

**VIRTUAL: Prevention Committee
Meeting Minutes of
Wednesday, January 25th, 2023
2:30 p.m. – 4:30 p.m.**

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

Present: DJ Jack, Loretta Matus (Co-Chair), Luis Otaño Erica Rand, Clint Steib (Co-Chair), Desiree Surplus

Guests: Brian Hernandez (AACO), Emily McNamara (AACO), Javontae Williams (AACO), Toyin Olubiyi (AACO), Bill Pearson (AACO)

Excused: Keither Carter

Staff: Tiffany Dominique, Sofia Moletteri, Kevin Trinh

Call to Order: C. Steib called the meeting to order at 2:35 p.m.

Introductions: T. Dominique asked everyone to introduce themselves.

Approval of Agenda:

C. Steib referred to the January 2023 Prevention Committee agenda and asked for a motion to approve. **Motion:** L. Matus motioned; C. Steib seconded to approve the January Prevention Committee agenda. **Motion passed: 7 in favor.** The January 2023 agenda was approved.

Approval of Minutes (September 28th, 2022):

C. Steib referred to the September 2022 Prevention Committee minutes. **Motion:** C. Steib motioned; L. Matus seconded to approve the September 2022 meeting minutes and Agenda via a Zoom poll. **Motion passed: 7 in favor.** The September 2022 Minutes are approved.

Report of Co-chairs

L. Matus and C. Steib did not have a report.

Report of Staff

S. Moletteri said M. Ross-Russell would not be present today because she was on vacation. S. Moletteri encouraged the committee to attend the HIV Integrated Planning Council (HIPC) meeting since new members would be present. The meeting was on February 9th, 2023.

Discussion Item:

-Recap of 2022 Prevention Committee Activities-

T. Dominique provided a brief overview of the previous Prevention Committee meetings. The Prevention Committee had met 7 times in the previous 12 months. In January, J. Williams from AIDS Activities Coordinating Office (AACO) presented information about EHE as well as the challenges related to COVID-19. She reported that he spoke about the restructuring of AACO's prevention program. There was also a discussion about community surveys.

In February, the committee spent time discussing the Situational Analysis, the Integrated Plan, and the challenges of expanding the Integrated Plan to all 9 counties instead of just Philadelphia. Additionally, they talked about the Prevention Committee focus which prioritized Pillars 1 and 2: Diagnose and Prevent of the EHE. In March, the committee had a recap of the Integrated Plan and decided to finalize the Plan by December 2022. The committee also discussed Prevention Committee priorities and tasked each other to review the sections of the Integrated Plan.

In May, there was an update on the Pre-Exposure Prophylaxis (PrEP) work group and the plan created in 2019. J. Williams led the discussion regarding what parts of the plan had worked and what needed to be changed. There was much discussion about injectable PrEP and how minority populations deal with it. There were also questions about the acceptance of PrEP, and interactions between injectable PrEP and injectables for substance-abuse disorders.

The September meeting involved a discussion about the structure of Bylaws, recruitment, and work plans. The committee discussed how to develop emergency prevention strategies for emergent viruses. The committee used COVID-19 and Mpox as their examples. The committee had discussed watching emergent populations who were not in the Ending the HIV Epidemic (EHE) Plan or the Integrated Plan. The committee discussed the EHE plan update, PrEP update, report on home test kits, and report on the opioid epidemic.

Presentation:

-Report on Home Test Kits-

T. Dominique introduced J. Williams who would be giving a presentation on PhillyKeepLoving and the report on the home test kits. J. Williams said PhillyKeepOnLoving is a website and a sexual awareness online platform. The website is the first step toward the HIV Self-testing program. J. Williams said the website is a work in progress. The website promoted sexual wellness and provided resources to promote healthy sexual health such as condoms and

lubricants. J. Williams emphasized that the website is for all Philadelphians and not just PLWH. He said AACO is looking to expand the key features of the program such as HIV self-tests to the collar counties surrounding Philadelphia. The website has information about PrEP and HIV testing directories as well as educational pages for Nonoccupational HIV Postexposure Prophylaxis (nPEP) and Telemedicine Pre-Exposure Prophylaxis (TelePrEP).

