

 **AETC** AIDS Education & Training Center Program
Southeast

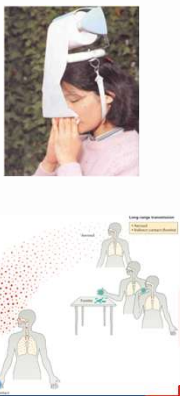
Divya Ahuja, MD, MRCP (London)


Prisma Health- University of South Carolina

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The Common Cold

- Children average 8 per year, adults 3
- Etiology
 - Rhinoviruses 40 to 50%
 - >100 types
 - Coronaviruses about 10% (Non-COVID)
 - Parainfluenza 5%
 - RSV 5%
 - Influenza 25-30%,
 - Adenovirus 5-10%




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Case

- 34-year-old female presenting to the ED with a 2-day history of myalgia, chills, and fever to 102°.
- **Past Medical History**
 - Asthma, hypothyroidism, appendectomy 6 years ago
- **Home Medications**
 - Albuterol, Fluticasone-salmeterol, levothyroxine 112 mcg PO daily, Montelukast 10 mg PO QHS
- **Vital Signs**
 - Temp 101.7°F, P 84, RR 18, BP 136/84 mm Hg, SaO₂ 97%, Ht 5'5", Wt 64.5 kg

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- Which of the following laboratory tests is the best option to assist in diagnosing AW in the emergency department?
 - A. An influenza viral culture
 - B. A rapid influenza cell culture
 - C. A rapid influenza molecular assay
 - D. A rapid influenza antigen detection test



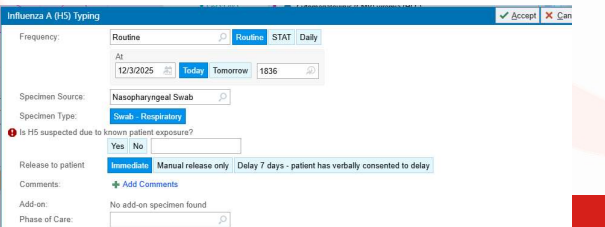
4

- Which of the following laboratory tests is the best option to assist in diagnosing AW in the emergency department?
 - A. An influenza viral culture
 - B. A rapid influenza cell culture
 - C. A rapid influenza molecular assay
 - D. A rapid influenza antigen detection test
 Other options include:

Procedures	
Name	
Influenza A & B Antigen Rapid Screen	
Influenza A (H5) Typing	
Influenza A and B Antibodies	
Influenza A/B Virus Culture	
Influenza A/B and RSV RNA, PCR	
Influenza A/B-POC	
Influenza A/B-Sophia POC	
COVID/FLU/RSV 4-Plex PCR (aka Influenza)	
Respiratory Pathogen Panel, PCR, Nasopharyngeal (aka INFLUENZA A)	
Haemophilus influenzae Type b Antibody (IgG)	
Respiratory Pathogen Panel, PCR, Bronchial Specimen (aka INFLUENZA A)	

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- If History suggests exposure to Dairy cows, poultry, backyard chickens then also order H5 subtyping
- Avian flu (H5N1) is a subtype of Influenza A



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- Which of AW's family members should receive post-exposure chemoprophylaxis?
 - A. Her 1-year-old child
 - B. Her 3-year-old child
 - C. Both A and B
 - D. None of her family members should be offered chemoprophylaxis
- Post-exposure chemoprophylaxis with antivirals is NOT recommended routinely
- Post-exposure prophylaxis(PEP) should be considered within 48 hours
 - For persons at high risk of complications who have not received an influenza vaccine for the current season
 - Received one within the previous 2 weeks
 - Or might not respond to vaccination.

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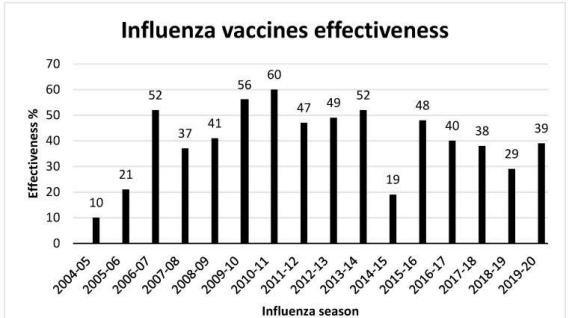
Key Points for Influenza antivirals

