# MEETING AGENDA

*VIRTUAL:*
*Wednesday June 11th, 2025*
*2:00 p.m. – 4:30 p.m.*

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes (May 8th, 2025)
- Report of Co-Chairs
- Report of Staff
- Discussion Items
  - Final Expenditure Report
  - Allocations Schedule
- Committee Reports:
  - Executive Committee
  - Finance Committee – Alan Edelstein & Keith Carter
  - Nominations Committee – Michael Cappuccilli & Juan Baez
  - Positive Committee – Keith Carter
  - Comprehensive Planning Committee – Gus Grannan & Debra Dalessandro
  - Prevention Committee – Desiree Surplus & James Ealy
- Other Business
- Announcements
- Adjournment

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574
VIRTUAL: July 10th, 2025 2:00pm to 4:30pm
**Please contact the office at least 5 days in advance if you require special assistance.**

HIV Integrated Planning Council

# Staff Directory

Mari Ross-Russell - Director, Finance Committee, Executive Committee
Email: mari@hivphilly.org

Tiffany Dominique — Prevention Committee
Email - tiffany@hivphilly.org

Debbie Law — Nominations Committee
Email - debbie@hivphilly.org

Sofia Moletteri— Comprehensive Planning Committee, Poz Committee, Website
Email: sofia@hivphilly.org

Kevin Trinh — Minutes & Attendance
Email: kevin@hivphilly.org

**Philadelphia HIV Integrated Planning Council**
**Meeting Minutes of**
**Thursday, May 8th, 2025**
**2:00 p.m. – 4:30 p.m.**
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

**Present:** Juan Baez, Veronica Brisco, Tariem Burroughs, Keith Carter, Lupe Diaz (Co-Chair), Debra D'Alessandro, Alan Edelstein, James Ealy, Pamela Gorman, Sharee Heaven (Co-Chair), Nafisah Houston, Dena Lewis-Salley, Lorett Matus, Alecia Manley, Patrick Mukinay, Dorsche Pinsky, Erica Rand, AJ Scruggs, Stacy Smith, Clint Steib, Desiree Surplus, Evan Thornburg (Co-Chair), Shakeera Wynne, Xandro Xu

**Excused:** Michael Cappuccilli, Jose DeMarco, Jeffery Haskins, Carolynn Rainey

**Guests:** Helen Koenig (Penn), Jose Lugo, Ameenah McCann-Woods (DHH), Amy Onorato (CFAR), Cameron Schatz, Harlan Shaw (DHH), Avis Scott (DHH), Alex Wilson

**Staff:** Tiffany Dominique, Debbie Law, Mari Ross-Russell, Kevin Trinh

**Call to Order:** L. Diaz called the meeting to order at 2:01 p.m.

**Introductions:** L. Diaz asked everyone to introduce themselves.

**Approval of Agenda:**
L. Diaz referred to the May 2025 HIV Integrated Planning Council (HIPC) agenda and asked for a motion to approve. K. Trinh said the agenda had listed March 13th for approval of minutes instead of April 10th. He added that J. Ealy needed to be listed as the co-chair of the Prevention Committee. **Motion:** K. Carter motioned; L. Matus seconded to approve the amended May 2025 HIPC agenda via a Zoom poll. **Motion passed:** 16 in favor, 1 against, 3 abstained. The amended May 2025 HIPC agenda was approved.

**Approval of Minutes (*April 10th, 2025*):**
L. Diaz referred to the April 2025 HIPC meeting minutes and asked for a motion to approve. D. Pinsky said there was a typo on page 5 where the document had read 731%. **Motion:** D. Pinsky motioned; K. Carter seconded to approve the amended April HIPC minutes via a Zoom poll. **Motion passed:** 16 in favor, 1 against , 3 abstained. The amended April 2025 HIPC meeting minutes were approved.

**Report of Co-Chairs:**
L. Diaz said the State had paused all of their town halls due to budget issues. They had also moved all in-person meetings to virtual meetings.

**Report of Staff:**

M. Ross-Russell said they were still looking for new members. She asked the HIPC members to recommend any potential candidates. Lastly, she said there would be an Executive Committee meeting to address future issues.