J. Williams introduced B. Hernandez who spoke next. B. Hernandez explained that PhillyKeepOnLoving was able to provide HIV self-tests thanks to the partnership with 16 community-based organizations (CBO). B. Hernandez said that to receive an HIV test kit, the person must be at least 17 years old, reside in Philadelphia County, and must not have received a kit in the last 3 months.

PhillyKeepOnLoving distributed the OraQuick In-Home HIV Test, a 20-minute test that uses saliva and other oral fluids to detect HIV. OraQuick was the first FDA-approved oral swab in-home test for HIV-1 and HIV-2. The test typically cost \$36 but AACO would provide it for free to recipients. Each test kit would include step-by-step instructions, an oral swab stick, and 2 information booklets on testing.

B. Hernandez warned that the test was only a screening tool and does not replace community testing. Supplemental testing should be done if the person tested positive or had invalid results.

There were two ways to receive testing: mail order and through a partnered CBO. B. Hernandez gave instructions on how to order the test online. Once the person has submitted their request, AACO screened the person for eligibility and B. Hernandez ships the test in a discreet box if approved. The test was shipped to the person in about 5-10 business days to arrive at the destination. B. Hernandez said mail orders could be completed by the person or they can request help from a CBO provider to fill out the form on their behalf.

Each order would come with an OraQuick HIV Test, instructions, and a card explaining the test results. If the test was negative, the person would be advised to get connected to PhillyKeepOnLoving to learn about PrEP and other preventative options. If there is a positive test, the person would be advised to meet with their healthcare provider or health center for a confirmatory test. B. Hernandez said the other method to obtain an HIV test would be to contact a CBO staff member, who would provide the necessary information and then provide the test kit.

B. Hernandez said AACO partners with many organizations. One of the most recent organizations to form a partnership with AACO was the Division of Disease Control Covid Resource Hub. B. Hernandez described the steps by which a CBO can form a partnership with AACO. First, the CBO's representative would need to meet with B. Hernandez to review AACO's self-testing program and discuss their role and responsibility as a CBO partner. Next, they would need to

create an outreach plan and a memorandum of understanding. Once AACO staff reviewed all the materials, AACO would allow the CBO to go forward with their plan.

On the next slide, B. Hernandez reported on the data gathered from HIV self-test kits. From January 2021 to June 2022, AACO supplied 25,000 self-test kits to their CBO partners. AACO supplied over 2,000 self-test kits to each CBO. During this period, consumers ordered 1,064 self-test kits online. An additional 864 self-test kits were picked up by consumers at CBO agencies.

B. Hernandez continued on the demographics portion of the presentation and stated that he was only going to give a broad overview of the information. He said that most people who requested a test identified as male. Most people said that they had tested for HIV previously before they had tested 1 to 6 months ago. A majority of requests came from individuals who were African Americans and most were over the age of 25. Based on this information, B. Hernandez concluded that they were reaching their target demographic. S. Moletteri asked a question about the demographics charts. They asked if the 47% orange portion of the circle graph represented the population over the age of 25. B. Hernandez responded yes.

B. Hernandez noted he did not review the individual test results of the self-test kits. Historically, AACO has viewed the self-test kit program as a sexual wellness product in the same way as condoms and lubricants. The self-test kits were a tool to facilitate testing and destigmatize HIV testing. He amended that it does not mean AACO neglect finding the causes and determinants of HIV. B. Hernandez reaffirmed that they were committed to working with their CBO partners to improve their data quality and collection. B. Hernandez said AACO would transition their program to find more linkages and to better understand why an HIV test would be reactive.

B. Hernandez explained that some people still worried PrEP would have serious consequences on hormones and birth control. He reaffirmed that PrEP would not affect fertility rates, miscarriage rates, or other serious side effects. B. Hernandez noted that providers generally do not discuss PrEP with their female patients enough and stated once again that PrEP benefits everyone including women.

