

SOUTH CAROLINA HIV, STD, & VIRAL HEPATITIS CONFERENCE

Against All Odds: Shaping Resilient Communities



South Carolina
HIV, STD and
Viral Hepatitis
Conference

*SCHEDULE AT A GLANCE

Wednesday, Oct 21

7:45-9:00am	Registration/Breakfast
9:00-10:15am	Welcome/Keynote
10:15-10:35am	Break/Visit Exhibits/ Network
10:45-11:45am	Concurrent Sessions
11:55am-12:55pm	Concurrent Sessions
12:55pm	Doors open for lunch
1:30-2:15pm	Networking Lunch/ Award Presentations
2:20-3:20pm	Concurrent Sessions
3:30-4:30pm	Concurrent Sessions

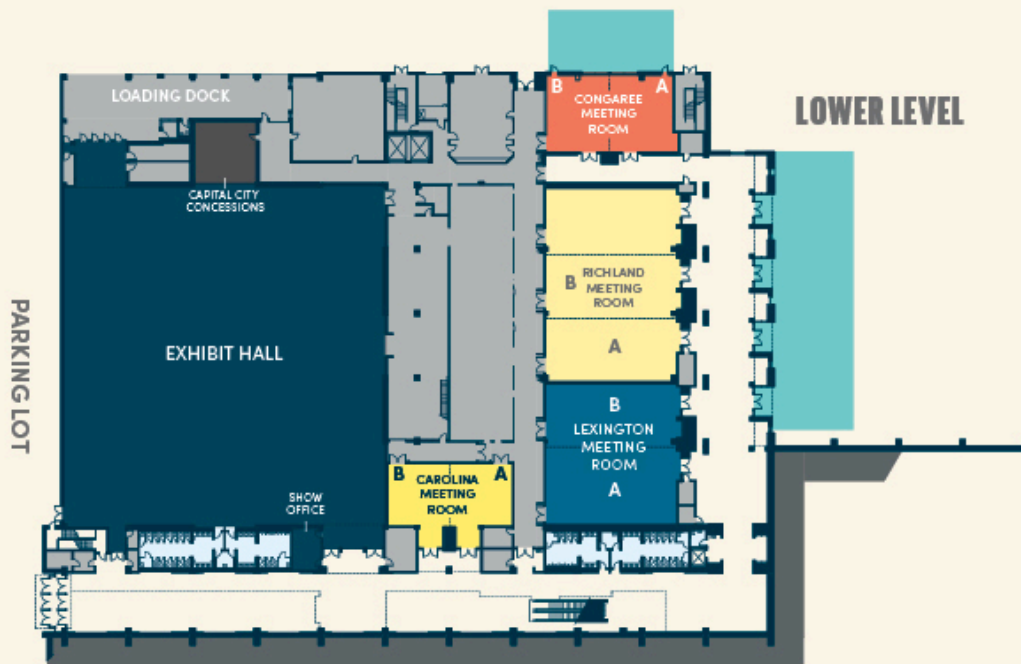
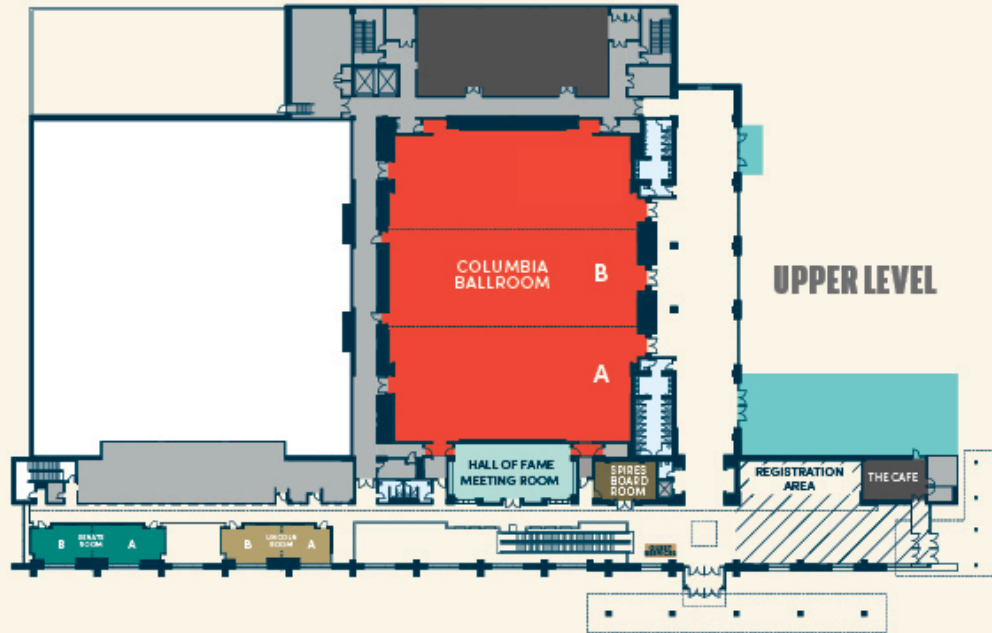
Thursday, Oct 22

7:45-9:00am	Registration/Breakfast
9:00-10:15am	Welcome/Keynote
10:15-10:35am	Break/Visit Exhibits/ Network
10:45-11:45am	Concurrent Sessions
11:55am-12:55pm	Concurrent Sessions
12:55pm	Doors open for lunch
1:30-2:40pm	Keynote
2:40-3:00pm	Closing Remarks

*subject to change

Visit Our Website
<https://www.schiv-stdconference.org/>

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|--|--|---|---|--|
| ■ BALLROOM | ■ SENATE ROOM | ■ KITCHEN/CONCESSIONS | ■ LEXINGTON MEETING ROOM | ■ OUTDOOR SPACE |
| ■ SPIRES BOARDROOM | ■ LINCOLN ROOM | ■ EXHIBIT HALL | ■ RICHLAND MEETING ROOM | ■ PREFUNCTION SPACE |
| ■ HALL OF FAME MEETING ROOM | /// REGISTRATION AREA | ■ CAROLINA MEETING ROOM | ■ CONGAREE MEETING ROOM | ■ SERVICE |
| ■ GUEST SERVICES | | | | ■ RESTROOMS |



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STD/HIV/Viral Hepatitis Section

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Mid-Carolina AHEC, Inc

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Mid-Carolina AHEC

Pam Harper
Conference Registrar
Mid-Carolina AHEC

Awards & Descriptions

Unsung Hero Award

To honor courageous and exemplary local SC efforts in the area of HIV, STD and viral hepatitis prevention, care, and treatment services.

