HIV Cluster Response
3-Part Virtual Learning Series

Welcome to Session 2: Health Department, Provider and Community Collaboration to Respond to HIV Clusters

September 28th, 2021, from 2:00 p.m. – 4:30 p.m.

Before we begin…

- ✓ **Sign-in** – Please scan the QR code or click the link in the chat box to confirm your attendance.

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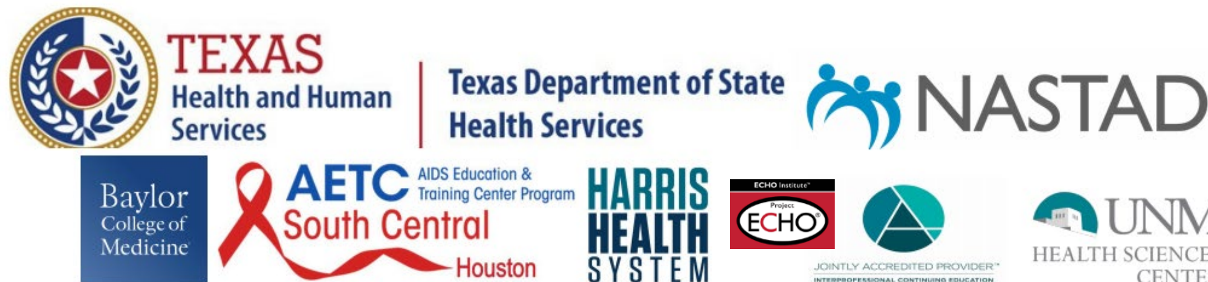


Virtual Learning Series: HIV Cluster Response

Health Department, Provider, and Community Collaboration to *Respond* to HIV Clusters

Elana Ross, Erin Bascom, and Eve Mokotoff

September 28, 2021

Texas

Part 2

Expectations and Logistics

- Participation
  - Participants will be muted to limit background noise, but you may unmute yourself during discussion or Q&A if you want to talk
  - Will have some interactive components during the webinar
- Asking questions
  - Please submit questions in the chat box and/or can ask verbal questions during Q&A times
- Maintaining a safe space for discussion
- Federal funders have joined the call today in listen-only mode
- Participants from health departments have joined the call today
- Webinar will be recorded for internal reference
- For IT issues: please email houstonaetc@bcm.edu

Virtual Learning Series

Public Health Surveillance Basics &
Using Surveillance Data to *Detect* HIV Clusters

Part 1
Sept. 21, 2021

Health Department, Provider, and Community Collaboration to *Respond* to HIV Clusters

Part 2
Sept. 28, 2021

Addressing Community Concerns: Data Release and HIV Criminalization Considerations & HIV Stigma

Part 3
Oct. 5, 2021

Three-Part Webinar Series Objectives

- Understand the history and concepts behind public health surveillance including ethics, consent, and data protection for HIV surveillance data
- Explain the basic process, benefits, and drawbacks of HIV cluster response
- Effectively communicate with community members/clients/patients about common cluster response concerns

Objectives for Today

1. Understand the range of interventions used to respond to HIV clusters and outbreaks
2. Gain examples of how health departments have responded to HIV clusters “on the ground”
3. Describe the different roles played by the health department and partners (including providers and community-based organizations) in cluster response activities
4. Understand the role of community engagement in cluster response and some benefits and concerns about responding to clusters
5. Explore communication to find common ground on HIV cluster detection and response activities

Agenda for Today

- Responding to HIV Clusters Using Surveillance Data: Health Department and Partner Roles

- Breakout Room #1

- “Real World” Health Department Experiences with Cluster Response

- Community Engagement

- Breakout Room #2

- Q&A and Wrap Up

Responding to HIV Clusters Using Surveillance Data: Health Department and Partner Roles

Cluster vs. Outbreak

- A textbook definition of an outbreak is "an increase, often sudden, above what is normally expected in that population or area," the term is often used to describe situations in which an urgent or emergency-level public health response is needed.

- Determining whether an increase in HIV diagnoses or the identification of a transmission cluster warrants an escalated response is an iterative process, and multiple factors, including those outlined in CDC's cluster detection and response guidance, should be considered.

Source: https://www.cdc.gov/hiv/pdf/funding/announcements/ps18-1802/CDC-HIV-PS18-1802-AttachmentE-Detecting-Investigating-and-Responding-to-HIV-Transmission-clusters.pdf

Response Intensity Can Vary Along a Spectrum

Smaller clusters

- More commonly related to sexual transmission
- More commonly detected through molecular analysis
- Requires building a routine program
- May require scale-up of services
- Can help advance needed programmatic changes

Larger clusters

- More commonly related to injection drug use
- More commonly detected through time-space analysis
- May require surge capacity
- Often requires major scale-up of services
- Can help advance needed programmatic changes

Fundamental Common Needs

Infrastructure and capacity for detection

Procedures and fiscal mechanisms for response

Communications and policy

Based on a slide presented by CDC

Source: based on slide from CDC HICSB

Responding to a Cluster

- *Could* look like…

Partner services interviewing individuals in the cluster network to gather information

Providing HIV testing to individuals linked to a cluster who haven't been tested for HIV
- ✓ Linkage to care for new diagnoses
- ✓ Address viral suppression and barriers
- ✓ Offering PrEP services to individuals who may be at risk

Increasing PrEP outreach and navigation services to community

Increasing harm reduction programs and other substance use services

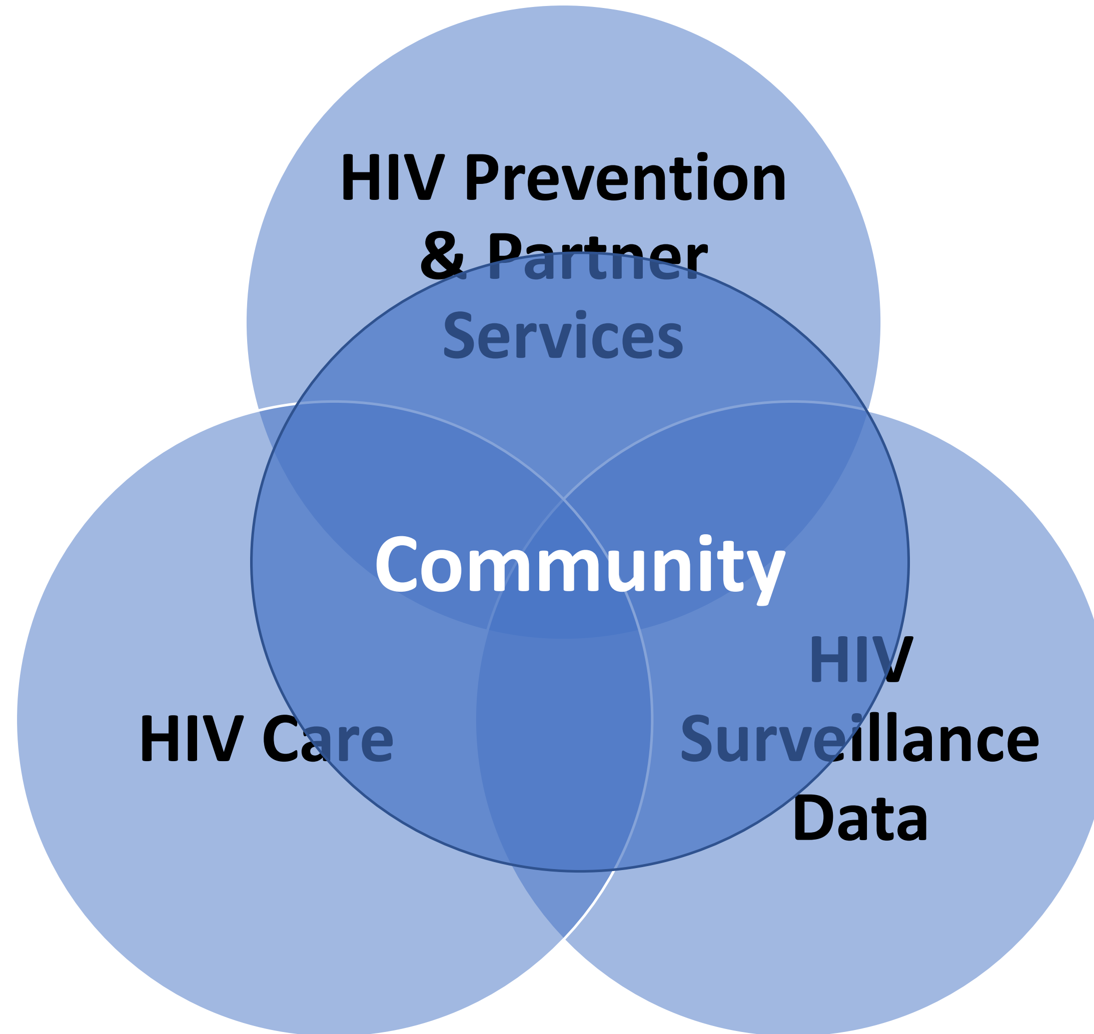
Working with neighboring jurisdictions for clusters across states lines