- **Most healthy individuals do not need Rx**
- Rx is Most effective when started within 48 hours after illness onset.
- Oseltamivir is preferred for treatment of children, pregnant women, hospitalized patients, and outpatients with severe, complicated, or progressive illness.
- Post-exposure prophylaxis (PEP)
 - Oseltamivir, zanamivir, or baloxavir should be considered within 48 hours of exposure for persons at high risk of complications who have not received an annual influenza vaccine or when influenza vaccination may be ineffective

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Influenza Vaccines

- 2004-2023- 10-60%



Influenza season	Effectiveness %
2004-05	10
2005-06	21
2006-07	52
2007-08	37
2008-09	41
2009-10	56
2010-11	60
2011-12	47
2012-13	49
2013-14	52
2014-15	19
2015-16	48
2016-17	40
2017-18	38
2018-19	29
2019-20	39

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High dose vaccine in older adults(>65)

- Developed to enhance protection in older adults, contains 4 times as much hemagglutinin antigen as in the standard-dose vaccine
 - (60 µg vs. 15 µg per strain)
- Randomized, double-blind trial in a total of 31,989 adults ≥65 years old during two influenza seasons
 - *Fluzone High-Dose* induced significantly greater antibody responses
 - 24% more effective in preventing laboratory-confirmed influenza illness.
- CA DiazGranados et al. *N Engl J Med* 2014

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Future of Influenza Vaccine

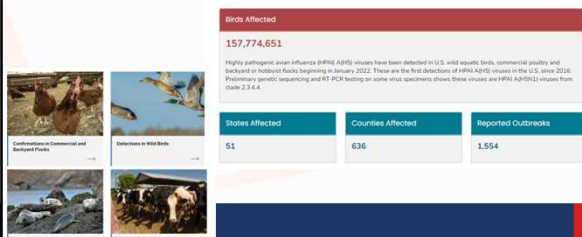
- Hope there is a future!
- Virus-Like Particle (VLP) Vaccines
- Universal influenza vaccine that provides long duration and broad protection would be highly desirable.
 - The stem or stalk region of the HA is highly conserved
- mRNA vaccines
 - NEJM- Nov 2025
 - Adults 18-64- 2022-2023 season
 - US, South Africa , Philippines
- modRNA vaccines (as opposed to mRNA vaccines)

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HPAI(Highly pathogenic Human Influenza) H5N1 clade 2.3.4.4b

- The virus was first found in birds in 1996
- Has spread to nearly 100 countries
 - HPAI virus circulation is enzootic in Europe,

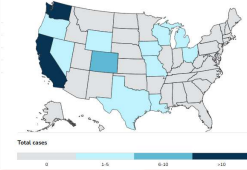
Summary



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H5N1: No need to panic(yet)

- Person-to-person spread- none that we know of
- Current public health risk- Low
- **Human Cases in the U.S- 70 cases**
- Deaths in U.S.- 2
- **Cases**
- 41 - Dairy Herds (Cattle)
- 24 - Poultry Farms and Culling
- 2 - Other Animal Exposure
- 3 - Exposure Source Unknown



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Death from H5N1 infected humans

- A. 13-year-old Canadian, asthma, conjunctivitis
 - 24 days on Vent, ECMO, CRRT, multiple antivirals
- B. Older man in Louisiana
 - Non-commercial backyard chicken flock
 - First human death in US in Jan 2025
- Viruses identified in 2 upper respiratory tract specimens
 - Both patients were infected with A(H5N1) virus of the D1.1 genotype
- C. 3rd Death from A(H5N5) in Grays Harbor County , WA in Nov 2025.
 - The person had a backyard flock of mixed domestic birds.

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Future Directions

- Collaboration with veterinary medicine, PH, occupational
- Wastewater surveillance
- Collaborate and participate with WHO
- Subtype Influenza A
 - Take a good history : contact with dairy, backyard animals, poultry
 - Alert the lab on the Influenza order form so they can subtype the Influenza A
- PPE if history is suggestive
- **Treatment options** but very limited data
 - Tamiflu for longer period and consider combination therapy
- Vaccinate dairy workers and poultry workers

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AETC AIDS Education & Training Center Program
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Monthly 1st and 3rd Wednesday and 4th Wednesday
 12:00pm-1:00pm EST 11:00am-12:00pm CST 09:00am-10:00am PST
 12:00pm-1:00pm CST 01:00pm-2:00pm EST 10:00am-11:00am PST

South East Viral Hepatitis Interactive Case Conference

HEPATITIS C
 EDUCATION • TRAINING • CONSULTATIVE SUPPORT • CO-MANAGEMENT

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US Preventive Services Task Force: Screening Recommendation Updated March 02, 2020

The USPSTF recommends screening **adults 18 to 79 years of age** for HCV infection **Grade B***

*USPSTF determined with moderate certainty that HCV screening in adults aged 18 to 79 years has substantial net benefit. Physicians should offer or provide this service.