B. Hernandez reported the patient outreach data given by the Albert Einstein Medical Center (AEMC) from January 1st. B. Hernandez said the program has had 274 patient outreaches since the program had launched. AEMC defined patient outreaches as any time the patient interacted with the program by chatting, sending a text request, self-scheduling, and any external or internal referrals. B. Hernandez said there were 35 people who were considered enrolled and they were patients who had been scheduled and were followed by the navigator. 31 patients were considered active patients, meaning they had completed a lab test and a visit. 14 patients have PrEP scripts. These were patients who had completed a visit and had a set script given to them by the pharmacy. 11 patients were considered initiated. They were patients who had received

their medication and were using it. B. Hernandez stated 17 patients have completed labs or visited but not both. He then said 3 patients have been treated for STIs. Of the 274 patient outreaches, 18 (7%) people had self-scheduled, 116 (42%) people had scheduled through the web chat feature and 140 (51%) people had scheduled their appointment through text request.

B. Hernandez concluded his part of the presentation and introduced E. McNamara to speak about the nPEP Center of Excellence (COE). E. McNamara showed the homepage for nPEP and displayed the screens that a user would see. AACO's goal is to reduce new HIV infections by 75% over years through the 4 pillars: diagnose Philadelphians as soon as possible, treat people with HIV quickly and effectively, prevent new transmissions by promoting PrEP, PEP and syringe services, and respond quickly to HIV outbreaks.

E. McNamara said that AACO modeled its program based on New York City's nPEP program. New York City's nPEP program reported that only 34% of notified partners of people newly diagnosed with HIV were aware of nPEP as an option for preventing HIV transmission. In Philadelphia, E. McNamara reported that among men who have sex with men, 20% reported taking nPEP at some point in the prior year. E. McNamara concluded that those who need PEP the most may not be aware that it is an option.

E. McNamara stated that the main goals of the nPEP program were to prescribe treatment for 100% of Philadelphians for whom PEP is indicated. Among the nPEP COE patients, AACO hoped that 75% would transition to PrEP.

The nPEP COE consists of a 24/7 PEP hotline operated by Penn Medicine and 3 physical clinical sites. E. McNamara emphasized that the nPEP services were for those who were exposed to HIV outside of their workplace and funding was restricted to helping those who live or were exposed in Philadelphia. E. McNamara said AACO intends to streamline the patient-centered workflow for business and after-hours. E. McNamara said that the COE was staffed by medical and navigation staff who were experienced in providing PrEP care. E. McNamara assured that the medical and navigational staff were aware of other services and had the ability to refer patients to other organizations such as Philadelphia FIGHT's Youth Health Empowerment Project, (YHEP), Prevention Point Philadelphia (PPP), and Walgreens.

E. McNamara described the patient workflow. First, the patient is exposed to HIV. The patient contacts the PEP hotline and speaks with the Prevention Coordinator. The coordinator would ask questions about the patient's risk of contracting HIV. The coordinator also asks questions regarding whether there was sexual assault. E. McNamara said that if the patient was available during the call, the coordinator can schedule a same-day visit to a clinical or PEP screening lab. If the patient is not available, the clinician would electronically prescribe PEP and a lab test as soon as the patient can. The patient would then pick up their prescription at the pharmacy of their

choice. The Prevention Coordinator would contact the patient to confirm that they had picked up their prescription and would up in the next weeks to ensure the patient follows adherence to the prescription. Before the 4-week appointment, the Prevention Coordinator contacts the patient to review the patient's progress. If everything is well, the Prevention Coordinator schedules an HIV screening and transitions the patient to the care of the PrEP Navigator.

Since the beginning of the 24/7 PEP hotline, AACO has received 82 calls. 50 calls were eligible for PEP. From that sample, 48 were prescribed PEP. E. McNamara explained that not all calls qualified for PEP and gave some reasons why some calls did not qualify. The reasons included the caller living outside of Philadelphia, being exposed at work and not meeting CDC eligibility criteria. Other callers simply wanted more information about PEP.

