CARING WITH CONFIDENCE

Integrating HIV Testing, Management, and Prevention in Primary Care

October 22
Key Concepts:

- Overview of HIV pathophysiology and symptom recognition
- CDC guidelines for routine, opt-out HIV testing
- Laboratory tests used to identify and confirm HIV infection
- Understanding treatment as prevention
- Practical guidance on prescribing PrEP in primary care settings

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No financial interests to disclose

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Agenda and Objectives

- Quick overview of HIV statistics in North Dakota and South Dakota
- HIV Testing
  - Why we test
  - When to test
  - What tests we use
- HIV Prevention
  - Treatment as prevention U=U
  - PrEP
  - PEP/nPEP
  - Safer sex
- Take away 3 things you can use in your own practice

HIV CARE CONTINUUM:

The series of steps a person with HIV takes from initial diagnosis through their successful treatment with HIV medication.

What is our role?

Always remember

HIV is a *medical diagnosis*,

NOT a character flaw.

Person-first language

Person-first language *is a way to emphasize the person and view the disorder, disease, condition, or disability as only one part of the whole person. Describe what the person "has" rather than what the person "is." Person-first language avoids using labels or adjectives to define someone.*

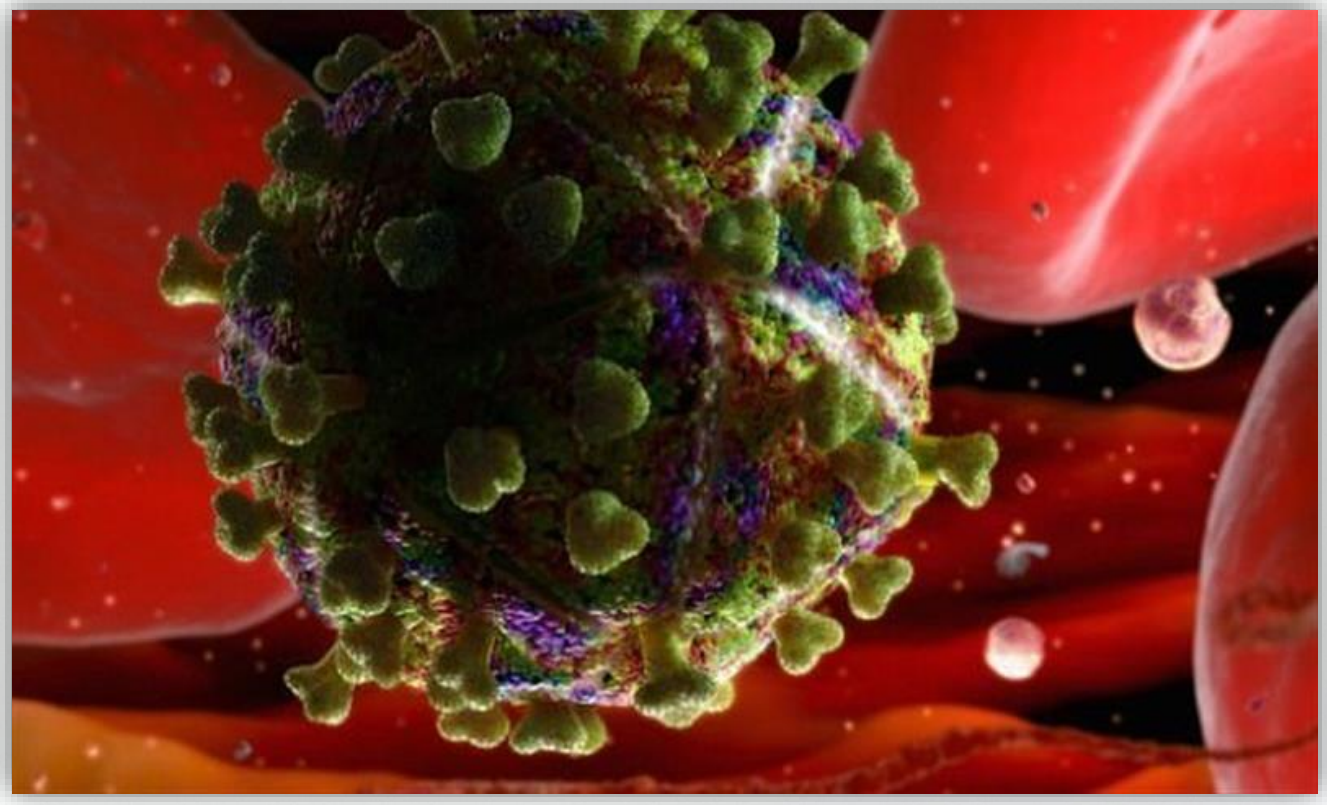
[National Institute of Health (NIH) Style Guide]
[HIV Language Guide]

Stigmatizing Terms To Avoid	Use These Alternatives	Here's Why
HIV infection/HIV-infected ***Related terms to avoid:*** *HIV-infected people, HIV positives, HIV carriers, people infected with HIV, HIV-uninfected people*	✓ HIV ✓ People/person living with HIV ✓ People/person with HIV ✓ HIV status ✓ HIV diagnoses ✓ HIV acquisition ✓ HIV transmission	"Infection" carries the stigma of being contagious, a threat, or unclean. HIV advocates frequently highlight the damaging consequences of this word choice. In specific situations, the term "HIV infection" is necessary to describe the biological process. In most cases, however, "HIV" alone accomplishes the necessary communication. Person-first language emphasizes humanity. "Living with" is an affirmation of life many advocates prefer. "Poz" is also sometimes used by community members themselves.

Stigmatizing Terms To Avoid	Use These Alternatives
HIV-infected, HIV-infection*, HIV-positive [people, individuals, populations]	People living with HIV, people with HIV *(*see page 8 for comments on use of "HIV-infection")*
Subject	Participant, volunteer
Sterilizing cure	HIV eradication, HIV clearance
AIDS (when referring to the virus, HIV)	HIV, HIV and AIDS when referring to both
Mother-to-child transmission	Perinatal transmission
Verticals	Lifetime survivors
At-risk or high-risk person/population	Person/population with greater likelihood of …, high incidence population, affected community
Target population	Key population/engage or prioritize a population
Hard-to-reach population	Under-resourced, underserved by [specific resource/service], population(s) experiencing discrimination/racism/transphobia


Health Care and Quality
Neighborhood and Built Environment
Social and Community Context
Education Access and Quality
Economic Stability

WHAT IS HIV?



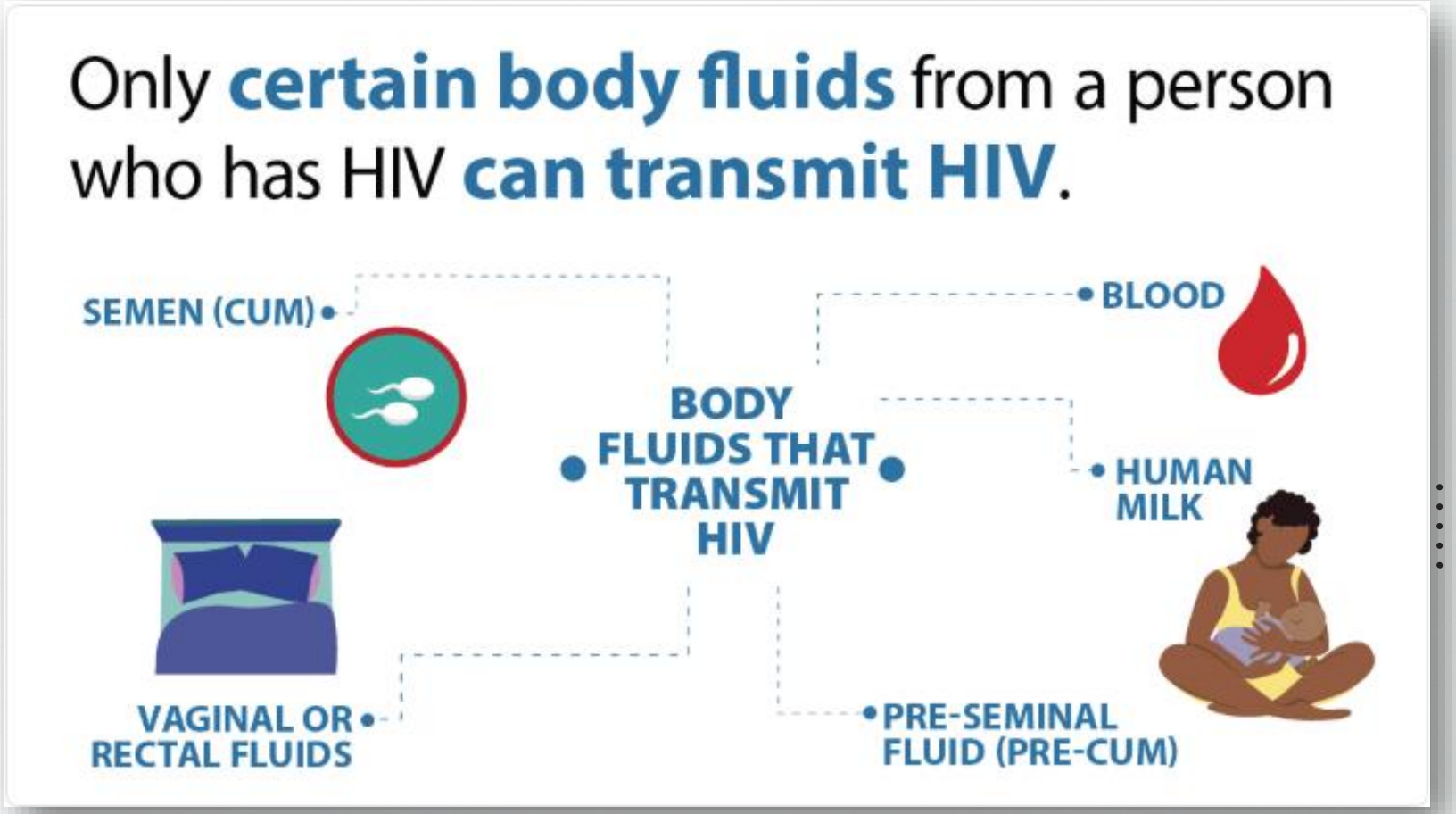
HUMAN IMMUNODEFICIENCY VIRUS

- HIV is a virus that attacks the body's immune system
- It attacks the CD4 cells in a person's immune system – this makes it difficult for them to fight infections
- It is not generally curable, but it is treatable
- If not treated, it can lead to Acquired Immunodeficiency Syndrome (AIDS)

