

Presented by: Jennifer Sobolik, CNP, AACRN, AAHIVS

# HIV PREVENTION – MEDICATIONS AND HARM REDUCTION STRATEGIES



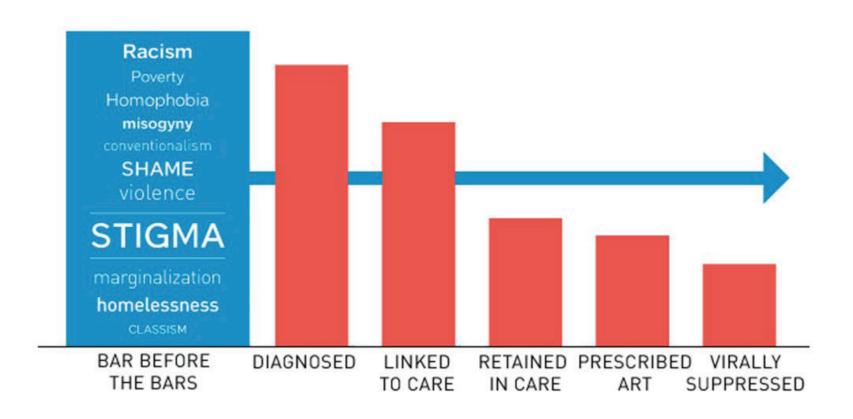
- CDC guideline recommendations for assessing HIV PrEP eligibility and initiation
- Assessing HIV PrEP indications
- Obtaining a sexual history
- Medications for PrEP, PEP, and DoxyPEP
- Prescribing PrEP in primary care

