



Youth and HIV

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The staff and faculty involved with the planning of today's event **do not** have any conflicts of interest to disclose.



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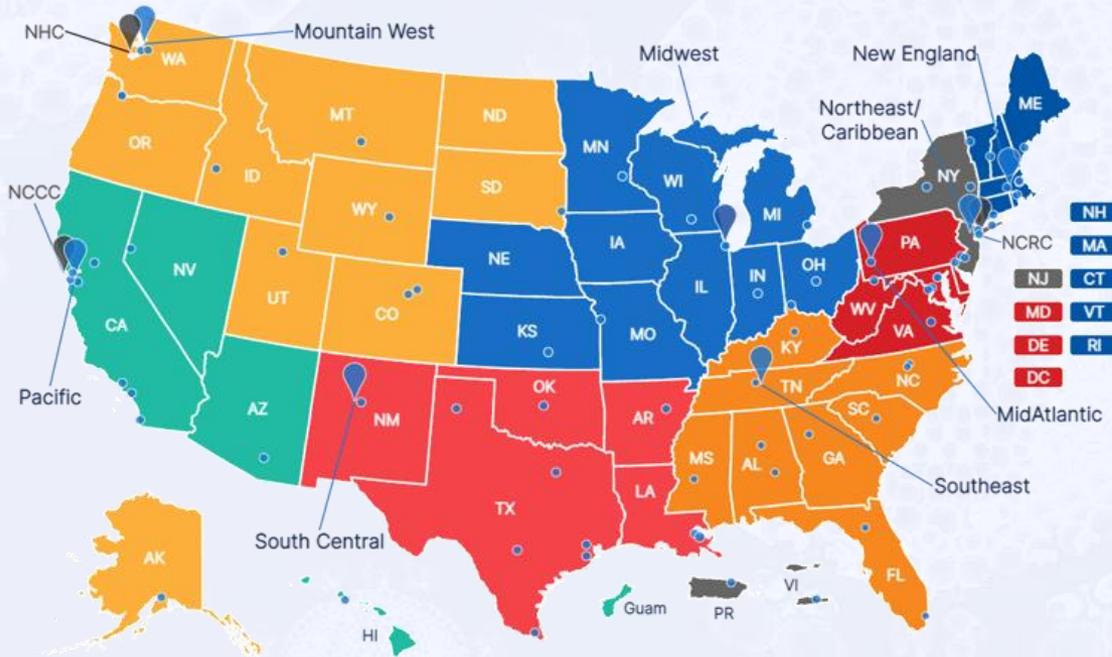
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Speaker Disclosure

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HIV

HIV > HIV Resource Library > Awareness Days

HIV Resource Library

Fact Sheets

Slide Sets

Reports



Consumer Info Sheets

Folded Pocket Guides

Infographics

Awareness Days



National Black HIV/AIDS Awareness Day

National Youth HIV/AIDS Awareness Day – April 10

[Print](#)



April 10 is National Youth HIV/AIDS Awareness Day (NYHAAD). Share the social media posts below to help spark conversations about HIV and highlight prevention methods to reduce [HIV among youth](#). You can also find and share *Let's Stop HIV Together* campaign resources for young adults in [English](#) and [Spanish](#).

Hashtags: #NYHAAD #StopHIVtogether

Objectives

- Describe the epidemiology of HIV in youth
 - Focus on U.S.
- Highlight the many challenges this population poses
- Develop approach to HIV testing in this population
 - Based on current recommendations
- When test is positive, provide appropriate counselling and follow-up care arrangements



CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

MMWRTM

MORBIDITY AND MORTALITY WEEKLY REPORT

June 5, 1981 / Vol. 30 / No. 21

- 249 Dengue Type 4 Infections in U.S. Travelers to the Caribbean
- 250 *Pneumocystis Pneumonia* — Los Angeles
- 252 Measles — United States, First Weeks
- 253 Risk-Factor-Prevalence Survey
- 259 Surveillance of Childhood Lead Poisoning — United States
- 261 Quarantine Measures

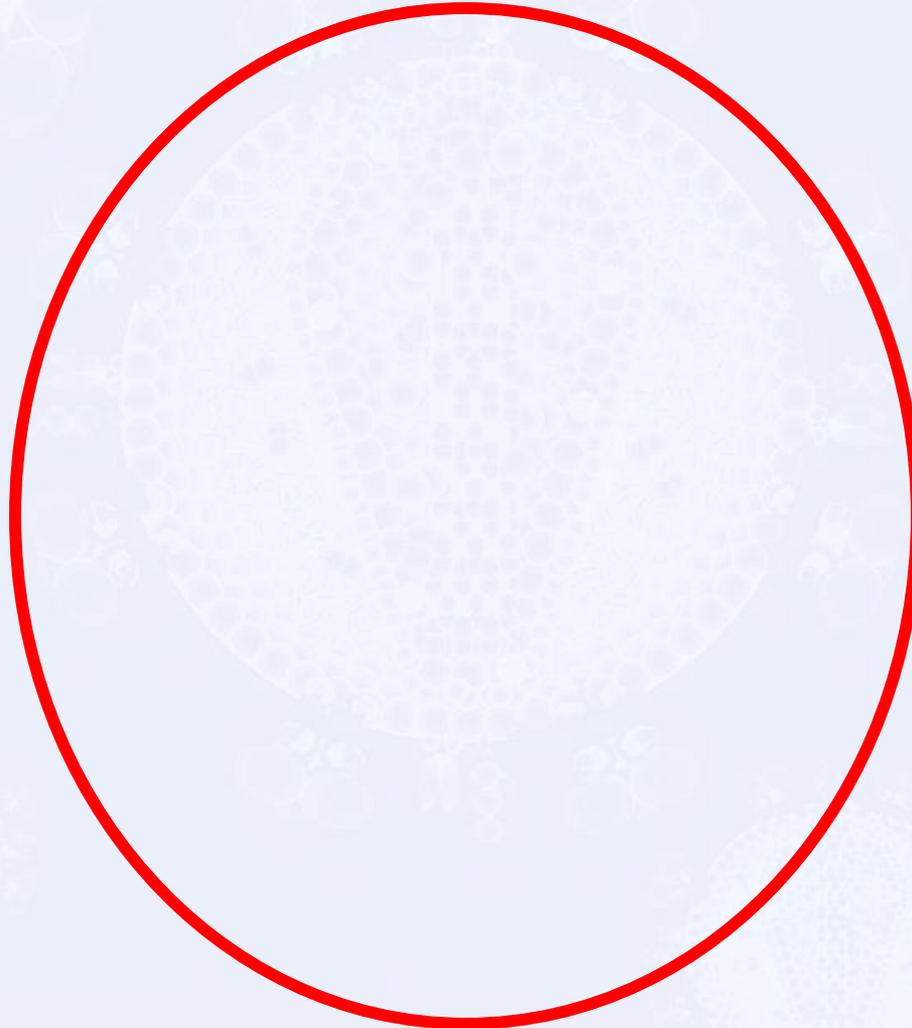
Pneumocystis Pneumonia — Los Angeles

In the period October 1980–May 1981, 5 young men, all active homosexuals treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory-confirmed previous or current cytomegalovirus (CMV) infection and candidal infection. Case reports of these patients follow.

Patient 1: A previously healthy 33-year-old man developed *P. carinii* pneumonia, oral mucosal candidiasis in March 1981 after a 2-month history of fever associated with elevated liver enzymes, leukopenia, and CMV viremia. The serum complement level in October 1980 was 256; in May 1981 it was 32. The patient's condition deteriorated despite courses of treatment with trimethoprim-sulfamethoxazole, pyrimethamine, and acyclovir. He died May 3, and postmortem examination confirmed *P. carinii* pneumonia, but no evidence of neoplasia.

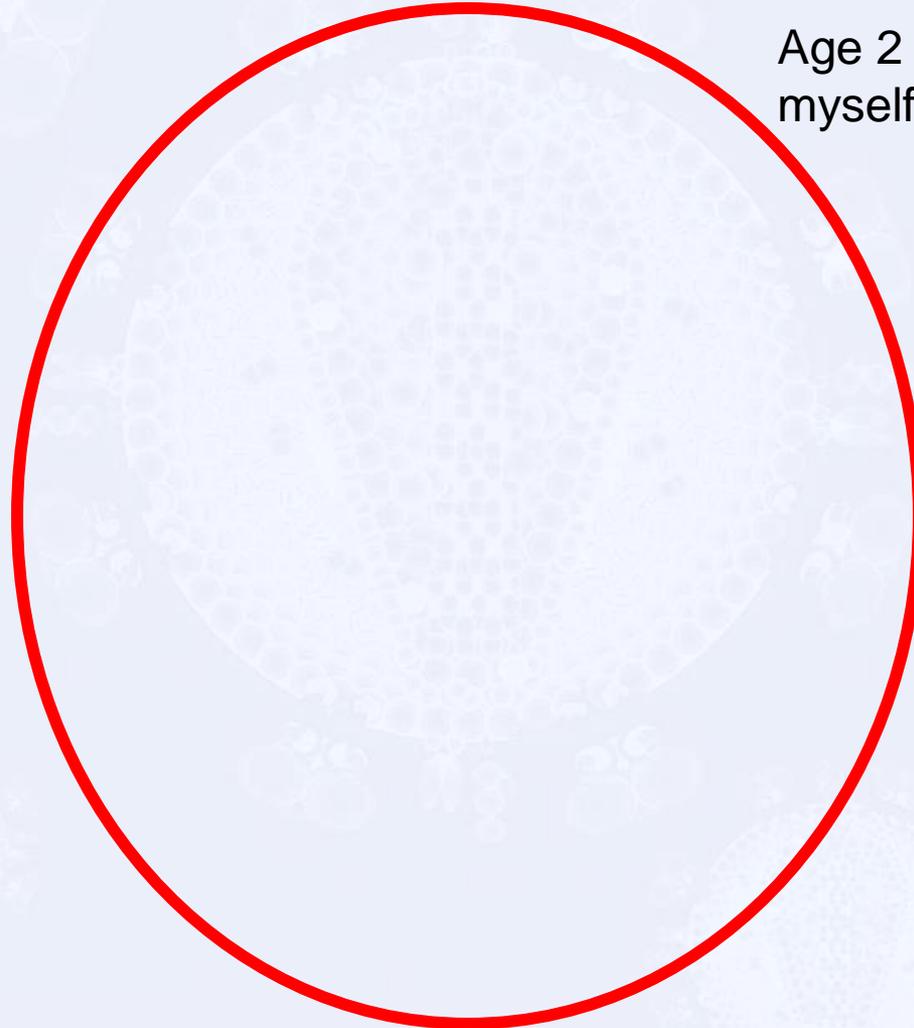


Differences Between Youth and Older Adults



Differences Between Youth and Older Adults

Age 2 – Try not to wet myself



Differences Between Youth and Older Adults

Age 2 – Try not to wet myself

Age 10 – Make friends



Differences Between Youth and Older Adults

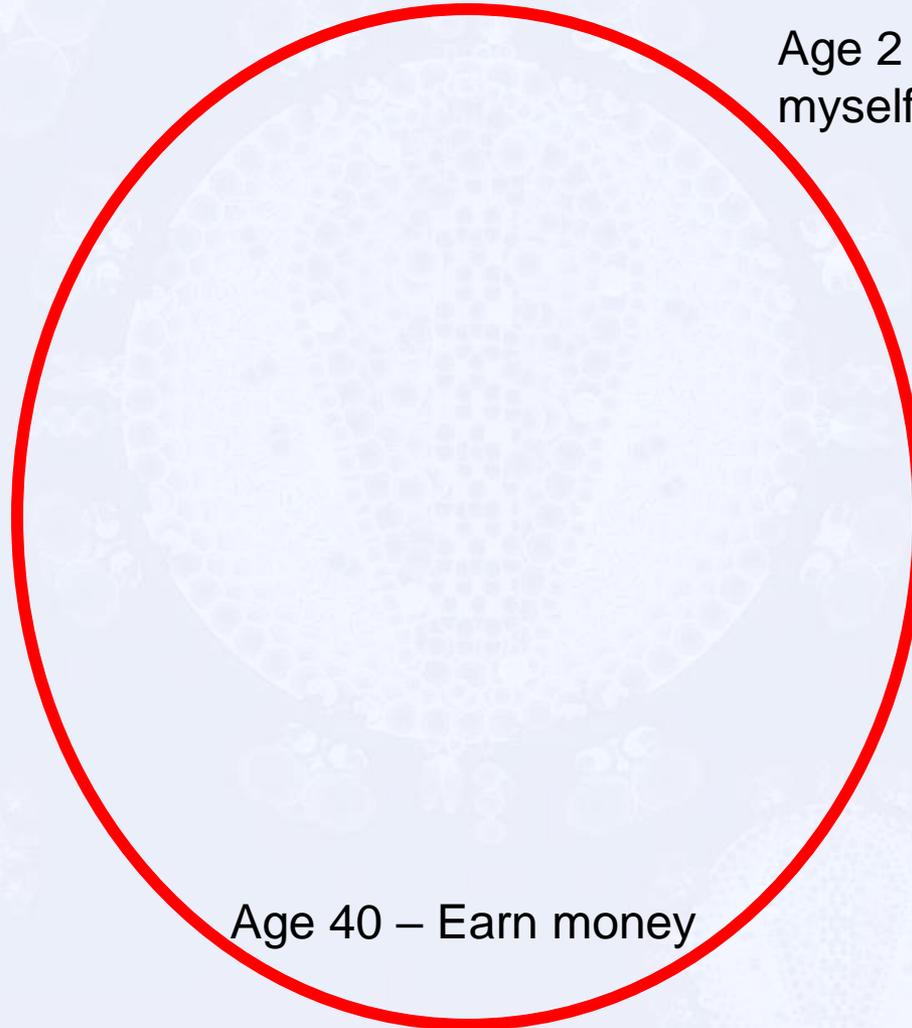
Age 2 – Try not to wet myself

Age 10 – Make friends

Age 20 – Find romance



Differences Between Youth and Older Adults



Age 2 – Try not to wet myself

Age 10 – Make friends

Age 20 – Find romance

Age 40 – Earn money



Differences Between Youth and Older Adults

Age 2 – Try not to wet myself

Age 10 – Make friends

Age 20 – Find romance

Age 40 – Earn money

Age 60 – Find romance



Differences Between Youth and Older Adults

Age 2 – Try not to wet myself

Age 10 – Make friends

Age 20 – Find romance

Age 40 – Earn money

Age 60 – Find romance

Age 70 – Make friends



Differences Between Youth and Older Adults

Age 82 – Try not to wet myself

Age 2 – Try not to wet myself

Age 70 – Make friends

Age 10 – Make friends

Age 60 – Find romance

Age 20 – Find romance

Age 40 – Earn money



HIV and Adolescents: Special Considerations Related to Diagnosis, Care, and Prevention

- High rates of infection
- Lack of awareness
- Denial of vulnerability
- High risk sexual behavior
 - Lack of consistent condom use
 - Drugs and alcohol
- Fear of HIV
- Mistrust of establishment
- Confidentiality concerns
- Availability of healthcare providers



Adolescents Are Challenging



Definitions: Youth and Adolescents

- Youth
 - CDC uses ages 13 – 24 years, inclusive
 - WHO uses ages 10 – 24 years, inclusive
- Adolescent
 - WHO uses ages 10-19 years, inclusive
 - Commonly synonymous with teenage years
 - AAP: “The period following the onset of puberty during which a young person develops from a child into an adult”

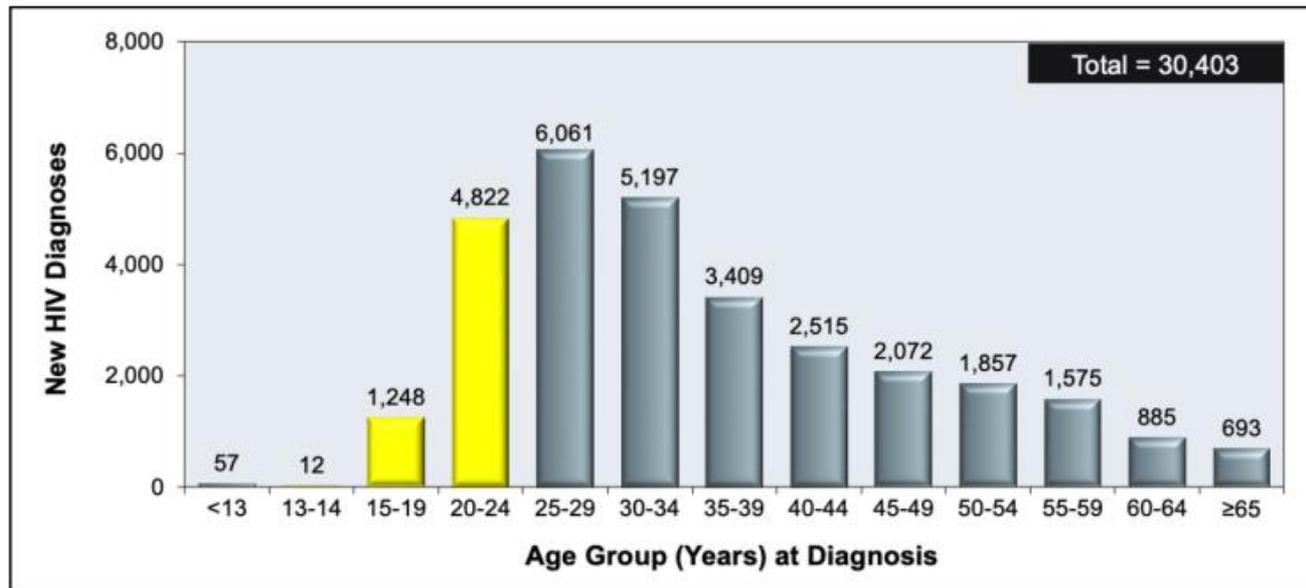


2020 U.S. Data

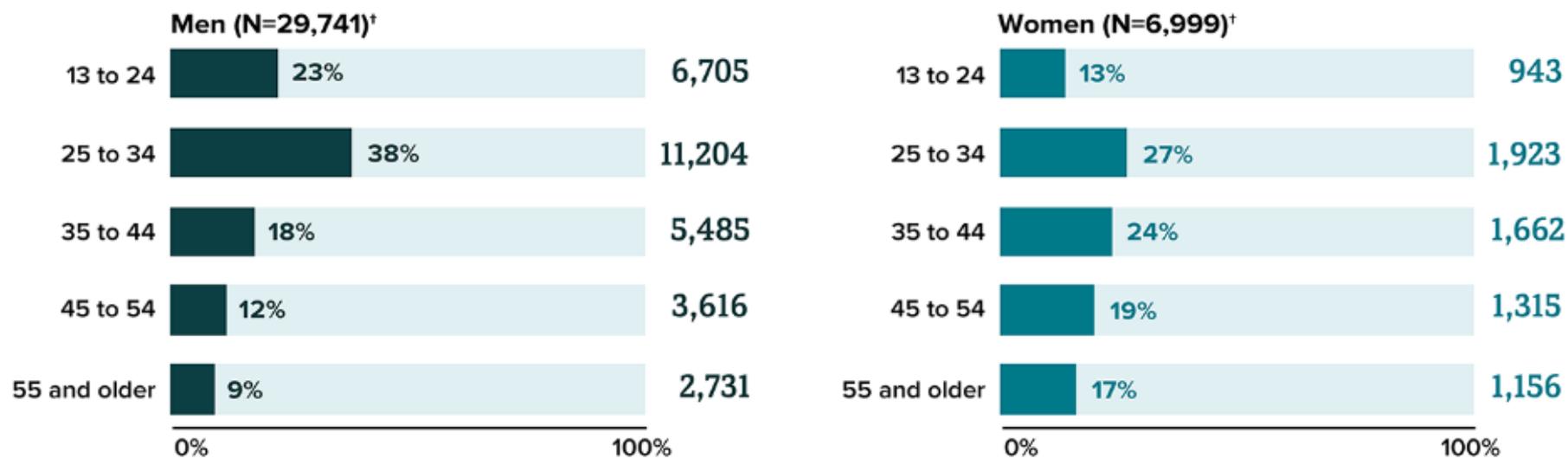
- Youth 13-24 years accounted for 20% of all new HIV infections
 - Vast majority infected through sexual activity
 - Some perinatally infected

Figure 5 New Diagnoses of HIV in United States by Age Group at Time of Diagnosis, United States, 2020

Source: Centers for Disease Control and Prevention. Diagnoses of HIV infection in the United States and dependent areas, 2020. HIV Surveillance Report, 2022; vol. 33:1-143. Published May 2022.



New HIV Diagnoses in the US and Dependent Areas by Sex and Age, 2019*



* Children aged 12 and under accounted for 61 new HIV diagnoses in 2019. Data not available by sex assigned at birth.

[†] Based on sex assigned at birth and includes transgender people. For more information about transgender people, visit CDC's [HIV and Transgender People web content](#).

Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2019](#). *HIV Surveillance Report* 2021;32.



Figure 7 Adolescents and Young Adult Males with Diagnosed HIV in United States, by Transmission Category, Year-End, 2020

The transmission categories shown are for adolescents and young adults with male sex assigned at birth.

Source: Centers for Disease Control and Prevention. Diagnoses of HIV infection in the United States and dependent areas, 2020. HIV Surveillance Report, 2022; vol. 33:1-143. Published May 2022.

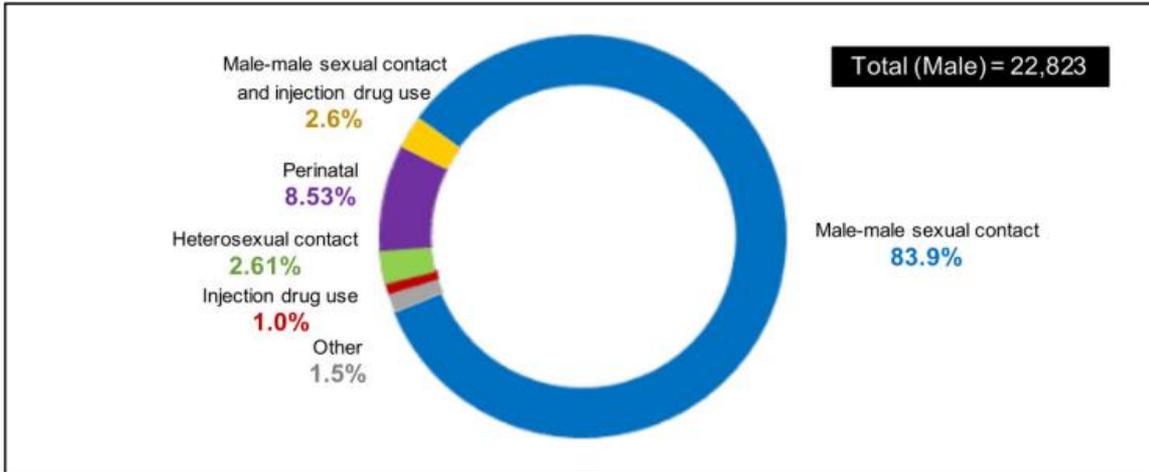


Figure 8 Adolescents and Young Adult Females with Diagnosed HIV in United States, by Transmission Category, Year-End, 2020

The transmission categories shown are for adolescents and young adults with female sex assigned at birth.

Source: Centers for Disease Control and Prevention. Diagnoses of HIV infection in the United States and dependent areas, 2020. HIV Surveillance Report, 2022; vol. 33:1-143. Published May 2022.

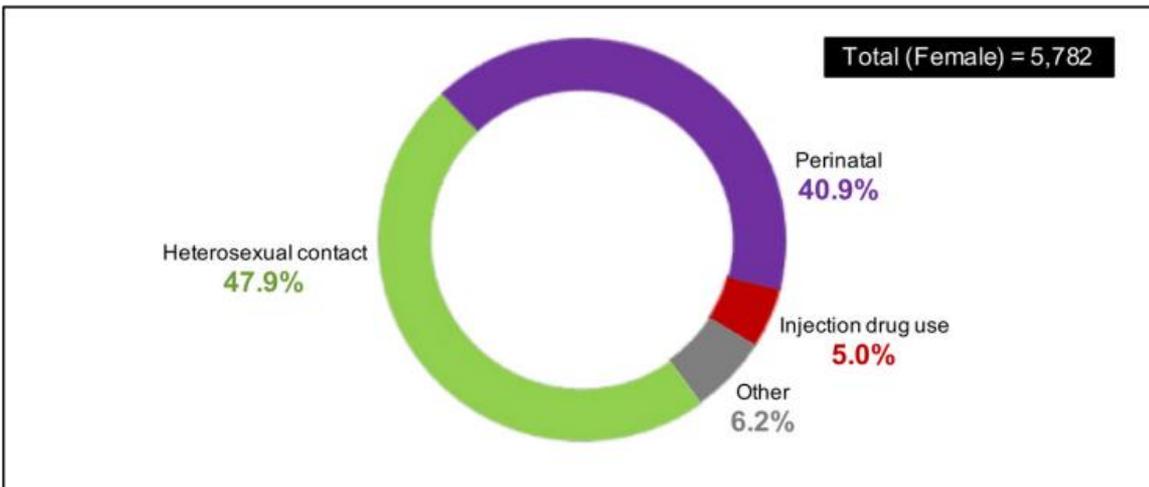


Figure 9 Adolescents and Young Adults with Diagnosed HIV in United States, by Race/Ethnicity, Year-End, 2020

Source: Centers for Disease Control and Prevention. Diagnoses of HIV infection in the United States and dependent areas, 2020. HIV Surveillance Report, 2022; vol. 33:1-143. Published May 2022.

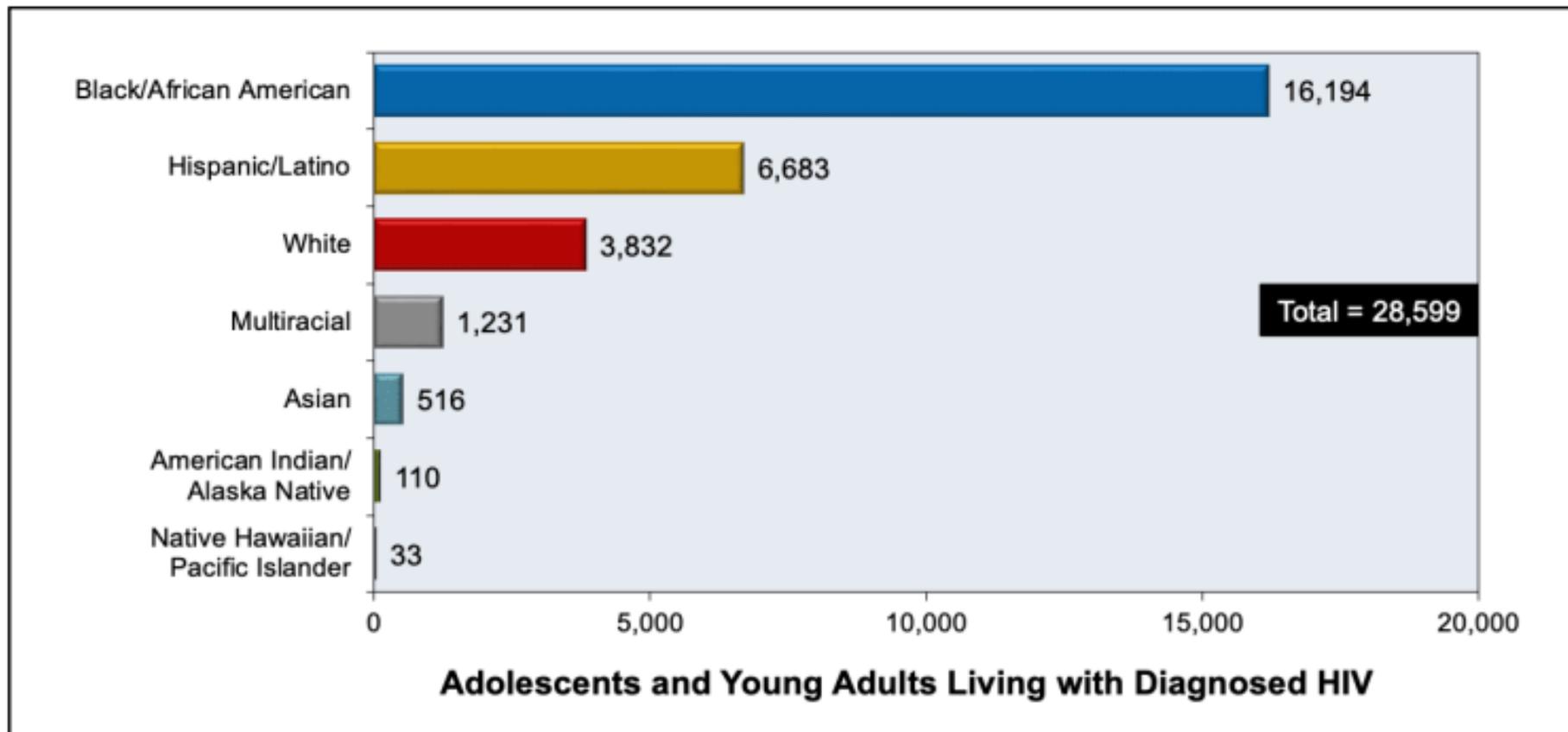
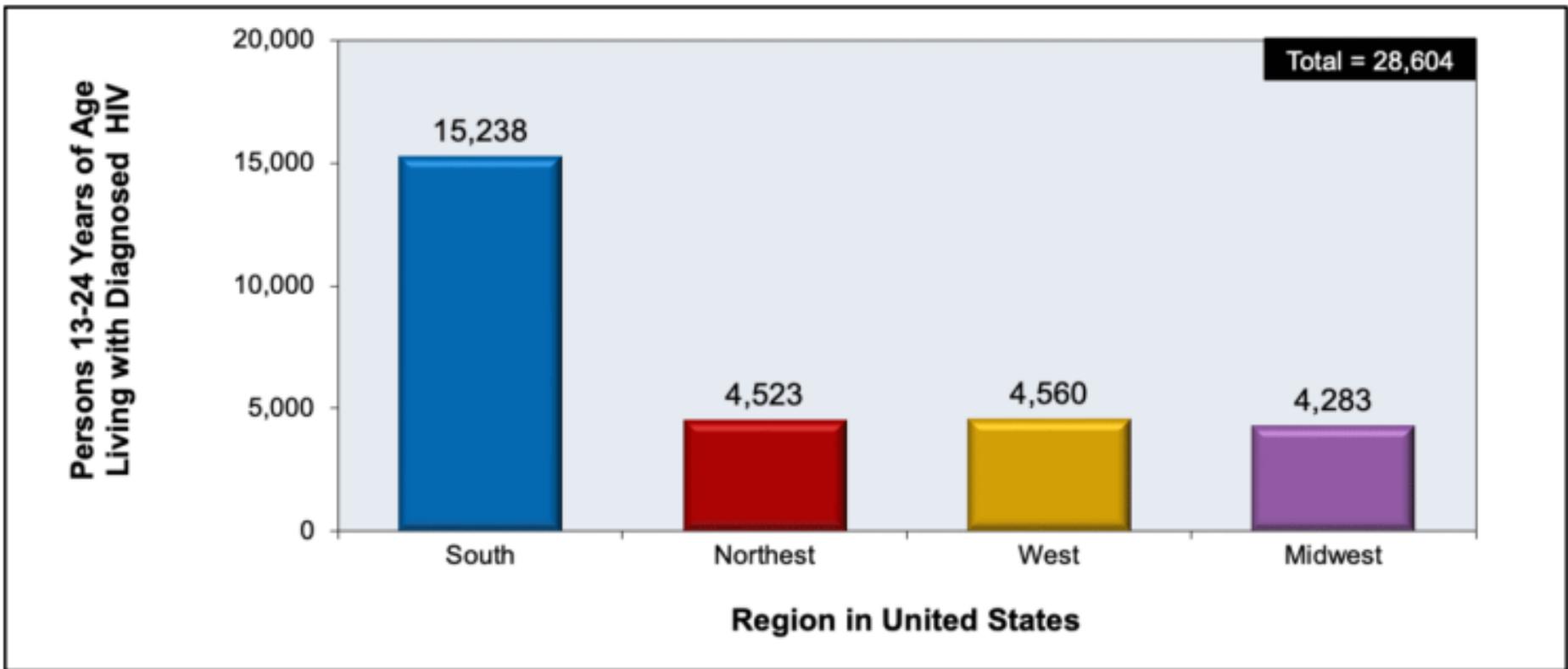


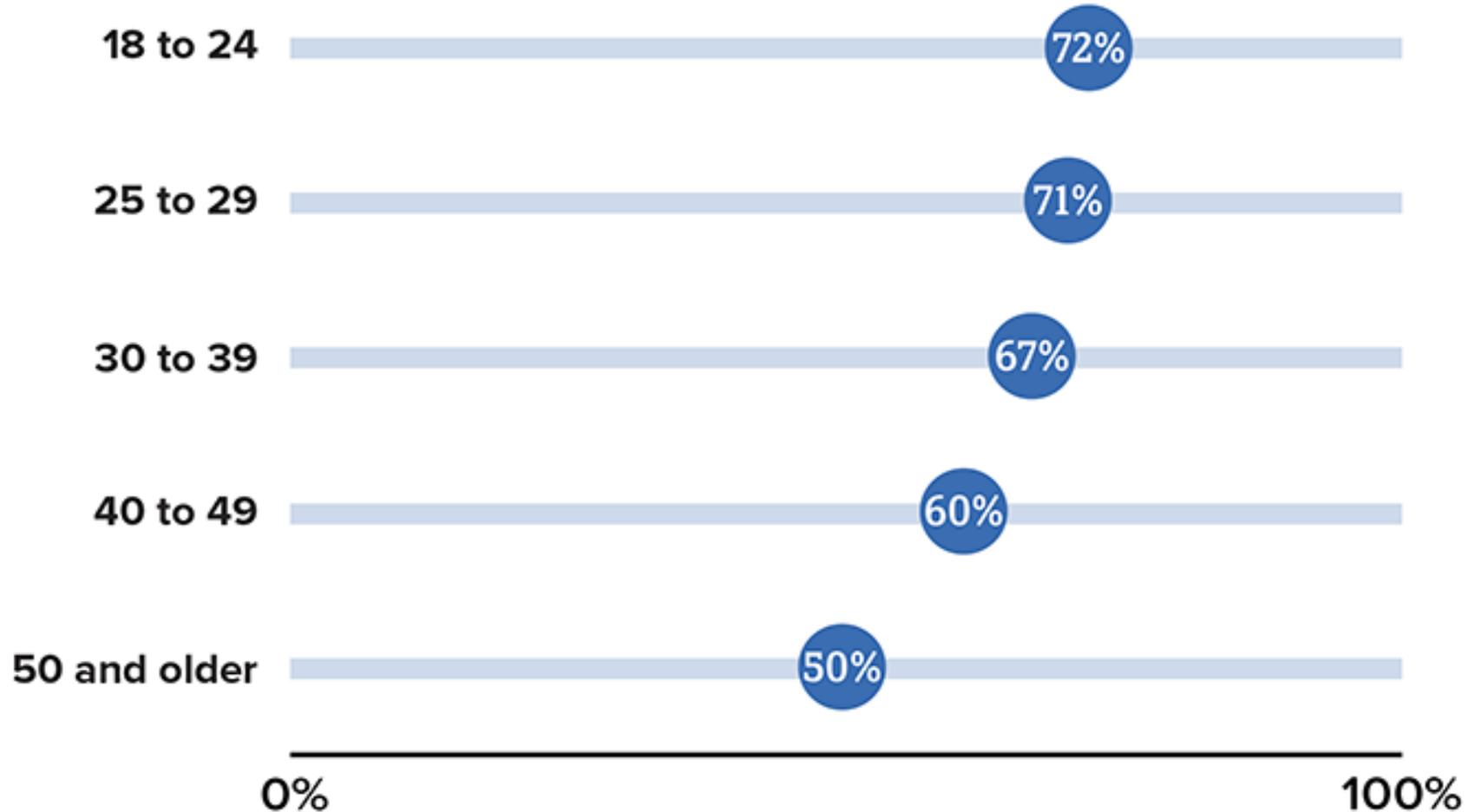
Figure 11 Persons with Diagnosed HIV, Aged 13 to 24 Years, by Region of Residence, 2020

This graphic shows that among adolescents and young adults living with HIV in the United States, more reside in the South than any other region.

Source: Centers for Disease Control and Prevention. Diagnoses of HIV infection in the United States and dependent areas, 2020. HIV Surveillance Report, 2022; vol. 33:1-143. Published May 2022.



Percentage of PWID without HIV who used any injection equipment after someone else used it in the past 12 months by age:



* Data not available for people aged 17 and under.

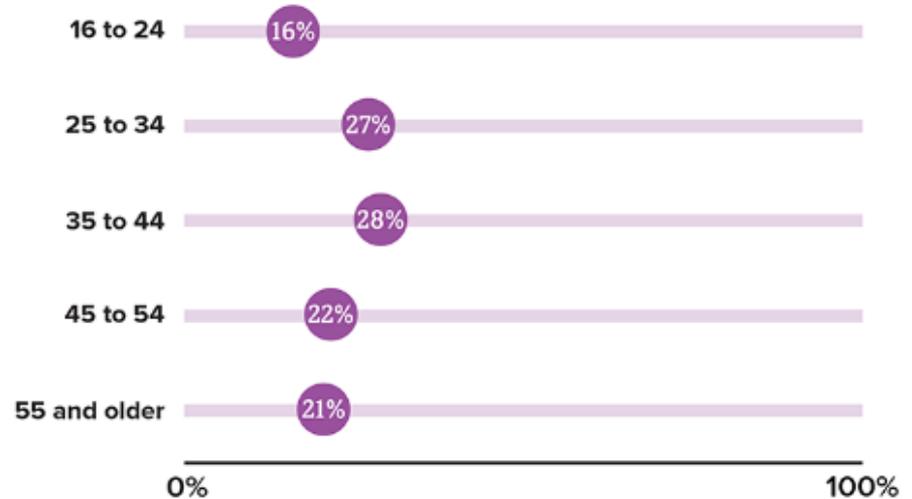
† Among PWID without HIV.



PrEP Coverage in the US by Age, 2019*

PrEP is highly effective for preventing HIV from sex or injection drug use.

Overall, 23% of people who could benefit from PrEP were prescribed PrEP in 2019.



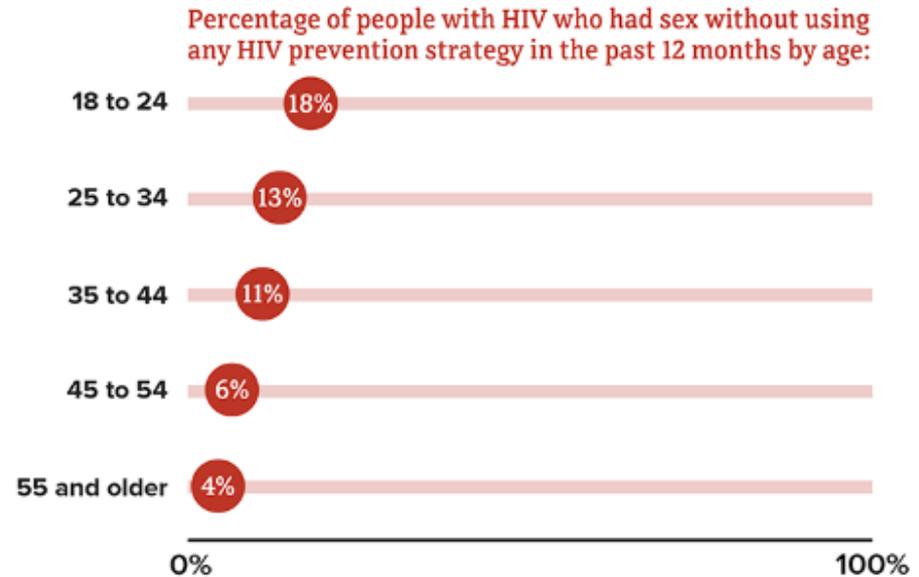
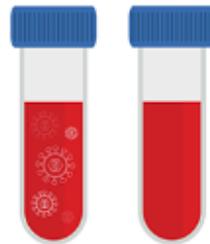
*Data not available for people aged 15 and under.

Source: CDC. [Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. HIV Surveillance Supplemental Report 2021;26\(2\).](#)



Sexual Behaviors Among People with Diagnosed HIV in the US by Age, 2019*

Overall, 7% of people with HIV had sex without using any HIV prevention strategy in the past 12 months.[†]



* Data not available for people aged 17 and under.

[†] Had sex while not virally suppressed with a partner whose HIV status was negative or unknown, a condom was not used, and the partner was not taking PrEP.

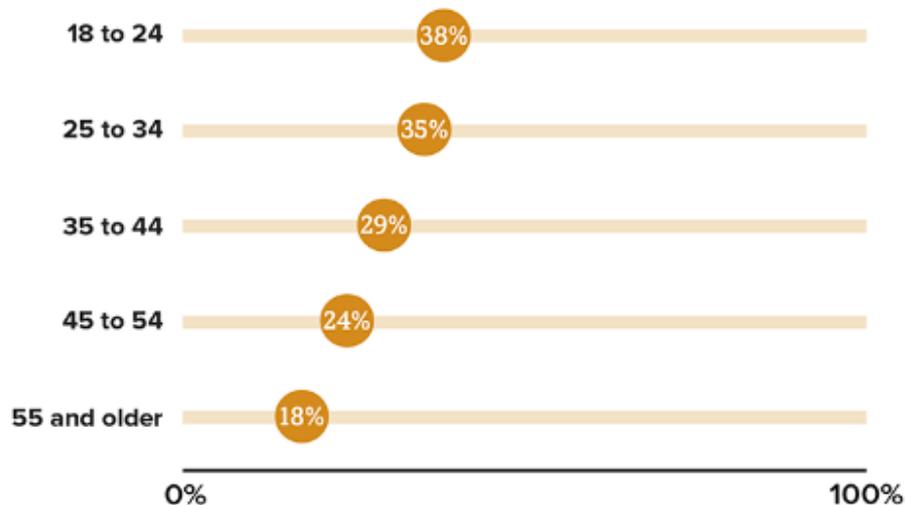
Source: CDC. [Medical Monitoring Project](#).