Outstanding Partner Award

To recognize exemplary efforts of partnerships with HIV, STD and viral hepatitis services.

Join us on Social Media!



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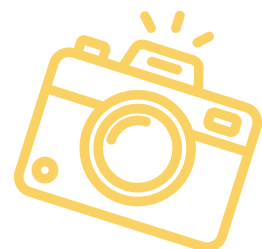
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Use the Hashtag

#SCHIVSTDConference

when posting on social media!

**Don't miss your chance to strike a
pose in front of the display across
from the Exhibit Hall!**



Concurrent Rooms

Concurrent Session Rooms are UPSTAIRS and DOWNSTAIRS!

DOWNSTAIRS

Carolina A
Carolina B
Congaree AB
Lexington A
Lexington B
Richland A/B/C – Exhibits/Breakfast

UPSTAIRS

Columbia A/B/C -- Keynote Speakers
Hall of Fame
Lincoln

Photographs

The South Carolina HIV, STD and Viral Hepatitis Conference and its committees are not responsible for photographs, especially of conference participants, posted to any social media sites. We do ask that conference participants be mindful in recognizing that not all conference participants wish to have their photographs posted to the internet. As always, we ask that you act with respect toward all of our conference participants. Please note that throughout the conference, our staff may be taking photographs for archive purposes. Please see one of our staff at the Registration desk by the morning break if you wish to make a specific request to not be photographed. Thank you!

The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Annual SC HIV, STD and Viral Hepatitis Conference, Inc., its Executive or Planning Committees, its sponsors and exhibitors, or federal or state agencies. Any mention of trade names, commercial practices, or organizations does not imply endorsement by the SC/US Government.

Outside Food & Beverage

Outside food or beverage is not allowed on the premises of the Columbia Metropolitan Convention Center by the client, its attendees, exhibitors, or vendors.

Health Precautions

The SC HIV, STD and Viral Hepatitis Conference Committee is committed to providing a safe and healthy environment for all participants. Masks will be available at the registration desk. There will be hand sanitizer available as well. If you are feeling unwell (cough, fever, shortness of breath), please don't attend.

Conference Evaluations & CEU Certificates

How do I complete the conference evaluation and obtain my CEU certificate*?

Evaluation

Deadline: Friday, October 30

You will complete your evaluation online using a link that will be sent to the email address you provided on your conference registration form. If you did not provide an email address or your information has changed, please stop by the registration desk and update this information during the conference.

Certificate

Emailed out: Monday, November 16

Your certificate will be emailed to you after completion of evaluation by Monday, November 16. Please note that the number of CEUs on the certificate will only reflect the sessions that you attended.



For any questions or concerns,
please contact Pam Harper at
pharper@midcarolinaahec.org
or 803-286-4121.

*To obtain ACPE credit, pharmacists should refer to the "Instructions for Claiming ACPE Credit" document available at Registration. Sessions available for this credit are marked with "(Pharm)" throughout this program brochure.

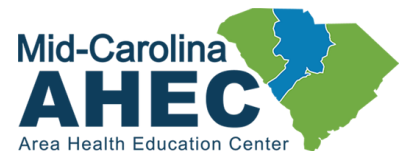
CONTINUING EDUCATION CREDIT

Attendance participation will be documented via badge scanning prior to each session. Contact hours (CEU hours) will only be awarded based on documented attendance.

Please have your name badge scanned before each session you attend.

NOTE: WHEN A SESSION IS FILLED TO ROOM CAPACITY, NO ONE ELSE WILL BE ALLOWED TO ENTER, AND SCANNING WILL BE CLOSED FOR THAT SESSION.

Mid-Carolina Area Health Education Center (AHEC) provides a variety of continuing education credits for up to a total of 9 hours across the two-day conference. **Participation will be tracked and recorded at each session. Contact hours will only be awarded based on documented attendance.**



Daily Totals: 10/21 (Wednesday) = 5 hours; 10/22 (Thursday) = 4 hours

Counselors & Therapists: This program has been approved for up to 9 hours of continuing education by SC AHEC under its accreditation by the SC Board of Examiners for Licensed Professional Counselors, Marital and Family Therapists and Psycho-Educational Specialists.

Nursing with Pharmacology Content: Mid-Carolina AHEC is approved as a provider of nursing continuing professional development by South Carolina Nurses Association an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. This nursing continuing education activity is approved for up to 9 hours of which 5.0 are pharmacology hours ((please note: exact pharmacology hours will be based on sessions attended).

Social Workers: This program has been approved by SC AHEC under its accreditation by the SC Board of Social Work Examiners for up to 6 hours social work and 3 hours non-social work hours, for a total of 9 clock hours.

Mid-Carolina AHEC, Inc.: This program is approved for up to .9 CEU (9 clock hours) of continuing education by Mid-Carolina AHEC, Inc. and meets the SC AHEC Best Practice Standards. Participants must attend 90% of the program in order to receive a certificate of attendance. *No partial credit given.*

Alcohol, Tobacco and Other Drug (ATOD) Treatment and Prevention Professionals: Applications are being made to the SC Association of Alcohol and Drug Abuse Counselors (SCAADAC) and the SC Association of Prevention Professionals and Advocates (SCAPPA) for 9 hours of continuing education credit.

Certified Health Education Specialists (CHES)/Master Certified Health Education Specialists

(MCHES): The SC Department of Public Health has approved 9 hours of continuing education credit for Certified Health Education Specialists and Master Certified Health Education Specialists.

Pharmacists: The University of South Carolina College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This activity is eligible for ACPE credit; see final CPE activity announcement for specific details.



Detailed instructions regarding how to claim credit will be provided at the conference. The NABP CPE Monitor will not accept credit claimed and reported greater than 60 days from the date of the program.

