



Mental Health and HIV Treatment Adherence :

Identifying the “Why?” and “How?” of Mental Health Counseling in HIV Care

Sonya O. Boyne, LMHC
UM Comprehensive AIDS Program

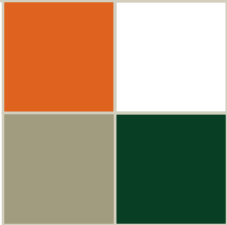


UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE



Objectives:

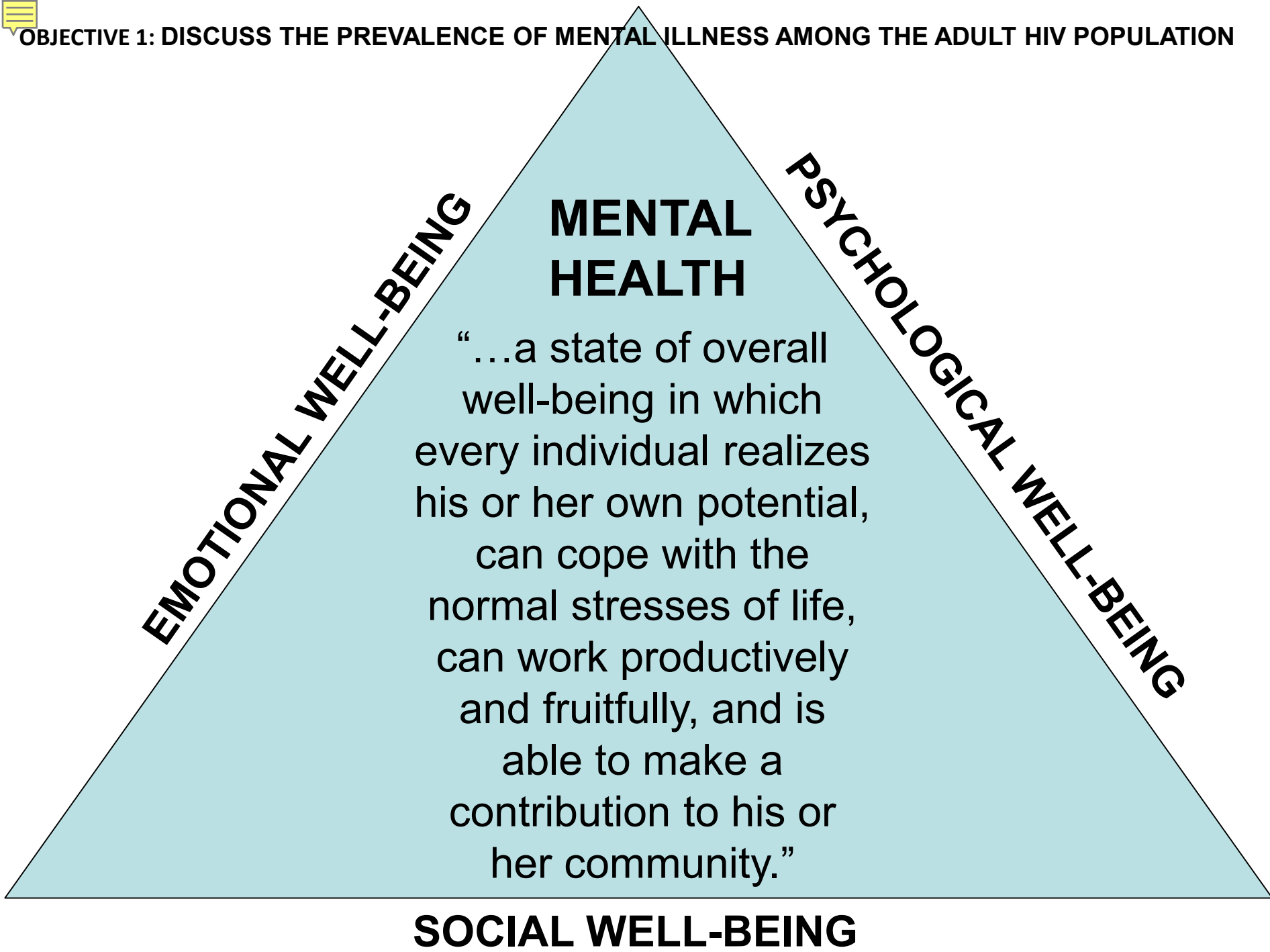
1. Discuss the prevalence of mental illness among the adult HIV population
2. Identify the signs and symptoms of common mental health diagnoses in HIV
3. Identify how mental health issues impact care and treatment among adults living with HIV
4. Identify the “Why?” and “How?” of having a mental health counselor on the care team
5. Become familiar with care approaches for mental health





