Addressing STIs:
Ask. Test. Treat. Repeat.

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University of Florida College of Medicine
Replicating Innovative HIV Care Strategies in the Ryan White HIV/AIDS Program

Innovative HIV Care Strategies to Address HIV and STIs
June 29, 2023
Agenda

• Project Overview
  o About the Special Projects of National Significance (SPNS) Program & Integrating HIV Innovative Practices (IHIP) Project – presented by: Shelly Kowalczyk (MayaTech)

• Intervention Overview
  o Addressing STIs: Ask. Test. Treat. Repeat. – presented by: Dr. Jennifer Janelle and Dr. L. Beth Gadkowski, University of Florida College of Medicine

• Q&A

• Participant Feedback
Project Overview: About the Project

• **Funded By:** The U.S. Department of Health and Human Services, Health Resources and Services Administration’s HIV/AIDS Bureau through RWHAP Part F: Special Projects of National Significance.
  o HRSA oversight provided by: Melinda Tinsley and Adan Cajina

• **Awarded To:** The MayaTech Corporation
  o Subcontractor: Impact Marketing + Communications
  o Contract Period of Performance: September 27, 2021 – September 26, 2023

• **Purpose:** To support the coordination, dissemination, and replication of innovative HIV care strategies in the Ryan White HIV/AIDS Program (RWHAP) through the development and dissemination of implementation tools and resources.
## Framework for RWHAP SPNS RWHAP

<table>
<thead>
<tr>
<th>DEMONSTRATE OR IMPLEMENT</th>
<th>EVALUATE &amp; DOCUMENT</th>
<th>COORDINATE, REPLICATE, &amp; INTEGRATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund recipients to respond to emerging needs of people with HIV using evidence-based, evidence-informed, and emerging interventions</td>
<td>Use an implementation science framework to identify effective interventions to improve HIV outcomes among Ryan White HIV/AIDS Program clients</td>
<td>Develop guides and manuals, interactive online tools/toolkits, publications, and instructional materials that describe how to coordinate, replicate, and integrate interventions and strategies for RWHAP providers</td>
</tr>
<tr>
<td>Fund special programs to develop a standard electronic client information data system to improve the ability of recipients to report data</td>
<td>Evaluate and document specific strategies for successfully integrating interventions in RWHAP sites</td>
<td>Streamline access to materials and promote replication through the Best Practices Compilation</td>
</tr>
</tbody>
</table>
Key Support to RWHAP Providers

- Implementation tools and resources
  - Featuring interventions implemented by RWHAP grant recipients/subrecipients

- Capacity building TA (CBTA) on featured interventions
  - CBTA webinars
  - Peer-to-peer TA

- Support in the development and dissemination of implementation tools and resources
  - Webinars
  - One-on-one TA

- Helpdesk (ihiphelpdesk@mayatech.com)

Check out TargetHIV.org/IHIP
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- L. Beth Gadkowski: Nothing to Disclose
- Jennifer Janelle: Nothing to Disclose
Jennifer Janelle, MD

Dr. Jennifer Janelle is an Associate Professor within the Division of Infectious Diseases and Global Medicine in the Department of Medicine at the University of Florida in Gainesville. She currently serves as the UF Adult Infectious Diseases fellowship program director and is a partner in the Southeast AIDS Education and Training Center. Dr. Janelle is board certified in infectious diseases and her clinical interests include HIV, STDs, and other infectious diseases.
Dr. Gadkowski is an Associate Professor at the University of Florida Division of Infectious Diseases and Global Medicine, a role she has held since 2017. At the University of Florida, she helps care for people with HIV at rural health department clinics and has a combined OB/HIV clinic where she helps care for pregnant people with HIV. She is faculty with the Southeast AIDS Education and Training Center and a member of the Florida Department of Health HIV Section Medication Formulary Workgroup, which helps determine the Florida ADAP Formulary.
Disclaimer

