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RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Innovations in STI Screening and Treatment at an FQHC

August 14, 2020

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Presenters



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Disclosures



- The presenters today have no relevant financial or non-financial interests to disclose.
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- Commercial support was not received for this activity.

Learning Outcomes



At the conclusion of this activity, the participant will be able to:

- 1. Summarize the evidence-based research on STI self-collection and how it fits into the model of FQHCs.**
- 2. List some of the barriers that can be encountered with STI screening.**
- 3. Describe how the sexual risk assessment could be streamlined for adoption into a clinic visit.**
- 4. Review the success of CHC's own pilot project in self-collection and the lessons learned from patients in implementation.**
- 5. Understand ways to increase access to care for STI's by using nurse-led initiatives in the clinic setting.**

Who We Are: CHC, Inc.



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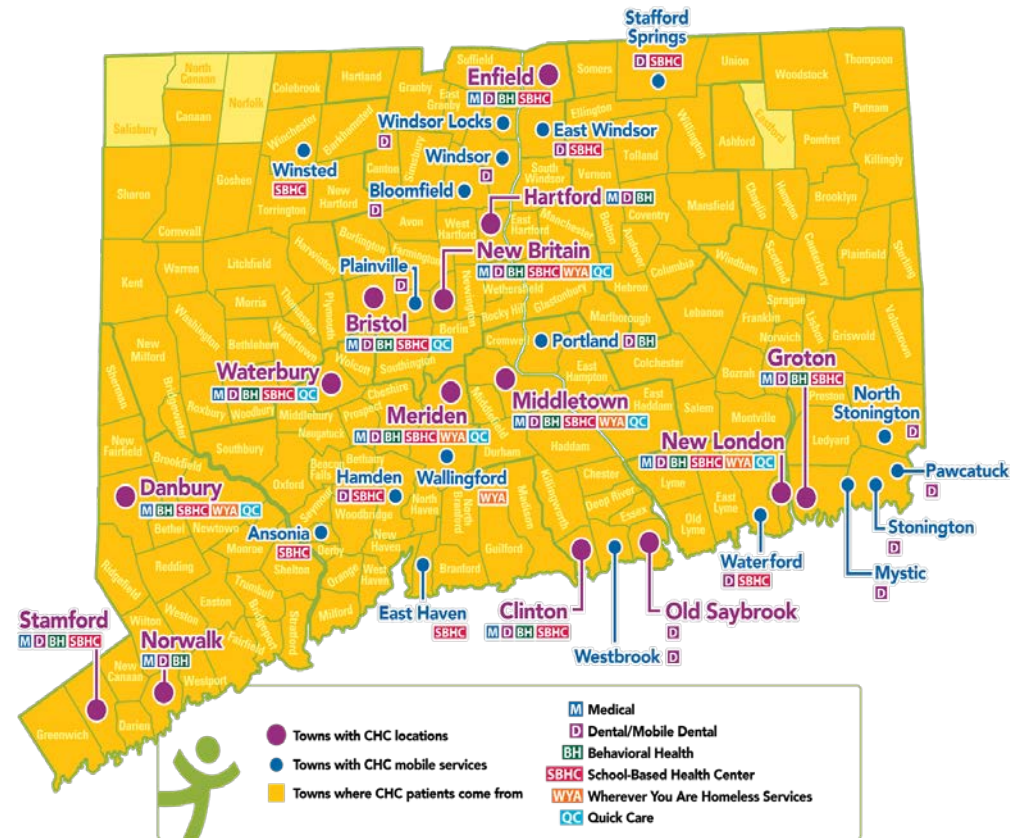


Community Health Center, Inc.

CHC Profile:

- Founding year: 1972
- Locations: 14
- Patients/year: 100,000

CHC Locations in Connecticut



THREE FOUNDATIONAL PILLARS		
1 Clinical Excellence	2 Research and Development	3 Training the Next Generation

Who We Are: CKP



The Center for Key Populations is the first center of its kind that focuses on key groups who experience health disparities secondary to stigma and discrimination and who belong to communities that have suffered many barriers to healthcare.

The Center brings together healthcare, training, research, and advocacy for: **People who use drugs, the LGB and Transgender populations, the homeless and those experiencing housing instability, the recently incarcerated, and sex workers.**



HIV Primary Care & Testing

Hepatitis C Screening and Treatment

Medication Assisted Treatment for Substance Use Disorders

Health Care for the Homeless

LGBTQ-focused Health Care

Community Drop-In Center

HIV PrEP (Pre-Exposure Prophylaxis and PEP Post-Exposure Prophylaxis)

Sexually Transmitted Infections

Background: Prevalence of STIs



- STI rates in the U.S. continue to rise.
 - In 2018, CDC reported an increase in the three most common STIs, gonorrhea (GC), chlamydia (CT), and syphilis.¹
 - 1.8 million cases of chlamydia (3% increase from 2017)
 - About 2/3 in women, majority in <25.
 - 583,000 cases of gonorrhea (5% increase from 2017)
 - 115,000 cases of syphilis (14% increase from 2017)
 - 86% of primary and secondary syphilis cases were in men,
 - 54% of primary and secondary syphilis cases were among MSM
 - CDC estimates half of men with syphilis also have HIV²

1. Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance Report* 2019. Available at: <https://www.cdc.gov/std/stats18/default.htm>

2. Centers for Disease Control and Prevention, 2019. CDC Fact Sheet: Reported STDs in the United States, 2017.

Background: Prevalence of STIs continued



- Rates of STIs disproportionately affect Black, Hispanic and other racial and ethnic minorities.
- In 2018, rates compared to whites¹:
 - Chlamydia: Black women 5x; Black men 6.8x; Hispanics 1.9x
 - Gonorrhea: Black women 6.9x; Black men 8.5x; Hispanics 1.6x
 - Syphilis: Blacks 4.7x; Hispanics 2.2x
 - Congenital syphilis: Blacks 6.4x; Hispanics 3.3x

1. <https://www.cdc.gov/std/stats18/minorities.htm>

Background: Prevalence in MSM



- According to CDC's 2015 STD Guidelines^{3,4}:
 - The estimated prevalence of extra-genital GC/CT in MSM
 - GC: 7.3% pharyngeal; 5.4% rectal
 - CT: 2.3% pharyngeal; 8.9% rectal
- According to a 2017 systematic review of 115 studies⁵:
 - Prevalence of rectal CT (9%) > prevalence of rectal GC (4.7%)

3. Centers for Disease Control and Prevention, 2015. Sexually transmitted diseases treatment guidelines, 2015. *Annals of Emergency Medicine*, 66(5), pp.526-528.

<https://www.cdc.gov/std/tg2015/specialpops.htm#msm>

4. CDC. [Clinic-based testing for rectal and pharyngeal *Neisseria gonorrhoeae* and *Chlamydia trachomatis* infections by community-based organizations—five cities, United States, 2007](#). *MMWR Morb Mortal Wkly Rep* 2009;58:716–19.

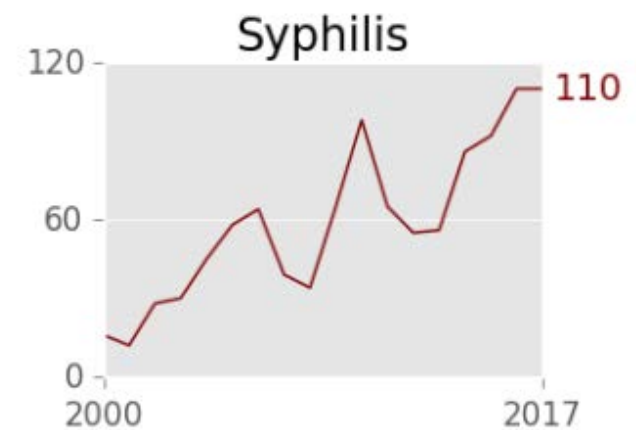
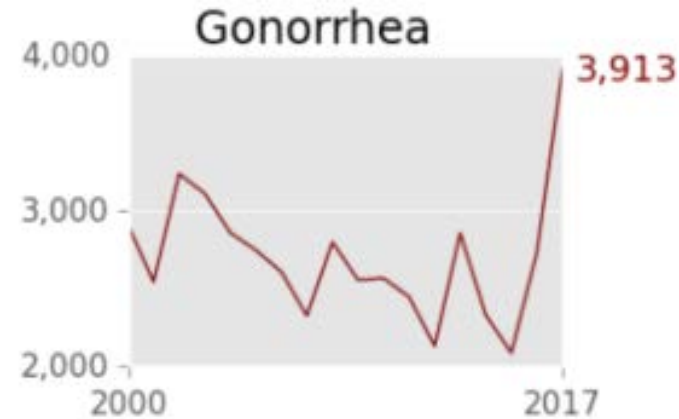
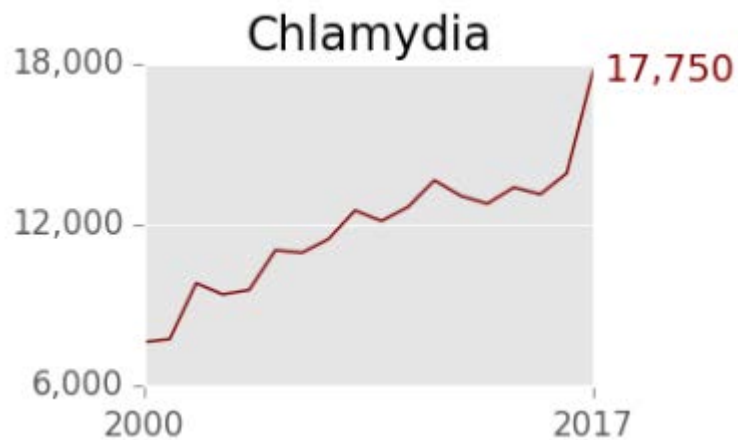
5. Dewart, C.M., Bernstein, K.T., DeGroot, N.P., Romaguera, R. and Turner, A.N., 2018. Prevalence of rectal chlamydial and gonococcal infections: a systematic review. *Sexually transmitted diseases*, 45(5), p.287.