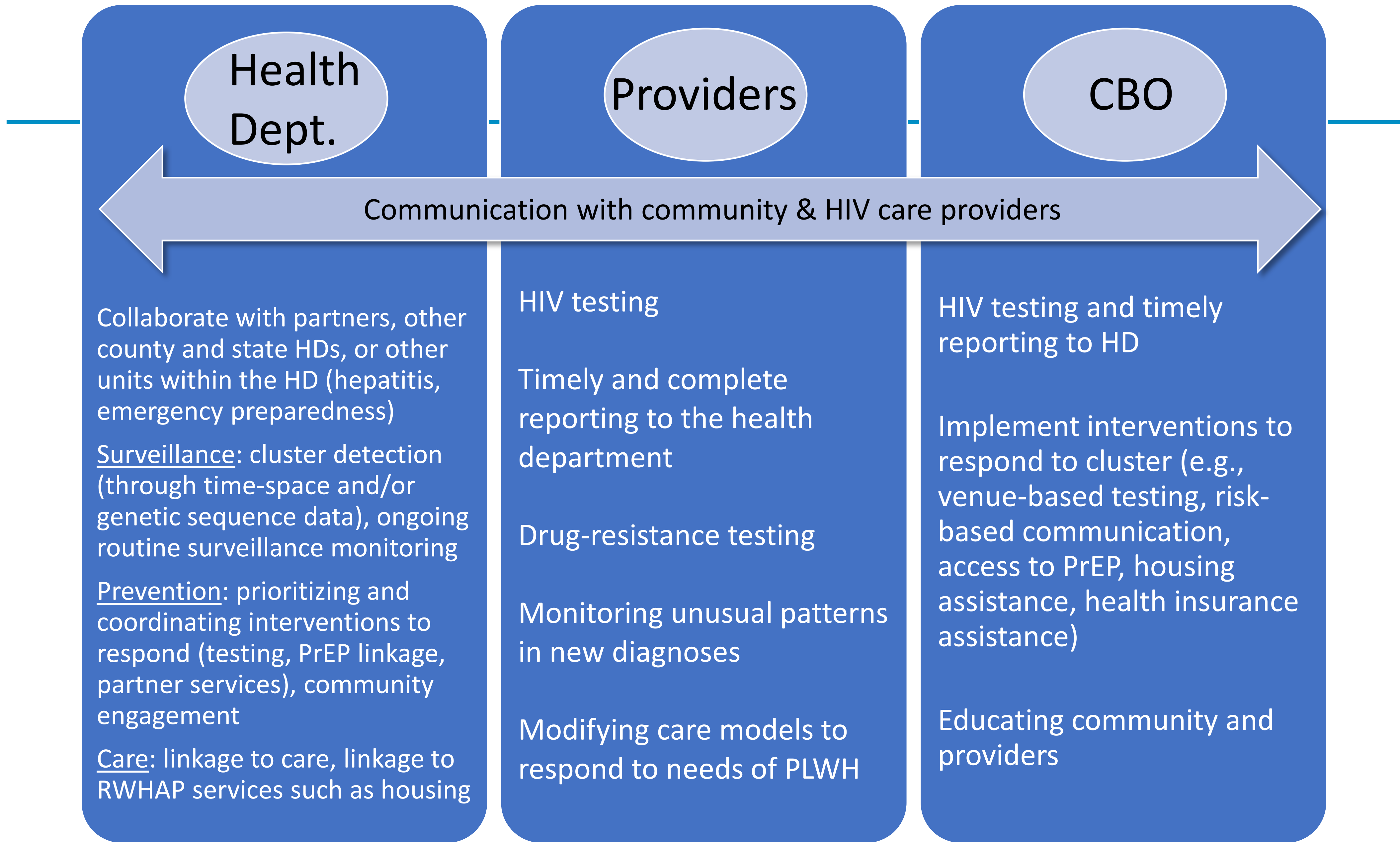
Educating providers on cluster trends

Sending a health alert to community/priority populations

Increased targeted HIV testing or other prevention services in the community

Responding to a Cluster




Health Dept.
Providers
CBO
Communication with community & HIV care providers
Collaborate with partners, other county and state HDs, or other units within the HD (hepatitis, emergency preparedness)
Surveillance: cluster detection (through time-space and/or genetic sequence data), ongoing routine surveillance monitoring
Prevention: prioritizing and coordinating interventions to respond (testing, PrEP linkage, partner services), community engagement
Care: linkage to care, linkage to RWHAP services such as housing
HIV testing
Timely and complete reporting to the health department
Drug-resistance testing
Monitoring unusual patterns in new diagnoses
Modifying care models to respond to needs of PLWH
HIV testing and timely reporting to HD
Implement interventions to respond to cluster (e.g., venue-based testing, risk-based communication, access to PrEP, housing assistance, health insurance assistance)
Educating community and providers

Health Department Roles

HD Funding for Cluster Detection and Response

CDC PS18-1802

Core Required Strategy #3:

"Develop, maintain, and implement a plan to respond to HIV transmission clusters and outbreaks"

Outcome 1: Improved **early identification** and investigation of HIV transmission clusters and outbreaks

Outcome 2: **Improved response** to HIV transmission clusters and outbreaks

Outcome 3: **Improved plans and policies** to respond to and contain HIV clusters and outbreaks

