

# MEETING AGENDA

*VIRTUAL:*

*Wednesday, February 25th, 2026*

*2:30 p.m. – 4:30 p.m.*

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (January 28th, 2026)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Presentation Item
  - Apretude by ViiV
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

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

The next Comprehensive Planning Committee/Prevention Committee meeting is on  
March 25th, 2026 at 2:30 p.m. to 4:30 p.m.

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## Staff Directory

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**HYBRID: Prevention Committee  
Meeting Minutes of  
Thursday, January 28th, 2026  
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:** K. Carter, J. Ealy (Co-Chair), J. Haskins, N. Houston, D. Lewis-Salley, J. Myahwegi, D. Surplus (Co-Chair)

**Guests:** J. Suplita, M. Woods

**Staff:** Tiffany Dominique, Debbie Law, Sofia Moletteri, Kevin Trinh

**Call to Order/Introductions:** J. Ealy asked everyone to introduce themselves and called the meeting to order at 2:17 p.m.

**Approval of Agenda:**

D. Surplus referred to the January 2026 Prevention Committee agenda and asked for a motion to approve. A Zoom poll was launched for virtual attendees, and in person members voted through a show of hands. **Motion:** J. Haskins motioned; J. Ealy seconded to approve the January 2026 Prevention Committee agenda via Zoom poll. **Motion passed:** 5 in favor. The January 2026 Prevention Committee agenda was approved.

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

D. Surplus referred to the November 2025 CPC/Prevention Committee Meeting minutes. A Zoom poll was launched for virtual attendees, and in person members voted through a show of hands. **Motion:** J. Ealy motioned; J. Haskins seconded to approve the November 2025 CPC/Prevention Committee meeting minutes via a Zoom poll. **Motion passed:** 5 in favor. The November 2025 CPC/Prevention Committee meeting minutes were approved.

**Report of Co-chairs:**

D. Surplus announced the Prevention Committee would be hosting a Valentine's Day event on February 13th. The event would be in-person and participants would need to register before they could attend.

K. Carter, co-chair of the Finance Committee and the Positive Committee, said he had attended the Executive Committee meeting on January 15th. The meeting agenda was focused on preparing the HIV Integrated Planning Council (HIPC) for the upcoming Integrated Plan presentation with the Division of HIV Health (DHH) in the February HIPC meeting. He felt the meeting was very constructive and expressed optimism towards cooperating with DHH to meet future challenges. He thanked E. Thornburg for their experience and expertise when leading the discussion.

J. Ealy mentioned they would have a presentation from ViiV at their next meeting. ViiV was an organization focused primarily on the production of medication for people living with HIV (PLWH).

**Report of Staff:**

Due to the weekend snowstorm, S. Moletteri announced that they would postpone the PA town hall event to February 10th. They hoped all of their speakers would be able to attend the new date without significant issue. With more time before the event, the Office of HIV (OHP) looked to increase their recruitment efforts for new participants. The next town hall would be virtual and would take place on February 4th from 6p.m. to 8p.m.

On January 13th, HIPC and OHP staff hosted the NJ town hall. S. Moletteri reported the town hall was attended by 14 participants and they were currently transcribing the results. K. Carter thanked K. Wilson for their support and guidance during the town hall.

K. Trinh and E. Fischer had reported back on a webinar they attended on SNAP benefits and the HR1 bill. They reported facts they had learned from the webinar. K. Trinh said the webinar presenters could be potential speakers for the Prevention Committee. Listening to the important facts from the webinar, K. Carter wondered if they could produce a one page fact sheet about the SNAP changes. K. Carter wanted to know more information about how the SNAP changes had impacted people living in Philadelphia. T. Dominique suggested they should find a one page summary that was already available. K. Trinh noted both of K. Carter's questions and said they would provide him with an answer in the future. K. Carter asked if the Medical Monitoring Project (MMP) had an infographic they could use. T. Dominique said MMP would likely not have 2024 data they could use due to the government shutdown.

**Discussion Items:*****-A History of HIV Testing: A Personal Perspective-***

J. Ealy, the Prevention Committee Co-Chair, would speak about his experience with HIV testing. He had created this presentation years ago and preparing for this meeting had allowed him to reminisce of the past. He said he had created this presentation for those who may not be familiar with HIV. For even more information on the general history of HIV/AIDS, he recommended a CNN broadcast that could be found on youtube called "The 80s and the fight Against AIDS."

J. Ealy provided a brief background on the history of HIV. Around 1981, many gay, white men around 20-40 years old were experiencing strange symptoms that the public would eventually learn to be HIV. J. Ealy informed the committee members that HIV targeted and destroyed CD4+ T helper cells. The men with HIV would have low T helper cell counts and had Pneumocystis carinii pneumonia. As time went on, the number of people with HIV had increased as people who used drugs were also identified as a group acquiring the virus. At that time, people began naming HIV as "gay cancer." People hadn't yet learned how HIV was contracted and attributed it as an airborne virus. Scientists such as Antony Fauci would later learn the virus was spread through sexual and blood contact. During the 2020 pandemic, J. Ealy recalled a similar confusion, fear, and uncertainty they had during the AIDS epidemic. Calling upon his experience with the AIDS epidemic, J. Ealy said he was skeptical during the COVID-19 pandemic that the government would be able to manage the disease after witnessing their handling of the AIDS epidemic.

When testing for HIV was created, they needed to determine who had the rights to distribute and market the tests.