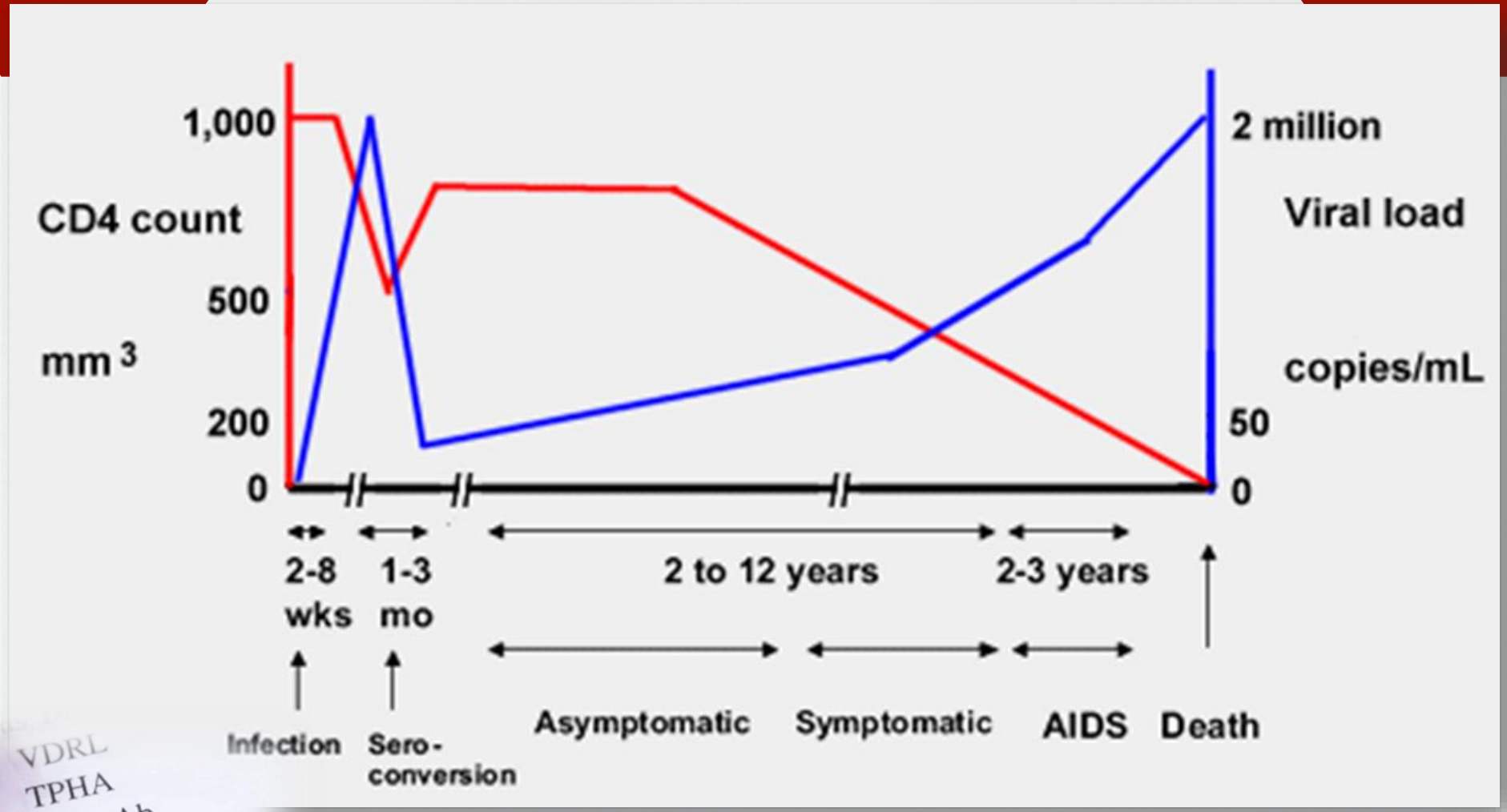
How is HIV Acquired?

SIMPLY PUT: Blood, semen and pre-seminal fluid, rectal fluids, vaginal fluids, breast milk

- Blood
- Semen and pre-seminal fluid
- Rectal fluids / anal sex
- Vaginal fluids / vaginal sex
- Oral sex
- IV drug use or sharing injection equipment
- Needle sticks
- Pregnancy
- Breast milk



Source: https://www.cdc.gov/hiv/causes/index.html

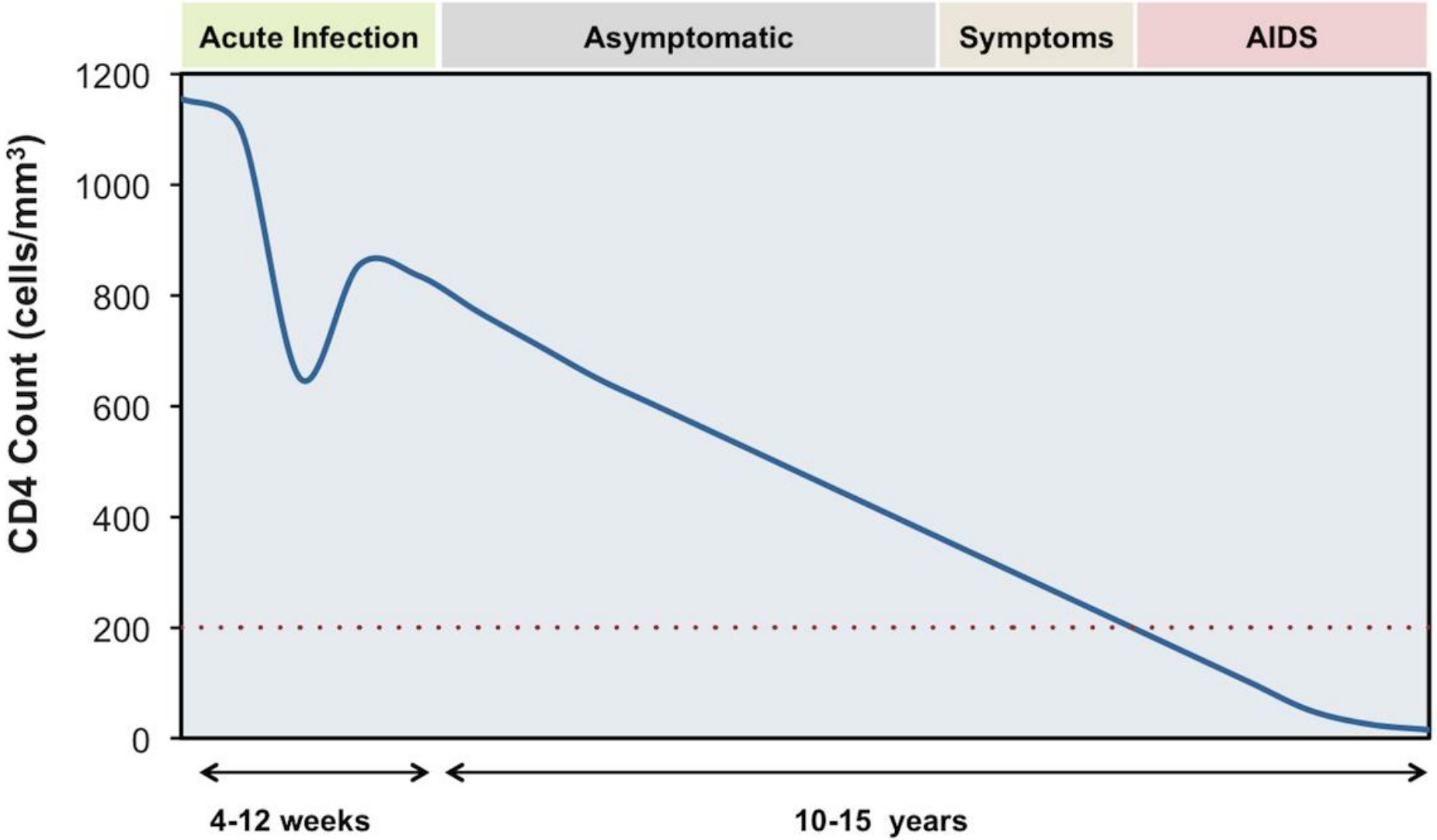


As Viral load increases, CD4 decreases

WHAT IS ART?

Antiretroviral therapy (ART) is the medication we use to stop the virus from multiplying or reproducing.

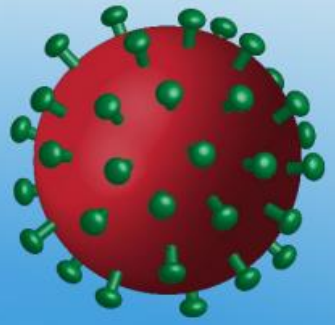
https://www.hiv.uw.edu/go/antiretroviral-therapy



Natural History of HIV Infection without ART

HIV and AIDS: What's the Difference?

HIV

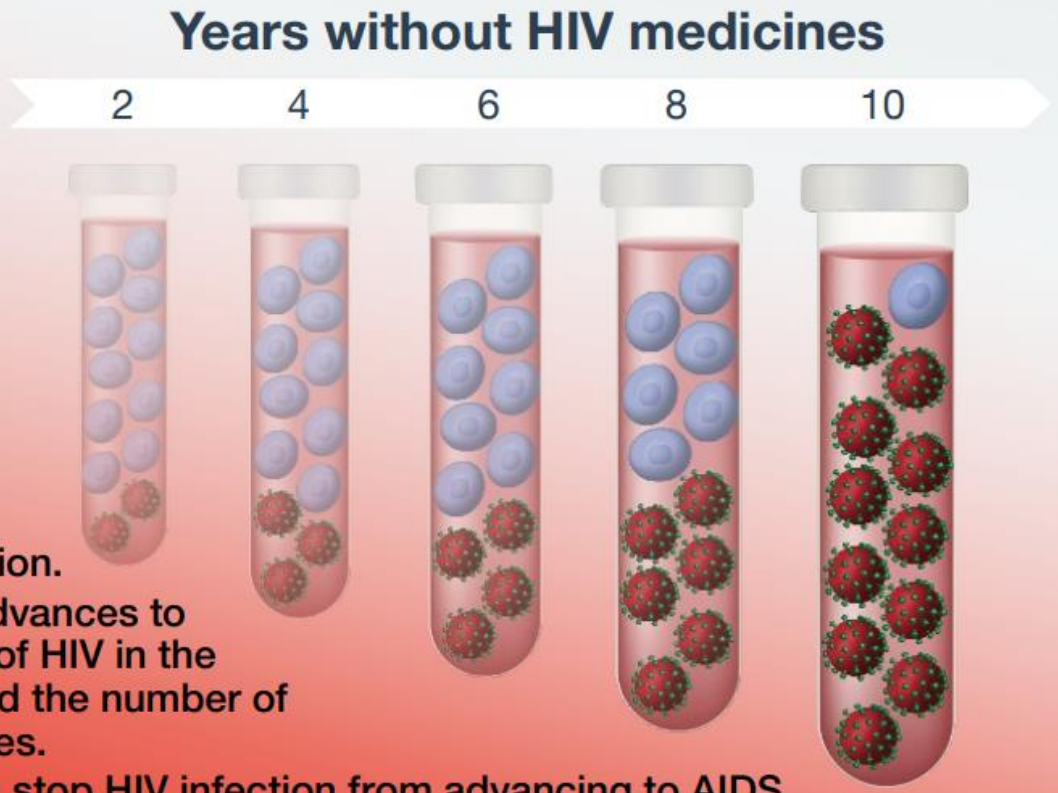


- HIV is the virus that causes HIV infection.
- HIV damages the immune system by killing CD4 cells.

CD4 Cells

- CD4 cells are part of the immune system.
- HIV attacks and kills CD4 cells.
- Loss of CD4 cells makes it hard for the body to fight off infections.