Health Department Foundational Activities

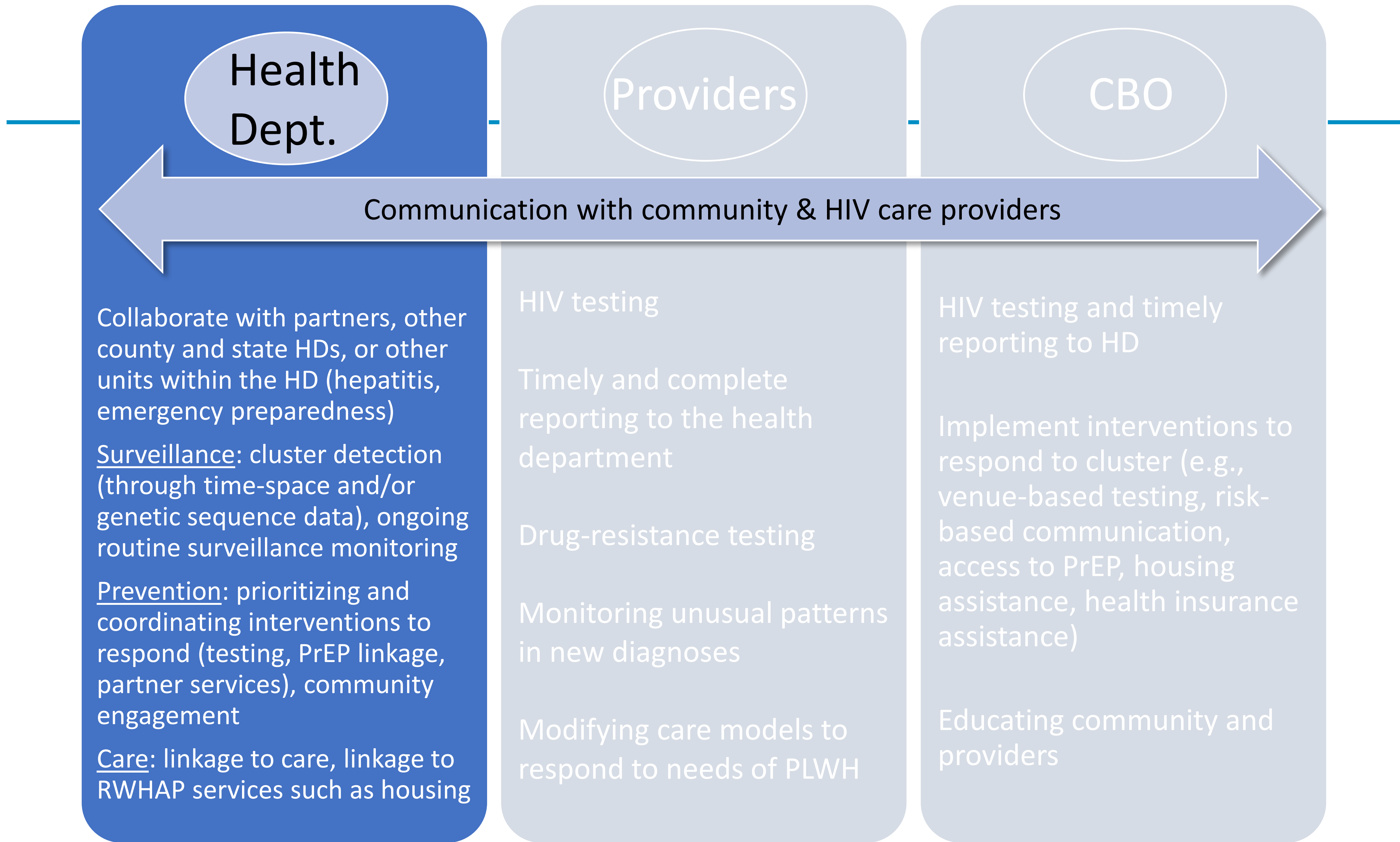
Ethical implementation

- Engage community, including people with HIV, providers, and community-based organizations
- Assess data protections and enhancing related policies and procedures when necessary
- Assess implications of criminal exposure laws

Effective implementation

- Develop internal and external health department collaborations (June 2019)
- Develop capacity for cluster detection
- Assess prevention portfolio and fiscal mechanisms needed for response

- From: Implementation Guidance for PS18-1802 Strategy 3: Cluster Detection and Response, November 2018 (CDC)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Health Department HIV Program Roles: Surveillance

- Surveillance: Texas Department of State Health Services (DSHS)
  - Identify and prioritize clusters using data (molecular data, surveillance data, partner services data, etc.)
  - Data analysis in Secure HIV-TRACE
  - Ongoing monitoring of existing and new clusters
  - Linking with partner services and STD surveillance

Health Department HIV Program Roles: Prevention

- Prevention and Service Linkage: Texas DSHS
  - Initiate additional investigations and decide which services are needed
    - Partner services
    - Funding CBOs to provide prevention services
    - Linkage to HIV care and/or re-engagement in care
    - Linkage to other support services
- Community engagement

Cluster Response: Prioritizing Outreach

- Prioritization based on:
  - Number of people in cluster and number of available response staff
  - Demographics (prioritize groups that are seeing recent increases based on local data on new infections)
  - Clinical variables related to potential adverse health outcomes:
    - Out-of-care
    - Unsuppressed viral load
    - STD co-infection

Cluster Response: Capacity

- Additional staff training needs and retention
- Maintaining "core" support areas while resources are being drawn to respond to clusters
  - Shifting current staff
- Requesting additional assistance from state or federal government for significant clusters/outbreaks
- Assess flexibility of existing funding mechanisms to shift activities (e.g., testing) to other venues or locations in the event of a cluster or outbreak

HIV Health Department Roles: Care

- Care Administration: DSHS Ryan White Program
  - Administers Ryan White Program funding to agencies for care services and service linkage

Coordinating with Health Department Partners

- Learn from STD, hepatitis, tuberculosis, emergency outbreak response experiences in same health department
- Field staff
- Collaboration with other health departments for clusters that cross state/county/city lines
  - Pre-emptive data sharing agreements with bordering jurisdictions will expedite cluster response

Evolving Roles of Field Staff & Service Linkage Workers

- Re-engagement in care
- Integrated Services (HIV, Hepatitis, STDs)
- Pre-exposure Prophylaxis (PrEP)
- Overdose Prevention
- Insurance Navigation
- Data to Care (D2C)

HIV Cluster Response

Possible Health Dept. Staff Roles in Cluster Response

- Gathering detailed information about newly-diagnosed individuals linked to a cluster to assist with investigation
- Linking newly-diagnosed PLWH to care and/or additional testing, or re-linking

- Facilitating partner testing, linkage to PrEP if applicable
- Referring to wraparound services to address barriers to care
- Educating clients about risk and health department activities

