

AAPA  
CONFERENCE  ON DEMAND  
2020 Infectious Disease Track  
Total AAPA Category 1 CME Credits: 15.0

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### Advanced Sexually Transmitted Infection Cases

AAPA Category 1 CME: 1.25

**Description:** Rates of sexually transmitted infections (STIs) in the U.S. continue to increase. In 2017 over 2 million STIs were reporting in the US including a total of 555,608 cases of gonorrhea and 1.7 million cases of chlamydia. While most providers are easily able to recognize typical symptoms of STIs such as urethral discharge, asymptomatic and atypical presentations often go undiagnosed with potential for long term complications. Discussion may include, but is not limited to: 1) Lymphogranuloma Venereum which has no commercially available lab testing and requires a specific long duration treatment with antibiotics, 2) Painful syphilis chancre which is an atypical presentation, 3) resistant HSV requiring off-label treatment, 4) anogenital HSV-1 which can be transmitted through oral sex and may have a different course than HSV-2, 5) HPV related precancers and cancers i.e. Busche-Lowenstein tumors which is a rare malignant condylomatous tumor, 6) emerging patterns in gonorrhea antibiotic resistance. These uncommon STI diagnoses may be based on clinical suspicion rather than reliance on diagnostic testing. Providers may be not up to date on current CDC recommendations for screening and treatment in the face of emerging antibiotic resistance.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Discuss clinical presentation, workup, and treatment of common STIs
  - Review and reference current guidelines for screening and treatment of STIs
  - Recognize atypical STI presentations and treatment options
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### Antibiotic Review: The Ins and Outs of Current Treatment Guidelines

AAPA Category 1 CME: 1

**Description:** Antibiotic use is continually evolving with changes in resistance patterns in pathogenic bacteria. This is an evidence-based review of antibiotic use in commonly-encountered infectious diseases in both outpatient and inpatient settings. Outpatient topics include updates on tick-borne illness, UTIs, and C. diff while inpatient topics includes pneumonia and sepsis. The use of rapid diagnostic tests and MRSA PCRs for de-escalation of antibiotics is also reviewed.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Describe current treatment recommendations for tick-borne illness
  - Implement current treatment recommendations for C. diff
  - Review updated treatment in UTI and asymptomatic bacteriuria
  - Implement current treatment recommendations for pneumonia
  - Recognize current treatment recommendations for sepsis
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### **Burn Baby Burn! The Evaluation and Diagnosis of Oral Lesions**

AAPA Category 1 CME: 1

**Description:** Oral lesions are common in all patient populations and can be very similar in presentation and appearance, which often makes them difficult to diagnose. As the differential diagnosis includes life threatening conditions, oral lesions must be appropriately evaluated and diagnosed in a timely manner. This session presents a real-life patient scenario, from patient presentation to diagnosis, focusing on the differences between similar oral lesion presentations and provides clinical pearls to increase the participant's knowledge and ability to correctly diagnose patients with oral lesions.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the appropriate history, physical exam, and additional testing, if indicated, required for the appropriate evaluation of oral lesions
  - Recognize the symptoms and exam findings that indicate a malignancy or other life threatening process as the cause of oral lesions
  - Identify infectious, inflammatory, allergic, and autoimmune processes that feature oral lesions as a component of their presentation
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### **Ethical Implications of Vaccine Hesitancy**

AAPA Category 1 CME: 1

**Description:** Vaccine refusal is common in today's world. This represents not only an individual health risk but also a public health risk, as the integrity of herd immunity is threatened. PAs must consider the ethical principles involved in vaccination and develop an appropriate approach to discuss these issues with vaccine-hesitant parents.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Discuss common motivations for vaccine hesitancy
  - Identify the ethical principles involved in vaccine administration and hesitancy
  - Formulate an ethical response that the PA can utilize to respond to vaccine-hesitant parents
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### **Evaluation and Management of Sinonasal Disorders: A Primary Care, Evidence-Based Approach**

AAPA Category 1 CME: 1.25

**Description:** Rhinosinusitis is one of the most commonly diagnosed conditions in the adult population. Yet, sinusitis is commonly misdiagnosed leading to inappropriate antibiotic use and the rise of antibiotic resistance. Antibiotic resistance is currently considered one of the greatest threats to worldwide health.

