



**METROPOLITAN
HEALTH DISTRICT**

JUST THE FACTS

A MONTHLY NEWSLETTER FROM YOUR
METRO HEALTH CLINICIAN AMBASSADORS



ISSUE 26

JULY 2024

Monthly Highlights

Bebe Moore Campbell

**National Minority Mental Health
Awareness Month**



Minority Mental Health Awareness Month

"While everyone - all colors - everyone is affected by stigma - no one wants to say 'I'm not in control of my mind.' No one wants to say, 'The person I love is not in control of [their] mind.'

But people of color really don't want to say it because we already feel stigmatized by virtue of skin color or eye shape or accent and we don't want any more reasons for anyone to say, 'You're not good enough.'"

-Bebe Moore Campbell

July is Bebe Moore Campbell Minority Mental Health Awareness Month. Campbell was a journalist, author and educator from Philadelphia and an outspoken voice against racism and stigma in health care. In particular, she advocated for the mental health needs and struggles of black, Indigenous, and other people of color (BIPOC). She helped shine light on the stigma that BIPOC face when struggling with mental health issues, and how those experiences affected whether people sought care. She wrote novels, nonfiction, children's

books, articles and essays, was a commentator on National Public Radio and co-founded NAMI Urban Los Angeles. Campbell died of cancer in 2006.

In 2008, Congress designated Bebe Moore Campbell Minority Mental Health Awareness Month in honor of her life and [legacy](#). Resources for this month include:

- Tufts University's Building Blocks of HOPE (Healthy Outcomes from Positive Experiences), which seeks to advance mental health and resilience through positive experiences for children and families – download a summary [here](#) or visit positiveexperience.org for more information on the framework.
- Mental Health America's [overview of mental health issues in different minority communities](#), and trusted resources starting on p. 12 of this [toolkit](#).
- NAMI [social media posts](#)

Black Maternal Mental Health Week

Building on the work done around Black Maternal Health Week, [Black Maternal Mental Health Week](#) (BMMHW) takes place annually from July 19-25. Mental health conditions like depression, anxiety, death by suicide and substance use disorders are the No. 1 cause of maternal mortality in the U.S., and perinatal mood disorders are a leading complication of pregnancy and childbirth (CDC). While 20% of new moms experience a mental health condition, 40% of Black women do, and up to half receive no support or treatment. Metro Health's Access to Care Office will participate in BMMHW through a citywide education campaign focused on stigma, awareness and access to existing mental health resources. To learn more about the campaign or the Access to Care Office, please email Sarah.Wagner@sanantonio.gov. Read these American Hospital Association [tips](#) specific to Black maternal mental health, and this [overview](#) from the Maternal Mental Health Leadership Alliance. General clinical resources for maternal mental health include:

- [Texas PeriPAN](#)
- [Alliance for Innovation on Maternal Health \(AIM\) toolkit](#)
- American Academy of Family Physicians [Postpartum Depression Toolkit](#)
- For patients, the [National Maternal Mental Health Hotline](#) and [Postpartum Support International](#)

World Hepatitis Day – July 28

Despite effective vaccines, prevention strategies, and medications, **deaths from hepatitis are increasing globally**, affecting more than a million people a year. According to the CDC, the U.S. saw about 86,000 new infections in 2022, with hepatitis C accounting for almost 80% of cases. CDC now recommends screening all adults for hepatitis B and C at least once in their lifetimes, and more often for people with risk factors or who request testing. For hepatitis B, use a triple panel test. With hepatitis C in pregnancy on the rise, CDC also recommends re-screening each pregnancy. Read screening recommendations [here](#) and [here](#), and treatment guidelines [here](#). Hepatitis C treatment is simpler than ever, and many previous barriers were eliminated:

- Medicaid covers direct-acting antiviral (DAA) treatment regardless of fibrosis score.
- General practitioners, including primary care providers, can prescribe DAAs .
- Drug screens are no longer required.



Prudence Nobantu Mabele

Activist for HIV awareness and Founder of Positive Women's Network

Zero HIV Stigma Day

July 21 is [Zero HIV Stigma Day](#), honoring [Prudence Nobantu Mabele](#), the first woman in South Africa to disclose her HIV status in 1992, a time when misconceptions about HIV were widespread. Mabele's courageous act encouraged women in her community to share their status and seek treatment without shame. This year's theme, "Beyond Labels: Redefining HIV Narrative," urges us to move beyond stereotypes and focus on meaningful advocacy and action. As Mabele once said, "We have talked, we have done everything. Now it is time for us to stop all of that for a little bit and action."