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Overview

• Brief overview of the grant recipient site and funding mechanism for the intervention
• Need addressed, priority population
• Purpose, goals and/or objectives of the intervention
The state of STDs in the US in 2021

1.6 million cases of Chlamydia
4.7% decrease since 2017

696,764 cases of Gonorrhea
25% increase since 2017

171,074 cases of Syphilis
68% increase since 2017

2,677 cases of Syphilis among newborns
185% increase since 2017

ANYONE WHO HAS SEX COULD GET AN STD, BUT SOME GROUPS ARE MORE AFFECTED

- Young people aged 15-24
- Gay & bisexual men
- Pregnant people
- Racial & ethnic minority groups

Note: These data are considered preliminary prior to official 2021 close-out. Data also reflect the effect of COVID-19 on STD surveillance trends.
Mr. J is a 22 yo man who comes for his annual visit

You obtain a sexual health history

- **Partners**: 4 male partners since his last visit with an associated urogenital STI screen
- **Practices**: oral and anal receptive and insertive sex
- **Protection from STIs**: not on PrEP, inconsistently uses condoms for anal sex, no condom use for oral sex
- **Prior STI**: He has had one episode of urogenital gonorrhea at age 20

He is feeling well
Mr. J Case Study

• Sexual health history suggests risks for syphilis, gonorrhea and chlamydia
• Recommended mucosal sites to be tested for gonorrhea and chlamydia: throat, rectum and urogenital
• Samples collected
• Client-centered STI prevention counselling performed, condoms offered, discussed HIV pre-exposure prophylaxis (PrEP)
• Test results returned:
  o Pharyngeal swab positive for gonorrhea
Addressing The Need For Increased STI Screening

The Problem: Rise of bacterial STIs across the US

• STIs can spread among people who are asymptomatic and can cause serious, long-term health problems if left untreated
• STIs increase the likelihood of HIV acquisition & transmission
The Concern: Doing comprehensive sexual histories on each patient, at every visit, will overwhelm the clinical team and the patients; team members not comfortable taking sexual histories; patients don't want this.
Priority Populations

People with or at risk for HIV

- Subpopulations
  - Young adults (ages 18-29)
  - Men who have sex with men
  - Transgender women
  - Racial/ethnic minorities
Addressing STIs: Ask. Test. Treat. Repeat. Video

https://vimeo.com/819141468/b70291df02?share=copy
Polling Question

Which is the biggest barrier you face in screening patients for sexually transmitted infections?

1. Time to do a complete sexual health history – **Result: 50%**
2. Comfort talking to patients about their sexual health – **Result: 7%**
3. Concerns about insurance coverage for testing or treatment – **Result: 14%**
4. Lack of access to appropriate testing materials – **Result: 14%**
5. Other (type your answer in the chat!) – **Result: 14%**
Overview of Grant Recipient Sites
Francois-Xavier Bagnoud Center, Rutgers School of Nursing

Chlamydia, Gonorrhea, and Syphilis Rates per 100,000 Population in 2018²
Intervention

9 Clinics

- 9 Ryan White HIV/AIDS Program Clinics
- 2 Bureau of Primary Health Care Health Centers
  - Mix of rural and urban clinics
Four Interventions

1. Sexual History Taking
   - Screening

2. Patient Self-Collection
   - Testing

3. Provider Training
   - Diagnosis

4. Sexual & Gender Minority Welcoming Measures
   - Services
Essential Questions to Ask at Least Annually

Questions:
- Have you been sexually active in the last year?
- Have you ever been sexually active?

Questions:
- What types of sex do you have (oral, vaginal, anal)?
- With men, women, both, or another?
- How many sexual partners have you had?
- Continue with medical history?

