

COMPLIMENTARY WEBINAR

Making Progress: HIV Testing and Care Strategies

NATIONAL HIV TESTING DAY

Tuesday, June 27, 2023 | 1:00 – 2:00 PM ET



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The information presented is consistent with applicable FDA guidelines.

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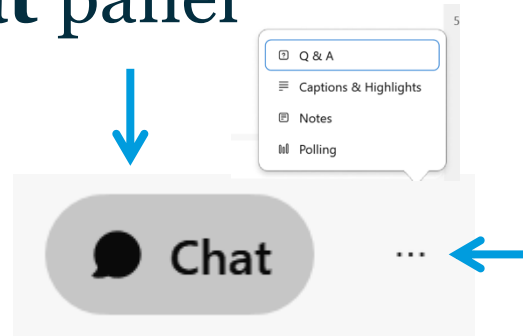
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Making Progress: HIV Testing and Care Strategies

Live Event: Tuesday, June 27, 2023 | 1:00 - 2:00 PM Eastern Time

P.A.C.E.® credit available until June 27, 2024

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Join this session for an update on eliminating the HIV epidemic and steps healthcare and community-based sites can take to help achieve the CDC's 2030 HIV goals. Hear practical care solutions, especially for individuals with HIV risk factors, to expedite testing, reduce loss to follow-up, avoid transmissions, and take part in this important national HIV initiative.

The webinar will:

- Summarize HIV epidemiology in the U.S. and the CDC's initiative to eliminate the HIV epidemic
- Describe methods to diagnose, treat and prevent HIV, with an emphasis on at-risk populations
- Explain the indications for HIV testing and the importance of linkage to care on patient and community outcomes
- Identify resources for healthcare and community-based sites to help increase access to HIV testing and reduce transmissions



RECORDING

SLIDES

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Norman Moore, PhD

**Director
MCSO, North America
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Disclosures

- Receiving honorarium from the sponsor, Abbott
- The presenter has no other disclosures

National HIV Testing Day - Learning Objectives

- Summarize HIV epidemiology in the U.S. and the CDC's initiative to eliminate the HIV epidemic
- Describe methods to diagnose, treat and prevent HIV, with an emphasis on at-risk populations
- Explain the indications for HIV testing and the importance of linkage to care on patient and community outcomes
- Identify resources for healthcare and community-based sites to increase access to HIV testing and reduce new infections

2023 National HIV Testing Day Theme: “Take the Test & Take the Next Step”.

NATIONAL HIV
TESTING DAY



[HIV.GOV](https://www.hiv.gov)



JUNE 27

Take the Test & Take the Next Step



[HIVINFO.NIH.GOV](https://www.hivinfo.nih.gov)



Current Epidemiology of HIV disease






Approximately how many new HIV infections per year in the U.S.?

- a) 5,000
- b) 10,000
- c) 15,000
- d) 20,000
- e) 25,000
- f) 35,000

ALL AUDIENCE PARTICIPATION!

**POLL
QUESTION
#1**

Summary of the Global HIV Epidemic - 2022

	People living with HIV in 2021	People acquiring HIV in 2021	People dying from HIV-related causes in 2021
 Total	38.4 million [33.9–43.8 million]	1.5 million* [1.1–2.0 million]	~650 000 [510 000–860 000]
 Adults (15+ years)	36.7 million [32.3–41.9 million]	1.3 million [990 000–1.8 million]	560 000 [430 000–740 000]
 Women (15+ years)	19.7 million [17.6–22.4 million]	640 000 [480 000–870 000]	240 000 [180 000–320 000]
 Men (15+ years)	16.9 million [14.6–19.7 million]	680 000 [500 000–920 000]	320 000 [250 000–430 000]
 Children (<15 years)	1.7 million [1.3–2.1 million]	160 000 [110 000–230 000]	98 000 [67 000–140 000]

Source: UNAIDS/WHO estimates

Updated: July 2022



World Health Organization

What does the U.S. HIV/AIDS epidemic look like in 2023?



Image source, CDC

Approximately how many new HIV infections per year in the U.S.?

- a) 5,000
- b) 10,000
- c) 15,000
- d) 20,000
- e) 25,000
- f) **35,000**

ALL AUDIENCE PARTICIPATION!

POLL
#1
RESPONSES

HIV Disease is Not a Thing of the Past

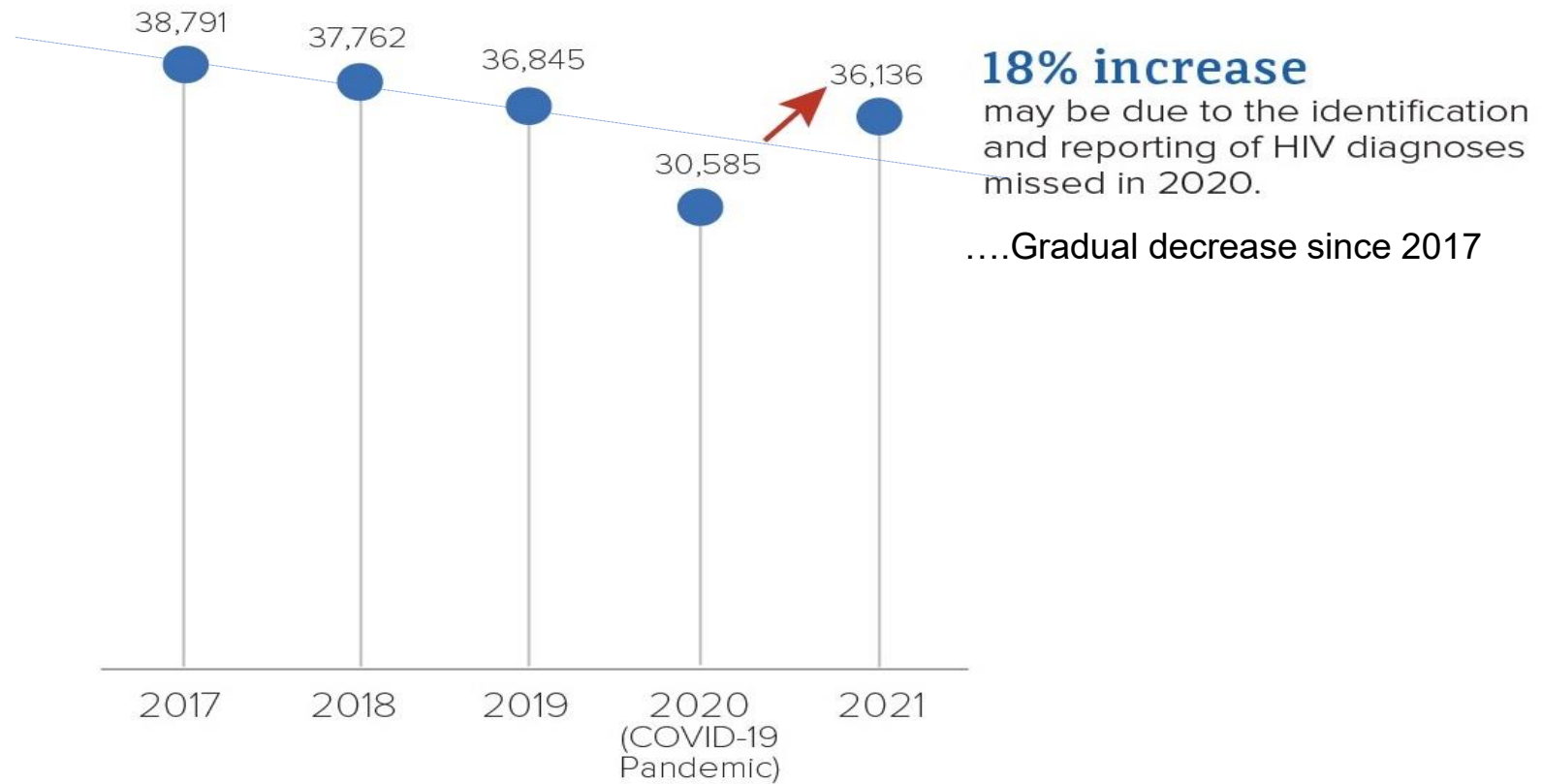
Current U.S. Epidemiology

- **1.2 million** persons in the U.S. living with HIV
 - > 50%, aged > 50 years
 - 1 in 8 are unaware of their HIV serostatus
 - Generate 40% of new infections
- In 2021: **36,136** new infections in the U.S.¹
 - Highest among persons aged 25-34 years (39%)
 - 66% Gay/bisexual men, 22% Heterosexual
 - 40% Black/A-A, 29% Hispanic/Latino, 26% White
 - 7% injection drug users (IDU)



Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2017–2021. *HIV Surveillance Supplemental Report*, 2023; 28 (No.3). <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2023. Accessed May 24, 2023