KEYNOTE SPEAKERS



Monique Carry, PhD

Executive Director of the Prevention Access Campaign

Dr. Monique Carry is Executive Director of the Prevention Access Campaign (PAC), where she leads global efforts to expand Undetectable = Untransmittable (U=U) through advocacy, training, and real-world implementation. A behavioral scientist and health communications expert with over 15 years of experience, she previously served at the Centers for Disease Control and Prevention (CDC), supporting U=U scale-up across more than 50 countries. She authored the CDC/PAC U=U implementation resource guide and leads U=U University, equipping communities and health systems with the tools to deliver evidence-based, stigma-free HIV care and build more resilient, informed communities.

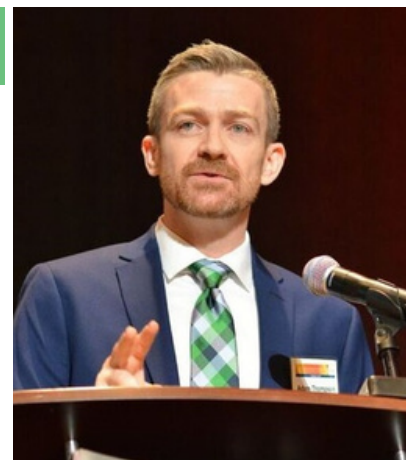


Ulysses W. Burley III, MD MPH

Dr. Ulysses W. Burley III is the founder of UBtheCURE, LLC - a Chicago-based consulting company on the intersection of Faith, Health, and Human Rights with a commitment to ending the HIV/AIDS epidemic as a public health crisis. Although his primary training is in Allergy/Immunology and cancer epidemiology, Ulysses is dedicated to a lifetime of increasing HIV and AIDS awareness and advocacy. Ulysses has served as a member of the Executive Committee of the World Council of Churches as well as the United States Presidential Advisory Council on HIV/AIDS (PACHA) under the Obama Administration. He has been recognized by the National Minority Quality Forum as a top 40 under 40 Minority Health Leader for his work in faith and HIV in communities of color, and is a founding member of National Faith HIV/AIDS Awareness Day and the U.S. HIV/AIDS Faith Coalition of which he is Chair. Currently, UBtheCURE leads the HIV Vaccine Trials Network (HVTN) External Relations Research Project, where Ulysses is the Principal Investigator for the HVTN Faith Initiative. The HVTN Faith Initiative is a program designed to connect with diverse faith communities to share evidence-based information regarding HIV and vaccines and antibodies being developed for its prevention. Ulysses is an internationally recognized speaker and award-winning writer on topics including faith, HIV/AIDS policy, COVID-19, LGBTQIA+, gender and racial justice, food security, and peace in Palestine and Israel. His professional mantra is to “treat people and not just disease.”

Adam Thompson, MPH

Mr. Adam Thompson holds an undergraduate degree from Georgetown University in Theology, a master's degree in public health from the Jefferson College of Population Health, and a certificate in Practice Facilitation from the University of Buffalo. Adam has served as a coach and faculty on state and national quality improvement learning collaboratives and facilitates multiple regional practice transformation networks supporting Ryan White HIV/AIDS Programs and Federally Qualified Health Centers. Adam has co-developed and facilitated several curricula aimed at improving patient engagement in quality improvement activities, increasing the use of practice facilitation methods amongst capacity-building providers, and increasing the adoption and uptake of implementation science research methods into practice-based settings. He has spoken extensively about the impact of health-related stigmas on patient outcomes, increasing patient engagement and involvement, and health systems redesign. As a person with HIV with a history of injection drug use, commercial sex work, and homelessness, Adam also brings a shared lived experience with many people and communities disproportionately impacted by HIV.



Wednesday, October 21, Morning

7:45AM-9:00AM	Registration Continental Breakfast/Visit Exhibits	Near Escalator (Downstairs) Richland A/B (Downstairs)
9:10AM-10:15AM	Welcome and Keynote Address <i>What We Know Works and Why We're Not Using It</i> Monique Carry, MD	Columbia A/B (Upstairs)
10:15AM-10:35AM	Break/Visit Exhibits/Network	Richland A/B (Downstairs)

10:45AM – 11:45AM

Concurrent Sessions (Upstairs & Downstairs)

1. ***Current Trends in HIV Management***

Hall of Fame

Divya Ahuja, MD

This presentation provides a concise overview of current trends shaping HIV management and prevention in clinical settings. Participants will review recent epidemiologic patterns, including regional and national shifts in incidence and priority populations. The session highlights updates in antiretroviral therapy, including rapid initiation, simplified regimens, and the growing role of long-acting injectable treatments in improving adherence and viral suppression. Advances in HIV prevention will be discussed, with emphasis on pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP). The presentation will review top research findings in HIV.

2. ***From Compassion Fatigue to Compassion Amplified in HIV Care***

Lexington A
Social Work Credit Session

Carmen Hampton Julious, LISW-CP(S)&AP

Across South Carolina, HIV service providers are navigating growing reporting demands, workforce shortages, and administrative complexity while striving to improve retention in care and advance Ending the HIV Epidemic goals. From rural communities to urban centers, limited staff capacity and increasing documentation requirements often reduce time for direct client engagement, timely follow-up, and sustained viral suppression. This interactive session explores how ethical, human-centered use of artificial intelligence (AI) can strengthen HIV service delivery statewide. Participants will review practical applications of AI to support documentation, streamline follow-up, and enhance care coordination while protecting confidentiality, equity, and trauma-informed principles. Through case-based discussion, attendees will apply a structured decision-making framework to assess appropriate implementation, identify risks, and establish safeguards. By positioning AI as a tool to strengthen systems and sustain the workforce, this session offers actionable strategies to expand service capacity and accelerate progress toward ending the HIV epidemic in South Carolina.

3. ***From Lived Experience to Leadership: Living, Loving and Thriving through HIV Advocacy***

Congaree

Shawn Hall-Tinsley, HIV Peer Navigator

This consumer-centered session explores strategies for positive living with HIV through lived experience, storytelling, and peer support. Led by a facilitator with over 36 years of lived experience, participants will gain practical tools to navigate healthcare and insurance systems, including ADAP and ACA transitions, to maintain continuity of care. Through real-life stories, the session integrates faith, resilience, and cultural context as sources of strength in overcoming stigma and sustaining wellness. Participants will learn person-centered approaches to self-advocacy, coping, and stress management that support mental, emotional, and spiritual well-being. The session also highlights pathways from lived experience to peer leadership and community engagement, with attention to the experiences of Black cis-gender heterosexual women. Attendees will leave with actionable strategies, increased confidence, and renewed purpose to live well, advocate, and lead in their communities.

