

MEETING AGENDA

VIRTUAL:

Wednesday, February 26th, 2025

2:30 p.m. – 4:30 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes Prevention Committee (January 22, 2025)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Presentation
 - Understanding psychosocial and behavioral constructs related to PrEP interest among trans-masculine people assigned female at birth
- ◆ Discussion Item
 - Co-Chair Nomination
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

Please contact the office at least 5 days in advance if you require special assistance.

The next Prevention Committee/Comprehensive Planning meeting is

March 26th, 2025 2:30 - 4:30

Office of HIV Planning, 340 N. 12TH Street, Suite 320,
Philadelphia, PA 19107

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**Prevention Committee
Meeting Minutes of
Wednesday, January 22nd, 2025
2:30 p.m. – 4:30 p.m.**

Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Veronica Brisco, Keith Carter, James Ealy, Dena Lewis-Salley, Loretta Matus, Juju Myahwegi, Erica Rand, Clint Steib, Mystkue Woods

Guest: Bill Pearson, Jackson Suplita

Staff: Sofia Moletteri, Debbie Law, Mari-Ross-Russell, Kevin Trinh

Call to Order/Introductions: D. Surplus asked everyone to introduce themselves and called the meeting to order at 2:35 p.m.

Approval of Agenda:

D. Surplus referred to the January 2025 Prevention Committee agenda and asked for a motion to approve. **Motion:** K. Carter motioned; J. Ealy seconded to approve the January 2025 Prevention Committee agenda via Zoom poll. **Motion passed:** 6 in favor, 1 abstained. The January 2025 agenda was approved.

Approval of Minutes (November 21st, 2024):

D. Surplus referred to the November 2024 Comprehensive Planning Committee/Prevention Committee Meeting minutes. V. Brisco said her attendance was not recorded. C. Steib said he was excused from the meeting. **Motion:** K. Carter motioned; J. Ealy seconded to approve the amended November Comprehensive Planning Committee /Prevention Committee meeting minutes via a Zoom poll. **Motion passed:** 6 in favor, 2 abstained. The amended November 2024 minutes were approved.

Report of Co-chairs:

None.

Report of Staff:

S. Moletteri said they would be facilitating today's Prevention Committee. T. Dominique could not attend the meeting but had created a slideshow for S. Moletteri to present.

They announced that next month, the Prevention Committee would have a presentation on transmasculinity and Pre-Exposure Prophylaxis (PrEP).

S. Moletteri explained that last year, the Prevention Committee hosted an icebreaker event during Valentine's Day. S. Moletteri asked the committee if they wanted to have the event again and, if so, at what time. C. Steib, who attended last year, enjoyed the event and would be open to attending during lunch hours. The committee agreed that they would have the event during

lunchtime. K. Carter suggested they invite all of the HIV Integrated Planning Council (HIPC) members instead of the exclusively Prevention Committee members.

Presentation:

-Review of Epi Update-

S. Moletteri said the presentation was created to prepare the committee for Priority Setting. The Comprehensive Planning Committee (CPC) initiated the Priority Setting process last week. The process was an opportunity for the community to give their input on what services they deemed critical to community care. The process required the presentation of data so committee members could make informed decisions. The presentation today was a recap of the April 2024 Epidemiological Update initially prepared and presented by the Division of HIV Health (DHH). They welcomed any questions during the presentation and would forward questions to T. Dominique or M. Ross-Russell if they did not have an answer.

The first chart on the presentation depicted the number of newly diagnosed HIV cases from 1985 to 2022 in Philadelphia. There were 382 newly diagnosed cases in 2022. 58.6% of cases were Non-Hispanic (NH) Black individuals, 19.9% were Hispanic/Latinx individuals, and 17% were NH White individuals. The largest proportion of new cases were among those assigned male sex at birth (74%), people aged 30-39 (35.3%) and men who had sex with men (MSM) (51%). The proportion of individuals concurrently diagnosed with HIV/AIDS in 2022 was 18.6% compared to 19.7% in 2021.

The next chart was a bar graph presenting information about newly diagnosed HIV cases by race and ethnicity in Philadelphia in 2022. NH Black individuals had the highest HIV cases and case rate at 224 new cases and 37.2 cases per 100,000 population. In 2022, there were 76 new cases amongst Hispanic/Latinx individuals and 65 cases amongst NH White individuals. S. Moletteri then reviewed a chart depicting the number of perinatal HIV Transmissions between 2005 to 2022. Between 2020 to 2022, the number of perinatal transmissions had remained stable at 1 case per year.