HIV Diagnoses in the United States and Dependent Areas Over Time*



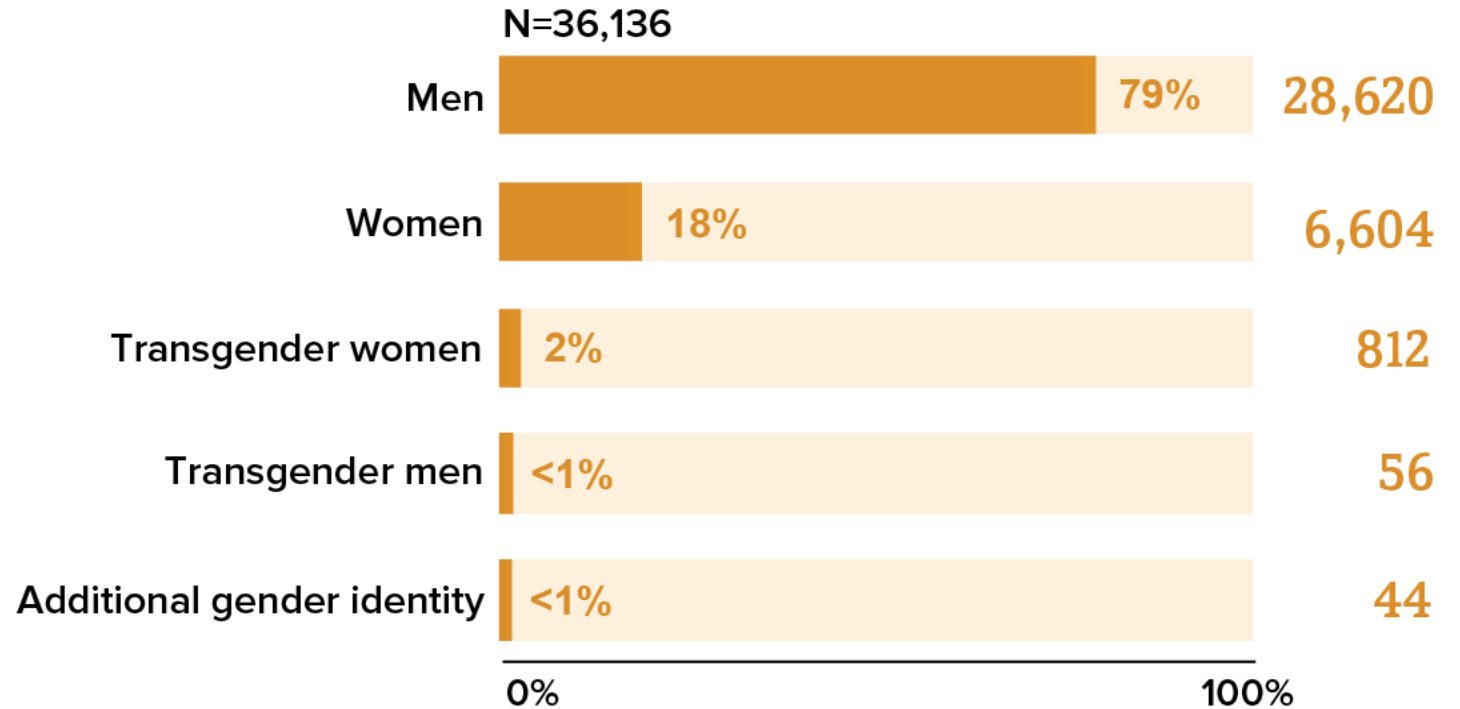
Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions.
* Among people aged 13 and older.

Source: CDC. Diagnoses of HIV Infection in the United States and Dependent Areas, 2021. *HIV Surveillance Report* 2023;34.



Differences in New HIV Diagnoses by Gender*

Men continue to be heavily affected by HIV, accounting for 79% of new HIV diagnoses in 2021.



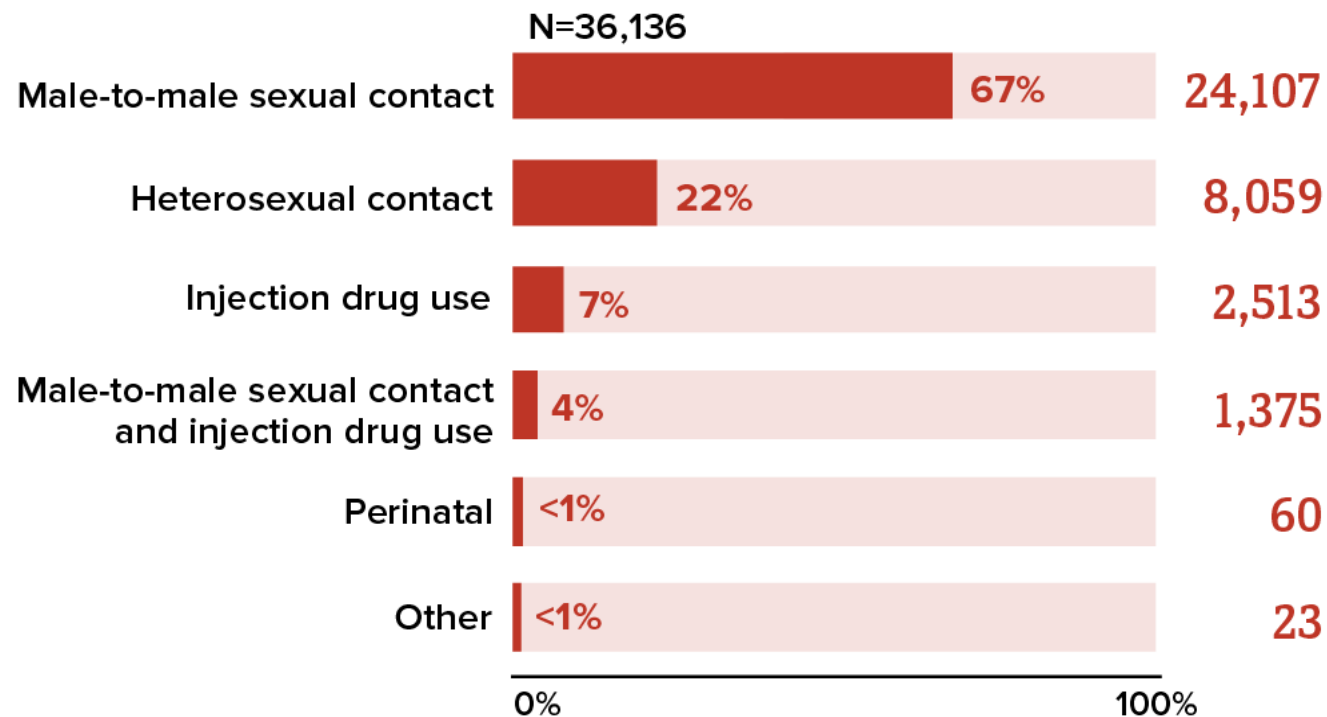
* Among people aged 13 and older.

Source: CDC. Diagnoses of HIV Infection in the United States and Dependent Areas, 2021. *HIV Surveillance Report 2023*;34.



Differences in New HIV Diagnoses by Transmission Category*†

Gay, bisexual, and other men who reported male-to-male sexual contact are the population most affected by HIV.



* Among people aged 13 and older.

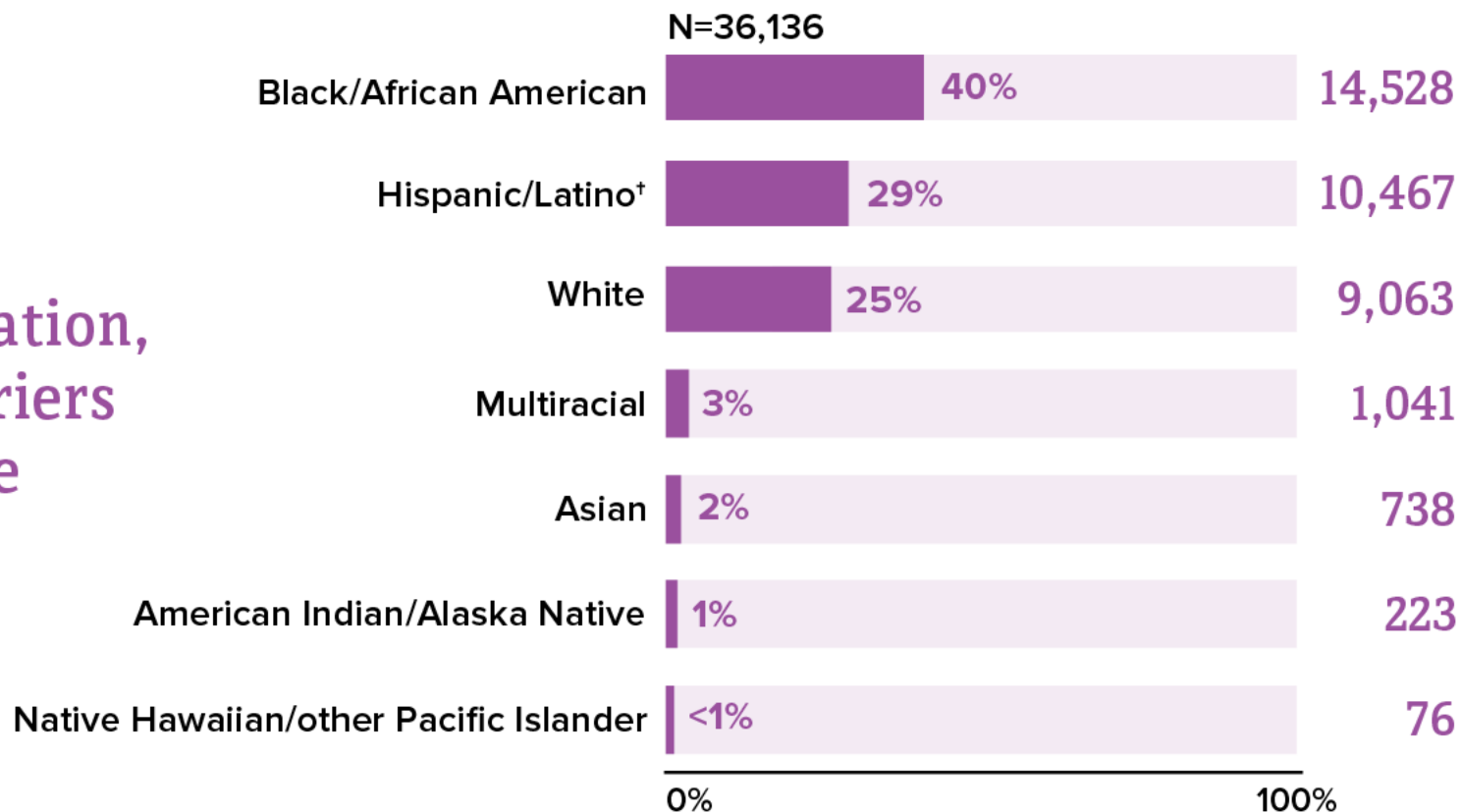
† Transmission category is classified based on a hierarchy of risk factors most likely responsible for HIV transmission. Classification is determined based on the person's assigned sex at birth. Data have been statistically adjusted to account for missing transmission category.