4. Implementation Science of Long-Acting Injectable Antiretroviral Therapy

Carolina A
Pharmacy Credit Session

Caroline Derrick, PharmD, BCPS, AAHIVP

Implementation science of long-acting injectable agents is critical to a successful program. Clinical evaluation, coupled with administrative services and cohesive teamwork is essential to managing patients on long-acting injectable therapy. These agents are transforming how clinicians evaluate and manage those in need of HIV treatment and prevention. The horizon is also full of potential agents that will continue to create a unique landscape around HIV care.

5. HERO in Practice: Implementation Facilitation and Patient Navigation for HCV Care Improvement

Lexington B

Ashley Coleman King, MSW and Morgan Davis, MS

Patient navigators (PN) are key to ensuring patients move through the Hepatitis C (HCV) cascade of care. Four roles that PNs play, regardless of background, training, or education, are: coordinating HCV treatment, offering health education and promotion, assisting participants in overcoming personal and structural barriers, and providing psychosocial and adherence support. In a national randomized controlled trial comparing two patient-centered models of HCV care for individuals with recent or ongoing injection drug use, both models showed high HCV cure rates. Through semi-structured interviews with research participants, findings showed the PN model of care was preferred compared to modified directly observed therapy model of care. Building on these findings, HERO in Practice will utilize implementation facilitation (IF) strategies to adapt a PN model of care in diverse practice settings. This presentation highlights initial results from semi-structured interviews with South Carolina HCV clinicians and PNs assessing examination of the HERO IF project.

6. Supervising through rocky ground

Carolina B

Sarah Moran Nevarez, CHES

Supervising the HIV workforce can be challenging at all times due to high case loads, unexpected client needs, and complex federal and agency-level requirements. Doing so during periods of funding and societal level change brings additional challenges as staff may be required to rapidly implement changing eligibility criteria and experience secondary trauma or even moral injury in their daily work. Stronger agencies and teams lead to better health outcomes among clients, yet mid-level managers are often promoted with limited supervision training. This session will review best practices for supervision of staff with a lens of trauma-informed care, highlighting how many practices are particularly necessary in times of instability.

7. Mobile SSP and Community HCV Care

Lincoln

Lysandra Ryan and Kris Stepp

Hepatitis C (HCV) is a major public health issue in the U.S., especially among people who inject drugs and those with limited healthcare access. In 2023, South Carolina reported 2,482 cases, with Greenville County having the second-highest number. Although effective antiviral therapies exist, treatment access is hindered by stigma, transportation issues, and fragmented healthcare systems. Syringe Service Programs (SSPs) play a crucial role in reaching individuals at risk. PWID account for 72% of HCV cases. Community Paramedicine (CP) is essential for connecting vulnerable populations to the care they need. This project explores integrating CPs within a mobile SSP to improve HCV screening, initiate treatment, and ensure therapy completion for PWID, with the goal of reducing HCV transmission in our community. In partnership, Challenges Inc. and Greenville Community Paramedics conducted 80 lab draws, identified 32 positive HCV RNA cases, and successfully assisted 26 individuals in completing antiviral therapy.

11:55AM – 12:55PM

Concurrent Sessions (Upstairs & Downstairs)

1. DoxyPEP Update - Preventing STIs in Our Community

Lincoln

Marco Tori MD, MSC

In 2024, doxycycline for STI post-exposure prophylaxis (DoxyPEP) was recommended for men who have sex with men. Statewide uptake has resulted in fewer STI infections, but there are additional studies showing real word efficacy data that might inform practice changes. An overview of DoxyPEP will be presented with informational updates on national STI data.

2. ***Stronger Together***

Lexington A
Social Work Credit Session

Corey Ingram, LMSW

This highly interactive session explores the impact of secondary trauma among HIV and public health professionals and introduces practical strategies to promote resilience, connection, and sustainability. Participants will engage in experiential activities including team-building exercises, guided grounding techniques, and reflective networking opportunities. Emphasis is placed on maintaining social engagement, strengthening cross-agency collaboration, and enhancing self-regulation skills. This session equips attendees with actionable tools to support personal wellness, improve team dynamics, and sustain effective service delivery in high-impact, trauma-exposed environments.

3. ***People age, not sex: A Sex Never Gets Old preventative health campaign***

Carolina A

Kenric Ware, PharmD and Bianca Brown

Judging by marketing depictions, sexual health seems relegated to the second, third, and maybe fourth decades of life. Such narrowly depicted advertisements can foster bias towards who is and is not having sex. In turn, healthcare providers often struggle with initiating sexual health conversations with older adult populations and responding to their sexual health inquiries. Despite awareness initiatives silencing sexual prowess of older adults, evidence that older adults are having sex is rather loud. For over a decade, chlamydia, gonorrhea, and syphilis cases have increased by threefold, sixfold, and tenfold, respectively, among adults 65 years and older. Coupled with conversations about infections among older adults should be intimacy, and how older adults develop and sustain it over time. This presentation will describe a Sex Never Gets Old campaign through the lenses of pleasurable and preventative health that normalizes older adults having empowering and enjoyable sex.

4. ***Gas Station Drugs: Emerging Trends with Drugs of Abuse***

Hall of Fame
Pharmacy Credit Session

Lauren Wier, pharmD, BCPP

Illicit and unregulated “gas station drugs,” including tianeptine, delta-8 tetrahydrocannabinol (THC), and kratom, are increasingly encountered in patients with substance use disorders, yet remain poorly understood. These products are widely accessible, variably regulated, and often marketed as legal alternatives to opioids or cannabis. Tianeptine, an antidepressant with μ -opioid receptor activity, has been associated with dependence, withdrawal, and overdose. Delta-8 THC and kratom present additional diagnostic and regulatory challenges, including inconsistent detection on standard drug screens. In populations affected by HIV, STIs, and viral hepatitis where substance use contributes to transmission risk and treatment barrier; these agents may complicate clinical management. This session will review pharmacology, patterns of use, detection challenges, and clinical implications of emerging “gas station drugs,” with a focus on harm reduction and provider awareness.