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening>
 Slide credit: clinicaloptima.com

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HCV Care Continuum

Hepatitis C Care Continuum

Test Link to Care Treat Assess SVR12

Chronic HCV HCV Diagnosed In Clinical Care Treated with DAA Cured

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South Carolina and HCV elimination

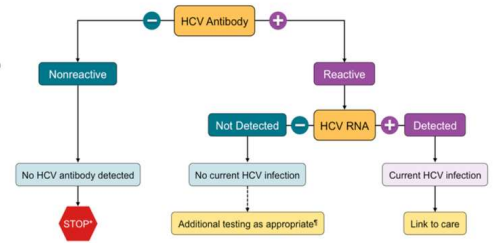
- SC was doing superbly well!!- **In the top 3 in the country in 2017 in access to care for patients with Chronic HCV**
 - Medicaid (Fee for Service had retained control over HCV treatment and in spite of a huge cost had loosened restrictions for all stages of HCV
- In 2020, Medicaid made some policy changes and we dropped to # 48
- Recently many positive developments at SCDHHS(Medicaid)
 - Including moving towards a uniform drug formulary : Fee for Service & the MCOs



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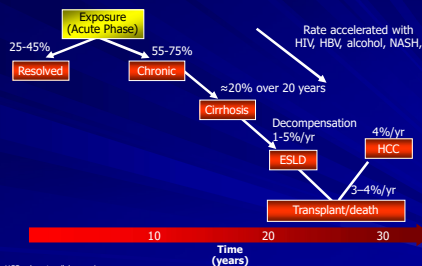
HCV Testing Sequence

Recommended Testing Sequence for Identifying Current HCV Infection



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Natural History of HCV Infection



HCC = hepatocellular carcinoma
ESLD = end-stage liver disease
Modified from Di Bisceglie A, et al. Hepatology. 2000;31:1014-1018.

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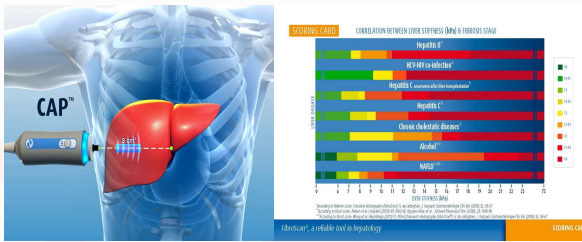
Liver Staging – Why it Matters

- Implications on treatment in patients with cirrhosis
 - Cirrhotic patients require evaluation for decompensation
 - CTP Score and physical exam / medication review
 - Ultrasound Q6Months for HCC screening
 - Follow-up



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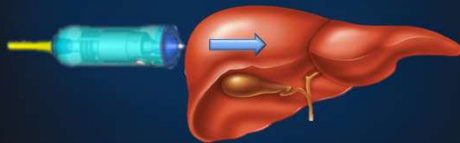
Transient Elastography (Fibroscan)



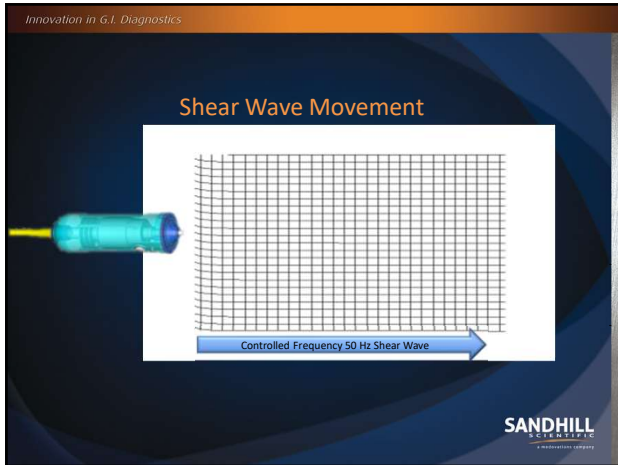
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Innovation in G.I. Diagnostics

Mechanical Shear Wave Induction



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Cirrhosis/ Decompensated cirrhosis

- Cirrhosis
 - Palmar Erythema
 - Gynecomastia
 - Spider nevi
 - Thrombocytopenia
- Decompensated cirrhosis
 - Ascites
 - The serum-ascites albumin gradient (SAAG) > 1.1 makes portal hypertension likely
 - Runyon BA, Ann Intern Med. 1992 Aug 1; 117(3):215-20.
 - Caput medusa
 - Jaundice
 - Coagulopathy