AIDS

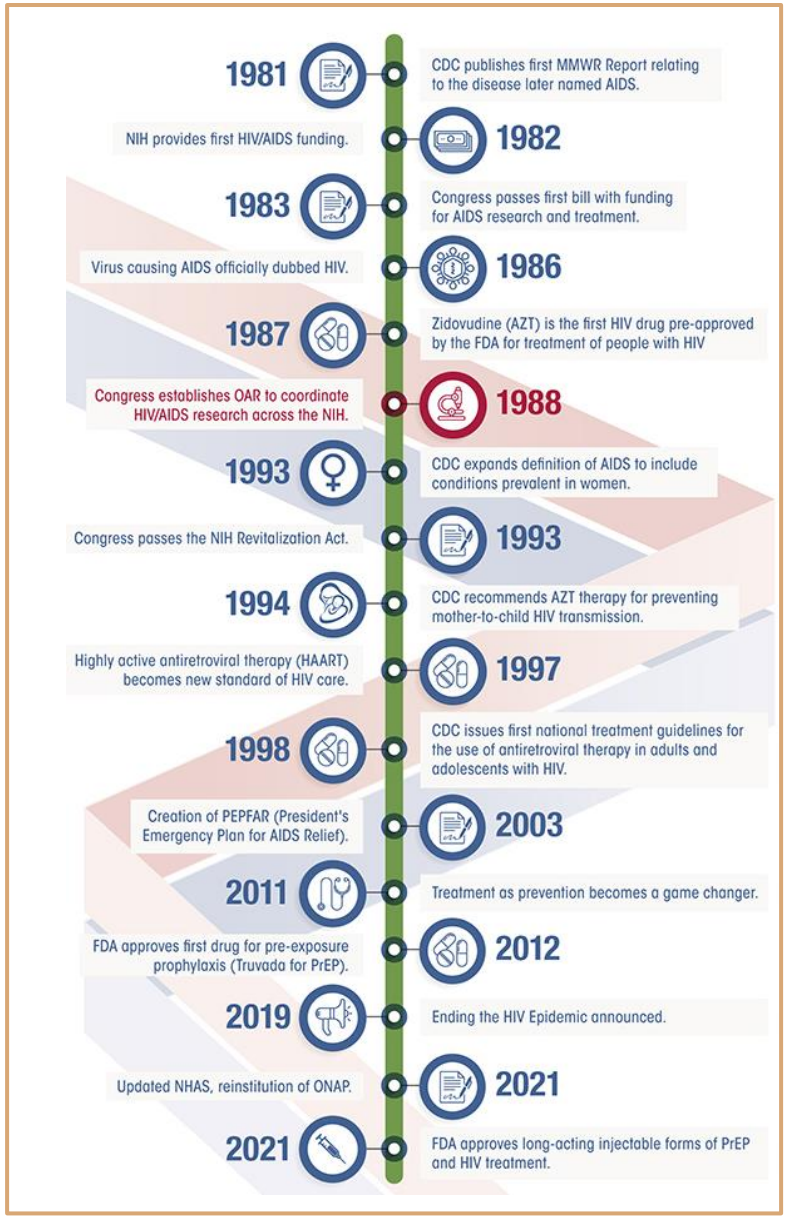


- AIDS is the last stage of HIV infection.
- As HIV infection advances to AIDS, the amount of HIV in the body increases and the number of CD4 cells decreases.
- HIV medicines can stop HIV infection from advancing to AIDS.
- Without HIV medicines, HIV advances to AIDS in about 10 years.
- ART (Antiretroviral treatment) can prevent HIV from spreading, and prevent HIV from advancing to AIDS.

For more information, visit HIVinfo.NIH.gov.

HIVinfo.NIH.gov

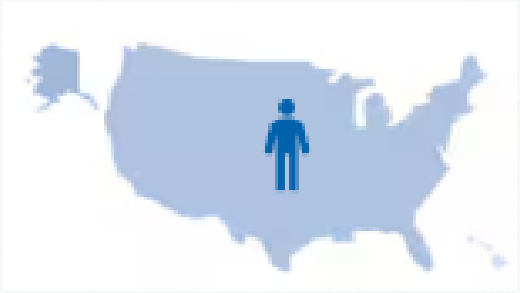
RYAN WHITE HIV/AIDS PROGRAM



- Part A – Provide medical and support services to cities and counties most affected by HIV
- Part B – Improve the quality of and access to HIV health care and support in the United States.
  - Provide medications to low-income people with HIV through the AIDS Drug Assistance Program (ADAP)
- Part C – Provide outpatient ambulatory health services and support for people with HIV
  - Help community-based groups to strengthen their ability to deliver high-quality HIV care
- Part D – Provide medical care for low-income women, infants, children, and youth with HIV
- Part F – Provide training and technical assistance to clinicians regarding HIV prevention, care, and management
  - Also, dental services and Special Projects of National Significance

In 2022, an estimated 1.2 million people are living with HIV

If current trends continue, an additional **400,000 people** in the United States will be diagnosed with HIV over the **next 10 years**



Approximately **1 in 8** do not know they have HIV

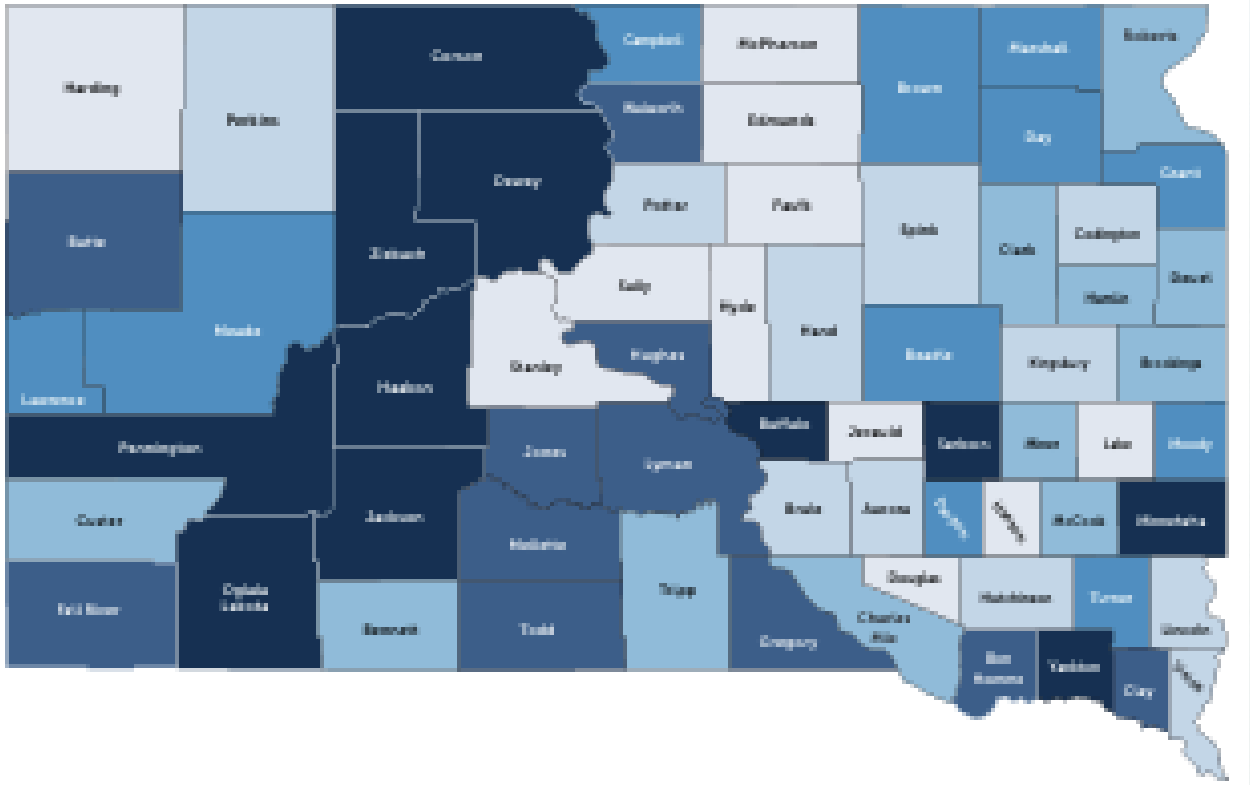
Roughly **1 in 5** already have AIDS at the time of HIV diagnosis

Source: CDC. Estimated HIV incidence and prevalence in the United States, 2018-2022. *HIV Surveillance Supplemental Report,* 2024;29(1).

910 PLWH in SD → 33% AIDS Diagnosis

Late Testers → Less than 30% have ever received HIV test

6% of people who could benefit from PrEP are Prescribed PrEP → Outbreaks in Dewey and other counties



Persons diagnosed with HIV in south Dakota

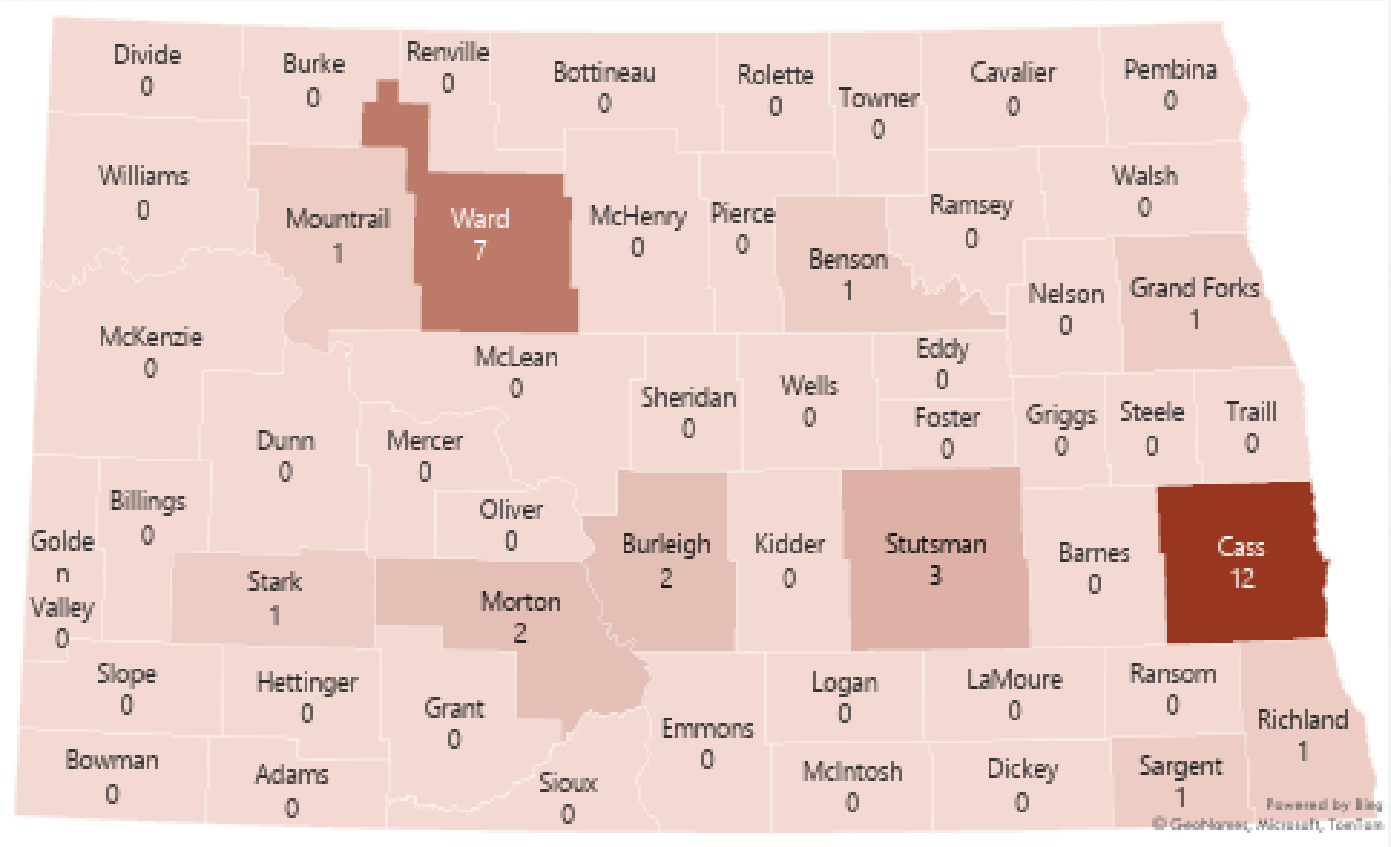
Cumulative Incidence rate, by county of residence at diagnosis, 1985-2024 | 2025 HIV/AIDS Surveillance Report