Background: Prevalence in Connecticut



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- In Connecticut in 2017, there were:⁶
 - 17,750 chlamydia cases (a 27% increase vs. 2014)
 - 3,913 gonorrhea cases (a 67% increase vs. 2014)
 - 110 syphilis cases (a 75% increase vs. 2014)



6. CT Mirror. STDs reach record levels in CT, early data show. <https://ctmirror.org/2018/08/30/stds-reach-record-levels-ct-early-data-show/>. Published 2018. Accessed 7/16/2020.

Background: Screening Guidelines



- CDC recommends that basic STD care services should be available in primary care.⁷
 - Screening should include GC, CT, syphilis, HIV, hepatitis A/B/C, cervical cancer.
 - Clinical laboratory services to include:
 - Urogenital nucleic acid amplification test (NAAT) for GC and CT
 - Extra-genital (pharyngeal and rectal) NAAT for GC and CT
 - Treponemal and nontreponemal serologic tests for syphilis
 - Fourth-generation HIV test
- CDC guidelines for STD screening in MSM recommend:^{4,8}
 - Extra-genital NAAT GC (pharyngeal, rectal) and CT screening (rectal)
 - NAAT has increased sensitivity vs. cell culture

7. Barrow RY, Ahmed F, Bolan GA, Workowski KA. Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020. MMWR Recomm Rep 2020;68(No. RR-5):1–20. DOI: <http://dx.doi.org/10.15585/mmwr.rr6805a1>

4. Centers for Disease Control and Prevention, 2015. Sexually transmitted diseases treatment guidelines, 2015. Annals of Emergency Medicine, 66(5), pp.526-528. <https://www.cdc.gov/std/tg2015/specialpops.htm#msm>

8. Centers for Disease Control and Prevention. 2014. Recommendations for the laboratory-based detection of Chlamydia trachomatis and Neisseria gonorrhoeae–2014. Morbidity and Mortality Weekly Reports, 63(RR-02), 1–19.

Background: Barriers to Screening



- Lack of rectal screening in MSM may be due to multiple barriers, including access to care, stigma, and discrimination.⁹
- With decreased funding to STI clinics across the nation, primary care clinics like community health centers and RW clinics will need to provide the access to STI screening and treatment.

9. Reisner, S.L., Deutsch, M.B., Peitzmeier, S.M., Hughto, J.M.W., Cavanaugh, T., Pardee, D.J., McLean, S., Marrow, E.J., Mimiaga, M.J., Panther, L. and Gelman, M., 2017. Comparing self-and provider-collected swabbing for HPV DNA testing in female-to-male transgender adult patients: a mixed-methods biobehavioral study protocol. *BMC infectious diseases*, 17(1), p.444.

Evidence: Benefits of Self-Collection



- A 2016 study in a cohort of MSM over 1 year found:
 - Without extra-genital testing, >70% of CT and >80% of GC would have been missed.¹⁰
- A 2019 meta-analysis showed self-collection increased uptake of STI testing services relative to clinician-collection.¹¹
- Self-collection:
 - Helps overcome barriers associated with stigmatization of MSM and transwomen.^{9,12}
 - Is preferred by patients vs. invasive nature of clinician-collection.^{13,14}
 - Has been shown to be equally or more effective than clinician-collection.^{15,16}

9. Reisner et al. 2017. Comparing self-and provider-collected swabbing for HPV DNA testing in female-to-male transgender adult patients: a mixed-methods biobehavioral study protocol. *BMC infectious diseases*, 17(1), p.444.
10. Anschuetz et al (2016). Extragenital screening in men who have sex with men diagnoses more chlamydia and gonorrhea cases than urine testing alone. *Sexually Transmitted Diseases*, 43(5), 299–301. <https://doi.org/10.1097/OLQ.0000000000000435>
11. Ogale et al. 2019. Self-collection of samples as an additional approach to deliver testing services for sexually transmitted infections: a systematic review and meta-analysis. *BMJ global health*, 4(2), p.e001349.
12. Rosenberger et al. 2011. Reactions to self-sampling for ano-rectal sexually transmitted infections among men who have sex with men: A qualitative study. *Archives of sexual behavior*, 40(2), pp.281-288.
13. Paudyal et al. 2015. Obtaining self-samples to diagnose curable sexually transmitted infections: a systematic review of patients' experiences. *PLoS one*, 10(4), p.e0124310.
14. Yared et al. 2017. Optimizing Screening for Sexually Transmitted Infections in Men Using Self-Collected Swabs—A Systematic Review. In *Open Forum Infectious Diseases* (Vol. 4, No. Suppl 1, p. S104). Oxford University Press.
15. Lunny et al. 2015. Self-collected versus clinician-collected sampling for chlamydia and gonorrhea screening: a systemic review and meta-analysis. *PLoS One*, 10(7), p.e0132776.
16. Sexton et al. (2013). *How reliable is self-testing for gonorrhea and chlamydia among men who have sex with men?* (Vol. 62).

Evidence: Nurse-based/Self-Collection in Community Health Settings



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- A nurse-led screening program for CT and GC at an HIV center conducted 976 screens and detected 143 infections that would otherwise have been missed.¹⁷
 - 17.4% prevalence of GC/CT in MSM screened (n=571)
 - Rectal CT 9.8% (n=56) and GC 4.2% (n=24)
 - Pharyngeal CT 1.7% (n=10) and GC 3.9% (n=23)
 - Urethral CT 2.6% (n=16) and GC 1.3% (n=8)
 - All MSM found self-collection acceptable

17. Soni, S. and White, J.A., 2011. Self-screening for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* in the human immunodeficiency virus clinic—high yields and high acceptability. *Sexually transmitted diseases*, 38(12), pp.1107-1109.