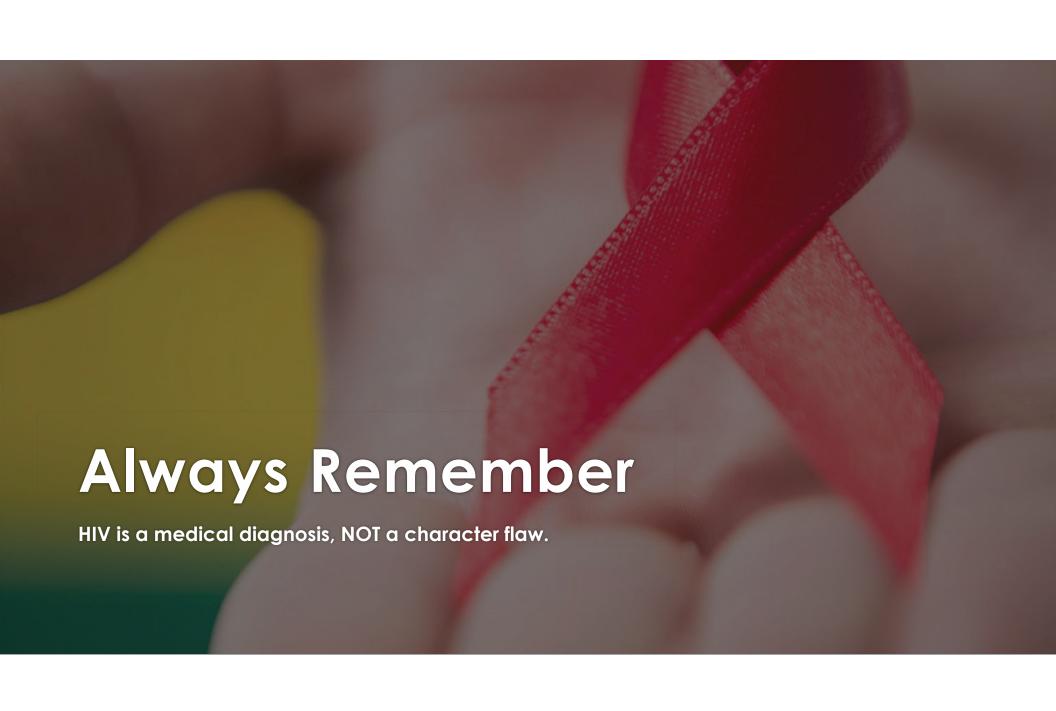


## **HIV CARE CONTINUUM:**

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

## Primary Care – the Key to Prevention





# YOUARE COME

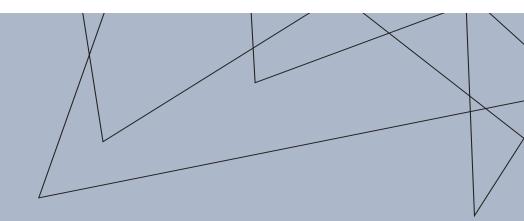




## IDENTIFY THOSE AT RISK

- Take a detailed sexual health history
- Provider discomfort about sex is not an acceptable reason to omit this from history
- Ask about behaviors substance use, others
- Patients may disclose more over time as they become comfortable

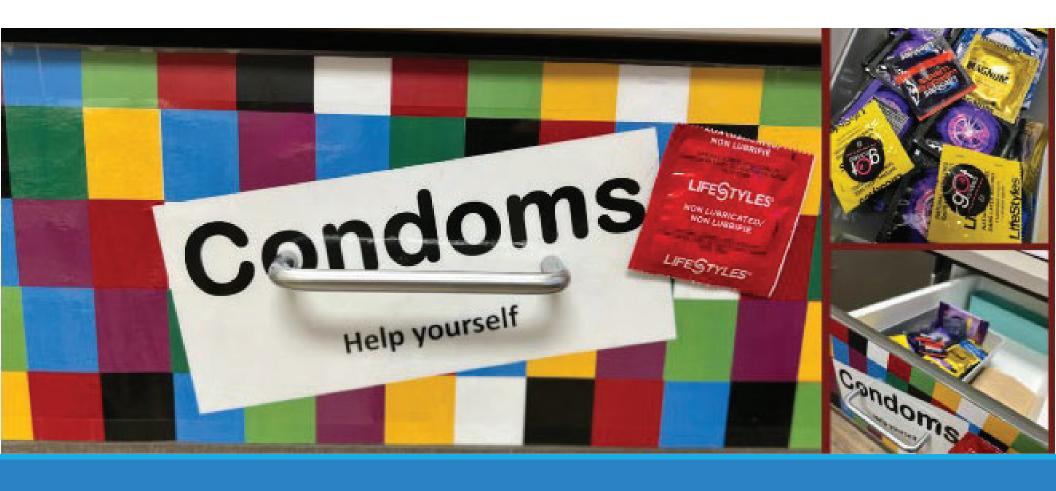
# CDC HIV TESTING RECOMMENDATIONS



- HIV testing is the <u>STANDARD OF CARE</u> with any STI check
- All patients 13-64+ should get tested for HIV at least once as part of routine care
- Annual or more frequent testing for patients with certain risk factors for HIV
  - People who inject drugs and their sex partners
  - People who exchange sex for money or drugs
  - Sex partners of people with HIV
  - Sexually active gay, bisexual, and other men who have sex with men (more frequent testing may be beneficial [e.g., every 3-6 months])
  - Pregnant women
  - Recent treatment for STI Increases risk of acquisition by 3-5 times