1. Partners
2. Practices
3. Prevention of Pregnancy
4. Protection from STIs
5. Past History of STIs
Use of ACASI for STI risk assessment has been associated with:

- Identifying high-risk behaviors
- Less time spent by provider taking a sexual health history
- High acceptability when used by patients
- Potential barriers include:
  - Computer literacy
  - Implementation expense
  - Export of data to EMR when used for clinical care
What is your current gender identity? (Check one)

1. Male
2. Female
3. Transgender Male or Transgender Man or Female-to-Male
4. Transgender Female or Transgender Woman or Male-to-Female
5. Genderqueer, neither exclusively male nor female
6. Additional Gender Category or Other
7. Choose not to disclose

Since your last health care provider visit, which types of oral or mouth sex have you had? (Check all that apply)

1. Partner’s mouth to your penis or vagina
2. Partner’s mouth to your anus or butt
3. Your mouth to your partner’s penis or vagina
4. Your mouth to your partner’s anus or butt
### STI Testing Specimens Needed

<table>
<thead>
<tr>
<th>MRN:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indication</td>
</tr>
<tr>
<td>Throat NAAT</td>
<td></td>
</tr>
<tr>
<td>GU NAAT Cup or Swab</td>
<td></td>
</tr>
<tr>
<td>Rectal NAAT</td>
<td></td>
</tr>
<tr>
<td>Syphilis Serology</td>
<td></td>
</tr>
</tbody>
</table>

**Indications**:  
- **A**: Annual  
- **PR**: Patient Request  
- **S**: Symptoms  
- **F/U**: Follow-up  
- **ID**: Identified Factors
Patient Education: Self Collection

Posters courtesy of the University of Washington Prevention Training Center
http://uwptc.org/
Welcoming Indicators
Clinical Team Training Topics

- STI Epidemiology, Diagnosis & Treatment
- Culturally Responsive Care to Reduce Stigma
- Taking a Comprehensive Sexual History
- Success Stories on Improving STI Care
The Diagnosis, Management, and Prevention of Syphilis Pocket Guide


Primary and Secondary Syphilis RPR Retesting & Follow-up for People with HIV:
- Every 3 months for 1 year and once again 2 years posttreatment (ie, 3, 6, 9, 12, and 24 months following treatment).

Early Latent, Late Latent, & Latent of Unknown Duration Syphilis RPR Retesting & Follow-up:
- Every 8 months for 2 years posttreatment (ie, 6, 12, 18, and 24 months following treatment)

For additional information, see the CDC's Sexually Transmitted Diseases - 2019 Treatment Guidelines. CDC’s guidelines are updated regularly.

Syphilis
<table>
<thead>
<tr>
<th>Stage</th>
<th>Recommended Rx</th>
<th>Dose/Route</th>
<th>Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary, secondary, or early latent ≤1 year</td>
<td>Benzathine penicillin G</td>
<td>2.4 million units IM in a single dose</td>
<td>Dapsone 100mg bid/day for 14 days OR tetracycline 500mg orally tid/day for 14 days</td>
</tr>
<tr>
<td>Late latent &gt;1 year, latent of unknown duration</td>
<td>Benzathine penicillin G</td>
<td>2.4 million units IM in 3 doses each at 1-week intervals (2.2 million units total)</td>
<td>Dapsone 100mg bid/day for 20 days OR tetracycline 500mg orally bid/day for 28 days</td>
</tr>
<tr>
<td>Primary, secondary, or early latent ≤1 year</td>
<td>Benzathine penicillin G</td>
<td>2.4 million units IM in 3 doses each at 1-week intervals (2.2 million units total)</td>
<td>Dapsone 100mg bid/day for 20 days OR tetracycline 500mg orally bid/day for 28 days</td>
</tr>
<tr>
<td>Early neurosyphilis</td>
<td>Erythromycin or tetracycline</td>
<td>1.5-2.4 g IV/MG oral 6 h/day PLUS probenecid 500 mg orally bid/day, for 10-14 days</td>
<td>None</td>
</tr>
<tr>
<td>Congenital syphilis</td>
<td>Benzathine penicillin G, benzyl penicillin G</td>
<td>50,000 units/kg IM in a single dose (maximum 2.4 million units)</td>
<td>None</td>
</tr>
<tr>
<td>Children, Latent &gt;1 year, or unknown duration latent</td>
<td>Benzathine penicillin G</td>
<td>50,000 units/kg IM for 3 doses at 1 week intervals (maximum total 7.2 million units)</td>
<td>None</td>
</tr>
</tbody>
</table>