5. ***Demystifying DIS: Disease Intervention Specialists and Promoting Collaboration Between Healthcare Professionals***

Lexington B

Sandez Werts, CDI

When patients are diagnosed with reportable conditions, such as HIV and Syphilis, Disease Intervention Specialists (DIS) play a pivotal role in stopping the spread of disease in South Carolina and linking patients to appropriate care. Daily, DIS are tasked with locating, notifying, and interviewing people in South Carolina who can benefit from STD testing due to a variety of reasons. These duties can often be impeded by the stigmas surrounding Sexual Health and miseducation on the prevention and transmission of STDs. These frontline workers battle with social determinants of health to promote disease prevention and treatment among individuals with diverse backgrounds. DIS must collaborate effectively with various stakeholders in the linkage-to-care continuum. This session will explore the role of DIS and promote collaboration with healthcare professionals with the shared goal of stopping the spread of disease in South Carolina.

6. *From Judgment to Engagement: Harm Reduction*

Carolina B

Raymond Velazquez-Turner, Program Manager

Harm reduction is an evidence-based public health approach that reduces the negative consequences associated with substance use while honoring autonomy, dignity, and individual goals. Yet many professionals working in HIV, STI, hepatitis, and behavioral health settings have limited exposure to practical harm reduction strategies and how they intersect with their work. This session will provide a foundational introduction to harm reduction principles, terminology, and real-world applications. Participants will explore overdose prevention, naloxone, safer use education, syringe service programs, stigma reduction, and participant-centered engagement strategies. The presentation will also examine the intersection of substance use, HIV, mental health, housing instability, and LGBTQIA+ identities, while challenging common misconceptions surrounding harm reduction. Through practical examples and lived experience, attendees will leave with concrete tools to better support people who use drugs in compassionate, evidence-based, and person-centered ways.

7. *Modernization Without Disruption: Strengthening HIV Data Systems to Build Resilient Care Infrastructure*

Congaree

Sarah Fisher BS. MS

Many HIV programs rely on legacy database systems that were never designed to support today's reporting demands, cross-funding coordination, or real-time accountability. As federal expectations expand under the National HIV/AIDS Strategy, modernization becomes unavoidable—yet the risk of disrupting services, fiscal reporting, and client continuity is significant. This session will examine the complex transition of a statewide HIV services database from a decades-old legacy structure to a cloud-based environment. We will describe the structural challenges encountered, the difficult migration decisions required to protect client records and funding integrity, and the governance reforms implemented to stabilize data ownership, validation cycles, and reporting expectations. Rather than focusing on software, this presentation centers on systems resilience: how a governing public health agency undertook a high-risk infrastructure overhaul while safeguarding service delivery. Attendees will gain insight into the scale, sequencing, and institutional discipline required to modernize without destabilizing care.

Wednesday, October 21, Afternoon

12:55PM-2:15PM

Networking Luncheon/Awards

Columbia A/B (Upstairs)

2:20PM-3:20PM

Concurrent Sessions (Upstairs & Downstairs)

1. *Decision Making on Infant Feeding among Women Living with HIV*

Lincoln

Britton Gibson MD MPH

Women living with HIV (WLWH) in the United States were historically advised to avoid breastfeeding to eliminate the risk of vertical transmission. Updated guidelines now support shared decision-making for individuals with sustained undetectable viral loads, in whom the risk of transmission is less than 1%. While no consensus on additional safety measures during breastfeeding, infants are generally given post-exposure prophylaxis and are subject to more frequent clinical monitoring. Still, uncertainty persists regarding optimal risk-reduction strategies during breastfeeding, and current approaches may influence patient decision-making and create barriers to breastfeeding. This session will review the evidence on breastfeeding in the context of HIV, including the physiology of HIV in breast milk and mechanisms of transmission. It will also provide a practical framework for clinicians to engage in shared decision-making, coordinate care, and counsel patients to support informed infant feeding decisions among WLWH.

2. *Intersection of Race and Sexual Orientation*

Hall of Fame
Social Work Credit Session

Kabra Benford, DHA, LISW-CP

This presentation examines the distinct lived experiences of Black and White gay men through an intersectional lens, highlighting how race and sexual orientation interact to shape identity, access, and well-being. While both groups share an LGBTQ+ identity, Black gay men often navigate compounded minority stress, including racism within LGBTQ+ spaces and homophobia within their racial communities. The presentation explores disparities in economic stability and health outcomes, culturally specific identity development (same-gender-loving), and the impact of racialized sexual dynamics. Historical exclusion from predominantly White gay spaces is also addressed as a factor influencing present-day inequities. Emphasis is placed on implications for social work, public health, and clinical practice, encouraging culturally responsive, trauma-informed, and equity-driven approaches to better support diverse LGBTQ+ populations.

3. *Now What? Turning What Works into Practice*

Lexington B

Monique Carry, MD

We have effective tools to prevent HIV, STIs, and viral hepatitis, support treatment, and reduce stigma, yet these tools are not always applied consistently in practice. This session will examine the gap between what we know works and what is actually happening across health systems, where fragmented services, inconsistent messaging, and missed opportunities continue to limit impact.

4. *Barriers and Facilitators to Hepatitis B Vaccination in Rural Community Pharmacies*

Carolina A
Pharmacy Credit Session

Macie Goodman, PharmD, PhD Candidate

Hepatitis B vaccination is essential for persons living with HIV (PLWH), yet uptake remains low (~33%). Rural populations face additional barriers, including transportation challenges, cost, limited access to care, and trust concerns. Fewer than half of rural pharmacies offer the vaccine, despite pharmacists being well-positioned to expand access. We conducted semi-structured interviews with 16 rural South Carolina pharmacists (RUCA 4–10) from August–December 2025 until thematic saturation. Interviews were guided by CFIR 2.0, and constructs were rated for direction and strength of influence. Strong barriers included multi-dose complexity, packaging waste, high acquisition costs, reimbursement uncertainty, low demand, and limited patient awareness. Facilitators included community partnerships, workflow compatibility, patient-driven prioritization, and pharmacist confidence if financial barriers were addressed. Financial and structural barriers limit implementation. Improving reimbursement, awareness, and HIV clinic–pharmacy referral pathways may increase uptake among PLWH in rural communities.