Source: CDC. Diagnoses of HIV Infection in the United States and Dependent Areas, 2021. *HIV Surveillance Report* 2023;34.



Differences in New HIV Diagnoses by Race/Ethnicity*

Racial and ethnic differences in new HIV diagnoses persist. Racism, HIV stigma, discrimination, homophobia, poverty, and barriers to health care continue to drive these disparities.



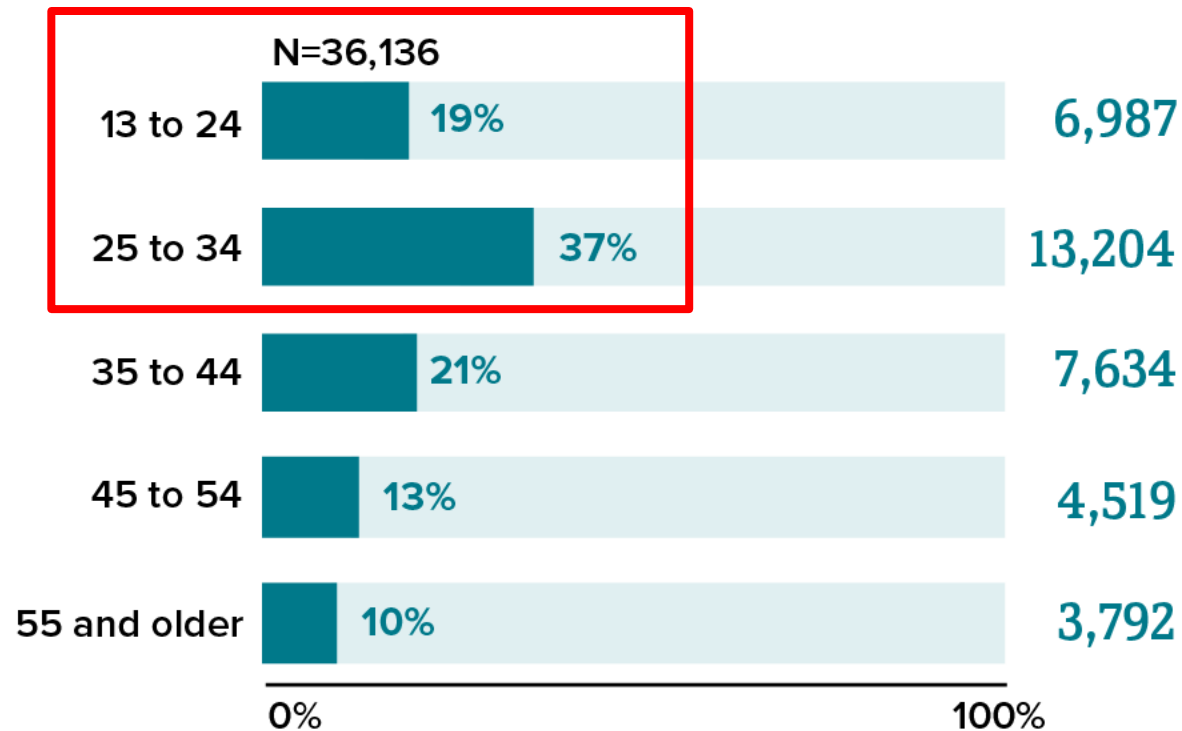
* Among people aged 13 and older.

† Hispanic/Latino people can be of any race.



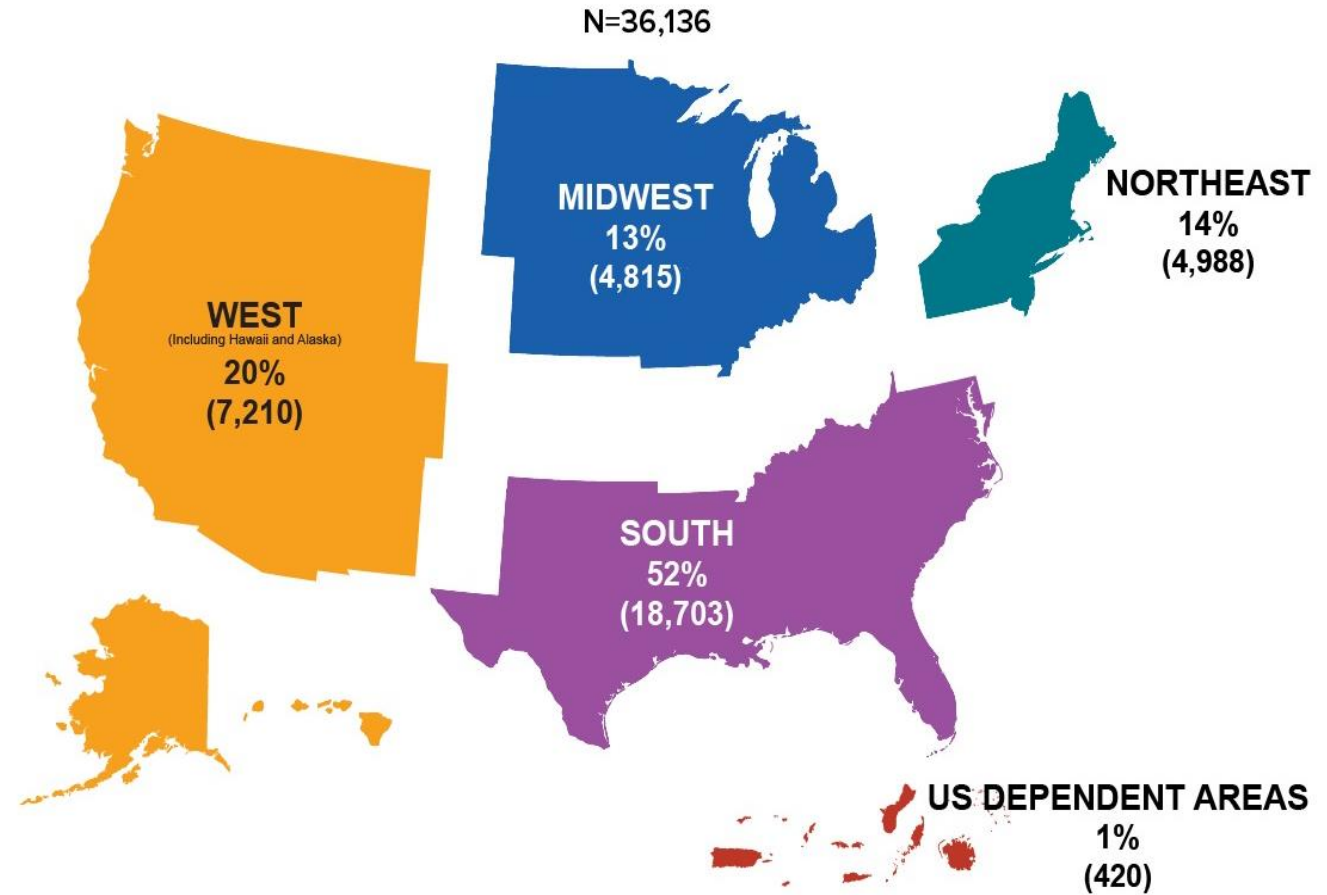
Differences in New HIV Diagnoses by Age

People aged 13 to 34 accounted for more than half (56%) of new HIV diagnoses in 2021.



New HIV Diagnosis by Region of the U.S.

The South accounted for more than half (52%) of new HIV diagnoses in 2021.



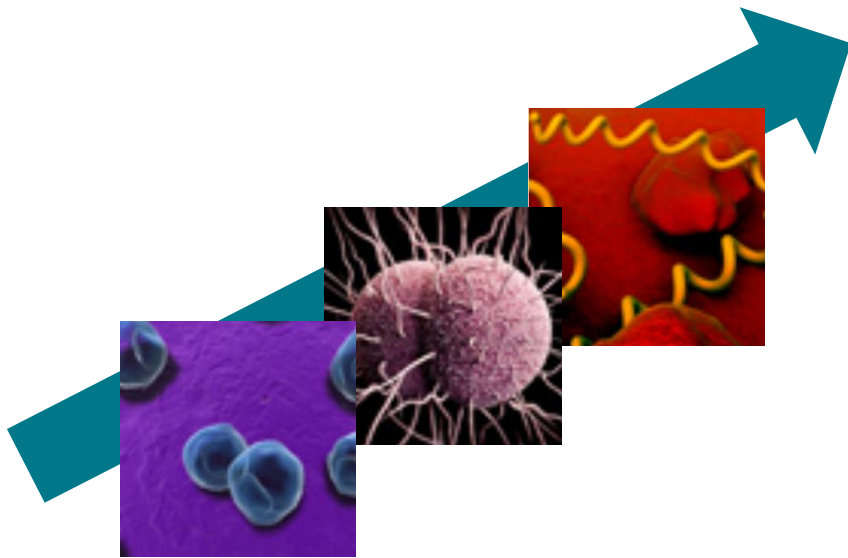
* Among people aged 13 and older.

Source: CDC. Diagnoses of HIV Infection in the United States and Dependent Areas, 2021. *HIV Surveillance Report* 2023;34.



