ADVANCING INTEGRATED HEALTHCARE

Best Practices in Addressing Sexually Transmitted Infections (STI) in Primary Care: ECHO® Learning Series

Session Three: HIV and PrEP

Date: November 20, 2024

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI

Agenda

Time	Topic	Presenter
7:30-7:35 AM	Welcome, Announcements Introductions	**Yolanda Bowes,** CTC-RI **Pat Flanagan**, CTC-RI
7:35-8:00 AM	HIV and PrEP	**Dr. Philip Chan**, Brown University
8:00-8:20 AM	Case Presentation	**Dr. Adam Pallant,** Brown University Health Services
8:20-8:30 AM	Discussion & Questions	**Yolanda Bowes,** CTC-RI

Welcome

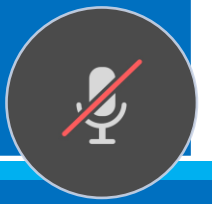
- **The didactic portion of today's session will be recorded for educational purposes and to enhance quality improvement.**
- **Case presentations will not be recorded, in consideration of confidentiality and respect for sensitive information.**
- **Please refrain from sharing any protected health information (PHI) or other sensitive information during the session.**
- **We kindly ask all participants to be respectful of their peers by adhering to the following guidelines:**

Introduce Yourself

- Please enable your video when possible, so we can foster a more engaging & collaborative environment
- Enter your name and organization in the chat box upon joining the session

Microphones

- Please keep your microphone muted when not actively speaking to minimize background noise & interruptions



Announcement:

Webinar: Long-Acting Injectable PrEP for LGBTQIA+ Communities: Implementation in Health Centers

Join Dr. Ard from the National LGBTQIA+ Health Education Center and Jeannie McIntosh from Community Health Center, Inc. for an informative webinar on the benefits and practical implementation of long-acting injectable PrEP in health centers. Focused on improving care for LGBTQIA+ communities, this webinar will explore eligibility and assessment of candidates, administering long-acting injectable PrEP, and common challenges in prescribing and integrating injectable long-acting injectable PrEP.

When: Thursday December 12, 2024
Time: 12:00-1:00pm Eastern / 9:00-10:00am Pacific

Register Here

Case Presentation Schedule

ADVANCING INTEGRATED HEALTHCARE

Date	Topic	Didactic Presenter	Case Presenter
9/25/24	Sexual Health & Confidentiality *Health Disparities, Sexual History, Counseling*	Jack Rusley MD, MHS	
10/23/24	Syphilis	Erica Hardy, MD, MMSc	Dr. Elizabeth Lange
***11/20/24**	HIV and PrEP	Philip A Chan, MD, MS	Dr. Adam Pallant
***12/10/24**	Chlamydia & Gonorrhea	Matthew Perry, MD, ScM	Dr. Carol O Shea
1/22/25	Hepatitis C	Alan Epstein, MD	
2/26/25	Other STIs	Katherine Hsu, MD, MPH, FAAP	

Today's Speaker

Philip Chan, MD, MS

is an Associate Professor in the Department of Medicine and School of Public Health at Brown University and is Chief Medical Officer at Open Door Health, the state's only community-based LGBTQ+ clinic. Dr. Chan also serves as Consultant Medical Director for the Rhode Island Department of Health.

BROWN

Clinical Update on HIV Prevention

BROWN UNIVERSITY

Philip A. Chan, MD, MS
Associate Professor, Brown University
Chief Medical Office, Open Door Health
Consultant Medical Director, Rhode Island Department of Health

Disclosures

No commercial conflicts of interest.

Ending the HIV Epidemic

Overall Goal: Decrease the number of new HIV diagnoses to 9,588 by 2025 and 3,000 by 2030.

There were **30,635 new HIV diagnoses*** in the US and dependent areas in 2020. Of those:

- **71%** (21,867) were among gay, bisexual, and other men who reported male-to-male sexual contact†
- **22%** (6,626) were among people who reported heterosexual contact
- **7%** (2,055) were among people who inject drugs

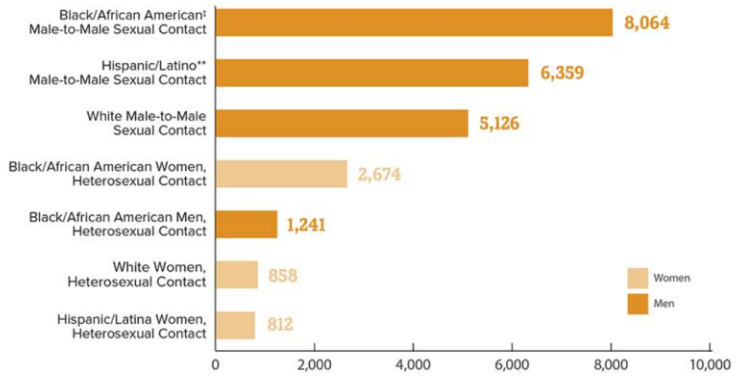
Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions.

