



USPSTF 2024

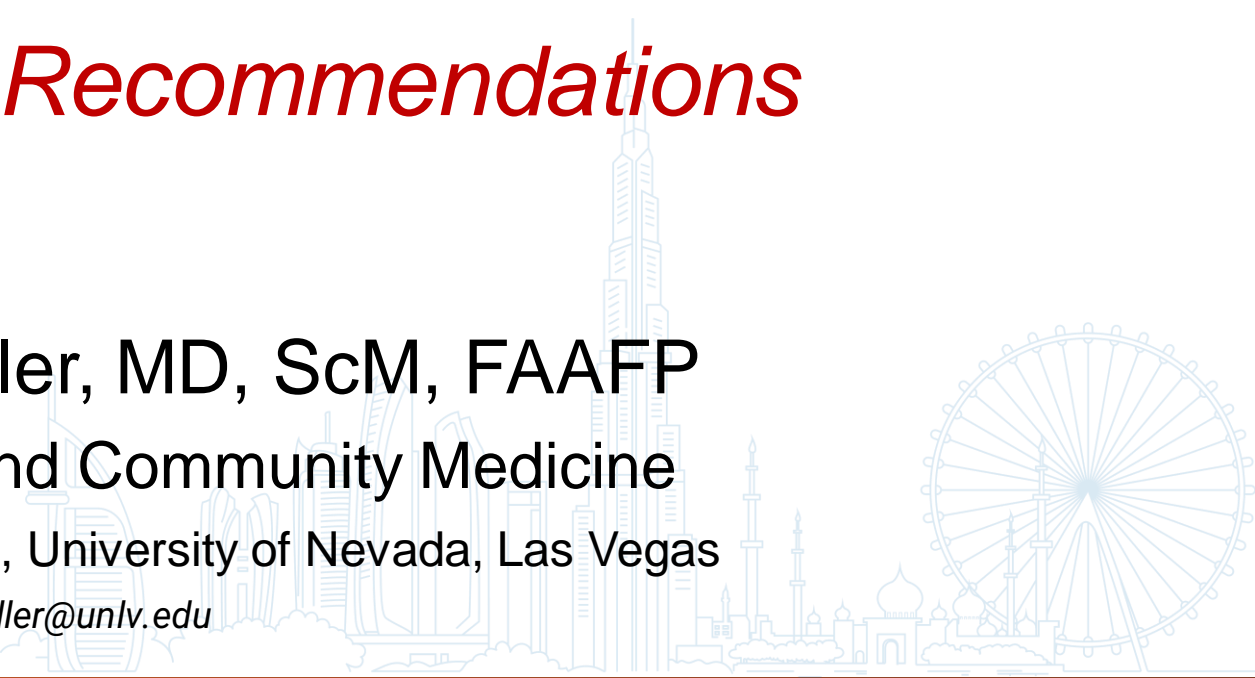
New and Updated Recommendations

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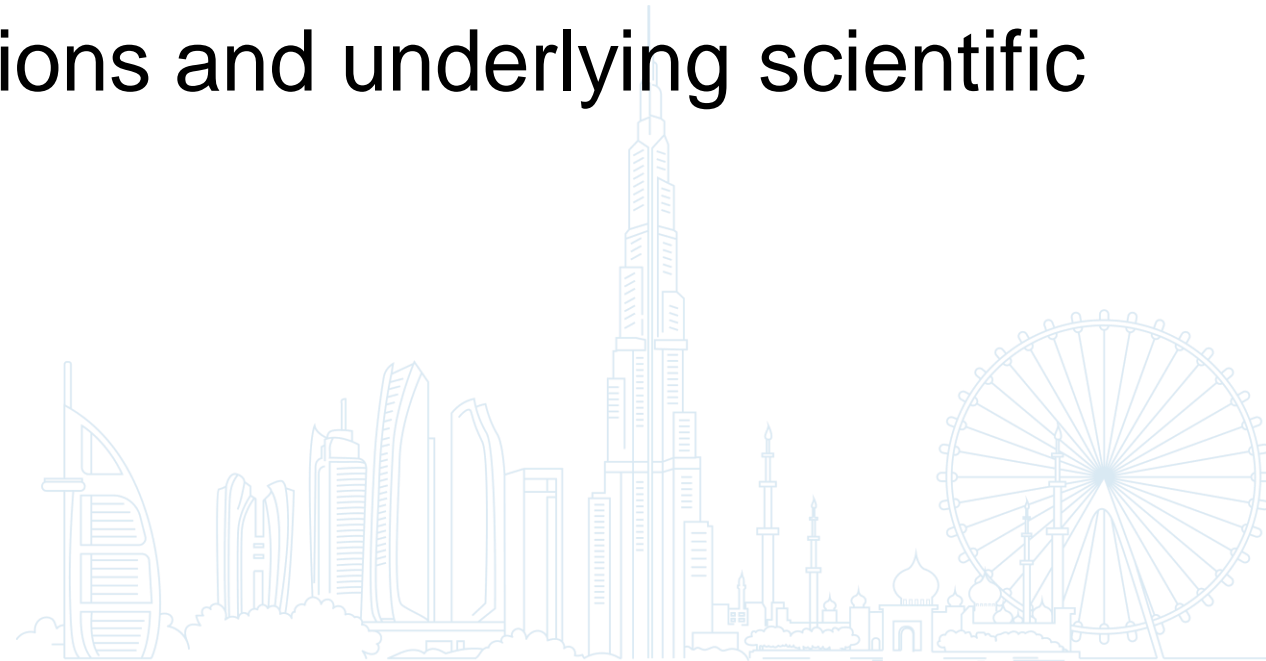
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Learning Objectives

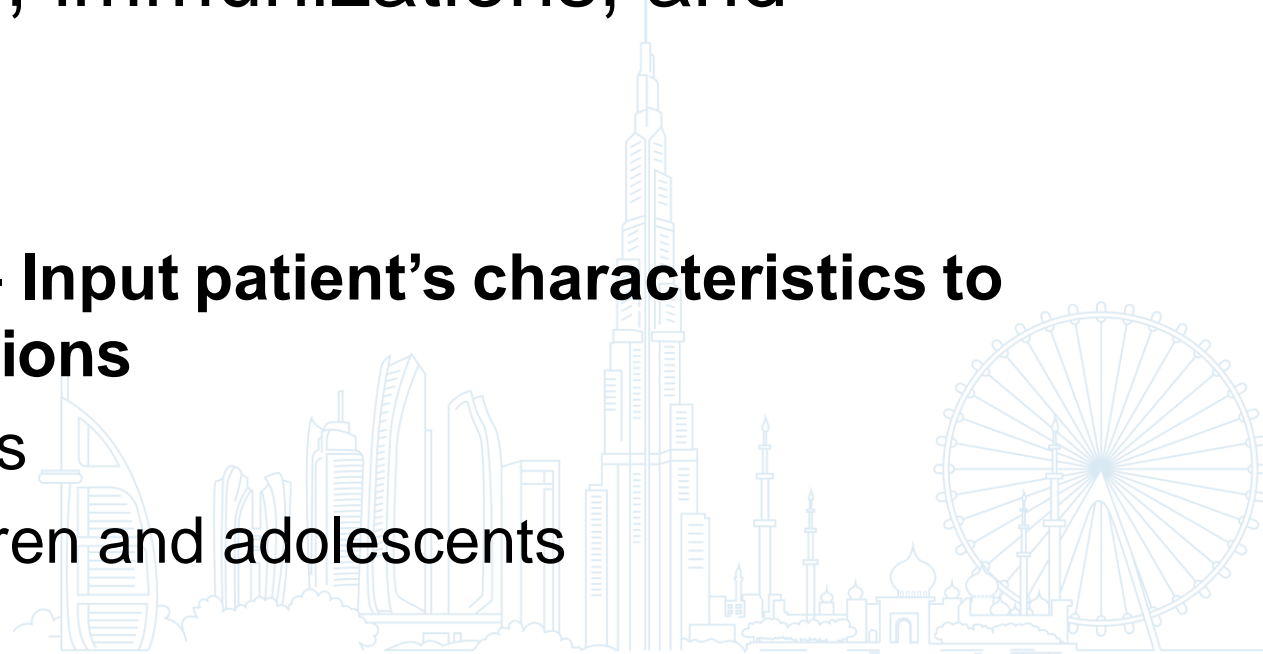
1. Define recently released recommendations from the USPSTF.
2. Recognize where and how to obtain further details about the recommendations and underlying scientific evidence.