OBJECTIVE 1:

Discuss the prevalence of mental illness among the adult HIV population



RISK FACTORS impacting Mental Health

Having a blood relative, such as a parent or sibling, with a mental illness

STRESSFUL LIFE SITUATIONS

Brain damage as a result of a serious injury (traumatic brain injury)

TRAUMATIC EXPERIENCES

Having few friends or few healthy relationships

AN ONGOING (CHRONIC) MEDICAL CONDITION

Being abused or neglected as a child

USE OF ALCOHOL OR RECREATIONAL DRUGS

A previous mental illness

WHO secretariat (2012). RISKS TO MENTAL HEALTH: AN OVERVIEW OF VULNERABILITIES AND RISK FACTORS.
http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf



OBJECTIVE 1: DISCUSS THE PREVALENCE OF MENTAL ILLNESS AMONG THE ADULT HIV POPULATION

HIV-RELATED STRESSORS

Having trouble getting the services needed

Experiencing a loss of social support, resulting in isolation

Experiencing a loss of employment or worries about the ability to perform work as before

Having to tell others about being HIV-positive

Managing HIV medicines

Going through changes in physical appearance or abilities due to HIV/AIDS

Dealing with loss, including the loss of relationships or even death

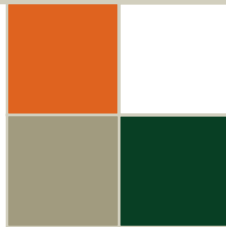
Facing the stigma and discrimination associated with HIV/AIDS

Experiencing problems in memory, thinking, and behavior

Side effects of medications



HIV and Mental Health, December 6, 2017, <https://aidsinfo.nih.gov/understanding-hiv-aids/factsheets/27/92/hiv-and-mental-health>



OBJECTIVE 1: DISCUSS THE PREVALENCE OF MENTAL ILLNESS AMONG THE ADULT HIV POPULATION



MENTAL HEALTH DISORDER WITHOUT HIV WITH HIV

<u>Any Serious Mental Illness¹</u>	<u>5%</u>	<u>1-24%</u>
<u>Major Depressive Episode²</u>	<u>6.9%</u>	<u>22-61%</u>
<u>PTSD (in women)³</u>	<u>6%</u>	<u>30%</u>
<u>Panic Disorder⁴</u>	<u>2.5%</u>	<u>10.5%</u>
<u>Generalized Anxiety Disorder⁵</u>	<u>2.1%</u>	<u>15.8%</u>

¹Moore, D. J., Posada, C. (2013). HIV and psychiatric comorbidities: What do we know and what can we do? High-quality care for HIV-infected individuals also requires vigilance regarding the mental health needs of patients. *Psychology and AIDS Exchange Newsletter*,
²Depression. Primary Care of Veterans with HIV. Neurology, Psychiatry, and Pain retrieved from <https://www.hiv.va.gov/provider/manual-primary-care/depression.asp> on June 3, 2018
³ Neigh, G. N., Rhodes, S. T., Valdez, A., & Jovanovic, T. (2016). PTSD co-morbid with HIV: Separate but equal, or two parts of a whole? *Neurobiology of Disease*, 92(Pt B), 116–123. <http://doi.org/10.1016/j.nbd.2015.11.012>
⁴Robertson, K., Bayon, C., Molina, J. M., McNamara, P., Resch, C., Munoz-Moreno, J. A., Kulasegaram, R., Schewe, K., Burgos-Ramirez, A., De Alvaro, C., Cabrero, E., Guion, M., Norton, M., Van Wyk, J. (2014). Screening for neurocognitive impairment, depression, and anxiety in HIV-infected patients in Western Europe and Canada. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV* Vol 26 Issue 12, 1555-1561 <https://doi.org/10.1080/09540121.2014.936813>
⁵ Andriote, J. M. HIV Mental Health Treatment Issues: HIV and Anxiety. American Psychiatric Association Office of HIV Psychiatry www.psychiatry.org



