

**Philadelphia HIV Integrated Planning Council  
Prevention Committee  
Meeting Minutes of  
Wednesday, September 28, 2022  
2:30 p.m. – 4:30 p.m.**

Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 320, Philadelphia PA, 19107

**Present:** Keith Carter, Jeffery Haskins, Loretta Matus (Co-Chair), Clint Steib (Co-Chair), Desiree Surplus

**Guests:** Emily McNamara (AACO)

**Staff:** Beth Celeste, Sofia Moletteri, Mari Ross-Russell

**Call to Order:** C. Steib called the meeting to order at 2:36 p.m.

**Welcome/Introductions:** L. Matus welcomed everyone.

**Approval of Agenda:**

L. Matus called for a motion to approve the agenda. **Motion:** K. Carter motioned, J. Haskins seconded to approve the agenda. Motion passed: 4 in favor, 1 abstaining.

**Approval of Minutes:**

C. Steib called for a motion to approve the meeting minutes from August 24, 2022. C. Steib noted corrected the spelling to ViiV, adding that the company only focused on HIV medications. **Motion:** K. Carter motioned to approve the amended August 2022 Prevention Committee meeting minutes, L. Matus seconded. Motion passed: 4 in favor, 1 abstaining.

**Report of Co-Chairs:**

No report.

**Report of Staff:**

M. Ross-Russell reported that OHP staff was still entering the 2022 Consumer Surveys into the system. Staff was trying to enter the surveys as quickly as possible since the results would be part of the needs assessment information within the 2022-2026 Integrated Prevention and Care Plan.

M. Ross-Russell also reported that there was discussion around city protocol for COVID-19. Recently, information came out explaining that similar protocol to earlier pandemic practices should continue—e.g. double masking for unvaccinated individuals, masking for all, etc.

M. Ross-Russell noted that OHP was still figuring out how they could incorporate hybrid practices. M. Ross-Russell reconfigured the tables in the conference room to try to optimize space and simultaneously abide by social distancing practices—they went from about 25 to 30 tables, meaning 30 people could participate since there would be one person per table. L. Matus asked about the dimensions. S. Moletteri said the room was deeper than it was wide. M. Ross-Russell noted that even if they flipped the setup of the room, they would have to figure out how to project Zoom in a hybrid scenario.

### **Discussion Items:**

#### **— *Committee Structure/Focus* —**

M. Ross-Russell said that Prevention Committee last had a structure/focus conversation in September 2020. They had discussed whether they should reconsider their structure and how it related to their bylaws and other activities. She said the language in the bylaws was somewhat generic. The committee had knowledge, background, and understanding around prevention issues. With their strengths in mind, they should determine the focus of the committee before assembling a work plan.

S. Moletteri added that their previous work depended a lot on the prevention portion of Integrated Plan. They were no longer monitoring the plan that ended in 2021. The new plan was in the works, so they did not have much material to go over yet. M. Ross-Russell added that the current Integrated Plan was written and created by AACO. HIPC would provide input starting in what was likely October. They would review the goals and objectives in a similar manner to how they reviewed the last plan.

K. Carter asked if they should use the EHE (Ending the HIV Epidemic) plan as a framework for their committee structure. M. Ross-Russell said they could look to HNSP (the HIV National Strategic Plan) to craft a work plan and find out strategies and activities of importance to prevention. L. Matus noted that they would also soon have the Consumer Survey information from AACO regarding the local HIV plan. She asked that this information be part of their work plan.

K. Carter asked that they look at the local EHE plan—specifically Pillar 3—as the starting point. L. Matus agreed, saying they could look at linkage to nPEP and PrEP while also monitoring phillykeeponloving’s progress.

C. Steib suggested that once the Integrated Plan was completed, they could look at the prevention-related activities. As part of their evaluation of the plan, they could go through all the

prevention activities, combine them, and look at responsible parties to request updates. In doing so, they could focus on offering recommendations. The committee could also prioritize activities based on the timeframe of each activity. K. Carter asked if they would do this with EHE as well. M. Ross-Russell said they could do both since EHE also had timeframes. It was likely that timelines for the Integrated Plan might be further out and harder to prioritize since the plan extended to 2026.