United States Preventive Services Task Force (*USPSTF*)

- The USPSTF was convened by the Public Health Service to rigorously evaluate clinical research in order to assess the merits of preventive measures, including screening tests, counseling, immunizations, and preventive medications.
 - **Topic Index (A to Z)**
 - **USPSTF Mobile Application – Input patient’s characteristics to find applicable recommendations**
 - Recommendations for adults
 - Recommendations for children and adolescents



NEW RECOMMENDATION

Primary Care Interventions to Prevent Child Maltreatment

ABOUT THE USPSTF →

The U.S. Preventive Services Task Force is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services.



Recommendations

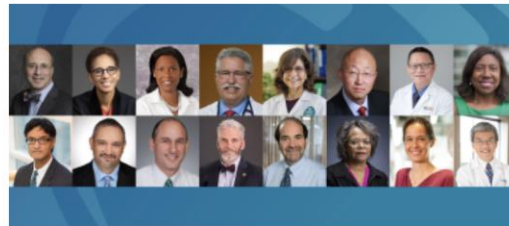


Prevention of Child Maltreatment: Primary Care Interventions

Speech and Language Delay and Disorders in Children: Screening

Oral Health in Adults: Screening and Preventive Interventions

About the USPSTF



Public Comments & Nominations



RECOMMENDATION TOPICS

Home > Recommendation Topics



The U.S. Preventive Services Task Force is an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services. These reviews are published as U.S. Preventive Services Task Force recommendations on the Task Force Web site and in a peer-reviewed journal.

Latest Final Recommendations



Prevention of Child Maltreatment: Primary Care Interventions

Mar 2024



Speech and Language Delay and Disorders in Children: Screening

Jan 2024



Oral Health in Adults: Screening and Preventive Interventions

Nov 2023

Search and Filter All Recommendation Topics

Select a Category

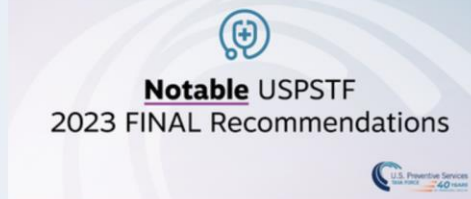


and/or

Enter Keyword

Search >

New Resource USPSTF Clinical Practice Update



Clinical Practice Update: Notable USPSTF 2023 Final Recommendations

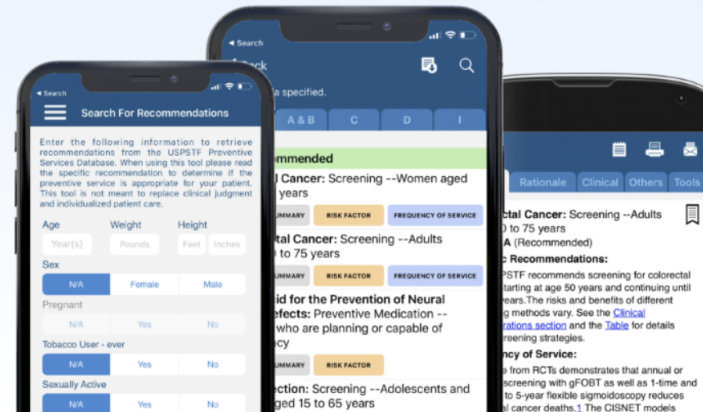


Prevention TaskForce

The Prevention TaskForce (formerly ePSS) application assists primary care clinicians to identify the screening, counseling, and preventive medication services that are appropriate for their patients.

The Prevention TaskForce data is based on the current recommendations of the U.S. Preventive Services Task Force (USPSTF) and can be searched by specific patient characteristics, such as age, sex/gender, and selected behavioral risk factors.

When using this tool please read the specific recommendation to determine if the preventive service is appropriate for your patient. This tool is not meant to replace clinical judgment and individualized patient care.



USPSTF Recommendations App for Web and Mobile Devices



Prevention TaskForce WEB

USPSTF Recommendations application
for desktop browsers



Prevention TaskForce Mobile

USPSTF Recommendations application
for mobile devices



Prevention TaskForce API

USPSTF Recommendations application
into your application



Definitions of USPSTF Recommendation Grades

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service; there is high certainty that the net benefit (i.e., benefits minus harms) is substantial.	Offer/provide this service.
B	The USPSTF recommends the service; there is high certainty that the net benefit is moderate or there is moderate certainty that the benefit is moderate to substantial.	Offer/provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service; there is moderate or high certainty that the service has no benefit or that the harms outweigh the benefits.	Discourage use of the service
I	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service; evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	If offered, patients should understand the uncertainty about the balance of benefits and harms

Health Promotion and Screening

USPSTF recommends that prevention be discussed at each patient visit



Risk stratification

- Age, sex, family history (genetic), SES, lifestyle choices, environmental factors, and medical issues
- 

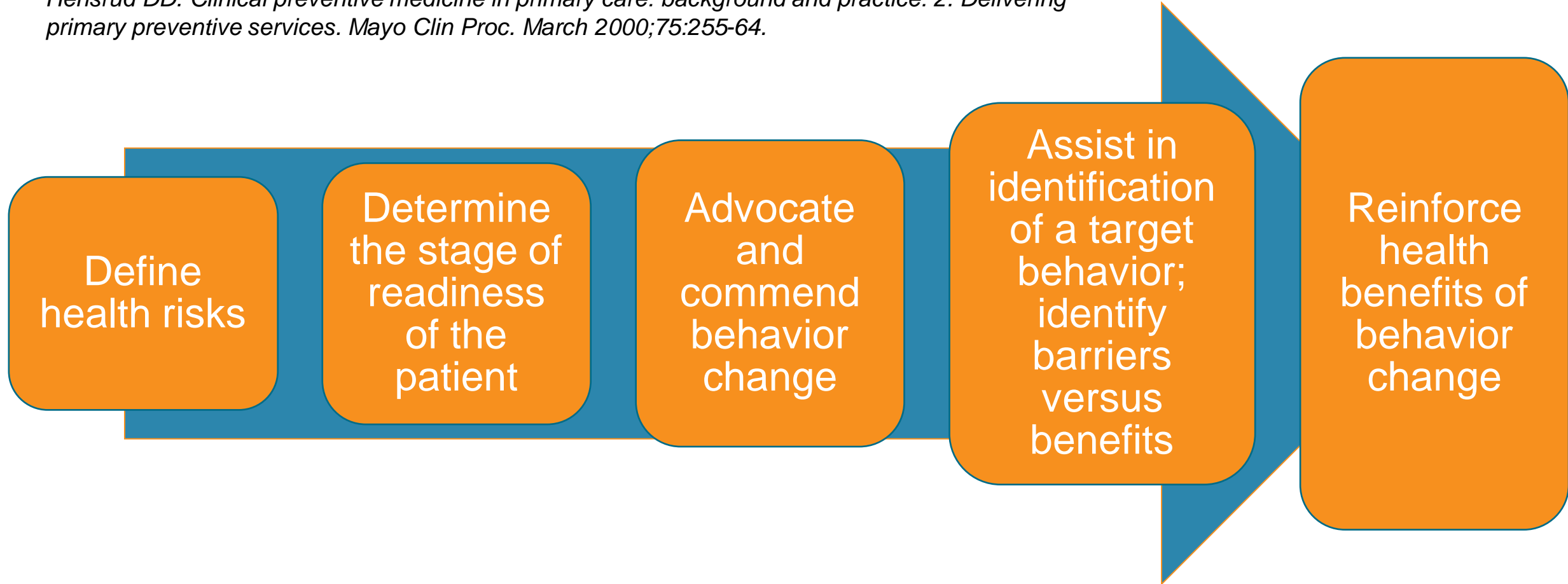
Patient education



Counseling

Steps in Administering Health Promotion and Counseling

Hensrud DD. Clinical preventive medicine in primary care: background and practice: 2. Delivering primary preventive services. Mayo Clin Proc. March 2000;75:255-64.