5. *STI Lab Surveillance Leads to an Increase in Cisgender Women on PrEP*

Congaree

Grayson Ross

Cisgender women in the Southern United States remain underrepresented in HIV prevention efforts, including pre-exposure prophylaxis (PrEP), despite elevated risk. Rural Health Services (RHS), a federally qualified health center in Aiken, South Carolina, implemented an “Abnormal STI Lab Surveillance” workflow to identify patients with recent sexually transmitted infections (STIs) as candidates for PrEP. Patients with positive STI results were flagged, contacted by care coordinators, and scheduled for follow-up visits that included PrEP education and linkage to care. Following implementation, RHS observed a substantial increase in PrEP uptake among cisgender women. From Q4 2025 to Q1 2026, 7 of 10 new PrEP initiations were cisgender women, compared to minimal uptake prior to intervention. Most patients initiating PrEP were from racial/ethnic minority groups. This low-cost, scalable intervention demonstrates that proactive identification and longitudinal engagement following STI diagnosis can significantly improve PrEP uptake among cisgender women in rural Southern settings.

6. *Feathers and Ice and Everything Nice: Demystifying BDSM*

Lexington A

Morgan E. Sullivan, PSM-FS, BAPH, MLT(ASCP)HCM

Bondage and Discipline, Domination and Submission, Sadism and Masochism (BDSM) is the erotic practice of negotiating, manipulating, and forming relationships rooted in consent and the balance of power. Once dismissed as fringe or “perverse,” BDSM is now an increasingly visible topic in media, clinical spaces, and everyday conversation. This foundational session equips attendees with the vocabulary, frameworks, and community knowledge needed to communicate skillfully and without stigma with BDSM practitioners. Participants will explore the spectrum of BDSM relationships and practices, identify which practices carry risk for STI transmission or fluid exchange, and gain practical tools for delivering affirming, sex-positive care and education to this population.

7. *Supervising through rocky ground*

Carolina B

Sarah Moran Nevarez, CHES

Supervising the HIV workforce can be challenging at all times due to high case loads, unexpected client needs, and complex federal and agency-level requirements. Doing so during periods of funding and societal level change brings additional challenges as staff may be required to rapidly implement changing eligibility criteria and experience secondary trauma or even moral injury in their daily work. Stronger agencies and teams lead to better health outcomes among clients, yet mid-level managers are often promoted with limited supervision training. This session will review best practices for supervision of staff with a lens of trauma-informed care, highlighting how many practices are particularly necessary in times of instability.

3:30PM-4:30PM

Concurrent Sessions (Upstairs & Downstairs)

1. *Underneath It All: AnoGenital Cancer Screening Beyond the Cervix*

Carolina A

Patricia Seal, MD, FACOG

Women living with HIV face a disproportionately high risk of genital and anal cancers due to persistent HPV infection and immune dysregulation. This presentation reviews current evidence and guidelines for screening cervical, vulvar, vaginal, and anal cancers in this population. Emphasis is placed on earlier initiation, increased screening frequency, and the role of HPV co-testing and cytology. We will also address the emerging role of anal cancer screening, including anal cytology and high-resolution anoscopy, particularly in high-risk individuals. Barriers to effective screening—such as stigma, access to care, and fragmented follow-up—will be discussed alongside strategies to improve adherence and outcomes. Through case-based examples, attendees will gain practical approaches to integrating comprehensive cancer screening into routine HIV care, with the goal of reducing morbidity and mortality through early detection and timely intervention.

2. *Doors of Opportunity*

Carolina B

Social Work Credit Session

April Sumter, BA Social Work

Affordable housing remains a critical issue, particularly for Persons Living with HIV/AIDS (PLWHA). This presentation highlights the housing challenges faced by PLWHA and the impact unstable housing has on HIV care. PALSS Inc. received the Housing as an Intervention to Fight AIDS (HIFA) grant in March 2022 and completed its final year December 2025. We will review strategies such as job coaching, housing assistance, case management, and budget training, along with key outcomes and lessons learned over the three-year period.

3. *Building Meaningful Support: The Menz whrap Same Gender Loving Support Group*

Hall of Fame

Joshua Dease

Men who identify as same gender loving (SGL) and are living with HIV often face intersecting challenges, including stigma, social isolation, mental health burdens, and barriers to consistent care. In response, the Menz WHRAP (Wellness, Health, Resilience, and Peer Support) initiative was developed to create a safe, affirming, and culturally responsive support group tailored specifically to the needs of SGL men living with HIV. This presentation highlights the development, implementation, and impact of the Menz WHRAP Same Gender Loving Support Group. This session will provide practical strategies for establishing and sustaining similar support groups, including recruitment approaches, facilitation techniques, and methods for evaluating impact. Attendees will gain insight into how community-driven models can address disparities and improve health outcomes among marginalized populations disproportionately affected by HIV.

4. *Getting a grip on PIP: Examining HIV Post-Exposure Prophylaxis in Pocket (PIP)*

Lincoln

Pharmacy Credit Session

Kenric Ware, PharmD

Human Immunodeficiency Virus (HIV) Post-Exposure Prophylaxis (PEP) is an effective HIV prevention option that calls for immediate therapy initiation, but no later than 72 hours for approximately 28 days after a known or suspected encounter with HIV. Use of HIV PEP under these time constraints could be impacted by unfamiliarity with PEP or limited access to clinicians who can prescribe PEP. An ability to prescribe PEP to people beforehand may relieve anxiety associated with having possibly come in to contact with HIV. Additionally, having PEP in advance, also known as PEP in Pocket (PIP), could result in cost savings for people who are solely interested in taking PEP when the need arises, contrasted with those adhering to HIV Pre-Exposure Prophylaxis on a routine basis. This presentation will discuss the concept of PIP and explore different perspectives on PIP's practicality, safety, and effectiveness.

5. Missed Opportunities for Preventing Congenital Syphilis in South Carolina

Lexington B

Jessica L. Tillman, PhD, MPH, RN

Congenital syphilis (CS) occurs when syphilis infection is passed to infants during pregnancy or childbirth. In 2004, there were 10 reported cases of CS in South Carolina (SC). Five years later, there were no cases. In 2024, the reported number of infants in SC with CS climbed to 44. The number of reported CS cases has increased across the United States as well. CS is considered a failure of public health because it is largely preventable. The Centers for Disease Control and Prevention (CDC) developed a cascading framework to identify and categorize missed opportunities to prevent CS, such as no syphilis testing during pregnancy, inadequate syphilis treatment, and late identification of syphilis infection. This presentation will review the application of the cascading framework to reported cases of CS among SC infants born during 2020-2024 to identify missed opportunities to prevent CS.