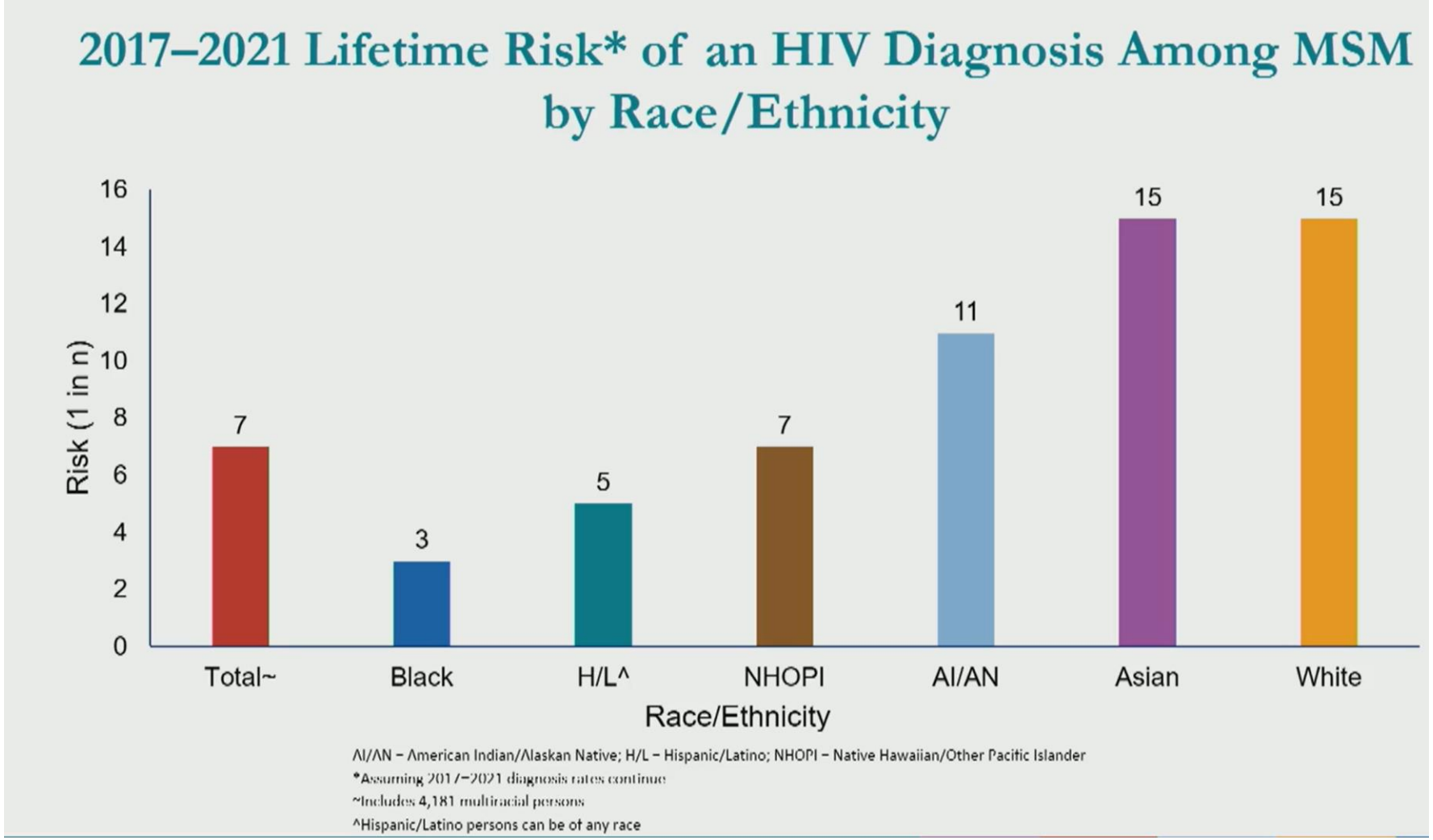
*Among people aged 13 and older.

†Includes infections attributed to male-to-male sexual contact and injection drug use (men who reported both risk factors).

New HIV Diagnoses in the US and Dependent Areas for the Most-Affected Subpopulations, 2020*†

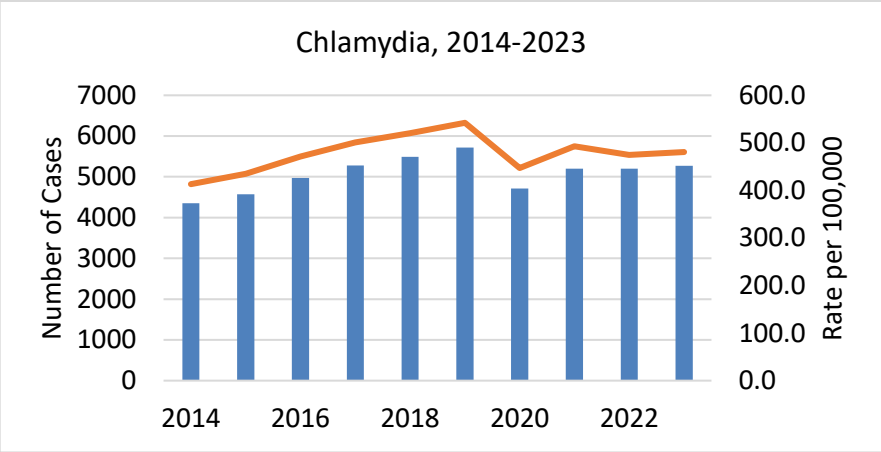
Gay and bisexual men are the population most affected by HIV.