OBJECTIVE 2:

Identify the signs and symptoms of common mental health diagnoses in HIV

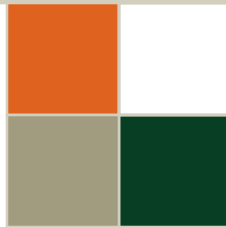
Major Depressive Disorder

A disorder in which a person experiences a persistent feeling of sadness or loss of interest.

- can also be associated with thoughts of suicide



<https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007>

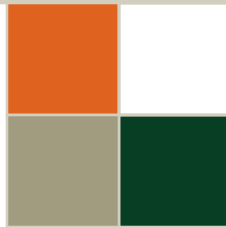


Major Depressive Disorder

Symptoms:

- **Mood:** anxiety, apathy, general discontent, guilt, hopelessness, loss of interest, loss of interest or pleasure in activities, mood swings, or sadness
- **Sleep:** early awakening, excess sleepiness, insomnia, or restless sleep
- **Whole body:** excessive hunger, fatigue, loss of appetite, or restlessness
- **Behavioral:** agitation, excessive crying, irritability, or social isolation
- **Cognitive:** lack of concentration, slowness in activity, or thoughts of suicide
- **Weight:** weight gain or weight loss
- **Also common:** poor appetite or repeatedly going over thoughts

<https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007>

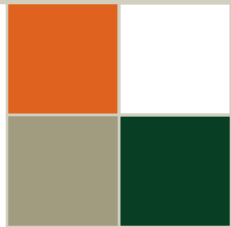


Generalized Anxiety Disorder

A disorder in which a person experiences severe, ongoing anxiety that interferes with daily activities.



<https://www.mayoclinic.org/diseases-conditions/generalized-anxiety-disorder/symptoms-causes/syc-20360803>



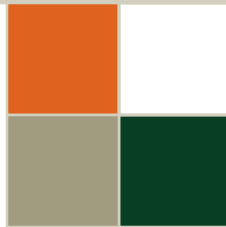
Generalized Anxiety Disorder

Symptoms:

- **Pain areas:** in the back
- **Whole body:** fatigue, lightheadedness, restlessness, or sweating
- **Psychological:** severe anxiety, fear, or repeatedly going over thoughts
- **Behavioral:** hypervigilance or irritability
- **Cognitive:** lack of concentration or unwanted thoughts
- **Also common:** emotional distress, excessive worry, difficulty falling asleep, headache, nausea, palpitations, or trembling



<https://www.mayoclinic.org/diseases-conditions/generalized-anxiety-disorder/symptoms-causes/syc-20360803>

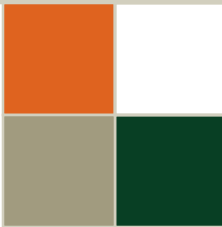


Panic Disorder

A disorder in which debilitating anxiety and fear (panic attacks) arise frequently and without reasonable cause.



<https://www.mayoclinic.org/diseases-conditions/panic-attacks/symptoms-causes/syc-20376021>



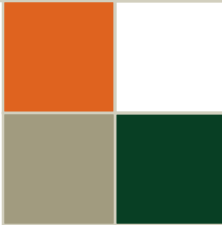
Panic Disorder

Symptoms:

racing heartbeat or palpitations * shortness of breath * feeling like choking
dizziness (vertigo) * lightheadedness * nausea * sweating or chills
shaking or trembling * chest pain or tightness * fear of dying
changes in mental state (ie derealization or depersonalization)
numbness or tingling in the hands or feet



<https://www.mayoclinic.org/diseases-conditions/panic-attacks/symptoms-causes/syc-20376021>



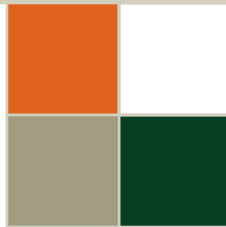
Post Traumatic Stress Disorder

A disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event.