CHC: Barriers to Screening



- Patient Level
 - Stigma and discomfort
 - Access– transportation, work, time delay for appointment
 - Confidentiality and privacy concerns
 - Cultural sensitivity
- Provider Level
 - Stigma and discrimination
 - Discomfort with intimate history and exams/need for chaperone
 - Time constraints
 - Lack of knowledge re: need of extra-genital testing
- Organization Level
 - Lack of awareness and training of staff
 - Clinic culture
 - Lack of emphasis as a quality measure and routine health maintenance

CHC: Overcoming the Barriers



- Administrative and Clinical Staff Training
- Agency Focus on STI screening (Med QI and PI goal)
- Sexual Risk Assessment*
- Rectal/vaginal self-collection*
- Offering pharyngeal testing for women at risk?*
- Nursing visits*

Sexual Risk Assessment: the 5 P's



- Partners
- Practices
- Past history of STDs
- Protection from STDs
- Pregnancy plans

Too Extensive

Too Time-Consuming

Seldom Occurring

6 Essential Sexual Health Questions: To Determine STD Screening/Treatment



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- Have you ever had any type of sex ?
 - Oral, Vaginal, Anal?
- When was the last time?
- Are partners men, women, transmen, transwomen? How many (1 or more than 1)?
- Do you use condoms/PrEP? Always, sometimes, never?
- Any symptoms?
- Were you exposed to any STDs that you know?

Sexual Risk Assessment: EHR Template

1



Social History Notes

Free-form | **Structured**

Sexual History: Default | Default for All | Clear All

Name	Value	Notes
<input type="checkbox"/> Had Sex in Past Year:	Yes	
<input type="checkbox"/> Has/had sex with:		
<input type="checkbox"/> If at risk, consider HIV,		
<input type="checkbox"/> If MSM, consider HIV, Pr		
<input type="checkbox"/> If F <25y, consider cerv		
<input type="checkbox"/> Oral sex:		
<input type="checkbox"/> Vaginal Sex:		
<input type="checkbox"/> Anal Sex:		
<input type="checkbox"/> Condom/Barrier Use:		
<input type="checkbox"/> Any symptoms:		
<input type="checkbox"/> Had/Exposed to any STIs?		
<input type="checkbox"/> Date Completed:		

Men
 Women
 Transmen (FTM)
 Transwomen (MTF)
 Other

Add | Cancel

< Prev | Custom | Close | Next >

Sexual Risk Assessment: EHR Template 2



Social History Notes

Free-form | **Structured**

Sexual History: Default | Default for All | Clear All

Name	Value		Notes
<input type="checkbox"/> Had Sex in Past Year:	Yes	X	X
<input type="checkbox"/> Has/had sex with:		X	X
<input type="checkbox"/> If at risk, consider HIV,		X	X
<input type="checkbox"/> If MSM, consider HIV, Pr		X	X
<input type="checkbox"/> If F <25y, consider cerv		X	X
<input type="checkbox"/> Oral sex:		X	X
<input type="checkbox"/> Vaginal Sex:		X	X
<input type="checkbox"/> Anal Sex:		X	X
<input type="checkbox"/> Condom/Barrier Use:		X	X
<input type="checkbox"/> Any symptoms:		X	X
<input type="checkbox"/> Had/Exposed to any STIs?		X	X
<input type="checkbox"/> Date Completed:		X	X

Always
 Sometimes
 Never
 On PrEP
 Oral sex: always
 Oral sex: sometimes
 Oral sex: never
 Vaginal sex: always
 Vaginal sex: sometimes
 Vaginal sex: never

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Sexual Risk Assessment: EHR Template 3

Social History Notes

Free-form **Structured**

Sexual History: Default Default for All Clear All

Name	Value		Notes
<input checked="" type="checkbox"/> Had Sex in Past Year:	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Has/had sex with:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> If at risk, consider HIV,		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> If MSM, consider HIV, Pr		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> If F <25y, consider cerv		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Oral sex:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Vaginal Sex:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Anal Sex:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Condom/Barrier Use:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Any symptoms:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Had/Exposed to any STIs?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Date Completed:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

None
 genital itching and/or burning
 anal itching and/or burning
 genital discharge/pus/drip
 anal discharge/pus/drip
 sore throat
 rash
 genital/anal sores
 genital/anal pain