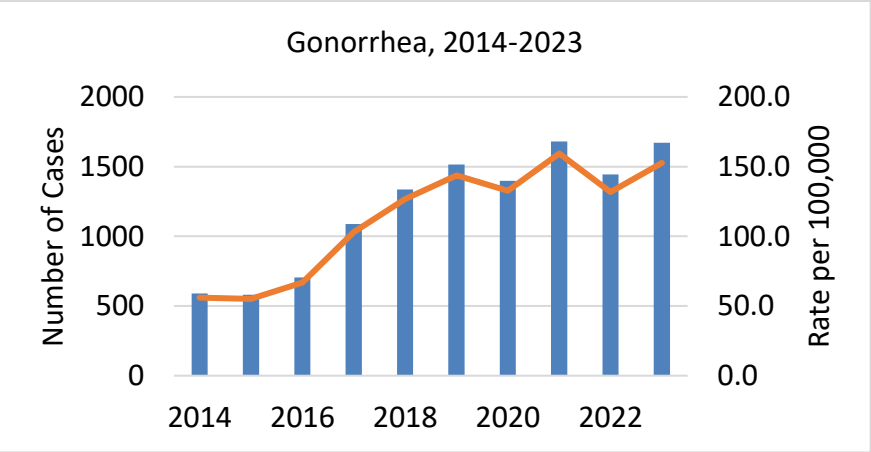


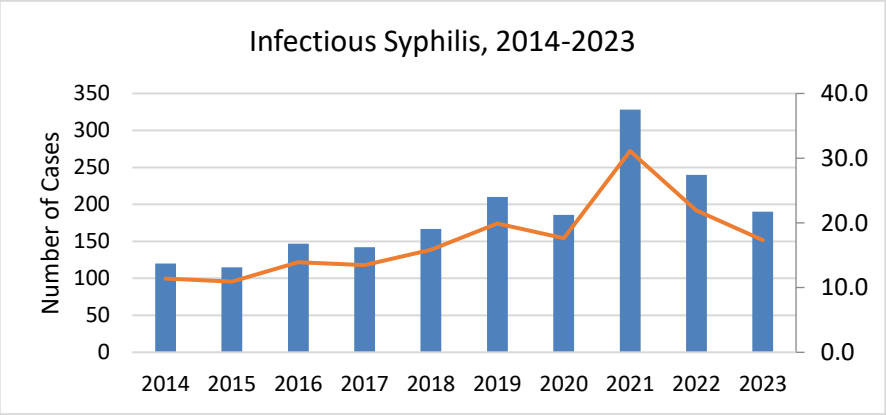


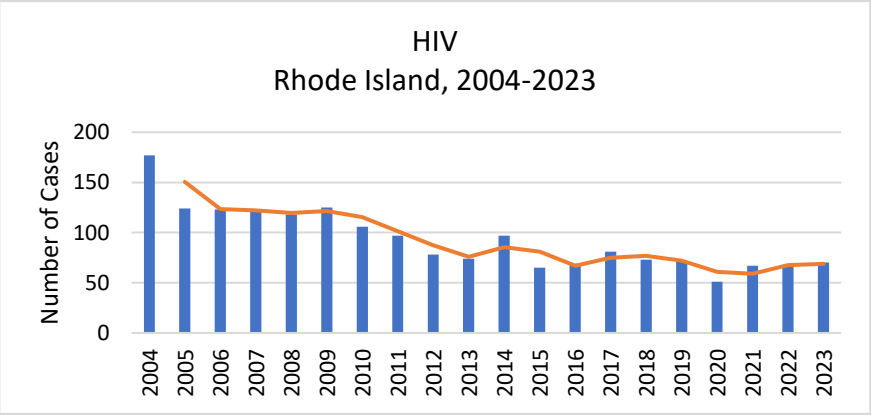
Singh et al., CROI, 2024

Trends in Chlamydia, Gonorrhea, Infectious Syphilis, and HIV









Source: Rhode Island Department of Health

Rhode Island and HIV Infection

After many years of stable or decreasing rates of new HIV cases, **an above average number of new HIV diagnoses has been observed in Rhode Island in 2024**. Counts of new HIV diagnoses can indicate recent transmission or a past infection that occurred years ago.

The two groups that are experiencing higher than expected new HIV diagnoses include: 1.) **Hispanic/Latino gay, bisexual and other men who have sex with men in their 20's** and 2.) Peo**ple who were born outside of the U.S. and are now living in Rhode Island (especially new arrivals)**. Social and structural issues affect access to healthcare and prevention services and continue to drive health disparities. It is important to avoid stigmatizing a particular group, but rather support those at highest risk and ensure that all communities remain vigilant.

Source: Rhode Island Department of Health

Taking a Sexual History
The Five P's

Partners	Do you have sex with men, women or both? How many partners in the last few months?
Practices	What type(s) of sex do you have? (Oral, vaginal, anal) Top or bottom?
Past STIs	Have you ever had a STI? Have you ever had syphilis? (Treated?)
Protection	How often do you use condoms? Are you on HIV PrEP? Why or why not?
Pregnancy	Are you or your partner trying to get pregnant? What are you doing to prevent pregnancy?

The Centers for Disease Control and Prevention (CDC), Taking a Sexual History

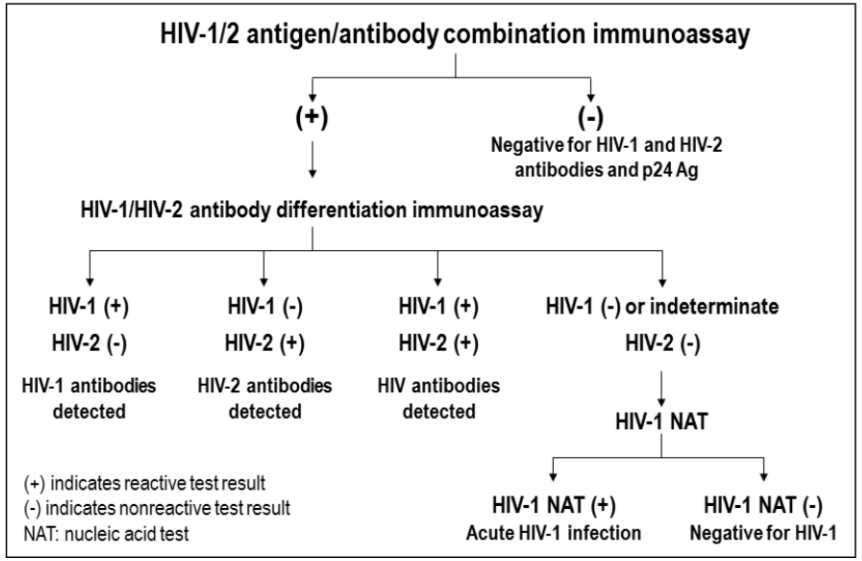
www.hrsa.gov/ending-hiv-epidemic

U.S. Preventive Services TASK FORCE 40 YEARS OF IMPROVING HEALTH

Recommendation Summary

Population	Recommendation	Grade
Pregnant persons	The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown.	A
Adolescents and adults aged 15 to 65 years	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. See the Clinical Considerations section for more information about assessment of risk, screening intervals, and rescreening in pregnancy.	A

Recommended Laboratory HIV Testing Algorithm for Serum or Plasma Specimens



False Negative: Acute HIV infection, PrEP, significant immunosuppression
False Positive: Other infections (i.e., EBV, syphilis, Lyme disease, babesiosis), autoimmune diseases, pregnancy, recent vaccination (i.e., influenza), prior HIV vaccine,receiving immunoglobulin, blood transfusions

Condom effectiveness in reducing heterosexual HIV transmission (Review)

Weller SC, Davis-Beaty K. Condom effectiveness in reducing heterosexual HIV transmission. *Cochrane Database of Systematic Reviews* 2002, Issue 1. Art. No.: CD003255. DOI: 10.1002/14651858.CD003255.

Authors' conclusions

This review indicates that consistent use of condoms results in 80% reduction in HIV incidence. Consistent use is defined as using a condom for all acts of penetrative vaginal intercourse. Because the studies used in this review did not report on the "correctness" of use, namely whether condoms were used correctly and perfectly for each and every act of intercourse, effectiveness and not efficacy is estimated. Also, this estimate refers in general to the male condom and not specifically to the latex condom, since studies also tended not to specify the type of condom that was used. Thus, condom effectiveness is similar to, although lower than, that for contraception.