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This session takes an evidence-based approach, using published guidelines, to educate the participants on the most appropriate way to diagnose and treat sinonasal disorders and make our patients healthier.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Explain the anatomy and physiology of the nose and paranasal sinuses
  - Recognize conditions commonly mistaken for sinusitis and be able to differentiate between rhinitis, acute sinusitis and chronic sinusitis
  - Conduct a work-up, develop a treatment plan and appropriately refer sinonasal disorders
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**Frequent and Urgent: Urinary Tract Infection Misconceptions**

AAPA Category 1 CME: 1.25

**Description:** Urinary tract infections (UTIs) are commonly encountered. As common as UTIs are, there remain many misconceptions. Think about your last encountered UTI. Were you convinced the patient had a UTI? What was the role of laboratory testing or patient history in making the diagnosis? Were antibiotics or other treatment truly indicated? In this session, several important UTI misunderstandings will be addressed to help the clinician better evaluate, diagnose, and treat a possible UTI. This session helps the PA differentiate between simple and complicated UTIs, better order and interpret urine laboratory tests, make improved treatment and antibiotic choices, and understand the subtleties of this clinical diagnosis. From asymptomatic bacteriuria, appropriateness of urine cultures, to mis- or over-interpretation of urinalysis results, this session helps both the new and experienced PA improve their management of this common condition and improve antimicrobial stewardship.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the clinical presentation of simple and complicated urinary tract infections and differential etiologies
  - Outline urine laboratory testing indications, characteristics, implications, and misconceptions
  - Select the most appropriate treatment strategies, including antibiotic selection
  - Discuss common UTI misconceptions
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**From Top to Bottom: Discovering the Versatility of Taking a Patient-Centered Sexual History (and Why How You Ask Matters)**

AAPA Category 1 CME: 1

**Description:** Sexual health impacts public health, but it's a topic that can feel uncomfortable to have with a patient and is easier skipped than explored. Learning about how to have the conversation, what questions to ask, how to ask them, and what to do with the information will be covered in this topic. The key to understanding a history is understanding why it matters. Taking a social history and sexual

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history that is complete can provide life-changing care, and gives PAs an opportunity to truly meet their patients where they are at practicing harm reduction in talking about sexual health. De-stigmatizing something that (most) everyone does, and understanding both the risks of certain practices and importance of proper screening methods impacts the care we provide our patients, and helps us to provide health for all, regardless of gender, sexual orientation, sexual identity, etc. This topic is for the inexperienced or the experienced PA who is looking to further expand their healthcare practice. This will be a light, engaging, energetic session to encourage social history-taking and patient-centered whole person care approach.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Explain how collecting a complete sexual history can impact public health and lack of can lead to poor health and community outcomes
  - Ask appropriate inclusive questions about sex regardless of patient gender expression, gender identity, sexual preference, etc.
  - Screen for sexually transmitted infection (STI) through asking appropriate questions (where to check for what, what's the risk)
  - Describe harm reduction techniques to have sex-positive discussions while preventing sexually transmitted infections (STIs)
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**Healthcare Needs of Gay Men and Other Men Who have Sex With Men (MSM)**

AAPA Category 1 CME: 1.25

**Description:** Gay men and other men who have sex with men (MSM) are a diverse community with specific needs and healthcare disparities which often go unaddressed. MSM represent 2-10% of the U.S. population, live in 99.7% of U.S. counties, and interface with every healthcare provider. The session provides practical, comprehensive healthcare specific to MSM patients including: 1) proper history/physical examination techniques and appropriate language, 2) MSM vulnerabilities and health disparities beyond just sexual health needs, 3) appropriate preventive care including specific immunization indications and screening examinations, 4) considerations in diagnosis and treatment, 5) pearls in caring for this population, and 6) practical resources which can be used in a variety of settings on a daily basis.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Discuss specific health needs with their MSM patients
- Perform a culturally competent history and physical examination for MSM patients
- Identify preventive medicine needs of MSM including immunizations and screening examinations
- Screen for diagnose, and treat common medical conditions which disproportionately affect MSM
- Identify resources to use in their clinical setting to facilitate care of MSM patients

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### Recurrent Uncomplicated UTI in Women: 2019 Guidelines Updates

AAPA Category 1 CME: 0.75

**Description:** Recurrent urinary tract infection (rUTI) is a highly prevalent, costly and burdensome condition that affects people of all ages, races, and ethnicities. Approximately 60% of women will experience symptomatic acute bacterial cystitis in their lifetime, and 25-50% of these women will experience multiple recurrent infections. While men are not affected at the same rate, there is a subset of the male population that is prone to rUTI and it is important to recognize the clinical conditions that predispose men to developing infection. This session discusses the signs and symptoms of rUTI, explore the differential diagnoses, and emphasize the diagnosis and management of rUTIs. The session focuses on adult men and women, and does not attempt to address rUTI in children or pregnant women. Management of rUTI is discussed, emphasizing the importance of antimicrobial stewardship.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Recall the prevalence and impact of recurrent urinary tract infections (rUTIs)
  - Identify important components of the history that are risk factors for developing rUT
  - Explain the importance of urine culture results in the diagnosis and management of rUTIs
  - Discuss the importance of antimicrobial stewardship
  - Incorporate the latest clinical guidelines in the management of the patient with rUTI
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### Sepsis and Septic Shock