Action steps for health care providers include becoming aware of [stigmatizing language](#), [standing up to stigma](#) and providing [Status Neutral HIV Prevention](#).

HEALTH NEWS



DoxyPEP Guidelines Arrive

Long-awaited CDC guidance on DoxyPEP is finally here! CDC recommends doxycycline as post-exposure **prophylaxis for STIs** in men who have sex with men and transgender women who have sex with men, if they had syphilis, chlamydia, or gonorrhea in the past 12 months. The estimated effectiveness is at least 70% for syphilis and chlamydia, and 50% for gonorrhea. In one study, doxyPEP quickly reduced STIs [at a population-wide level](#). Prescribers simply write for

self-administration of **200 mg of doxycycline** (any formulation), **as soon as possible and within 72 hours** after condomless oral, vaginal or anal sex, with a **maximum dose of 200 mg every 24 hours**. Read the MMWR [here](#), a sample protocol [here](#), and infographic posters in English and Spanish [here](#). A 3-month supply usually consists of 30 to 60 100 mg. tablets.

CDC Warns of Disrupted Access to Prescribed Stimulants

A recent CDC Health Alert Network [Advisory](#) warned of an expected disruption in access to prescription stimulants that could trigger more overdoses and injuries. This news comes after a federal health care fraud indictment against an online telehealth company, affecting nearly 50,000 patients nationally. Besides alerting patients and caregivers about potential difficulty filling prescriptions, clinicians can:

- Educate on the risk associated with counterfeit pills; [7 of every 10 pills](#) seized by the Drug Enforcement Administration from the illegal drug market contain a lethal dose of fentanyl.
- Prescribe naloxone and educate patients on overdose prevention, taking care to avoid [unintentionally stigmatizing language](#) about substance use disorder.
- If a prescribed medication is unavailable, consider other [FDA-approved treatment options](#) for ADHD as well as [non-pharmaceutical interventions](#).
- Connect patients who have lost healthcare access to new clinicians and pharmacies.

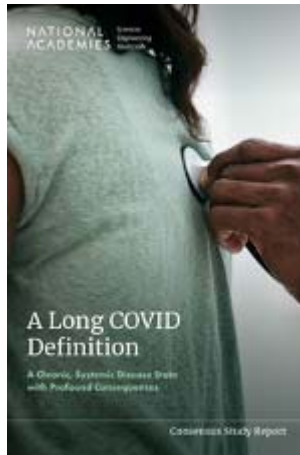
RSV Recommendations Get Simpler

In anticipation of the upcoming RSV season, CDC updated and simplified last year's guidance on the RSV vaccine for adults. Eligible adults are advised to get the vaccine in the late summer or early fall but can receive it anytime. The RSV vaccine is not currently an annual vaccine; only a single lifetime dose is approved and recommended. Instead of shared clinical decision-making, **CDC now recommends the RSV vaccine for everyone ages 75 and older who did not already get it**. People ages 60–74 who are at increased risk of severe RSV, meaning they have certain **chronic medical conditions such as lung or heart disease, or live in nursing homes**, also will benefit from the RSV vaccine. Information presented to the Advisory Committee on Immunization Practices (ACIP) is [here](#), and the CDC press release [here](#); other CDC pages were still being updated as of late June.

Texas Launches Maternal and Infant Health Dashboard

The Texas Department of State Health Services (DSHS) unveiled dashboards with state-level data on maternal mortality, based on risk factors such as mental health issues, high blood pressure and smoking, [here](#); and infant health data such as infant mortality, causes of death, and preterm and low birthweight births (both trending up), [here](#). The dashboards will expand to include birth demographics, infant health practices, prenatal and postpartum care and severe maternal morbidity. The maternal health landing page also explains how Texas ensures that maternal death data are correct.

COVID CORNER



Expert Panel Defines Long COVID

A new report from the National Academies of Sciences, Engineering, and Medicine (NASEM) provides a consensus definition for Long COVID: “...an infection-associated chronic condition (IACC) that occurs after SARS-CoV-2 infection and is present for at least 3 months as a continuous, relapsing and remitting, or progressive disease state that affects one or more organ systems.” It can involve any organ system, and patients can present with single or multiple symptoms or conditions. Long COVID can result from mild, moderate or severe infection, recognized or unrecognized. To develop consensus, NASEM convened an expert committee that reviewed current literature and stakeholder and patient input. Download the full report [here](#), a handy 1-pager [here](#), and find additional resources and a FAQ [here](#).