Rate per 10,000

0.0 - 0.9	6.0 - 7.2
1.0 - 4.0	7.3 - 11.4
4.1 - 5.9	11.5 - 55.3

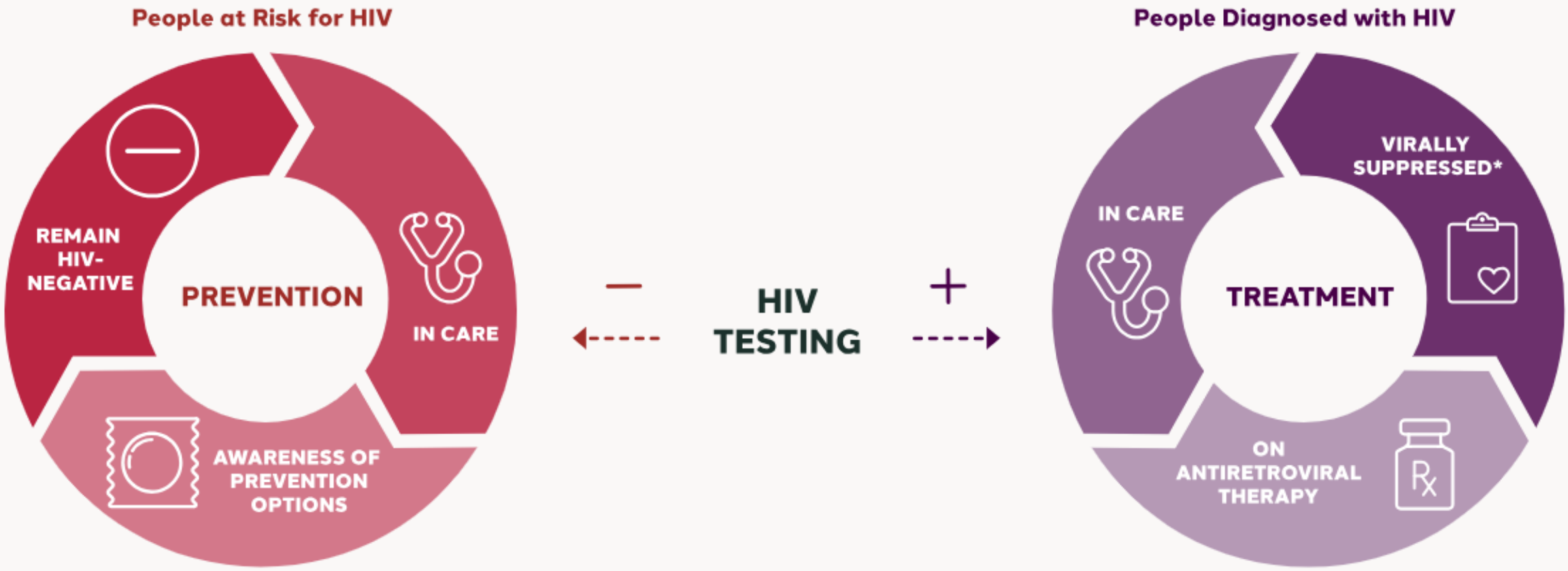
Rates have been calculated based on number of diagnoses, per county, since data collection began in 1985 in South Dakota. To portray an accurate disease rate per county, rates were calculated per 10,000, based on 2021 SD county population estimates from the United States Census Bureau.[3]

Persons newly diagnosed with HIV in North Dakota



In 2023, 11 counties reported at least one new case of HIV with 37% of all cases being from Cass County.

Source: 2023 North Dakota HIV, STI, TB & Viral Hepatitis Epidemiologic Profile (October 2024)



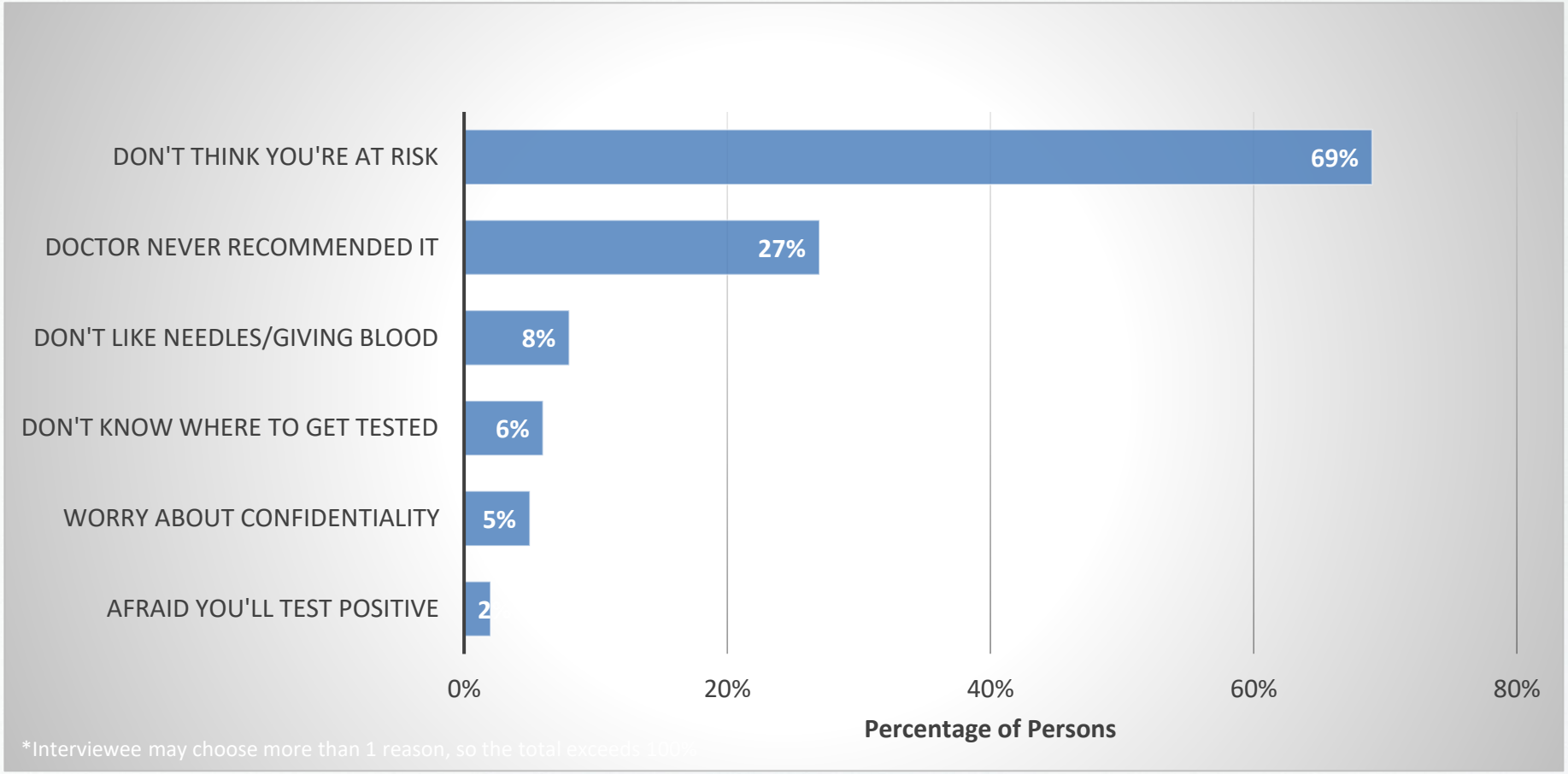
Source: Model adapted from Myers JE, et al. *Open Forum Infect Dis*. 2018;5(6). **https://doi.org/10.1093/ofid/ofy097**

*Viral suppression is defined as having less than 200 copies of HIV per milliliter of blood.[7]

Types of Tests

- **Rapid HIV Ab** testing – detects HIV Ab, 6–8-week window period s/p exposure; some false positives (particularly in pregnant women); inexpensive; easy to run; results in 10-15 minutes; available OTC at the pharmacy
- **p24 Ag/Ab** testing - detects p24 Ag and HIV Ab, 10–14-day window period; serum test; high sensitivity and specificity; increased cost; need a lab to run (usually back in 24 hours)
- **HIV PCR** – detects HIV virus itself, better known as a VL; confirmatory test for all HIV screening tools; sensitive testing can detect HIV within days of exposure: very expensive: back in 72 hours (usually back in 24 hours)

Reasons People Avoid Testing



SOURCE: Kaiser Family Foundation Survey

NURSING DUTIES RELATED TO HIV TESTING

- Offer testing
- Detailed medical history
- Sexual health history
- Offer to every patient at least once in lifetime
    - Others more often
    - Advocate that it is part of ROUTINE medical care

HOW DO I FIND AN HIV TEST?

There are many ways to find an HIV test near you. And most HIV tests are available for **free** or at a **reduced cost**.

Visit gettested.cdc.gov

Contact your local health department

Ask your health care provider

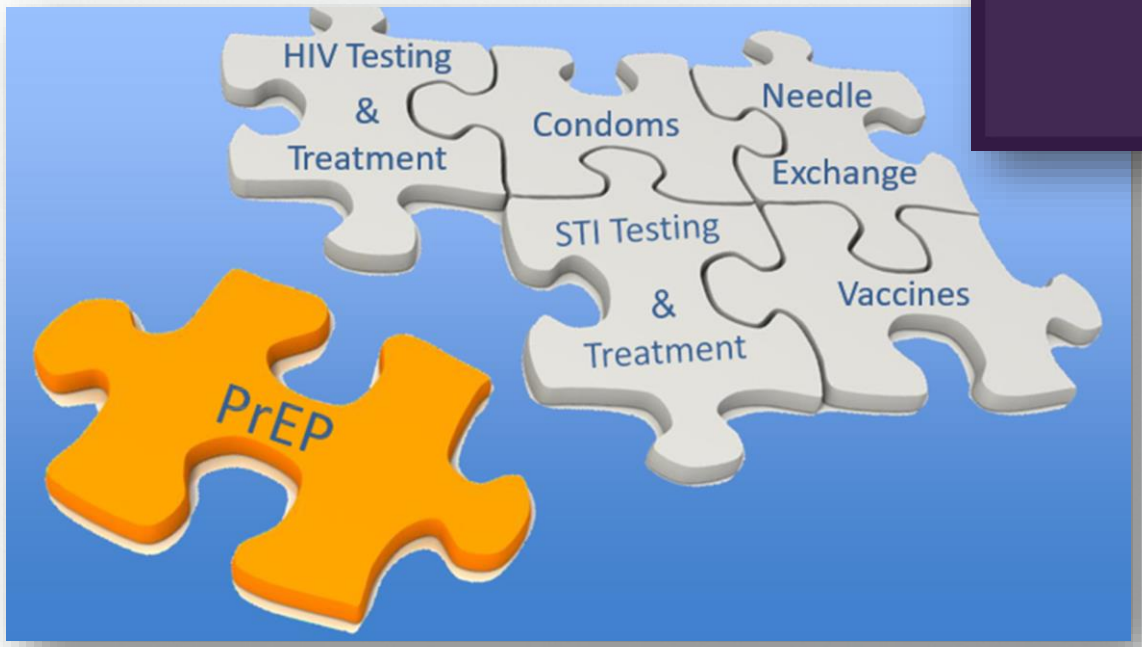
Call 1-800-CDC-INFO (1-800-232-4636)

Buy an HIV self-test

CDC Recommendations for HIV Testing

- HIV testing is the *STANDARD OF CARE* with any STI check
- One-time testing for low-risk patients - everyone between the ages of 13-64 as part of routine care
  - ❖*new efforts to remove the upper age limit*
- Annual or more frequent testing for individuals at high-risk
  - IV Drug users
  - MSM (3-6 months)
  - Persons who exchange sex for money or drugs
  - Sex partners of PLWH, IVDU, or bisexual
  - Pregnant Women
  - Recent treatment for an STI – increases risk of acquisition by 3-5x