L. Matus asked to also receive updates/feedback on home test kits. She considered the importance of the opioid epidemic as a topic of discussion as well. M. Ross-Russell noted that there was now another substance within Philadelphia's Fentanyl supply that was causing overdoses. S. Moletteri mentioned that this substance was called Xylazine.

K. Carter said he recently read an article about this—he would send it to the group. C. Steib heard that Xylazine was also used as capsules. K. Carter also mentioned the use of Isotonitazene, called ISO, a synthetic opioid. J. Haskins heard that some of the substances were now made colorful and looked like candy. Unfortunately, some children were obtaining them, thinking they *were* candy. J. Haskins mentioned that the combinations of these substances—Fentanyl, Isotonitazene, and Xylazine—was very dangerous.

K. Carter explained how the concern was that Narcan was not very effective on the synthetic opioids. He mentioned how there was a new form of Narcan which possibly could be more effective. He was unsure of the details of this new product. J. Haskins said there was an account of a person who received this new Narcan after a synthetic opioid overdose. It was effective for this one person, and it was important for people to be trained on how to administer Narcan. M. Ross-Russell said that Xylazine caused people to become very drowsy, and the combination of both Fentanyl and Xylazine was extremely dangerous. J. Haskins said that CPR was important to use on those who overdosed on Xylazine. S. Moletteri put the link for the article in the Zoom chat box.

M. Ross-Russell asked if she should generate a to-do list based off their conversation. Everyone agreed.

K. Carter asked if they should create an emergency prevention strategy on emergent viruses (e.g. MPX (Monkeypox) and COVID). C. Steib liked the idea of crafting a strategy for any other emergent viruses. K. Carter said there was so much difficulty with COVID response. This difficulty arose once again with the response to MPX. They needed to have a plan of action in case anything else cropped up.

M. Ross-Russell asked if there was anything else they should add to the work plan. L. Matus recalled how HIPC/Finance Committee received finance-related reports from AACO about programs. She asked if Prevention could receive this information for prevention-related activities/programs as well. M. Ross-Russell said this was unlikely at the current moment, because when the city altered roles and responsibilities for the HIPC after integration, money was never included in this discussion. M. Ross-Russell asked if the committee wanted her to inquire about receiving funding information for prevention services within the City of Philadelphia. C. Steib felt this would be good information to have. K. Carter agreed that it would be useful even if they did not fund prevention. L. Matus added that they would not need this information too often and only occasional updates would suffice.

M. Ross-Russell repeated back what she had written down for upcoming presentations: EHE updates on activities and outcomes, PhillyKeepOnLoving successes for nPEP and PrEP, and prevention services/activities currently funded. She mentioned how the committee also asked for reports on home test kits and updates on the opioid epidemic. S. Moletteri also mentioned the Consumer Survey and HNSP. M. Ross-Russell said these would be updates, not presentations, but she would still include them on the list.

C. Steib asked for more information on biomedical interventions and their progresses, specifically for PrEP/ART injectables. K. Carter asked if focus on marginalized groups would cause them to miss other individuals, specifically those who were heterosexual and White. C. Steib agreed, saying that women could often be left out within prevention strategies. He suggested they keep their eye on emerging populations, even if they were not populations of focus. They needed to make sure that everyone was informed about PrEP.

K. Carter and C. Steib noted how populations of focus could differ from zip code to zip code. K. Carter also mentioned that PrEP could be for everyone, and that people could start or stop depending on their relationship status or current behavior/need. K. Carter suggested they parking-lot this specific issue since their work plan was quite full. C. Steib agreed, saying they could just keep an eye on this. L. Matus agreed, noting that they could promote PrEP as an option for everyone. C. Steib added that they needed to keep their eye on the laws around prevention medication, such as the proposed bill in Texas which would not require insurance companies to cover HIV prevention services.

#### **Other Business:**

None.

#### **Announcements:**

C. Steib reminded everyone of AIDS Walk on Monday, October 16<sup>th</sup>.

**Adjournment:** C. Steib called for a motion to adjourn. **Motion:** K. Carter motioned, L. Matus seconded to adjourn Prevention Committee meeting. **Motion passed:** all in favor. Meeting adjourned at 3:34 p.m.

Respectfully Submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- September 2022 Prevention Meeting Agenda
- August 2022 Prevention Meeting Minutes