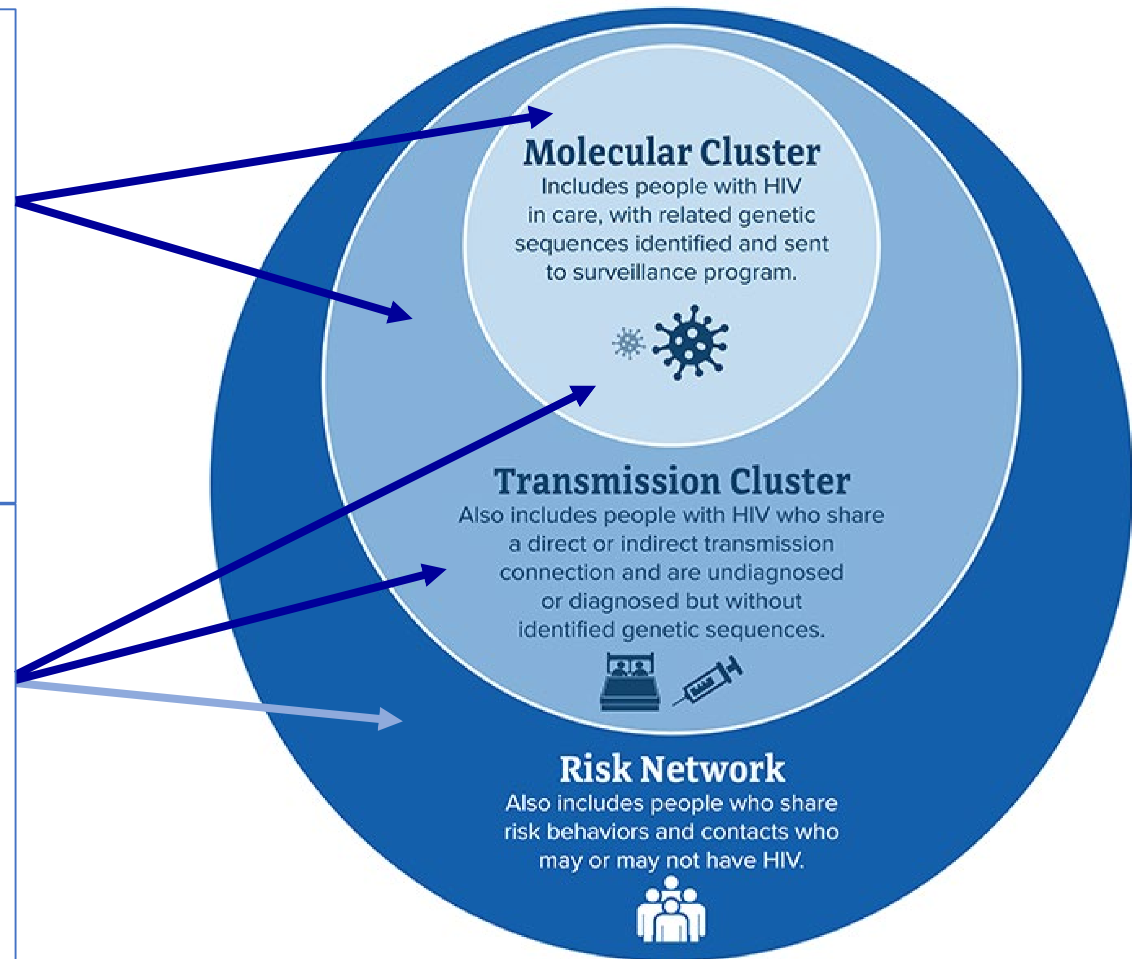
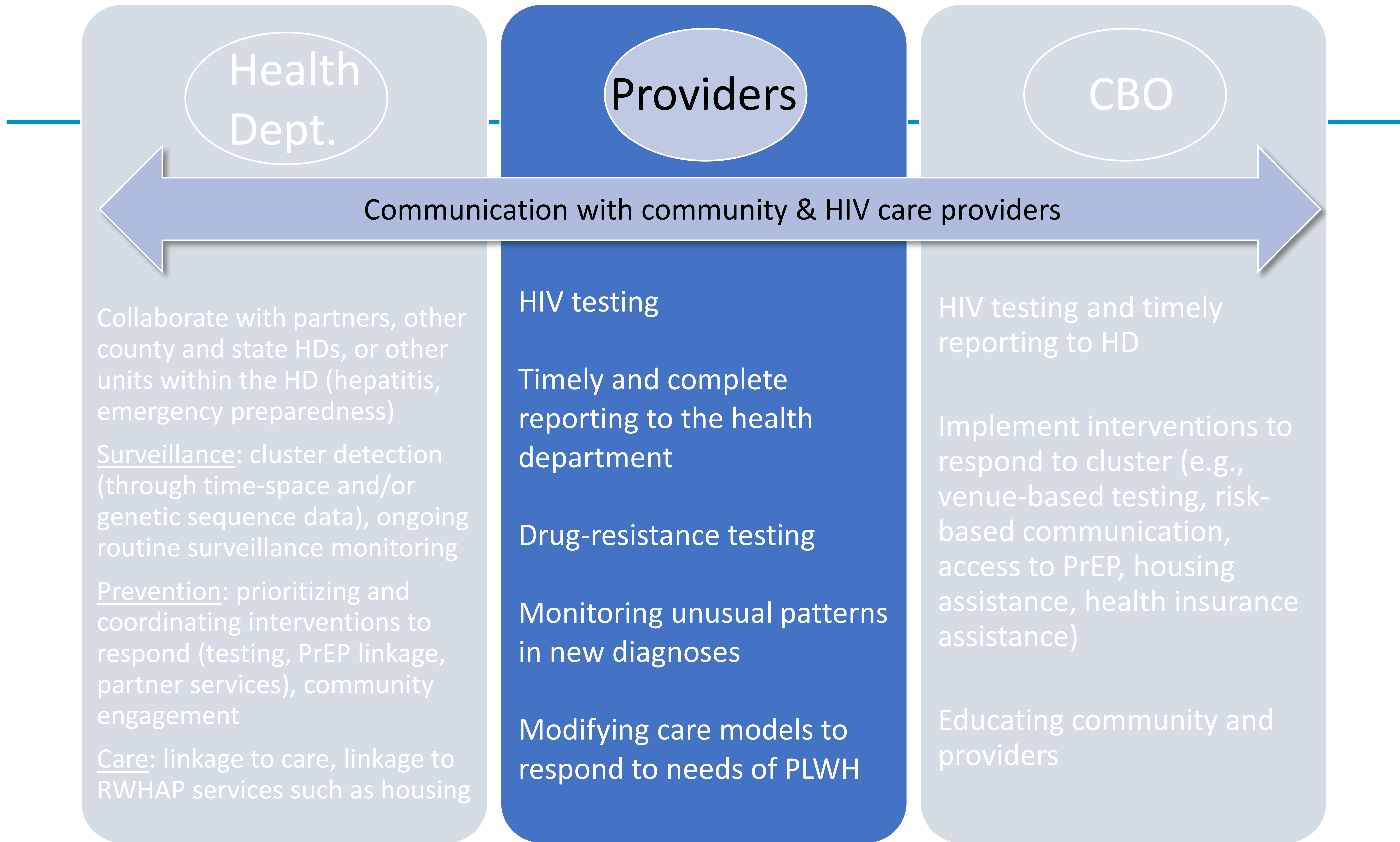


Image source: CDC

Coordinating with External Partners

- Providers
- Community-based organizations (CBOs) or AIDS Service Organizations (ASOs)
- Community and community networks

Providers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Educating community and providers

Provider Roles: Connecting to the Health Department

- Tell patients that HIV is reported to the health department
  - Health department may contact them
    - Assist with notifying partners
    - Provide services such as Ryan White HIV/AIDS Program and assistance paying for medications

Provider Roles: Reporting and Services

HIV reporting*

- Demographics
- Residence at diagnosis
- Facility at diagnosis
- Personal history
- Lab tests
- Clinical status
- Medical treatment
- Testing and treatment history