**Presentation Items:**

***-DHH National Behavioral Surveillance (NHBS)-***

H. Koenig was the Medical Director at Penn Infection Medicine and Travel Program. She would be presenting an update on HIV treatment and prevention. H. Koenig briefly reviewed updates in HIV and Prevention. Some updates included an expanded section on HIV and the older person population, substance abuse and HIV, and recommendations on treatment in tuberculosis in patients taking antiretroviral therapy (ART).

Though HIV treatment was changing at a rapid pace, many practices and treatments had remained the same due to effectiveness. H. Koenig recalled how ART was a treatment that was not recommended to everyone when it was first introduced. Now, ART was recommended to everyone with HIV as soon as possible and reduced the rate of transmission. If a person's HIV was undetectable, it was untransmittable (U=U). Integrase Strand Transfer Inhibitors (INSTIs) and Nucleoside reverse transcriptase inhibitors (NRTIs) were effective treatment options. When a patient failed their ART regimen, the procedure was to assess whether it was due to non-adherence or drug resistance. Most importantly, H. Koenig said they should inform their patients that HIV was manageable and should have the patient engaged in care.

H. Koenig said there was important information that providers should impart to their clients. Providers should inform patients about how HIV was passed onto others and how it was not. Patients with HIV should know that they could still have families, including children. Providers should discuss with their patients about who they can disclose their status to. One of the important topics to discuss was Act 148 which prohibits providers from sharing a patient's HIV status without permission of the patient. Lastly, it was important for patients to know that they could receive healthcare whether they had health insurance or not. A. Scruggs reminded the committee that, under Pennsylvania law, failing to disclose one's HIV status remained a felony offense. K. Carter commented that non-adherence to medication was often the result of many factors like unstable housing and low access to medication. H. Koenig agreed with K. Carter.

H. Koenig said they were now living in an injectables era. Long-acting medications like cabotegravir and Rilpiverine were allowing patients to remain virally suppressed. She said companies were looking to create medication that would require less frequent doses.

CROI 2025 had presented a variety of studies on the results of injectables. The CARES study evaluated the safety and efficacy of switching from oral HIV therapy to LA CAB/RPV who were virologically suppressed in Africa. It was found that at week 48 and 96, injectable therapy was noninferior to oral HIV therapy. At week 48, the viral suppression rate was 96.9%. Week 96 had a 97.3% suppression rate.

The LAPTOP study assessed the best HIV therapy in treatment-naive patients with advanced HIV in several countries. Treatment -naive had meant the person had never been in HIV treatment care but had advanced HIV. They found that integrase-based therapy was non-inferior

to darunavir containing regimen overall, but better virologic response at 48 weeks and better overall tolerability.

H. Koenig turned the attention towards new treatment options. The first was doravirine/islatravir. This was a nucleoside reverse transcriptase translocation inhibitor. Those who had switched to this medicine from oral ART had maintained virologic suppression at 48 weeks. Lenacapavir consisted of 2 investigational broadly neutralizing antibodies. H. Koenig explained that the provider would inject their patient with antibodies from people who had an immune response to HIV that could fight the HIV virus. Another option was CAB+. This was another broadly neutralizing antibody treatment that was to be injected every 4 months in conjunction with monthly CAB. The EMBRACE study found that most adults who were sensitive to bNAbs were able to maintain virologic suppression with this treatment. H. Koenig explained that Lenacapavir and CAB+ were created to give different intervals for how often patients wanted injections. She said the treatments were still experimental and they were awaiting more research before it can become more public.