THE COCHRANE COLLABORATION®

"Consistent use of condoms results in a 80% reduction in HIV incidence."

Pre-Exposure Prophylaxis (PrEP) for HIV Prevention

Emtricitabine/Tenofovir Disoproxil Fumarate (Oral)

Approved July of 2012 for HIV prevention in adolescents and adults weighing at least 35 kgs (Approved for HIV treatment in 2004).

*Initially approved for individuals age 18+ years. In May of 2018, approved for adolescents at risk of HIV weighing at least 35 kg (Based on ATN113; enrolled adolescents ages 15-17 years).

Emtricitabine/Tenofovir Alafenamide (Oral)

Approved October of 2019 for HIV prevention in adolescents and adults weighing at least 35 kgs.
(Approved for HIV treatment in 2016)

Cabotegravir (Injectable)

Approved December of 2021 for HIV prevention in adolescents and adults weighing at least 35 kgs. Given first as two initial injections one month apart, then every two months.
(Approved for HIV treatment in January of 2021)

Other "next-generation" PrEP medications are in development!

www.cdc.gov/hiv/clinicians/prevention/prep.html

U.S. Preventive Services TASK FORCE

Final Recommendation Statement

Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis

June 11, 2019

Population	Recommendation	Grade
Persons at high risk of HIV acquisition	The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. See the Clinical Considerations section for information about identification of persons at high risk and selection of effective antiretroviral therapy.	A

US Public Health Service

PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES – 2017 UPDATE

A CLINICAL PRACTICE GUIDELINE

CDC Recommendations: Inform <u>ALL</u> sexually active adults and adolescents about PrEP

Providers should offer PrEP to **<u>anyone who asks for it</u>**, even if **no specific risk factors** are reported

Telling all sexually active adults and adolescents about PrEP will increase the number of people who **know about PrEP**

HIV-1 Incidence, Adherence, and Drug Resistance in Individuals Taking Daily Emtricitabine/Tenofovir Disoproxil Fumarate for HIV-1 Pre-Exposure Prophylaxis: Pooled Analysis From 72 Global Studies

(Landovitz et al., Clinical Infectious Diseases, 2024)

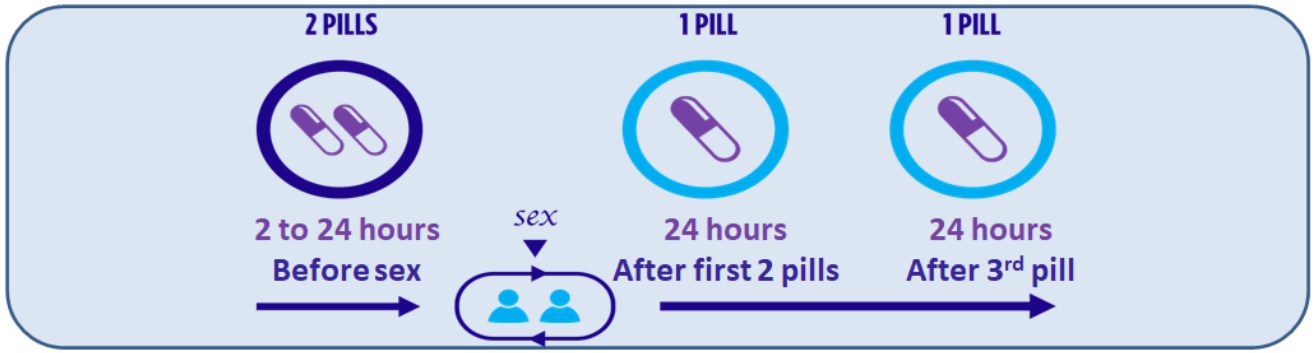
- Among **17,274 participants**, there were **101 cases** with new HIV-1 diagnosis.
- In 54 cases with tenofovir concentration data from DBS, 45 (83.3%), 2 (3.7%), **6** (11.1%), and **1** (1.9%) had average adherence of <2, 2-3, **4-6**, and **≥7** doses/week, respectively, and the corresponding incidence was 3.9 (95% CI 2.9-5.3), 0.24 (0.060-0.95), 0.27 (0.12-0.60), and 0.054 (0.008-0.38) per 100 person-years.
- In 78 cases with resistance data, 18 (23%) had M184I or V, one (1.3%) had **K65R**, and three (3.8%) had **both** mutations.
- Adherence was low in younger participants, Hispanic/Latinx and Black participants, cisgender women, and transgender women.
- Bone and renal adverse event incidence rates were 0.69 and 11.8 per 100 person-years, respectively, consistent with previous reports.

Clinical experience has demonstrated that HIV infection while adherent to PrEP is rare!

Updated 2021 CDC guidelines describe off-label option for MSM who have infrequent sex

2-1-1 or event-driven dosing is an option for FTC/TDF

2-1-1 PrEP Strategy:



	FTC/TDF	FTC/TAF
Risk Populations	MSM, MSW, WSM, Other genders, PWID	MSM and Transgender women only
Dosing	Daily, intermittent/event-driven	Daily only
Formulation	Brand Name and Generic	Brand Name only
Side Effects	GI, headache, renal dysfunction, BMD	Less renal dysfunction, BMD (Clinical Relevance?)
Creatinine	≥60 ml/min	≥30 ml/min
Metabolic	None	Increased weight gain, LDL

Initial PrEP Clinical Visit (Oral PrEP)

- HIV Ab/Ag Test*
- Evaluate for Acute HIV*
- Other STI Screening
- HBV/HCV Serologies
- Renal Function
- Lipid Panel (FTC/TAF)

→ Q3 Month Clinical Visits

*Also check an HIV-1 RNA if recent PrEP use ≤3 months, or symptoms of acute HIV infection

PrEP Follow-up Visits

HIV Ab/Ag and/or Viral Load
(Every 3 months)

Other STI Screening
MSM/TGW (3 months)
Heterosexual (6-12 months)

Renal Function
≥50 years or CrCl <90mL/min (6 months)
<50years or CrCl ≥90ml/min (12 months)

Lipid Panel, Weight
FTC/TAF only (12 months)

Risk Reduction and Adherence Counseling

PrEP Clinical Visits (Injectable PrEP)

- HIV Ab/Ag Test
- HIV-1 RNA (Viral Load)
- Other STI Screening
- ~~HBV Serologies~~
- ~~Renal Function~~
- ~~Lipid Panel (FTC/TAF)~~

Oral lead-in period is "optional"
Dose: 600mg IM in the gluteal muscle
Baseline intramuscular (IM) injection
Second IM injection at 1 month
Subsequent IM injections every 2 months
HIV Ag/Ab and HIV RNA every 2 months

HPTN 083 (>4500 MSM ND TGW): 66% reduction in risk of HIV infection compared to TDF/FTC (largely due to improved adherence).