- may include nightmares or unwanted memories of the trauma, avoidance of situations that bring back memories of the trauma, heightened reactions, anxiety, or depressed mood.



<https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967>



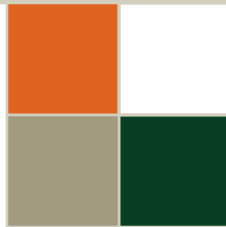
Post Traumatic Stress Disorder

Symptoms:

- **Behavioral:** agitation, irritability, hostility, hypervigilance, self-destructive behavior, or social isolation
- **Psychological:** flashback, fear, severe anxiety, or mistrust
- **Mood:** loss of interest or pleasure in activities, guilt, or loneliness
- **Sleep:** insomnia or nightmares
- **Also common:** emotional detachment or unwanted thoughts



<https://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/symptoms-causes/syc-20355967>






OBJECTIVE 3:

Identify how mental health issues impact care and treatment among adults living with HIV



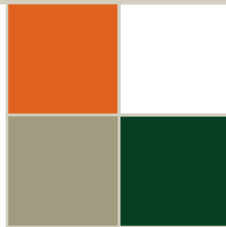
**OBJECTIVE 3: IDENTIFY HOW MENTAL HEALTH ISSUES IMPACT CARE AND TREATMENT
AMONG ADULTS LIVING WITH HIV**

Mental Health issues **DECREASE**

- 
- **Quality Of Life**
 - **Willingness To Seek Medical Care**
 - **Motivation To Adhere To Therapy**
 - **Health Outcomes**

Aranda-Naranjo, B. Quality of Life in the HIV-Positive Patient: Implications and Consequences. *Journal of the Association of Nurses in AIDS Care* , Volume 15 , Issue 5 , 20S - 27S

Durvasula, R., & Miller, T. R. (2014). Substance Abuse Treatment in Persons with HIV/AIDS: Challenges in Managing Triple Diagnosis. *Behavioral Medicine (Washington, D.C.)*, 40(2), 43–52. <http://doi.org/10.1080/08964289.2013.866540>





OBJECTIVE 4:

Identify the “Why?” and “How?” of having a mental health counselor on the care team



OBJECTIVE 4: IDENTIFY THE “WHY?” AND “HOW?” OF HAVING A MENTAL HEALTH COUNSELOR ON THE CARE TEAM

Why?

“Inadequate provision of integrated services for people with mental-health and substance-use disorders, HIV/AIDS and related physical, psychological and social problems creates an additional serious barrier to treatment and care for HIV/AIDS.”



OBJECTIVE 4: IDENTIFY THE “WHY?” AND “HOW?” OF HAVING A MENTAL HEALTH COUNSELOR ON THE CARE TEAM

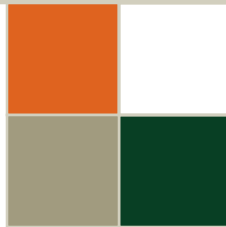
Who?

MULTIDISCIPLINARY CARE TEAM (MDCT)

- Recommended by The Department of Health and Human Services (DHHS) guidelines for use with anti-retroviral agents
- Comprised of varying professionals including nurses, pharmacists, case managers, social workers, nurse practitioners, mental health workers, dieticians, health educators, and transportation service consultants and peers
- Offers improved ecologic or system factors including access to optimized multidisciplinary care
- Improves the individual’s health care
- Improves their willingness to adhere to the treatment program
- Associated with increased receipt of ancillary services results
- Associated with more HIV patients seeking and remaining in care



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3360831/>

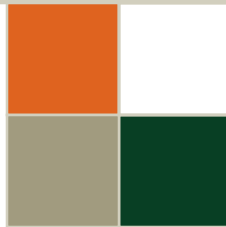


OBJECTIVE 4: IDENTIFY THE “WHY?” AND “HOW?” OF HAVING A MENTAL HEALTH COUNSELOR ON THE CARE TEAM

Who?