Cases of Sexually Transmitted Infections (STIs) are on the Rise

April 2023, most recent national data (2021) from CDC



≥ 2.5 million STIs

7% increase over prior year

Chlamydia (≤50%)

4% increase

Gonorrhea

5% increase

Syphilis

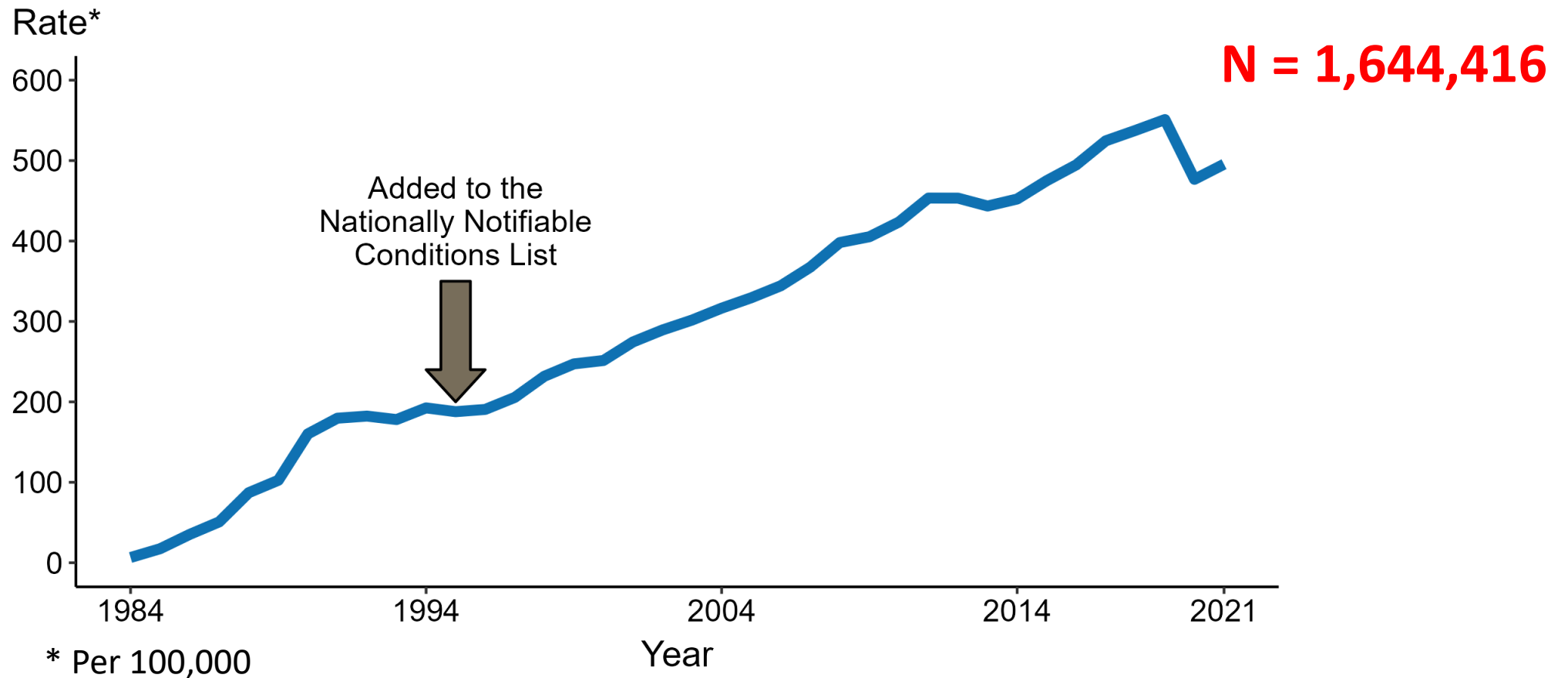
32% increase

Significant number of congenital (newborn) infections

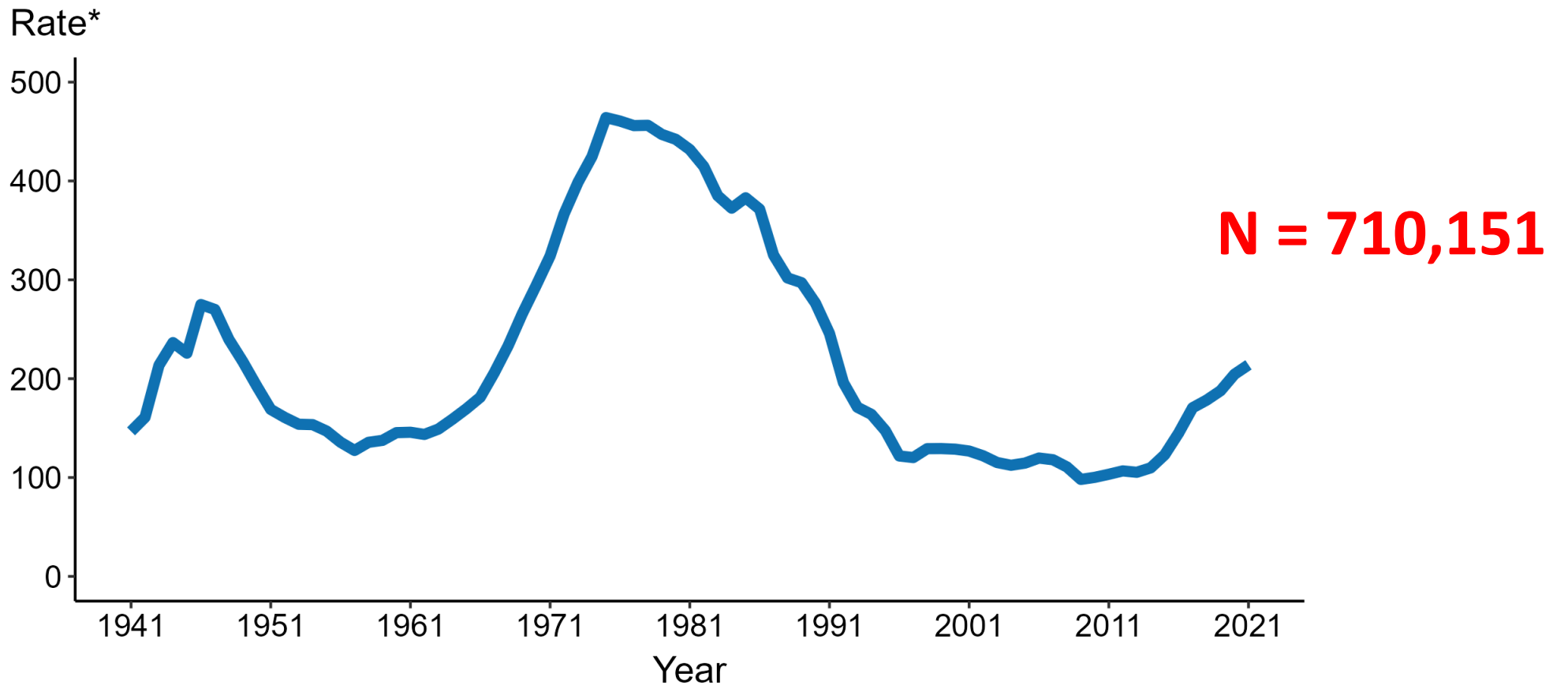
***New cases of STIs parallel risks
of new HIV infections***



Chlamydia — Rates of Reported Cases by Year, United States, 1984 – 2021



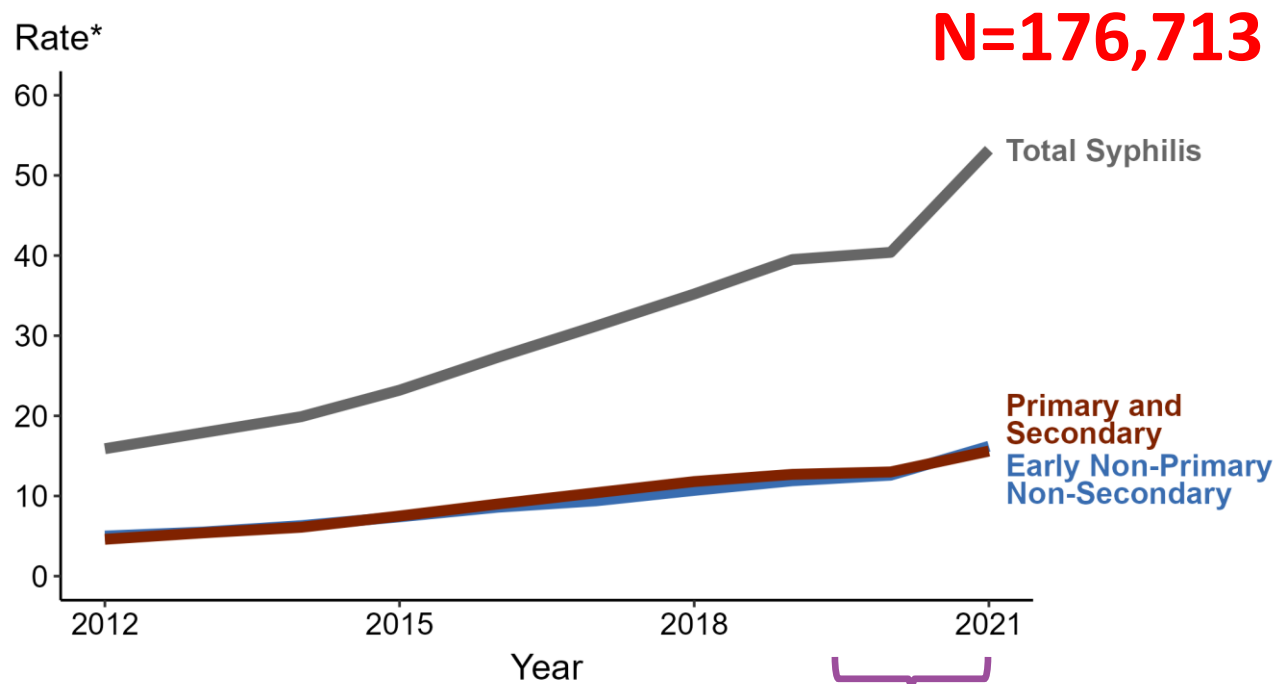
Gonorrhea — Rates of Reported Cases by Year, United States, 1941 – 2021