# HIV TESTING IS THE PERFECT OPPORTUNITY TO DISCUSS HIV PREVENTION



Safer Sex Education // Condom Use





## HARM REDUCTION LAWS

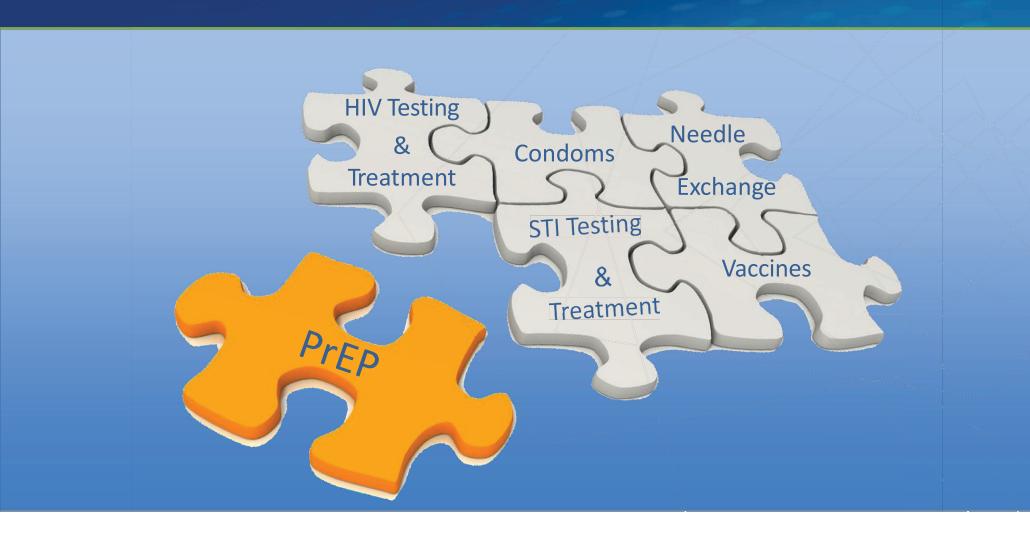
	North Dakota	South Dakota
Syringe Possession & Distribution	Needle exchange is authorized	Needle exchange is not authorized
Naloxone Access Law	May prescribe naloxone directly or by standing order	May prescribe naloxone directly or by standing order
Naloxone Standing Order	No statewide standing order	Allows pharmacists to give out prepackaged
Good Samaritan Law	Nothing specific for medical personnel	Giving first aid (but not necessarily just calling for help) may be used as a mitigating factor in other prosecutions



# ADDED BENEFIT OF HIV TREATMENT – IT WORKS FOR PREVENTION!



# PREP IS ONE PIECE OF THE HIV PREVENTION PUZZLE





# PrEP vs.

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 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

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%.

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.

Who's it for?

**How effective** is it?

How do you get it?

PEP is for people who don't have HIV but may have been exposed:

- during sex
- at work through a needlestick or other injury
- during a sexual assault
   by sharing injection drug equipment

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.

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.





### WHAT MEDS WORK 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

## TDF VS TAF // FTC

## TDF – Tenofovir disoproxil fumarate

Nucleoside/Nucleotide Reverse Transcriptase Inhibitor

## TAF – Tenofovir alafenamide

• Nucleoside/Nucleotide Reverse Transcriptase Inhibitor

### FTC - Emtricitabine

• Nucleoside/Nucleotide Reverse Transcriptase Inhibitor

# APRETUDE is the first and only long-acting, injectable PrEP proven to reduce the risk of getting HIV

#### Here's what you need to know about APRETUDE







>>> Long-acting APRETUDE was proven superior at reducing the risk of getting HIV vs once-daily TRUVADA in two randomized, double-blind, controlled studies<sup>†</sup>



#### Diverse studies

Among the most diverse PrEP studies ever conducted—including cisgender men and women, as well as transgender women, and a range of ages and ethnicities

\*APRETUDE is given every other month by a healthcare provider after initiation injections have been given 1 month apart for 2 consecutive months. Stay under a provider's care while receiving APRETUDE. You must receive it as scheduled. If you will miss a scheduled injection by more than 7 days, call your provider right away.
†Based on two separate clinical studies in which HIV transmissions occurred 3x less often in cisgender men and transgender women, and 12x less often in cisgender women receiving APRETUDE compared to once-daily TRUVADA.