See CDC STD treatment guidelines for discussion of treatment therapy regimens with penicillin allergy.
Clinic Workflows

**REMEMBER**, patients reporting ANY of the following since last clinic visit or sexual history:
- condomless sex with ≥2 different sexual partners
- exchange sex for commodities
- using drug(s) or alcohol with sex
- partner known by patient to be having sex with others

- **a new sexual partner (since last screening)** need to be tested for GC/CT at each site of reported intercourse (throat, genital, rectal) & syphilis every 3-6 months.
- All pregnant women need vaginal GC/CT & syphilis testing in the 1st trimester & again in the 3rd trimester (as well as throat & rectal GC/CT NAAT if indicated by history).
- All patients diagnosed with GC &/or CT need to be retested 3 months after treatment. People with HIV diagnosed with syphilis should be retested 3 months after treatment. For those without HIV, retest in 6 months.

**Patient completes sexual history using ACASI**
- Clinical team member (RN, LPN, MA, NP, MD, DO, PA) reviews the ACASI sexual history summary page or answers to ACASI sexual history questions to identify needed GC/CT NAAAT (oral, genital, rectal) & syphilis testing
- MD/DO/NP/PA places order for needed tests OR RN/MA uses standing order to place order for needed tests

- **Patient counseled by RN/LPN/MA on GC/CT NAAAT specimen self-collection at each needed anatomical site** (throat swab, rectal swab, urine or genital swab) & given test kit(s), one for each anatomical site needed, for collection in bathroom or exam room OR if patient prefers provider to collect, RN/MA/LPN/MD/DO/NP/PA collects specimen

- GC/CT specimens are labeled for site of swab, & either urine or site of swab (throat, rectal, urethral, vaginal, or cervical) is written on the lab request
- If indicated in sexual history, blood for syphilis serology is collected along with any other needed blood specimens
Clinic Experience: Answering Questions About Sexual Behaviors on a Computer or Tablet

- Patient Experience

- Providers ($n = 18$) reported that ACASI positively impacted screening (72%), testing (78%), treatment (44%), and follow-up (55%)
Outcomes: ACASI (Florida Experience)

• **Young adults** were most accepting of the ACASI intervention overall
  - Liked privacy of sexual health history taking via a computer
  - More comfortable using technology

• **Women** were less likely to believe that the ACASI assessment was effective for them
  - Some commented that just because they have HIV does not mean they engage in sexual behaviors described in the ACASI

• **Men who have sex with men** were mostly accepting of the intervention, but some felt singled out because of their sexual orientation

• **Older patients** had the most difficulties with technology, vision or hearing impairments and were more likely to require assistance with ACASI surveys
### Outcomes: Extragenital Specimen: Patient Satisfaction Responses

<table>
<thead>
<tr>
<th>Reasons given for being comfortable with self-collection of rectal swabs</th>
<th>Reasons given for being comfortable with self-collection of pharyngeal swabs</th>
<th>Reasons given for NOT being comfortable with self-collection of pharyngeal swabs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “I don’t feel comfortable with someone I hardly know doing that to me.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• “I’m comfortable doing my own rectal swab for Chlamydia and Gonorrhea because this is a private area of my body that not everyone may want to see.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• “This is easy and a bit more private.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• “It’s easy to do and was explained in the poster.”</td>
<td>• “I know how it’s going to feel, and when it hurts, I can stop.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “It is an easy process with little room for error.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “The method was described to me in an easy way and very understandable.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “It’s less invasive/embarrassing.”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• “No one is in my face breathing and trying to guess if I have the infection or not.”</td>
<td>• “I think a professional could do a better job than me.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “Not sure it would be done right.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “I just don’t like the feeling of doing it myself.”</td>
</tr>
</tbody>
</table>
### Patient Satisfaction Survey: LGBTQ+ Welcoming Indicators