6. Beyond the Aesthetic: Reclaiming BDSM as Intimate Practice in a Performance-Obsessed Culture

Lexington A

Morgan E. Sullivan, PSM-FS, BAPH, MLT(ASCP)HCM

As BDSM enters mainstream discourse, public understanding has skewed toward visual spectacle: leather, latex, and shock value. In the process, the core of the practice is lost: consent, trust, vulnerability, and power exchange. Building on foundational BDSM literacy, this advanced session examines how media misrepresentation undermines both public health messaging and the lived experiences of practitioners. Attendees will sharpen their ability to distinguish authentic dynamics from performative trends and develop strategies for integrating BDSM-informed discussions into public health, sexuality education, and therapeutic practice, without sensationalizing or shaming.

7. Harm Reduction in a Changing Risk Environment: Gaps and Opportunities

Congaree

Pieter Baker, PhD, MPH

Harm reduction remains a cornerstone of infectious disease and drug-related harms prevention, yet access to comprehensive services in South Carolina is uneven and constrained by structural, policy, and resource-related barriers. With increasingly complex patterns of polysubstance use, including the rise of stimulant drug use alongside opioids, traditional prevention approaches require adaptation. Emerging illicit substances such as fentanyl, xylazine, kratom, 7-hydroxymitragynine (7-OH), and medetomidine further complicate overdose risk and service needs. This session will provide an overview of harm reduction and its demonstrated effectiveness in preventing infectious diseases (HIV, HCV, and STIs) and reducing other drug-related harms, including overdose. Drawing on new South Carolina-based field data, we will highlight specific gaps in syringe service program (SSP) implementation, including geographic inequities, service limitations, and persistent stigma. Finally, we will examine emerging strategies, including integrated service delivery, wastewater-based epidemiology and drug checking, and evolving overdose response approaches.

Thursday, October 22, Morning

7:45AM-9:00AM	Registration Continental Breakfast/Visit Exhibits	Near Escalator (Downstairs) Richland A/B (Downstairs)
9:10AM-10:15AM	Welcome and Keynote Address The Other 80%: Community Care beyond the Clinic <i>Ulysses Burley III, MD, MPH</i>	Columbia A/B (Upstairs)
10:15AM-10:35AM	Break/Visit Exhibits/Network	Richland A/B (Downstairs)

10:45AM – 11:45AM

Concurrent Sessions (Upstairs & Downstairs)

1. ***Mental Health and Antiretroviral Adherence in HIV Care***

Carolina A

Sien Rivera, MD

This presentation examines the complex relationship between mental health and antiretroviral therapy (ART) adherence among people living with HIV. Psychiatric conditions are highly prevalent in this population and significantly impact engagement in care and medication adherence. Psychosocial stressors such as housing instability, poor access, stigma, and violence further compound these challenges, often interacting synergistically. This presentation highlights the bidirectional relationship between psychiatric symptom burden and adherence behaviors, and emphasizes the importance of comprehensive approaches that inclusive of mental health to optimize HIV treatment outcomes.

2. ***Addressing HIV and Black Mental Health Disparities***

Lexington A
Social Work Credit Session

Corey Ingram, LMSW

This workshop provides a trauma-informed, equity-centered approach to bridging these gaps. Participants will examine the influence of mental health on HIV care adherence and understand how organizational practices may perpetuate harm. Drawing from the Social Determinants of Health (SDOH) framework and lived experience, the presentation highlights systemic barriers while offering mental health-informed strategies for HIV service providers, particularly those serving Black clients.

3. ***People age, not sex: A Sex Never Gets Old preventative health campaign***

Lexington B

Kenric Ware, PharmD and Bianca Brown

Judging by marketing depictions, sexual health seems relegated to the second, third, and maybe fourth decades of life. Such narrowly depicted advertisements can foster bias towards who is and is not having sex. In turn, healthcare providers often struggle with initiating sexual health conversations with older adult populations and responding to their sexual health inquiries. Despite awareness initiatives silencing sexual prowess of older adults, evidence that older adults are having sex is rather loud. For over a decade, chlamydia, gonorrhea, and syphilis cases have increased by threefold, sixfold, and tenfold, respectively, among adults 65 years and older. Coupled with conversations about infections among older adults should be intimacy, and how older adults develop and sustain it over time. This presentation will describe a Sex Never Gets Old campaign through the lenses of pleasurable and preventative health that normalizes older adults having empowering and enjoyable sex.

4. *Approved and investigational HIV treatment options*

Carolina B
Pharmacy Credit Session

Eric Meissner, MD, PhD

This session will review currently approved oral and long-acting injectable treatments options for persons living with HIV infection. In this session we will discuss how the medications work and provide examples of how they can be effectively implemented in real world practice. This session will also provide a broad overview of medications that are being investigated in clinical trials for HIV treatment and for HIV cure research.

5. *Missed Opportunities for Preventing Congenital Syphilis in South Carolina*

Congaree

Jessica L. Tillman, PhD, MPH, RN

Congenital syphilis (CS) occurs when syphilis infection is passed to infants during pregnancy or childbirth. In 2004, there were 10 reported cases of CS in South Carolina (SC). Five years later, there were no cases. In 2024, the reported number of infants in SC with CS climbed to 44. The number of reported CS cases has increased across the United States as well. CS is considered a failure of public health because it is largely preventable. The Centers for Disease Control and Prevention (CDC) developed a cascading framework to identify and categorize missed opportunities to prevent CS, such as no syphilis testing during pregnancy, inadequate syphilis treatment, and late identification of syphilis infection. This presentation will review the application of the cascading framework to reported cases of CS among SC infants born during 2020-2024 to identify missed opportunities to prevent CS.

6. *Social Isolation & Loneliness in Older Adults*

Hall of Fame

Adam Thompson, MPH

review of the morbidity and mortality associated with loneliness in the United States and amongst people with HIV and introduction of tools to measure and interventions to address social isolation and loneliness in older adults with HIV.