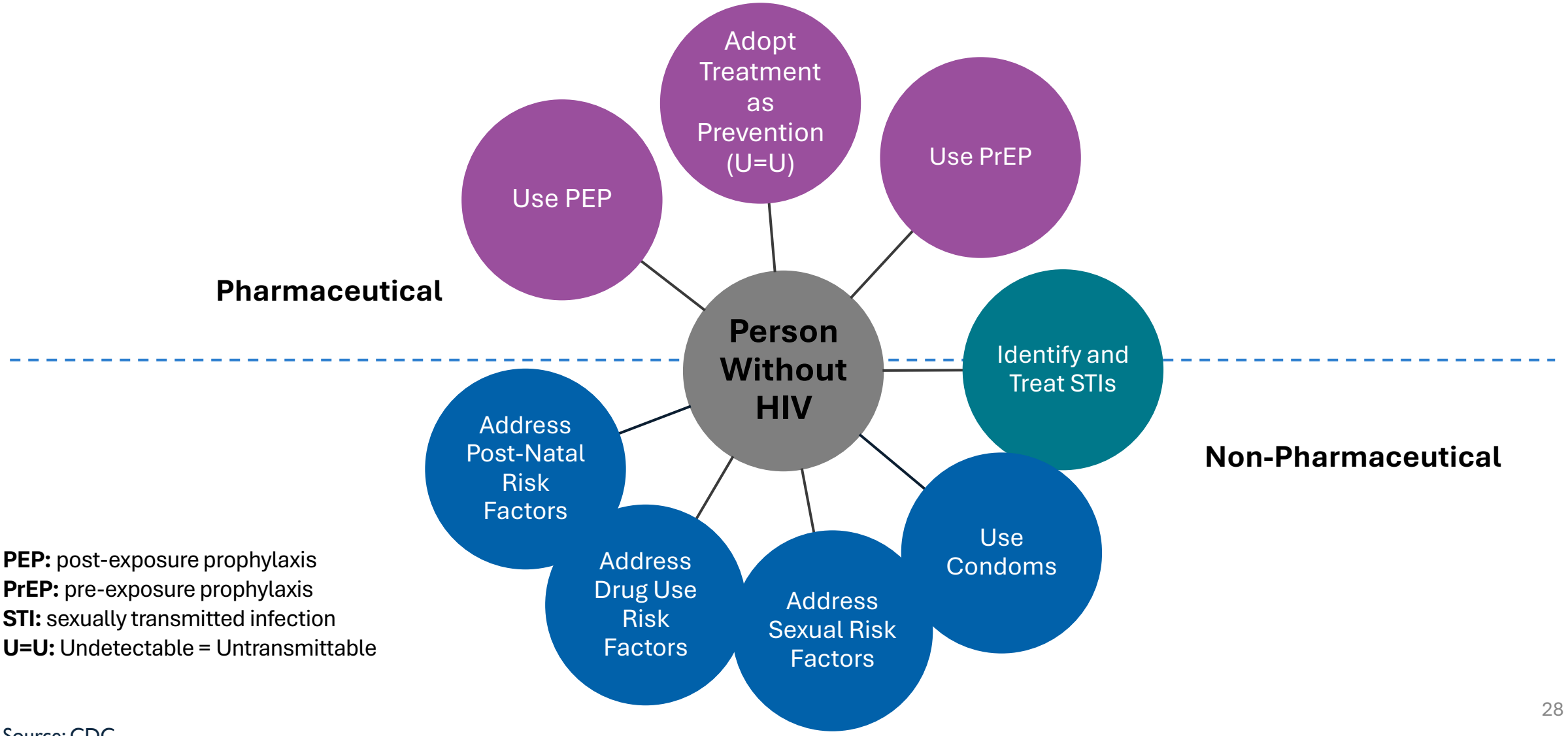

PrEP
STANDS FOR
PRE-EXPOSURE
PROPHYLAXIS
PrEP
PEP
PEP
STANDS FOR
POST-EXPOSURE
PROPHYLAXIS


HIV Testing
&
Treatment
Condoms
Needle
Exchange
STI Testing
&
Treatment
Vaccines
PrEP

HIV Prevention Methods

- Safer sex education
- Needle exchange programs
- Condoms
- U=U
- PrEP – Pre-exposure prophylaxis
- nPEP – Nonoccupational post-exposure prophylaxis
- PEP – Post-exposure prophylaxis

Current HIV Prevention Options



PEP: post-exposure prophylaxis
PrEP: pre-exposure prophylaxis
STI: sexually transmitted infection
U=U: Undetectable = Untransmittable

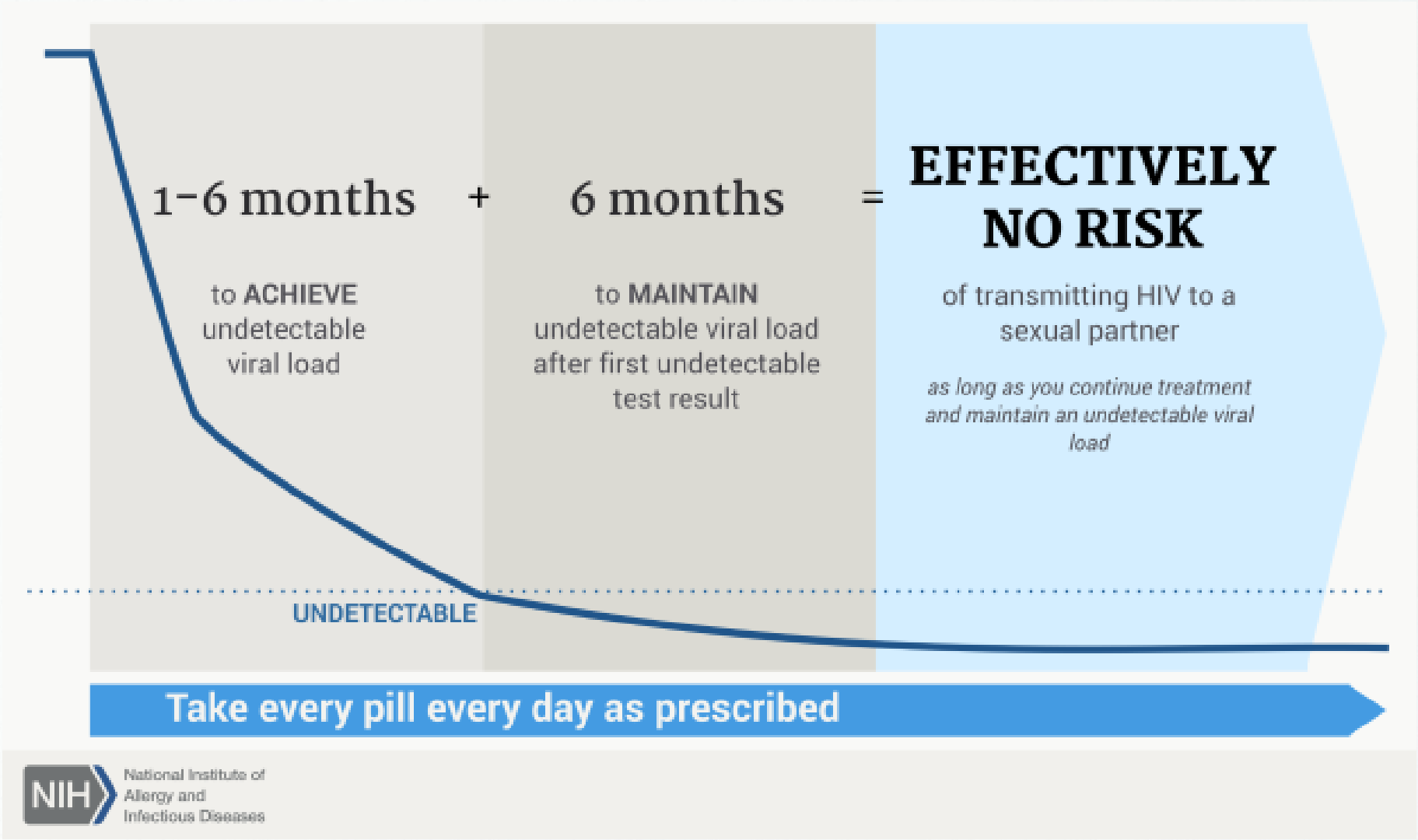
Source: CDC


U=U
Treatment is Prevention

WHY SO SCARY?

- Unfamiliarity with current recommendations
- “So many” drug interactions
- “What if I mess it up?”
- Complexity of patient population
- “The meds have so many complications and side-effects”
- “Rare” in clinical practice
- “It doesn’t happen here”

Added benefit of HIV treatment – it works for prevention!



PrEP vs. PEP

When you take steps to protect yourself against a disease, like HIV, it's called prophylaxis. PrEP and PEP are for protecting people who are HIV negative.

PrEP		PEP
PrEP stands for pre-exposure prophylaxis.	**What's it called?**	PEP stands for post-exposure prophylaxis.
Before HIV exposure. PrEP is taken before sex, drug use, or other HIV exposure.	**When is it taken?**	**After HIV exposure.** In emergency situations, PEP is started within 72 hours after possible exposure, and taken for a month thereafter.
PrEP is for people who don't have HIV and: • are at risk of getting HIV from sex • are at risk of getting HIV from injection drug use	**Who's it for?**	PEP is for people who don't have HIV but may have been exposed: • during sex • during a sexual assault • at work through a needlestick or other injury • by sharing injection drug equipment
Consistent use of PrEP can reduce the risk of getting HIV from sex by about 99% and from injection drug use by at least 74%.	**How effective is it?**	PEP can prevent HIV when taken correctly, but it is not always effective. Start PEP as soon as possible to give it the best chance of working.
Ask your health care provider about a prescription for PrEP, or use PrEPlocator.org to find a health care provider in your area who can prescribe PrEP.	**How do you get it?**	Within 72 hours after potential exposure to HIV, get a PEP prescription from your health care provider, urgent care, or an emergency room.

For more information, visit HIVinfo.NIH.gov.

HIVinfo.NIH.gov

Mechanisms to Improve Conversations About PrEP

Normalize PrEP as a prevention option for *any* person who is (or plans to be) sexually active

- Initiate the conversation
- Build rapport and trust with your patients
- Provide person-centered care
- **Shared decision-making**
  - Builds trust within patient–provider relationship
- **Avoid stigmatizing language**
- **Set up safe clinic spaces**
  - Promote representation of racial, ethnic, and sexual minorities
- Integrate sexual health and harm reduction in your practice

Slide Credit: Clinicaloptions.com

Expanding PrEP Uptake by Expanding HCPs Who Prescribe It

Does not require HIV expertise

- PrEP uptake will remain stagnant if few prescribe

Lesson from contraception care in the United States

- Expansion of contraception care services (beyond OB/GYN and midwives) increased access to and prescription of contraception

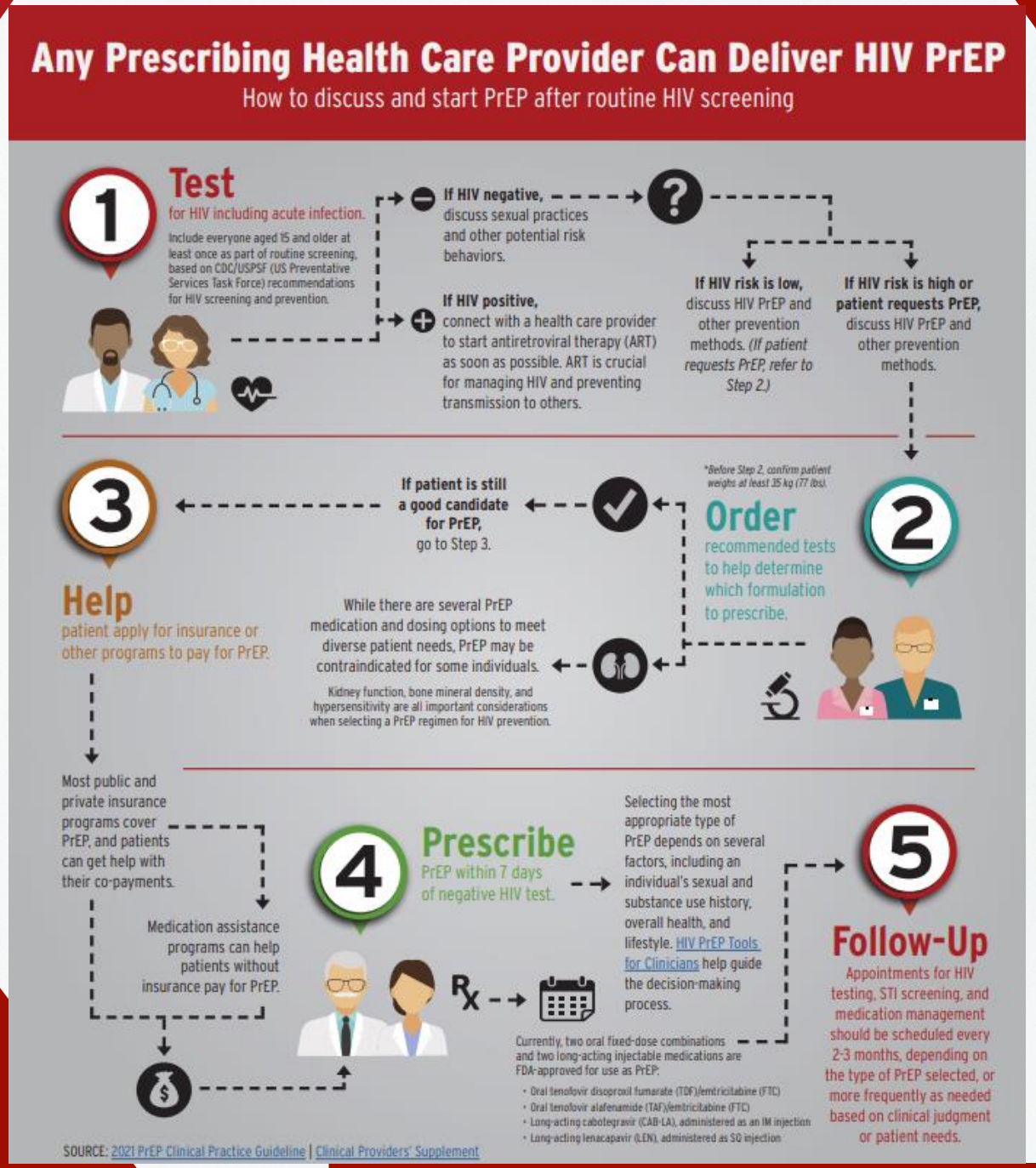
Other prescribing HCPs: family medicine physicians, internal medicine physicians, pediatricians, and advanced practice practitioners (APPs)