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Treatment of Chronic HCV

- Treatment is recommended for ALL pts with chronic HCV
 - Exception: life expectancy likely to be < 6 months
- Goal of Treatment is - **Sustained Virological Response**
 - **SVR** - equal to cure/eradication
- SVR is defined as:
 - **Undetectable HCV viral Load ≥12 weeks after Rx completion**
- SVR is associated with
 - >70% reduction in the risk of Hepatocellular carcinoma
 - 90% decrease in liver-related mortality & liver transplantation
- Current Directly acting antivirals have **SVR > 98%**
 - 1-3 tablets, once a day, for 8-12 weeks
 - Very well tolerated

RECOMMENDED REGIMENS*	
Glecaprevir (300 mg) / pibrentasvir (120 mg) taken with food for a duration of 8 weeks	Sofosbuvir (400 mg) / velpatasvir (100 mg) for a duration of 12 weeks

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Recommended Regimens for the simplified algorithm

- **Both Regimens are pangenotypic**
- Glecaprevir (300 mg) / pibrentasvir (120 mg)
 - With food for a duration of 8 weeks
- Sofosbuvir (400 mg) / velpatasvir (100 mg)
 - Duration of 12 weeks



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Monitoring

- On-Treatment Monitoring
 - Monitor blood glucose
 - Diabetics have the potential for hypoglycemia.
 - Monitor INR if on Warfarin
 - No laboratory monitoring is required for other patients
 - Consider an in-person or telehealth/phone visit for patient support and adherence
- Post-Treatment Assessment of Cure (SVR)
 - ≥ 12 weeks after finishing DAA Treatment
 - Quantitative HCV RNA- to look for SVR
 - LFT



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Follow-Up After Achieving Virologic Cure (SVR)


- For patients without Cirrhosis who achieve SVR
 - No liver-related follow-up is recommended
- For patients with ongoing risk : IVDU, MSM engaging in unprotected sex
 - Risk Reduction Counseling
 - Annual testing for HCV RNA.
- Advise patients to avoid excess alcohol use.



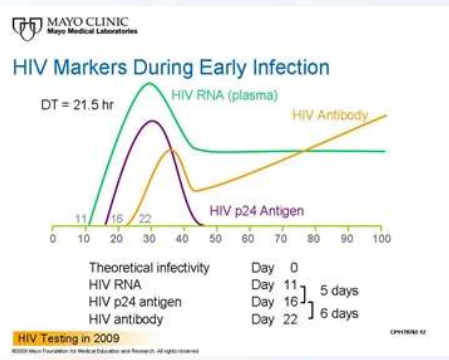
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NAFLD (now called MASLD) AASLD guidelines

- Prevalence in US- >30%
 - < 5% aware of their condition
- Diagnosis: presence of hepatic steatosis in > 5% hepatocytes
- Screen:
 - Prediabetes or diabetes
 - Obesity
 - 2 cardiometabolic risk factors
 - Abnormal AST/ALT
- Non-invasive testing:
 - FIB-4 (> 1.3), VCTE, ELF score (combine 2 of these)
 - Fibroscan




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HIV Markers During Early Infection

DT = 21.5 hr

Theoretical infectivity	Day	Interval
HIV RNA	Day 0	
HIV p24 antigen	Day 11	5 days
HIV antibody	Day 16	
	Day 22	6 days




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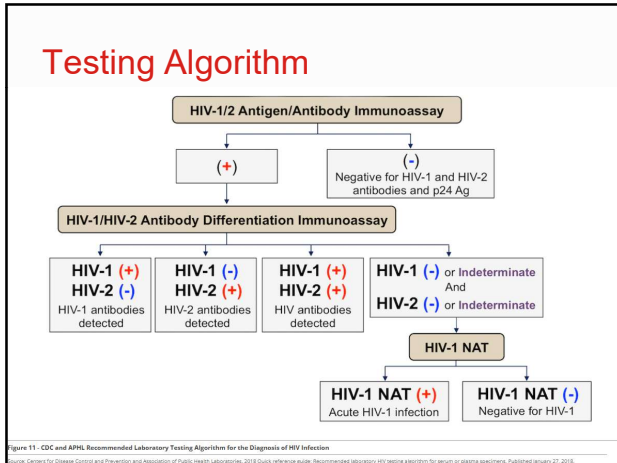
HIV Testing Recommendations