Mental Health Professionals

- **Psychiatrists**: esp. psychopharmacology (medication management)
- **Psychologists**: esp. cognitive / neurological testing
- **Social workers**: psychosocial treatment (structured counseling, motivational enhancement, case management, care-coordination, psychotherapy and relapse prevention)
- **Mental Health Counselors**: psychotherapy to help cope with life challenges and mental health problems



OBJECTIVE 4: IDENTIFY THE “WHY?” AND “HOW?” OF HAVING A MENTAL HEALTH COUNSELOR ON THE CARE TEAM

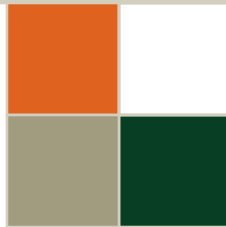
How?

Mental Health Services

- As a core medical service
- Addressing conditions stemming from and treated within the context of the client’s HIV or AIDS diagnosis
- Intended to address HIV-related issues
- Intended to strengthen coping skills to increase adherence and access to ongoing medical care and treatment



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OBJECTIVE 4: IDENTIFY THE “WHY?” AND “HOW?” OF HAVING A MENTAL HEALTH COUNSELOR ON THE CARE TEAM

How?

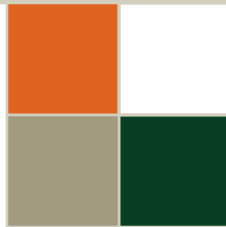
Mental Health Services

Level I: includes intensive mental health therapy and counseling (individual, family, and group) provided by Doctorate degreed, licensed professional

- Includes psychosocial assessment and evaluation, testing, diagnosis, treatment planning with written goals, crisis counseling, periodic reassessments, reevaluations of plans and goals documenting progress, and referrals to psychiatric and/or other services as appropriate
- Addresses risk behavior, substance abuse, adherence to medical treatments, depression, panic, anxiety, maladaptive coping, safer sex, and suicidal ideation
- Uses motivational interviewing and harm reduction strategies



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How?

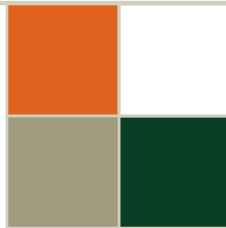
Mental Health Services

Level II: includes intensive mental health therapy and counseling (individual, family, and group) provided by Master’s degreed and licensed professional

- Includes crisis counseling, reevaluations of plans and goals documenting progress, and referrals to psychiatric and/or other services as appropriate
- Addresses risk behavior, substance abuse, adherence to medical treatments, depression, panic, anxiety, maladaptive coping, safer sex, and suicidal ideation
- Uses motivational interviewing and harm reduction strategies



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How?

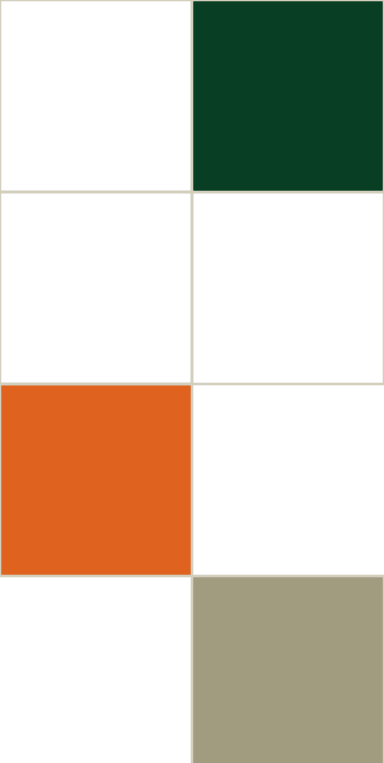
Mental Health Services

Group Counseling (Levels I and II)