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Add Cancel

Example of Sexual Risk Assessment

Social History Notes

Free-form **Structured**

Sexual History: Default Default for All Clear All

Name	Value		Notes
<input checked="" type="checkbox"/> Had Sex in Past Year:	Yes	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Has/had sex with:	Men	<input checked="" type="checkbox"/>	
<input type="checkbox"/> # Males in past year	More than 1	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Male partners have othe		<input checked="" type="checkbox"/>	
<input type="checkbox"/> If at risk, consider HIV,		<input checked="" type="checkbox"/>	
<input type="checkbox"/> If MSM, consider HIV, Pr		<input checked="" type="checkbox"/>	
<input type="checkbox"/> If F <25y, consider cerv		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Oral sex:	Given, Received	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Given: If MSM, consider o		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Received: If MSM or high-		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Vaginal Sex:		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> Anal Sex:	Insertive, Receptive	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Insertive: If MSM or high-		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Receptive: If MSM or high		<input checked="" type="checkbox"/>	
<input type="checkbox"/> Condom/Barrier Use:	Sometimes, On PrEP	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Any symptoms:	None	<input checked="" type="checkbox"/>	
<input type="checkbox"/> Had/Exposed to any STIs?	No	<input checked="" type="checkbox"/>	

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CHC Rectal Self-Collection Study



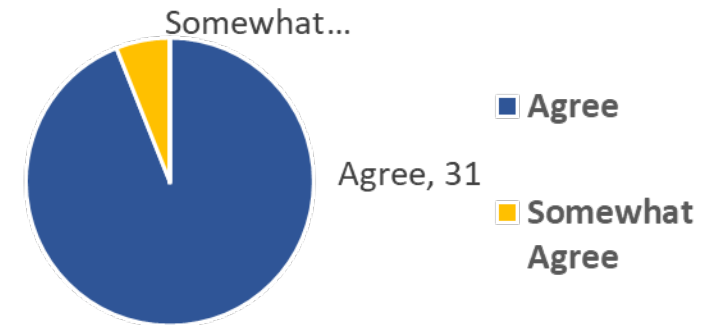
- N=33 MSM and Transwomen due for STI screening at CHC.
 - Mean age 40, range 19-59
 - 39% White, 18% Black, 39% Hispanic, 3% Other
 - 70% Gay/Lesbian, 6% Bisexual, 6% Straight, 9% Other, 9% Chose Not to Disclose
 - 79% Male, 15% Transfemale, 6% Chose Not to Disclose
- Offered rectal self-collection or clinician-collection.
- Informed consent obtained.
- Written instructions given and reviewed.
- Survey questionnaire filled out after collection.

Aggregate Data 1

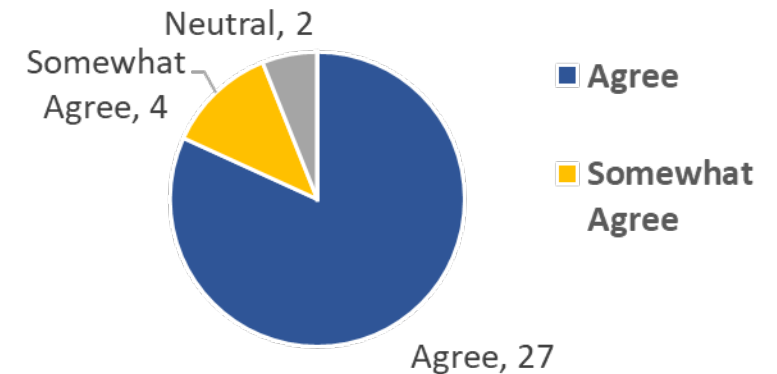
1.The instructions were easy to follow	n
Agree	31
Somewhat Agree	2
Neutral	0
Somewhat Disagree	0
Disagree	0
TOTAL	33

2. It was easy to swab my own bottom	n
Agree	27
Somewhat Agree	4
Neutral	2
Disagree	0
Somewhat Disagree	0
TOTAL	33

The instructions were easy to follow (n=33)