- Routine Testing:
 - All individuals aged 13 - 64 should be tested at least once as part of routine healthcare
- Annual Testing Recommended if Any of the Following Apply:
 - Men who have sex with men (MSM): test every 3-6 months
 - Sexual contact with a partner who has HIV
 - Multiple sexual partners since last HIV test
 - Shared needles, syringes, or other drug injection equipment
 - Diagnosed with or treated for another sexually transmitted infection, hepatitis, or tuberculosis
 - Sexual partner has any of the above risk factors or their history is unknown
- All pregnant women should be tested for HIV
 - During first trimester and repeat HIV testing in the third trimester, preferably before 36 weeks of gestation, is recommended
 - Rapid screening during labor and delivery or during the immediate postpartum period should be if status is unknown

CDC. HIV Testing. Centers for Disease Control and Prevention. Published 2022. <https://www.cdc.gov/hiv/testing/index.html>



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46

- A 39-year-old MSM recently had multiple new, anonymous sex partners. He last had condomless rectal sex 14 days ago. He reports recent fevers, sore throat, swollen lymph nodes, and a faint rash. You order an HIV RNA test plus an HIV antigen-antibody immunoassay.
- Which is TRUE regarding plasma HIV-1 RNA tests?
 - All quantitative HIV-1 RNA tests are FDA-approved for HIV diagnostic purposes
 - Following HIV infection, the HIV-1 RNA assays typically become detectable after approximately 7 to 10 days
 - All persons with chronic HIV will have a detectable quantitative HIV-1 RNA test unless they are taking antiretroviral therapy
 - The HIV-1 RNA test has become the preferred routine initial HIV screening test for all adults and adolescents

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Oral Candidiasis Candida Esophagitis

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PCP (Pneumocystis jirovecii pneumonia)

- PCP is a SUBACUTE pneumonia caused by *Pneumocystis jirovecii*, now classified a fungus
- In one study 83% of infants had Pneumocystis antibody titers > 1:16 by 7 months
- Risk factors
 - CD4 < 200
 - Not on prophylaxis
 - High Viral load
 - Previous PCP
- S/S: Dyspnea, dry cough, chest discomfort
- A normal CT chest makes PCP unlikely
- Treatment : Bactrim is best but there are alternatives

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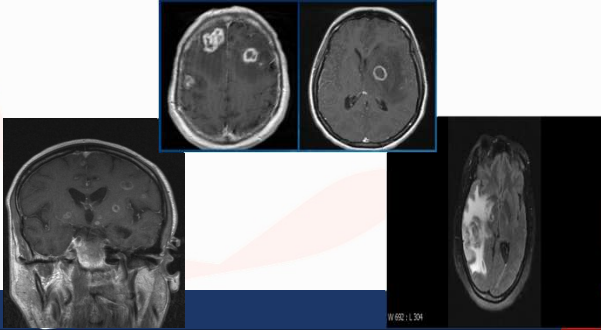
Presentation of Kaposi's sarcoma
Caused by Human Herpes virus 8
Almost 5% of us are HHV-8 positive

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Differential for brain masses or ring enhancing lesions in an AIDS patient:

1. Cryptococcus
2. Cerebral toxoplasmosis
Usually a reactivation infection that was previously acquired from cat litter, uncooked meats
3. Lymphoma
4. Less likely TB or Brain abscess or neurocysticercosis



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Mpox:

1.2 million have received at least 1 dose
Efficacy- 30-70 % after 1 dose and 66-86% after 2 doses



Characteristic/Classic lesion Typical lesions All on the same day!




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Rapid engagement and Early Start of ART

- Enhance the HIV Care Continuum
 - Diagnose, link, treat, suppress, retain
- Undetectable=Untransmittable
- End the HIV Epidemic Initiative

Guideline	Recommendation for Same-Day ART
DHHS	Initiate ART immediately (or as soon as possible)
IAS-USA	Start ART as soon as possible, including immediately after diagnosis, if patient is ready
EACS	Whether rapid, possibly same-day ART start is proposed to newly diagnosed persons or postponed until complementary assessments depends on the setting and medical circumstances, medical indications to start ART more urgently and risk of loss from care
WHO	Rapid ART initiation should be offered to all people with HIV following a confirmed HIV diagnosis and clinical assessment

1. clinicalinfo.hiv.gov/sites/default/files/inline-files/AdultandAdolescent01.pdf. 2. Saag JAMA. 2020;324:1651. 3. EACS Guidelines. v 10.1 October 2020. 4. WHO Guidelines. July 2021.