- 3 to 15 clients with similar problems
- Provides therapy in a social context
- Reduces the feeling of isolation
- Provides an opportunity to share methods of problem-solving
- Allows the therapist an opportunity to observe how an individual interacts with others



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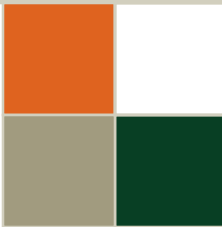


OBJECTIVE 5:

Become familiar with mental health screening tools for lay workers

“Despite the high prevalence of mental health and substance use problems, too many Americans go without treatment — in part because their disorders go undiagnosed. Regular screenings in primary care and other healthcare settings enables earlier identification of mental health and substance use disorders, which translates into earlier care. Screenings should be provided to people of all ages, even the young and the elderly.”

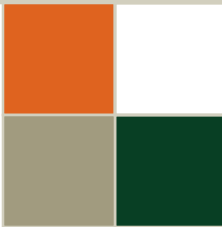
<https://www.integration.samhsa.gov/clinical-practice/screening-tools>



Comprehensive Health Assessment

At Initial intake and Reassessment

1. Have you been feeling depressed or anxious?
2. Have you been having difficulty sleeping?
3. Have you ever been a victim of domestic / family abuse?
4. Are you currently in a violent or abusive relationship?
5. Have you ever received mental health/psychosocial services?
6. Have you been hospitalized for a mental health condition?
7. Are you currently receiving mental health / psychosocial services?



Comprehensive Health Assessment

Other questions to consider:

Any question which helps to identify stressors
which may impact the client's mental health

ie number of people living in the home

level/type of social support

frequency of medical appointments

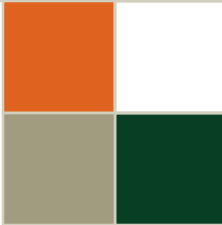
lab results

comorbidities

substance use

employment status

level of independence

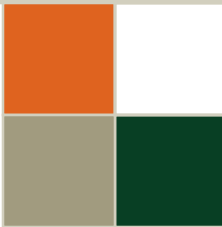


SAMHSA-HRSA

Center for Integrated Health Solutions

Link: <https://www.integration.samhsa.gov/clinical-practice/screening-tools>

- Resources
- Sample Screening Forms
- Depression Screening Tools
- Drug & Alcohol Use Screening Tools
- Bipolar Disorder Screening Tools
- Suicide Risk Screening Tools
- Anxiety Disorders Screening Tools
- Trauma Screening Tools



OBJECTIVE 5: BECOME FAMILIAR WITH MENTAL HEALTH SCREENING TOOLS FOR LAY WORKERS

Patient Health Questionnaire (PHQ-2 and PHQ-9)

Patient Health Questionnaire - 9 (PHQ-9)															
Over the last 2 weeks, how often have you been bothered by any of the following problems?	Several days	More than half the days	Nearly every day												
1. Little interest or pleasure in doing things	1	2	3												
2. Feeling down, depressed, or hopeless	1	2	3												
3. Trouble falling or staying asleep, or sleeping too much	1	2	3												
4. Feeling tired or having little energy	1	2	3												
5. Poor appetite or overeating	1	2	3												
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	1	2	3												
7. Trouble concentrating on things, such as reading the newspaper or watching television	1	2	3												
8. Moving or speaking so slowly that other people could have noticed, or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	1	2	3												
9. Thoughts that you would be better off dead, or of hurting yourself in some way	1	2	3												
<table border="1"> <tbody> <tr> <td>1-4</td> <td>Minimal depression</td> <td>15-19</td> <td>Moderately severe depression</td> </tr> <tr> <td>5-9</td> <td>Mild depression</td> <td>20-27</td> <td>Severe depression</td> </tr> <tr> <td>10-14</td> <td>Moderate depression</td> <td></td> <td></td> </tr> </tbody> </table>				1-4	Minimal depression	15-19	Moderately severe depression	5-9	Mild depression	20-27	Severe depression	10-14	Moderate depression		
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Generalized Anxiety Disorder (GAD-7)

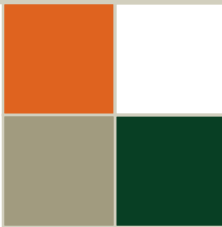
GAD-7: a seven-question screening tool that identifies whether a complete assessment for anxiety is indicated:

•Over the last 2 weeks, how often have you been bothered by the following problems?