Missed HIV Medical Care Appointments Among People with Diagnosed HIV in the US by Age, 2019*

Overall, 24% of all people with HIV missed at least 1 medical appointment in the past 12 months.



Percentage of people with HIV who missed at least 1 medical appointment in the past 12 months by age:



* Data not available for people aged 17 and under.

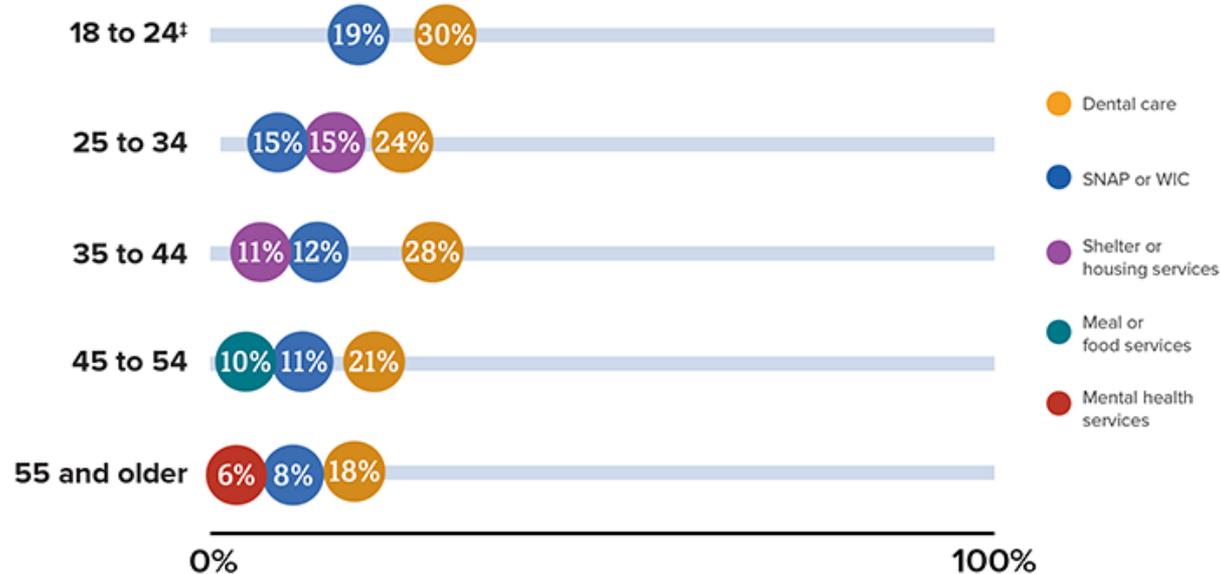
Source: CDC. [Medical Monitoring Project](#).

Needed HIV Ancillary Care Services Among People with Diagnosed HIV in the US by Age, 2019*†

Nearly half (45%) of all people with HIV needed at least 1 HIV ancillary care service in the past 12 months.



Top 3 services people with HIV reported needing, but not receiving in the past 12 months by age:



Abbreviations: SNAP = Supplemental Nutrition Assistance Program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

* Data not available for people aged 17 and under.

† HIV ancillary care services, such as case management and mental health services, are services that support retention in HIV care.

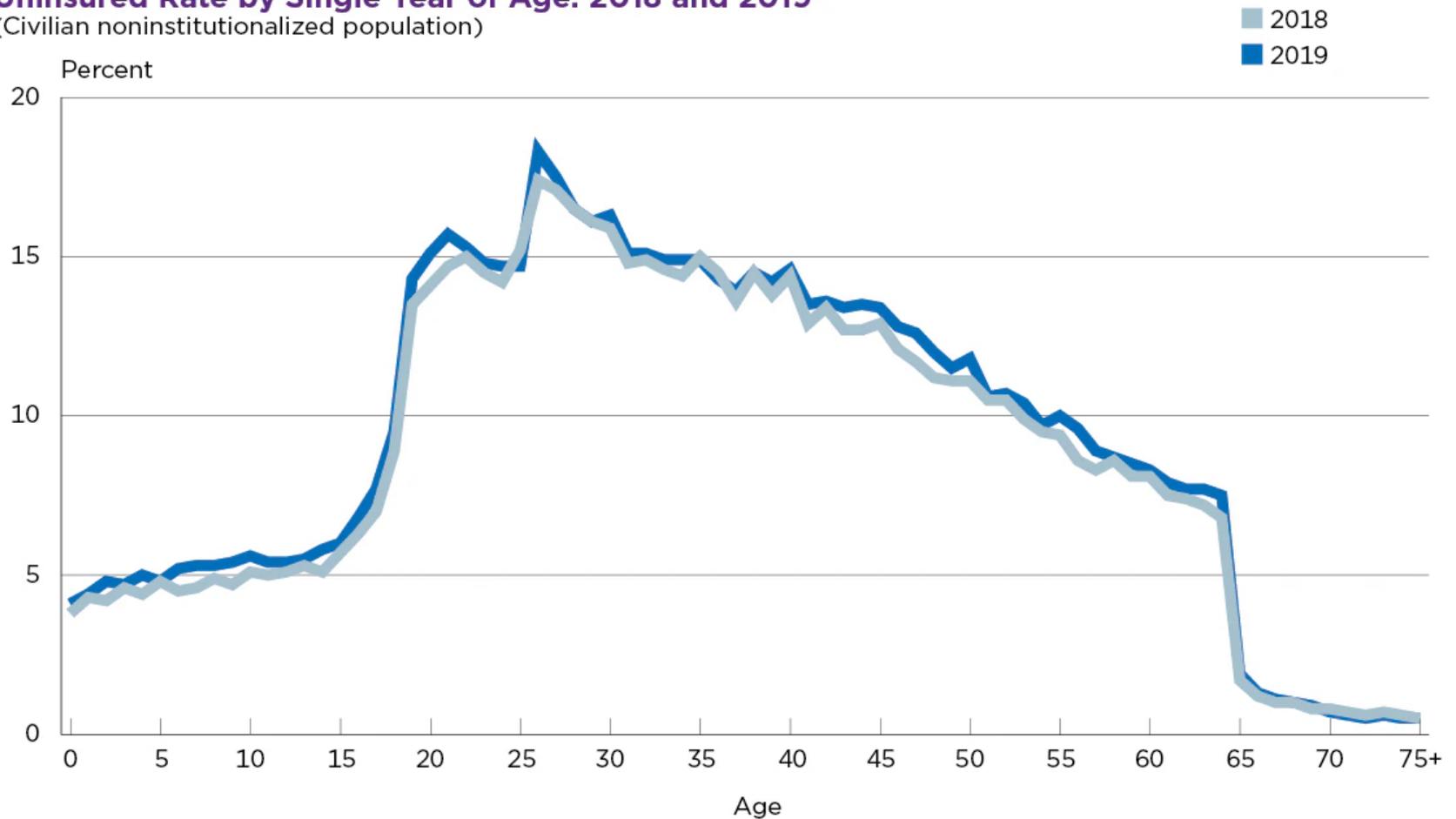
‡ Data for shelter or housing services among people aged 18 to 24 are too small to report.

Source: CDC. [Medical Monitoring Project](#).



Uninsured Rate by Single Year of Age: 2018 and 2019¹

(Civilian noninstitutionalized population)



¹ Change between 2018 and 2019 is statistically significant for people aged 0, 2, 4, 6-12, 14, 16-21, 24-26, 41, 43, 44, 46-48, 50, 53, 55-57, 59, 61, 63, and 64 years.

Note: For information on confidentiality protection, sampling error, nonsampling error, and definitions in the American Community Survey, see <https://www2.census.gov/programs-surveys/acs/tech_docs/accuracy/ACS_Accuracy_of_Data_2019.pdf>. Classification is based on unrounded estimates.

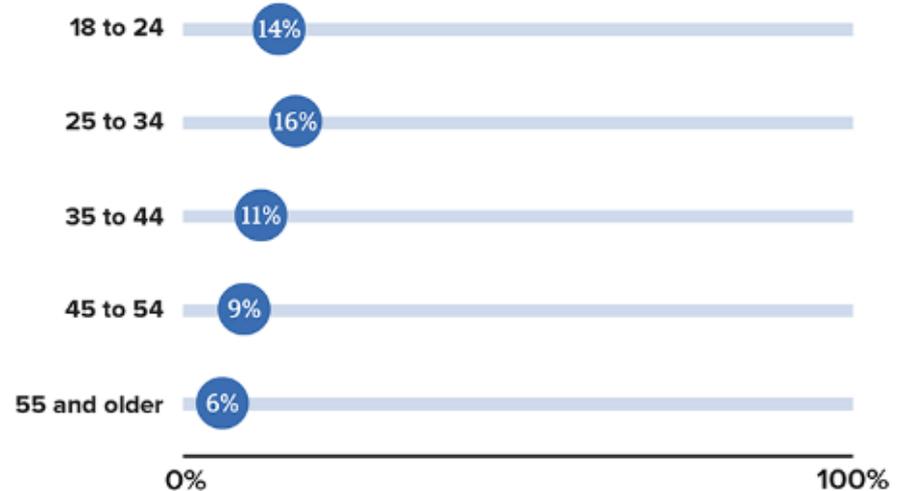
Source: U.S. Census Bureau, 2018 and 2019 American Community Survey, 1-Year Estimates.

Homelessness Among People with Diagnosed HIV in the US by Age, 2019*

Nearly 1 in 10 (or 9%) of all people with HIV experienced homelessness in the past 12 months.



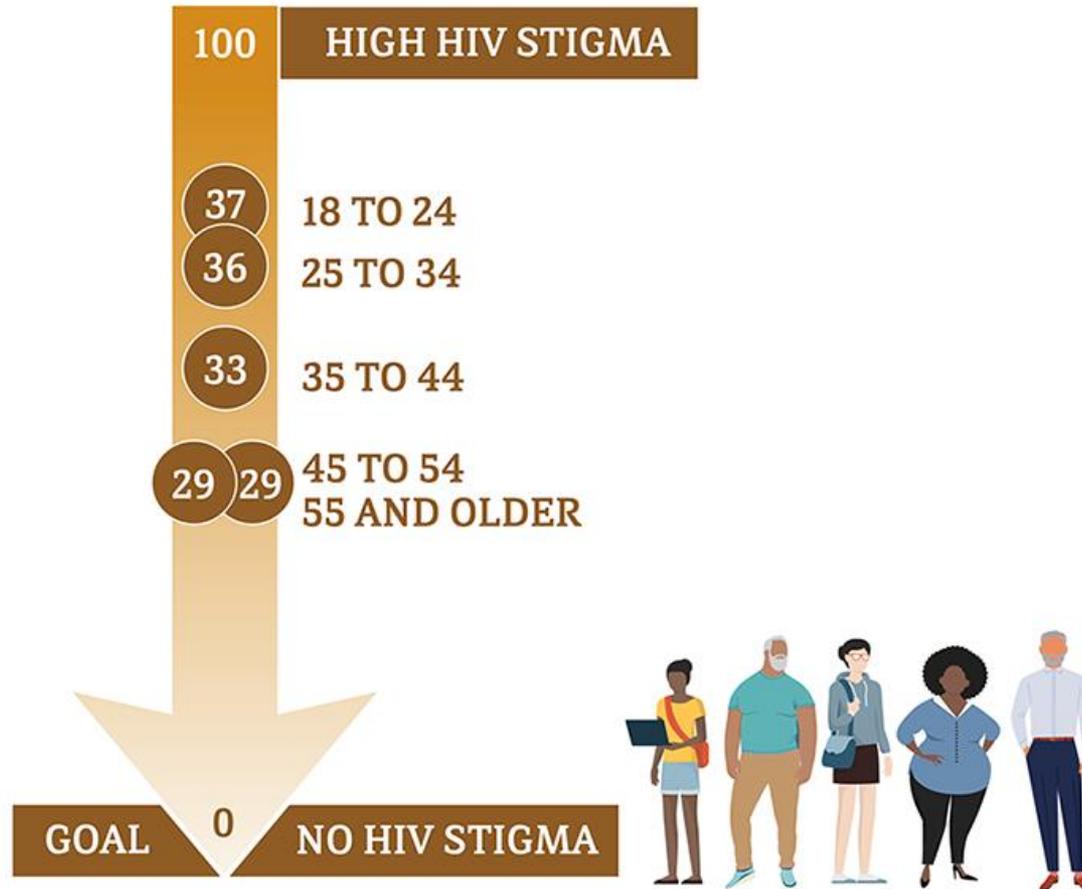
Percentage of people with HIV who reported homelessness in the past 12 months by age:



* Data not available for people aged 17 and under.

Source: CDC. [Medical Monitoring Project](#).

People with HIV experience stigma. The median HIV stigma score among all people with HIV was 31.



Median HIV stigma scores are presented based on a ten-item scale ranging from 0 (no stigma) to 100 (high stigma) that measures personalized stigma, disclosure concerns, negative self-image, and perceived public attitudes about people with HIV.

* Data not available for people aged 17 and under.

Source: CDC. [Medical Monitoring Project](#).

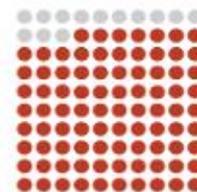


HIV in the US by Age, 2019*



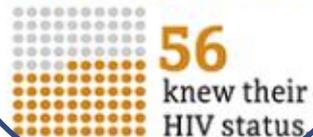
In 2019, an estimated **1,189,700 PEOPLE** had HIV.

For every 100 people with HIV



87
knew their
HIV status.

For every 100 people
with HIV aged 13 to 24



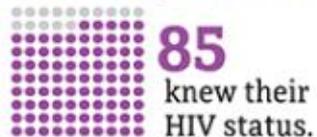
56
knew their
HIV status

For every 100 people
with HIV aged 25 to 34



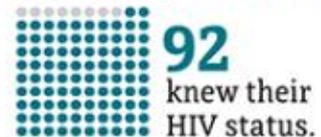
72
knew their
HIV status.

For every 100 people
with HIV aged 35 to 44



85
knew their
HIV status.

For every 100 people
with HIV aged 45 to 54



92
knew their
HIV status.

For every 100 people
with HIV aged 55 and older



95
knew their
HIV status.

* Data not available for children aged 12 and under.

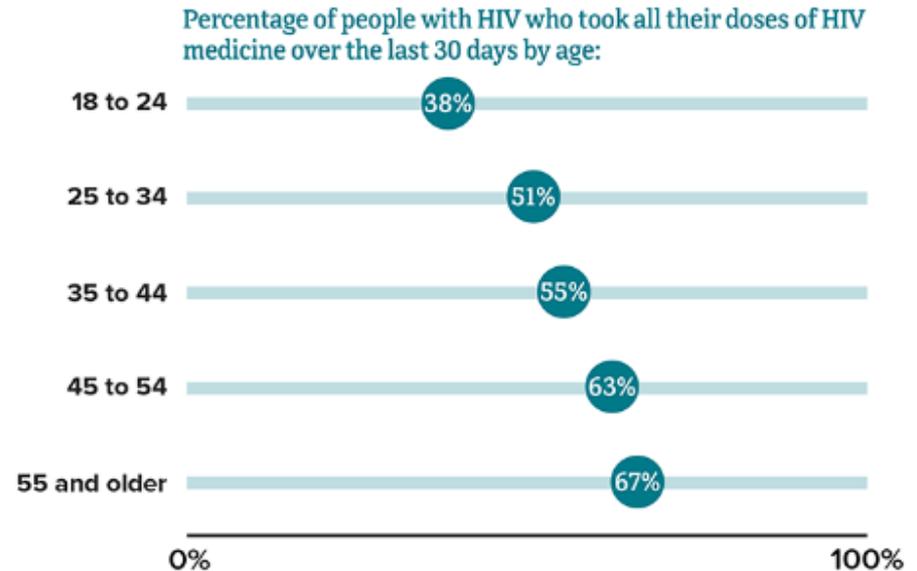
Source: CDC. [Estimated HIV incidence and prevalence in the United States, 2015–2019](#) [PDF – 3 MB]. *HIV Surveillance Supplemental*

Report2021;26(1).



HIV Treatment Among People with Diagnosed HIV in the US by Age, 2019*

More than half (61%) of all people with HIV took all their doses of HIV medicine over the last 30 days.



* Data not available for people aged 17 and under.

Source: CDC. [Medical Monitoring Project](#).

The U.S. HIV Care Continuum¹

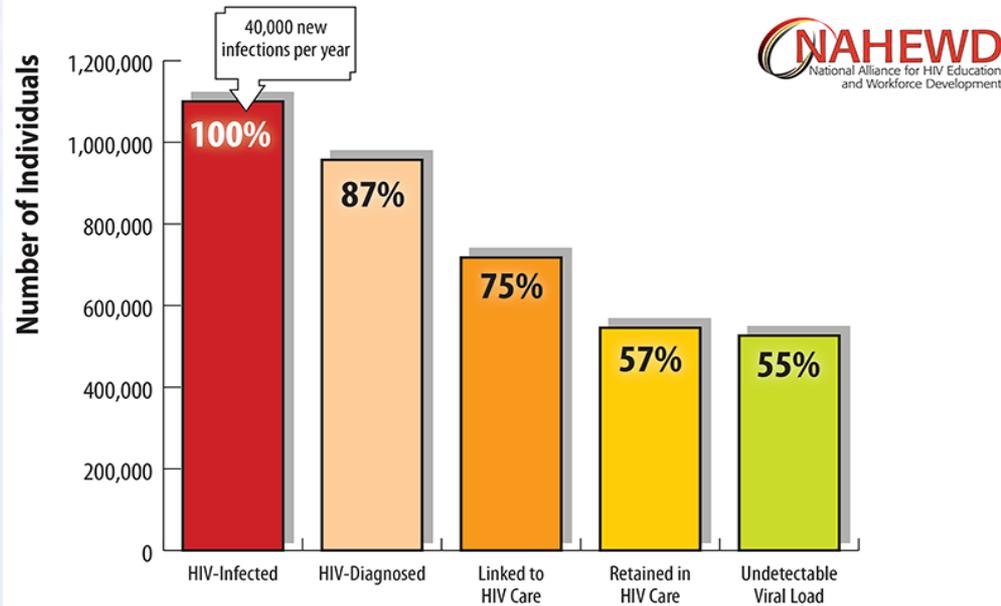
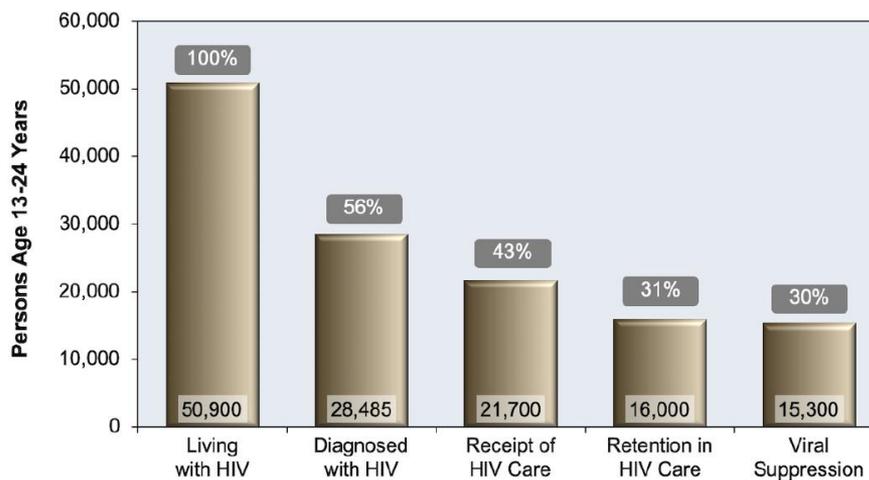
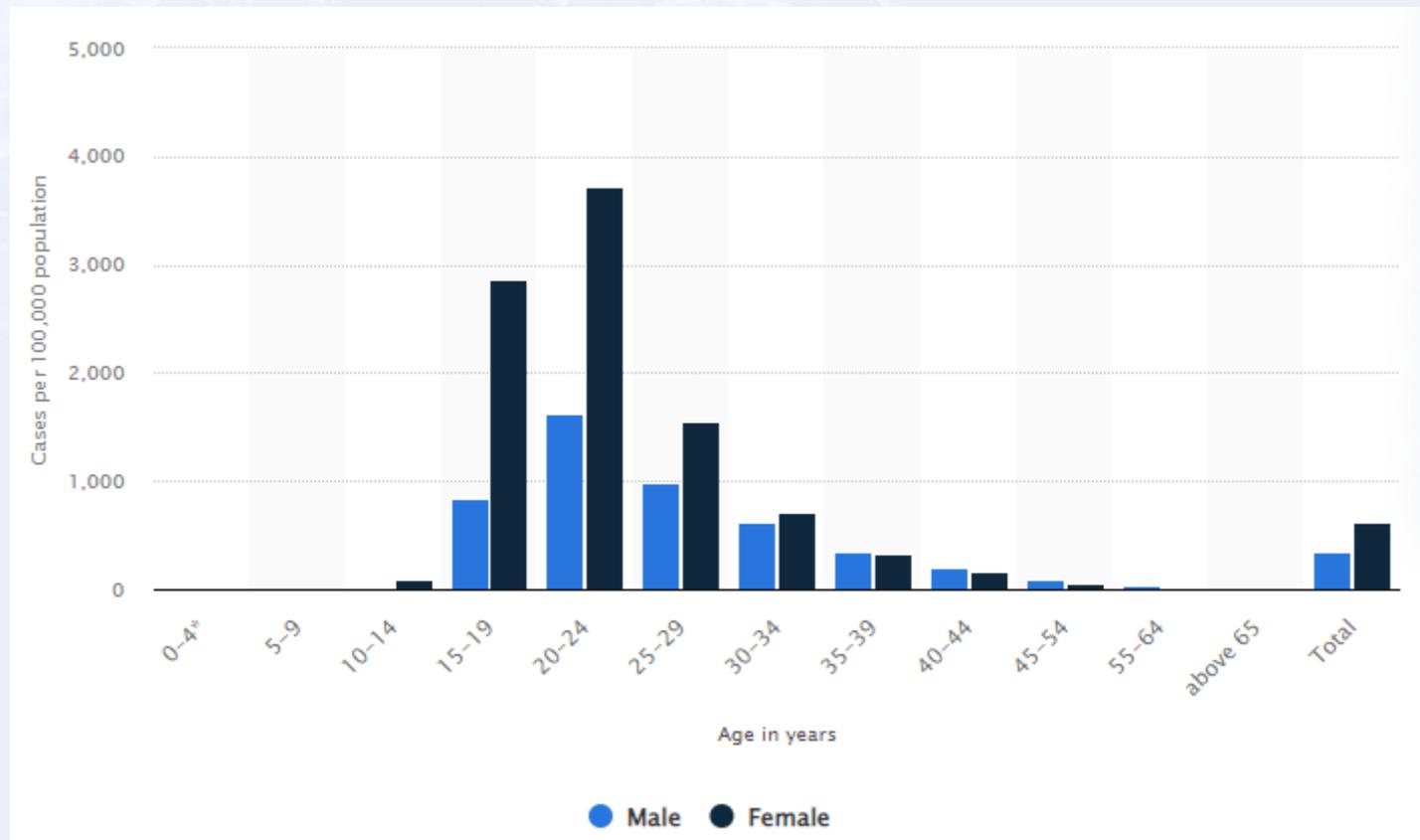