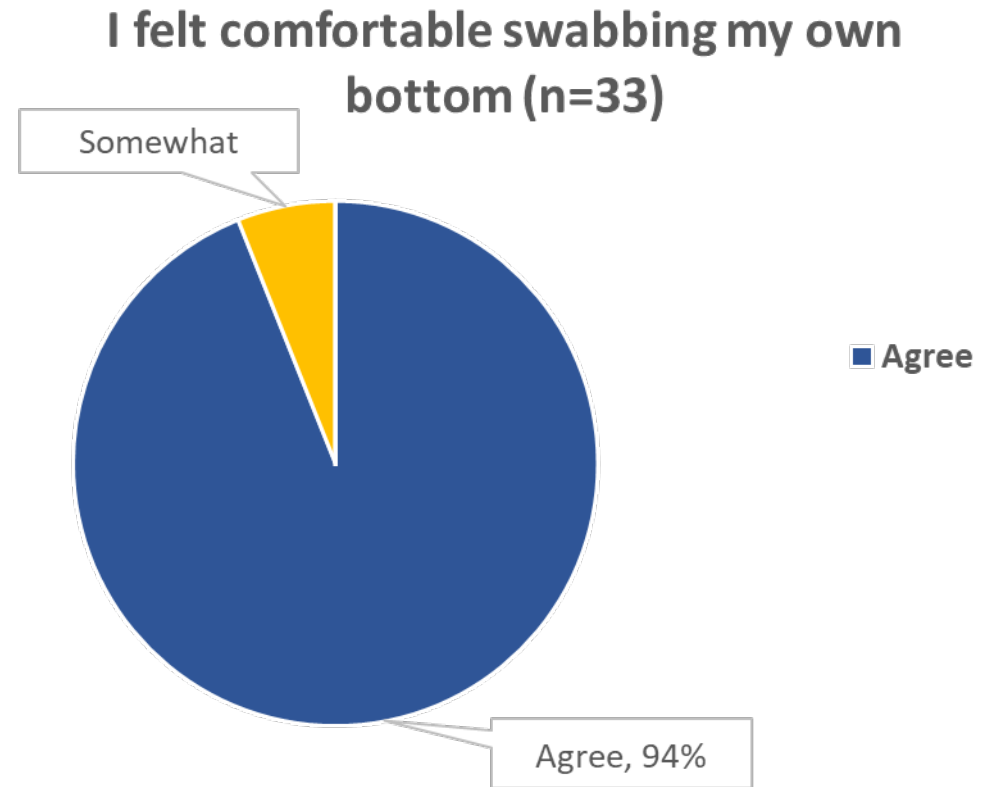


It was easy to swab my own bottom (n=33)



Aggregate Data 2

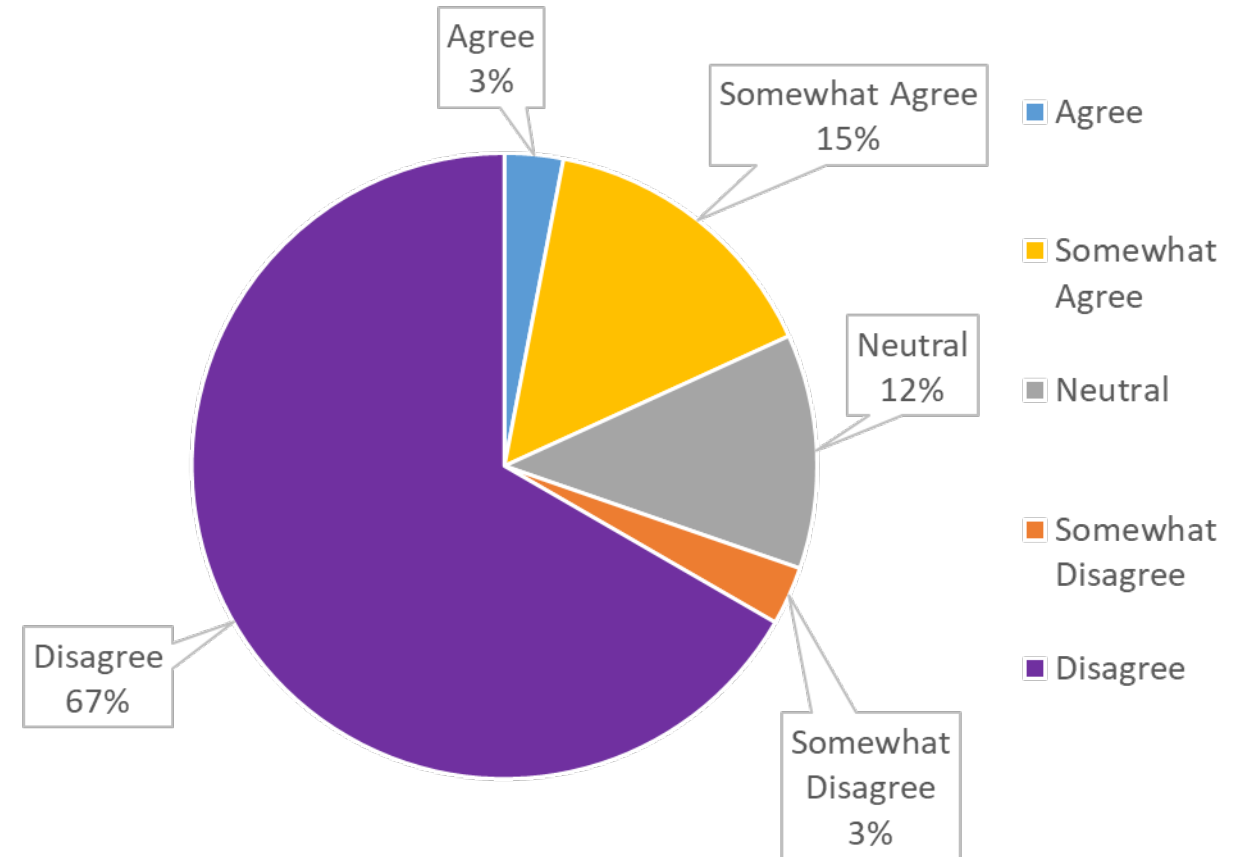
3. I felt comfortable swabbing my own bottom	n
Agree	31
Somewhat Agree	2
Neutral	0
Disagree	0
Somewhat Disagree	0
TOTAL	33