0 Not at all 1 Several days 2 Over half the days 3 Nearly every day

1. Feeling nervous, anxious, or on edge 0 1 2 3
2. Not being able to stop or control worrying 0 1 2 3
3. Worrying too much about different things 0 1 2 3
4. Trouble relaxing 0 1 2 3
5. Being so restless that it's hard to sit still 0 1 2 3
6. Becoming easily annoyed or irritable 0 1 2 3
7. Feeling afraid as if something awful might happen 0 1 2 3

<https://www.integration.samhsa.gov/clinical-practice/screening-tools>



Primary Care PTSD Screen (PC-PTSD)

PC–PTSD: a four-item screen designed for use in primary care and other medical settings to screen for post-traumatic stress disorder.

1. Have had nightmares about it or thought about it when you did not want to?
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?
3. Were constantly on guard, watchful, or easily startled?
4. Felt numb or detached from others, activities, or your surroundings?

<https://www.integration.samhsa.gov/clinical-practice/screening-tools>



Q & A

Resources

AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV Vol 26 Issue 12, 1555-1561 <https://doi.org/10.1080/09540121.2014.936813>

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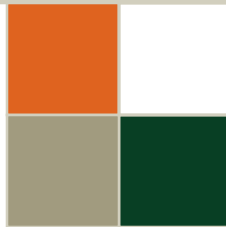
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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3360831/>

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Resources

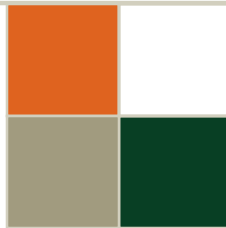
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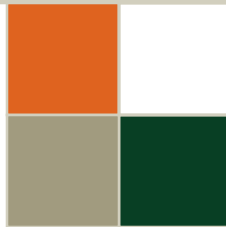
http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf



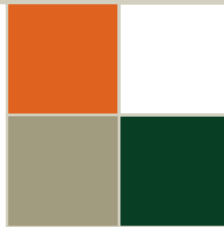
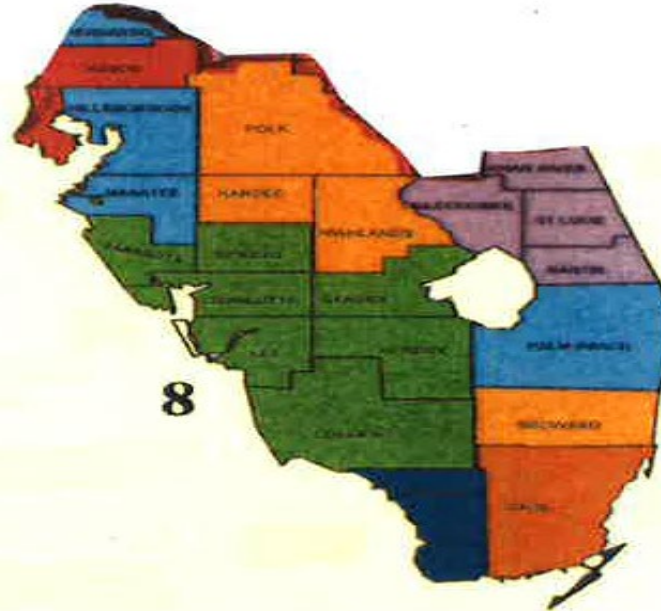
This Presentation and resources are made possible by AETC grant award U10HA29295 from the HIV/AIDS Bureau of the Health Resources Services Administration (HRSA), U. S. Department of Health and Human Services (HHS).

The information presented is the consensus of HIV/AIDS specialists within the SEAETC and does not necessarily represent the official views of HRSA/HAB

The AIDS Education and Training Center (AETC) Program is the training arm of the Ryan White HIV/AIDS Program. The AETC Program is a national network of leading HIV experts who provide locally based, tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate high quality, comprehensive care for those living with or affected by HIV.