Figure 2 HIV Continuum of Care for Youth Aged 13 to 24 Years, 2016

Source: Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 U.S. dependent areas, 2017. HIV Surveillance Supplemental Report. 2019;24(No. 3):1-74. Published June 2019.



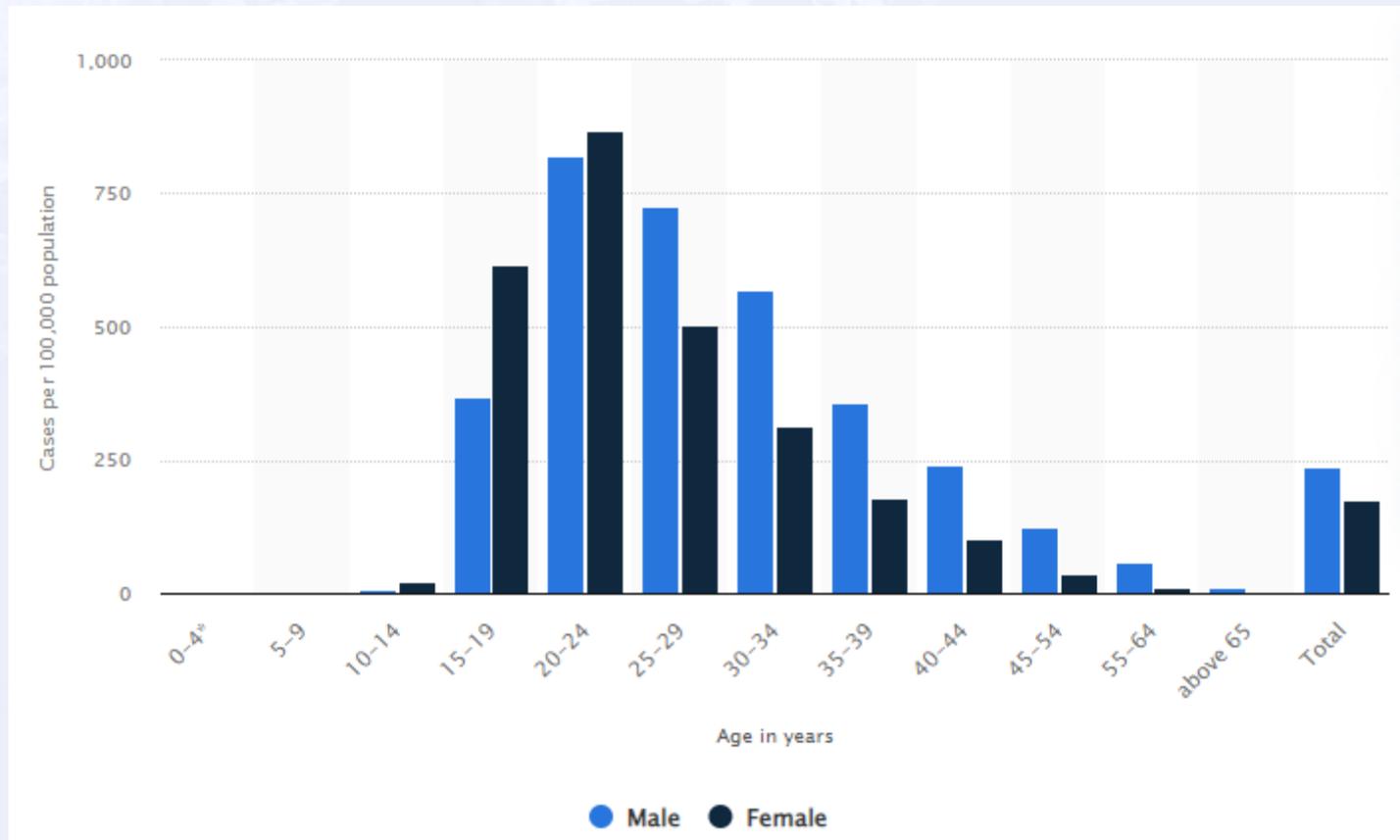
Cases of Chlamydia, 2020 – U.S.



Statista, 2023



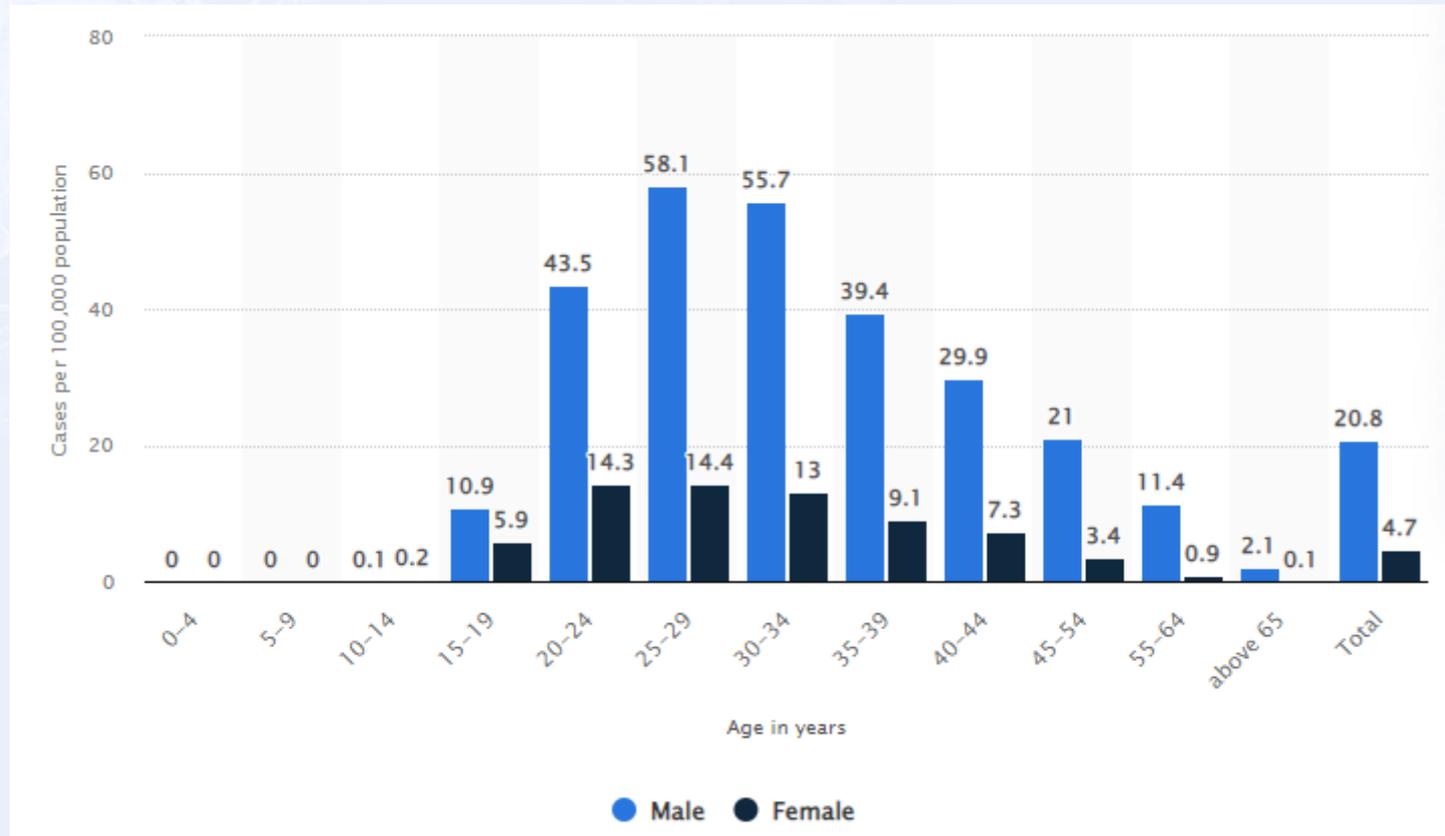
Cases of Gonorrhea, 2020 - U.S.



Statista, 2023



Cases of Syphilis, 2020 - U.S.



Statista, 2023



YOUTH RISK BEHAVIOR SURVEY

DATA SUMMARY &
TRENDS REPORT



Centers for Disease
Control and Prevention
National Center for HIV, Viral
Hepatitis, STD, and TB Prevention

2011-2021

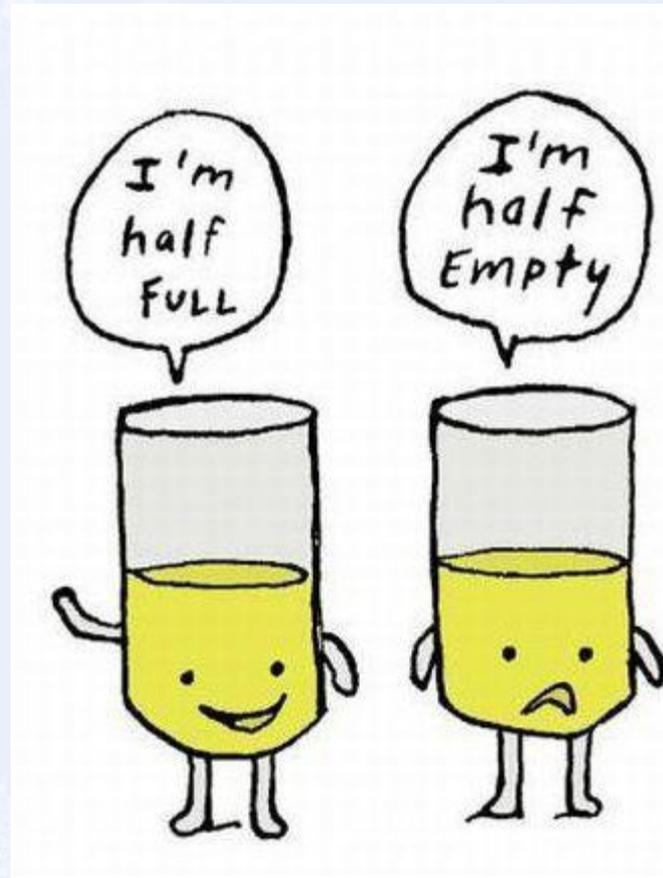


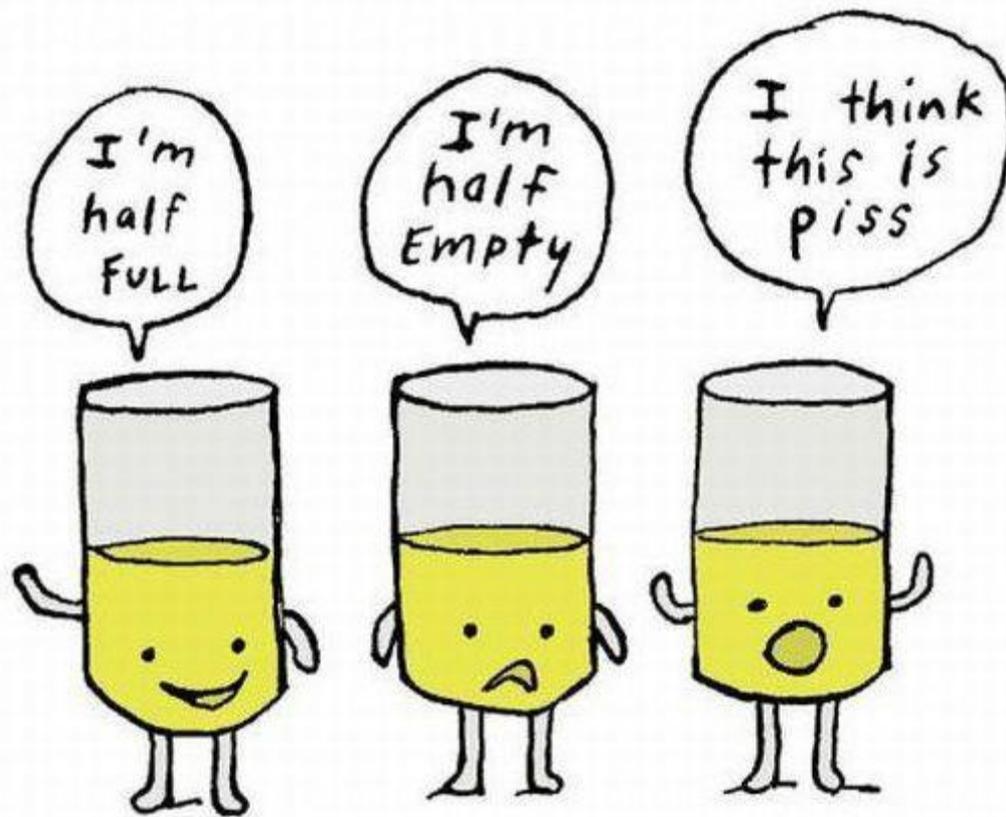
KEY FINDINGS ON TRENDS FROM 2011 TO 2021

As we have seen in our previous reports, several areas of adolescent health and well-being are continuing to improve overall, including risky sexual behavior (i.e., ever and current sexual activity and having four or more lifetime sexual partners) and substance use (i.e., ever used select illicit drugs, ever misused prescription opioids, current alcohol use, and current marijuana use). We also saw a decrease in the proportion of youth who were bullied at school.



Unfortunately, almost all other indicators of health and well-being in this report including protective sexual behaviors (i.e., condom use, sexually transmitted disease (STD) testing, and HIV testing), experiences of violence, mental health, and suicidal thoughts and behaviors worsened significantly.





Mental Health, 2011 - 2021

As we saw in the 10 years prior to the COVID-19 pandemic, mental health among students overall continues to worsen, with more than 40% of high school students feeling so sad or hopeless that they could not engage in their regular activities for at least two weeks during the previous year—a possible indication of the experience of depressive symptoms. We also saw significant increases in the percentage of youth who seriously considered suicide, made a suicide plan, and attempted suicide.

Across almost all measures of substance use, experiences of violence, mental health, and suicidal thoughts and behaviors, female students are faring more poorly than male students. These differences, and the rates at which female students are reporting such negative experiences, are stark.