S. Moletteri reviewed data from 2021 on the next slide. There were 653 HIV cases diagnosed across the eligible metropolitan area (EMA) during 2021, and over 56% of the cases had occurred in Philadelphia. 21% were considered late diagnoses. The highest proportion of late diagnoses were among those who were assigned male sex at birth, NH Black individuals, those over the age of 30, and MSM.

For the presentation, T. Dominique had prepared questions for the members to consider. The questions were as follows:

- What efforts are being done or that you would suggest to combat late HIV diagnosis? Specifically in the PA counties?
- What things could mitigate NH Black individuals aged ≥ 30 and MSM from the highest proportion of late diagnoses?
- What other things stood out in the previous slides you have questions about for DHH.

J. Ealy commented that, based on his many years of experience, it was alarming to see many were unaware of PrEP despite it being relatively inexpensive and accessible. He shared his experience where he was not asked about PrEP because his doctor had assumed he was not sexually active due to his age. He said they needed to change the paradigm of how care was given due to assumptions. J. Ealy had noticed there was also hesitation around discussing sexuality. He believed it was common for a doctor to feel uncomfortable discussing sexuality and feared that the upcoming political landscape would only exacerbate this cultural issue. K. Carter said they should put more effort into PrEP education. C. Steib said he had worked at health fairs before and was surprised to find there were people who were unaware of PrEP.

S. Moletteri said they would move to discuss the second question. K. Carter and J. Ealy said there was a culture where sexuality was not discussed. C. Steib said it seemed that more education for providers would alleviate the situation. J. Myahwegi asked about a stand-alone order where PrEP could be picked up at any pharmacy. D. Surplus said there were states that offered this but Pennsylvania was not one of those states. She had advocated for this but progress was difficult. C. Steib asked if she could provide the names of states who did have this and how they were able to achieve their level of access. D. Surplus said she would help find this information. M. Ross-Russell wondered if this would fall under the purview of the AIDS Education Training and Center. C. Steib believed that it would fall under their purview and suggested asking them that question. H. Shaw said DHH offered PrEP technical assistance and training on an ongoing basis by request - providers could email preventHIV@phila.gov for this training. C. Steib asked if this was for only DHH-funded programs or for any provider. H. Shaw replied that this service could be used by anyone.

J. Ealy shared a story wherein he had to educate the medical staff about PrEP. He felt it was concerning that he had known more about PrEP than his providers in some instances. He acknowledged that many HIV transmissions occurred because people were unaware of preventative medication. M. Ross-Russell asked if providers were entering the person's sexuality information into their electronic medical record (EMR). H. Shaw said each provider should be asking questions about the patient's sexual history but it was ultimately dependent on the provider.

S. Moletteri provided the committee with a line graph depicting newly diagnosed cases in 2021 in the EMA. The graphs depicted information based on race, sexuality and drug use. The number of new cases for NH Black individuals had remained stable from 2019 to 2021. The number of cases for NH White individuals had increased from 22% to 25%. The number of cases for Hispanic individuals had decreased slightly from 16% to 15%. The trend for MSM had decreased slightly by 1% from 2019 to 2021. For heterosexual individuals, the trend had decreased from 23% in 2019 to 21% in 2021. PWID represented the most significant decrease from 14% in 2019 to 10% in 2021.

In the next slide, S. Moletteri spoke about people with diagnosed HIV (PWDH) in 2022. 18,658 PWDH were living in Philadelphia in 2022. The largest proportion was among people who were assigned male at birth (72.3%), those aged 50+ (56.2%), and MSM (39.8%). 63.2% of PWDH were NH Black individuals. 16.5% of PWDH were Hispanic/Latinx and 16.3% were NH White

individuals. HIV prevalence was the highest for Black MSM at a rate of 30,785 per 100,000 people.

S. Moletteri reviewed Hepatitis coinfection data from 2022. They said that 13.98% of PWDH were coinfecting with Hepatitis C (HCV). HCV coinfection was the highest among PWID (36.8%) and those aged 50+. 4.5% of PWDH were coinfecting with Hepatitis B (HBV). HBV coinfection was higher among those assigned male sex at birth (4.8%) and PWID (6.7%) or PWID/MSM (4.9%).

S. Moletteri then introduced more questions prepared by T. Dominique. The questions were as follows:

- The increase in PWID was prior to the new administration's policies, do you think those numbers will increase or decrease and if so throughout the EMA or within certain regions?
- Slight decreases in newly diagnosed in MSM and HET populations post covid are those numbers still holding true? If so, what is working?
- Did the hepatitis co-infection numbers go up or down in comparison to previous years?
- How are the co-infection rates impacting care (access to care, viral suppression, etc)?