AAPA Category 1 CME: 0.75

**Description:** Although sepsis outcomes have improved in recent years, overall morbidity and mortality remain high. Sepsis is common but is frequently unrecognized by clinicians at initial presentation. This leads to delay in treatment and poor outcomes. The Third International Consensus Definitions for Sepsis and Septic Shock, otherwise known as Sepsis-3, has updated and simplified definitions, focusing clinical criteria on organ dysfunction. These simplified definitions and diagnostic criteria are easy to apply in any setting and gives providers the tools to quickly recognize sepsis and start treatment immediately. This session focuses on the early recognition of sepsis and management strategies to decrease mortality.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Define sepsis and septic shock
- Discuss the use of the Sequential Organ Failure Assessment score in identifying patients with sepsis
- Demonstrate effective aggressive resuscitation, early antibiotics, source control and other strategies to improve mortality

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- Utilize procalcitonin and lactic acid levels in managing sepsis
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### The Gut Microbiome Evaluation and Optimization

AAPA Category 1 CME: 1.25

**Description:** Research on the gut microbiome is expanding at a rapid pace. An abnormal gut microbiome can have far reaching effects on a multitude of organ systems. This session updates the current research and implications for daily practice, including pointers on probiotic selection, diet modification, and effects of antibiotic use.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Describe the changes of a healthy gut microbiome through the lifespan
  - Explain how dietary changes can enhance or inhibit our microbiome
  - Describe how a single course of antibiotics can alter the gut microbiome
  - List important components in probiotics and their role as a daily supplement
  - Explain to patients that the gut microbiome is still under research and that there is still a need for placebo-controlled trials
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### The Status of HIV in 2020

AAPA Category 1 CME: 0.75

**Description:** This session provides an update on what every PA needs to know about HIV. While HIV medicine has evolved significantly over the past four decades, over 35,000 HIV infections occur annually in the US. The epidemiology continues to change with infections disproportionately affecting southern states, populations of color, and sexual and gender minorities. Guidelines incorporate screening for HIV into routine medical care. Prevention continues to expand with increased utilization of antiretroviral mediated prevention including preexposure prophylaxis and treatment as prevention. While HIV treatment options have significantly improved, long term survivors face new complications including certain cancers and inflammatory mediated disease. While HIV can be considered a chronic disease, the societal stigma surrounding this sexually transmitted disease requires that providers approach HIV with a unique perspective.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Review the current epidemiology of HIV in the US
- Reference guidelines for screening for HIV
- Reference current guidelines for the use of ARVs as prevention including PrEP and treatment as prevention

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- Identify medical complications in virally suppressed long term survivors of HIV
  - Discuss stigma related to HIV and sexual transmission
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### Vector-Borne Infections: A Moving Target

AAPA Category 1 CME: 1.25

**Description:** PAs are often the first medical professionals to see patients with vector-borne diseases (VBDs). Correct diagnosis and prompt treatment can be vital because some VBDs can be quickly deadly or have lasting health implications. Symptoms are similar to those of other infectious diseases and to other VBDs. Children may present a different constellation of symptoms than adults. This session covers regional and national vector-borne diseases, symptoms, and diagnostic dilemmas. Prevention strategies, with guidance on those that do NOT work, are important to understand. Tick attachment times are crucial. Powassan, a viral pathogen, infects within 15 minutes of attachment, so traditional tick check guidance isn't helpful where it circulates. While Lyme disease is most recognized, its geographic range is limited. Another VBD produces a bull's eye rash with which it is often confused. Test limitations and understanding VBD dynamics are crucial and will be included.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Discuss existing and emerging vector-borne diseases (VBD), including symptoms, treatment and age-related presentation differences
  - Explain geographic nuances of VBD incidence and the challenges associated with diagnoses
  - Recognize the importance of prompt and proper treatment for non-viral VBDs
  - Describe the importance of preventative measures and how best to communicate these to patients
  - Recognize when prophylactic treatment is NOT indicated
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### What PAs Need to Know About HIV Prevention and Preexposure Prophylaxis (PrEP)

AAPA Category 1 CME: 1.25

**Description:** Over 35,000 HIV infections occur annually in the US despite widespread availability of condoms and programs directed at behavioral change. HIV prevention changed largely with: 1) FDA approval of the combination antiretroviral (ARV) medication for HIV prevention in high risk individuals as preexposure prophylaxis (PrEP); and, 2) Increased evidence of treatment as prevention where use of antiretrovirals by HIV-infected individuals nearly eliminates risk of HIV sexual transmission. Additional HIV prevention methods are emerging including new drugs and dosing strategies. PAs must be familiar with these medications to counsel patients on its indication, use, and side effect profile alongside the more established methods of HIV prevention including condom use and behavior change. Familiarity with these medications and options for HIV prevention will allow patients and PAs to make appropriate choices when creating a patient-centered prevention plan.

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**Learning Objectives:**

At the end of this session, the participant should be able to:

- Identify risk factors for HIV among their patients
  - Describe biomedical HIV prevention methods including PrEP, PEP, and treatment as prevention
  - Identify current guidelines for the use of ARVs as prevention
  - Discuss how biomedical HIV prevention can be tailored as part of patient-centered care
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