Florida Counties



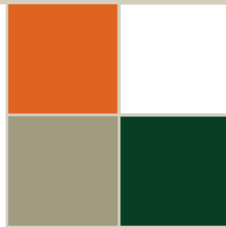
The U.S. Department of Health and Human Services (DHHS) has released updated versions of its antiretroviral treatment guidelines for adults and adolescents, and for children with HIV. The new adult guidelines include revised recommendations for first-line antiretroviral therapy (ART) as well as management of treatment-experienced patients. The revised pediatric guidelines include a discussion of very early treatment for HIV-infected infants.

References

HHS Panel on Antiretroviral Guidelines for Adults and Adolescents.

[*Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents*](#). Updated April 8, 2015.

DHHS Panel on Antiretroviral Therapy and Medical Management of HIV-Infected Children. [*Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection*](#). Updated March 5, 2015.



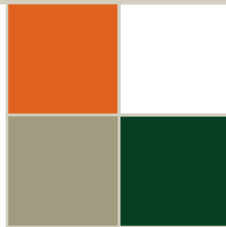
TRAINING OPPORTUNITIES

Preceptorships

An intensive clinical training program offered to healthcare providers in Florida who have an interest in learning more about the diagnosis and management of HIV/AIDS, opportunistic infections, and co-morbid conditions. Each preceptorship is structured to meet the unique needs of the individual participant based on his or her previous experience, geographic location, and time available. Experience 4 to 240 hours of clinical training at adult, pediatric, obstetric, and/or family practice clinics where care is provided to HIV-infected patients. All training provided is consistent with current guidelines from the Department of Health and Human Services or other nationally recognized guidelines when available.

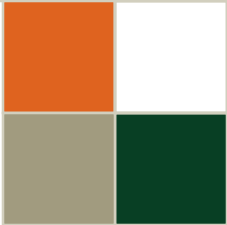
Clinical Consultation

Individual and group clinical consultations are offered. Individual clinical case consultation is provided on the diagnosis, prevention, and treatment of HIV/AIDS and related conditions. These consultations take place by telephone, email or face-to-face meetings. Group clinical consultation with case-based discussions include information on pharmacology, clinical antiretroviral therapy updates, drug-drug interactions, and antiretroviral resistance.



FOR MORE INFORMATION, PLEASE
VISIT:

<http://hivaidsinstitute.med.miami.edu/partners/se-aetc>



National HIV/AIDS Clinicians' Consultation Center UCSF – San Francisco General Hospital

Warmline

National HIV/AIDS Telephone Consultation Service
Consultation on all aspects of HIV testing and clinical care
Monday - Friday
9 am – 8 pm EST
Voicemail 24 hours a day, 7 days a week

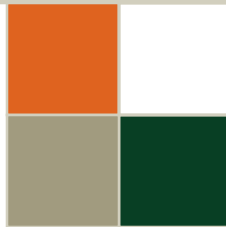
PEPline

National Clinicians' Post-Exposure Prophylaxis Hotline
Recommendations on managing occupational exposures to HIV and hepatitis B & C
9 am - 2 am EST, 7 days a week

Perinatal HIV Hotline

National Perinatal HIV Consultation & Referral Service
Advice on testing and care of HIV-infected pregnant women and their infants
Referral to HIV specialists and regional resources
24 hours a day, 7 days a week

HRSA AIDS ETC Program & Community Based Programs, HIV/AIDS Bureau
& Centers for Disease Control and Prevention (CDC)
www.nccc.ucsf.edu



Need Additional Information?

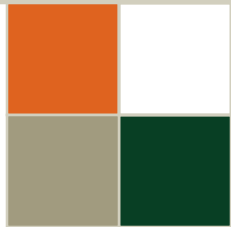
Contact the South FL SE AIDS Education and Training Center

Venada Altheme, Program Manager:

vla33@med.miami.edu

Tivisay Gonzalez, Program Coordinator:

tgonzalez1@med.miami.edu



Thank you!