C. Steib said it was difficult to predict the effect of the new mayoral administration since they had only recently been placed in office. He wondered if the new facility the mayor plans to open would have a significant impact. J. Ealy wondered if people were offered Hepatitis C care and whether it was documented. If they did not know the answer, J. Ealy said he could find the answer from his meeting on Friday with the Hep Free PA Coalition. M. Ross-Russell said that based on her memory, the information had been collected.

S. Moletteri asked the committee members about their thoughts on the fourth question. J. Ealy believed that with treatment, a patient's care was impacted in a positive way. K. Carter said that testing for Hepatitis C was important and should be provided and documented as a part of the patient's sexual history.

The National HIV Behavioral Surveillance (NHBS) had begun in 2019 and completed its pilot cycle in February 2020. It was a survey that had conducted 220 qualitative interviews with participants from various backgrounds. The average age of a survey participant was 35. As for the demographic breakdown, 64% of respondents were NH Black, 18% were Hispanic/Latinx, and 10% were NH White. 47.3% of respondents self-reported that they were HIV positive. The survey collected social determinants of health which helped surveyors determine factors that may be related to HIV transmission. These factors included unstable housing (31%), living below the federal poverty line (FPL) (62%), discrimination (36%), abuse (40% verbal; 19% physical).

S. Moletteri reviewed the data on PWDH in the EMA in 2021 by county. There were 27,421 PWDH in the EMA. They lived in Philadelphia County (67.5%), Delaware County (7.8%), Camden County (6.6%), Bucks County (4.8%), and Montgomery County (4.7%). The largest proportion among PWDH were those who were assigned male sex at birth (70.6%), those aged 50+ (56.9%), and MSM (39.3%). In terms of Race and Ethnicity, the largest proportion of

PWDH were NH Black (57.4%) individuals followed by Hispanic/Latinx (16.3%) and NH White individuals (21.6%).

S. Moletteri compared the Philadelphia Care Continuum data from 2021 to 2022. They noted that linkage to care had decreased in 2022 from 81.4% to 77%. Receipt of care had increased from 64.2% in 2021 to 66.3% in 2022. Retention had increased from 43.7% to 45.5%. Viral suppression had increased from 55.7% to 57.3%. S. Moletteri noted that while retention had decreased, the other measurements had increased.

Among PWDH with evidence of care in the past 5 years, the survey measured receipt of care, retention in care, and viral suppression. From 2021 to 2022, receipt of care had increased from 80.8% to 85.1%. Retention had increased from 55% to 58.4%. Viral suppression had increased from 70.1% to 73.5%. S. Moletteri then reviewed a bar graph comparing the care continuum of the EMA to the national data. The graph showed that Philadelphia had a lower percentage than the national average in linkage to care, received care, retained in care, and viral suppression.

S. Moletteri presented the committee with some additional questions:

- NHBS Cycle Transgender women the factors identified that may be related to HIV transmission. How do you think they are similar or different from other populations?
- In the EMA data, what would you like more info on?
- Has any of the data thus far helped you identify a priority population, service, factor, barrier to consider/address for treatment as prevention?

M. Woods said there was not much conversation about cisgender and bisexual women and HIV medications. She said bisexuality in general was not researched enough.

Data was recorded on PrEP Indication by Transmission and Race/Ethnicity in 2022. M. Ross-Russell said that the data presented here were estimates. S. Moletteri quickly read through the chart and highlighted the number of people who were HIV negative and at risk and the number of people with a PrEP indication.

PrEP awareness and discussions about PrEP usage were the highest among transwomen. PrEP adherence was the highest among MSM. At-risk heterosexuals and PWID reported the lowest levels of awareness and fewer conversations about PrEP. Less than half of all MSM, PWID, and heterosexuals discussed PrEP with their provider in the last year.

M. Woods said that as PrEP navigators, she found there were many who feared that PrEP would interact with their other medications negatively or that side effects would show up later in life. Many believed that PrEP was reserved for a specific population.

Any Other Business:

None.

Announcements:

K. Carter reminded the committee that the Aging with HIV Symposium was to be hosted at the DoubleTree Hotel on February 20th and the 27th. He said the event on the 20th had an option to attend in-person and virtually.

Adjournment:

C. Steib called for a motion to adjourn. **Motion: K. Carter motioned, J. Ealy seconded to adjourn the January Prevention Committee meeting. Motion passed:** Meeting adjourned at 4:39 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- January 2025 Prevention Committee Meeting Agenda
- November 2024 CPC/Prevention Committee Meeting Minutes