E. McNamara reported the successes that the program had been seeing. AACO data showed that call volume had been increasing. E. McNamara attributed this to indirect advertising. From April 2022 to September 2022, AACO received 10 calls. E. McNamara said this had changed when they created the nPEP website and began advertising for TelePrEP. E. McNamara concluded that advertisements from AACO's other programs had increased the call volume to account for the other 72 calls. E. McNamara was content that the AACO outreach had led to patients receiving the medicine that they needed. E. McNamara attributes the program's success to collaboration with Penn Medicine.

The program was not without its challenges. E. McNamara said AACO needed to fill two positions: full-time coordinator and part-time navigator. The part-time navigator position had been vacant from April 2022 to January 2023. E. McNamara said the new staff member had been very helpful since the full-time coordinator position had been vacant recently in October 2022.

Pharmacies were another challenge AACO faced. E. McNamara informed the committee that many of the pharmacies did not have the medicines in stock. E. McNamara said that the navigator would have needed to step in and find the medicine at a pharmacy that was convenient for the patient. Additionally, insurance policies can present a challenge because insurance plans typically have strict requirements. E. McNamara said that navigators spend much time guiding patients through the legalities of their insurance plans.

Lastly, one of the goals AACO had was to create a memorandum of understanding with a pharmacy. One of the requirements at the start of the program was to have each pharmacy provide the patient with a free PEP starter pack. AACO had reached out to many 24-hour pharmacies in Philadelphia but had difficulty finding one that would meet this requirement. AACO then received feedback from the COE staff in July 2022 and decided to waive this requirement. Once the requirement was waived, AACO was able to form an agreement with Walgreens.

E. McNamara went on to the future goals of PhillyKeepOnLoving. E. McNamara said they were looking into finalizing the pharmacy agreement and looking into options for prescription delivery to remove patient barriers. Additionally, AACO worked on creating a formal advertising plan and timeline which included an email announcement series to their providers, distribution of print specific to the nPEP COE, and advertisements on various social media. Lastly, AACO planned PEP provider workgroups to increase knowledge of PEP knowledge among different providers to expand the reach of PEP efforts.

E. McNamara turned the presentation to T. Olubiyi to speak about AACO technical assistance. T. Olubiyi explained that technical assistance provided ongoing content-based assistance for clinical providers. AACO achieved this goal through the distribution of educational materials, engagement and maintenance of provider relationships, and evaluation of provider services. T. Olubiyi said this assistance was important because they provide opportunities in sharing best practices with providers through peer-to-peer facilitation. For example, T. Olubiyi said AACO hosts a forum where providers can meet and ask each other questions. AACO supported clinical teams that provide PrEP through the assessment of program functionality as well as fostering collaborative opportunities.

T. Olubiyi went on to describe how technical assistance was provided. T. Olubiyi explained that AACO provides on-site or virtual training. AACO gave presentations to internal and external stakeholders on PrEP. AACO also provided consultation calls to providers on a one-on-one basis to keep them updated on the current PrEP updates and technologies. T. Olubiyi said that AACO designs educational materials for their providers with up-to-date information such as brochures, flyers, and pamphlets.

T. Olubiyi explained how AACO expanded its network. She explained that AACO reached out to clinical providers, non-clinical providers, existing/new community partners, and even non-HIV service providers. AACO promoted increased collaboration and coordination across all their sites. T. Olubiyi said that if the committee has any questions concerning technical assistance, they should contact PreventHIV@phila.gov.

J. Williams turned to the audience for questions. C. Steib volunteered first to ask a few questions. C. Steib asked what was included in the self-test, specifically the lab kit portion. He then asked how the labs were received by the providers. J. Williams said the lab kits for gonorrhea and chlamydia were handled by the STI Disease Control under the Division of Disease Control. J. Williams clarified that it was not handled by AACO. The sample can be sent to the lab where they will then get information on how to discreetly get their results. J. Williams added that the patient would get a discreet cardboard box with instructions on how to send a sample to Health

Center 1. Once the sample is processed, the patient would get instructions on how to get their results.