<table>
<thead>
<tr>
<th>LGBTQ+ welcoming clinical space indicator</th>
<th>Sexual identity</th>
<th>Age</th>
<th>p</th>
<th>Age ≤50 years</th>
<th>p</th>
<th>Age ≥50 years</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Heterosexual respondents</td>
<td>LGB respondents</td>
<td>Other respondents</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Gender neutral bathrooms</td>
<td>328 (52.4)</td>
<td>253 (40.4)</td>
<td>45 (7.2)</td>
<td>0.16</td>
<td>259 (69.8)</td>
<td>112 (30.2)</td>
<td>0.03</td>
</tr>
<tr>
<td>LGBTQ+ inclusive waiting room materials</td>
<td>212 (36.1)</td>
<td>330 (56.2)</td>
<td>45 (7.7)</td>
<td>&lt;0.001</td>
<td>281 (74.9)</td>
<td>94 (25.1)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>LGBTQ+ inclusive educational materials</td>
<td>217 (35.4)</td>
<td>352 (57.4)</td>
<td>44 (7.2)</td>
<td>&lt;0.001</td>
<td>282 (73.4)</td>
<td>102 (26.6)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Posted LGBTQ+ nondiscrimination policy</td>
<td>309 (44.9)</td>
<td>331 (48.1)</td>
<td>48 (7.0)</td>
<td>&lt;0.001</td>
<td>292 (69.4)</td>
<td>129 (30.6)</td>
<td>0.03</td>
</tr>
<tr>
<td>Treated with respect by clinic staff</td>
<td>900 (56.3)</td>
<td>597 (37.3)</td>
<td>102 (6.4)</td>
<td>0.06</td>
<td>644 (65)</td>
<td>347 (35)</td>
<td>0.29</td>
</tr>
<tr>
<td>Registration selected pronunciation question</td>
<td>410 (52.8)</td>
<td>317 (40.8)</td>
<td>50 (6.4)</td>
<td>0.05</td>
<td>345 (69.8)</td>
<td>149 (30.2)</td>
<td>0.01</td>
</tr>
<tr>
<td>LGBTQ+ supportive organization flyer(s)</td>
<td>285 (42.6)</td>
<td>329 (49.2)</td>
<td>55 (8.2)</td>
<td>&lt;0.001</td>
<td>299 (69.9)</td>
<td>129 (30.1)</td>
<td>0.01</td>
</tr>
<tr>
<td>LGBTQ+ flag</td>
<td>239 (40.6)</td>
<td>301 (51.1)</td>
<td>49 (8.3)</td>
<td>&lt;0.001</td>
<td>245 (71)</td>
<td>100 (29)</td>
<td>0.01</td>
</tr>
<tr>
<td>Transgender flag</td>
<td>188 (39.0)</td>
<td>256 (53.1)</td>
<td>38 (7.9)</td>
<td>&lt;0.001</td>
<td>195 (72.2)</td>
<td>75 (27.8)</td>
<td>0.01</td>
</tr>
<tr>
<td>LGBTQ+ awareness days/events promotion</td>
<td>186 (38.8)</td>
<td>255 (53.2)</td>
<td>38 (7.9)</td>
<td>&lt;0.001</td>
<td>223 (73.6)</td>
<td>80 (26.4)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Improving Screening, Testing, and Treatment of Bacterial STIs

Improving Screening, Testing, and Treatment of Bacterial STIs

In only 13% of cases of detected chlamydia, gonorrhea and/or syphilis did study participants report symptoms on their sexual history survey.