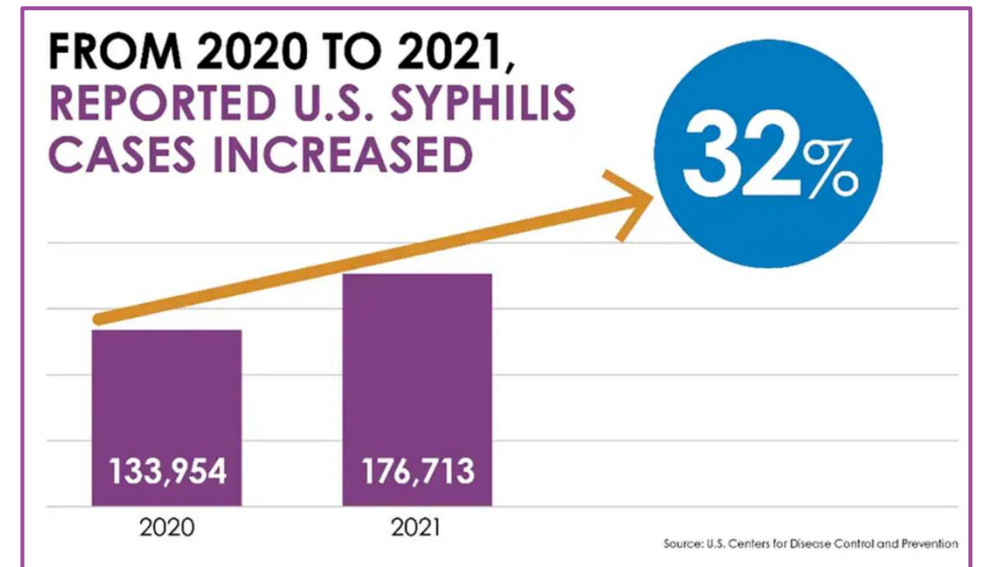
* Per 100,000



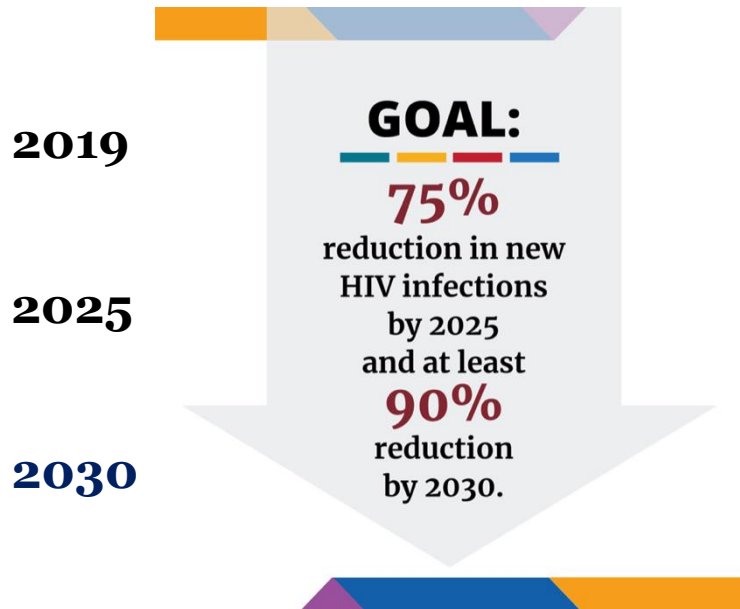
Syphilis — Rates of Reported Cases by Stage of Infection, U.S. 2012 – 2021



* Per 100,000



CDC's Ending the HIV Epidemic (EHE) in the U.S. 2019 → 2025 → 2030



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.

Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Still significant gaps to reach goal, need all healthcare and community centers to get on board with CDC initiative



1. <https://www.hiv.gov/ending-hiv-epidemic/>
2. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview/>

A Few Comments on “Ending the Epidemic”

HIV “Cures”	<ul style="list-style-type: none">• Only 5 confirmed to date<ul style="list-style-type: none">◦ Bone marrow transplant, cord blood stem cells^{1,2}
HIV Vaccines	<ul style="list-style-type: none">• Continued to be studied ^{3,4}• No major success / One recent failure (<i>Mosaico Trial</i>⁵)

1. Hsu J, et al; International Maternal Pediatric Adolescent AIDS Clinical Trials Network (IMPAACT) P1107 Team. HIV-1 remission and possible cure in a woman after haplo-cord blood transplant. Cell. 2023 Mar 16;186(6):1115-1126.e8.
2. Jensen, BE.O., et al. In-depth virological and immunological characterization of HIV-1 cure after CCR5Δ32/Δ32 allogeneic hematopoietic stem cell transplantation. Nat Med 29, 583–587 (2023)
3. Phase 1 Study to Evaluate the Safety and Immunogenicity of eOD-GT8 60mer mRNA vaccine and Core-g28v2 60mer mRNA Vaccine - recently launched at 4 sites in the U.S. ClinicalTrials.gov Identifier: NCT05001373.
4. Clinical Trial to Evaluate Safety and Immunogenicity of BG505 and BG505 MD39.3 gp151 CD4KO HIV Trimer mRNA Vaccines in Healthy, HIV-uninfected Adults. ClinicalTrials.gov Identifier: NCT05217641.
5. NIH Press release, January 18, 2023. Experimental HIV vaccine regimen safe but ineffective, study finds. <https://www.nih.gov/news-events/news-releases/experimental-hiv-vaccine-regimen-safe-ineffective-study-finds>

HIV TESTING and SCREENING



Diagnose all people with HIV as early as possible.

A Few Comments on “Ending the Epidemic”



Screening / Testing

- Access remains inadequate
- Median HIV diagnosis delay - **3 years**¹
- **2/3** HIV positive patients **had not been tested** but had been seen by a **healthcare provider**¹

1. Dailey AF, Hoots BE, Hall HI, et al. Vital Signs: Human Immunodeficiency Virus Testing and Diagnosis Delays — United States. MMWR Morb Mortal Wkly Rep 2017;66:1300–1306.

Who Should be Tested for HIV ?



Image source, CDC

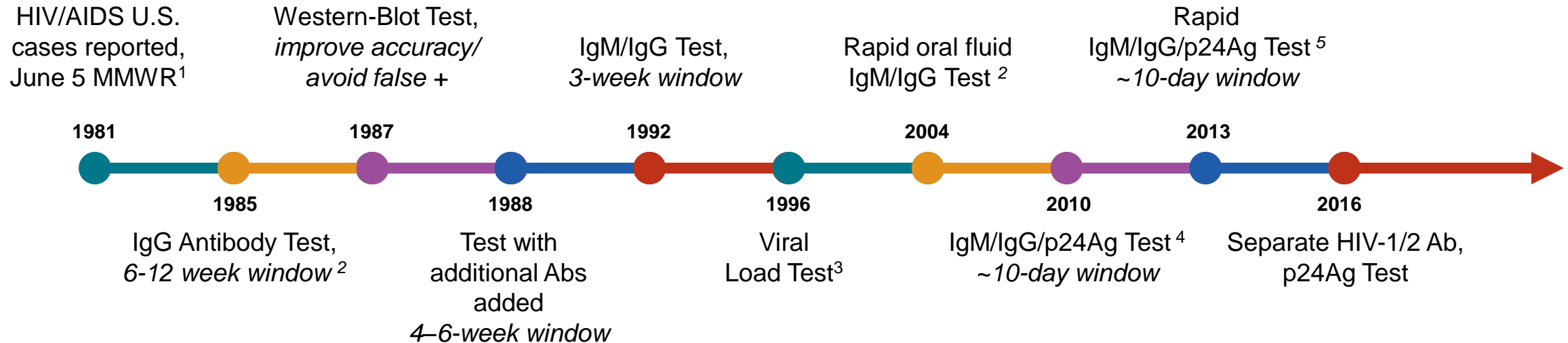
Current national U.S. guidelines recommend a minimum of one (1) time HIV testing for people aged:

- a) < 18
- b) 19 - 29
- c) 18 - 50
- d) 15 - 65
- e) There is no specific age recommendation

ALL AUDIENCE PARTICIPATION!

POLL
QUESTION
#2

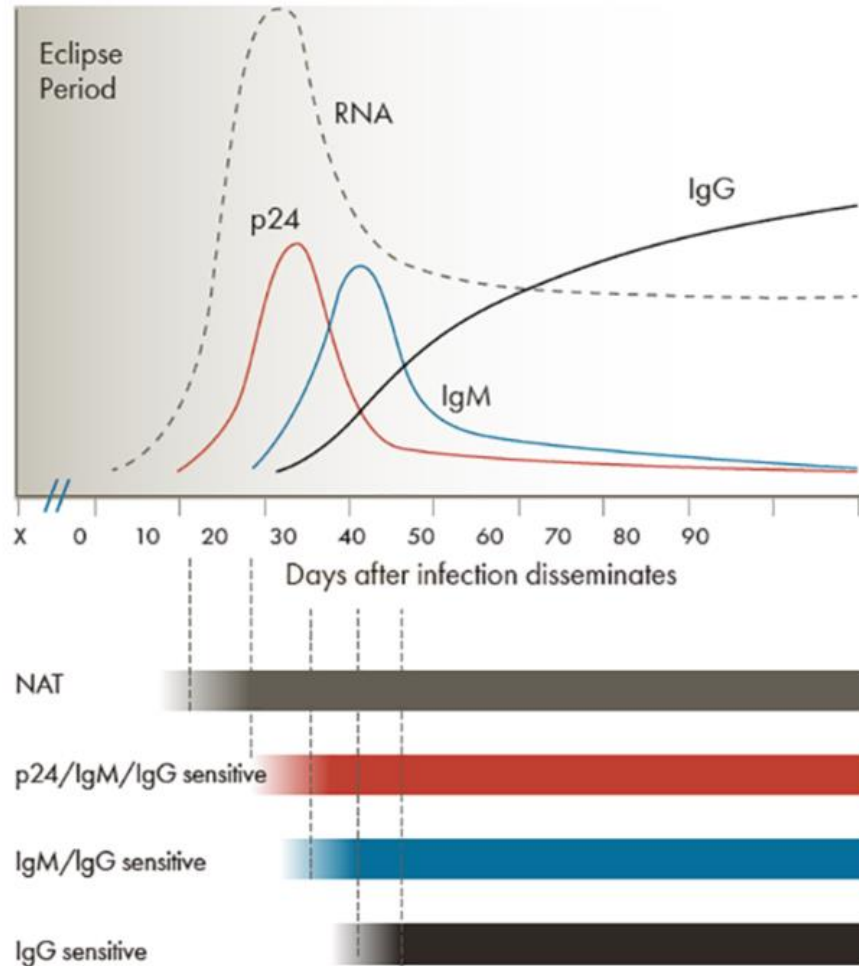
FIRSTS in the History of HIV



1. Gottlieb MS, et al. MMWR June 5, 1981/ 30:250-252.
2. Parekh BS et al. Diagnosis of Human Immunodeficiency Virus. Clin Microbiol Rev January 2019;32(1):1-54.
3. FDA approves first viral-load test. Food and Drug Administration. <https://pubmed.ncbi.nlm.nih.gov/11363657/>
4. PRNewswire, FDA Approves First-of-Its-Kind HIV Test Which Can Detect HIV Days Earlier Than Current U.S. Tests. June 21, 2010. <https://www.prnewswire.com/news-releases/fda-approves-first-of-its-kind-hiv-test-which-can-detect-hiv-days-earlier-than-current-us-tests-96787054.html>
5. HIV.gov. FDA approves first rapid diagnostic test to detect both HIV-1 antigen and HIV-1/2 antibodies. Aug 8, 2013.