Offer resources, strategies, and support; create plan of action and monitoring mechanisms

An Opportunity for Integration

21st Century Annual Wellness Visit

- Review of the three leading causes of preventable morbidity and mortality
 - Tobacco use (*Smoking cigarettes*)
 - Obesity (*Nutrition and Physical Activity*)
 - Excessive alcohol use (*Men > 2 drinks per day; Women > 1 drink per day*)
- Prevention
 - Primary
 - Secondary (*Screening*)
 - Tertiary
 - Quaternary (*Choosing Wisely*)

Smoking Cessation



Source: American Cancer Society

How Your Body Heals Itself After You Quit Smoking



Ready to quit?



New Published Recommendations



Recommendations

Date	Topic
April 2023	Skin Cancer: Screening
May 2023	Latent Tuberculosis Infection in Adults: Screening
June 2023	Depression and Suicide Risk in Adults: Screening
June 2023	Anxiety Disorders in Adults: Screening
August 2023	Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication
August 2023	Prevention of Acquisition of HIV: Preexposure Prophylaxis
September 2023	Hypertensive Disorders of Pregnancy: Screening

I recommendations

- [Lipid Disorders in Children and Adolescents: Screening \(July, 2023\)](#)
- [Oral Health in Children and Adolescents Aged 5 to 17 Years: Screening and Preventive Interventions \(November 2023\)](#)
- [Oral Health in Adults: Screening and Preventive Interventions \(November 2023\)](#)
- [Speech and Language Delay and Disorders in Children: Screening \(January 2024\)](#)
- [Prevention of Child Maltreatment: Primary Care Interventions \(March 2024\)](#)



Recommendations in Progress

Finalizing the Recommendation Statement

Topic	Level
<i>Falls Prevention in Community Dwelling Older Adults: Interventions</i> <ul style="list-style-type: none">• <i>Exercise</i>• <i>Multifactorial Interventions</i>	<i>B</i> <i>C</i>
<i>High Body Mass Index in Children and Adolescents: Interventions</i>	<i>B</i>
<i>Iron Deficiency and Iron Deficiency Anemia During Pregnancy: Screening and Supplementation</i>	<i>I</i>
<i>Breast Cancer: Screening</i>	<i>B</i>

Finalizing the Recommendation Statement

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<i>High Body Mass Index in Children and Adolescents: Interventions</i>	<i>B</i>
<i>Iron Deficiency and Iron Deficiency Anemia During Pregnancy: Screening and Supplementation</i>	<i>I</i>
<i>Breast Cancer: Screening</i>	<i>B</i>

Skin Cancer: I recommendation

The current evidence is insufficient to assess the balance of benefits and harms of visual skin examination by a clinician to screen for skin cancer in adolescents and adults.

In separate recommendations, the USPSTF

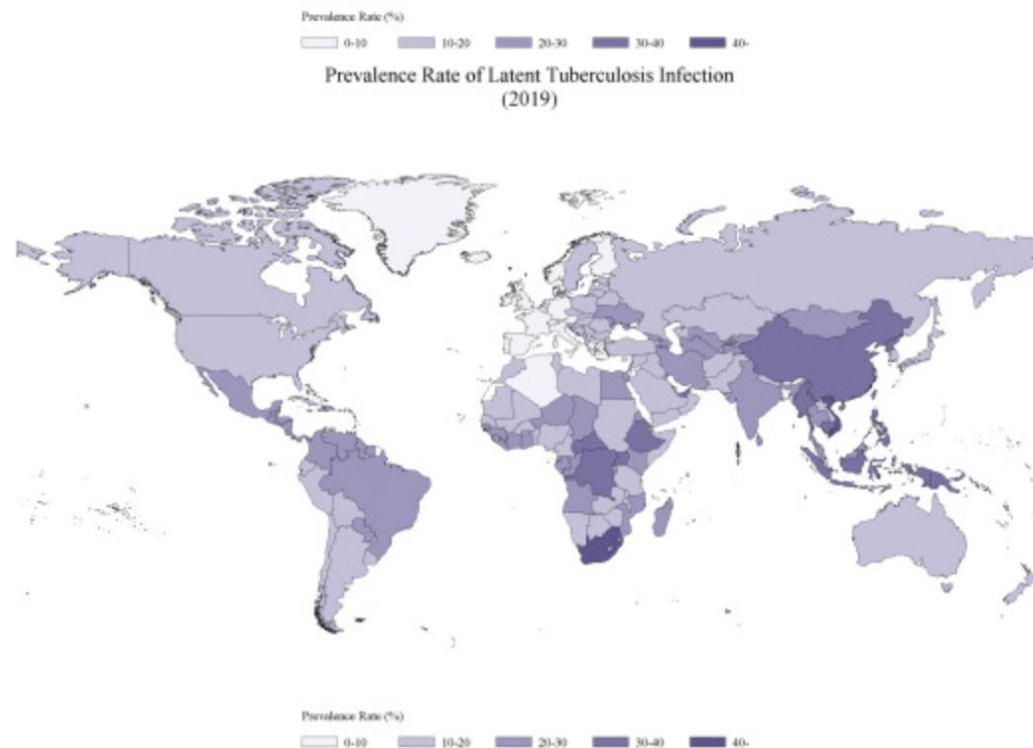
- recommends counseling all young adults, adolescents, children, and parents of young children about minimizing exposure to UV radiation for persons aged 6 months to 24 years with a fair skin type to reduce their risk of skin cancer (B recommendation) and selectively offering counseling (based on risk factors) to adults older than 24 years with a fair skin type (C recommendation).
- concludes that the current evidence is insufficient to assess the balance of benefits and harms of counseling adults about skin self-examination for skin cancer prevention (I statement).

Note: Exposure to UV radiation from the use of indoor tanning beds is an important risk factor in adolescents.

Currently, no professional organizations in the US recommend clinical visual examination for skin cancer screening. Although the American Academy of Dermatology does not have formal guidelines on clinician-performed skin cancer screening, it does encourage and provide resources for its clinician members to hold free skin cancer screening events for the public.

Latent Tuberculosis Infection in Adults: Screening. **B recommendation**

- Recommends screening for LTBI in populations at increased risk.



- Populations at increased risk for LTBI (based on increased prevalence of active disease and increased risk of exposure)
 - persons who were born in, or are former residents of, countries with high tuberculosis prevalence
 - persons who live in, or have lived in, high-risk congregate settings (eg, homeless shelters or correctional facilities).

Two Types of Screening Test

Two types of screening tests for LTBI are currently available in the US:

- the tuberculin skin test (TST) and
- the interferon-gamma release assay (IGRA).