Delving deeper into more HIV medication, H. Koenig talked about TDF/FTC and TAF/FTC. Each medication was effective for certain populations. TFD/FTC was effective for multiple populations. It had a 99% efficacy for men who have sex with men (MSM), Transwomen, heterosexuals and people who inject drugs (PWID). TAF/FTC had a 99% efficacy for MSM and transwomen. However, it had not been tested on other populations. H. Koenig said TAF/FTC was useful for people with decreased renal function and had less effect on bone density. The side effect of the medication was that it could cause weight gain and cholesterol gain. She said it was important for providers to speak with the patient to meet their needs. T. Dominique asked if the patient had to pay the $1,845 per month out of pocket cost for TAF/FTC. H. Koenig replied that the patient would generally never pay out of pocket since the medication cost would be paid with insurance. She added that there was controversy where patient assistance programs would not pay TDF/FTC, which was a generic brand medication, and they had to move patients to TAF/FTC if the patient could not afford TDF/FTC.

Long Acting Cabotegravir (LA-Cabotegravir) was a type of PrEP. It was given twice in the first two months before being given every two months. She announced that Lenacapavir would be released on June 19th. She said this medication would be a game changer that only needed two injections per year.

CROI 2025 had conducted a study where they observed a roll-out of injectable PrEP in high HIV prevalence areas. The PILLAR study observed 17 clinics. They had a high uptake rate. At 6 months, they had a 85% persistence rate. At 12 months, there was a persistence rate of 73%. H. Koenig was pleased to see that 0% of people had acquired HIV. Though 13% of the population had acquired sexually transmitted diseases (STI). There was concern for birth defects for mothers using the injectable PrEP. H. Koenig was pleased to say that those concerns were unfounded as pregnancy outcomes were consistent with the general population. HIV RNA screening did not perform well in patients on LA-CAB. The HPTN 084 study showed 75% of positive HIV RNA tests were false positive.

H. Koenig said there was a need to increase access to PrEP among people who inject drugs. She described a study called HPTN 094. The study aimed to increase access to services by sending vans with providers to bring services the population needed. H. Koenig said the study did show evidence that did decrease the population's mortality rate in different areas. She prefaced that this did not increase Medication for Opioid Use Disorder (MOUD), HIV suppression, or PrEP usage. Neither did it decrease HIV acquisition.

On-Demand PrEP was to be used on an event-driven basis. Two tablets were to be taken 2-24 hours before sex. Then one PrEP tablet 24 hours after and another tablet after 48 hours after the double dose. H. Koenig said it was effective for MSM and transgender women populations. Testing has not been conclusive for the effects on cisgender women. People commonly asked about the procedure for those who had sporadic amounts of time between sex episodes or had sex frequently. H. Koenig answered that as long as the time period between sex episodes was shorter than 7 days, the person didn't need to double their dose of PrEP. H. Koenig said it was fairly common for patients to switch between different types of PrEP. She had often informed patients of two different types of regimens for this reason.

Another option that was being explored was injectable PrEP that only needed one dose per year. This was called Once-Yearly Intramuscular LEN. A monthly pill option was also being developed. It was called MK-827 since it didn't have a name because it was still in an early development stage.

H. Koenig read the recommendations for HIV and STI Prevention for the future. One of which was to use a serostatus-neutral approach to reduce HIV stigma, ensuring rapid care linkage for individuals diagnosed, and PrEP navigation for those who test negative. She hoped they would be able to offer PrEP to all sexually active individuals and anyone requesting it without a specific risk criteria or screening tool. This would also be extended to those whose sexual partner had HIV and those who shared injection drugs with individuals with HIV or unknown HIV status. She said condoms were recommended for all penetrative sexual acts. If a person did not have protective sex, rapid PrEP could be initiated if a person had a negative HIV test within 7 days or rapid test on the first day of PrEP.

There were currently 3 options for PrEP, but they were looking to expand options for cisgender women as well as expanding options for 2-1-1 PrEP. H. Koenig reminded the committee that they can look forward to the release of Lenacapavir, which should be released on June 19th, 2025. MK-8527 was another option that could be arriving in the future. Furthermore, they looked to continue addressing adherence, barriers to care and accessibility issues so the patients who critically needed PrEP would receive it.