Expect JN.1 Lineage in Fall COVID Vaccines

The FDA's Vaccines and Related Biological Products Advisory Committee unanimously recommended a monovalent JN.1-lineage COVID-19 vaccine formula for the 2024-2025 season. The FDA then advised vaccine manufacturers to produce the KP.2 strain of the JN.1 lineage for use in the United States starting in fall 2024 to better align with [currently circulating SARS-CoV-2 viruses](#). Click [here](#) to view all ACIP recommendations on June 26-28, and read the FDA recommendation [here](#).

How to Access COVID-19 Antivirals

Prescriptions remain **FREE** through the end of 2024 to people who have Medicare, Medicaid, or no health insurance; details [here](#).

- Access National Institutes of Health COVID-19 Treatment Guidelines [here](#) and a clinical decision aid [here](#).
- CDC clinical considerations can be found [here](#).
- The U.S. Department of Health and Human Services offers a patient fact sheet on “When to Get Medical Care for COVID” in [English](#) and [Spanish](#).

Bridge Access Program Ends Next Month

Originally slated to continue through December 2024, the CDC's COVID-19 Bridge Access Program, created to ensure access to free COVID-19 vaccines for those who are under- or uninsured, will now end in August 2024. Read more about the program [here](#). Download an informational handout for patients [here](#) (Spanish [here](#)).

MPOX

CDC Updates Clinicians on Mpox Virus

A June 27 CDC Clinician Outreach and Communication Activity (COCA) call discussed the clade I mpox outbreak in the Democratic Republic of the Congo, when to suspect a case of mpox, how to manage and prevent clade II mpox and vaccination data. Watch a recording [here](#), and click [here](#) for details about free CE.

Sporadic cases of mpox, formerly monkeypox, continue to be reported nationally. The [vaccine](#) is now available commercially through standard vaccine distributors. Only 1 in 9 eligible individuals in Bexar County has received both doses of the vaccine, which remains available at the Metro Health STI Clinic at 512 E. Highland Blvd, Ste. 150.

At-home self-collection test kits are available by prescription through LabCorp's provider interface platform. Kits are mailed directly to the patient for self-collection. Treatment is available through [STOMP](#), a NIAID-funded clinical trial at UT Health San Antonio that is evaluating the effectiveness of the antiviral tecovirimat, or TPOXX. People can self-enroll at <https://www.stomptpox.org/main>.

Contact information:

University of Texas San Antonio Clinical Research Site
7703 Floyd Curl Dr., San Antonio, TX 78229
210-567-4823

RESOURCE OF THE MONTH

CDC STI Treatment Guidelines App

Did you know the CDC has revamped their STI Treatment Guidelines App since the release of the 2021 guidelines? The new version is extremely user-friendly, available for both iOS and Android, and contains not just updated STI treatment guidelines but 2021 PrEP Guidelines and Clinical Consultation services. While the new doxyPEP guidelines don't have their own tab yet, they are accessible through a link in the Clinical Tools tab, under Full Guidelines. For more information and to download the app, visit <https://www.cdc.gov/std/treatment-guidelines/provider-resources.htm#MobileApp>.

PREP BASICS

VIRTUAL LUNCH & LEARN

JULY 3, 2024
12:00 p.m. to 1:00 p.m.

CME/CNE AVAILABLE

Learn about

- Available PrEP regimens
- CDC and USPSTF recommendations
- Baseline and on-treatment testing
- Financial support resources



To dial in by phone:

+1-312-667-7136,,720301697#

Phone conference ID: 720 301 697#



Click to join

Meeting ID: 263 734 890 19

Passcode: GxjVTQ



**METROPOLITAN
HEALTH DISTRICT**



To register, scan
the QR code

PrEP Basics – A Virtual Lunch & Learn (1.0 hours CME/CNE)

Grab your lunch and join your Metro Health Clinician Ambassadors for a Lunch & Learn on **July 3**, from **12:00 p.m. – 1 p.m.** on the basics of HIV Pre-Exposure Prophylaxis (PrEP). We will discuss different PrEP regimens, baseline and on-treatment testing, CDC and USPSTF recommendations, payment assistance and other resources for patients. Register [here](#).