Diagnosis of LTBI is based on further clinical assessment of positive screening results and ruling out active tuberculosis. Consistent with CDC guidelines, tuberculosis disease is diagnosed by medical history, physical examination, chest radiograph, and other laboratory tests. These additional examinations, diagnostics, and tests are essential to completing a diagnosis of LTBI.

The USPSTF found **no evidence on the optimal frequency of screening for LTBI**. In the absence of evidence, **a reasonable approach is to repeat screening based on specific risk factors**; screening frequency could range from **1-time only screening among persons at low risk for future tuberculosis exposure to annual screening among those at continued risk of exposure**.

Current recommendations for the treatment of LTBI are available from the CDC.

Depression and Suicide Risk in Adults: Screening

- Recommends screening for depression in the adult population, including pregnant and postpartum persons, as well as older adults. **B Recommendation**
- Current evidence is **insufficient** to assess the balance of benefits and harms of screening for suicide risk in the adult population, including pregnant and postpartum persons, as well as older adults

Screening Tests

Commonly used depression screening instruments:

- Patient Health Questionnaire (PHQ) in various forms in adults
- Center for Epidemiologic Studies Depression Scale (CES-D),
- Geriatric Depression Scale (GDS) in older adults, and the
- Edinburgh Postnatal Depression Scale (EPDS) in postpartum and pregnant persons.

Screening Intervals: In the absence of evidence, a pragmatic approach might include screening adults who have not been screened previously and using clinical judgment while considering risk factors, comorbid conditions, and life events to determine if additional screening of patients at increased risk is warranted.

Ongoing assessment of risks that may develop during pregnancy and the postpartum period is also a reasonable approach.

Anxiety Disorders in Adults: Screening

- Recommends screening for anxiety disorders in adults, including pregnant & postpartum persons (Ages 19-64). **(B Recommendation)**
- Concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for anxiety disorders in older adults (Aged ≥ 65).

Screening Tests

Brief tools have been developed that screen for anxiety disorders and are available for use in primary care.

- Versions of the Generalized Anxiety Disorder (GAD) scale
- Edinburgh Postnatal Depression Scale (EPDS) anxiety subscale
- Geriatric Anxiety Scale (GAS)
- Geriatric Anxiety Inventory (GAI).

Note: *Some instruments that are used for screening for anxiety disorders were initially developed for purposes other than screening, such as supporting diagnosis, assessing severity, or evaluating response to treatment.*

Anxiety screening tools alone are insufficient to diagnose anxiety disorders. If a screening test result is positive for an anxiety disorder, a confirmatory diagnostic assessment is needed.

Screening Interval - *A pragmatic approach in the absence of evidence might include screening all adults who have not been screened previously and using clinical judgment in considering risk factors, comorbid conditions, and life events to determine if additional screening of high-risk patients is warranted. Ongoing assessment of risks that may develop during pregnancy and the postpartum period is also a reasonable approach.*

Question 1

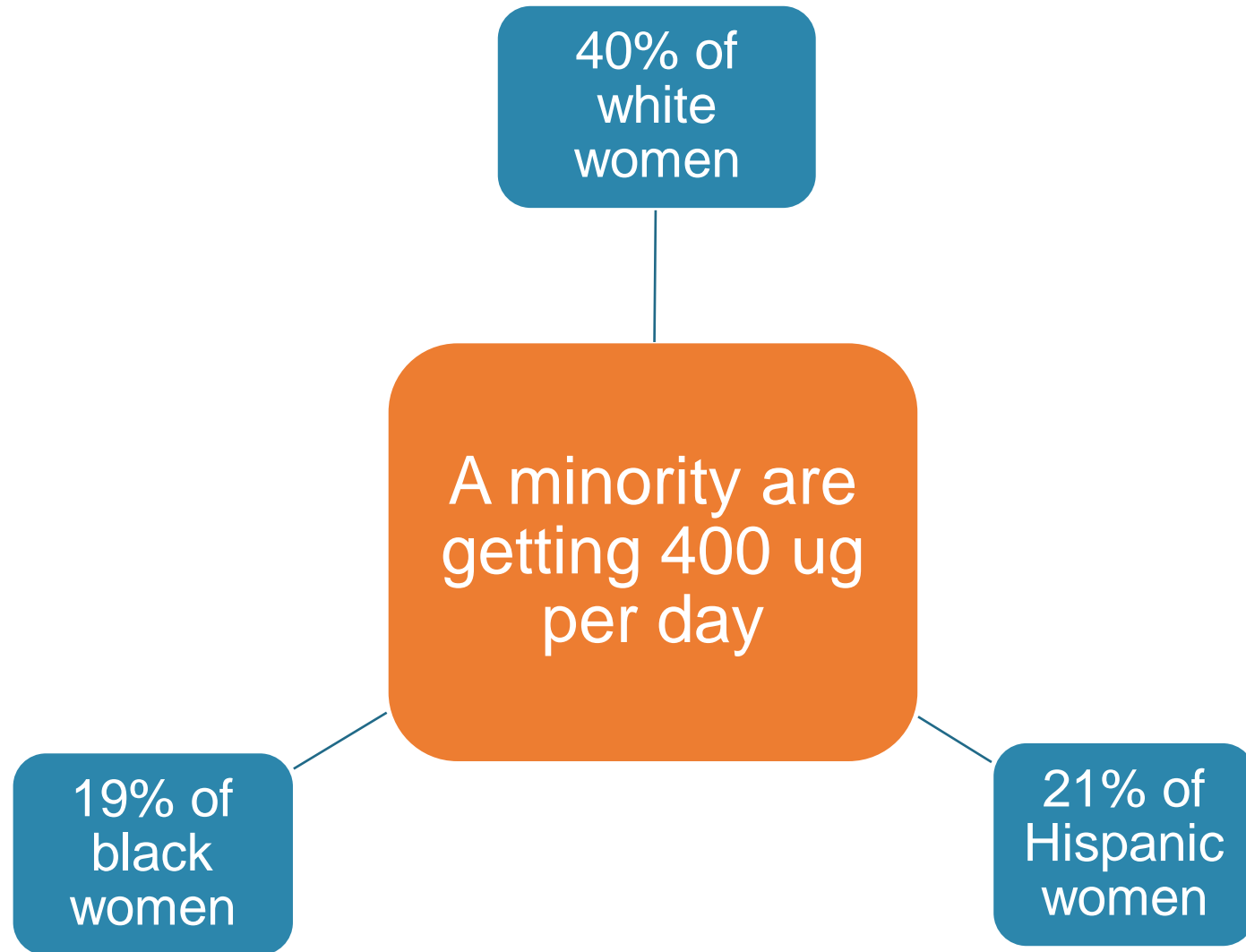
A 28-year-old woman visits her family physician for preconception counseling. She expresses her desire to start a family soon and wants to ensure she's taking necessary precautions for a healthy pregnancy. During the visit, he physician discusses the importance of folic acid supplementation for women of reproductive age to prevent neural tube defects in newborns. The physician emphasizes the significance of taking the correct dosage of folic acid daily. The patient asks about the recommended dosage, wanting to ensure she's taking the appropriate amount to optimize her chances of a healthy pregnancy. What is the recommended daily dosage of folic acid for women of reproductive age?

