Health. (2017). *Is there a cure for sexually transmitted diseases (STDs) and sexually transmitted infections (STIs)?* <https://www.nichd.nih.gov/health/topics/stds/conditioninfo/cure>.
87. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (n.d.). *Sexually Transmitted Infections Workgroup*. <https://odphp.health.gov/healthypeople/about/workgroups/sexually-transmitted-infections-workgroup>.
88. Virginia Commonwealth University. (n.d.). *What is Trauma-Informed Practice in Social Work?* <https://onlinesocialwork.vcu.edu/blog/what-is-trauma-informed-care/>.

89. Wisconsin Department of Health Services (2025). *Disease Prevention*.
<https://www.dhs.wisconsin.gov/disease/prevention.htm>.
90. World Health Organization. (2025a). *Hepatitis C*. <https://www.who.int/news-room/fact-sheets/detail/hepatitis-c>.
91. World Health Organization. (2025b). *HIV and AIDS*. <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>.

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