May be especially important in more rural areas

Source: Chen. Am J Obstet Gynecol. 2022;226:232.e1.

Any Prescribing Health Care Provider Can Deliver HIV PrEP

How to discuss and start PrEP after routine HIV screening



When taken as prescribed, PrEP is well tolerated and reduces the risk of getting HIV from sex by up to 99% and from injection drug use by at least 74%

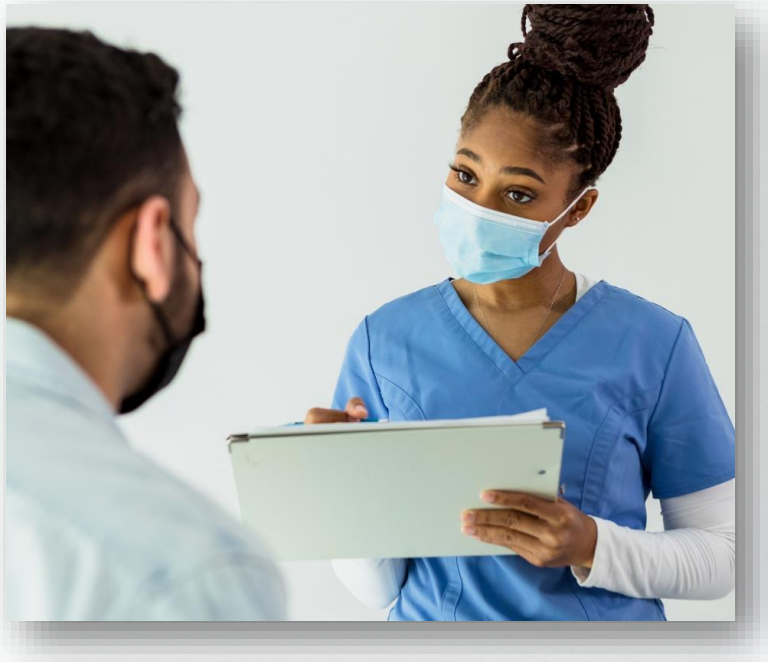
WHAT IS PREP?

PrEP stands for **Pr**e-**E**xposure **P**rophylaxis -

is a medicine (tablet or injectable) that is taken to prevent HIV

Who is PrEP for?

PrEP is for adults and adolescents without HIV who are at risk of getting HIV from sex or injection drug use



CDC's PrEP guideline includes telling all sexually active adults and adolescents that PrEP can protect them from getting HIV

Giving patients information about PrEP:

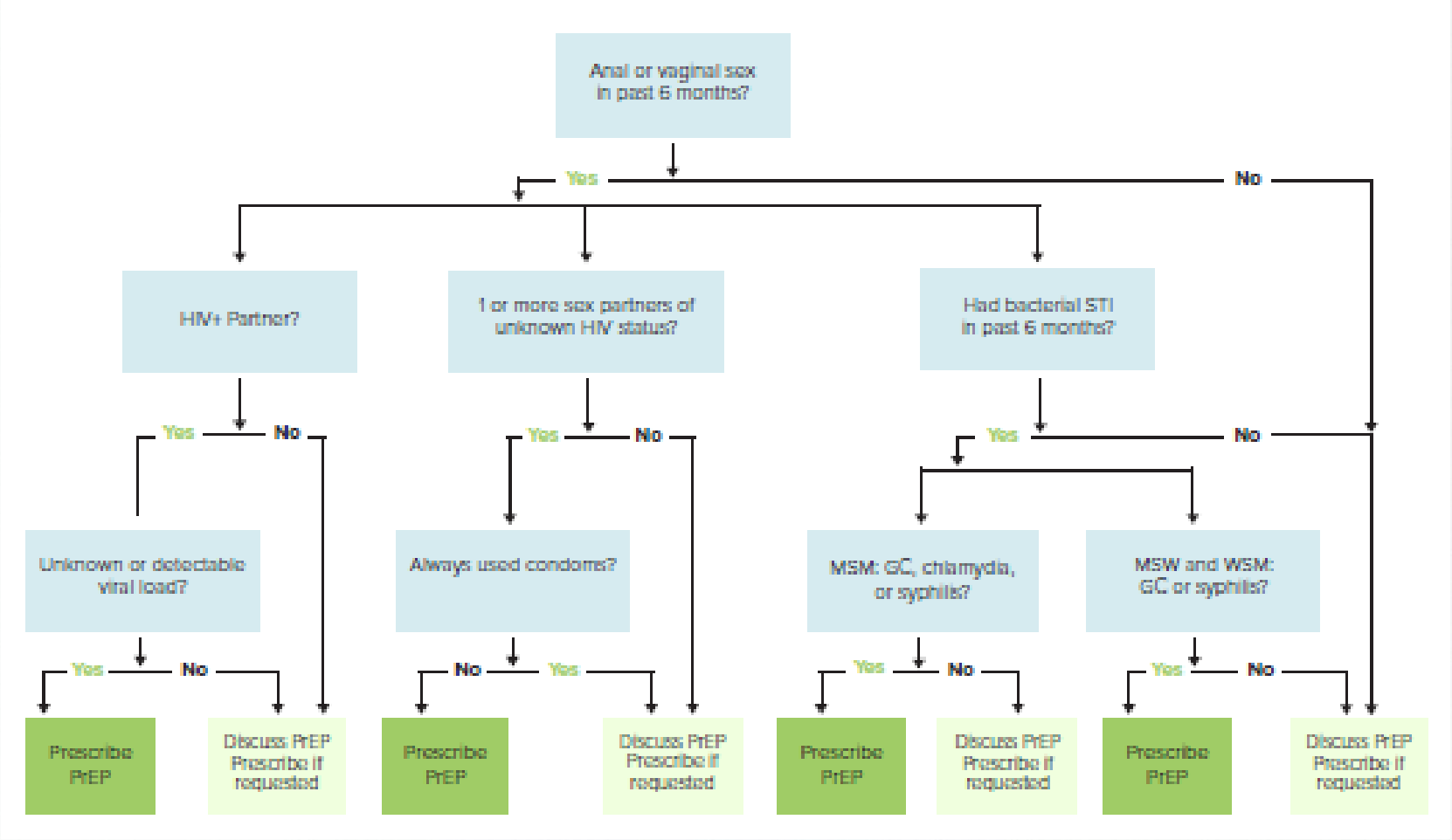
- Increases the number of people who know about PrEP and equips them to share the information with their social networks and family members
- Helps patients overcome embarrassment and stigma so they can respond accurately to risk assessment questions

PrEP can be prescribed to any adult or adolescent patient who asks for it, even if they do not report HIV risk factors, as part of their comprehensive prevention plan

Centers for Disease Control and Prevention, US Public Health Service. *Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 update: a clinical practice guideline*. Published December 2021. Accessed January 20, 2023. https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf

CDC PrEP Guidance

All sexually active adults and adolescents should be informed about PrEP for prevention of HIV acquisition



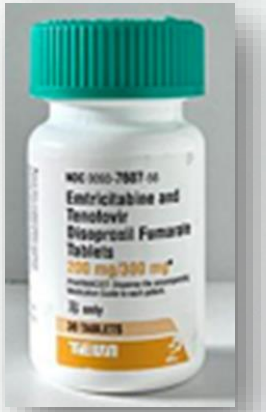
Anyone who requests PrEP should be prescribed PrEP

All pathways lead to prescribing or discussing PrEP!

Source: CDC. PrEP Guidelines. 2021.

PrEP Formulations

- 2012: Oral FTC/TDF (Truvada)
- 2019: Oral FTC/TAF (Descovy)
- 2020: Generic PrEP
- 2021: Long Acting (LA) Cabotegravir Injectable (Apretude)
- 2025: Lenacapavir (Yeztugo)



ORAL MEDS FOR PREP

- Two oral medications available
- Truvada – TDF/FTC – (Tenofovir disoproxil fumarate, Emtricitabine)
- Descovy – TAF/FTC (Tenofovir alafenamide, Emtricitabine)

** ONLY approved for those assigned male at birth*

Comparison of FTC/TDF vs FTC/TAF for PrEP

Outcome	FTC/TDF	FTC/TAF
Effectiveness, %		
▪ Men who have sex with men	~99	~99
▪ Heterosexual men and women	~99	Unknown
▪ People who inject drugs	74-84	Unknown
Changes in safety parameters at 48 wk		
Estimated GFR, mean mL/min	-2.0	+2.0
Hip BMD, mean %	-1.0	+0.2
Fasting LDL, median mg/dL	-6.5	+1.0
Body weight, mean kg	0	+1.1
Generic available?	Yes	No
On-demand option available?	Yes	No

Source: Krakower. Ann Intern Med. 2020;172:281.