1. 0.4 mg
2. 4 mg
3. 1 mg
4. 0.12 mg

Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication

Recommends that all persons planning to or who could become pregnant take a daily supplement containing 0.4 to 0.8 mg (400 to 800 mcg) of folic acid. **A Recommendation**

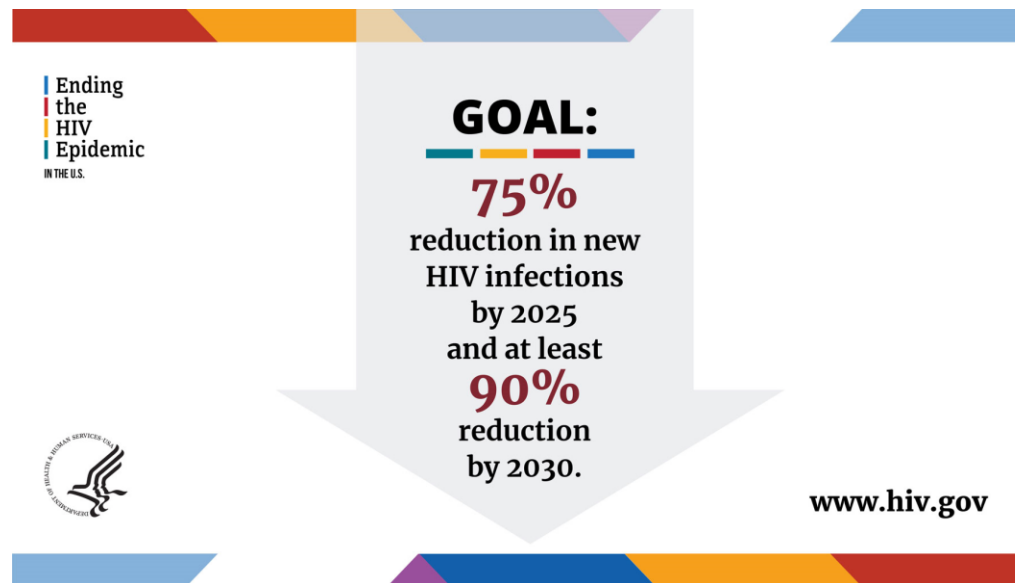
- *Folic Acid is the **synthetic form** of the B vitamin folate*
- *Since **1998**, U.S. has required that folic acid be added to fortified grain products.*



*Women consumed **128 mcg of folic acid from fortified foods each day**. Only 8 percent got 400 mcg or more from fortified grain products.*

Prevention of Acquisition of HIV: Preexposure Prophylaxis (A Recommendation)

Recommends that clinicians prescribe preexposure prophylaxis using effective antiretroviral therapy to persons who are at increased risk of HIV acquisition to decrease the risk of acquiring HIV.



<https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>

PrEP is one of the Key Prevention Strategies outlined in the Ending the HIV Epidemic (EHE) in the US Initiative!

Preexposure Prophylaxis (PrEP)

Adolescents (at least 35kg) and Adults



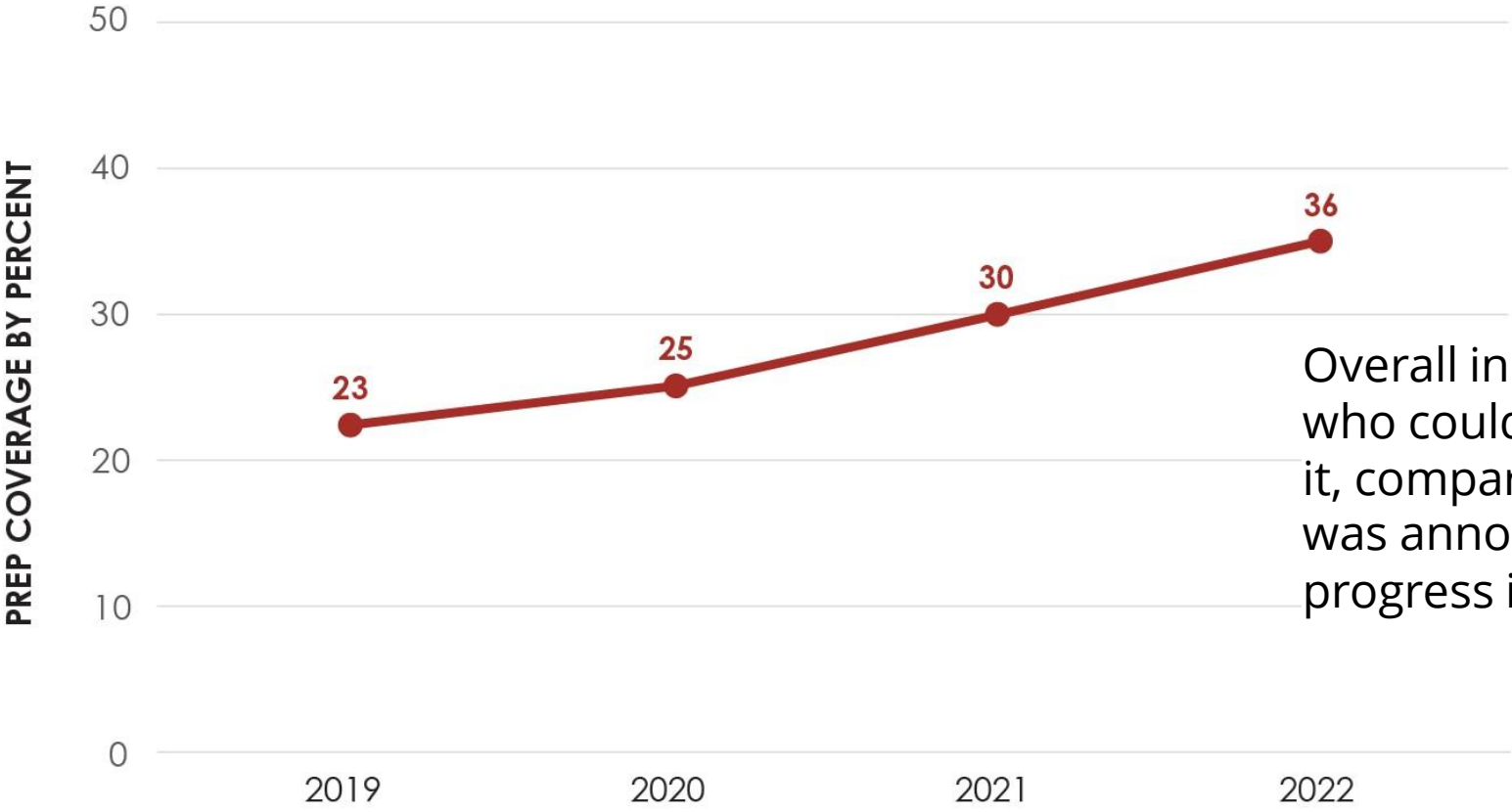
- Use of antiretroviral medication by HIV-uninfected people for the purpose of preventing HIV infection.
- **Three FDA Approved Medications**
 - Once daily oral therapy = 200mg emtricitabine/300mg tenofovir disoproxil fumarate (TDF) [**Truvada**®]
 - TDF nephrotoxicity is a **largely reversible** form of toxic acute tubular necrosis targeting proximal tubules
 - Once daily oral therapy = 200mg emtricitabine/25mg tenofovir alafenamide (TAF) [**Descovy**®]
 - TAF - novel prodrug, causes less renal impairment, can improve renal function in patients switched from TDF.
 - **Intramuscular cabotegravir (CAB) (FDA Approved 12/20/2021)**
 - 600 mg cabotegravir administered as one 3 ml intramuscular injection in the gluteal muscle (Initial dose)
 - Second dose 4 weeks after first dose (month 1 follow-up visit)
 - Every 8 weeks thereafter (month 3,5,7, follow-up visits etc.)
- HIV resistance if poor adherence
- Abrupt withdrawal of Truvada or Descovy in HBV-infected patients may lead to HBV flare/VL rebound
- Not recommended if estimated CrCl less than 30mL/min

