

## MEETING AGENDA

*VIRTUAL:*

*Wednesday, May 28th, 2025*

*2:30 p.m. – 4:30 p.m.*

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes Prevention Committee (April 23rd, 2025)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Presentation
  - PhillyKeepOnLoving Update
- ◆ 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  
June 25th, 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, April 23rd, 2025  
2:30 p.m. – 4:30 p.m.**

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

**Present:** Veronica Brisco, Keith Carter, James Ealy, Jeffery Haskins, Lorett Matus, Erica Rand, Clint Steib (Co-Chair), Desiree Surplus (Co-Chair), Xandro Xu

**Excused:** Dena Lewis-Salley

**Guest:** Harlan Shaw (DHH), Jackson Suplita (DHH)

**Staff:** Tiffany Dominique, Sofia Moletteri, Mari Ross-Russell, Kevin Trinh

**Call to Order/Introductions:** K. Carter asked everyone to introduce themselves and called the meeting to order at 2:32 p.m.

**Approval of Agenda:**

K. Carter referred to the April 2025 Prevention Committee agenda and asked for a motion to approve. **Motion:** C. Steib motioned; V. Brisco seconded to approve the April 2025 Prevention Committee agenda via Zoom poll. **Motion passed: 6 in favor, 1 abstained.** The April 2025 agenda was approved.

**Approval of Minutes (March 20th, 2025):**

K. Carter referred to the March 2025 CPC/Prevention Committee Meeting minutes. **Motion:** J. Ealy motioned; V. Brisco seconded to approve the March 2025 CPC/Prevention Committee meeting minutes via a Zoom poll. **Motion passed: 5 in favor, 2 abstained.** The March 2025 CPC/Prevention Committee minutes were approved.

**Report of Co-chairs:**

None.

**Report of Staff:**

T. Dominique reported that she and S. Moletteri would be tabling at pride events during the weekend. S. Moletteri would be tabling at Field House on Saturday while T. Dominique would be tabling at PhillyCAM on Sunday.

**Presentation:**

***-Prevention of HIV and STIs: State of the Art and Navigating Prevention at CROI 2025-***

T. Dominique explained they would be watching a presentation video that had taken place from March 9th to March 12th, 2025 by S. Buchbinder from the San Francisco Department of Public Health.

S. Buchbinder began her presentation with an outline beginning with whom the new HIV transmissions were affecting. She said they would then speak about Pre-exposure prophylaxis

(PrEP), PEP, monoclonal antibodies, vaccines and the prevention of bacterial sexually transmitted infections (STIs). She had mentioned this topic because they were off track to reach their 2025 targets for reducing the number of new HIV transmissions. There were 1.3 million new transmissions in 2023 and they had aimed to have less than 370,000 in 2025. This was caused by the freeze in funding to the President's Emergency Plan for AIDS Relief (PEPFAR) program and other foreign aid in January 2025. S. Buchbinder said that there were over 3600 new transmissions after the first month after the federal funding freeze. PEPFAR has supported over 90% of PrEP globally. If PEPFAR was eliminated, it was estimated, by 2029, there would be 8.7 million new HIV transmissions, 6.3 million AIDS deaths, 3.4 million AIDS orphans.

Trends in new HIV transmissions indicated more than half of new HIV transmissions were located outside of Sub-Saharan Africa. S. Buchbinder stated that while most of the world was seeing a decline in HIV transmissions, Eastern Europe, Central Asia, and Latin America had seen increases in HIV transmissions.

Pre-exposure prophylaxis (PrEP) was a medication used to prevent HIV. S. Buchbinder would discuss the gaps in roll-out and what was new in oral and long-acting regimens. There were 4 types of PrEP recommended in 2024: Daily TDF/FTC, On-Demand, Daily TAF/FTC and every other month CAB-LA. S. Buchbinder explained that Daily TDF was the universal PrEP modality since it could be used in multiple instances of exposures. She said On-Demand and Daily TAF/FTC were useful in cases where exposure was through anal/vaginal/receptive anal sex. She stated that CAB-LA could be used for individuals exposed to HIV through sexual activity or drug use, as those who use drugs are often also sexually exposed.

Using a chart, S. Buchbinder showed that regions with increased HIV transmissions rates such as the Asian and Pacific regions often had low PrEP uptake rates. She emphasized that increased PrEP uptake must be targeted to priority populations/those who need it. She highlighted the Southern portion of the United States and Black/Hispanic populations as populations that had PrEP uptake disparity. These states were slower to adopt PrEP. Further evidence of this was found by P. Sullivan in a study. He had divided the 50 states into 5 groups and measured the PrEP coverage of each group and the number of new transmissions from 2012 to 2021. He found that states with greater PrEP use had declining rates of HIV transmissions per year.

S. Buchbinder continued to describe each type of PrEP in more detail. She began by asking how much adherence was needed for Daily TDF/FTC. She answered the question by detailing the iPrEx study which suggested that an over 99% effectiveness was achieved if cisgender men take over 4 doses per week. Later data would suggest even 2 or more pills a week to have 99% effectiveness. It was often asked if cisgendered women needed to take 6-7 doses per week for effectiveness due to maximal vaginal concentrations. Modeled clinical data had found that cisgender women needed 4-6 pills provided 88% effectiveness. This was further evidenced by a study presented to CROI last year that found 4-6 tablets per week was associated with 90% effectiveness.