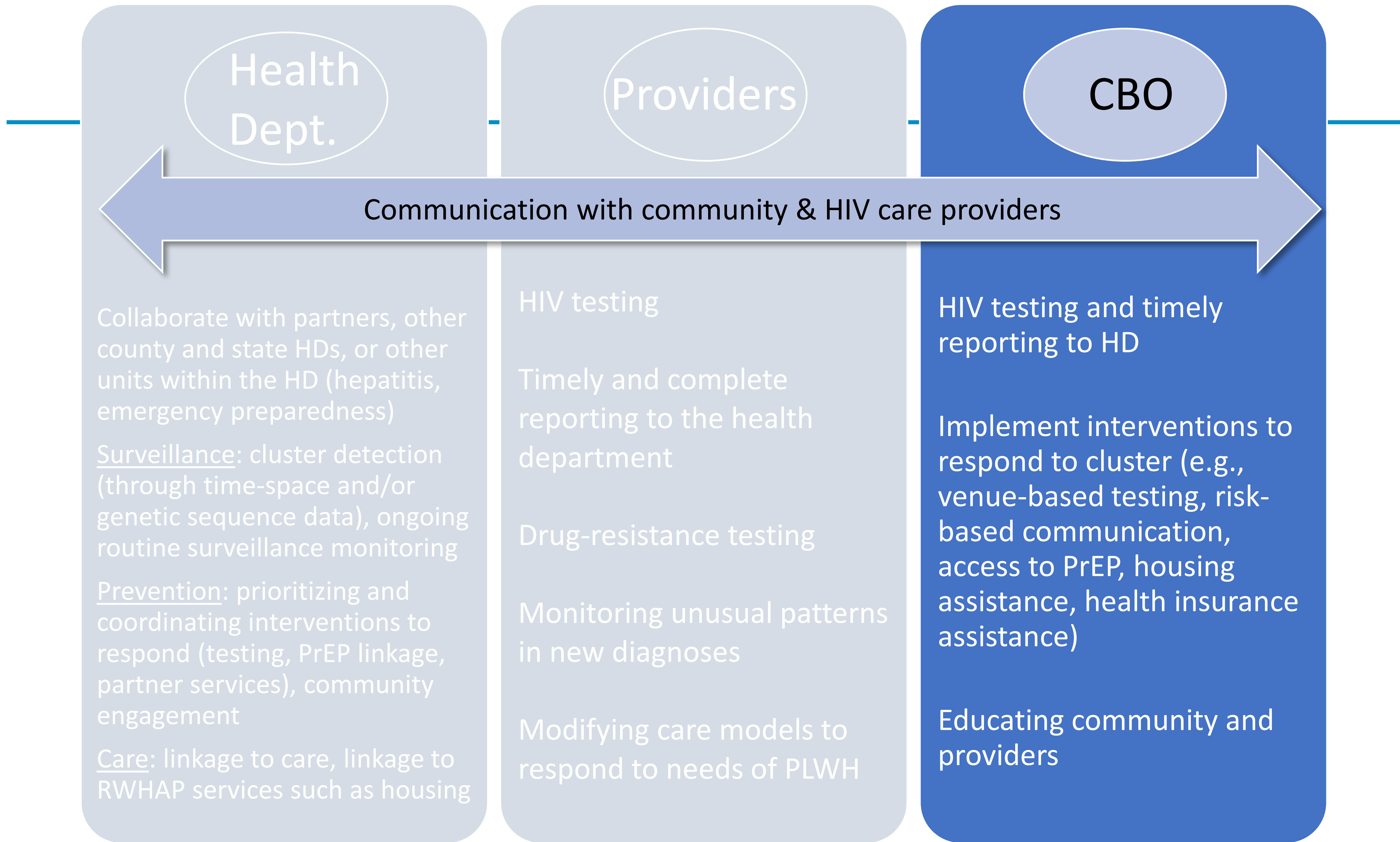
Services

- HIV/STD testing, counsel on risk reduction
- Sexual history and assessment
- PrEP, nPEP
- Initiating ART early; U=U
- Supporting engagement in care and medication adherence

*Required by Texas Law and Administrative Code

https://www.dshs.texas.gov/hivstd/reporting/#hivaids and https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=97&sch=F&rl=Y

Community Based Organizations



NASTAD

Community Based Organizations

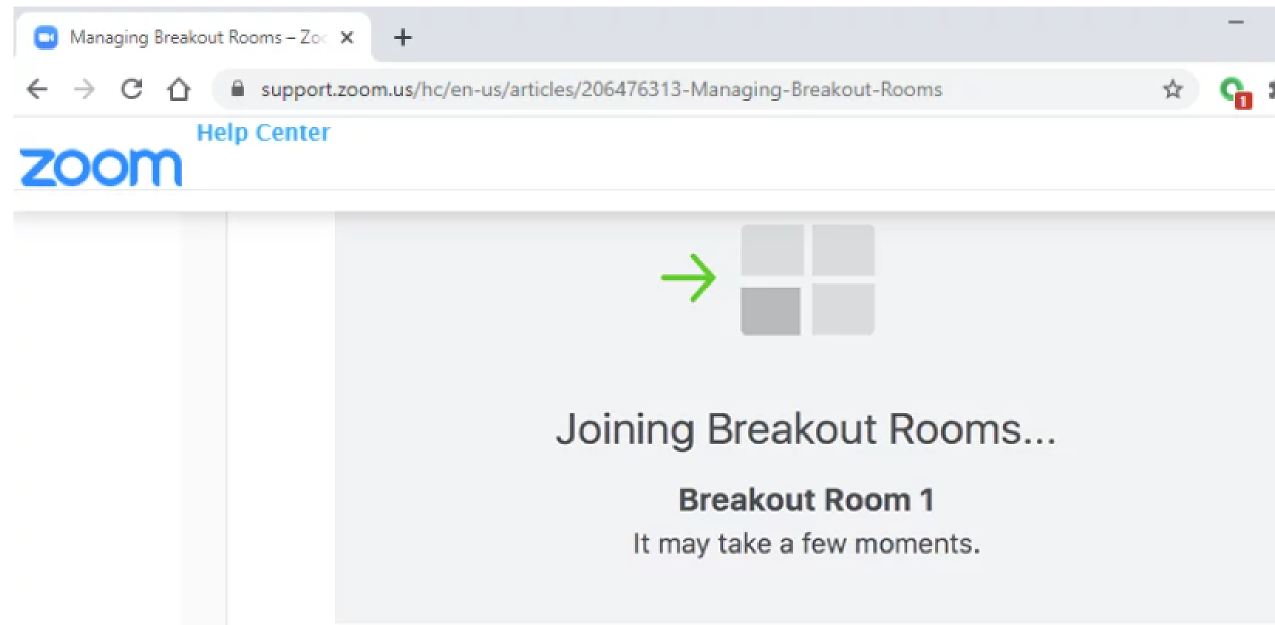
- Help with community/provider education
  - Dispel myths and describe benefits of cluster detection and response to clients/providers
- Help health department with messaging content and dissemination to the community
- Timely and accurate data reporting
- Providing targeted services that can help respond to clusters
  - Increased HIV testing for specific populations/venues/geographic areas
  - PrEP services
  - Ancillary services (e.g., housing assistance, health insurance assistance)

Breakout Room #1

Self-Selecting a Breakout Room

Step 1: Select the "Breakout Rooms" option in your meeting controls and a list of open breakout rooms created by the host will be visible.

Step 2: Next to the Breakout Room you choose, click "Join" and confirm by clicking "Join" again.



Step 3: Click "Leave Room" to return to the main session.

Breakout Room #1

1. Was there anything in this material that was new to you or surprised you? Did anything stand out, and if so, in a positive or negative way?
2. What challenges do you foresee with HDs, CBOs, and providers taking on these roles in your specific region of Texas?
3. Was there anything you felt was missing from these roles that happens at your organization in response to outbreaks or clusters? If so, can you share with the group?
4. Aside from HDs, CBOs, and providers, how would you like to see others, i.e. community members, involved in CDR work?
5. What is one thing that you want to ensure Texas DSHS knows and can act on after this webinar series concludes?

5-MINUTE BREAK

Reminder: If you have not already done so for this session…

- ✓ **Sign-in** – Please scan the QR code or click the link in the chat box to confirm your attendance.