Persons considered for PrEP

- **Men who have sex with men, are sexually active, and have one of the following characteristics:**
 - Serodiscordant sex partner (i.e., in a sexual relationship with a partner living with HIV)*
 - Inconsistent use of condoms during receptive or insertive anal sex
 - STI with syphilis, gonorrhea, or chlamydia within the past 6 months
- **Heterosexually active women and men who have one of the following characteristics:**
 - **Serodiscordant sex partner (i.e., in a sexual relationship with a partner living with HIV)**
 - Inconsistent use of condoms during sex with a partner whose HIV status is unknown and who is at high risk (eg, a person who injects drugs or a man who has sex with men and women)
 - STI with syphilis or gonorrhea within the past 6 months
- **Persons who inject drugs and have one of the following characteristics:**
 - Shared use of drug injection equipment
 - Risk of sexual acquisition of HIV (see above)

PrEP Uptake is Limited

OVERALL TRENDS IN PREP PRESCRIPTIONS AMONG PEOPLE WHO COULD BENEFIT, 2019-2022*

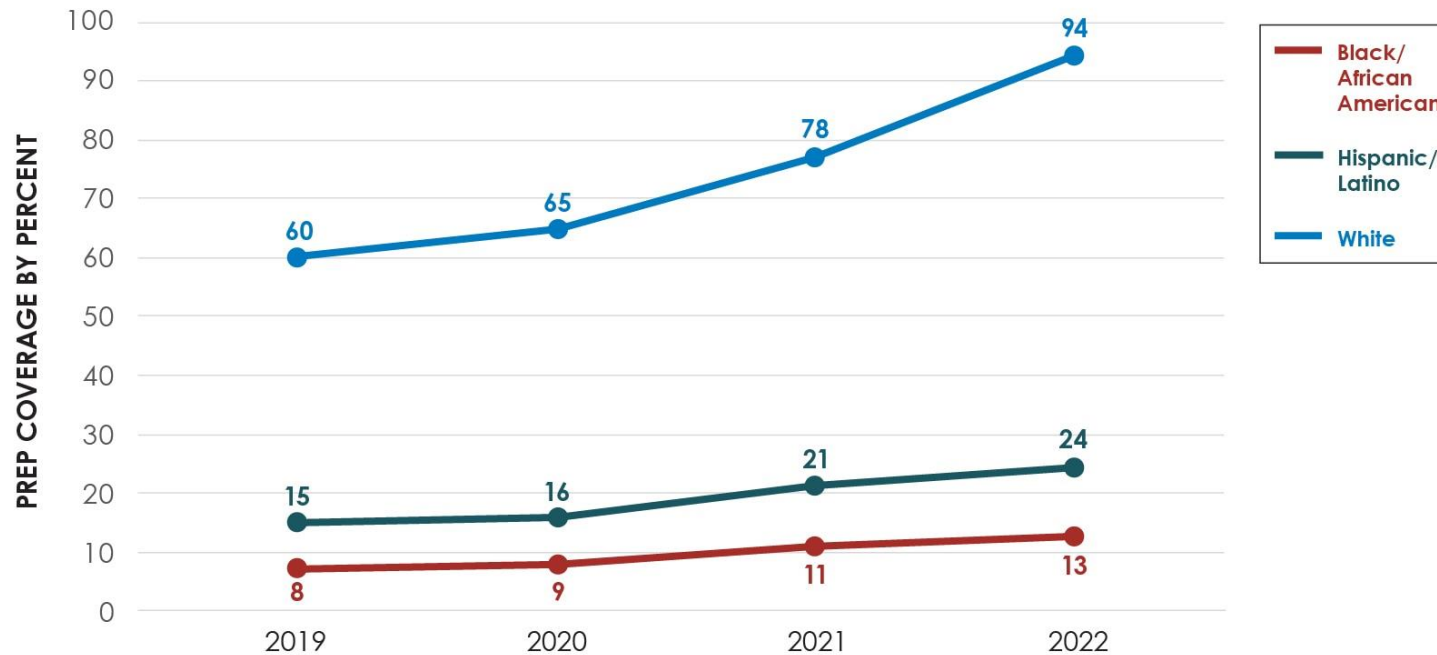


Overall in 2022, 36% of the 1.2 million people who could benefit from PrEP were prescribed it, compared to 23% in 2019, the year that EHE was announced. Today's data also show progress in increasing PrEP uptake

*Data are preliminary.
Source: Centers for Disease Control and Prevention

PrEP Prescribing

TRENDS IN PrEP PRESCRIPTIONS AMONG PEOPLE WHO COULD BENEFIT, BY RACE/ETHNICITY, 2019-2022*

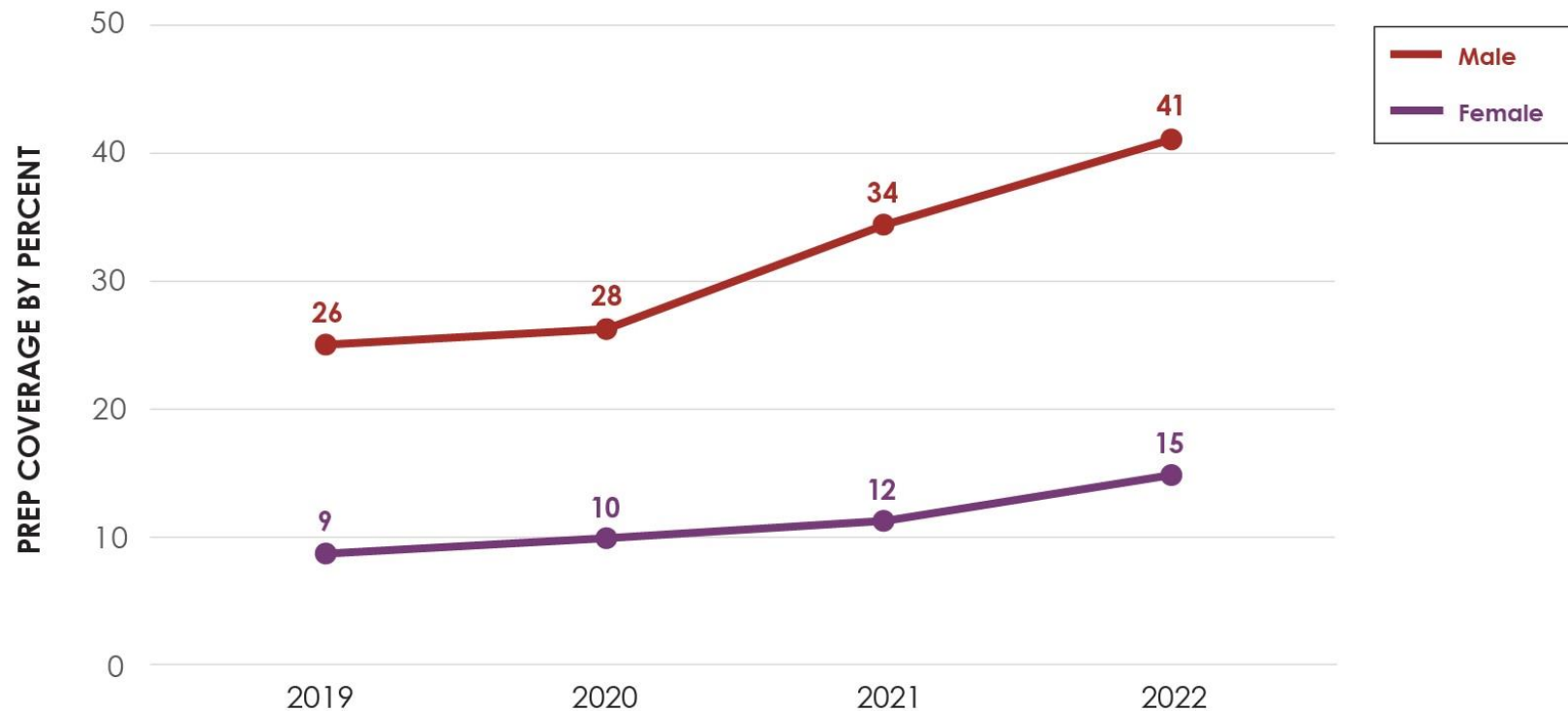


*Data are preliminary. The data on PrEP prescriptions by race and ethnicity are limited, and findings are estimated.
Source: Centers for Disease Control and Prevention

- While the preliminary data show improvement in PrEP prescriptions among all racial/ethnic groups from 2019 to 2022, the reach of this strategy is far from equal, and severe and widening inequities persist.
- Estimates suggest 94% of White people who could benefit from PrEP have been prescribed it, but only 13% of Black and 24% of Hispanic/Latino people who could benefit have been prescribed PrEP.