2111 or Event Driven iPrEP was given to those who were exposed due to sexual contact. Two tablets were given 2-24 hours before sex. One tablet was given 24 hours later. One tablet was given 48 hours after the first intake.

S. Buchbinder said that when given the option – to both men who have sex with men (MSM) and transgender women – to choose which type of PrEP, about 50% of individuals chose On-Demand PrEP. About 41% of those who chose On-Demand PrEP had decided to switch the type of PrEP they were using at least once. S. Buchbinder said this indicated that patients' needs were not fixed and they were adapting to their situation. She said there was no difference in HIV outcomes in both MSM and Transgender Women. When considering whether On-Demand PrEP was effective for cisgender women, S. Buchbinder said past studies had indicated that it was.

S. Buchbinder compared the efficacy of CAB-LA and TDF/FTC. She said there were two studies that studied the medicine: HPTN083, a study involving MSM, and HPTN 084, a study involving cisgender women. HPTN083 had found that HIV incidence of CAB vs TDF/FTC had an efficacy of 66% while HPTN 084, which had an efficacy of 89%. She said that this did not mean that CAB-LA was more effective. She explained that when adherence was an issue, CAB was the superior choice.

She next presented data on the trends in Oral and Injectable PrEP Prescriptions from 2013 to 2023. She highlighted that there was a decline in Branded TAF/FTC use while Generic TDF/FTC use was increasing. CAB-LA had accounted for 2.5% of PrEP use in 2023.

Two studies were completed to test the effectiveness of LENACAPAVIR for PrEP. The purpose of the first study was to see the effects in adolescent girls and young women. The other study was to measure the effectiveness in men. The first study had a 100% efficacy with 0 HIV transmissions. The second study had two HIV transmissions with 96% efficacy in participants receiving Lenacapavir (LEN).

S. Buchbinder had described the pipeline of future PrEP agents that were to come. She talked about both long-acting PrEP medication such as Lenacapavir and Event-Driven PrEP such as Tenofovir. She explained that they needed different variations because people's needs changed frequently.

Between 2013 and 2022, PrEP uptake increased rapidly as more Americans learned about the treatment. Conversely, Post-exposure prophylaxis (PEP) had remained consistently low.

New WHO guidelines were introduced in 2024 requiring timely access to PEP and to give a full 28 days of PEP at the outset. Pill-in pocket, proactive PEP was successful with clients who had potential for exposure. New CDC guidelines were expected soon.

S. Buchbinder discussed the AMP Phase 2b clinical trials which provided evidence that HIV bnAb were safe and well tolerated. She said the proof of concept, VRC01 had a 75% protection against acquisition of highly neutralization-sensitive viruses. The clinical trials suggested that large scale IV administration was possible in Africa and elsewhere.

Overall, HIV had been prevalent for 42 years and the world had not yet created a vaccine for it. S. Buchbinder was optimistic they were making progress towards creating one. Even a partial effective vaccine with a 30% effectiveness would be useful towards reducing HIV transmission.

Worldwide, there was an increase in all sexually transmitted diseases such as chlamydia and syphilis. S. Buchbinder said Doxycycline was a type of PEP that was safe and inexpensive. She explained that the treatment was active against chlamydia and syphilis while having some resistance against gonorrhea (though it should not be used as a first line of treatment against gonorrhea). The treatment was to be used about 72 hours after sex. Four recent RCTs were completed. Three RCTs in MSM/Transgender women demonstrated a decline in syphilis (73-79% efficacy). One RCT was completed with cis-gender women and showed no efficacy, though adherence was poor. S. Buchbinder presented information from a study that observed the effects of the treatment in San Francisco. She said the number of chlamydia and early syphilis cases in MSM and transgender women had declined by 50% after the release of the doxy-PEP guidelines.

S. Buchbinder concluded the presentation by saying they needed a choice of products to reach the broadest possible population and to have the greatest impact on reducing HIV acquisition. She said global access to treatment was under threat and were barriers to care. Finally, she said they could not erase populations by pretending they didn't exist or by turning a blind eye to measuring and intervening on the impact of HIV globally.

T. Dominique opened the discussion up to committee members to ask questions about the presentation. She asked H. Shaw if Doxy-PEP was a part of the Center of Excellence service. H. Shaw said the treatment was not advertised as part of it, but a provider could prescribe Doxy-PEP. In her follow-up question, she asked H. Shaw if the COE (Centers of Excellence) had prescribed patients with a full 28 days-worth of pills or if the patient had to come into their provider's office for multiple days. H. Shaw said the COE prescribed a full 28 days of treatment. He confirmed the bottle of PrEP would have 30 pills. T. Dominique briefly talked about how PrEP could affect women and men differently. She asked the committee members how their messaging would be regarding PrEP. J. Ealy agreed with the presentation that there was a growing threat to PrEP access politically and logistically. Clients may have some hesitancy towards taking the treatment if it were in syringe form. He said they needed to shift the paradigm about how they talked sex and meet the client in their understanding of health. He said that providers often did not speak to their clients about sex. K. Carter wondered about the interval between each injection of PrEP, noting that injectable PrEP may cause a patient to see their doctor less frequently. H. Shaw understood K. Carter's perspective, explaining that people should see their provider every 6 months to a year, depending.