Antigen/Antibody Testing (Lab-based and POC)

Detection Time from Infection



< 2 weeks

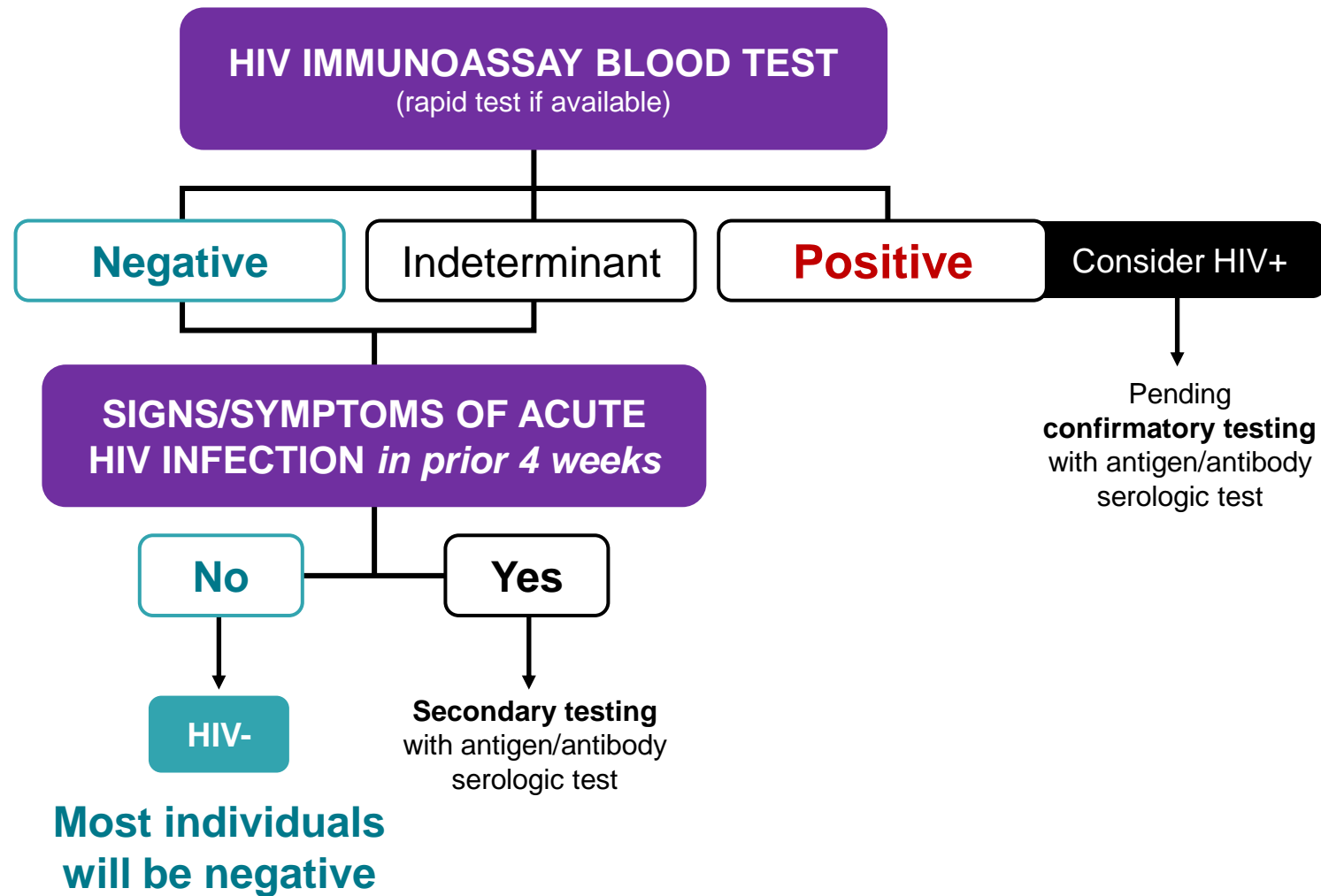
people may test negative or indeterminate post-infection¹

p24 antigen

enhances detection during acute phase of infection to help reduce of risk missing recently infected individuals / unrecognized acute infections.^{1,2}

1. CDC. Diagnostic tests. <https://www.cdc.gov/hiv/clinicians/screening/diagnostic-tests.html>, accessed Nov 14, 2021. Adapted, removed Western blot.
2. FDA. Testing for HIV. <https://www.fda.gov/vaccines-blood-biologics/hiv-home-test-kits/testing-hiv>, accessed Nov 11, 2021.

Current Algorithm for Rapid HIV Testing



Current national U.S. guidelines recommend a minimum of one (1) time HIV testing for people aged:

- a) < 18
- b) 19 - 29
- c) 18 - 50
- d) 15 - 65**
- e) There is no specific age recommendation

ALL AUDIENCE PARTICIPATION!

POLL
#2
RESPONSES

Current HIV Testing Guidelines - CDC and USPSTF^{1,2,3}

Populations	Recommended Interventions	Guidelines
General population (low risk)	Test all patients age 13 to 64 (Universal Routine Screening)	2006 CDC Recs
	Test all patients age 15 to 65 (Universal Routine Screening)	2019 USPSTF Recs
High Risk <ul style="list-style-type: none"> • MSM • PWID • Persons exchanging sex for money or drugs • Persons with STDs • Sex partners of PWH, bisexual, PWID, or unknown status • People taking PrEP 	Test high risk patients annually	2006 CDC Recs 2019 USPSTF Recs
	Test MSM annually -- (can be 3 to 6 months based on individual risk)	2017 CDC MSM Recs
	Test people taking PrEP quarterly	2017 CDC PrEP Recs 2019 USPSTF PrEP
Pregnant women	Test all pregnant persons as part of routine prenatal care, including those who present in labor whose HIV status is unknown	2006 CDC Recs 2019 USPSTF Recs

1. Centers for Disease Control and Prevention. MMWR September 22, 2006; Vol. 55 RR-14;

2. Chou R, Screening for HIV Infection in Asymptomatic, Nonpregnant Adolescents and Adults: A Systematic Review for the US Preventive Services Task Force: #. 176. Rockville, MD; 2019.

3. Selph S, Screening for HIV Infection in Pregnant Women: U.S. PSTF: # 177. Rockville, MD; 2019.

Clinical Indications for HIV Testing

- **Unexplained weight loss**
- **Recurrent infections (pneumonia, skin and soft tissue)**
- **Persistent fevers**
- **Neurological symptoms**
- **Unusual or recurrent skin rashes**

Clinical Indications for HIV Testing - CANCER

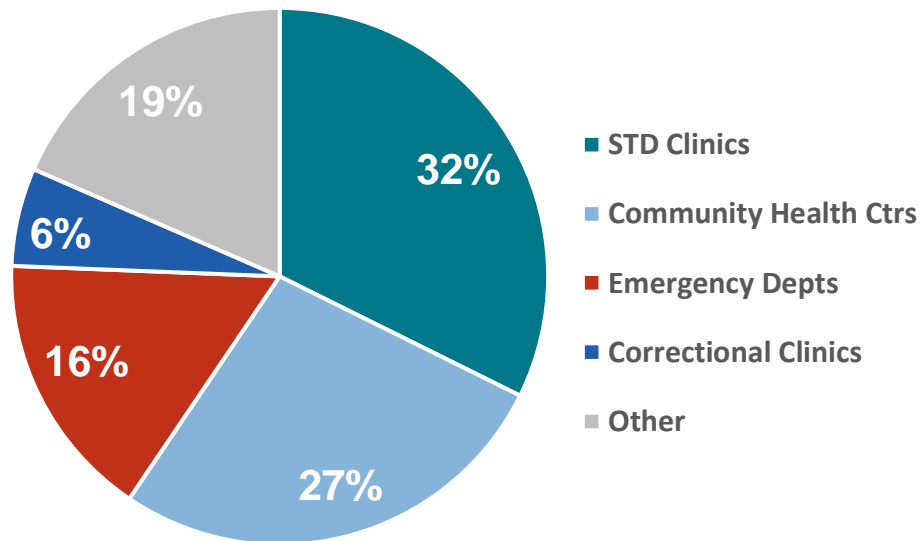
- **AIDS-Defining Malignancies (decreasing)**
 - B-cell /Non-Hodgkin's lymphoma, CNS lymphoma, Kaposi Sarcoma (KS), Invasive Cervical CA
- **Non-AIDS defining Malignancies (increasing)**
 - Hodgkin's, Lung, Liver, Colorectal, Breast, Anal, Prostate, Head/Neck
 - **Contributing factors:**
 - Viral-mediated (EBV, HPV), persistent Inflammation, decreased immune surveillance, life-style
 - **Implications:**
 - ? Different screening practices
 - ? Different treatment protocols