Long-Acting Injectable PrEP

Cabotegravir (APRETUDE)

- Is given every other month by a healthcare provider after initiation injections have been given 1 month apart for 2 consecutive months
- Helps give 2 months of continuous protection from HIV with each dose
- Long-acting APRETUDE was proven superior at reducing the risk of getting HIV vs once-daily TRUVADA in two randomized, double-blind, controlled studies

Lenacapavir (YEZTUGO)

- 2 subcutaneous injections every 6 months, done in office within a ±2-week continuation dosing window from the scheduled injection date
- Twice-yearly dosing
- Lenacapavir is recognized for its ability to inhibit HIV-1 capsid function at multiple stages of the virus life cycle and its demonstrated efficacy in preventing HIV in clinical trials

	Sexually-active Adults and Adolescents[1]	Persons Who Inject Drug[2]
Identifying substantial risk of acquiring HIV	Anal or vaginal sex in past 6 months AND any of the following: • Sexual partner with HIV (especially if partner has an unknown or detectable viral load) • Bacterial STI in past 6 months[3] • History of inconsistent or no condom use with sexual partner(s)	HIV-positive injecting partner OR Sharing injection equipment
Clinically eligible	**ALL OF THE FOLLOWING CONDITIONS ARE MET:** • Documented negative HIV Ag/Ab test result within 1 week before initially prescribing PrEP • No signs/symptoms of acute HIV • Estimated creatinine clearance ≥30 ml/min[4] • No contraindicated medications	
Dosage	• Daily, continuing, oral doses of F/TDF (Truvada®), ≤90-day supply **OR** • For men at risk for sexual acquisition of HIV; daily, continuing, oral doses of F/TAF (Descovy®), ≤90-day supply	
Follow-up care	**Follow-up visits at least every 3 months to provide the following:** • HIV Ag/Ab test and HIV-1 RNA assay, medication adherence and behavioral risk reduction support • Bacterial STI screening for men who have sex with men (MSM)[3] – oral, rectal, urine, blood • Access to clean needles/syringes and drug treatment services for people who inject drugs (PWID) **Follow-up visits every 6 months to provide the following:** • Assess renal function for patients aged ≥50 years or who have an eCrCl <90 ml/min at PrEP initiation • Bacterial STI screening for all sexually-active patients[3] – [vaginal, oral, rectal, urine- as indicated], blood **Follow-up visits every 12 months to provide the following:** • Assess renal function for all patients • Chlamydia screening sexually active women and men – vaginal, urine • For patients on F/TAF, assess weight, triglyceride and cholesterol levels	

[1] adolescents weighing at least 35 kg (77 lb)
[2] Because most PWID are also sexually active, they should be assessed for sexual risk and provided the option of CAB for PrEP when indicated
[3] Sexually transmitted infection (STI): Gonorrhea, chlamydia, and syphilis for MSM, including those who inject drugs; Gonorrhea and syphilis for women and men including persons who inject drugs
[4] estimated creatine clearance (eCRCl) by Cockcroft Gault formula ≥60 ml/min for F/TDF use, ≥30 ml/min for F/TAF use

Test	Baseline (Week 0)	About day 30 after initiating PrEP (optional)	90 days after initiating PrEP	Every subsequent 90 days on PrEP	Other frequency
HIV testing and assessment for signs or symptoms of acute infection	Y	Y	Y	Y	N
Assess side effects	N	Y	Y	Y	N
Hepatitis B serology Vaccinate if non-immune	Y	N	N	N	Y If patient required hepatitis B vaccine at baseline, confirm immune response to vaccination 1 month after last vaccine dose
Hepatitis C serology	Y	N	N	N	12 monthly but, more frequently if ongoing risk e.g. non-sterile injection drug use and MSM with sexual practices that predispose to anal trauma
STI (i.e. syphilis, gonorrhoea, chlamydia) as per Australian STI Management Guidelines^	Y	N	Y	Y	N
eGFR at 3 months and then every 6 months	Y	N	Y	N	At least every 6 months or according to risk of CKD
Urine protein creatinine ratio (PCR) baseline	Y	N	Y	N	Every 6 months
Pregnancy test (for women of child-bearing age, not on effective contraception)	Y	Y	Y	Y	N

After you prescribe prep:

- 1-month follow-up after initial Rx
- Rx for 90 days every 3 months
- HIV test every 3 months
- Check STIs at each visit, CMP at least yearly
- Counsel regarding risk factors
- Link into primary care if not already done

STI visits

STIs can increase an individual's likelihood of acquiring HIV:

~25% of individuals who were recently diagnosed with HIV had an

STI in the last 6 months[2]

(Truong HM, 2015; N=214. Study analyzed cases between 2005 and 2011 at publicly funded and community-based clinics in San Francisco)

A PrEP discussion during an STI diagnosis
increased the odds of initiating PrEP by 97x[3]

(Kobayashi T, 2021; N=270. Retrospective cohort and nested case control study used data from 2013-2018)

Any time DoxyPEP is offered for bacterial STI prevention

Several guidelines recommend **linking individuals on DoxyPEP to HIV PrEP,** including the CDC and NYSDOH AI[4-6]

Any time nPEP is requested

HIV acquisition has been reported in association with exposures soon after completing an nPEP course[7]

Daily PrEP may be more protective than repeated intermittent regimens of nPEP[7]

Annual checkups and episodic care

Your conversation could be the only time someone is informed about PrEP:

~25% of individuals visit a physician

less than once a year, rarely, or never[1]

Visits with anyone who has previously been on PrEP and is HIV negative

Discontinuing PrEP increased the likelihood of acquiring HIV[8]

(Tao L, 2023; 522,273 prescriptions of PrEP were analyzed between January 2019 and February 2023, selected from IQVIA® LAAD. Observational study compared delays of PrEP dispensation from day 0, when PrEP was dispensed.)

Individuals who stopped using PrEP saw a

7.5x increase in HIV diagnoses

compared to those who continued using PrEP[9]

(Spinelli MA, 2020; N=986. Observational study analyzed patient cases from 2012-2018 in San Francisco, CA)

What is PEP?

Post-exposure prophylaxis

- Use of ARV medications after a single high-risk exposure – needle stick, etc.
- Start ASAP - Always within 72 hours

PEP Consult for Clinicians

- National Clinicians Consultation Center
  - nccc.ucsf.edu
  - 1-888-ASK-NCC or 844-275-6222
  - Monday – Friday, 9:00 AM – 7:00 PM CT

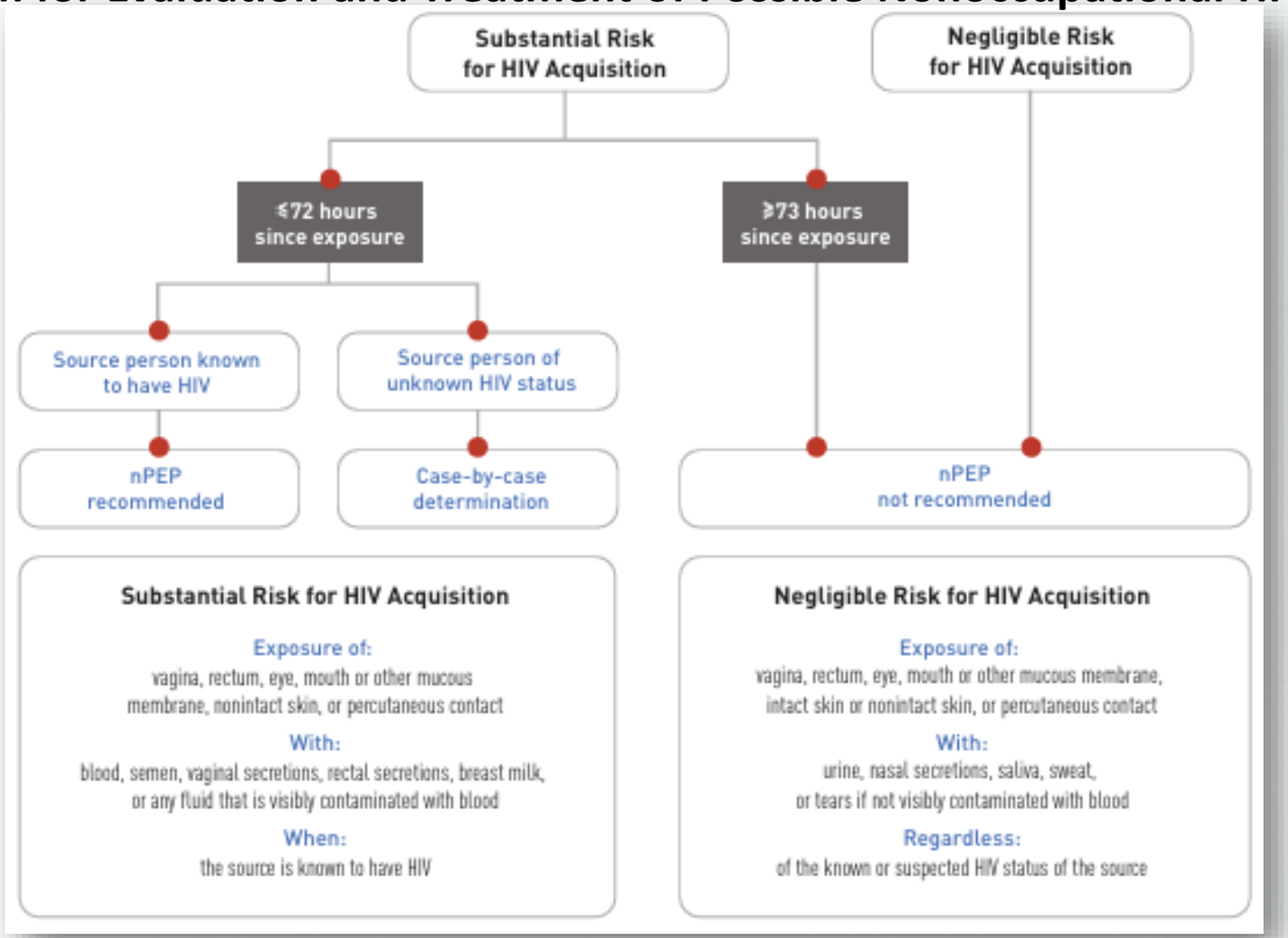
What is nPEP?

Non-occupational post-exposure prophylaxis

- Use of ARV medications after a single high-risk exposure – sexual assault, etc.
- Start ASAP - **Always within 72 hours**

A Guide for Health Care Providers

Algorithm for Evaluation and Treatment of Possible Nonoccupational HIV Exposures



A Guide for Health Care Providers

- Healthcare providers can use CDC guidelines to prescribe doxycycline post-exposure prophylaxis (doxy PEP) to prevent bacterial STIs
- Discuss the pros and cons of doxy PEP with anyone who engages in receptive anal intercourse and has had a bacterial STI in the last year
- If offering doxy PEP, write a prescription for patients to self-administer 200 mg of doxycycline as soon as possible within 72 hours after sex
- Offer doxy PEP in the context of comprehensive sexual health approach

DoxyPEP for STI Prevention

What is DoxyPEP?

Doxycycline Post-Exposure Prophylaxis (DoxyPEP) means taking the antibiotic doxycycline after sex, to prevent getting a sexually transmitted infection (STI). It is a morning-after pill for STIs. Studies have shown that taking DoxyPEP reduces your chance of getting syphilis and chlamydia by about two-thirds,

When should I take DoxyPEP?

Two 100 mg of doxycycline should ideally be taken within 24 hours, but no later than 72 hours after condomless sex. Condomless sex means oral, anal, or vaginal/front-hole sex where a condom is not used for the entire time.

What about when I have sex again?

If you have sex again within 24 hours of taking doxycycline, take another dose 24 hours after your last dose. You can take doxycycline as often as every day when you are having condomless sex but do not take more than 200 mg (two 100 mg pills) every 24 hours.

How should I take DoxyPEP?

Take doxycycline with plenty of water or something else to drink so that it does not get stuck when you swallow. If your stomach is upset by doxycycline, taking it with food may help.

- ✓ Some people are more sensitive to the sun when they take doxycycline, so wear sunscreen.
- ✓ Please do not share doxycycline with others.
- ✓ Avoid dairy products, calcium, antacids, or multivitamins 2 hours before after taking doxycycline.