HPTN 084 (>3200 cisgender women): 88% reduction in risk of HIV infection compared to TDF/FTC.

Implementation of Cabotegravir as PrEP for HIV Prevention

Major Challenges: Delay in HIV Seroconversion

- People taking cabotegravir as PrEP have a delay in HIV seroconversion which can delay diagnosis.
- In HPTN 083, HIV detection delayed in 69% (11/16) of people who became infected (using third generation rapid HIV tests).
- Baseline HIV infection: Mean delay 62 days.
- Incident HIV infection: Mean delay 98 days.

*Almost all infections could have been detected earlier with HIV RNA testing (which is recommended by the CDC).

Liegeon et al., 2022

Implementation of Cabotegravir as PrEP for HIV Prevention

Major Challenges: "Tail" Phase

- After last injection, cabotegravir plasma concentrations slowly decrease until it can no longer be detected at 44 weeks (males) and 67 weeks (females).
- Drug concentrations may be too low to prevent HIV infection, but could select for INSTI resistance.
- HPTN 083/084: Participants who discontinued infections received TDF/FTC for 48 weeks.

Liegeon et al., 2022

Implementation of Cabotegravir as PrEP for HIV Prevention

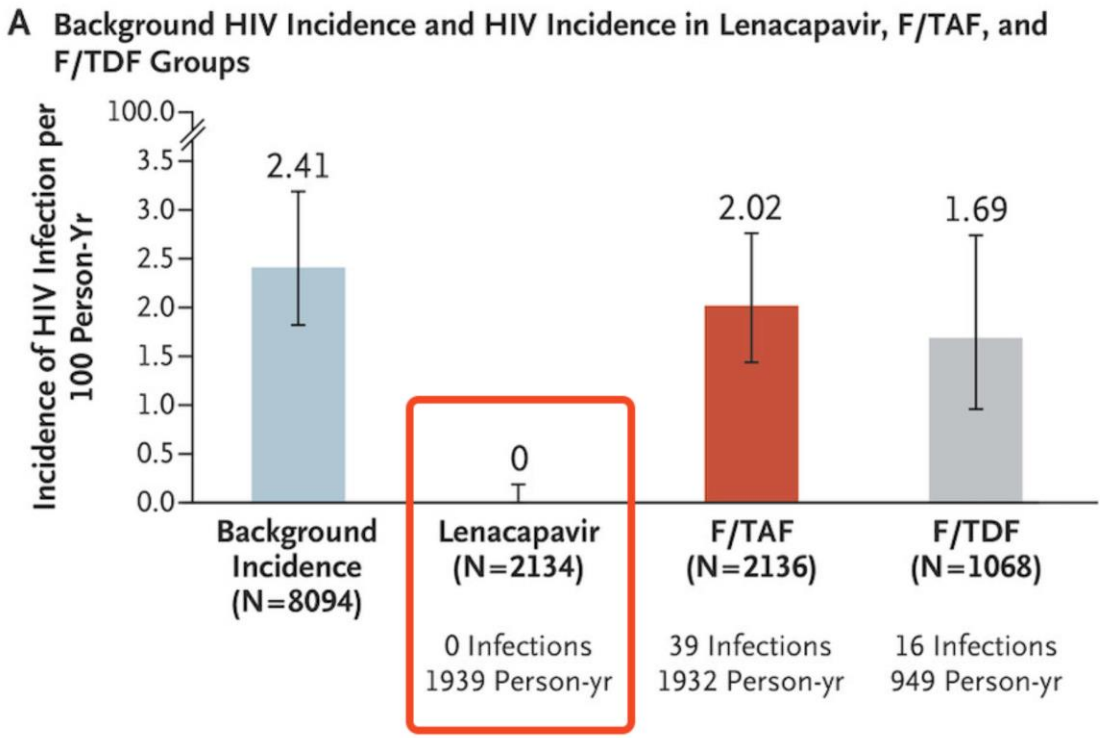
Major Challenges: Cost

Truvada $1100 per month	Descovy $1700 per month	Generic TDF/FTC $40 per month	Apertude $3700 per dose

- **Out-of-pocket costs:** Clinical visits, laboratory costs, medication.
- "Pharmacy benefit" versus "Medical benefit".