7. *Literally Meeting People Where They're At: Harm Reduction By Mail*

Lincoln

Shae Dalrymple, Challenges Inc SC & Marc Burrows

HIV, Hepatitis C (HCV), and infection are all major public health issues, especially among people who inject drugs and those with limited healthcare access. In 2023, South Carolina reported 2,482 cases of Hepatitis C, with Greenville County having the second-highest number. Although preventative harm reduction measures have been proven effective repeatedly, access to clean supplies is hindered by stigma, transportation issues, fear of legal repercussion, and financial barriers. Challenges Inc's online syringe service program has provided more than 1,500 orders statewide over the last 2 years, delivering clean works, test strips, naloxone and other supplies free by mail to those in our rural communities who need it the most – tangible support that saves lives and reserves judgment. Meeting people where they're at. This novel approach to improve access directly has the potential to reduce incidence of disease, infection, and death significantly. We hope to share it.

11:55AM – 12:55PM

Concurrent Sessions (Upstairs & Downstairs)

1. *Thriving with Grace*

Lexington A

Kiona Washington, LMSW and Felicia Matheney, MSW

This consumer-centered session explores strategies for positive living with HIV through lived experience, storytelling, and peer support. Led by a facilitator with over 36 years of lived experience, participants will gain practical tools to navigate healthcare and insurance systems, including ADAP and ACA transitions, to maintain continuity of care. Through real-life stories, the session integrates faith, resilience, and cultural context as sources of strength in overcoming stigma and sustaining wellness. Participants will learn person-centered approaches to self-advocacy, coping, and stress management that support mental, emotional, and spiritual well-being. The session also highlights pathways from lived experience to peer leadership and community engagement, with attention to the experiences of Black cis-gender heterosexual women. Attendees will leave with actionable strategies, increased confidence, and renewed purpose to live well, advocate, and lead in their communities. This session empowers participants to transform lived experience into leadership, strengthen networks, and take action within their communities.

2. From Paperwork to Practice: Meeting DPH Requirements and Maximizing Viral Suppression

Lexington B
Social Work Credit Session

Amber Bochette, MSW

Retention in care is one of the most critical components of the HIV care continuum – and one that demands equal attention to program compliance and client-centered practice. This session offers a comprehensive overview of retention from two perspectives: regulatory requirements and real-world strategy. Participants will gain a working understanding of DPH program requirements governing retention in care, including eligibility maintenance, renewal timelines, documentation standards and reporting obligations. Presenters will then highlight the team-based strategies Tandem Health has developed to maintain high rates of client retention and virologic suppression – including proactive outreach, re-engagement protocols, barrier reduction, and interdisciplinary care coordination.

3. From Lived Experience to Leadership: Living, Loving and Thriving through HIV Advocacy

Carolina A

Shawn Hall-Tinsley (HIV Peer Navigator)

This consumer-centered session explores strategies for positive living with HIV through lived experience, storytelling, and peer support. Led by a facilitator with over 36 years of lived experience, participants will gain practical tools to navigate healthcare and insurance systems, including ADAP and ACA transitions, to maintain continuity of care. Through real-life stories, the session integrates faith, resilience, and cultural context as sources of strength in overcoming stigma and sustaining wellness. Participants will learn person-centered approaches to self-advocacy, coping, and stress management that support mental, emotional, and spiritual well-being. The session also highlights pathways from lived experience to peer leadership and community engagement, with attention to the experiences of Black cis-gender heterosexual women. Attendees will leave with actionable strategies, increased confidence, and renewed purpose to live well, advocate, and lead in their communities.

4. Challenging and Interesting Syphilis Cases

Lincoln
Pharmacy Credit Session

Jennifer L. Nall, MMS, MPH, PA-C

Syphilis rates continue to rise across the United States, creating significant challenges for healthcare professionals involved in prevention, diagnosis, treatment, and follow-up care. This session will review current syphilis epidemiology and explore real-world, challenging cases that highlight common diagnostic pitfalls, challenges with management, and opportunities for improving patient outcomes. Through case-based discussion, participants will examine evidence-based approaches to screening, prevention, staging, treatment, partner services, and follow-up. Learners will gain practical strategies for addressing complex presentations and implementing best practices within their clinical settings. By the end of the session, participants will be able to describe current syphilis trends, apply key prevention and treatment principles, and identify at least two opportunities to improve syphilis-related care in their own practice.

5. DoxyPEP Update - Preventing STIs in Our Community

Carolina B

Marco Tori MD, MSC

In 2024, doxycycline for STI post-exposure prophylaxis (DoxyPEP) was recommended for men who have sex with men. Statewide uptake has resulted in fewer STI infections, but there are additional studies showing real world efficacy data that might inform practice changes. An overview of DoxyPEP will be presented with informational updates on national STI data.

6. Faith as a Social Determinant of Health: A Conversation with Dr. Burley

Hall of Fame

Ulysses Burley III, MD, MPH

This session will be a discussion about faith as a social determinant of health with Dr. Burley.

7. Enhancing HIV/HCV Linkage-to-Care via Pre-Discharge Scheduling

Congaree

David E Hudon, MPH, Heather Brown, MD, MPH, and Amanda Holley

Social determinants of health (SDOH), like inconsistent cell service and Wi-Fi, are a major barrier to connecting vulnerable patients with HIV to follow-up care. Linkage-to-Care (LTC) efforts at Prisma Health-Midlands focused on overcoming this challenge by implementing an innovative strategy of scheduling patient appointments before discharge. Working with the care team, LTC coordinators printed appointment times directly onto the patient's discharge paperwork providing a low-tech, high-impact solution that bypasses post-discharge communication failures. From January 2022 to March 2025, LTC linked 276 HIV patients. The average number of successful monthly linkage appointments increased from 3.2 to 4.3 afterward. This strategy demonstrates how innovative process changes that account for SDOH can strengthen the diagnosis and linkage-to-care continuum.

Thursday, October 22, Closing

12:55PM-2:40PM	Luncheon/Keynote/ Closing Remarks	Columbia A/B (Upstairs)
1:30PM-2:40PM	Keynote Address Care That Lasts a Lifetime <i>Adam Thompson, MPH</i>	
2:40PM-3:00PM	Closing Remarks	



Next Year's
South Carolina HIV, STD and Viral Hepatitis Conference
October 20 & 21, 2027
Columbia, SC
Columbia Metropolitan Convention Center



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