PrEP=pre-exposure prophylaxis | Step-by-Step Checklist

	Sexually-Active Adults and Adolescents <sup>1</sup>	Persons Who Inject Drug <sup>2</sup>		
Identifying substantial risk of acquiring HIV infection	Anal or vaginal sex in past 6 months AND any of the following:  HIV-positive sexual partner (especially if partner has an unknown or detectable viral load)  Bacterial STI in past 6 months <sup>3</sup> 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 Pri  No signs/symptoms of acute HIV infection  Estimated creatinine clearance ≥30 ml/min <sup>4</sup> No contraindicated medications			
Dosage	<ul> <li>Daily, continuing, oral doses of F/TDF (Truvada®), ≤90-day supply         OR</li> <li>For men and transgender women at risk for sexual acquisition of HIV; daily, continuing, oral doses of F/TAF (Descovy®), ≤90-day supply</li> </ul>			
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 reductic  Bacterial STI screening for MSM and transgender women who have sex with men³ – oral,  Access to clean needles/syringes and drug treatment services for PWID  Follow-up visits every 6 months to provide the following:	rectal, urine, blood		
	<ul> <li>Assess renal function for patients aged ≥50 years or who have an eCrCl &lt;90 ml/min at PrEP initiation</li> <li>Bacterial STI screening for all sexually-active patients³ – [vaginal, oral, rectal, urine- as indicated], blood</li> <li>Follow-up visits every 12 months to provide the following:         <ul> <li>Assess renal function for all patients</li> <li>Chlamydia screening for heterosexually active women and men – vaginal, urine</li> <li>For patients on F/TAF, assess weight, triglyceride and cholesterol levels</li> </ul> </li> </ul>			

<sup>1</sup> adolescents weighing at least 35 kg (77 lb)

# General Workflow

<sup>&</sup>lt;sup>2</sup> Because most PWID are also sexually active, they should be assessed for sexual risk and provided the option of CAB for PrEP when indicated

<sup>&</sup>lt;sup>3</sup> Sexually transmitted infection (STI): Gonorrhea, chlamydia, and syphilis for MSM and transgender women who have sex with men including those who inject drugs; Gonorrhea and syphilis for heterosexual women and men including persons who inject drugs

<sup>4</sup> estimated creatine clearance (eCrCl) by Cockcroft Gault formula ≥60 ml/min for F/TDF use, ≥30 ml/min for F/TAF use

# AFTER YOU PRESCRIBE PREP:

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

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	Υ	Y	N
Assess side effects	N	Υ	Υ	Υ	N
Hepatitis B serology Vaccinate if non- immune	Y	N	N	N	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^	Υ	N	Y	Υ	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	Υ	N	Every 6 months
Pregnancy test (for women of child- bearing age, not on effective contraception)	Y	Y	Υ	Υ	N

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For more information, visit HIVinfo.NIH.gov.



#### PEP CLINICAL GUIDANCE

emtricitabine (F)(200 mg)	dolutegravir (DTG)(50
+	or
tenofovir disoproxil fumarate (TDF)(300 mg)	raltegravir (RAL)(400 mg) twice daily LUS

An alternative regimen for otherwise healthy adults and adolescents is



- PEP is used to prevent HIV after a potential exposure
- Any licensed prescriber can prescribe PEP
- Baseline assessment is required for people beginning PEP
- Use CDC's comprehensive guidelines for prescribing PEP

#### Algorithm for Evaluation and Treatment of Possible Nonoccupational HIV Exposures Substantial Risk Negligible Risk for HIV Acquisition for HIV Acquisition ≱73 hours ≤72 hours since exposure since exposure Source person of Source person known unknown HIV status to have HIV nPEP nPEP Case-by-case not recommended recommended determination Substantial Risk for HIV Acquisition Negligible Risk for HIV Acquisition Exposure of: Exposure of: vagina, rectum, eye, mouth or other nuccus vagina, rectum, eye, mouth or other mucous membrane, membrane, nonintact skin, or percutaneous contact intact skin or nonintact skin, or percutareous contact With: blood, semen, vaginal secretions, rectal secretions, breast milk. urine, nasal secretions, saliva, sweat, or any fluid that is visibly contaminated with blood or tears if not visibly contaminated with blood When: Regardless: the source is known to have HIV of the known or suspected HIV status of the source



- 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 gay, bisexual, and other men who have sex with men and transgender women who 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, especially if you are a transgender woman (TGW) or a man who has sex with men (MSM).