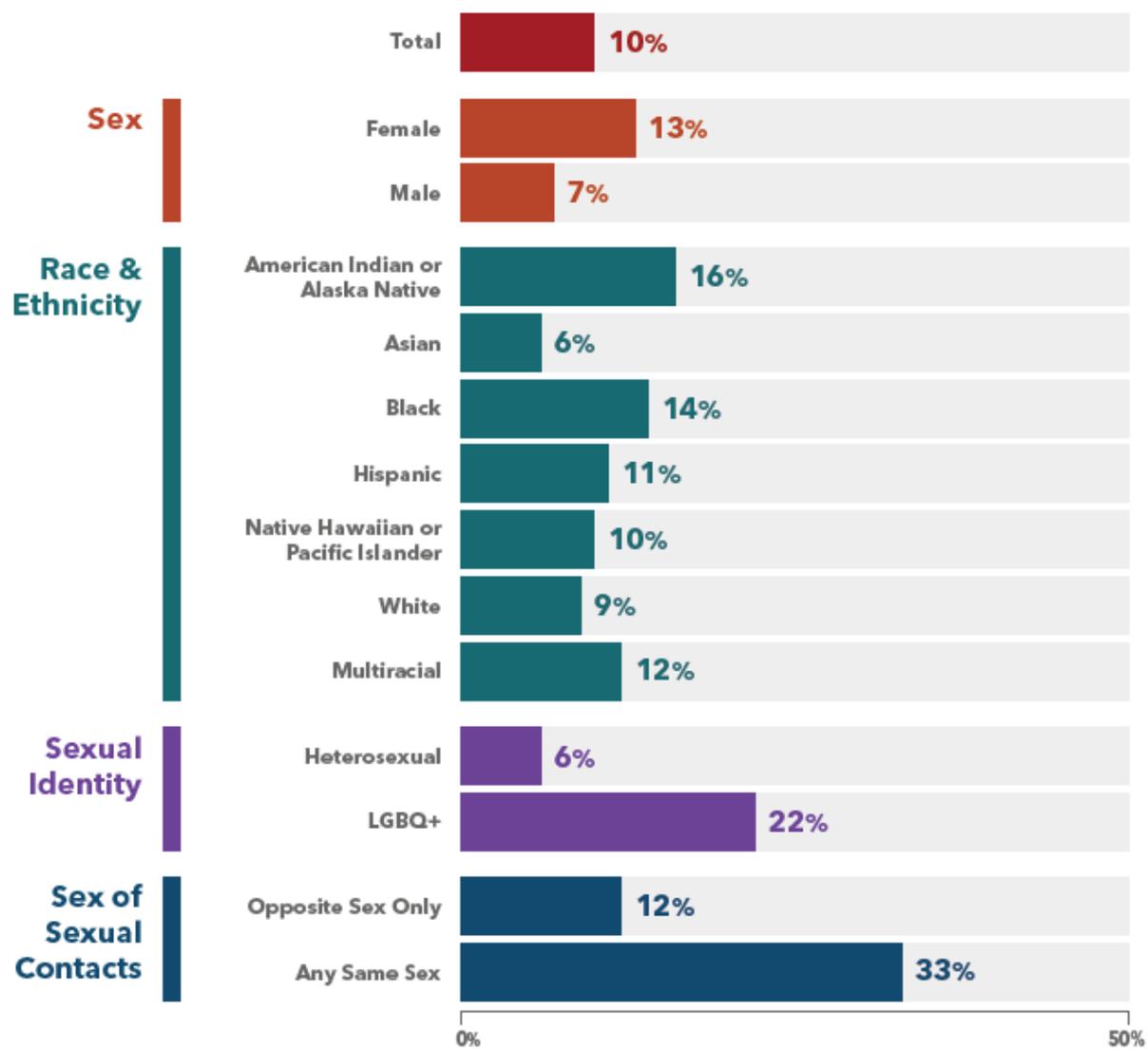


Mental Health: Summary Slide

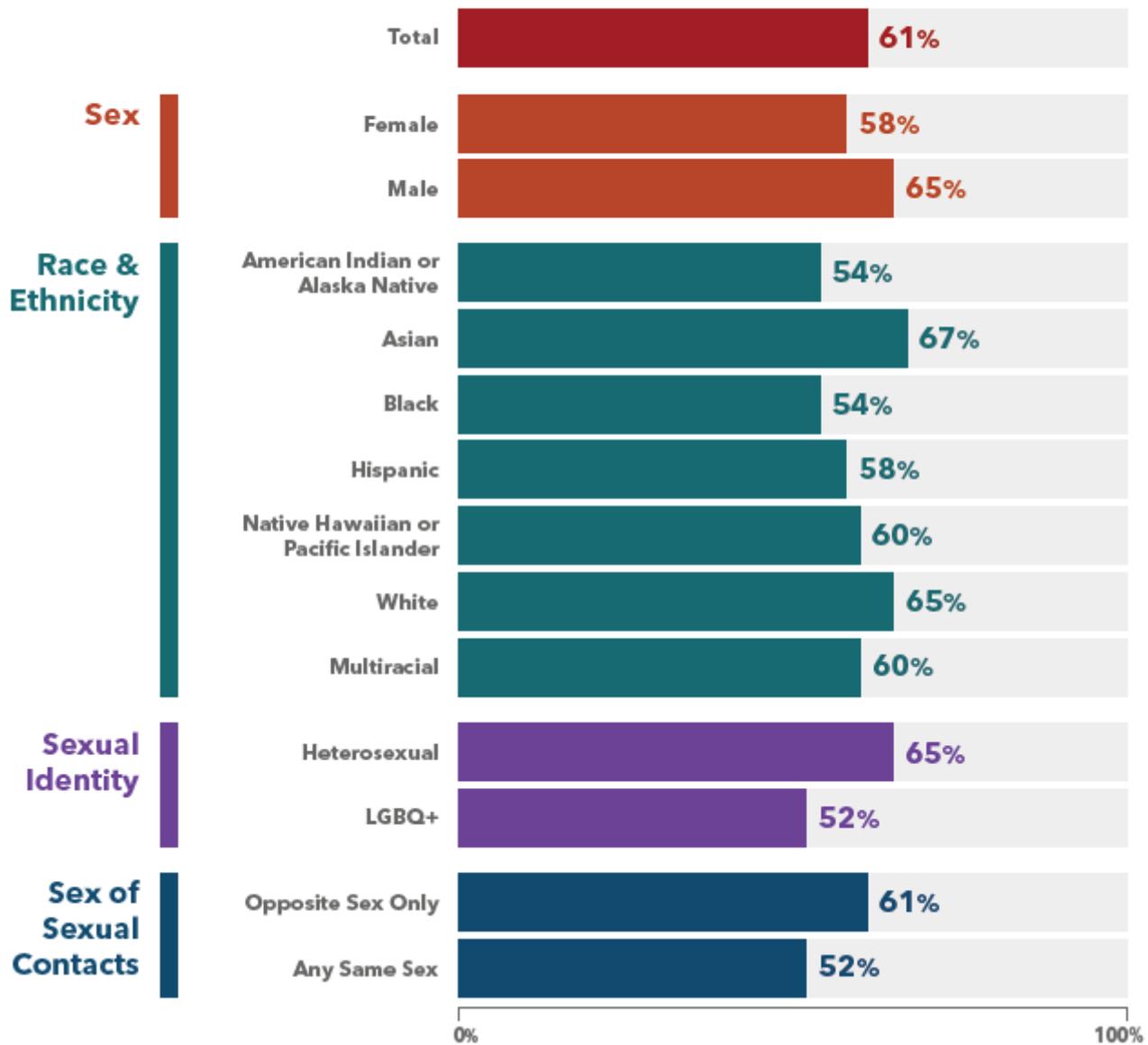
The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	
Experienced poor mental health†	–	–	–	–	–	29	–
Seriously considered attempting suicide	16	17	18	17	19	22	
Made a suicide plan	13	14	15	14	16	18	
Attempted suicide	8	8	9	7	9	10	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	



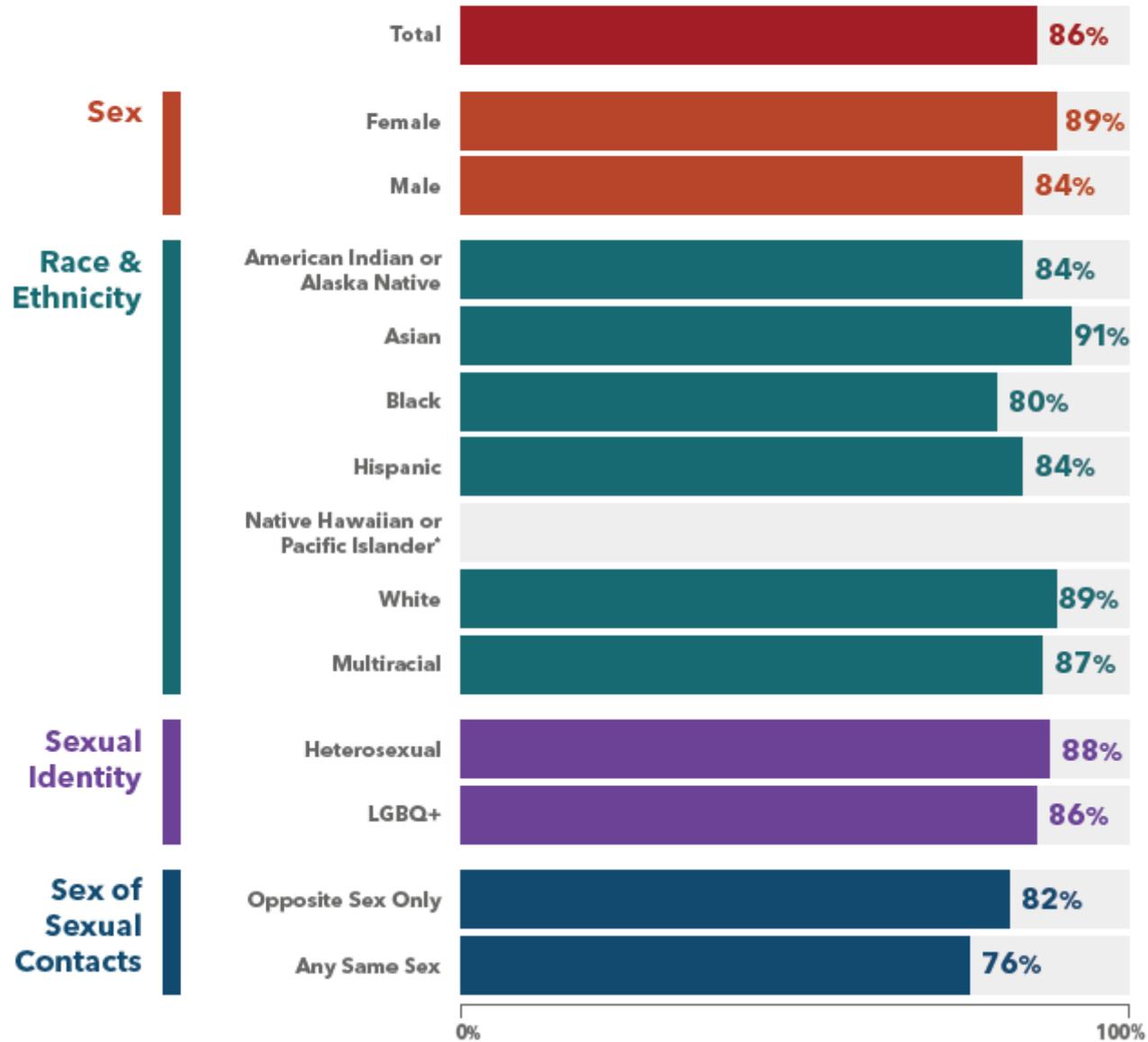
Percentage of High School Students Who
Attempted Suicide during the Past Year,
 by Demographic Characteristics, United States, YRBS, 2021



Percentage of High School Students Who Felt Close to People at School, by Demographic Characteristics, United States, YRBS, 2021



Percentage of High School Students Who Experienced **High Parental Monitoring**, by Demographic Characteristics, United States, YRBS, 2021



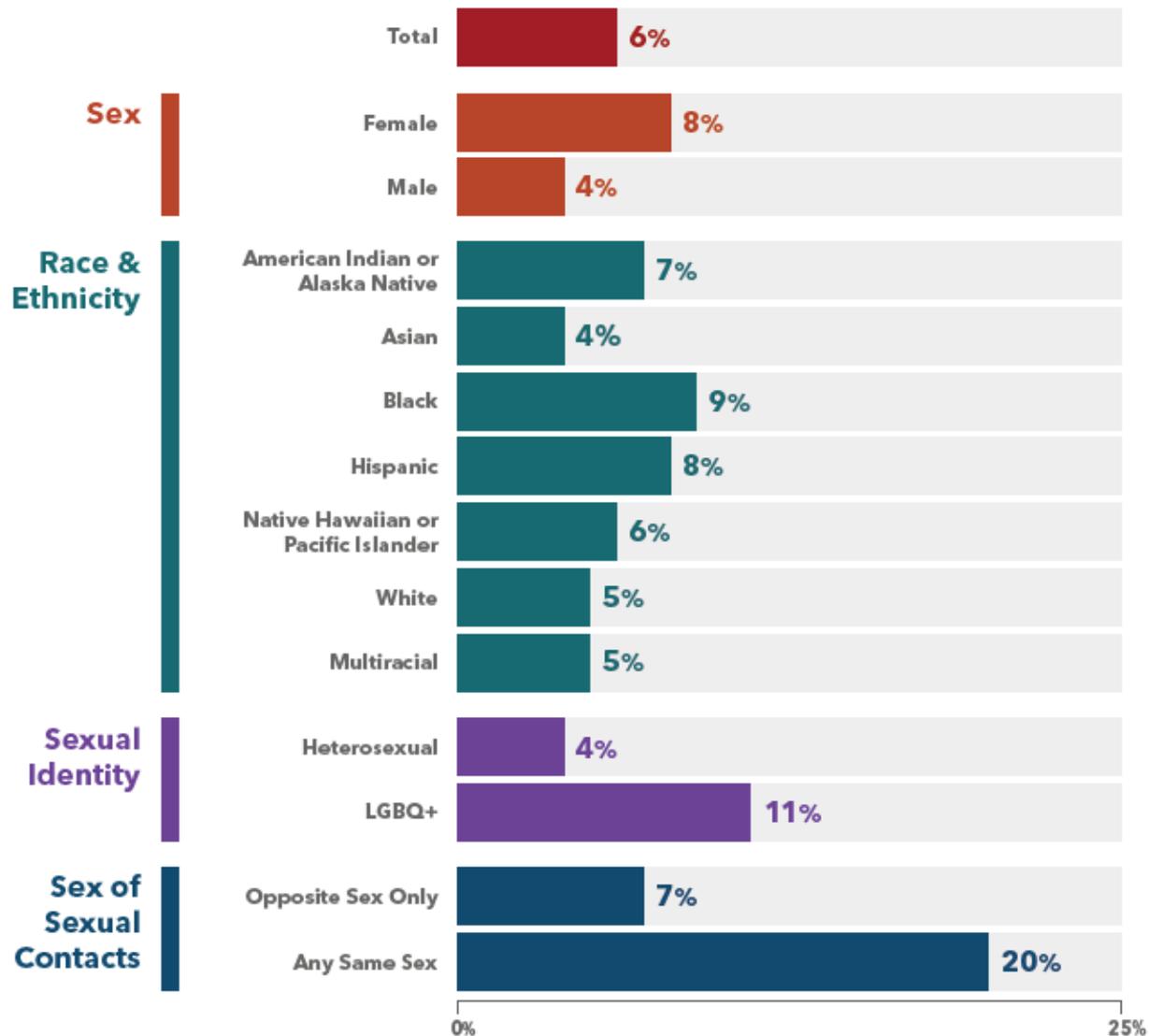
Substance Use: Summary Slide

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Currently drank alcohol	39	35	33	30	29	23	
Currently used marijuana	23	23	22	20	22	16	
Currently used an electronic vapor product†	–	–	24	13	33	18	
Ever used select illicit drugs	19	16	13	13	13	13	
Ever misused prescription opioids‡	–	–	–	14	14	12	
Currently misused prescription opioids§	–	–	–	–	7	6	



Percentage of High School Students Who

Misused Prescription Opioids during the Past 30 Days, by Demographic Characteristics, United States, YRBS, 2021

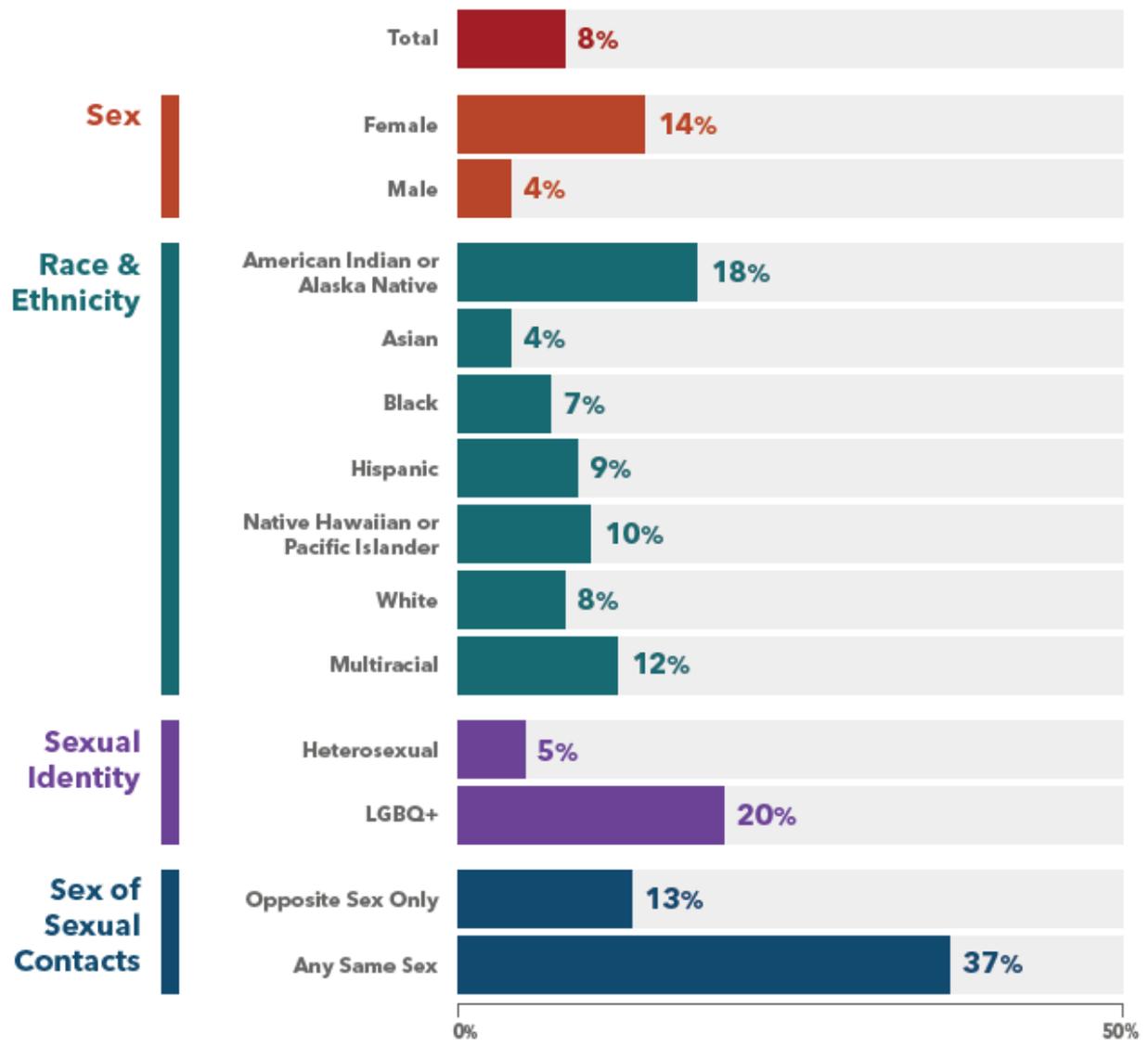


Violence: Summary Slide

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Were threatened or injured with a weapon at school	7	7	6	6	7	7	
Did not go to school because of safety concerns	6	7	6	7	9	9	
Were electronically bullied	16	15	16	15	16	16	
Were bullied at school	20	20	20	19	20	15	
Were ever forced to have sex	8	7	7	7	7	8	
Experienced sexual violence by anyone†	–	–	–	10	11	11	



Percentage of High School Students Who Had Ever Been Forced to Have Sex, by Demographic Characteristics, United States, YRBS, 2021

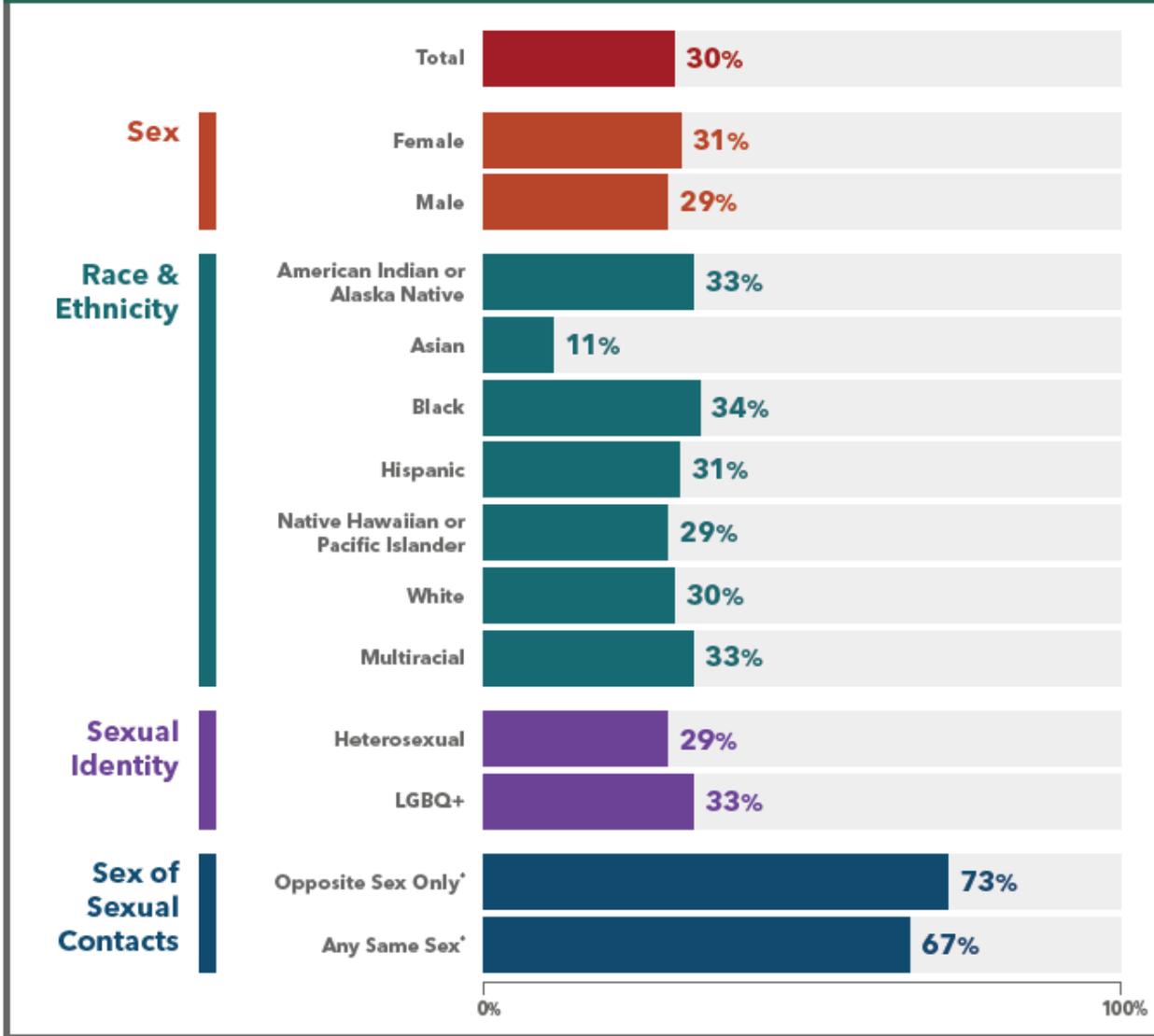


Sexual Behaviors: Summary Slide

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Ever had sex	47	47	41	40	38	30	
Had four or more lifetime sexual partners	15	15	11	10	9	6	
Were currently sexually active	34	34	30	29	27	21	
Used a condom during last sexual intercourse†	60	59	57	54	54	52	
Used effective hormonal birth control†,‡	–	–	–	–	–	33	–
Used a condom and effective hormonal birth control (dual use)†,‡	–	–	–	–	–	10	–
Were ever tested for HIV	13	13	10	9	9	6	
Were tested for STDs during the past year§	–	–	–	–	9	5	