54

Gilead and other pharmaceuticals have been and are still pillaging(ripping off, robbing....) the US

Allegedly: price of one shot of Lenacapravir is > \$25,000

THE \$1,200 PILL
Gilead is infamous for charging \$1,200 for a single pill of the Hep C drug Sovaldi.
Thousands of people living with HIV are using Descovy for knowingly selling an inferior drug.
Gilead replaced the inferior drug with Biletecy and now has slashed its patient assistance program.
Gilead doubled the price it charges to safety-net providers for its HIV prevention drug Descovy.

RESPONSIBLE INVESTORS: DUMP GILEAD
Learn more at gilead.org

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- Which one of the following best describes the CDC recommendation for hepatitis B virus (HBV) screening of adults in the United States?
 - Perform universal HBV screening
 - Only screen persons who are 45-55 years of age
 - Only screen persons with identified risk factors for acquiring HBV
 - Only screen men 35–55 years of age

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Doxy PEP to reduce STIs

- Doxycycline PEP within 72 hours of sex is an evidence based approach to reduce bacterial STIs
 - Among MSM and others at high risk of STIs
 - Shared decision making
 - Bacterial STI testing at baseline and every 3–6 months thereafter.
- Unanswered questions
 - Cisgender women?
 - Screening Intervals?
 - How do you treat breakthrough infections?
 - Emerging staphylococcal resistance to doxycycline?



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Mpox:
 35,000 cases in US alone
 Clade 2b
 DRC- Clade 1 strain (Much more deadly)
 US withdrew from WHO so not sharing vital information anymore
 Vaccine
 1.2 million have received at least 1 dose
 Efficacy- 30-70 % after 1 dose and 66-86% after 2 doses



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HPV Vaccine

- 10 year data show robust long-term benefit of HPV vaccination
- 1300 boys and girls
 - Swabbed monthly for 10 years
 - No cases of vaccine targeted HPV disease in either boys or girls
 - Restrepo et al; Pediatrics; 2023



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HPV vaccine- low uptake in US

- CDC recommends:
 - Children be vaccinated at 11 or 12 years of age



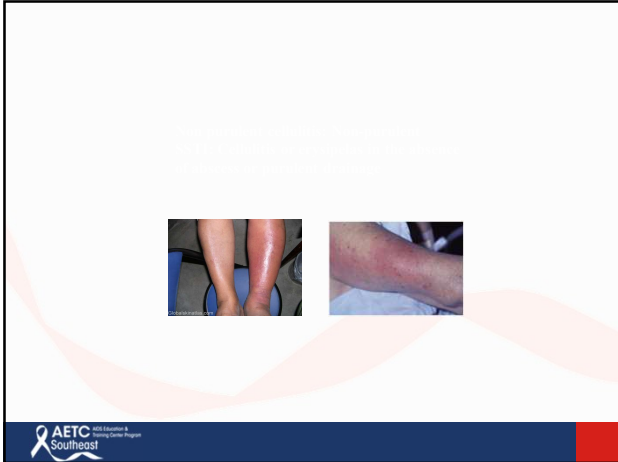
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Bacterial vaginosis

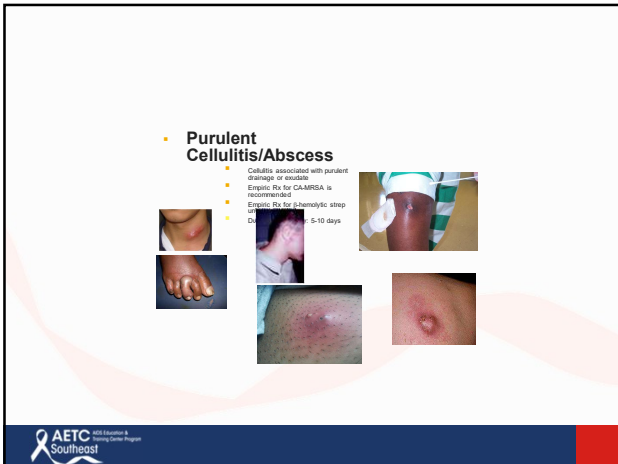
- Most common cause of vaginal symptoms among women
- Prevalence in the US
 - 21.2 million (29.2%) among women ages 14–49
 - Most women (84%) - asymptomatic.
- Prevalence increases with number of sexual partners.
- Replacement of the normal H₂O₂ producing *Lactobacillus* sp. in the vagina with anaerobic bacteria
 - *Prevotella* sp., *Mobiluncus* sp. *G. vaginalis*, *Ureaplasma*, *Mycoplasma*,