#### 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?

- Does it affect normal ("good") bacteria in our intestines?
- Could it increase or decrease the bacteria that live on our skin, or cause bacterial resistance to doxycycline (for example staph)?
- 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



Centers for Disease Control (CDC) | CDC Resources for Clinicians

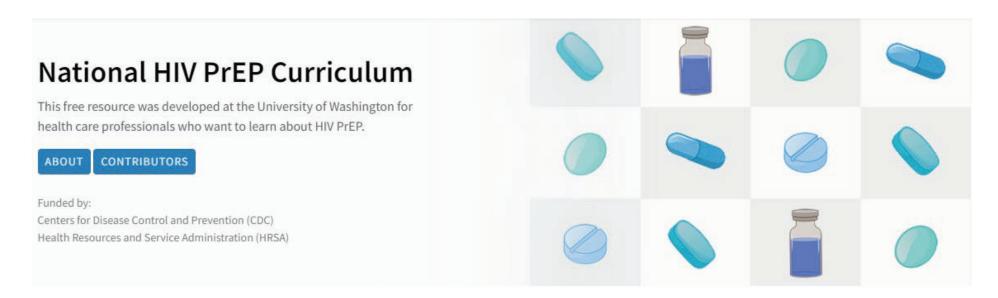
National Clinician Consultation Center

American Academy of HIV Medicine

Association of Nurses in AIDS Care

The Well Project

National HIV Curriculum



#### Course Modules

#### **HIV PrEP Fundamentals**

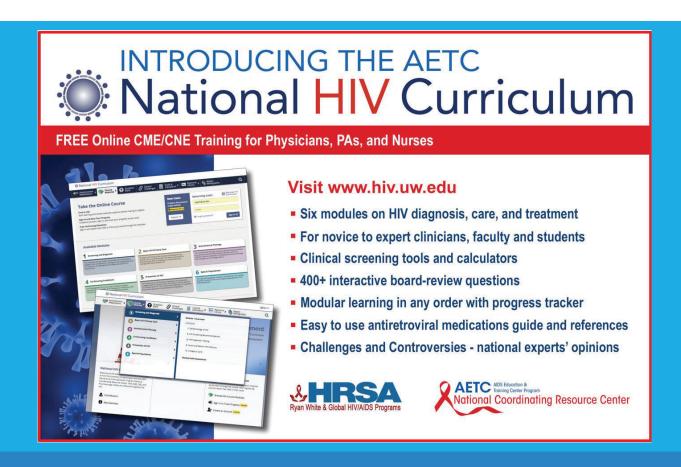
In this 6-hour module, novice-to-expert health care professionals can develop proficiency in the fundamental skills needed to assess, initiate, and monitor HIV PrEP. Learners who complete all 5 lessons in this module may take the optional knowledge assessment test and earn an HIV PrEP Training Certificate.

SELF STUDY » QUICK REFERENCE »

#### **HIV PrEP In-Depth Topics**

These 6 topics explore content addressed in the HIV PrEP Fundamentals module in more detail. The selected topics focus on populations where less HIV PrEP data exits, as well as considerations for same-day HIV PrEP and how to provide HIV PrEP in sexual health clinic settings.

SELF STUDY » QUICK REFERENCE »



- FROM UNIVERSITY OF WASHINGTON AND AETC NATIONAL COORDINATING RESOURCE CENTER
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www.std.uw.edu features self-study modules and Question Bank (board-review style) on a variety of STDs.

# Hepatitis C Online

www.hepatitisc.uw.edu features self-study modules for diagnosis, monitoring, and management of HCV infection; tools and calculators; HCV medications; and a resource library.





#### Clinical Essentials:

#### HIV testing, Rapid ART, PEP, PrEP

Spids, HigA1C, VZV IgG.

Sed cust

#### ►HIV testing

#### ■ How should I test for HIV? Test everyone ages 13+!

Use ICD-10 code Z11.4.

- . Order this lob for most people: HIV 4th generation antibody a antigen test For recent risk of exposure in the last month: HIV RNA PCR test (HIV viral load)
- . Offer on a normal part of labs-

"We test everyone's cholesterol, sugars, liver, kidneys and for HIV." Or: "If looks like we need to check your cholesterol and sugars again, but we haven't checked HIV yet. The HIV test is a normal part of health screening for everyone. I'm going to odd it to your labs. OK?