Percentage of High School Students Who Had Ever Had Sex, by Demographic Characteristics, United States, YRBS, 2021

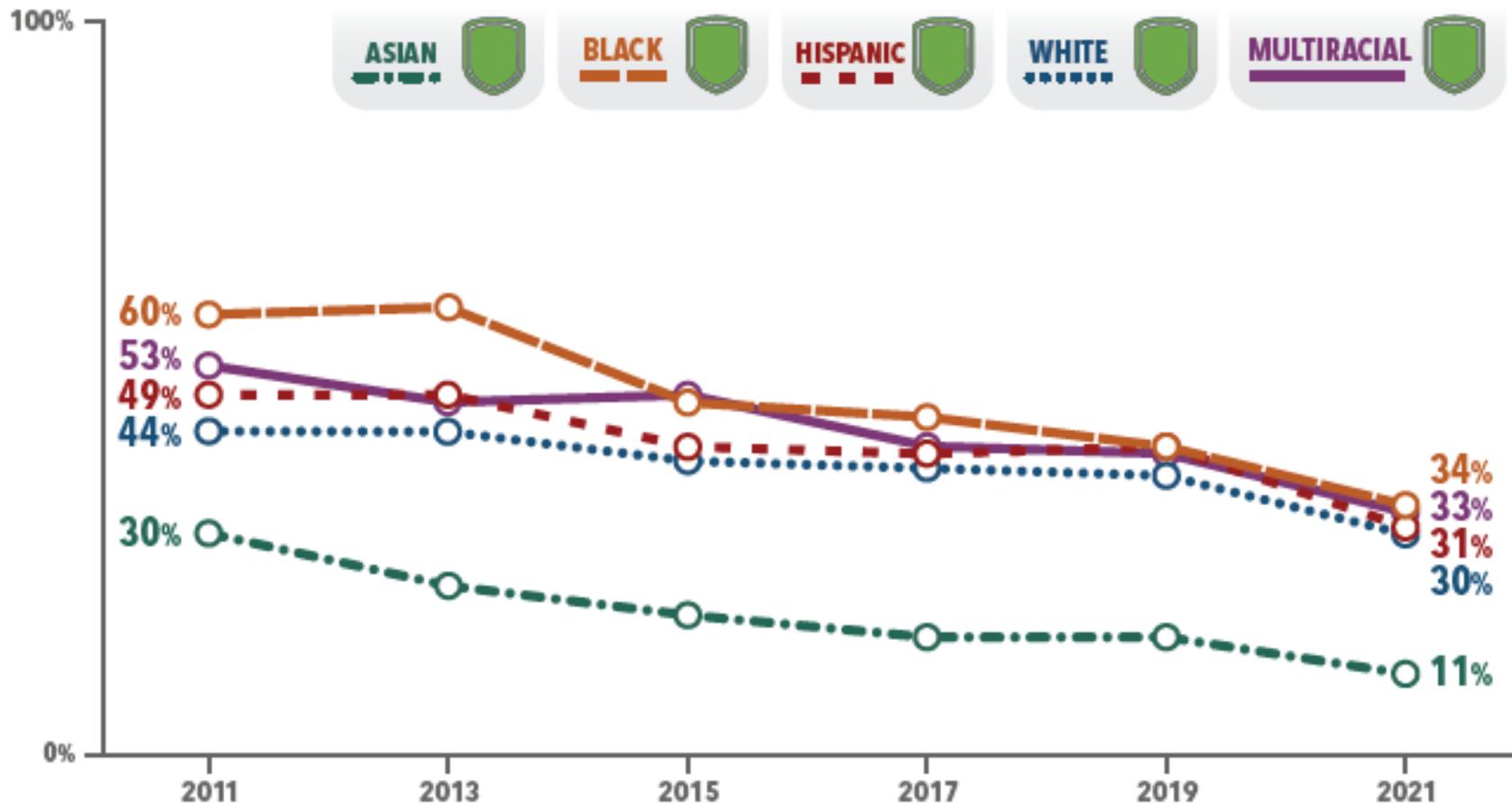


Sex of sexual contacts groups were derived from responses to the question regarding whom students had sexual contact with during their life, a separate question from lifetime sexual intercourse.

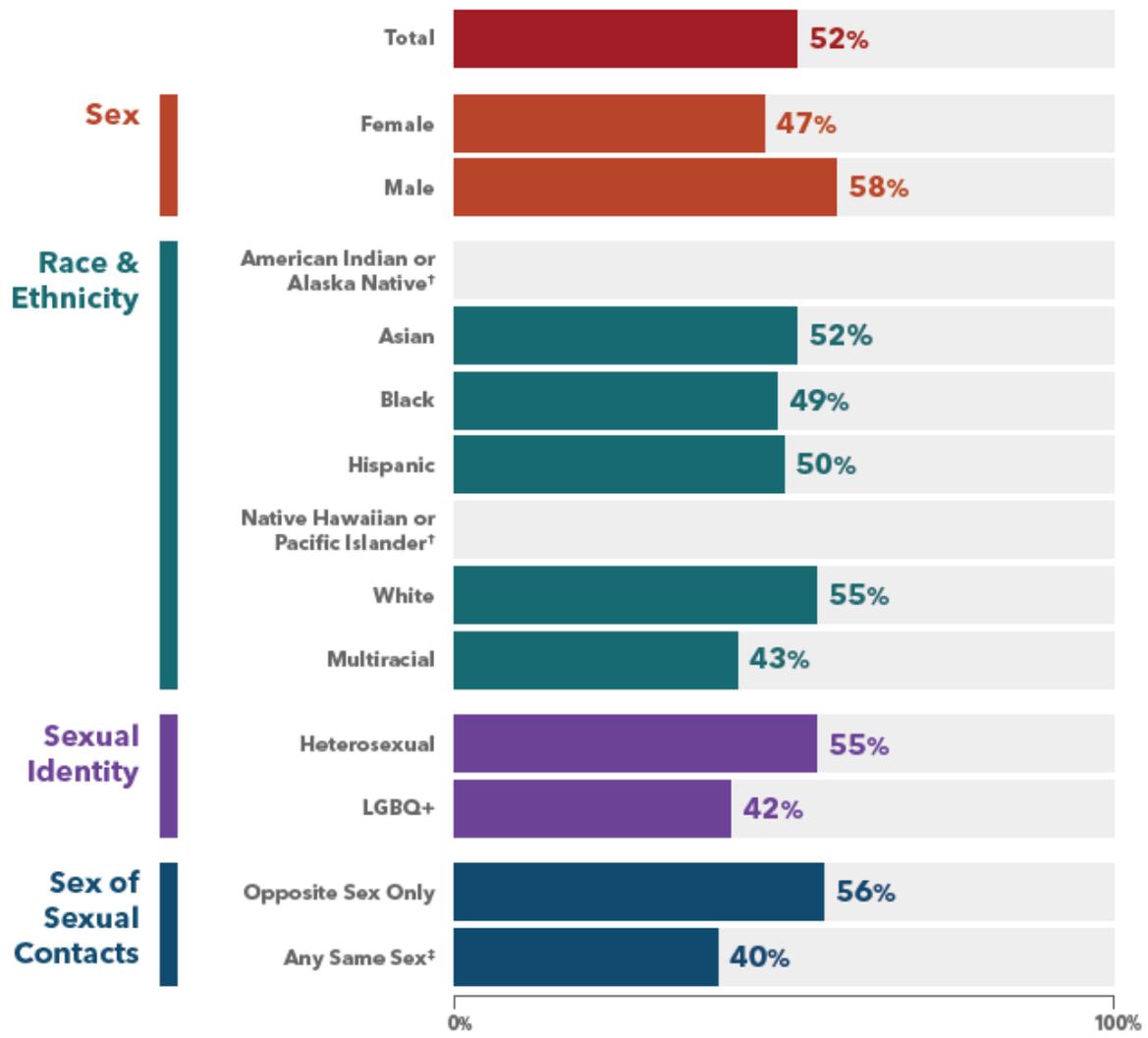


10-Year Trend Description by Race & Ethnicity

The percentage of students from each racial and ethnic group who had ever had sex decreased from 2011 to 2021.



Percentage of High School Students Who
Used a Condom the Last Time They Had Sex,*
 by Demographic Characteristics, United States, YRBS, 2021



*Among currently sexually active students.

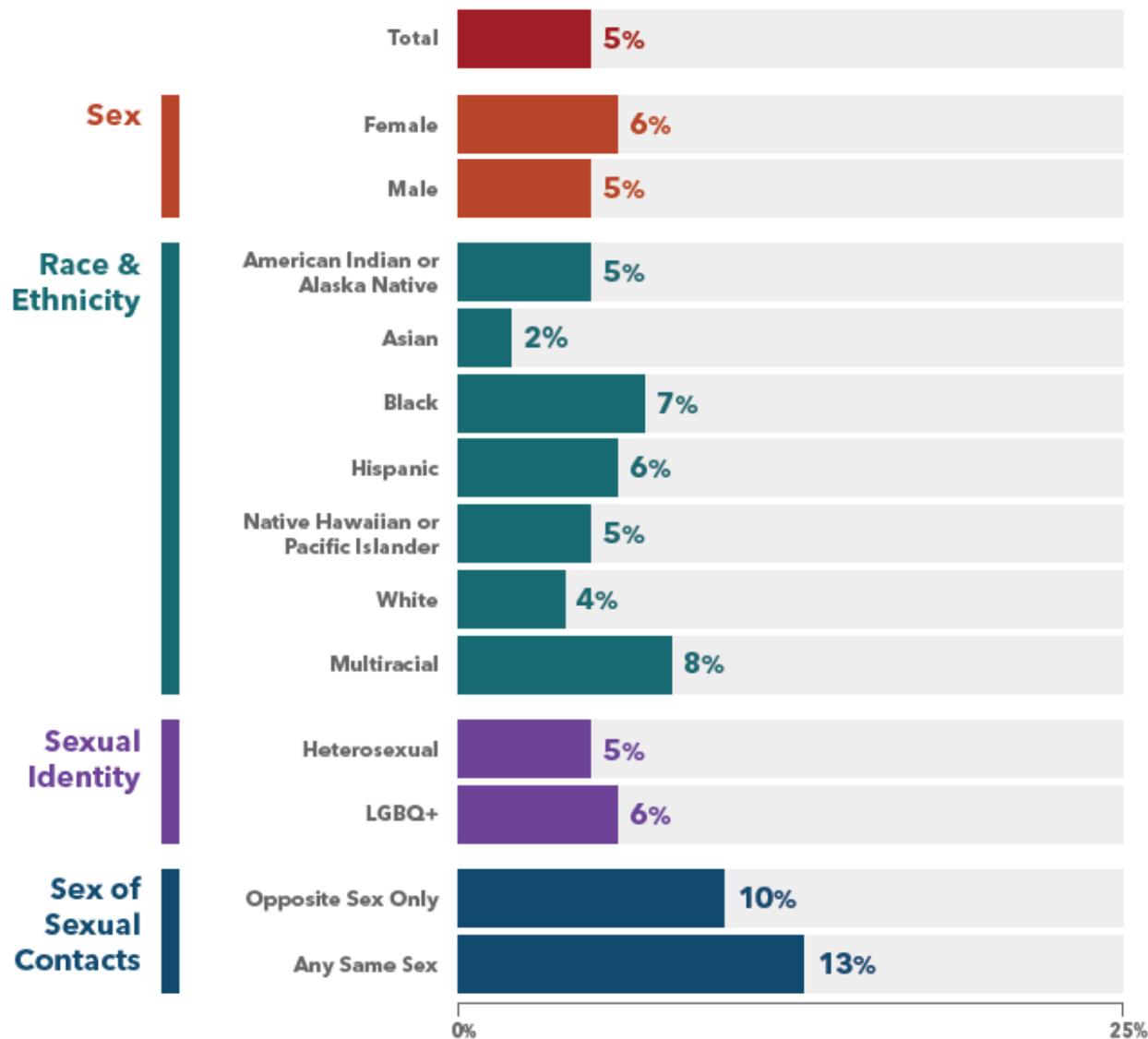
†Estimates are suppressed when there are fewer than 30 respondents for the subgroup.

‡Female students who had sexual contact with only females are excluded from this analysis by sex of sexual contacts.

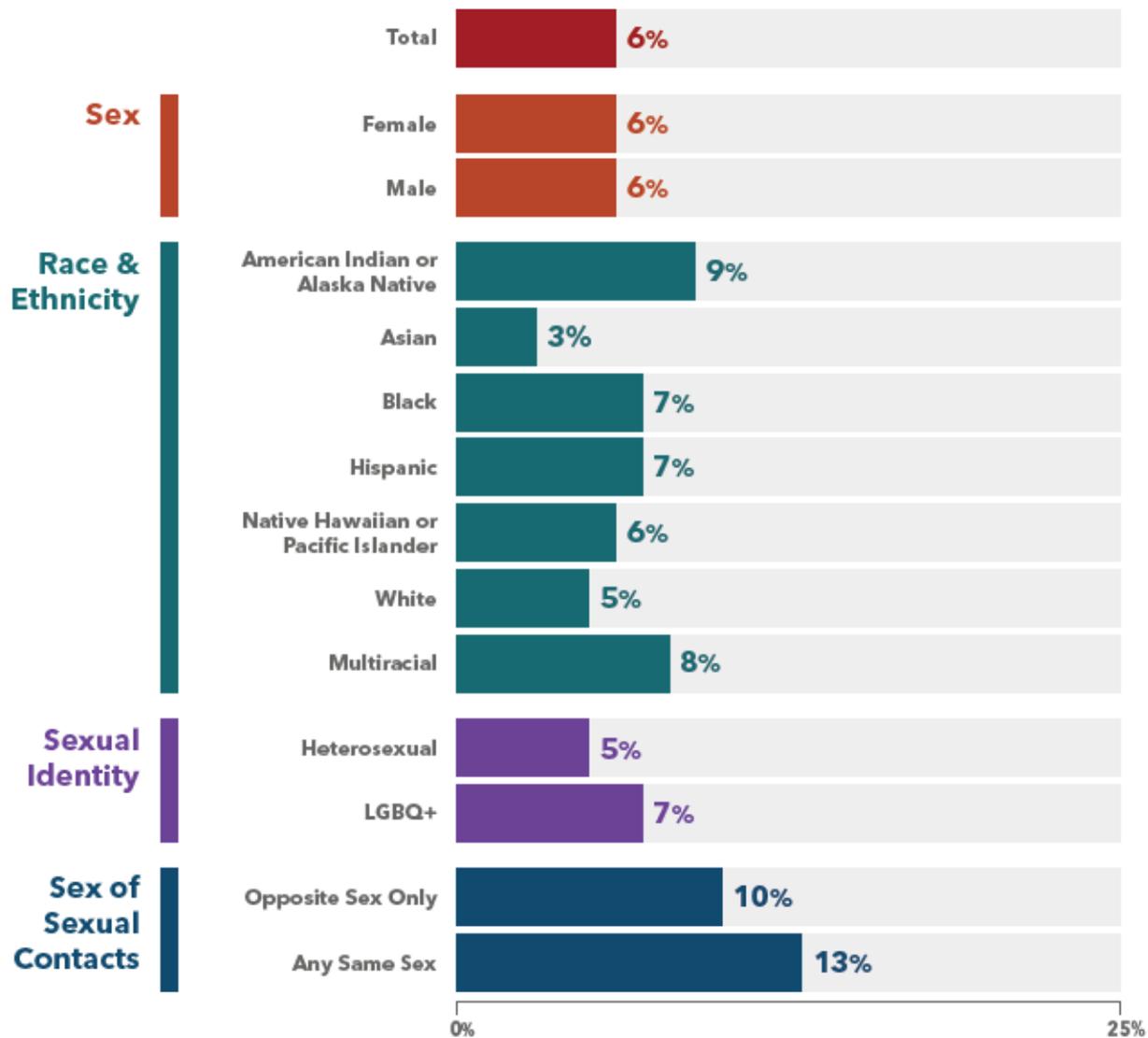


Percentage of High School Students Who

Were Tested for Sexually Transmitted Diseases during the Past Year, by Demographic Characteristics, United States, YRBS, 2021



**Percentage of High School Students Who
Had Ever Been Tested for HIV,
by Demographic Characteristics, United States, YRBS, 2021**

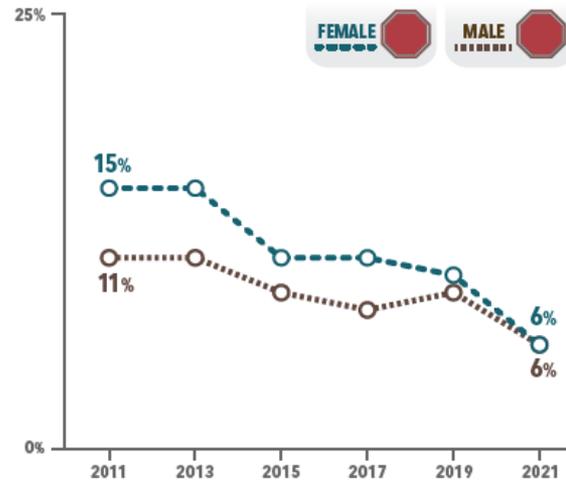


Trends in the Percentage of High School Students Who

Had Ever Been Tested for HIV, United States, YRBS, 2011-2021

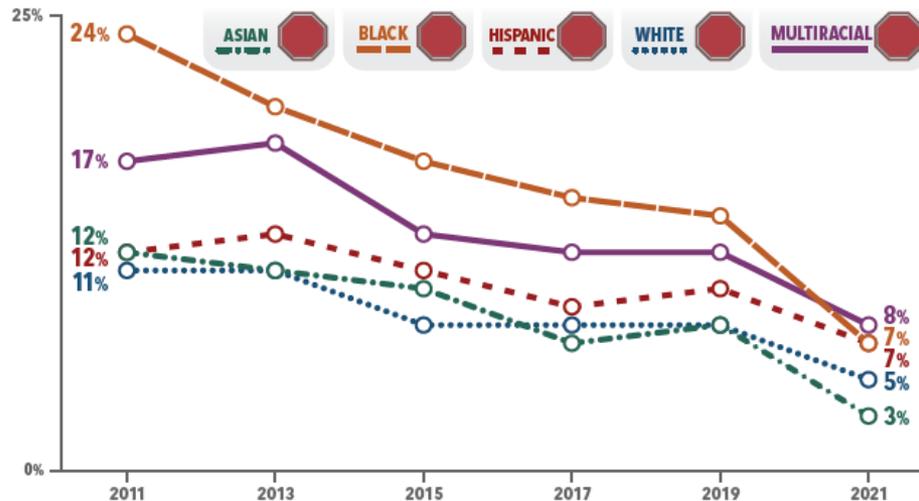
10-Year Trend Description by Sex

The percentage of female and male students who had ever been tested for HIV decreased from 2011 to 2021.



10-Year Trend Description by Race & Ethnicity

The percentage of students from each racial and ethnic group who had ever been tested for HIV decreased from 2011 to 2021.





MMWRTM

Morbidity and Mortality Weekly Report

Recommendations and Reports

September 22, 2006 / Vol. 55 / No. RR-14

Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings



Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings

MMWR Sept. 22, 2006

- HIV screening is recommended for all patients in all health-care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening)
- Persons at high risk should be screened annually
- Separate written consent should not be required
- Prevention counseling should not be required part of HIV screening



Definitions: Screening and Testing

Criteria that Justify Routine Screening

1. Serious health disorder that can be detected before symptoms develop
2. Treatment is more beneficial when begun before symptoms develop
3. Reliable, inexpensive, acceptable screening test
4. Costs of screening are reasonable in relation to anticipated benefits



*Principles and Practice of Screening for Disease
-WHO Public Health Paper, 1968*



Why Might a Young Person Request HIV Testing?

- Often, they seek testing within 24 hours of risky behavior
 - Rapid HIV testing is recommended
- If test is negative at this point, it is vital for the adolescent to understand the need to retest
 - 4-6 weeks and again at 3 months
 - Assess risk of HIV exposure from risky behavior and consider post-exposure prophylaxis (PEP)
 - Advise patient to watch for signs of acute retroviral syndrome



Why Might a Young Person Request HIV Testing?

- Often adolescents seek testing if they have already had a positive result, but are seeking confirmation
- This presents opportunities
 - Additional testing
 - Education
 - HIV basics
 - Risk / harm reduction
 - Linkage to care



Ending the HIV Epidemic in the U.S. (EHE)

DHP > Ending the HIV Epidemic > CDC Role

Ending the HIV Epidemic

About EHE +

CDC Role -

Diagnose

Treat

Prevent

Respond

EHE in Action +

Monitoring EHE Progress +

News & Updates +

Related Links

[CDC's HIV Prevention Program](#)

COVID-19 and HIV

Visit the COVID-19 and HIV page for the latest updates on the novel coronavirus outbreak and HIV.

