

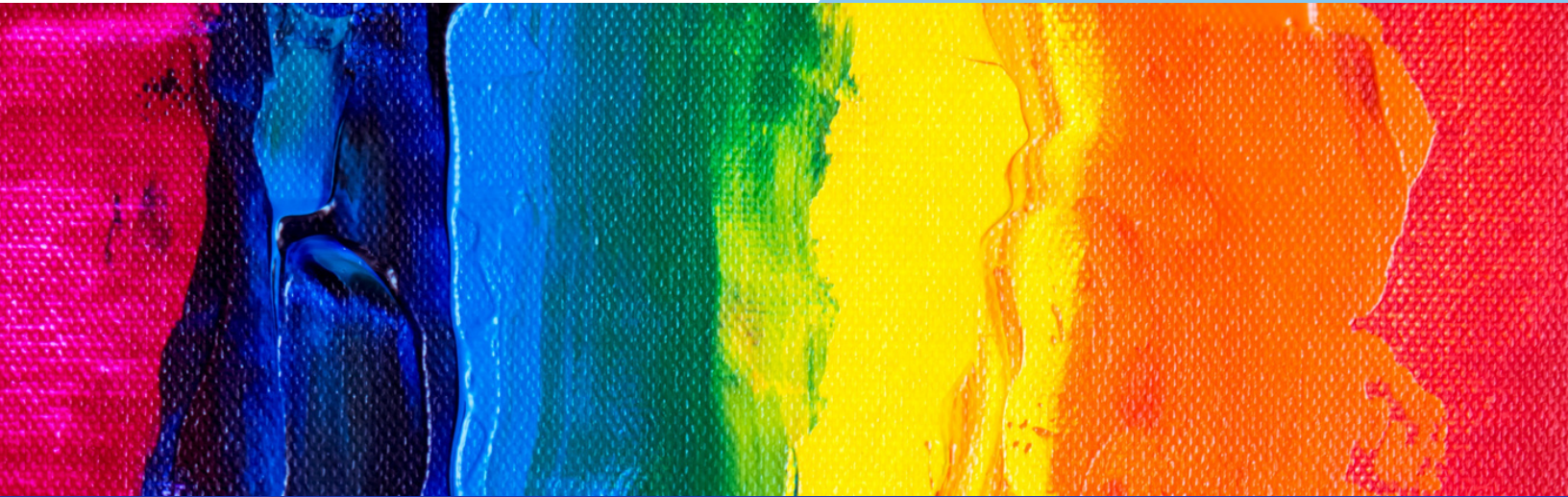
# HIV PREVENTION LEARNING COMMUNITY



Bimonthly Newsletter

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## June Newsletter

### PRIDE MONTH

June is **Pride Month**! There are numerous resources available online to support your clinics' various campaigns.

CDC's campaign, *Let's Stop HIV Together*, has a social media toolkit where you can find ready-to-go messages for posting on Facebook, Instagram, or Twitter.



### MAY LC RECAP

May's LC focused on **PrEP Retention**. Some of the areas Dr. Zucker discussed include:

1. What is retention?
2. Barriers to PrEP retention
3. Strategies to improve PrEP retention

Dr. Zucker shared some strategies to improve PrEP retention. Some of those were highlighting PrEP choice, clinic walk-in capacity and increased flexibility, peer relationships, and an emphasis on pleasure and sex positivity.

How can we help you address PrEP retention at your clinic? Let us know!



## RESOURCES

- [May LC Slides](#)
- [Tips to help patients remember to take PrEP](#)
- [PrEP Mobile App](#)
- [CDC Monkeypox Information](#)

*What's next?*

## NEXT MONTH'S LC

### Details:

- July 19th at 12-1pm EST
- Topic: Choosing Daily vs. On-Demand PrEP

### Reminder!

- Goal of LC is to have a discussion where clinics can learn from each other
- All participants keep cameras on. Need a webcam? Let us know!
- All participants contribute to the discussion
- 2-4 individuals per site participating



## ASK A CLINICIAN

### Question:

What do I need to know about monkeypox?

### Answer:

As you have likely heard, CDC is tracking multiple cases of monkeypox that have been reported in several countries that don't normally report monkeypox, including the US.

Early data suggest that men who have sex with men make up a high number of cases. However, anyone who has been in close contact with someone who has monkeypox is at risk.

What should clinicians look out for? Keep an eye out for patients with a rash that could be consistent with monkeypox - vesicles or pustules that are deep-seated, firm or hard, and well-circumscribed; the lesions may umbilicate or become confluent and progress over time to scabs. If those patients have been in areas reporting monkeypox cases, then it should be considered as a possible diagnosis.

Presenting symptoms typically include fever, chills, the distinctive rash, or new lymphadenopathy; however, onset of perianal or genital lesions in the absence of subjective fever has been reported.

Clinicians should first consult their state health department or CDC through the CDC Emergency Operations Center (770-488-7100) as soon as monkeypox is suspected.

Have a clinical question? Check out the clinical consultation line: [www.stdccn.org](http://www.stdccn.org)