(\*Be sure to mention you are ordering an HIV test so the patient is informed and has the chance to opt out.)

#### ■ How do I interpret 4th gen HIV test results?

HIV Ab/Ag non- reactive: negative for HIV	HIV Ab/Ag reactive & HIV1/2 diff reactive:	Ag only reactive & HIV1/2 neg + RNA detected:	HIV Ab/Ag reactive & HIV1/: neg & RNA neg
(2-3 week window period from exposure)	chronic infection call linkage coordinator, offer rapid ART	ocurte infection cell linkage coordinator, other rapid ARTI	negative likely tolse pos Ab res but if high risk, check HIV2 DNA

#### ■ How do I disclose a positive result?

- 1. Call your HIV linkage coordinator as soon as you see the result to coordinate a warm-handoff to HIV care.
- 2. Call the patient for an in-person visit to discuss lab results. Disclose in-person ideally the same day as the confirmed result, and when not possible, aim to disclose and provide ART within 5 working days.
- 3. When the patient is sitting, calmly and neutrally let them know. "Your lab results show that you have HIV." Give them a few moments and listen.

Would you be willing to share your thoughts, feelings or questions about this?

Listen, address concerns: "We have really good treatment to help you live as long and healthy as possible. May I introduce you to (your HIV linkage coordinator)? They will help answer questions and connect you with HIV care."

#### ▶ Rapid ART: immediate HIV treatment

Rapid ART increases retention in care and viral load suppression. Disclosure and an ART Rx the same day as confirmed diagnosis is ideal, but when not possible, aim for within 5 working days.

- 1. New diagnosis with confirmed labs: contact HIV linkage coordinator ASAP to schedule disclosure, with sameday warm hand-off to HTV intake, education and medical visit.
- 2. Obtain baseline labs as soon as possible; If not done before first HIV visit, can be done the same day the ART Rx is written. Baseline labs (priority): HV 4th gen if only rapid test result. HV RNA PCR viral load.

HTV genotype, CD4 (Quest lymphocyte panel 4), CBC, CMP, hep B sAg/sAb/sAb, hep C Ab w/ effect UA GOICT (supposed silver) RPP 3. Perform a brief, targeted medical history and exam:

- check for previous ART, PrEP, PEP use, sexual/IDU exposures, comorbidities, meds, allergies, apportunistic illness symptoms.
- 4. Offer an ART prescription; choose one of preferred regimens:
- Tivicay\* + Truvada\* (or Descovy\*): dolutegravir 50 mg + tenatovir/emtricitabine, I pill each PO daily
- Or Bilkharvy® (bidlegravir/lenolovir/embollabine) 1 pill PO dally
- Or Symfluza™ (darunavis/cobicistat/emfric/labine/lenofovir AF) 1 pill PO doily

Or for those who could become pregnant, use Isenfress" + Truvada": Raffegravir 2x600 mg + tenotovir/emtricitabine, 3 pils total PO daily

5. Follow-up labs and meds in 5-7 days.

#### ► PEP: HIV Post-Exposure Prophylaxis

PEP should be started within 72 hours of exposure; the sooner, the better,

- 1. Assess risk for HIV. High risk.—ofter PEP: condomless receptive anal or vaginal sex, sharing needles. Consider PEP for condomless insertive and or vaginal sex.
- 2. Screen for acute HIV infection: If they have levers, flu-like or mono-like sxs, rash, sore throat, order HIV viral load.
- 3. Get a rapid HIV test, serum 4th gen HIV test, +/-HIV viral load, CMP, STI tests based on exposures.
- 4. If appropriate, prescribe 28-days of PEP. Preferred regimens include:

Truvada<sup>®</sup> (lenolovir DF/emfricitabine) + Tivicay<sup>®</sup> (dolutegravir). I pill each PO dolly

- Or Bilkfarvy® (bidegravir/lenolovis/emircilabine) 1 pill PO dally
- Or for those who could become pregnant, use Isentress+Truvada regimen listed above
- (trick on med name for drug assistance programs)
- 5. Repeat HIV 4th gen test in 6 and 12 weeks.
- 6. Offer PrEP if on-going risks.