Diagnose

[Print](#)



Diagnose all people with HIV as early as possible

CDC is continuing to invest in priority areas, helping local HIV programs recover, rebuild, and begin to expand in the wake of COVID-19.

Great strides have been made in HIV prevention, but about 1 in 7 (13%) of the estimated more than 1 million people with HIV in America still [don't know they have HIV](#) [↗](#).

Since 2006, CDC has recommended all people ages 13 to 64 be tested for HIV at least once in healthcare settings. Uptake of that recommendation has not been optimal, however, and differences in HIV testing by race, ethnicity, and geography continue to persist. These gaps must be closed.

Additional Resources

[HIV Testing Basics](#)

[Find Free, Fast, and Confidential Testing Near You](#)

[Let's Stop HIV Together Testing Resources](#)

[HIV Nexus Clinician Resources](#)

Vision for the National HIV/AIDS Strategy

- “The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.”

President Obama

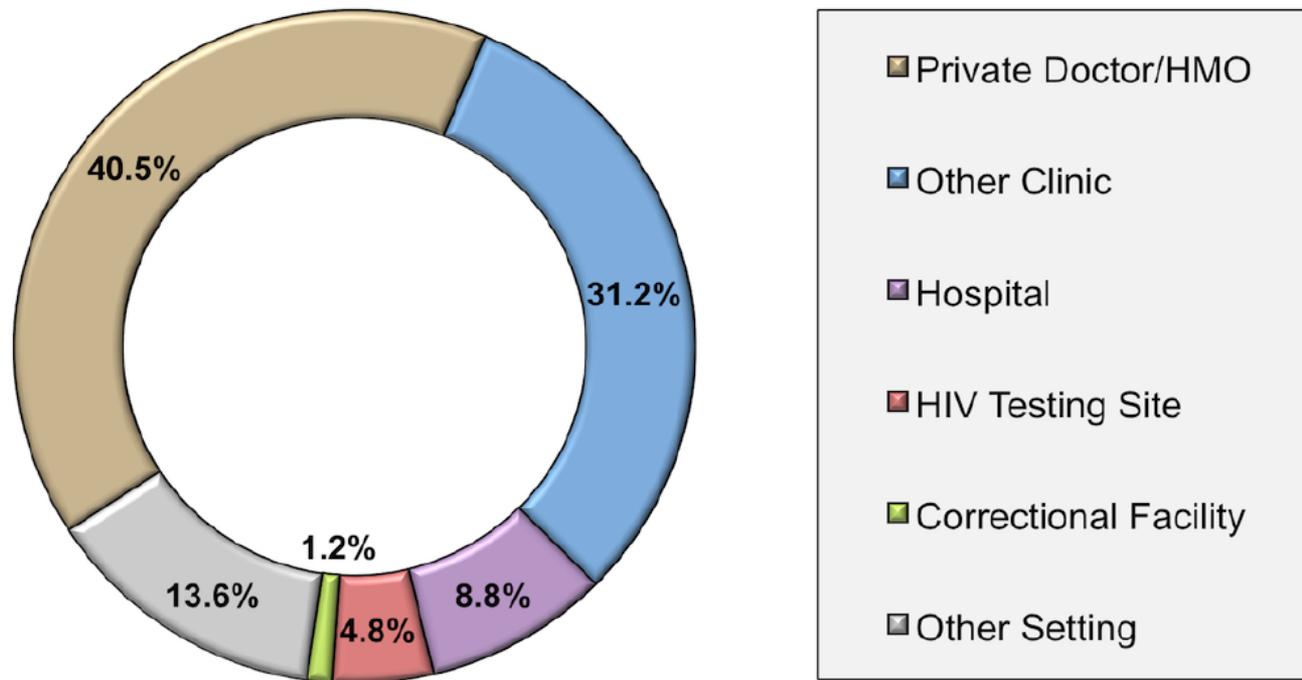
- **Goals:**
 - Reducing HIV incidence
 - Increasing access to care and optimizing health outcomes
 - Reducing HIV-related health disparities



Figure 12 Youth Risk Behavior Survey (YRBS) HIV Test Settings for Young Adults Ever Tested for HIV

This graphic shows the test setting for young adults ever tested for HIV. The data was obtained from the National Youth Risk Behavior Survey (YRBS) and Behavioral Risk Factor Surveillance System (BRFSS). The setting where they were last tested was used if more than one HIV test had been obtained. Fewer than 5% were tested at an HIV testing site.

Source: Van Handel M, Kann L, Olsen EO, Dietz P. HIV Testing Among US High School Students and Young Adults. *Pediatrics*. 2016;137:e20152700.



Home » Search Results

Find Fast and Confidential Testing Near You

Modify your search:

Search

Free and Low Cost Services are indicated by **Free/Low Cost**

Self-Testing Services are indicated by **Mail-only Self-Testing**

Showing 22 On-Site & Mail-only Self-Testing location(s) in your zip code 19713 in 10 miles radius

List your organization on this site

Filter Results

HIV TESTS (20)

STD TESTS (16)

HEPATITIS TESTS (6)

VACCINES (10)

DISTANCE

Show only Free or Low Cost Providers

Show only Self-Testing Providers

Filter

Reset

**1 Latin American Community Center
Manuelita Olson Building**
301 N Harrison St
Wilmington, Delaware 19805
(302) 655-7338

Free Services:

- HIV Self-Testing
- HIV Test

On-Site Services:

- Rapid HIV Test

Mail-only self-test kits:

- HIV Self-Testing

Please contact organization for eligibility requirements

2 Beautiful Gate Outreach Center
604 N Walnut St Wilmington,
Delaware 19801
(302) 472-3002

Free/Low Cost

Mail-only Self-Testing

Free Services:

- HIV Self-Testing
- HIV Test

On-Site Services:

- Rapid HIV Test

Mail-only self-test kits:

- HIV Self-Testing

Please contact organization for eligibility requirements

**3 AIDS Delaware
Wilmington Office**
100 W 10th Street
Wilmington, Delaware 19801
(302) 652-6776

Free/Low Cost

Mail-only Self-Testing

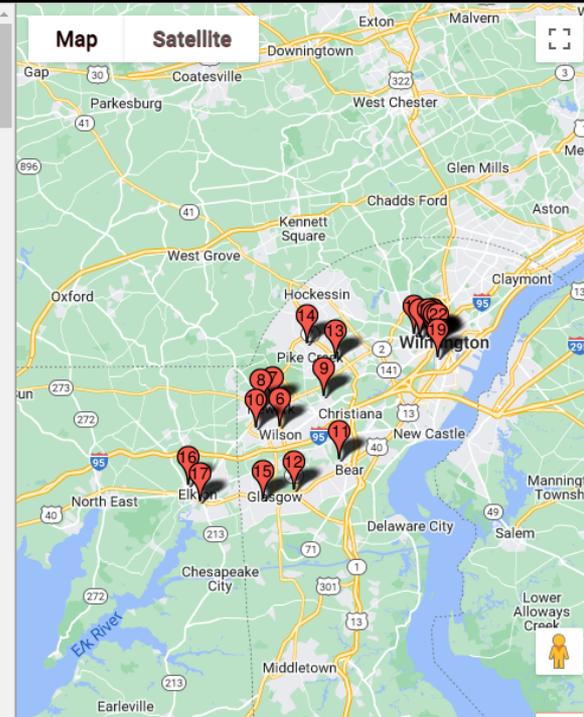
Free Services:

- HIV Self-Testing
- HIV Test

On-Site Services:

- Rapid HIV Test

Mail-only self-test kits:



CDC Website: gettested.cdc.gov



CDC: What High Schools Can Do For Adolescents in Terms of HIV Infection

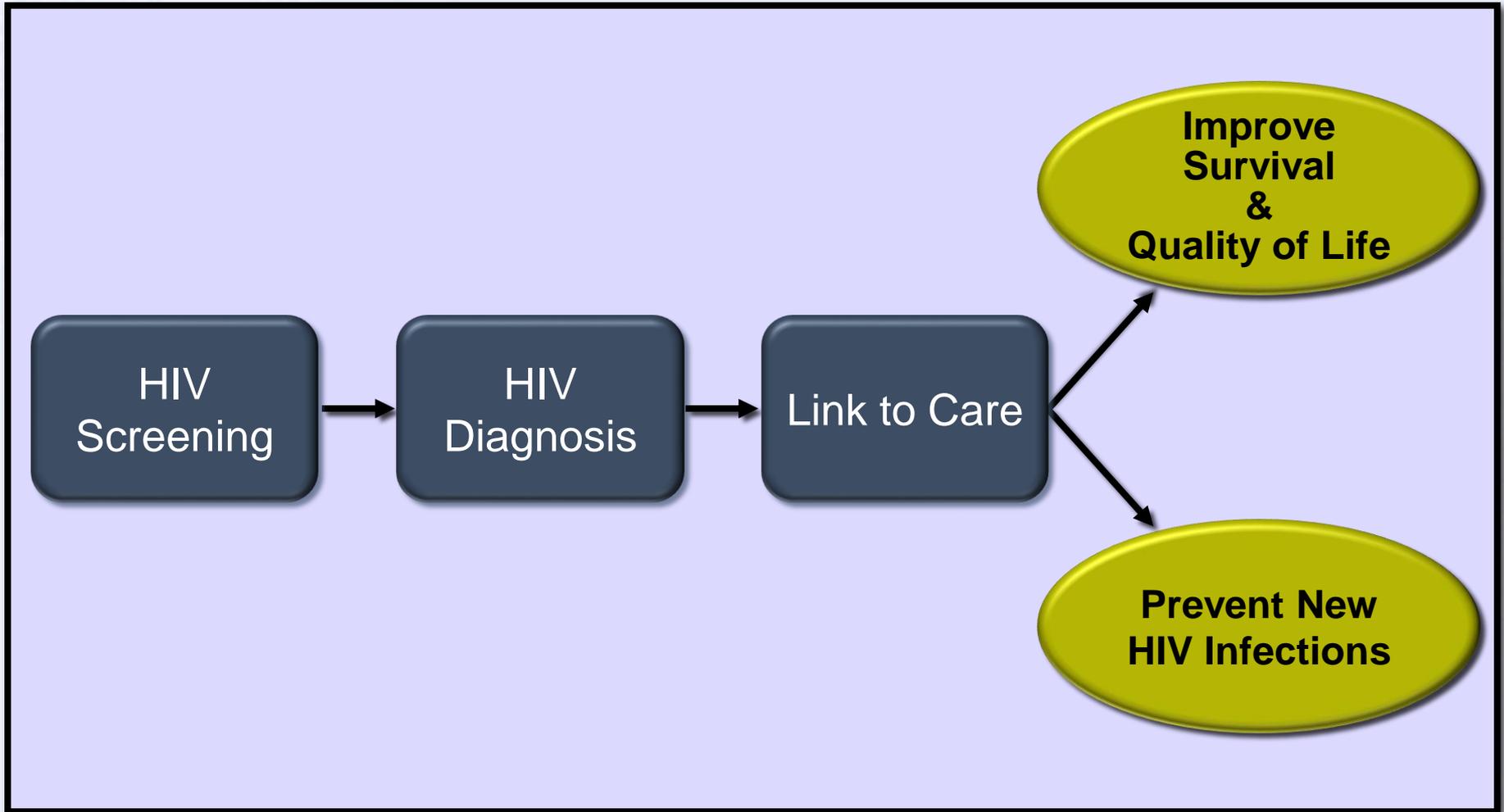
3

Connect students with health services that include HIV testing, counseling, and treatment.

- Increase awareness of student sexual health needs by providing medically accurate information to district and school staff, community partners, parents, and families.
- Raise student awareness of the need for and availability of health services.
- Establish a referral system that helps link students to youth-friendly healthcare providers.

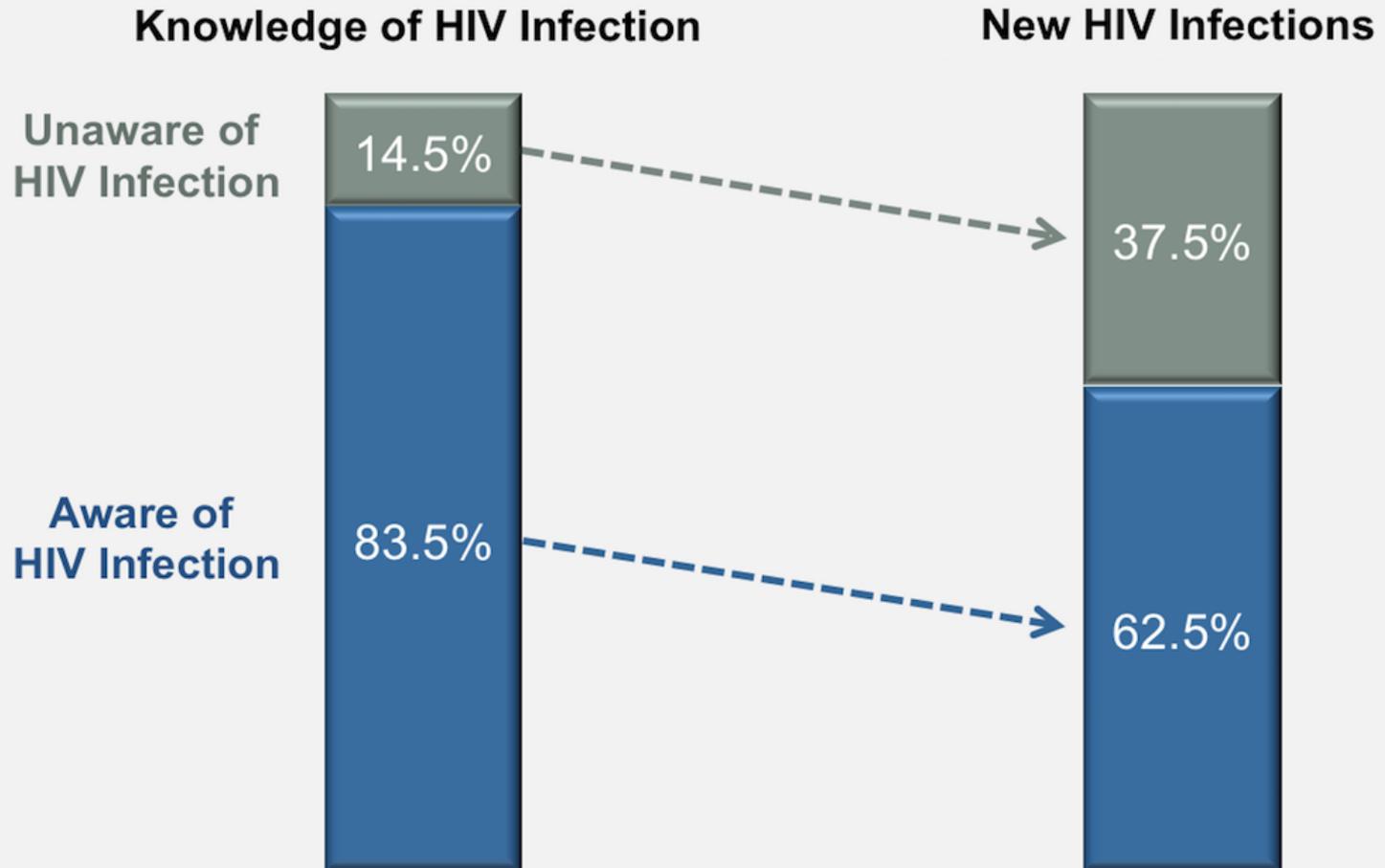


Desired Outcome of Routine HIV Screening



Why Screening is Important

CDC Progression and Transmission of HIV (PATH 2.0) Model: 2016



Screening for HIV Infection

US Preventive Services Task Force

Recommendation Statement

US Preventive Services Task Force

IMPORTANCE Approximately 1.1 million persons in the United States are currently living with HIV, and more than 700 000 persons have died of AIDS since the first cases were reported in 1981. There were approximately 38 300 new diagnoses of HIV infection in 2017. The estimated prevalence of HIV infection among persons 13 years and older in the United States is 0.4%, and data from the Centers for Disease Control and Prevention show a significant increase in HIV diagnoses starting at age 15 years. An estimated 8700 women living with HIV give birth each year in the United States. HIV can be transmitted from mother to child during pregnancy, labor, delivery, and breastfeeding. The incidence of perinatal HIV infection in the United States peaked in 1992 and has declined significantly following the implementation of routine prenatal HIV screening and the use of effective therapies and precautions to prevent mother-to-child transmission.

OBJECTIVE To update the 2013 US Preventive Services Task Force (USPSTF) recommendation on screening for HIV infection in adolescents, adults, and pregnant women.

EVIDENCE REVIEW The USPSTF reviewed the evidence on the benefits and harms of screening for HIV infection in nonpregnant adolescents and adults, the yield of screening for HIV infection at different intervals, the effects of initiating antiretroviral therapy (ART) at a higher vs lower CD4 cell count, and the longer-term harms associated with currently recommended ART regimens. The USPSTF also reviewed the evidence on the benefits (specifically, reduced risk of mother-to-child transmission of HIV infection) and harms of screening for HIV infection in pregnant persons, the yield of repeat screening for HIV at different intervals during pregnancy, the effectiveness of currently recommended ART regimens for reducing mother-to-child transmission of HIV infection, and the harms of ART during pregnancy to the mother and infant.

FINDINGS The USPSTF found convincing evidence that currently recommended HIV tests are highly accurate in diagnosing HIV infection. The USPSTF found convincing evidence that identification and early treatment of HIV infection is of substantial benefit in reducing the risk of AIDS-related events or death. The USPSTF found convincing evidence that the use of ART is of substantial benefit in decreasing the risk of HIV transmission to uninfected sex partners. The USPSTF also found convincing evidence that identification and treatment of pregnant women living with HIV infection is of substantial benefit in reducing the rate of mother-to-child transmission. The USPSTF found adequate evidence that ART is associated with some harms, including neuropsychiatric, renal, and hepatic harms, and an increased risk of preterm birth in pregnant women. The USPSTF concludes with high certainty that the net benefit of screening for HIV infection in adolescents, adults, and pregnant women is substantial.

CONCLUSIONS AND RECOMMENDATION The USPSTF recommends screening for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. (A recommendation) The USPSTF recommends screening for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown. (A recommendation)

JAMA. 2019;321(23):2326-2336. doi:10.1001/jama.2019.6587
Published online June 11, 2019.



USPSTF, 2019

Conclusions and Recommendation

- The
- recommends screening for HIV infection in adolescents and adults aged 15 to 65 years
- Younger adolescents and older adults who are at increased risk of infection should also be screened (A recommendation)
- The USPSTF recommends screening for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown (A recommendation)



Pediatrics, January 2020

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis

Katherine K. Hsu, MD, MPH, FAAP,^{a,b} Natella Yurievna Rakhmanina, MD, PhD, FAAP,^{c,d} Committee on Pediatric AIDS



AAP Policy on HIV Testing for Adolescents

- Primary care providers play a key role
- “Routine screening should be offered to all youth 15 years and older, at least once, in healthcare settings.”
- “Youth at increased risk, including those who are sexually active, should be rescreened at least annually, and potentially as frequently as every 3 to 6 months if at high risk (e.g. MSM, injection drug use, transgender youth.....)”



AAP Policy on Pre- and Postexposure HIV Prophylaxis

- “Youth at substantial risk for HIV acquisition should be routinely offered PrEP...”
- “HIV postexposure prophylaxis is also indicated after high-risk exposures.”
- “This clinical report also addresses consent, confidentiality, and coverage issues that pediatricians face in promoting routine HIV testing and HIV prophylaxis for their patients.”



Role of Pediatrician - Specifics

- A negative HIV test can allay anxiety resulting from a high-risk event or behaviors, and is a good opportunity to counsel on reducing high risk behaviors (may need repeat testing in several months)
- For adolescents with a positive HIV test, provide support, address medical and psychosocial needs (including referral for appropriate care)

Christine DiPaolo, MSN, CRNP¹; Shannon Chan, PharmD¹; Stephen Eppes, MD²

¹Infectious Disease Department Nemours/Alfred I. duPont Hospital for Children, Wilmington, DE, ²Pediatric Infectious Diseases, Christiana Care Health System, Newark, DE

BACKGROUND

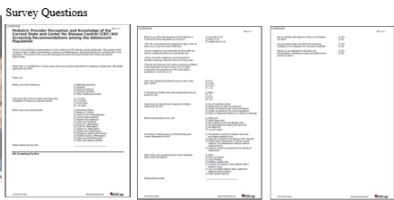
- Screening for HIV infection and early diagnosis can lead to effective disease management and reduction of HIV transmission, especially among the adolescent population.
- In 2014, youth aged 13-24 accounted for about 22% of all new HIV diagnoses and young gay bisexual males accounted for 8 in 10 new HIV diagnoses.
- Current CDC recommendations:
 - Adolescents and adults (13-64) should have HIV testing at least once as part of routine medical care.
 - Annual testing of gay and bisexual men and others at high risk.
- Delaware passed HIV opt out bill in 2012, making HIV testing part of routine medical care.
- Coyal et al. (2013) evaluated pediatric primary care providers (PCP) HIV screening practices, knowledge and perceptions.
 - HIV screening rate of 39.6% during routine adolescent visits
 - Less than 10% of PCPs were aware of the CDC's and state HIV screening recommendations.