Sharfstein et al., 2022

Lenacapavir: A Twice Yearly Injection for PrEP and HIV Prevention



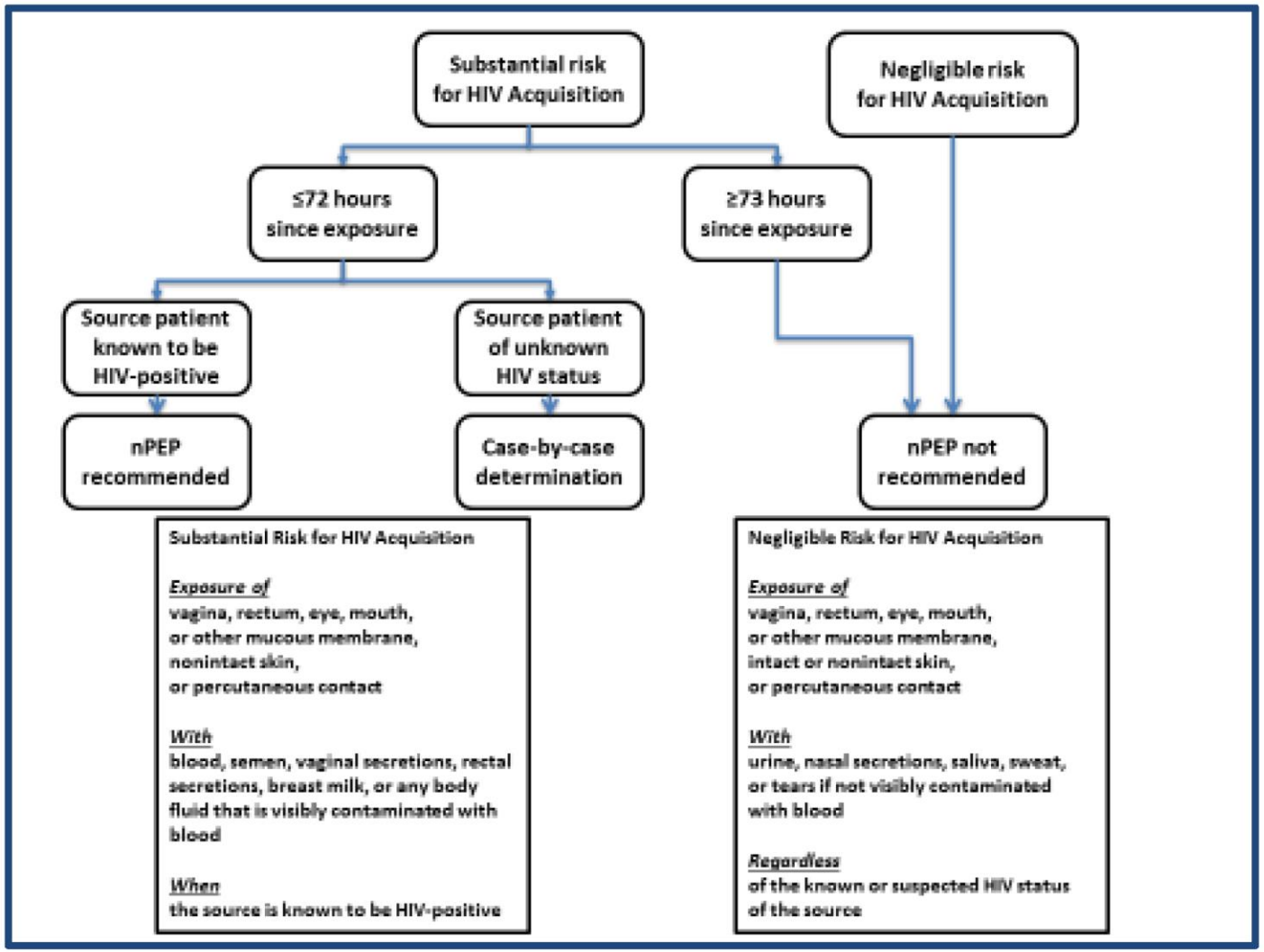
*The **PURPOSE 1** trial demonstrated that lenacapavir provided 100% protection against HIV acquisition in cisgender women. Among 5338 participants who were initially HIV-negative, 55 incident HIV infections were observed: 0 infections among 2134 participants in the lenacapavir group, 39 infections among 2136 participants in the F/TAF group, and 16 infections among 1068 participants in the F/TDF group.

www.nejm.org/doi/full/10.1056/NEJMoa2407001

Post-Exposure Prophylaxis (PEP) to Prevent HIV infection

- Occupational and non-occupational
- Determine risk
- Provide within 72 hours (the sooner the better)
- A 28-day course
- Three-drug regimen
- Standard in occupational exposures
- Initial study: 81% reduction in HIV transmission among HCWs after an exposure with AZT

Figure 1. Algorithm for evaluation and treatment of possible nonoccupational HIV exposures



CDC PEP Guidelines, 2016

Table 1. Estimated per-act risk for acquiring human immunodeficiency virus (HIV) from an infected source, by exposure act[a]

Exposure type	Rate for HIV acquisition per 10,000 exposures
Parenteral	
Blood transfusion	9,250
Needle sharing during injection drug use	63
Percutaneous (needlestick)	23
Sexual	
Receptive anal intercourse	138
Receptive penile-vaginal intercourse	8
Insertive anal intercourse	11
Insertive penile-vaginal intercourse	4
Receptive oral intercourse	Low
Insertive oral intercourse	Low
Other[b]	
Biting	Negligible
Spitting	Negligible
Throwing body fluids (including semen or saliva)	Negligible
Sharing sex toys	Negligible

Source: http://www.cdc.gov/hiv/policies/law/risk.html

[a] Factors that may increase the risk of HIV transmission include sexually transmitted diseases, acute and late-stage HIV infection, and high viral load. Factors that may decrease the risk include condom use, male circumcision, antiretroviral treatment, and preexposure prophylaxis. None of these factors are accounted for in the estimates presented in the table.

[b] HIV transmission through these exposure routes is technically possible but unlikely and not well documented.

CDC PEP Guidelines, 2016

Test	Source	Exposed persons			
	Baseline	Baseline	4–6 weeks after exposure	3 months after exposure	6 months after exposure
		For all persons considered for or prescribed nPEP for any exposure			
HIV Ag/Ab testing[a] (or antibody testing if Ag/Ab test unavailable)	✓	✓	✓	✓	✓[b]
Hepatitis B serology, including: hepatitis B surface antigen hepatitis B surface antibody hepatitis B core antibody	✓	✓	—	—	✓[c]
Hepatitis C antibody test	✓	✓	—	—	✓[d]
		For all persons considered for or prescribed nPEP for sexual exposure			
Syphilis serology[e]	✓	✓	✓	—	✓
Gonorrhea[f]	✓	✓	✓[g]	—	—
Chlamydia[f]	✓	✓	✓[g]	—	—
Pregnancy[h]	—	✓	✓	—	—
		For persons prescribed tenofovir DF+ emtricitabine + raltegravir or tenofovir DF+ emtricitabine + dolutegravir			
Serum creatinine (for calculating estimated creatinine clearance[i])		✓	✓	—	—
Alanine transaminase, aspartate aminotranferase		✓	✓	—	—
	For all persons with HIV infection confirmed at any visit				
HIV viral load	✓	✓[j]			
HIV genotypic resistance	✓	✓[j]			

Abbreviations: Ag/Ab, antigen/antibody combination test; HIV, human immunodeficiency virus; nPEP, nonoccupational postexposure prophylaxis; tenofovir DF, tenofovir disoproxil fumarate.