J. Ealy agreed with K. Carter's points and suggested that people might need the presentation of PrEP to be altered and that providers may need to reflect the population which is being offered PrEP. He also noted that people are still scared of side effects. K. Carter agreed but felt it was important to understand that all medications had side effects. He then asked D. Surplus if she had noticed an increase in PrEP usage throughout her time working at the pharmacy. D. Surplus replied that there were more people using PrEP over time, but it could be greater. One of the issues was that it was difficult for pharmacists to prescribe PrEP.

T. Dominique said the next HIPC newsletter would have links to all the presentations from CROI. She encouraged the members to view the full video of the CROI 2025 presentation to view the Q&A portion.

**Action Item:****-Co-chair Nominations-**

T. Dominique described the co-chair election process. A person would nominate themselves or another person. The committee would wait 30 days before voting. In the previous meeting, two people were nominated. Since then, one of the candidates resigned from HIPC, leaving J. Ealy as the sole candidate. C. Steib would be stepping down as co-chair, but he had agreed to stay in an advisory role.

C. Steib had been a co-chair for 8 years. He said taking a leadership role had allowed him to expand his knowledge on prevention and meeting rules and procedures. He felt his tenure was rewarding and he had full faith that J. Ealy would do well as a co-chair. D. Surplus added that the role of the co-chair was to meet with the staff once per month before the committee meeting. She said she was honored to serve as a co-chair and looked forward to working with the future co-chair.

J. Ealy offered a brief summary of his work in this field. He had worked in four states in prevention since the 1980s. He worked with the AIDS Care Group in Delaware County for 23 years and had recently resigned in June 2023. He now consulted elsewhere in the city. He believed that a person kept learning as they age, and they must be vigilant in their goal to eliminate HIV. He occasionally worked as first aid on movie shoots. His first movie was the 1984 movie directed by Steven Spielberg called *The Color Purple*. He had also worked on the set of the Netflix TV show, *House of Cards*.

As J. Ealy was being considered for the position, he was moved to another room while the committee members discussed. Through an anonymous poll, the committee voted. All were in favor of electing J. Ealy as co-chair.

**Any Other Business:**

L. Matus said the *Washington Post* had been reporting on the new HHS budget and warned that it would have an effect on prevention. L. Matus said her understanding was that the new budget did not include funding for HIV prevention services. J. Ealy had heard a certain provider was meeting to discuss their funding. C. Steib said he was waiting to see what their announcement would be. M. Ross-Russell said that funding would be cut in various Ryan White services and parts of the End the Epidemic Plan would be reduced or removed.

**Announcements:**

J. Haskins said there would be a memorial service on June 21st for Tyrone Smith at St. Luke's Church from 1:00 p.m. - 3:00 p.m.

K. Carter announced the Positive Committee would be having an in-person meeting on May 12th from 12:00 p.m. - 2:00 p.m. The AIDS Law Project would be presenting and answering questions from the committee.

**Adjournment:**

D. Surplus called for a motion to adjourn. **Motion:** J. Haskins motioned, C. Steib seconded to adjourn the April 2025 Prevention Committee meeting. **Motion passed:** Meeting adjourned at 3:59 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- April 2025 Prevention Committee Meeting Agenda
- March 2025 CPC/Prevention Committee Meeting Minutes

## **ACRONYM GLOSSARY for April Prevention Meeting**

CROI- Conference on Retroviruses and Opportunistic Infections

PEPFAR-President's Emergency Plan for AIDS Relief (PEPFAR)

PrEP Medications:

- Daily TDF/FTC- compound name: (Tenofovir Disoproxil Fumarate/Emtricitabine) generic name /Truvada (brand name)
- TAF/FTC Descovy (brand name)
- CAB-LA. compound name: cabotegravir/ Cabenuva (brand name)

HPTN- HIV Prevention Trials Network

WHO - World Health Organization

AMP (antibody mediated prevention) study- it was the name of the phase 2b study of the bNAb, VRC01

Phase 2b - it is the stage in a clinical trial focused on efficacy and safety in a larger group of participants.

monoclonal antibodies- are proteins made in laboratories that act like proteins called antibodies in our bodies. Antibodies are parts of your immune system. They seek out the antigens (foreign materials) and stick to them in order to destroy them. Laboratory-made monoclonal antibodies help stimulate your own immune system

bNAb- broadly neutralizing antibody are neutralizing antibodies which neutralize multiple HIV-1 viral strains.

VRC01- it is the name of a specific bNAb

RCT- random control trials; It is a study design that randomly assigns participants to a control group or an experimental group.