OBJECTIVE

- To assess pediatric providers' perception, practice and knowledge of current HIV screening recommendations for the adolescent population within the Nemours network.

METHODS

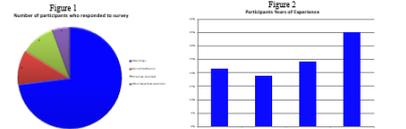
- We surveyed attending physicians, nurse practitioners and physician assistants in the Nemours primary care network and emergency department.
- Survey questions were designed to assess providers' knowledge, perception and awareness of the CDC's guidelines on universal screening of patients as young as 13 years.
- The survey was sent to the 11 Nemours pediatrics practices and the emergency department by email.
- Study data were collected and managed using REDCap³ electronic data capture tool hosted at Nemours.



³ REDCap (Research Electronic Data Capture) is a secure, web-based application designed to support data capture for research studies, providing a flexible interface for data entry, data storage, data analysis and reporting capabilities. It is an open source software tool that is available for use by researchers in a wide variety of research settings.

RESULTS

- Survey was distributed to 103 providers in the Nemours network.
- 37 providers participated in the survey (36% response rate).
- 51% were ED providers and 49% were primary care providers.
- Majority of the respondents were attending physicians (Figure 1)
- Providers who practiced for more than 20 years comprised 53% of the responders (Figure 2)



- 58.6% of providers felt that the prevalence of HIV in their surrounding community is greater than 0.1%
- 59% of the providers reported seeing between 1 to 45 adolescent patients in the past month and 24% see more than 45 patients.
 - The majority are not being screened for HIV infection
- 27.8% of the providers do not routinely screen adolescents for HIV
- 49.3% of the providers screen for HIV based on high risk behaviors only
- 24% and 10% screen based on CDC and AAP recommendations, respectively.
- Most commonly used HIV screening test was HIV antibody by ELISA & Western blot (37.8%) followed by 4th generation HIV test (29%). RNA PCR was used by 13.9%.
- 65% of the providers have a good understanding of the Delaware opt out law
- 51% of the providers report no barrier to screening
- Two most common barriers to routine testing are time constraints for staff or patient flow issues (21.2% & 13.9% respectively)
- 92% of the providers expressed interest in education in HIV testing procedures.

Table 1. Comparison of Survey Responses Between Emergency Dept and Primary Care Settings

Survey Response	Emergency Department	Primary Care
	Number (%)	Number (%)
Approach to Testing for HIV in Adolescents		
Screen according to CDC recommendations	4 (21)	5 (20)
Screen according to AAP recommendations	0	4 (22)
Screen based on high risk behaviors	10 (57)	5 (20)
Refer to Adolescent Medicine or Infectious Diseases	2 (11)	1 (4)
Do not routinely screen	1 (5)	3 (12)
Type of HIV Screening Test Use		
4th generation HIV testing (HIV Ag & Ab)	3 (16)	9 (44)
HIV antibody by ELISA and Western blot	10 (57)	7 (28)
HIV RNA PCR	4 (22)	1 (4)
Rapid test	1 (5)	0
Rapid test	0	1 (4)
None	2 (10)	3 (12)
Good Understanding of Delaware opt out Law		
Yes	9 (45)	13 (50)
No	1 (4)	4 (15)
Barriers to HIV Testing		
Time constraints	3 (16)	5 (20)
Staffing patient flow	4 (21)	1 (4)
Concerns for where to refer patients with a positive screen	3 (16)	0
Cost of testing	1 (5)	1 (4)
Lack of multidisciplinary team support for patient testing	2 (11)	1 (4)
None	3 (16)	3 (12)
None	2 (10)	4 (15)

RESULTS

Table 2. Survey Responses Among Providers with Different Years of Experience.

Survey Response	1-10 Years	> 10 Years
	Number (%)	Number (%)
Approach to Testing for HIV in Adolescents		
Screen according to CDC recommendations	4 (21)	5 (20)
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Cost of testing	1 (5)	1 (4)
Lack of multidisciplinary team support for patient testing	2 (11)	1 (4)
None	3 (16)	3 (12)
None	2 (10)	4 (15)

DISCUSSION

- Most respondents reported seeing significant numbers of adolescent patients
- Over half of the providers felt the prevalence of HIV in their community was greater than 0.1% (threshold used in AAP recommendations for screening)
- 30% reported no barriers to screening
 - However
 - 25% reported not screening their teen population for HIV infection
 - Of those who screen, almost half of providers screen by high risk behaviors and not by CDC or AAP guidelines
 - HIV antibody-ELISA & Western blot test was the most widely utilized HIV screening test, even though the CDC recommends 4th generation HIV testing (which tests for antibodies as well as the p24 antigen and detects HIV infection earlier than a traditional HIV antibody test)
 - 19% incorrectly used the HIV RNA test for screening (this test is used primarily for monitoring HIV viral loads in individuals who are already HIV positive)
- The number of responses precluded valid statistical comparisons, but we were impressed that there did not seem to be major differences in approach to screening by provider age or practice location
 - All groups demonstrated similar knowledge deficits
- The two most reported barriers to routine testing were time constraints for staff or patient flow issues (21.2% & 13.9% respectively)
- We were pleased to find over 60% demonstrated a good understanding of the Delaware Opt Out law
- Furthermore, almost all providers expressed an interest in an educational program on HIV screening procedures
- There is a clear opportunity to improve HIV screening practices across the Nemours practices sites
 - Awareness of the importance of HIV infection in the adolescent population and current guidelines
 - Use of proper screening techniques and appropriate tests
 - Reduction and/or elimination of barriers

REFERENCES

1. Coyle J, et al. Pediatric primary care providers' perception, knowledge and awareness of the current state and Centers for Disease Control (CDC) HIV screening recommendations among the adolescent population. *The American Journal of Orthodontics*. 2015; 148(1): 10-17.

2. American Academy of Pediatrics. *Guidelines for the Management of HIV Infection in Children*. *Pediatrics*. 2013; 132(5): e141-147.

3. Hensley A, et al. *Screening Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Health Care Settings*. *MMWR*. 2015; 64(10): 269-274.

4. *HIV Testing in the United States: A Review of Current Practice*. <http://www.aidsmap.org/hiv-testing-in-the-united-states-a-review-of-current-practice>

5. *HIV Testing in the United States: A Review of Current Practice*. <http://www.aidsmap.org/hiv-testing-in-the-united-states-a-review-of-current-practice>

6. *HIV Testing in the United States: A Review of Current Practice*. <http://www.aidsmap.org/hiv-testing-in-the-united-states-a-review-of-current-practice>



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Major Conundrum Regarding Minors

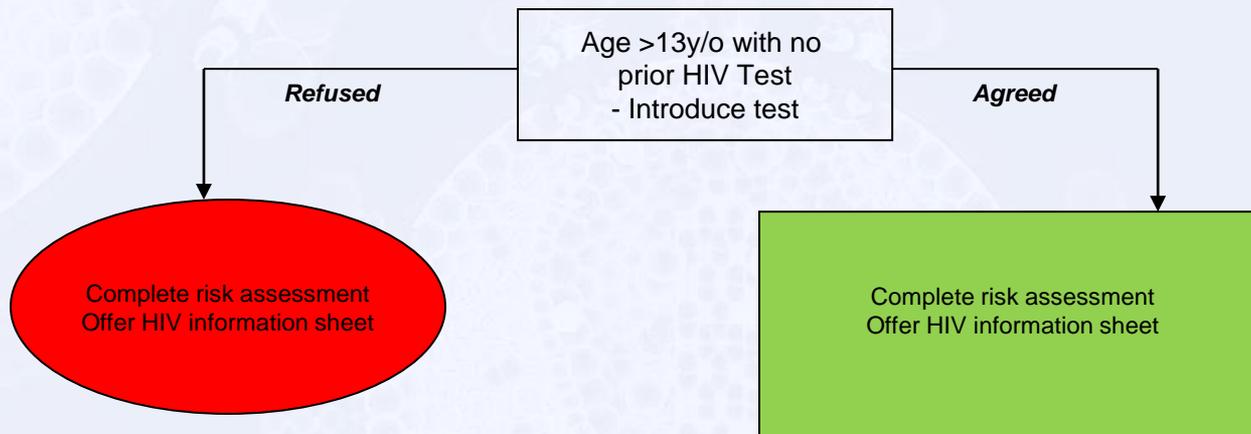
- 12 years or older may consent to or refuse HIV testing

– BUT.....

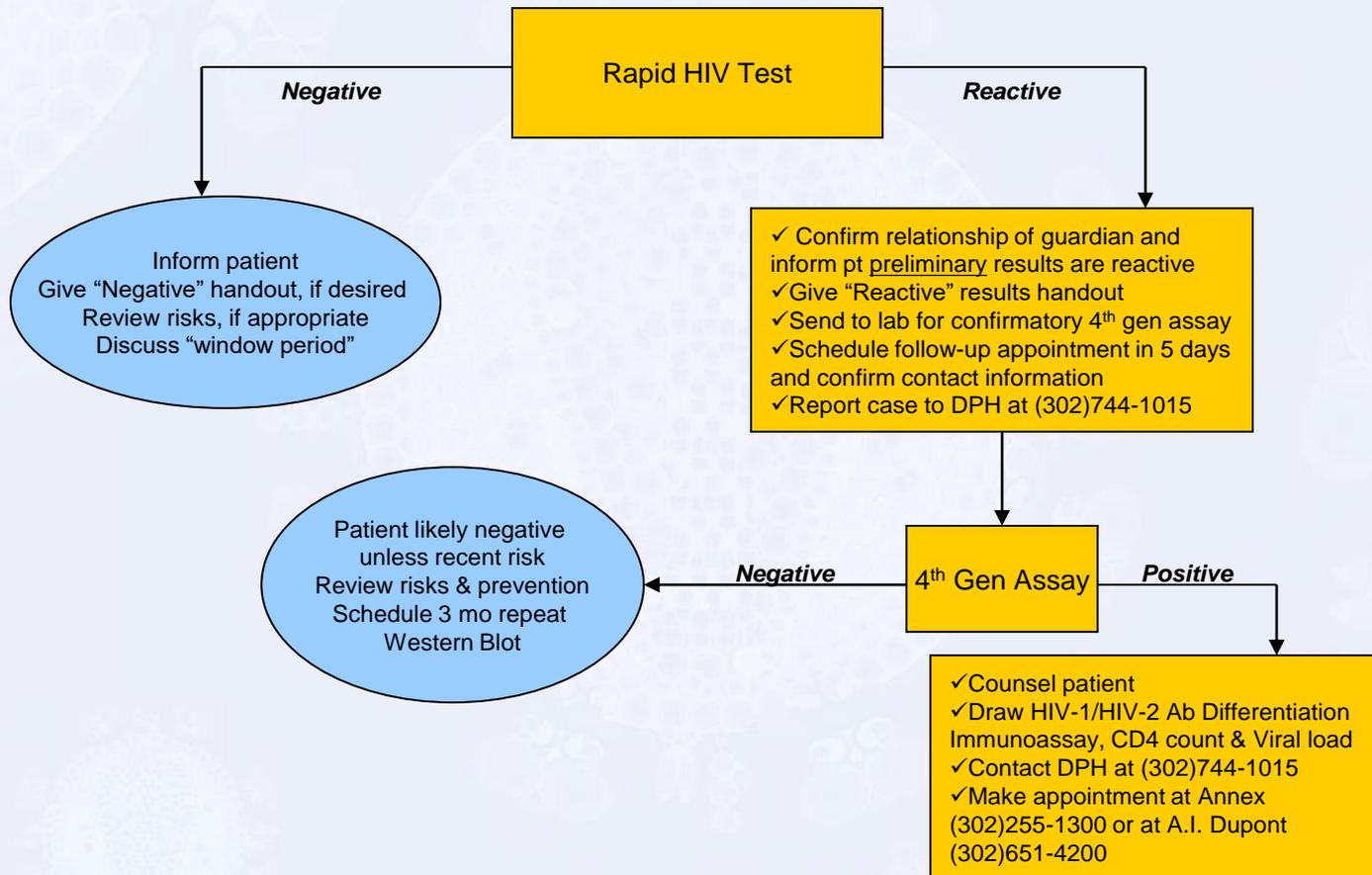


- Many practices are unprepared or unwilling to provide testing

Wilmington Pediatric Practice
HIV Screening Introduction



Wilmington Pediatric Practice HIV Screening Algorithm



Factors Associated with HIV Testing in Teenage MSM

Mustanski, et al. Pediatrics 2020

- Of 699 participants, 23% reported ever having an HIV test
- Most had a regular doctor, but only 21% reported having had conversation about same sex sexual behaviors or HIV testing
- Rates of testing increased with:
 - Age
 - Sexual experience
 - Speaking to a doctor about HIV
 - 75% who had conversation had been tested
 - 11% who had not had conversation had been tested

Why Aren't We Doing Better?

- Lack of access to healthcare
- Too few health professionals know about and / or follow HIV-testing guidelines
- Adolescents may also be wary of getting tested
- Parents may object to testing
- Complacency



Youth Screening Imperatives

- **Counseling**
 - Harm reduction
 - Condom use
 - No needle sharing
 - Reduce risk of transmitting HIV to others
- **Maintain confidentiality**
 - Minimize discrimination
 - Employment
 - Personal relationships
- Ideally, consultation with a local youth HIV program and/or behavioral health services prior to the testing visit may help ensure that appropriate resources / interventions are available
 - Especially if test is (+)



Informed Consent

- Consent — Screening should be voluntary and performed only with the patient's knowledge and understanding that HIV testing is being done
- States may have specific policies regarding the consenting process; however, no state still requires written consent
- Programs offering testing and screening should be encouraged to use "opt-out testing" whereby the patient is informed orally, or in writing, that HIV testing will be performed



Privacy

- In most jurisdictions, adolescents can seek testing and treatment of sexually transmitted infection (including HIV) without parental permission
- Many adolescents fear informing parents (or other family members / support persons) of HIV status and of how they became infected
- A (+) HIV test will permanently alter a patient's life
 - Involvement of parents (or other family members / support persons) is highly encouraged
- The last thing the adolescent wants is to have parents find out through “explanation of benefits” form from insurance company



Post-Test Counselling

- Results should be discussed in a secure private setting allowing plenty of time
- The meaning of a negative result should be explained again, emphasizing the need for and timing of retesting if there has been any recent high-risk behavior
- This is a teachable moment!
 - Continue the conversation about risk / harm reduction
 - If ongoing risk, discuss role of PrEP



Post-Test Counselling: (+) Result

- Offer assistance with the complex issue of disclosure of HIV status to parents (or other family members / support persons)
- Encourage partner notification
 - In many states, anonymous partner notification is available through the public health system
- Emphasize risk / harm reduction
 - Studies have shown that knowledge of (+) result is associated with decrease in risk behaviors



Components of a Comprehensive Program for Youth With, or At Risk For, HIV Infection

- At-risk young people are not likely to seek testing or be engaged in routine preventive healthcare
- Efforts to prevent transmission of infection
 - Outreach programs
 - Education and counseling
 - Condoms
 - Postexposure prophylaxis
 - Pre-exposure prophylaxis (PrEP)
- Easy accessibility
- Confidential HIV and STI testing and STI treatment



Evaluation of the HIV (+) Young Person

- Ideally, will take place in a youth-friendly center
 - Patient-centeredness
 - Address medical and psychosocial needs
 - Multidisciplinary
 - Social workers
 - Case managers
 - Mental health providers
 - Pharmacists
 - HIV-experienced clinicians
- Medical and psychosocial history
- Physical examination
- Laboratory testing



Psychosocial Evaluation

- New diagnosis of HIV infection is often traumatic
- Initial task for the HIV clinical team is helping the patient cope with the psychosocial impact
 - Involvement of parents (or other family members / support persons) often crucial
 - If they are aware and available
- Gather information regarding patient's circumstances and support system
- Consider revisiting at subsequent visits to establish rapport and allow patient and/or the family time to adjust to the diagnosis



HIV 101: The Basics

- Basic information about HIV infection, transmission, treatment, and prognosis
- The meaning of viral load and CD4 count
- Achieving and maintaining viral suppression
 - Health consequences for patient
 - U = U
- Selection of antiretroviral therapy (ART) regimen or regimen choices, including dosing schedule and potential side effects
- Screening for other STIs



Comorbidities

- Many HIV-infected adolescents have psychological issues that have contributed to high-risk behaviors
 - May affect adherence with future appointments and also medications



Take Advantage of Local Resources in Your Community



< CONSUMER SERVICES >

HIV CASE MANAGEMENT

HOUSING PROGRAMS

HOUSING ASSISTANCE PROGRAM

HIV TESTING & LINKAGE TO CARE

< SUPPORT US >

SPECIAL EVENTS AND OUR SUPPORTERS

MAKE A DONATION



Recommendations for Routine HIV Testing

This section provides access to links including the latest CDC Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings, additional recommendation information from the CDC, and information from the AIDS Education and Training Center (AETC).

Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings (CDC)

HIV Testing: Rationale for Changing Recommendations (IAS-USA)

Sustaining HIV Prevention: HIV Testing in Health Care Settings (IAS-USA)

Questions & Answers for Professional Partners: Recommendations for HIV Testing (CDC)

Slide Set: Revised Recommendations for HIV Testing in Healthcare Settings in the U.S. (CDC)

Slide Set: HIV Testing in Health Care Settings (AETC NRC)





Routine Opt-Out HIV Testing, Physician's Toolkit

Resources and References for HIV Testing in Health Care Settings In Delaware

HIV Screening, Standard Care, for Primary Care Providers	Coding Guidelines for Routine HIV Testing in Health Care Settings	Linkage to Care Report on Best Practices	Integrating HIV Screening into Routine Primary Care: A HealthCenter Model [NACHC]
	ICD-9-CM Official Guidelines for Coding and Reporting: HIV Infections [CDC]		Implementation of Routine HIV Testing in Health Care Settings: Issues for Community Health Centers

Because knowing one's HIV status is vital to HIV prevention and treatment, the Centers for Disease Control and Prevention (CDC) and the Delaware Division of Public Health recommend routine opt-out HIV screening for everyone over age 13 in health care settings. This website provides information to health care providers on the status of Delaware law regarding routine opt-out HIV testing, as well as tools for implementing routine opt-out HIV testing in health care settings.

Testing is important for many reasons:

- Over 1,000,000 people are living with HIV/AIDS in the United States today.
- 1 out of 5 (approximately 21%) people infected with HIV are unaware of their infection.
- The 21% unaware of their status is estimated to cause approximately 53% of all new HIV infections.
- People who learn they are HIV positive modify their behaviors to reduce the risk of HIV transmission.
- Accessing medical care improves and extends the lives of those infected and reduces transmission.

The Delaware HIV Consortium's Toolkit for Implementing Routine HIV Testing in Health Care Settings contains a wealth of information and resources for health care providers, including linkages to over 30 websites and PDF documents. The linkages may contain similar basic information, additional specific information, varying formats, and valuable resources for different purposes and situations.

To help navigate the toolkit, print this 4-page "Roadmap" for a brief summary of each linkage, its contents, and page length.



Thank You



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Evaluation

The screenshot shows an email inbox on the left and the content of an email on the right. The email is from MAAETC System <maaetc@pitt.edu> to Lori Collier, dated Tue 1/18/2022 2:30 PM. The subject is "[EXTERNAL] MAAETC Thank you and Evaluation". The email body contains a thank you message for attending a training, a request for an evaluation, and a link to a survey: <https://www.maaetc.org/fs/eyJ0eXAiOiJKV1QiOiJhbGciOiJIUzI1NiJ9.eyJzdWIiOiJnaXN0cmF0aW9uX2lkjoiMTgxMjYxdlwiZGZlbnRfaWQlOiI0b0tQ1MCIsluVzZlfaWQlOiI5NTI4MSk>. The email also mentions a survey to be sent in three months to assess the impact of the training.

From	Subject	Date
MAAETC System	[EXTERNAL] MAAETC Event Registration Confirmation	Thu 1/20
MAAETC System	[EXTERNAL] MAAETC Thank you and Evaluation	Tue 1/18
MAAETC System	[EXTERNAL] MAAETC Thank you and Evaluation	Sun 1/16
MAAETC System	[EXTERNAL] MAAETC Thank you and Evaluation	1/11/2022
MAAETC System	[EXTERNAL] MAAETC Thank you and Evaluation	1/9/2022
MAAETC System	[EXTERNAL] MAAETC Evaluation Reminder	12/29/2021

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