Positivity Rates Above 0.1% in CDC-Funded HIV Testing

1,338,665 Tests (2020), by Setting & Site Type

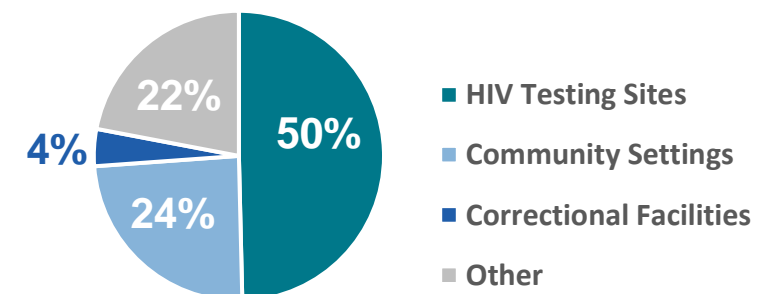
75% of Testing
0.4% Positivity

Healthcare Settings



25% of Testing
0.8% Positivity

Non-Healthcare Settings



Overcoming Barriers to HIV Testing

- Increase providers knowledge and subsequent implementation of both routine and “risk-based” HIV testing per National guidelines
- Integrate HIV testing into clinical care (part of routine wellness check-up)
- Processes/resources to expedite testing
 - Electronic Health Record Reminders / Opt-Out vs. Opt-In
 - Simplified testing options, rapid/fingerstick and oral swabs
 - See next slide for examples
 - CDC has also been promoting at-home testing

HIV Rapid Tests



**Determine™ HIV-1/2
AG/AB Combo**



**OraQuick ADVANCE® Rapid HIV-
1/2 Antibody Test**



**SURE CHECK®
HIV 1/2 Assay**



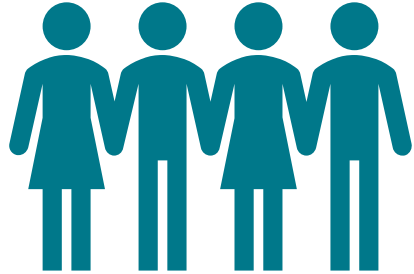
**HIV 1/2 STAT-PAK® Infectious Disease
Immunoassay Rapid Test Kit**

Clinic Advantages: Point-of-Care HIV Testing



- Alternative when automated platforms are not available on site
- *Ease of use **for tester and recipient***
 - Fingertstick or oral swab
 - Eliminates need for venipuncture, processing, handling, storage of blood
 - Allows for simple “walk-in” encounter
 - Reduces follow-up of lab-based test results
- Often fewer issues with reimbursement
 - Many sites offer free testing

Patient Advantages: Point-of-Care HIV Testing



- Results in real time – usually ~ 20 minutes
 - If test (preliminary) positive, can be immediately linked to care and possibly started on ART
 - Better patient experience/continuum of care and support
 - If HIV test negative, can have a prevention/PrEP discussion
 - “Status Neutral Care”

TREATING HIV IN 2023



Treat people with HIV rapidly and effectively to reach and maintain sustained viral suppression.

FOR CLINICAL/COMMUNITY SETTINGS

For individuals in your program testing positive for HIV, what is your typical next step?

- a) Refer patient to their primary care provider
- b) Refer patient to infectious disease specialist/clinic
- c) Find/Refer patient to HIV care provider/clinical program
- d) Direct linkage to care with an established HIV clinical program
- e) We do not yet test and/or provide next steps

**FOR CLINICAL/
COMMUNITY SETTINGS**

**POLL
QUESTION
#3**

A Few Comments on “Ending the Epidemic”

Treatment
(as Prevention,
TasP, PEP, PrEP)

- Needs to be ramped-up
 - > 30,000+ new infections in 2020 & 2021

The Remarkable Evolution of Antiretroviral Therapy (ART)



Photo: HRSA, Ryan White HIV/AIDS Program.

“AIDS Cocktail”



Photos: Licensed,
AdobeStock

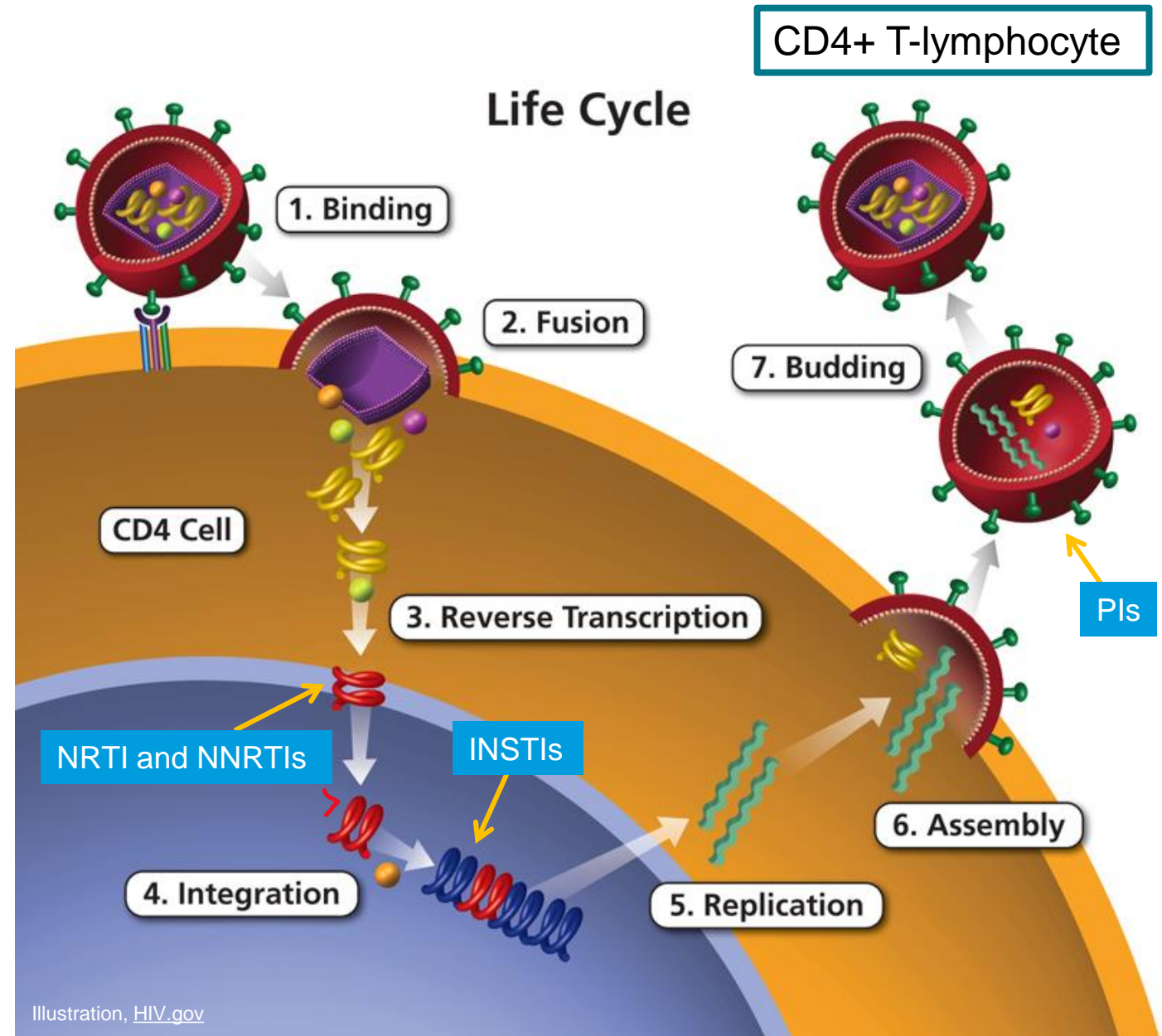
Single-tablet regimen
(STR)

HIV Life-cycle and Where Antivirals Work

Advanced understanding of the Human Immunodeficiency Virus

Antiviral drugs:

- ✓ **Suppress viral replication**
- x **Do NOT eradicate virus**



For individuals in your program testing positive for HIV, what is your typical next step?

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FOR CLINICAL/
COMMUNITY SETTINGS

POLL

#3

RESPONSES

ALL Persons With an HIV Diagnosis Should Be on ART

Antiretroviral Therapy (“ART”) = combination of 2 or 3 drugs usually in a single tablet

- Over 30 agents FDA-approved / 9 different classes
 - Integrase-Inhibitor (INSTI) with 2 Nucleoside Reverse Transcriptase Inhibitors (NRTIs)
- **OR**
- Protease Inhibitor (PI) w/ ritonavir or cobicistat with 2 NRTIs
 - Less tolerable, more drug-drug interactions
- Most are single-tablet regimens (STRs)
 - *Triumeq™, Biktarvy™, Symtuza™, Dovato™*
- Intramuscular injection (IM) therapy
 - Cabotegravir/rilpivirine – *Cabenuva™* every 1 or 2 mos

ALL Persons With an HIV Diagnosis Should Be on ART

NO specific CD4+/ T-cell threshold for ART – **ALL SHOULD BE TREATED**

- Standard of care since 2015 - “START” trial ¹

GOALS OF THERAPY ²

- Maximally and durably suppress plasma HIV-RNA
- Restore and preserve immune function
- Reduce HIV-associated morbidity and mortality
- Prolong duration & quality of survival
- **Prevent HIV transmission** **Undetectable = Untransmittable**

1. INSIGHT START Study Group. N Engl J Med 2015; 373:795-807.

2. CDC, HRSA, NIH, American Academy of HIV Medicine, Association of Nurses in AIDS Care, International Association of Providers of AIDS Care, the National Minority AIDS Council, and Urban Coalition for HIV/AIDS Prevention Services. Recommendations for HIV Prevention with Adults and Adolescents with HIV in the United States, 2014. <http://stacks.cdc.gov/view/cdc/26062>.