▶ PrEP: HIV Pre-Exposure Prophylaxis

For help: PrEPline 855-448-7737 For resources: PleasePrEPMe.org

■ Candidates for PrEP: anyone requesting PrEP, has condomiess anal sex, injects drugs, has recent STIs, or HIV+ partners.

#### ■ Recommended PrEP regimen:

#### Truvada<sup>9</sup>:

Tenoloviri-3 (300 mg) PO Daily + Emtricitabine<sup>1,3</sup>(200 mg) PO once daily



1. Truvada side effects: headache, insomnia, nausea, vamiling, diarrhea, rash. Usually resolve in a month. Also active against Hep B, so beware of Hep B flore when stopping. Precautions also in chronic kidney disease and with nephroloxic meds. (Renal dystunction seen in 1-2% of patients

2. Further information about drug interactions: hiv-druginteractions.org

#### **■**Contraindications:

- Absolute: gcute or chronic HIV infection (Rx ART). estimated GFR<60 by serum creatinine, unwilling to take daily meds or have lab follow-up.
- . Relative: HEV with cirrhosis/transaminitis (refer to specialist), asteoporosis or history of fragility fracture.

#### #Time to achieve protection:

- 7 days in rectal tissue (and receptive intercourse).
- \* 20 days in penile and cervico-vaginal tissue (anal insertive and vaginal intercourse).
- . 20 days in blood (IDU).

#### ■ First visit:

_	
	If HIV test neg and no symptoms of acute HIV infection, write rx for 1-month supply, no refit.
	get HN viral load (positive at 10 days). Do not start PrEP unless viral load neg.
Ц	If symptoms of acute HIV infection in past month (lever, flu- or mono-like symptoms, stash, sore throat).
	Labs: BMP, 4th gen HIV test, GC/CT (throat rectal, urine), RPR, UPreg, HepBsAg, sAb, cAb, HCV Ab.
_	insurance coverage and support for continuity, plan for refills and follow-up.
Ц	Evaluate for appropriateness for PrEP: discuss efficacy, side effects, support for and importance of adherence,
	Evaluate for exposures in the last 72 or so hours and need for PEP (post-exposure prophylaxis)
-	2월 8 보고 10일 12일 12일 12일 12일 12일 12일 12일 12일 12일 12

#### ■1-month follow-up visit:

Evaluate adherence and side effects. Rx for 2-month supply, no refit.

#### ■Follow-up visit every 3 months:

- 4th gen HIV test, GC/CT (throat, rectal, urine), UPreg, RPR, BMP (BMP can be Q6 months). Reffil for 3-month supply only if HIV test negative; refer to immediate linkage to care if HIV test positive.
- At every visit assess for adherence, side effects, exposures (number of pathiers, analyzaginal insertive/receptive exposures. condom use, drug use), desires around sexual wellness and confinued PrEP use.
- Counsel to return for HIV test it off of PrEP for > 1 week and had possible exposure.

#### ■Every 12 months:

■ Hepatitis C screen, U/A (check for +protein), evaluate continued desire/need for PrEP.

Reference: Preexpasure Prophylaxis for the Prevention of HIV Infection in the United States – 2017 Update: a Clinical Practice Guideline: Available at ada gov/hiv/guidelines/preventing html.

#### QUESTIONS? NEED HELP?

In the Pacific Region (Arzona, California, Hawaii, and Nevada) request free training and technical assistance from Pacific AETC: paeta.org, call 415-476-6153, or email paetalfucst.edu.

Outside the Pacific Region contact the AETC National Coordinating Resource Center National HIV Consultation Line for HIV testing and care/treatment questions: 800-933-3413

ofter hours) or submit consultation

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## THANK YOU

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## **EVALUATION**

Scan to complete the evaluation. The evaluation is required to receive the AAFP CME Credits.