That means that 86% of those found to have a bacterial STI in the study were asymptomatic. Without routine screening and testing, these would have been missed.

Of 175 different cases of chlamydia or gonorrhea

67% were extragenital (rectal or pharyngeal) and

33% were urogenital infections (urine or genital)
Challenges

Sexual History Taking
• Provider discomfort with sexual history taking and specimen collection
• Provider Stigma
• Inconsistent and incomplete sexual history by providers

STI Testing and Treatment
• Patient refuses to have provider do NAAT swabbing (oral, anal, genital)
• Patient refuses to provide urine for NAAT
• Patient care/coordination/communication

LGBTQ Welcoming Clinic Space
• Lack of welcomeness to high STI incidence subpopulations (adolescents, young adults, MSM, LGBTQ)
Challenges (con’t)

**Patient Access**
- Patient transportation
- Patient housing instability

**Accessible Materials**
- Lack of lab, medications, and STI testing supplies on site
- Commercial labs not allowing patient self-collecting extragenital swab GC/CT NAAT specimens
- Laboratory not doing extragenital site GC/CT NAATs (prior to May 2019) – validation study was needed by each lab prior to this approval

**Costs and Insurance**
- States/jurisdictions ADAP medication coverage program not inclusive of STI treatment medications (i.e., penicillin G benzathine)
- Insurance companies/Medicare restrictions on the number of GC/CT NAATs and syphilis tests done per year
- Community-based pharmacies not stocking penicillin G benzathine because of high cost
Other Challenges Overcome

COVID-19 Pandemic
• Lack of face-to-face encounters
• Challenges with access to lab draw stations
• Shortage of testing supplies as NAAT swabs were also used for COVID testing

Multiple Hurricanes
• Affected Florida and Louisiana
Strengths

Sexual History Taking with Audio-computer Assisted Self-interview

• Patient and provider preferred collection of needed sexual history answers
• Audio component is useful for those with lower reading and/or electronic device literacy
• Provides consistent sexual history questions without reliance on provider comfort in asking the questions

STI Treatment

• Clinics utilizing 340B pharmacy programs or clinics within a department of health were able to obtain STI treatment meds (including penicillin G benzathine) immediately and without as much fiscal burden

LGBTQ Welcoming Clinic Space

• Welcoming measures can be added to clinics to increase the sense of comfort by patients not traditionally feeling “welcome” or emotionally safe in clinics
Strengths (con’t)

NAAT Specimen Tool Kits

• FDA approval of extragenital site GC/CT NAAT specimen collection kits
• Routine supplies for bacterial STI testing have long shelf life and do not need refrigeration
• Provider and patient collected NAAT specimens are equally valid and reliable
• Empowerment of patients to collect own NAAT specimen anywhere

Training

• The AIDS Education & Training Center Program (RWHAP Part F HRSA HAB funded) and the National Network of STD/HIV Prevention Training Centers (CDC funded) is available to provide HIV and STI-specific training, TA, and capacity building for free to clinical care sites throughout the US and its territories
Sustainability

Toolkit developed to assist other clinics in implementing the interventions available on TargetHIV (targethiv.org/STIs)

Contents:

- Overview, Fact Sheets, and Infographic
- Sexual History Survey
- Introductions for Specimen Self-Collection
- Workflows
- LGBTQ+ Welcoming Clinic Signs
- Templates
- Publications
Lessons Learned

• Identifying and empowering change champions is critical for guiding implementation in the clinic and to get buy-in from clinic staff

• Creating a clinic flow that engages all appropriate team members facilitates engagement and successful implementation

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Participant Feedback

Please use the following link to give your feedback

https://www.surveymonkey.com/r/R7F79JP
Stay Connected!

Sharing Information & Strategies

CBTA questions, email:
IHIPhelpdesk@mayatech.com

To access IHIP tools/resources and join the IHIP Listserv:
https://targethiv.org/ihip
Contact Information (con’t)

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