[a] Any positive or indeterminate HIV antibody test should undergo confirmatory testing of HIV infection status.

[b] Only if hepatitis C infection was acquired during the original exposure; delayed HIV seroconversion has been seen in persons who simultaneously acquire HIV and hepatitis C infection.

[c] If exposed person susceptible to hepatitis B at baseline.

[d] If exposed person susceptible to hepatitis C at baseline.

[e] If determined to be infected with syphilis and treated, should undergo serologic syphilis testing 6 months after treatment

[f] Testing for chlamydia and gonorrhea should be performed using nucleic acid amplification tests. For patients diagnosed with a chlamydia or gonorrhea infection, retesting 3 months after treatment is recommended.

- For men reporting insertive vaginal, anal, or oral sex, a urine specimen should be tested for chlamydia and gonorrhea.
- For women reporting receptive vaginal sex, a vaginal (preferred) or endocervical swab or urine specimen should be tested for chlamydia and gonorrhea.
- For men and women reporting receptive anal sex, a rectal swab specimen should be tested for chlamydia and gonorrhea.
- For men and women reporting receptive oral sex, an oropharyngeal swab should be tested for gonorrhea. (http://www.cdc.gov/std/tg2015/tg-2015-print.pdf)

[g] If not provided presumptive treatment at baseline, or if symptomatic at follow-up visit.

[h] If woman of reproductive age, not using effective contraception, and with vaginal exposure to semen.

[i] eCrCl = estimated creatinine clearance calculated by the Cockcroft-Gault formula; eCrClCG = [(140 − age) x ideal body weight] ÷ (serum creatinine x 72) (x 0.85 for females).

[j] At first visit where determined to have HIV infection.

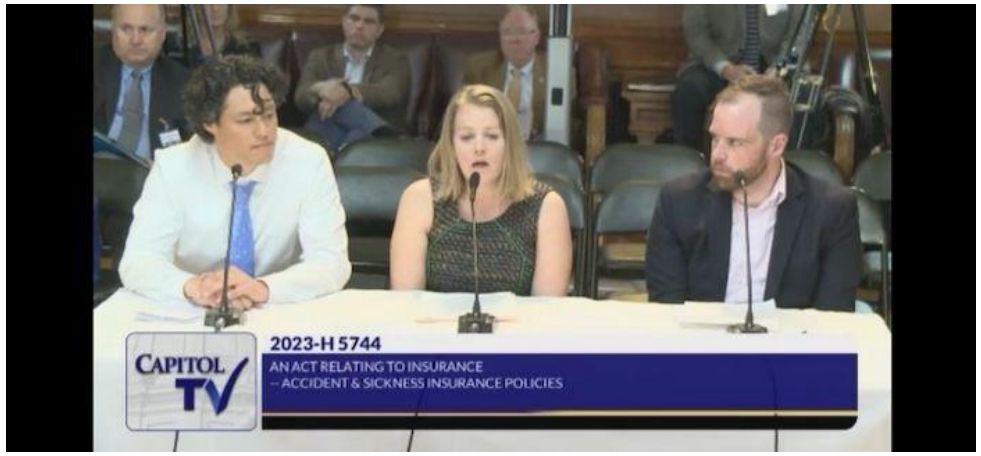
CDC PEP Guidelines, 2016

Table 5. Preferred and alternative antiretroviral medication 28-day regimens for nPEP[a,b]

Age group	Preferred/ alternative	Medication
Adults and adolescents aged ≥ 13 years, including pregnant women, with normal renal function (creatinine clearance ≥ 60 mL/min)	**Preferred**	A 3-drug regimen consisting of tenofovir DF 300 mg ***and*** fixed dose combination emtricitabine 200 mg (Truvada[c]) once daily ***with*** raltegravir 400 mg twice daily ***or*** dolutegravir 50 mg once daily
	Alternative	A 3-drug regimen consisting of tenofovir DF 300 mg ***and*** fixed dose combination emtricitabine 200 mg (Truvada) once daily ***with*** darunavir 800 mg (as 2, 400-mg tablets) once daily ***and*** ritonavir[b] 100 mg once daily
Adults and adolescents aged ≥ 13 years with renal dysfunction (creatinine clearance ≤59 mL/min)	**Preferred**	A 3-drug regimen consisting of zidovudine ***and*** lamivudine, with both doses adjusted to degree of renal function ***with*** raltegravir 400 mg twice daily ***or*** dolutegravir 50 mg once daily
	Alternative	A 3-drug regimen consisting of zidovudine ***and*** lamivudine, with both doses adjusted to degree of renal function ***with*** darunavir 800 mg (as 2, 400-mg tablets) once daily ***and*** ritonavir[b] 100 mg once daily

Research to Practice to Policy: Improving PrEP Access in Rhode Island

Summary: During the 2023 session, the Rhode Island legislature passed a bill that would expand access to both PrEP and PEP for HIV prevention.



- The legislation lets pharmacists provide PrEP (60 day supply once in a two-year period) and PEP without a prescription.
- Pharmacists will be required to provide counseling and connect patients with health care providers for ongoing medication and care.
- Also requires insurers to cover PrEP without out-of-pocket costs. This was technically already required by CMS.
- An earlier version of the bill prohibited prior authorizations.

governor.ri.gov/press-releases/governor-mckee-signs-legislation-which-will-reduce-spread-hiv-transmission

Medicare and PrEP Changes: Improving Access to PrEP for HIV Prevention

- There are four parts of **Medicare**: **Part A** (inpatient/hospital coverage); **Part B** (outpatient/medical); **Part C** (Medicare Advantage); **Part D** (Prescription Drugs).
- **Oral PrEP Medications** have been covered under Part D, but Part D doesn't typically cover clinic-administered medications (i.e., injectable PrEP).
- Advocacy organizations asked for injectable PrEP to be covered under Part B which covers clinic-administered medications.
- Medicare moved all PrEP medications to Part B.
- This means that people who had co-pays under Part D will have no copays under Part B. Also, Part B does not include pharmacy benefit managers typically.
- Possible Issue: Pharmacies are not usually signed up to bill for drugs under Part B, they have to apply.