Aggregate Data 3

4. I felt pain when swabbing my own bottom	n
Agree	1
Somewhat Agree	5
Neutral	4
Somewhat Disagree	1
Disagree	22
TOTAL	33

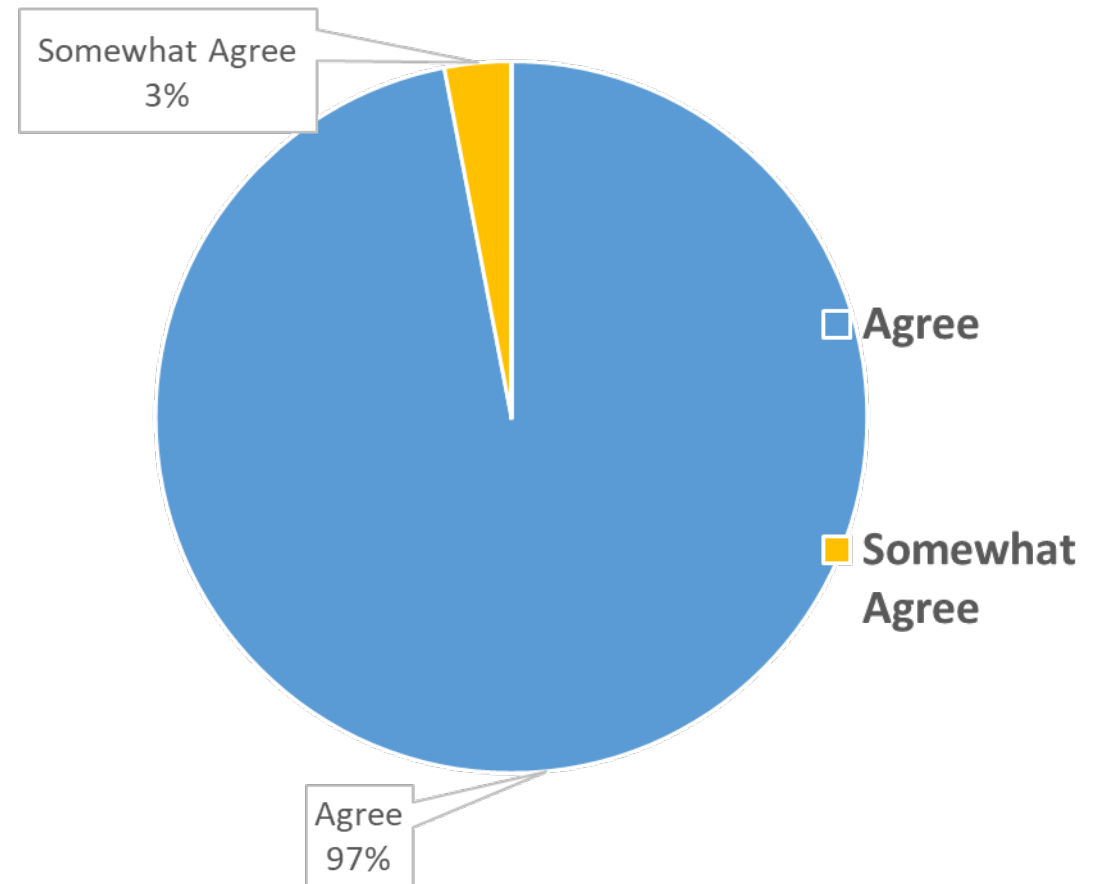
I felt pain when swabbing my own bottom (n=33)



Aggregate Data 4

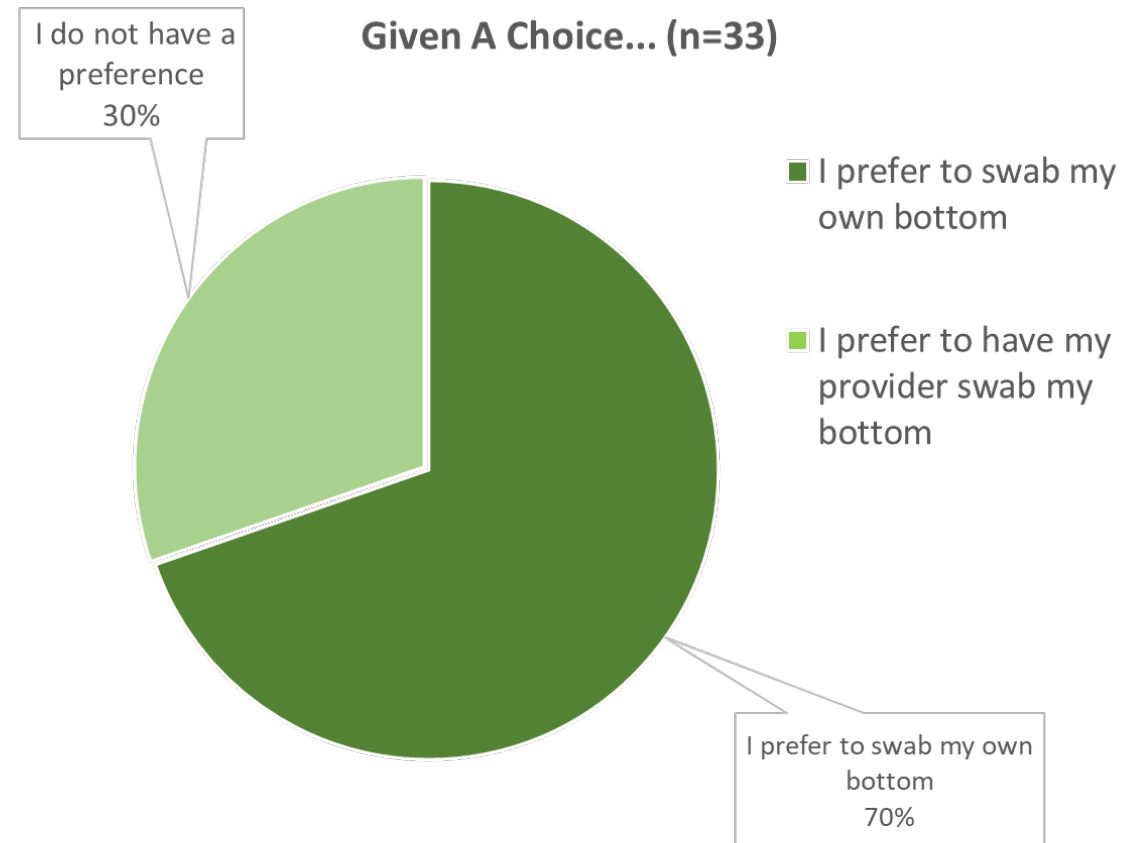
5. I felt I was able to ask questions about swabbing my own bottom	n
Agree	32
Somewhat Agree	1
Neutral	0
Somewhat Disagree	0
Disagree	0
TOTAL	33