Important Step: Link New Patients to Care

- Community Health Centers
 - “Caring Communities for HIV”
- Ryan White Funded Sites¹
 - Penn Medicine/ Lancaster General Health “Comprehensive Care”
- ID Clinics – University or Community-Based
 - *Whitman-Walker Health, D.C.; UCSF Positive Health; Philadelphia FIGHT; 1917 Clinic, UAB; Fenway Health, Boston; CORE Center, Chicago*
- Local or State Public Health Departments (DOH)
- Private ID or Primary Care Practices (often less than ideal)

1. Ryan White HIV/AIDS Program, <https://ryanwhite.hrsa.gov/hiv-care/services>

Preventing New HIV Infections

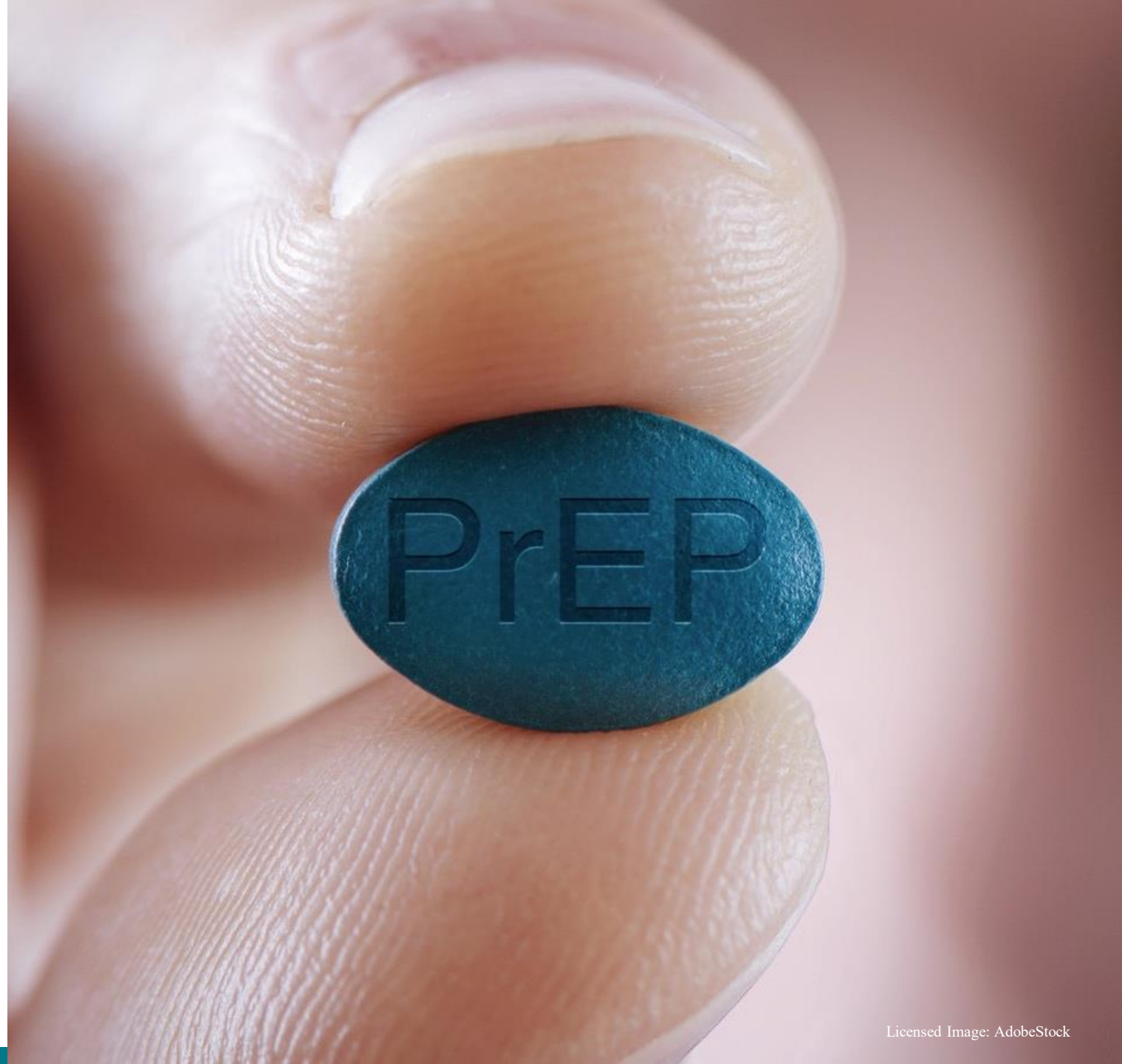


Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Preventing New HIV Infections

- Antiretroviral therapy (ART)
 - 100% effective if persons viral load undetectable (U=U)
- Condoms
 - 90% effective if used consistently
- Post-exposure Prophylaxes (PEP) with ART
 - Highly effective when given within 24 – 48 hours of contact
- Pre-Exposure Prophylaxis (PrEP)
 - 99% effective if used correctly / consistently

Pre-Exposure Prophylaxis (PrEP) for HIV Prevention



HIV Pre-exposure Prophylaxis –“PrEP”

Antivirals used for HIV prevention – FDA approved in 2012

- Two approved daily oral therapies
 - **TDF/FTC (Truvada™ & generic) and TAF/FTC (Descovy™)**
- One approved injectable therapy given IM every 8 weeks
 - **Cabotegravir (Apretude™)**
- 95 to 99% effective in preventing HIV infection
- Other longer-acting therapies are being studied

HIV Pre-exposure Prophylaxis –“PrEP”



- “Grade A” recommendation (USPSTF, 2019)
 - 3rd party coverage under ACA
- Provide information on PrEP to ALL sexually active adults and adolescents¹ (CDC guidelines recommendation)
- Use pharmacists and other non-physician providers for access

1. CDC: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>. Published 2021.

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- Access / availability remain an issue for at-risk populations
 - Only about 25% of “PrEP eligible” persons in U.S. are on medication
 - Highest uptake white MSM (2X black MSM)
 - Lowest uptake among Injection Drug Users²

1. CDC. US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>. Published 2021.

2. Shaw, G., HM.A. et al. Pre-exposure prophylaxis (PrEP) for HIV prevention among people who inject drugs. Harm Reduction Journal 2023; 20:, 16.

How We Can Make Progress

...And help attain the CDC goal of Ending the Epidemic by 2030.

Wellness Visit Conversations - Prevention

PREVENT HIV and other Sexually Transmitted Infections

Provide education and access to HIV-related information

- Many Resources: including CDC and American Sexual Health Association websites

Encourage open discussions with others about ways to manage sexual health

Learn / teach about respectful relationships, consent, sexual violence

Learn / teach about prevention interventions - including condoms, PEP, PrEP and doxycycline for STI post exposure prophylaxis

Steps Toward Eliminating the Epidemic

DIAGNOSE Establish Method to Test/Screen



- All persons aged 13 to 65 years at least once for HIV, regardless of risk
- Patients with risk factors for HIV, ideally test every 6 months or at least annually

Note: Opt-out testing improves the ease of screening for HIV

Rapid testing helps increase test result notifications/reduce loss to follow-up

TREAT

Establish communication and referral pathway



- For staff to facilitate linkage to care
- To improve likelihood patients are retained in care

PREVENT

Establish process to discuss



- HIV Status
- Prophylaxis/PrEP and other measures to reduce transmission of HIV and other STIs

Summary – The Clock is Ticking

- **1 in 8 with HIV in the U.S. are unaware of their status and account for 40% of new HIV transmissions**
- **2/3 persons living with HIV were not tested in the prior 12 months before diagnosis but had been seen by a healthcare provider**
 - Median HIV diagnosis delay: **3 years**
- **Current data are a reminder that ALL healthcare providers should recommend HIV testing**
 - Not just Primary Care: Ob/Gyn, Neurology, Oncology, Dermatology, ENT, Surgery, ER
 - All persons 13 to 65 years of age should be screened at least once for HIV, regardless of risk
 - All pre-natal patients should be screened at baseline (and again in 3rd TM if at-risk)
 - Patients with risk factors for HIV should ideally be tested every 3 - 6 months or at least annually
- **Patients should request HIV screening from their healthcare providers**
- **Early identification and treatment of HIV reduces related illnesses, decreases mortality and reduces HIV transmission**



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Rapid Diagnostics
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- Double-check email address

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Recording

Within a few days following today's event, visit
<https://www.whitehatcom.com/abbott>

Making Progress: HIV Testing and Care Strategies

Live Event: Tuesday, June 27, 2023 | 1:00 - 2:00 PM Eastern Time

P.A.C.E.® credit available until June 27, 2024

Florida Laboratory CE Credit available

Join this session for an update on eliminating the HIV epidemic and steps healthcare and community-based sites can take to help achieve the CDC's 2030 HIV goals. Hear practical care solutions, especially for individuals with HIV risk factors, to expedite testing, reduce loss to follow-up, avoid transmissions, and take part in this important national HIV initiative.

The webinar will:

- Summarize HIV epidemiology in the U.S. and the CDC's initiative to eliminate the HIV epidemic
- Describe methods to diagnose, treat and prevent HIV, with an emphasis on at-risk populations
- Explain the indications for HIV testing and the importance of linkage to care on patient and community outcomes
- Identify resources for healthcare and community-based sites to help increase access to HIV testing and reduce transmissions



RECORDING

SLIDES

Presenter:



**Jeffrey Kirchner,
DO, FAAFP, AAHIVS**

**Medical Director
Caring Communities
Bloomsburg, Hazleton and Wilkes-
Barre, PA**

Moderator:



Norman Moore, PhD

**Director
MCSO, North America
Abbott
South Portland, ME**

Making Progress: HIV Testing and Care Strategies

NOTE: If you have just viewed the archived recording of this webinar, you can access the evaluation using the link in the email you received after submitting the recording request form. Alternatively, you can access the evaluation for **12 months** after the live event at:

https://www.whitehatcom.com/Abbott_Evals/HIV_062723/Testing_062723_eval.html