J. Ealy said he had lost many friends during the early part of the AIDS epidemic. He reminded the members that personal feelings were an inherent part of HIV testing. When a person met with a provider to discuss their sex life and whether they had an HIV diagnosis, the person whether they tested positive or negative had significant emotional stakes in the process. J. Ealy said it was incumbent that the committee members knew that an affable rapport with the client was a key part of the process to ensure that everyone received the care they needed.

Based on J. Ealy's personal experience, most clients who come in for testing are currently on PrEP. In the early days of the AIDS epidemic, J. Ealy remembered that his workplace would terminate his position if he had not given the client the contact information for the only funeral director who handled deceased people with HIV. Testing and HIV medication had seen strides in advancements since then. An HIV diagnosis was no longer a death sentence. Doctors and scientists learned that HIV was contracted through blood and semen {body fluids: including breastmilk and vaginal fluids}. Now, when testing for any sexually transmitted disease (STD), J. Ealy wants to create an environment where the client feels safe and enabled to make choices about their lives. If a person tested negative, J. Ealy would encourage the person to review their decisions leading up to the test and identify what made them come to get tested in the first place. It was important that the person knew their options and were able to act on these options after leaving his office. If the person tested positive on a test, J. Ealy would connect them immediately to care. He stressed that it was important to "hit early and to hit hard" when approaching care for people with HIV. He emphasized that U=U or Undetectable is Untransmittable meant that people who were virally undetectable could not transmit HIV to another person.

He expressed concern that many medical practitioners were not knowledgeable in the care of people with HIV or were even comfortable in discussing the sexual health of their patients. He believed that patients and doctors should be educated so that patients could act on the information to make the best informed decisions.

J. Ealy briefly reviewed the timeline for HIV testing. In 1985, the FDA approved the first blood test to cheaply screen the blood supply. In 1987, the western blot test was created. In 1992, the first rapid test was created. J. Ealy said the test results from a rapid test were not final and they should always be confirmed with a blood test. J. Ealy explained that a blood test was the best way to determine a person's status. In 2002, the first rapid point test was created. In 2006, the CDC updated their recommendations to include routine HIV screening for individuals. J. Ealy said it was more important than ever to screen for HIV now that relationships were more fluid.

J. Ealy talked about how the first generation of testing took a long time to see the results. For those waiting for results, the waiting time was agony as they waited to see if their life would be changed forever. The second and third generation of tests looked for Immunoglobulin M (IgM) and HIV-2. The second and third generation (Late 1980s-1990s) of tests had reduced the waiting time from 6-12 weeks to 3 weeks. Most modern day HIV tests looked for both HIV-1 and HIV-2. J. Ealy said their tests could not test for both in the past. The 4th generation (2010) combined antibody and P24 antigen detection, allowing for the identification of acute infection as early as 2

weeks of exposure. The 5th generation of tests detected both antigen and antibodies while providing separate results for each including increasing diagnostic precision. As of 2026, HIV testing was widely accessible through a variety of methods. Lab-based tests for HIV through drawing blood. Point of Care tests used a finger prick or an oral swab to find results in 30 minutes. Self- testing kits could be bought at pharmacies and allowed patients to test at home. J. Ealy said the most trusted form of testing was and remained blood tests. J. Ealy talked about Truvada and Descovy which are medications used to treat HIV and reduce the risk of HIV transmission. Cabotegravir was another medication that was injectable to protect someone from HIV. K. Carter advised that they should not give positive HIV results to people on a Friday so they could allow the patients to receive care from other providers.

J. Ealy opened the floor for others to share their experiences with HIV. He remembered that an actor from Psycho learned that he was positive for HIV. That actor said the day he received that news was the first day of his life.

K. Carter shared his own experiences with HIV. He said he was tested positive for HIV at the age of 23 and it was an experience that shaped his life. At that time, the Special Pharmaceutical Benefits Program (SPBP) had not existed yet. He described his experience going from pharmacy to pharmacy to find the medication he needed. He described the various medications he had used and then their side effects. K. Carter said having HIV was not easy and he was glad that the younger generation would not understand the type of tribulations he had to endure to survive. He thanked all those who supported him throughout the years and enabled him to persevere.

K. Wilson asked what an opt-out policy was. She wanted to know if this was insurance-based or was it in all hospitals. J. Ealy said this was included in Act 59 which was created before HIPAA. The law said that providers cannot talk about a patient's status without their consent. The law had also given medical practitioners the right to give testing for patients unless they opt out.

J. Ealy reminded the committee members that while a person with HIV had more options than someone during the early days of the AIDS epidemic, they must empathize that a person newly diagnosed with HIV will still likely be in distress. J. Ealy stressed that there was no room for fake empathy and apathy.

#### **Other Business:**

J. Ealy reminded the committee members about the Valentine's Day event. The staff would send an email with more information and a form to register.

T. Dominique said January 31st was the last day to apply for PENNIE insurance. The form could be found on [Healthcare.Gov](https://www.healthcare.gov). She then announced that the Virtual Town Hall would take place next week.

#### **Announcements:**

K. Carter said the Aging with HIV Symposium was to be hosted on May 5th.

T. Dominique said they were transitioning all meetings to hybrid meetings. She encouraged everyone to come in-person. At their next HIPC meeting, Dr. K. Brady would be presenting information about the Integrated Plan.

**Adjournment:**

J. Ealy called for a motion to adjourn. **Motion:** K. Carter motioned, D. Surplus seconded to adjourn the January 2026 Prevention Committee meeting. **Motion passed:** Meeting adjourned at 4:04 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- January 2026 Prevention Committee Agenda
- November 2025 CPC/Prevention Committee Meeting Minutes

DRAFT