I felt I was able to ask questions about swabbing my own bottom (n=33)



Aggregate Data 5

6. Given a choice...	n
I prefer to swab my own bottom	23
I prefer to have my provider swab my bottom	0
I do not have a preference	10
TOTAL	33



CHC Female STI Pharyngeal Pilot Study 1



- The objectives of this study are:
- To determine the rate of oropharyngeal *Neisseria gonorrhoeae* (GC) and/or *Chlamydia trachomatis* (CT) in women and transmen who are sexually active and under age 25 or those age 25 or older with additional risk factors
- To correlate the rate of oropharyngeal GC or CT infections with urogenital results obtained within the last year among the study population
- To compare the oropharyngeal GC/CT rates in the study population with organizational and national rates of oropharyngeal infection in MSM and transwomen.

- N=25 women due for STI testing (e.g. <25 urogenital GC/CT; at-risk)
 - Mean age 33, range 18-55
 - 8 women were under 25
- Offered pharyngeal GC/CT testing in addition to routine screening.
- Informed consent obtained.



- All 25 women had pharyngeal swabs done and resulted.
- 24 of 25 women had urogenital collection done and resulted.
- 10 women had concurrent HIV screening done and 2 women had HIV screening done within 3 months; all negative results. 2 women were known living with HIV.
- 9 women had concurrent syphilis testing done and 2 women had syphilis screening done within 3 months. All negative results.

Results



- 3 of 25 women had a positive chlamydia.
 - 1 had positive urogenital and negative pharyngeal
 - 1 had positive pharyngeal and negative urogenital
 - 1 had positive pharyngeal and urogenital
- 2 total or 8% had positive pharyngeal chlamydia.
- 2 total or 8% had positive urogenital chlamydia.
- More data needed to better understanding the utility of extragenital testing in women/transmen.

- Advantages
 - Serve as resource for other nurses
 - Easier access and convenient for patients
 - Working at top of nursing license
 - Utilizing nurses as patient educators
 - Building rapport and trusting relationship with patients
 - Playing a critical role as part of the clinical team
 - Can spend more time with patient
 - Collaboration between provider and nurse

Nursing Visit- Nuts and Bolts

- Provider-directed visit currently
- Standing order for patient-directed visit (near future)
- History including 5 P's
 - Anatomical inventory
 - Sexual History
 - STI History
 - Sexual Health and Family Planning
- Testing:
 - Urine and pharyngeal swab collection
 - Self collection of rectal/vaginal swabs
 - HIV rapid test
- Lab orders for blood draw (HIV, syphilis, HCV, HBV)
- Vaccinations (e.g. HAV, HBV, HPV)
- Patient education/counseling (PrEP, condom distribution)

Social History (Test, Daisy - 05/29/2020 11:00 AM, EstVideoMD) *

Pt. Info Encounter Physical Hub

Social History Copy/Merge Social History Verified

Social Info	Options	Details
S Anatomical Inventory:		
S Sexual History:		
S STI History:		
S Sexual Health and Family F		

- Challenges

- Telehealth and privacy
- Decrease/stop of HIV and other STI testing at sites and at community events
- Weighing risks/benefits for in-person testing
- Patient fears and anxieties
- Insurance coverage concerns
- Decrease medication stock on-site

- Opportunities

- Telehealth can overcome stigma and discomfort to access/discussion
- Re-engagement of patients in care
- Harm reduction education
- Develop innovative access to STI education, testing, and treatment
 - Tele PrEP
 - Home testing

Next Steps

- Urgent Care for same day appointments
- Adoption of self-collection agency-wide
- Expedited Partner Therapy (EPT)
- Rapid STI testing (HIV, HCV, Syphilis, GC, Chlamydia)
- Home Testing Kits
- Nursing Standing Order for PrEP Initiation and Follow up



Summary



- STI rates continue to rise.
- Primary care and RW clinics need to scale up screening and education to stem the rise.
- Streamlining sexual risk assessments and training
- Focusing on extra-genital testing
- Adoption of self collection testing
- Nurse-led screening and testing
- Other innovations– same-day access, home-testing, telehealth
- Acknowledge and address racial and ethnic disparities in STI rates

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