C. Steib asked J. Williams if AACO had considered working with the Philadelphia AIDs Education and Training Center (AETC) to promote information about PrEP and self-testing. J. Williams confirmed that they had worked with AETC and D. D'alessandro of the Health Federation who is also a member of the Planning Council. J. Williams said that they have a plan at the end of the year to promote the nPrEP COE.

C. Steib asked if AACO was willing to work with any site or if they were willing to only work with sites that were open 24 hours like Walgreens. J. Williams was hesitant to answer the question since AACO was still finalizing the deal. He said AACO was looking to expand its program into more sites but at the time, Walgreens was the only 24-hour site in Philadelphia. J. Williams said that during normal business hours, patients can find medicine at Penn Medicine or order from their local pharmacy.

C. Steib said he knows there was a person who comes to the larger planning group and represents ACME. C. Steib asked if there is a possibility this person could get involved with the program. J. Williams said they were interested but they would first need to communicate with Penn Medicine because Penn Medicine had awarded the program's contract.

C. Steib asked if AACO was working with the emergency department throughout the city to find out what their process is around PEP. J. Williams confirmed that they had not. J. Williams said emergency rooms were inconsistent when it comes to PEP. J. Williams said AACO could do a better job reaching out to these departments to let the providers know about their options at Penn Medicine.

T. Dominique asked if there was a way to see if someone had a positive test after they submitted a self-test. J. Williams said that their surveillance system finds a match with their prevention system to see if someone requested a self-test kit and then tested positive later. J. Williams added that the systems can tell AACO at what points the person had engaged with the HIV prevention healthcare system. J. Williams said they want to change the self-test program to a self-collection program. This would mean that the person could collect the sample at home with the self-test but would need to turn it in in-person to get their lab results. J. Williams said they were changing to this method because the CDC was asking for more information and this method would allow AACO to ask the individual more detailed questions. J. Williams added that allowing the individual to report their results were unreliable.

T. Dominique asked how many people were asking for more than one type of test. J. Williams said AACO does have data on this topic. He said the number of people who ordered more than

one type of test increased last year once they had merged the order forms. J. Williams explained that creating PhillyKeepOnLoving had simplified the process and allowed individuals to order all their products in one location online. J. Williams said he did not know the exact number for how many more people who ordered multiple tests at once.

T. Dominique inquired about how to obtain printed material from PhillyKeepOnLoving. J. Williams said they would contact AACO/PhillyKeepOnLoving. At that time, J. Williams said they were out of printed material. J. Williams said they were revamping the educational and resource material. He said they had realized they needed to update and restock their printed material when C. Steib had placed an order with PhillyKeepOnLoving.

T. Dominique had a question about TelePrEP and about people who did not have insurance. T. Dominique asked if a person did not have health insurance or a primary care physician, would Einstein Hospital refer them to other services. T. Dominique asked if they were reporting these referrals to AACO/PhillyKeepOnLoving. J. Williams confirmed that they were receiving these reports. J. Williams said if someone was receiving TelePrEP and they needed other services, AACO can lead the patient to the services they need.

T. Dominique asked if they are limited by the fact that there are three clinical sites with 2 sites being Penn Medicine sites. J. Williams clarified that since the program was a health department program, it was staffed by Penn Medicine clinicians and coordinators. This meant that individuals can access services without health insurance.

B. Hernandez added the email address in the chat room for questions. The email is preventHIV@phila.gov. J. Williams confirmed that they are most likely changing their name by the end of the month. J. Williams said that AACO would be changing its name to the Division of HIV Health at the end of January (DHH).

Any Other Business:

None

Announcements:

None.

Adjournment:

C. Steib called for a motion to adjourn. **Motion:** L. Matus motioned, and E. Rand seconded to adjourn the Prevention Committee meeting. **Motion passed:** Meeting adjourned at 3:38 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- January 2023 Meeting Agenda
- September 2022 Minutes