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TEXAS
Health and Human Services

Texas Department of State Health Services

“Real World” Health Department Experiences with Cluster Response

Health Department Cluster Experience

- Philadelphia: molecular cluster identified that included 15 persons
  - Investigation found an additional 28 sexual contacts
  - Efforts implemented included relinking people to care, conducting re-interview and identifying additional partners, and referring partners who are HIV negative to PrEP
- DC, Maryland, Virginia: many molecular clusters involved persons from 2 or 3 of these jurisdictions
  - Strengthened integration of response across three jurisdictions

Based on information in a slide presented by CDC

Interventions Go Beyond the Individuals

- San Antonio, TX: large molecular cluster identified among Latino MSM
  - Investigation led to missed diagnosis of acute infection → health alert to providers educating on HIV diagnostic testing and acute infection
  - Investigation demonstrated a lack of access to PrEP → health alert educated on PrEP, funds redirected to scale up access in specific regions of the city
  - Findings led signing San Antonio on as a Fast-Track City → led to a new coalition of community, providers, and public health

Based on information in a slide presented by CDC

https://www.cdc.gov/hiv/risk/prep/index.html

HD Experience: Staffing and Service Delivery

Changes to staffing and service delivery

- *“The individuals exposed to HIV identified via cluster response were highly vulnerable and presented with complex needs (homelessness, poverty, active drug use, transactional sex work, exposure to violence, food insecurity).*
- *While these conditions may exist for other newly diagnosed and other HIV+ individuals, these vulnerabilities were particularly acute among those identified via cluster response activities.*
- *We learned that any linkage service delivered by public health staff needed to anticipate these needs and be prepared to connect individuals not only to medical evaluation and treatment services, but to social supports and benefits advocacy.”*

—High prevalence state

HD Experience: Success Stories

Success stories

- *“Through one of our cluster investigation efforts, our [DIS] were able to get the names of over 150 partners. Over 1/3 of the named partners who were HIV positive were newly diagnosed as a result of field follow-up and partner service interviews.”*

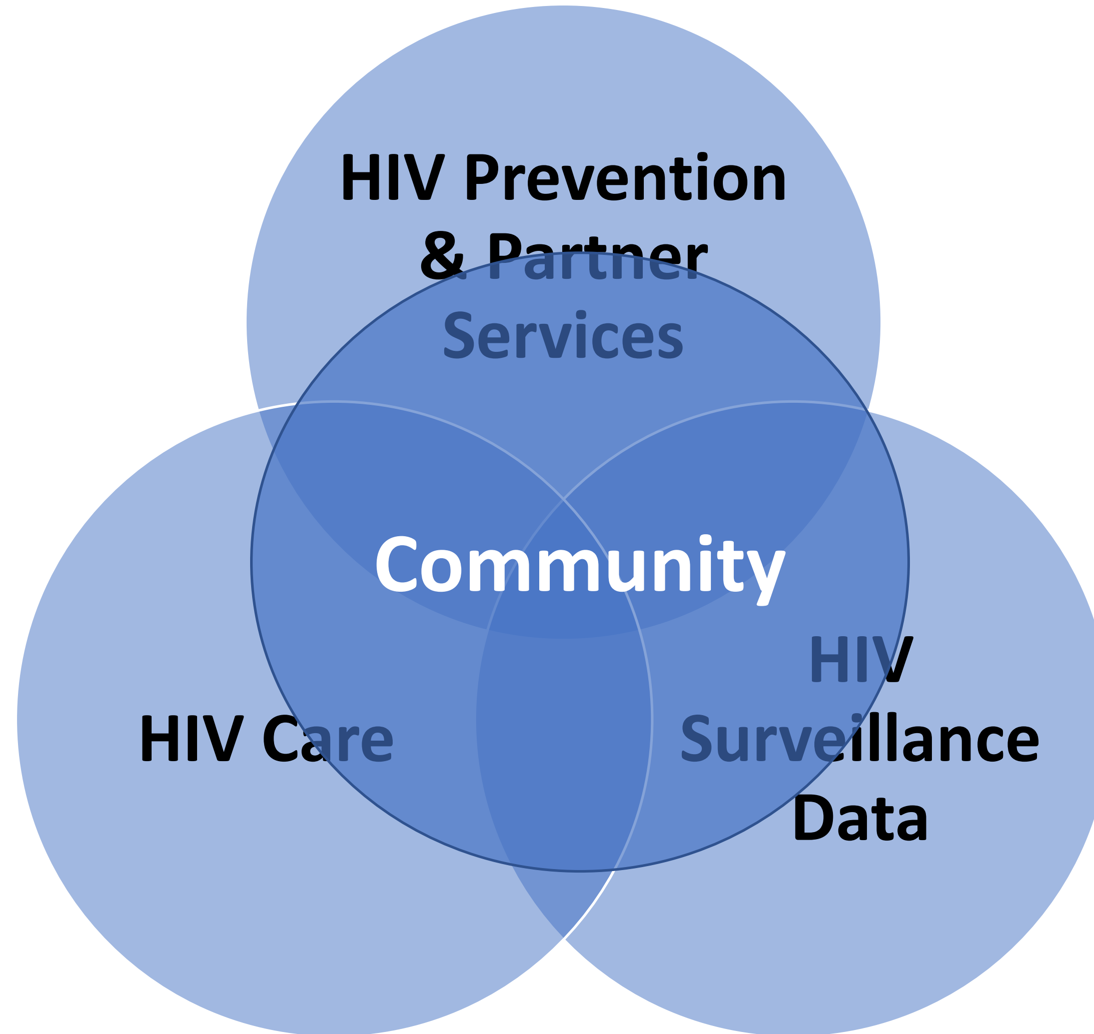
  –High prevalence state

- *“Fifty-two persons were included in our cluster investigation (including named partners) with 21 being confirmed HIV positive.*
  - *Two new diagnoses of HIV were made as a direct result of being contacted, interviewed*
  - *Nineteen named partners were confirmed HIV negative and, of those, 11 were referred to, and confirmed to have accessed PrEP care services.*
  - *Seven previously diagnosed individuals became virally suppressed.”*

  —Low prevalence state

Community Engagement

Responding to an HIV Cluster



What is Community Engagement?

There is no standard, commonly agreed upon definition of community engagement, but the World Health Organization provides a succinct description that is relevant in the context of HIV programming:

"a process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing, and delivering services, and in taking action to achieve change"

From: National Minority AIDS Council. Expanding your Reach to End the HIV Epidemic: Community Engagement Toolkit. Available at: http://www.nmac.org/wp-content/uploads/2012/08/NMAC-Community-Engagement-Toolkit-Web.pdf

Who is “The Community”?

- People living with or affected by HIV and their families:
  - Should reflect the local epidemiology and vary by:
    - Age, race, ethnicity, sex, gender identity, sexual orientation, class/income
  - Ideally have a range of backgrounds and experiences with HIV prevention and care services
- Members of vulnerable populations, especially those at increased risk for HIV
- HIV service providers and other community-based organizations (CBOs).
- Members of the public with an interest in HIV prevention and care

People Living with HIV, Texas (2019)

Take home points, racial disparities:

- Number of PLWH among Blacks is 1.5x as high as among Whites
- Number of PLWH among Hispanics/Latinos is 1.4x as high as among Whites

- Rates among Blacks are 5.3x as high as among Whites
- Rates among Hispanics/Latinos are 1.5x as high as among Whites

People Living with HIV in Texas by Sex, Race/Ethnicity, Age, and Risk 2019

	Cases	%	Rate
Total	97,844	100%	337.4
Sex Assigned at Birth			
Male	77,364	79%	537.1
Female	20,480	21%	140.3
Race/Ethnicity			
White	23,209	24%	194.2
Black/African American	35,834	37%	1023.4
Hispanic/Latino	33,530	34%	290.9
Other/Multiple Races	5,271	5%	261.2
Current Age (as of 12/31/2019)			
0-24	3,920	4%	95.0
25-34	19,883	20%	464.9
35-44	22,097	23%	560.5
45-54	24,774	25%	697.1
55-64	20,221	21%	617.4
65+	6,949	7%	186.1
Transmission Risk			
MSM	60,452	62%	–
PWID	8,642	9%	–
MSM/PWID	5,556	6%	–
Sex with male/Sex with female	22,190	23%	–
Perinatal transmission	908	1%	–
Other adult risk	96	0%	–