PrEP Prescribing

TRENDS IN PREP PRESCRIPTIONS AMONG PEOPLE WHO COULD BENEFIT, BY SEX AT BIRTH, 2019-2022*



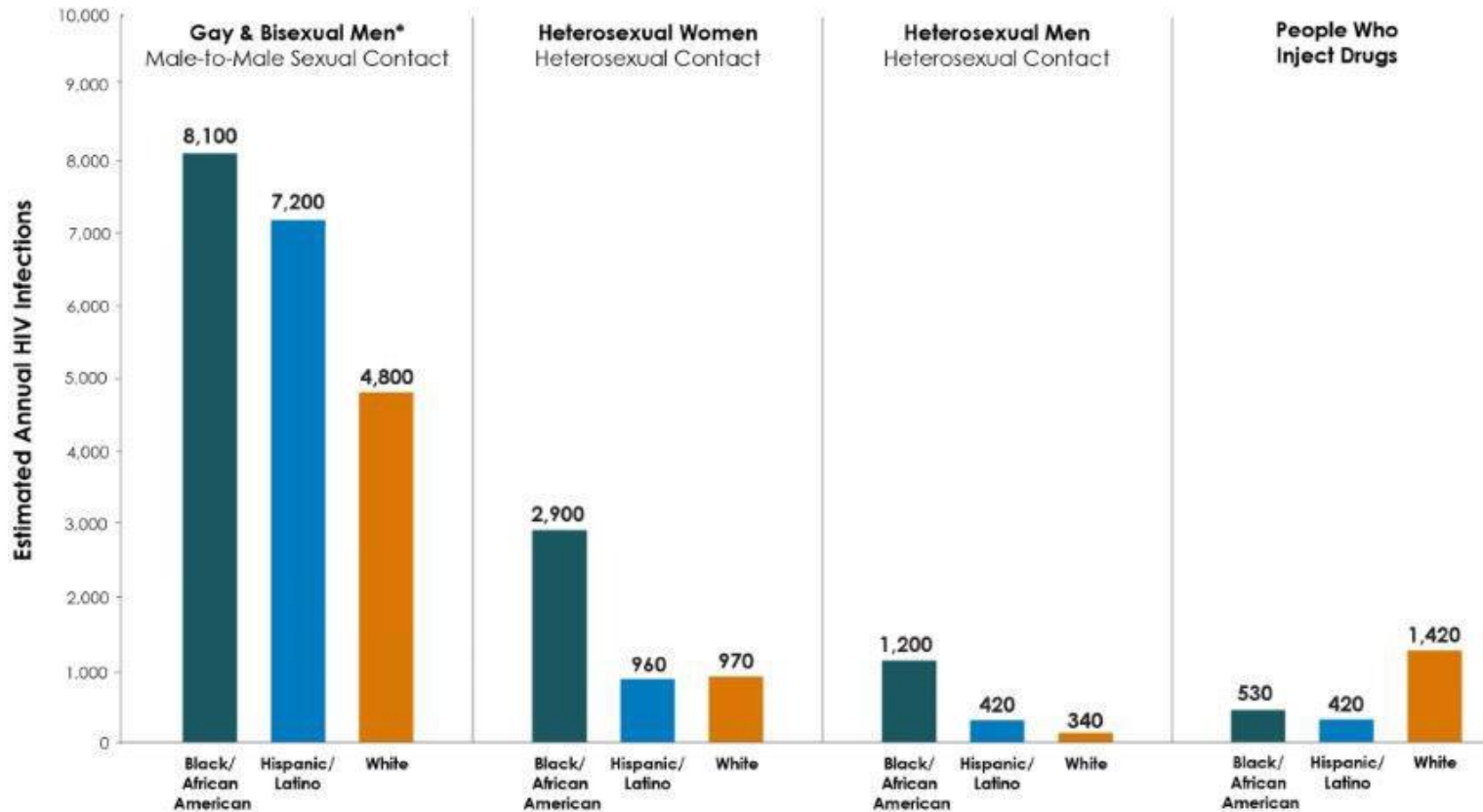
*Data are preliminary.

Source: Centers for Disease Control and Prevention

2022 preliminary data indicate that more than **40% of males** who could benefit from PrEP were prescribed it, compared with **15% of females**.

NEW HIV INFECTIONS CONTINUE TO SHOW DISPARITIES IN HIV TREATMENT AND PREVENTION

ESTIMATED NEW HIV INFECTIONS BY RACE/ETHNICITY AND TRANSMISSION GROUP, 2021*



*Data unavailable for other races/ethnicities.

Source: Centers for Disease Control and Prevention

PrEP Prescribing

- Deeply entrenched social determinants of health cause and exacerbate many of these disparities and their outcomes.
- Most new HIV infections in 2021 were among gay and bisexual men, the majority of whom were Black or Hispanic/Latino.
- About one-fifth of new HIV infections in 2021 were among women, and over half of those were among Black women.

Question 2

John, a 28-year-old sexually active male, presents to his family physician's provider's office expressing interest in starting PrEP for HIV prevention. He has a history of multiple sexual partners and wants to take proactive measures to protect his health. John reports no known medical conditions and is not currently taking any medications. After discussing the benefits and risks of PrEP, John decides to initiate treatment. Which of the following laboratory tests is most appropriate to obtain at baseline before initiating PrEP for John?

1. CD 4 count
2. RPR
3. AST/ALT
4. BMP

Minimum Baseline Testing

- **HIV Ag/Ab and HIV-1 RNA**
 - Exclude HIV, as use of PrEP in the setting of undiagnosed HIV could lead to antiretroviral resistance
- **Hepatitis B**
 - Assess for chronic hepatitis B infection, as the medication used for PrEP is active also against hepatitis B
 - CDC recommends a triple panel test in screening (anyone) for Hepatitis B (March 2023)
 - HBsAg, anti-HBsAg and total HBcAg
- **Creatinine** (mild increase expected)
 - Ensure that the creatinine clearance is greater than 30 mL/min, as one of the components in PrEP (tenofovir) should not be used in the setting of renal failure

Monitoring

Daily Oral PrEP

	Frequency	Test
HIV Infection	<ul style="list-style-type: none"> Daily Oral PrEP – every 3 m* 	HIV Ag/Ab and HIV-1 RNA
Renal Function	<ul style="list-style-type: none"> Patients aged ≥ 50 Patients with eCrCl < 90 ml/min at PrEP Initiation – every 6 m All patients – every 12 m 	Basic Metabolic Panel
Bacterial STI Screening	<ul style="list-style-type: none"> MSM and transgender women who have sex with men – every 3 m Bacterial STI screening for all sexually-active patients – every 6 m Chlamydia screening for heterosexually active women and men – every 12m 	<p>Oral rectal, urine, blood</p> <p>Vaginal, oral, rectal, urine- as indicated; blood</p> <p>Vaginal, urine</p>

Monitoring

Cabotegravir Injection PrEP

Monitoring

At follow-up visit 1 month after first injection

- HIV Ag/Ab test and HIV-1 RNA assay

At follow-up visits every 2 months (beginning with the third injection – month 3) provide:

- HIV Ag/Ab test and HIV-1 RNA assay

At follow-up visits every 4 months (beginning with the third injection- month 3) provide:

- Bacterial STI screening

Ba for MSM and transgender women who have sex with men² – oral, rectal, urine, blood

At follow-up visits every 6 months (beginning with the fifth injection – month 7) provide:

- Bacterial STI screening¹ for all heterosexually-active women and men – [vaginal, rectal, urine - as indicated], blood

At follow-up visits at least every 12 months (after the first injection) provide the following:

- Assess desire to continue injections for PrEP
- Chlamydia screening for heterosexually active women and men – vaginal, urine

Time to Effectiveness

- PrEP reaches maximum protection from HIV for **receptive anal sex** at about **7 days** of daily use (maximum rectal tissue intracellular concentrations of tenofovir diphosphate (the activated form of the medication) reached)
- For **receptive vaginal sex** (cervicovaginal tissues) and **injection drug use**, PrEP reaches maximum protection at about **20 days** of daily use maximum intracellular concentrations of tenofovir diphosphate reached (in blood)
- No data are yet available about how long it takes to reach maximum protection for **insertive anal or insertive vaginal sex**
- When **stopping** PrEP, individuals should continue using PrEP for **four weeks after** the last significant exposure

Effectiveness in Prevention

- Daily PrEP reduces the risk of getting HIV from sex by 99%
 - Taken DAILY – 99% effective
 - Combine with condoms to reduce risk AND to prevent other STIs
- Among people who inject drugs, it reduces the risk by 74%

How to introduce the Topic ?

- Given ongoing disparities in PrEP access and utilization, and potentially stigmatizing language such as “[HIV risk](#)”, general counseling messages and questions may be considered – examples include:

“Are you interested in hearing more about medications that can prevent HIV?”

“Have you heard of PrEP?”

“How do you think your [sex] life would improve if you didn’t have to worry about HIV?”

“Providers fail to routinely or effectively discuss HIV with female patients, and women’s stories and experiences are often absent from HIV media storylines, campaigns and clinical testing. Studies show that only 20 to 30% of women are even aware of PrEP”

Hirschhorn, L.R., Brown, R.N., Friedman, E.E., et al. “Black Cisgender Women’s PrEP Knowledge, Attitudes, Preferences, and Experience in Chicago.” JAIDS Journal of Acquired Immune Deficiency Syndromes, vol. 84, 5, August 2020, 497-507.

JAIDS, https://journals.lww.com/jaids/Fulltext/2020/08150/Black_Cisgender_Women_s_PrEP_Knowledge,_Attitudes,.8.aspx

Zhang C., McMahon J., Simmons J., Brown LL., Nash R., Liu Y. “Suboptimal HIV Pre-exposure Prophylaxis Awareness and Willingness to Use Among Women Who Use Drugs in the United States: A Systematic Review and Meta-analysis.” AIDS Behav. October 2019; 23(10):2641-2653.

PubMed, <https://pubmed.ncbi.nlm.nih.gov/31297684/>

Recommended ICD-10-CM Codes

Pre-Exposure Prophylaxis

PrEP- Related Codes – Initial Visit

Coding for:	ICD-10 Code	Description
Visit	Z20.6	Contact with and (suspected) exposure to HIV
	Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Initial Tests	Z01.812	Encounter for pre-procedural laboratory examination (Applicable to blood and urine tests prior to treatment or procedure)
	Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
	Z11.4	Encounter for screening for human immunodeficiency virus
	Z11.59	Encounter for screening for other viral diseases

Recommended ICD-10-CM Codes

Pre-Exposure Prophylaxis

PrEP- Related Codes – Second and Subsequent Visits

Coding for:	ICD-10 Code	Description
Visit and Tests	Z20.6	Contact with and (suspected) exposure to HIV
	Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
	Z78.899	Contact with and (suspected) exposure to potentially hazardous body fluids
	Z20.5	Contact with and (suspected) exposure to viral hepatitis



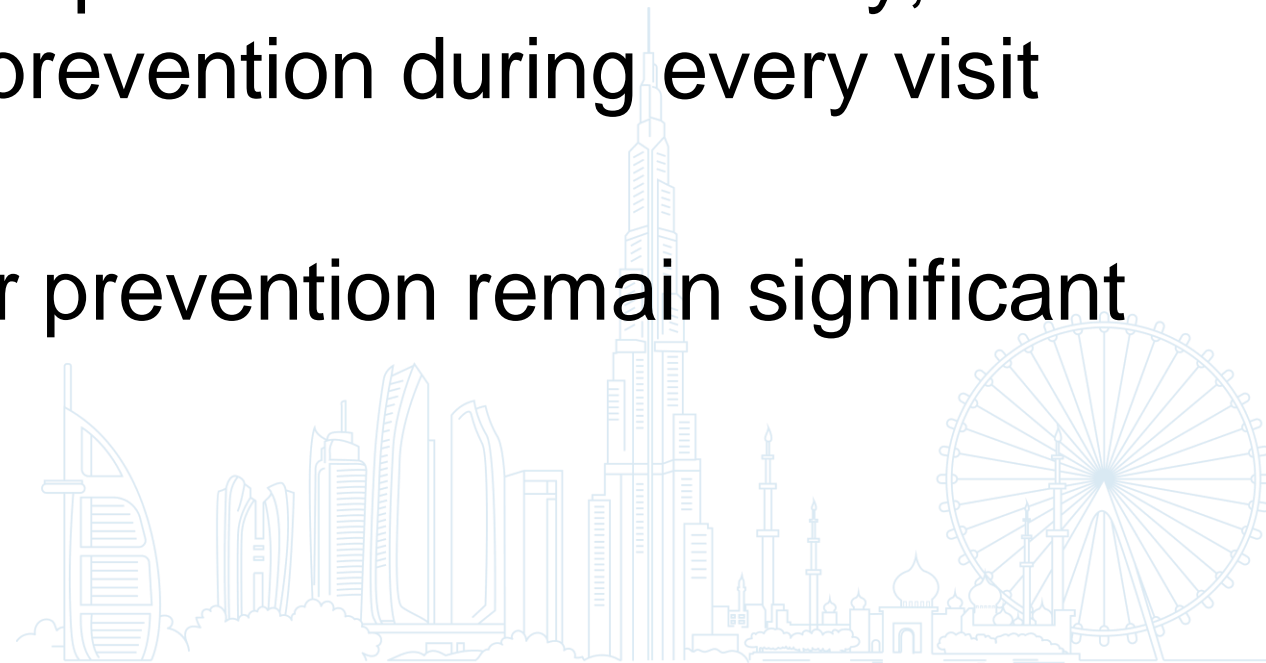
SUMMARY





Barriers

- Practicalities of organizing staff and practice to implement systematically
- Reaching affected patients in practice or community; limited systems to address prevention during every visit with every patient.
- Time and reimbursement for prevention remain significant issues that need improving.





Practice Recommendations

Date	Topic	Grade
April 2023	Skin Cancer: Screening	I
May 2023	Latent Tuberculosis Infection in Adults: Screening	B
June 2023	Depression and Suicide Risk in Adults: Screening	B,I
June 2023	Anxiety Disorders in Adults: Screening	B,I
August 2023	Folic Acid Supplementation to Prevent Neural Tube Defects: Preventive Medication	A
August 2023	Prevention of Acquisition of HIV: Preexposure Prophylaxis	A
September 2023	Hypertensive Disorders of Pregnancy: Screening	B



Thank You

KIRK KERKORIAN
SCHOOL OF MEDICINE



**DEPARTMENT OF FAMILY &
COMMUNITY MEDICINE**

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Bellagio Resort, Las Vegas



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EFMS



7th EMIRATES FAMILY MEDICINE SOCIETY CONGRESS 2024

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