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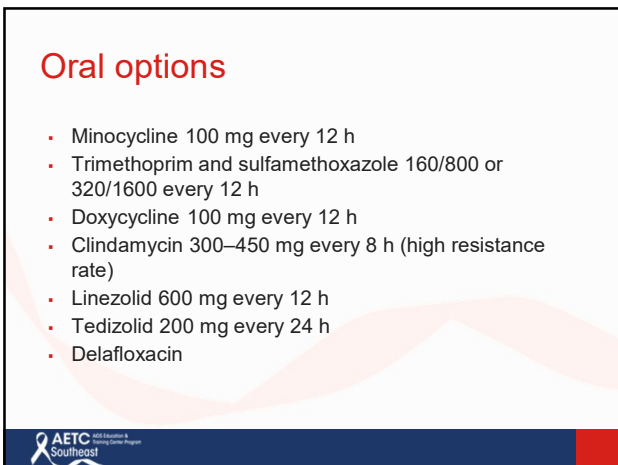
85



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Purulent Cellulitis/Abscess

- Cellulitis associated with purulent drainage or abscess
- Empiric Rx for CA-MRSA is recommended
- Empiric Rx for staphylococci alone
- Duration: 5-10 days



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Oral options

- Minocycline 100 mg every 12 h
- Trimethoprim and sulfamethoxazole 160/800 or 320/1600 every 12 h
- Doxycycline 100 mg every 12 h
- Clindamycin 300–450 mg every 8 h (high resistance rate)
- Linezolid 600 mg every 12 h
- Tedizolid 200 mg every 24 h
- Delafloxacin

Necrotizing fasciitis

The slide features three clinical photographs. The top left shows a close-up of a leg with a large, dark, necrotic ulcer. The top right shows two hands; the left hand has a large area of skin necrosis, and the right hand has a smaller lesion with a bulla. The bottom left shows a leg with a large, dark, necrotic ulcer.

A B

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Clues to necrotizing fasciitis

- High Index of suspicion needed to diagnose NF
 - Recognize pain out of proportion to the skin manifestations
 - NF often has rapid progression of infection
 - extension can progress over the course of hours
 - Bullous lesions should make you think of NF
 - In one study, NF was initially misdiagnosed in 74.4%

The slide includes an anatomical diagram of the skin layers (epidermis, dermis, subcutaneous fat, muscle, and bone) with a yellow circle highlighting the fascial layer. To the right is a surgical photograph of a foot with extensive debridement of necrotic tissue.

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Treatment of Necrotizing fasciitis

- Key concepts :
 - Early diagnosis and differentiation
 - Prompt empiric antibacterial coverage
 - IV Daptomycin + Meropenem or Zosyn + either Linezolid or Clindamycin
 - Adequate source control
 - Identification of infection-causing pathogens and adjustment of antimicrobial coverage.

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Diabetic foot and Osteomyelitis


- Richland county had the highest rate of Diabetic foot amputations in the nation
- Risk factors**
 - Poor vascular flow, chronic ulceration, neuropathy, hyperglycemia
- Management:**
 - Debridement, antibiotics, restoring vascular flow, glycemic control
- Interdisciplinary approach (IM, ID, Foot ortho, Vascular)
- Duration of antibiotics depends on extent of debridement but is usually anywhere between 2-6 weeks




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Diabetic Foot Ulcer

- Bone (rather than soft tissue) samples should be obtained for culture
 - Either intraoperatively or percutaneously.
- Treat aerobic gram-positive pathogens only if mild DFI
 - Beta-haemolytic streptococci and Staphylococcus aureus including MRSA if indicated) for people with a mild DFI
 - Do not empirically target antibiotic therapy against Pseudomonas aeruginosa unless risk factors
- If patient stable then HOLD OFF ON Antibiotics till cultures obtained




95

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CDC: Updated Screening Recommendations

2008
Risk-based


2023
Universal screening
 All adults at least once in their lifetime

- HBsAg
- Anti-HBs
- Total anti-HBc

} Tripartite test

- Pregnant persons: screen in first trimester
- Continued periodic risk based screening:
 - Insurance covered
 - History of STI or multiple sex partners
 - History of HIV


cdc.gov/mmwr/volumes/72/wr/mm7203a1.html;_rct=7203a1_w



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Hepatitis B – vaccination update 2021