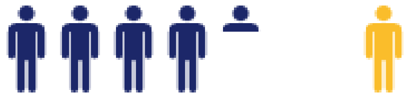
PLWH, Urban/Border/Rural (2019)

- <u>Number</u> of PLWH among Blacks compared to Whites
  - Urban: 1.6x
- <u>Number</u> of PLWH among Hispanics/Latinos compared to Whites
  - Urban: 1.2x
  - Border: 15.8x
- <u>Rates</u> among Blacks compared to Whites
  - Urban: 4.9x
  - Border: 2.8x
  - Rural: 5.2x
- <u>Rates</u> among Hispanics/Latinos compared to Whites
  - Urban 1.5x
  - Border: 1.5x
  - Rural: 1.3x

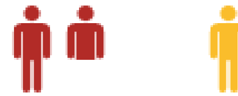
	Urban			Border			Rural		
	Cases	**%**	**Rate***	**Cases**	**%**	**Rate***	**Cases**	**%**	**Rate***
Total	84,552	100%	359.7	5,572	100%	201.6	3551	100%	129
Sex Assigned at Birth									
Male	66,328	78%	569.5	4665	84%	340.8	2555	72%	182.1
Female	18,224	22%	153.6	907	16%	65	996	8%	73.8
Race/Ethnicity									
White	20769	25%	206.6	321	6%	134.6	1446	41%	86.6
Black/African American	33050	39%	1022.1	136	2%	374.8	1041	29%	448.8
Hispanic/Latino	25860	31%	310.9	5062	91%	206.8	860	24%	110.4
Other/Multiple Races	4873	6%	256	53	1%	127	204	6%	277.9

Racial/Ethnic Disparities Among PLWH by Sex, Texas (2018)

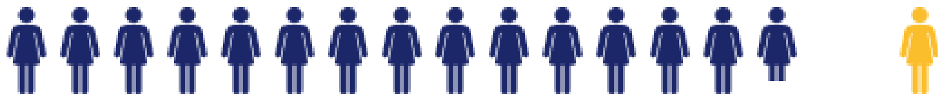
HIV Prevalence Rate Ratios, by Race/Ethnicity, 2018



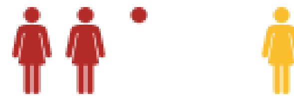
The rate of **Black males** living with an HIV diagnosis is 4.3 times that of **White males**.



The rate of **Hispanic/Latino males** living with an HIV diagnosis is 1.6 times that of **White males**.



The rate of **Black females** living with an HIV diagnosis is 14.8 times that of **White females**.



The rate of **Hispanic/Latina females** living with an HIV diagnosis is 2.2 times that of **White females**.

AIDSVu

Community Engagement: HIV Community Networks

Who should pick participants in community engagement activities?

- People living with or affected by HIV and their families
- Networks of people living with HIV should pick their representatives
  - The Sero Project's Network Empowerment Project includes a list of networks in the U.S

Community Engagement: Process and Benefits

- Input sought at the beginning and throughout program development, rollout, and evaluation
  - Engagement: implies an ongoing activity
  - Promote an active listening process
- More effective and faster program implementation
- More comprehensive insight into the benefits and risks of the program
- Strengthens understanding of health department and community roles and responsibilities

Based on: Centers of Disease Control and Prevention. Detecting and Responding to HIV Transmission Clusters: A Guide for Health Departments; Section 4. Assessing, prioritizing, and responding to clusters. Atlanta, GA; June 2018. Available at: https://www.cdc.gov/hiv/pdf/funding/announcements/ps18-1802/CDC-HIV-PS18-1802-AttachmentE-Detecting-Investigating-and-Responding-to-HIV-Transmission-Clusters.pdf

Community Engagement Process: Texas

- Health Department had community meeting to obtain support prior to applying for demonstration project (CDC PS 17-1711)
- Texas worked with the HIV Syndicate to implement Project Conectate (CDC PS 17-1711)
- Held community forum specific to cluster detection and response (September 2017)
- Multiple presentations to planning groups
- Created materials for provider and community distribution to raise awareness of cluster detection and response

CDR Community Engagement: Potential Benefits

- More effectively prevent transmission to members of the risk network who are HIV negative
- Identifying people who are unaware of their positive status and helping link them to care
- Potential to more effectively and efficiently target existing core services to people who are part of a network of rapid transmission:
  - HIV testing, including venue-based
  - Partner services
  - Linkage and re-linkage to HIV medical care
  - PrEP referral
- Health departments report that most people welcome the support for linkage to testing, care and other support services

HD Experience: Incorporating Community Input

- *"…our initial plan (as DPH) was to deploy a mobile testing van to a location near homeless camps, where we had epidemiologic evidence HIV+ and at-risk individuals linked to the cluster resided. We learned from our stakeholder engagements that deployment of an unfamiliar medical van to that location would actually be likely to frighten those individuals and drive them 'underground.'*

- *As a result, we worked with an existing, trusted team of outreach workers, who allowed DPH and testing and linkage staff to accompany them to engage individuals directly. This proved highly successful and word quickly spread that new staff in the area could be trusted.*

- *The hard part here is, in an outbreak, the instinct is to move quickly, but in truth it is far more beneficial to plan in advance as much as possible and check in with community experts first before deploying any interventions."*

—High prevalence state

Cluster Response: Potential Harms

- If done without community support could lead to resentment and avoidance of health department staff and programs
- Increased stigmatization of groups or people associated with those groups
- Criminalization of PLWH
  - Possibility of surveillance information being subpoenaed
- Additional harm among those most vulnerable: people of color, LGBTQ youth, transgender persons

Community Concerns: Distrust

- Concerns about consent
- Increased mistrust between community members especially in communities of color, and the medical and public health communities
- Concern that information from cluster investigations could be used to prosecute PLWH
- Outdated laws and practices
  - HIV-specific criminalization statutes
  - Using HIV status to enhance sentencing even in the absence of HIV-specific laws
  - For more information see: https://www.cdc.gov/hiv/policies/law/states/exposure.html

Community Concerns: Effectiveness

- Communities question the benefits of cluster detection and response:
  - Have they interrupted rapid transmission?
  - Have they found undiagnosed persons? Linked people to care? To PrEP?
  - Provided services to people in a cluster who did not have them?
  - Any cost benefit analysis, or any evidence that CDR is better than/different from field staff doing regular DIS field activities?
- Health departments should track these outcomes to measure effectiveness
- As a newer health department activity, lack of rigorous national evaluation on outcomes and effectiveness of cluster detection and response

Community Concerns: Possible Ways Forward

- Explore difference between cluster detection and response and routine follow-up by the health department
- Address specific concerns of the Latinx communities
  - Hire members of the community to do the contacting with members of the cluster(s)
- Have concerns changed since the beginning of the pandemic?
  - More/fewer requests for linkage to care?
  - Less trust in the health department?
- Use people-first language
- Use plain language
  - Train field staff on language