H. Koenig had wanted to draw attention to Doxy-PEP. This was a type of medication for STI prevention. The CDC had recommended this medication for gay, bisexual, other MSM and transgender women with a history of more than one STI in the past 12 months. Doxy-PEP was rolling out throughout the US and in some countries globally. H. Koenig said Doxy-PEP reduced the use of antibiotics for STI treatment in a real-world setting. Two studies of Doxy-P(r)EP found little to no impact on microbiome or emergent antimicrobial resistance. A. Scruggs asked if there was any intention to include more specific information around transgender

people who were Assigned Female at Birth (AFAB). H. Koenig said she had agreed with A. Scruggs that there should be more representation in the data and had written this comment down to include in future talks.

H. Koenig said they were mindful that people with HIV were living longer and they needed to meet their needs that came with aging. HIV can cause accelerated atherscleroticdisease, increased risk cardiovascular cerebrovascular events, and higher risk of renal disease. Those who created the guidelines had proactively created procedures to measure factors related to these health outcomes. The guidelines were to document weight/body mass, monitor blood pressure and to counsel patients beginning ART about the potential of cardiometabolic complications and the importance of lifestyle changes. Patients switching to an INSTI- or TAF- based regimen may experience weight gain and it was important to measure body mass index. A study called Reprieve observed a 36% reduction in major adverse cardiovascular events in people with HIV taking a cholesterol reducing medication versus a placebo. It was believed that the medication had helped even those who didn't need help with their cholesterol because HIV had created inflammation and the medication used, pitavastatin, was effective at reducing inflammation. K. Carter asked if providers were being trained in PrEP, noting that providers needed to be more comfortable asking about sexual health. H. Koenig agreed that providers needed to ask about sexual history more often.

**Committee Reports:**

***-Executive Committee-***

M. Ross-Russell said they were having discussions about various surveys and evaluations to review and rank presenters and committee meetings. They were exploring tools from state HPGs that they could use to improve their meetings. In the coming month, they were likely to meet in the near future regarding the expectations of their project officer and their legislative obligations.

***-Finance Committee-***

None.

***-Nominations Committee-***

J. Baez said the Nominations Committee had met on the same day and they had discussed membership representation stats in accordance to their legislative requirements. He asked the HIPC members to refer potential candidates to the HIPC application on the OHP website.

***-Positive Committee-***

K. Carter announced the Positive Committee would be meeting on May 12th in-person. They would have a presentation from the AIDS Law Project and the Division of HIV Health of their PhillyKeepOnLoving Campaign. He encouraged all the members to read the newsletter by S. Moletteri and T. Dominique. K. Carter mentioned that the AIDS education month was in June.

***-Comprehensive Planning Committee-***

D. D'Alessandro said the Comprehensive Planning Committee had met and welcomed new members to their committee.

***-Prevention Committee-***

J. Ealy was elected as the Prevention Committee's co-chair. He thanked C. Steib for his years of service as co-chair. He said C. Steib would remain to support the co-chair. The next Prevention Committee would take place on May 28th with a presentation from PhillyKeepOnLoving. On June 13th, the Prevention Committee would be hosting a meet and greet event. On June 25th, they would have a presentation on Lenacapavir. In August, they would have a presentation on mental health. T. Dominique added that in the last meeting

**Other Business:**
L. Diaz asked if C. Schatz had a report from the state. C. Schatz reported that the spending freeze had caused all the HPGs to go virtual and all the town halls had been canceled.

**Announcements:**
K. Carter mentioned that the AIDS education month was in June as well as the United States Conference on Aging and AIDS in September. L. Diaz said the AIDS education month had fallen on the same day as a HIPC meeting. She asked the HIPC members if they had wanted to move the date. The HIPC members decided they would change the date. M. Ross-Russell suggested sending a poll to decide the date.

T. Dominique announced that Temple Hospital and Penn Medicine were doing a collaborative event on May 16th at the PHMC building.

D. D'Alessandro said there was an ACT UP event at the William Way LGBT Community Center on May 12th.

**Adjournment:**
L. Diaz called for a motion to adjourn. **Motion:** K. Carter motioned, A. Scruggs seconded to adjourn the May 2025 HIPC meeting. **Motion passed:** Meeting adjourned at 3:30 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:
- May 2025 HIPC Agenda
- April 2025 HIPC Committee Meeting Minutes