Trauma Informed Care and HIV (1.0 hours CME/CNE)

Clinicians and mental health providers are invited to attend a presentation on trauma-informed care for HIV patients on **July 8** from **11:30 a.m. – 12:30 p.m.** The webinar will cover common trauma responses, psychiatric comorbidities and trauma-informed patient management strategies, including motivational interviewing. Register [here](#).

Texas PeriPAN Grand Round Series (1.0 hours CME)

The Perinatal Psychiatry Access Network (PeriPAN) is hosting evidence-based practice discussions in conjunction with Texas Tech University Health Sciences Center to provide free CME credits **every 3rd Tuesday of the month** from **12 p.m. – 1 p.m.** [Register now](#) for the **July 16** session on Substance Use in the Perinatal and Postpartum Period.

Aug. 20 – Eating Disorders and Perinatal Mental Health

Sept. 17 – Perinatal and Postpartum Psychosis

Oct. 15 – Paternal Mental Health and the Perinatal-Postpartum Periods

Nov. 19 – NICU Parent Supports and Considerations

Cardea Trauma-Informed Care Training

Join this live webinar for an overview of trauma, how it affects the brain, and how it impacts health behaviors and outcomes. Training includes pre- and post-course work modules. The live portion takes place **July 18, 1 p.m. – 3 p.m.** Enroll [here](#) (access code: AXDG-FENJ). Please note that a screening application is required.

SAVE THE DATE

Save the Date

Congenital Syphilis Summit

September 20, 2024 | Houston, Texas

Registration information coming soon!

This event is open to all maternal and pediatric health care partners:

- Health care providers
- Hospitals
- Health centers
- Public health professionals
- State agencies
- Community organizations
- Others working to improve the health of women and infants in Texas

 **TEXAS**
Health and Human Services

Texas Department of State Health Services

**CONGENITAL
SYPHILIS** PREVENTION AND TREATMENT

Email questions to
TexasAIM@dshs.texas.gov

TexasAIM Safe Care for Every Mother
A program of the Texas Department of State Health Services

ON-DEMAND EDUCATION

(Free unless otherwise specified)

[Hepatitis C Screening and Beyond: Role of the Primary Care Team in Addressing Inequities](#) (0.5 hours CME/CE)

[Driving Hepatitis B Management: Universal Screening and Vaccination in Primary Care](#) (0.5 hours CME/CE)

[Training slides on 2021 STI treatment guidelines](#) (South Central AIDS Education and Training Center (no CE))

[Taking Action to Eliminate Inequities in Addiction Medicine](#) (1.0 hours CME)

[Addressing the Health Care Needs of Transgender and Non-Binary People](#) (1.0 hours CME/CNE)

[Medical Visits and Sexual History Taking Practices for Transgender and Non-Binary People](#) (0.75 hours CME/CNE, \$20)

[Diabetes Screening, Diagnosis and Management in Children & Adolescents](#) (1.5 hours CME)

[Addressing Perinatal Mental Health Conditions in Obstetric Settings](#) (2.0 hours CME)

SA Kids B.R.E.A.T.H.E.

Providers: looking for cessation resources?

Metro Health's SA Kids BREATHE EXHALE team can help!

A variety of **NO-COST strategies** are available for your patients ready to quit.

Call the EXHALE Team at **(210) 207-8758**

Phone-Based Counseling, No Cost Nicotine Replacement Therapy, Self-Help

Anonymous Text to Quit Program for Youth

Expert Quitting Information

Text-Message Quit Support, Educational Videos, and Testimonials



METROPOLITAN HEALTH DISTRICT



What can your clinic do to help?

Please take the opportunity to refer your high-risk patients with asthma who fulfill our attached criteria. Our CHWs are ready to take the time to serve your patients with education and resources and to work as a team with you to continue to improve their asthma control.

Please do not hesitate to email SAKB at sakidsbreathe@sanantonio.gov or Dr. Svatek at svatekm@uthscsa.edu with any questions. We do take secure email, fax, and phone referrals.

Program Phone: **210-207-7282**
Send Referral to our secure fax
or via your secure email:

210-207-9757

sakidsbreathe@sanantonio.gov

Find Referral Form here:

<https://www.sanantonio.gov/Health/HealthServices/Asthma#265203359-referral>

Your Clinician Ambassadors

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210-207-5102

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By participating, you consent to receive up to 4 text messages per month from Metro Health. Message and data rates may apply.



SCAN HERE

You can now self-schedule your virtual academic detailing sessions with the Clinician Ambassador team!

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