www.hiv.gov/blog/now-medicare-part-b-coverage-pre-exposure-prophylaxis-prep-for-hiv-prevention

Condom Program

- Online ordering system
- ~60 requests per month
- >1,500 requests to date
- 15 condoms/request

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HIV Testing (Mail)

- AIDS Project RI (APRI)
- Approx 500 HIV tests to date

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RIght Time App
- Launched in 2018
- 6,200 Downloads
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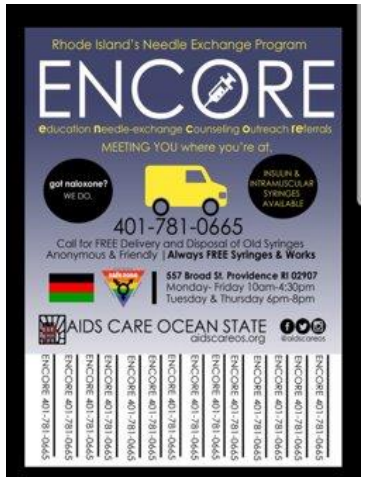
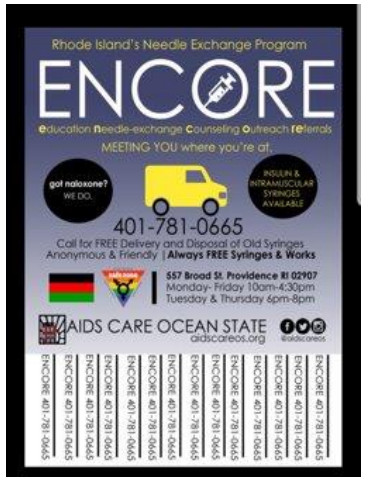
Testing 1-2-3
- Online STI Testing
- Choose a lab
- Approx 400 tested
- www.testing123ri.com



ENCORE Program

- AIDS Care Ocean State
- 150K Needles distributed annually
- HIV/HCV testing



ENCORE Program

- AIDS Care Ocean State
- 150K Needles distributed annually
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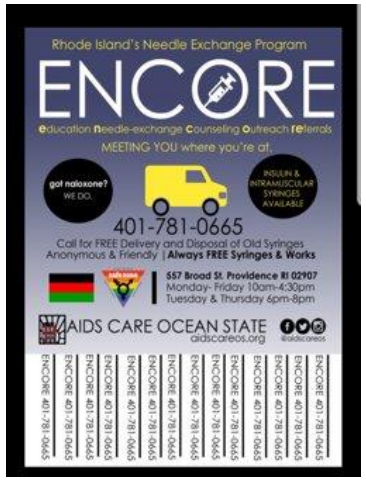
Harm Reduction Vending Machines

- Distribute clean needles, condoms, naloxone, etc.



ENCORE Program

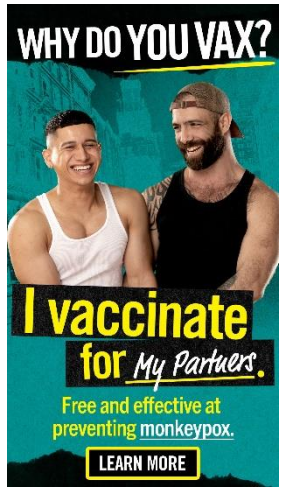
- AIDS Care Ocean State
- 150K Needles distributed annually
- HIV/HCV testing

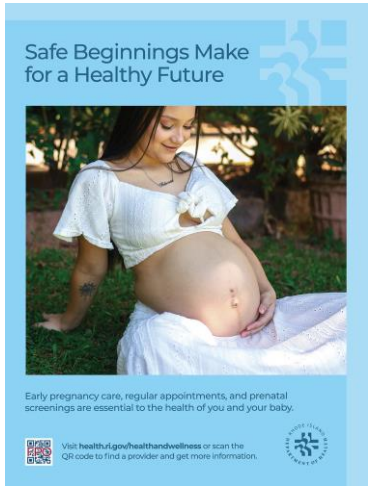
Media Campaigns

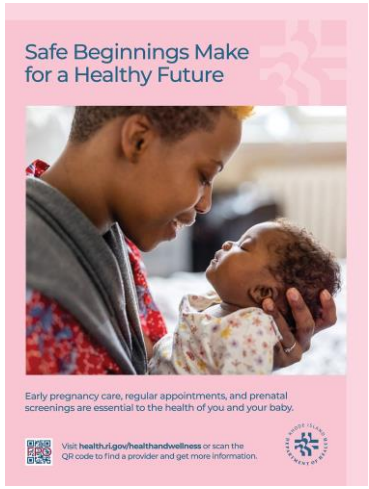
- Focused on HIV/STIs and sexual health
- Multiple annually

Harm Reduction Vending Machines

- Distribute clean needles, condoms, naloxone, etc.







Contact Information

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Chief Medical Officer, Open Door Health
Philip_Chan@brown.edu

Resources

STI and Screening & Treatment Guidelines

- RIDOH - Information for Providers
- CDC 2021 Screening Guidelines
- CDC Treatment Guidelines

HIV Prevention and Treatment

- Ending the HIV Epidemic (HRSA)
- Prevention Guidelines (PrEP) – CDC
- Medicare Part B Coverage for PrEP – HIV.gov

Research and Policy

- U.S. Preventive Services Task Force
- Clinical Research Article – NEJM
- Rhode Island HIV Prevention Legislation

General Sexual Health

- Safer Sex Information – RIDOH

CME/CEU Credits - *pending*
(applied for MDs, PAs, Rx, RNs, NPs, PhD)

- CME/CEU Credits – Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form: https://www.surveymonkey.com/r/STI_ECHOSERIES
- Evaluations must be completed to receive credit
- Certificates will be mailed ~ 1 month after event

The AAFP is reviewing "ECHO Series Focused on Best Practices and QI," and is pending approval if deemed acceptable for AAFP credit. Term of approval is from 9/2/24 to 9/2/25. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).

Thank you!

Next Meeting:

Date: Tuesday December 10, 2024, 7:30-8:30 AM

Session: **Chlamydia & Gonorrhea**

Evaluation/Credit Request Form: https://www.surveymonkey.com/r/STI_ECHOSERIES