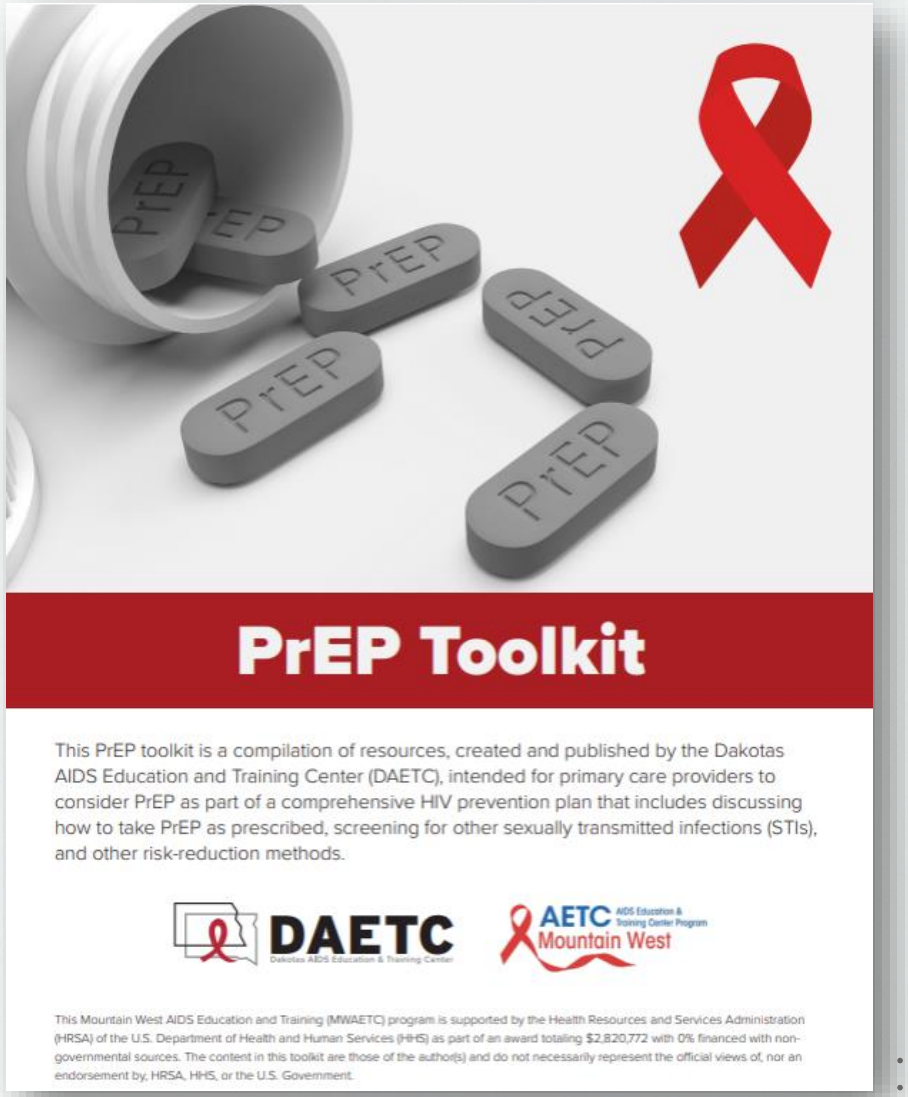
What are we still learning about DoxyPEP?

1. Does it affect normal ("good") bacteria in our intestines?
2. Could it increase or decrease the bacteria that live on our skin, or cause bacterial resistance to doxycycline (for example staph)?
3. Will DoxyPEP increase doxycycline resistance in bacteria that cause STIs?
   - Although doxycycline has been used for decades, there is no known resistance to doxycycline in chlamydia or syphilis.
   - About 25% of gonorrhea in the US is already resistant to doxycycline; DoxyPEP may not work against these strains. The DoxyPEP study and other studies will help understand whether using DoxyPEP changes resistance in gonorrhea.

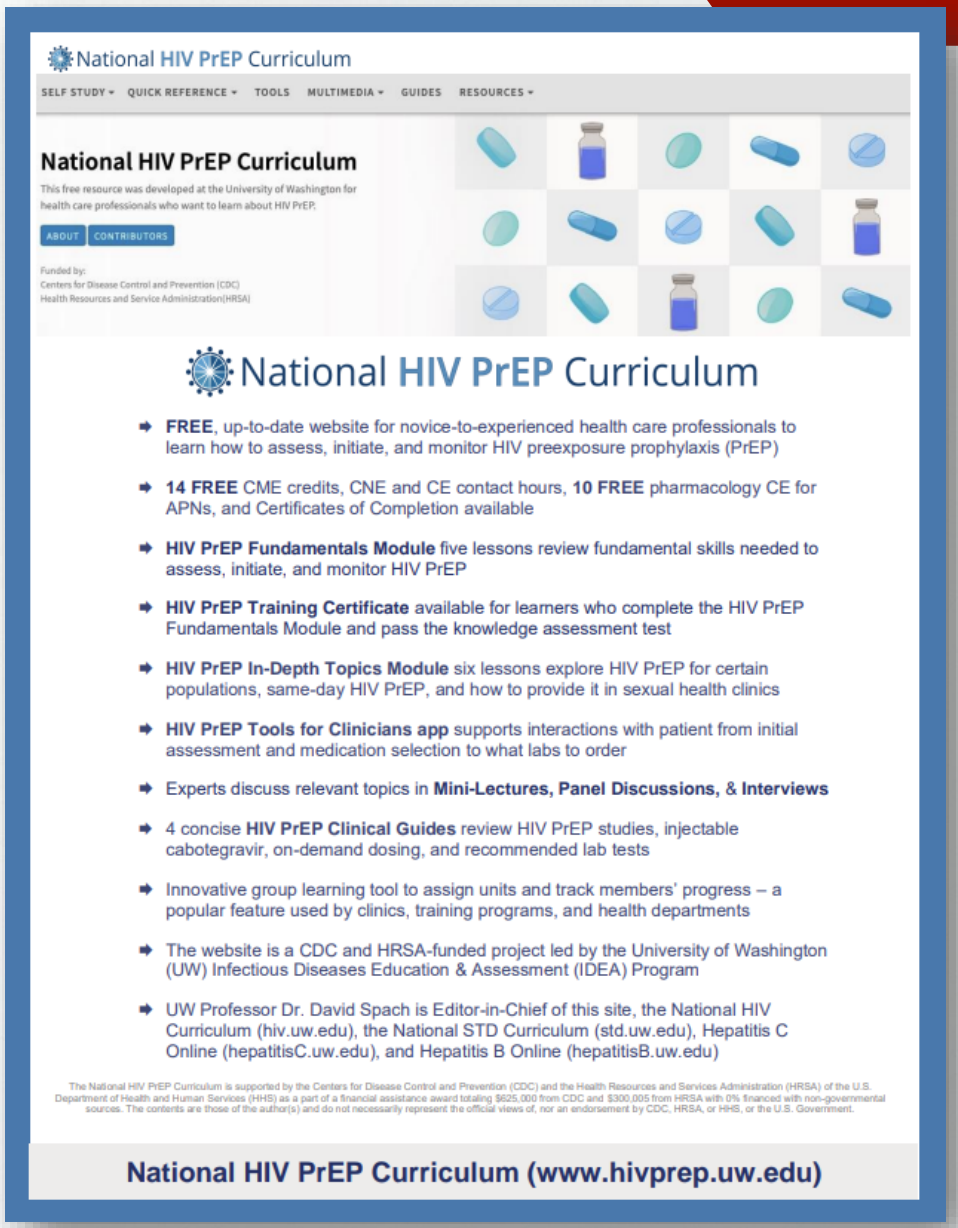
[Clinical Guidelines on the Use of Doxycycline Post-exposure Prophylaxis for Bacterial STI Prevention]

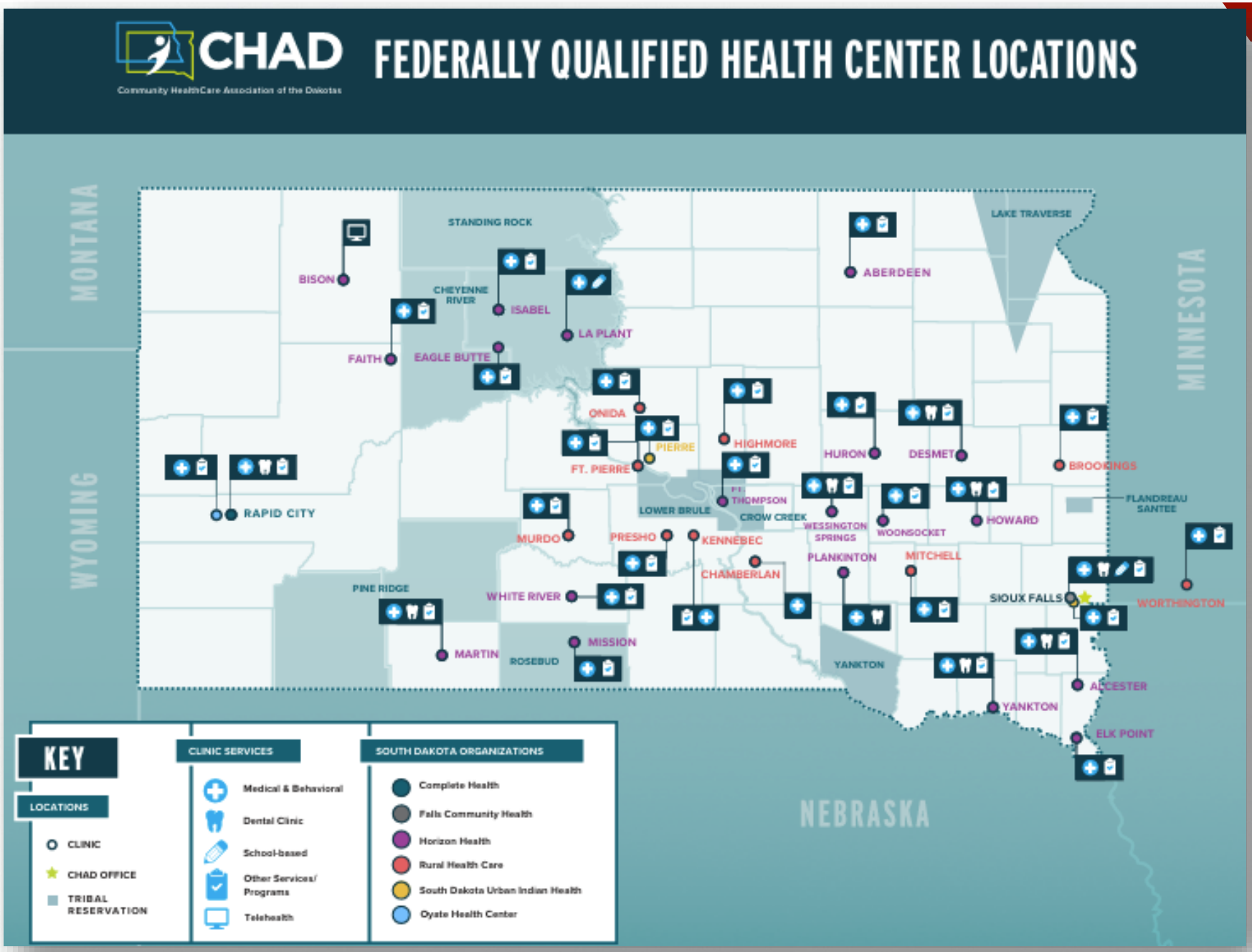
RESOURCES

- Centers for Disease Control (CDC) | CDC Resources for Clinicians
- National Clinician Consultation Center
- American Academy of HIV Medicine
- Association of Nurses in AIDS Care
- The Well Project
- Talk PrEP Resources
- National HIV Curriculum | HIV PrEP Tools for Clinicians
- PrEP Toolkit



LEARNING GROUP




CHAD
Community HealthCare Association of the Dakotas
FEDERALLY QUALIFIED HEALTH CENTER LOCATIONS
MONTANA
WYOMING
MINNESOTA
NEBRASKA
STANDING ROCK
CHEYENNE RIVER
LAKE TRAVERSE
BISON
ISABEL
LA PLANT
ABERDEEN
FAITH
EAGLE BUTTE
ONIDA
PIERRE
FT. PIERRE
HIGHMORE
HURON
DESMET
BROOKINGS
RAPID CITY
FT. THOMPSON
LOWER BRULE
CROW CREEK
FLANDREAU SANTEE
WESSINGTON SPRINGS
WOONSOCKET
HOWARD
MURDO
PRESHO
KENNEBEC
CHAMBERLAN
PLANKINTON
MITCHELL
PINE RIDGE
WHITE RIVER
SIOUX FALLS
WORTHINGTON
MARTIN
ROSEBUD
MISSION
YANKTON
ALCESTER
YANKTON
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LOCATIONS
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CHAD OFFICE
TRIBAL RESERVATION
CLINIC SERVICES
Medical & Behavioral
Dental Clinic
School-based
Other Services/ Programs
Telehealth
SOUTH DAKOTA ORGANIZATIONS
Complete Health
Falls Community Health
Horizon Health
Rural Health Care
South Dakota Urban Indian Health
Oyate Health Center


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Questions?

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