- The following groups should receive hepatitis B vaccines:
 - Adults 19 through 59 years of age
 - Adults 60 years of age and older with risk factors for hepatitis B infection
- The ACIP recommends the following groups **may** receive hepatitis B vaccines:
 - Adults 60 years of age and older without known risk factors for hepatitis B infection



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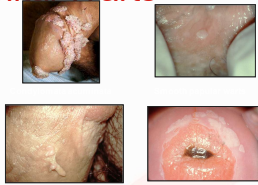
STIs

- Counties with the highest gonorrhea rates in the country(per 100,000 residents)
 - 1.Hinds County, MS: 2,253.2
 - 2. St. Louis City, MO: 2,122.6
 - 3. Richland County, SC: 1,939.4
- The 10 States With the Highest STD Rates (per 100,000 residents)
 - 1.Mississippi: 1,291.4
 - 2.Louisiana: 1,058.0
 - 3. South Carolina: 999.8



100

Clinical Manifestations of Genital Warts



101

Update to CDC's Treatment Guidelines for Gonococcal Infection, 2020

- Neisseria gonorrhoeae* infections have increased 63% since 2014
 - Causes pelvic inflammatory disease, ectopic pregnancy, infertility and facilitates transmission of HIV
- CDC Recommendations
 - 2007-do not use quinolones due to increasing resistance
 - 2010- Single 250 mg intramuscular (IM) dose of ceftriaxone AND a single 1 g oral dose of azithromycin

Recommended Regimen for Uncomplicated Gonococcal Infection of the Cervix, Urethra, or Rectum Among Adults and Adolescents

Ceftriaxone 500 mg* IM in a single dose for persons weighing <150 kg
 If chlamydial infection has not been excluded, treat for chlamydia with doxycycline 100 mg orally 2 times/day for 7 days.
 * For persons weighing ≥150 kg, 1 g ceftriaxone should be administered.



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Single-Dose Zoliflodacin for Treatment of Urogenital Gonorrhea

- First new antibiotic for gonorrhea in decades
 - Inhibits bacterial type II topoisomerase
- Active against multidrug-resistant strains of *Neisseria gonorrhoeae*, including those resistant to ceftriaxone and azithromycin
- In Dec 2025, the U.S. FDA approved this for uncomplicated urogenital GC in patients > 12 years

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Primary and Secondary Syphilis - Rate of Reported Cases by Year of Diagnosis/Race, SC, 2011-2022

Nationwide:
17% increase in all cases
31% increase in congenital syphilis

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Natural history of syphilis

- 2/3rd of untreated patients clear spontaneously
- 15-30 % of untreated patients will develop some late manifestation
 - Majority is cardiovascular
- Unpredictable progression to late disease
 - More likely in men vs women (2X)
 - Blacks more likely to develop cardiovascular syphilis
 - Whites more likely to develop neurosyphilis

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Primary Syphilis Chancre



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Primary and secondary syphilis



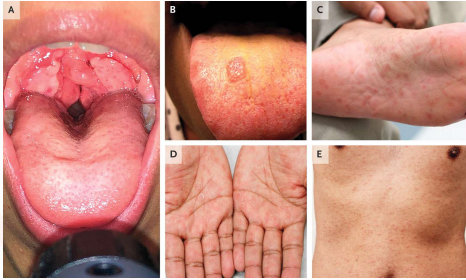
107

Rash of Secondary Syphilis



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Secondary syphilis



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Secondary Syphilis - Condylomata lata



Source: CDC/ NCHSTP/ Division of STD Prevention, STD Clinical Slides



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Congenital Syphilis


- The number of infants born with syphilis in the US has increased steadily over the past decade
- From 334 in 2012 to 3761 in 2022
 - 38% of pregnant women who gave birth to infants with syphilis received no prenatal care
 - 37% either did not receive any testing or weren't tested early




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Updated ACOG Recommendation-2024

- April 2024
- Screen all pregnant individuals serologically for syphilis
 - **First** prenatal care visit
 - **Universal rescreening** during the third trimester
 - **Universal rescreening** at birth,
- NOT risk-based approach to testing.



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AETC
AIDS Education &
Training Center Program
Southeast

Monthly 1st and 3rd Wednesday and 4th Wednesday
12:00pm - 1:00pm EST
11:00am - 12:00pm CST
09:00am - 10:00am PST

12:00pm - 1:00pm CST
01:00pm - 2:00pm EST
10:00am - 11:00am PST

South East Viral Hepatitis Interactive Case Conference



HEPATITIS C

EDUCATION • TRAINING • CONSULTATIVE SUPPORT • CO-MANAGEMENT

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