Community Engagement/Data Protection Considerations

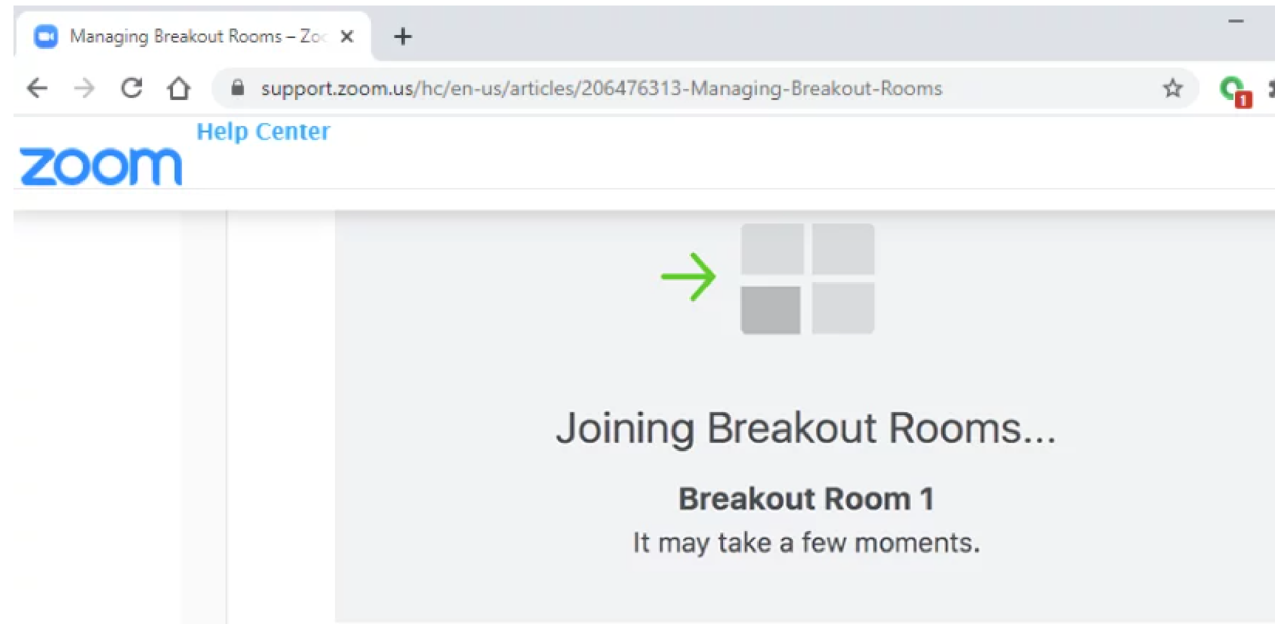
- Initial Activities
  - Ongoing community engagement
  - Recognize and address stigma
  - Ensure data are protected
  - Assess/change criminal exposure laws
- Typical epidemiologic terms are heard as dehumanizing
  - Calling people “cases,” “infections,” or “clusters”
  - Explore language used to describe the process

Breakout Room #2

Self-Selecting a Breakout Room

Step 1: Select the "Breakout Rooms" option in your meeting controls and a list of open breakout rooms created by the host will be visible.

Step 2: Next to the Breakout Room you choose, click "Join" and confirm by clicking "Join" again.



Step 3: Click "Leave Room" to return to the main session.

Breakout Room Questions

1. Given some of the community concerns you heard in this presentation, what are some actions that health departments can take in the future to address these concerns?
2. In what way(s) would it be most helpful to be in contact with the health department surrounding CDR work?
3. Are there other community concerns specific to your region that we have missed here? If so, what else would be helpful for the partners we've been discussing (health departments, CBOs, etc.) to know?
4. What is one thing that you want to ensure Texas DSHS knows and can act on after this webinar series concludes?

Logistics Questions

Thank You

For questions contact:

Elana Ross
Associate, Prevention
NASTAD
eross@NASTAD.org
(202) 897-0032

Eve Mokotoff
NASTAD Consultant
evemokotoff@hivcounts.org

Thank You

Texas DSHS:

Cluster Detection and Response Team
HIV/STD/HCV Epidemiology and Surveillance Branch
Department of State Health Services
hivstd@dshs.texas.gov

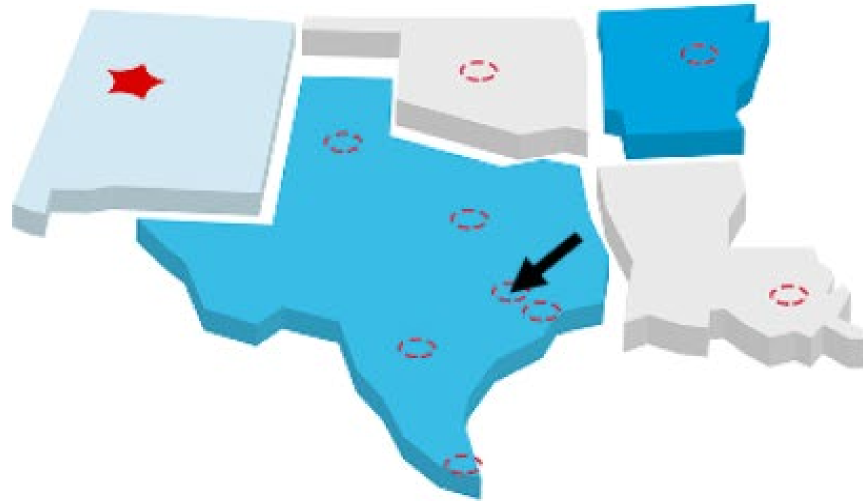
UT Health San Antonio South Central AETC:

Kathryn Fergus
Program Manager
houstonaetc@bcm.edu

Planning and Technical Support Provided By:

Baylor College of Medicine - Houston AETC

Baylor College of Medicine - Houston AIDS Education & Training Center (AETC), a local partner site of the South Central AETC and training arm of the HRSA funded Ryan White HIV/AIDS Program.



Shital M. Patel, MD, MSc
Clinical Director

Melanie Goebel, MD
Associate Clinical Director

Monisha Arya, MD, MPH
Director, Marketing Strategy

Kathryn Fergus
Program Manager

Avishek Ghosh-Hajra, MD MHA/MBA
Senior Coordinator

Felicia Robinson, MBA
IPE Project Manager

Marcus Benoit, PhD(c), MSW
TSHC Program Manager

Questions, Comments and Concerns Regarding this Series, CEUs or Technical Assistance Should be emailed

Session 2: September 28th , 2021
Evaluation, CEUs and Certificates of Attendance

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Resize font:

Session Evaluation - HIV Clusters and Outbreaks: Detection and Response (Sept 21, 2021)

HIV Clusters and Outbreaks: Detection and Response Learning Series

Health Department, Provider, and Community Collaboration to Respondto HIV Clusters

Date/Time: Tuesday, September 21 from 2:00 p.m. - 4:30 p.m.

Please take a few minutes to complete the following survey.

The purpose of this survey is to collect feedback and information for Continuing Education Credits.

Note: Only individuals approved by the BCM-Houston AETC (Baylor College of Medicine - Houston AIDS Education and Training Center) will use the information collected in this survey.

Complete Evaluation for Virtual Learning Series: HIV Cluster Response: 1 – 3 in Participant Dashboard.

Link to Participant Dashboard: https://echo.unm.edu/scaetc/participant-dashboard

Optional: View or Print your Certificate of Completion in your Participant Dashboard. Note: This certificate is unrelated to your CEU award.

Complete Additional Evaluation Questions for Continuing Education Credit via REDCap

Link to RedCap: https://redcap.research.bcm.edu/redcap/surveys/?s=DAHCEHCJKYAJCY3Y

Continuing Education Credit will be based upon documented attendance and completion of Evaluations. Please allow for 2-4 weeks to receive final CE certificate.