# Meeting Agenda

*VIRTUAL:*
*Wednesday, March 25th, 2026*
*2:30 p.m. – 4:30 p.m.*

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes (February 25th, 2026)
- Report of Co-Chairs
- Report of Staff
- Presentation Item
  - Viral Hepatitis by Melissa Hobkirk
- 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
April 22nd, 2026 at 2:30 p.m. to 4:30 p.m.

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Prevention Committee

**HYBRID: Prevention Committee**
**Meeting Minutes of**
**Thursday, February 25th, 2026**
**2:30 p.m. – 4:30 p.m.**
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

**Present:** K. Carter, J. Ealy (Co-Chair), M. Gordon, J. Haskins, A. Scruggs, D. Surplus (Co-Chair)

**Guests**: Veronica Brisco, Courtney Driscoll (ViiV), S. Ellis (Recommended), Jackson Suplita (PHMC), Requal Candace Jones (ViiV), A. Onorato (Recommended), Z. Stroller (Recommended), Kim Thomas (ViiV)

**Staff:** Tiffany Dominique, Elizabeth Fisher (Intern), Debbie Law, Kevin Trinh, Kristin Wilson (Intern)

**Call to Order/Introductions:** J. Ealy asked everyone to introduce themselves and called the meeting to order at 2:35 p.m.

**Approval of Agenda:**
J. Ealy referred to the February 2026 Prevention Committee agenda and asked for a motion to approve. **Motion:** K. Carter motioned; D. Surplus seconded to approve the February 2026 Prevention Committee agenda. A Zoom poll was launched for virtual attendees, and in person members voted through a show of hands. **Motion passed:** 7 in favor, 2 abstained. The February 2026 Prevention Committee agenda was approved.

**Approval of Minutes (*January 28th, 2026*):**
J. Ealy referred to the January Prevention Committee Meeting minutes. **Motion:** K. Carter motioned; J. Haskins seconded to approve the January 28th Prevention Committee meeting minutes via a Zoom poll. A Zoom poll was launched for virtual attendees, and in person members voted through a show of hands. **Motion passed:** 6 in favor 1 abstained. The January 2026 Prevention Committee meeting minutes were approved.

**Report of Co-chairs**:
None.

**Report of Staff:**
T. Dominique said she had met with Dr. Brady, and she learned that they had a new Deputy Health Commissioner. She hoped that this new health commissioner would expedite the process of seating the recommended members on the Planning Council.

On February 13th, the Prevention Committee had hosted a Valentine's Day event. T. Dominique said the event had attracted potential members. Some of whom had attended the Poz and Comprehensive Planning Committee meetings since the event.

K. Trinh asked how they could encourage HIV Integrated Planning Council (HIPC) members to attend meetings in-person more frequently. He asked what incentives they could offer and what barriers they could remove to help members attend meetings in-person. J. Ealy said he had difficulty attending meetings in-person due to his work schedule. T. Dominique said HRSA had tied their rent to space usage.

**Presentation Item:**
***-Apretude by ViiV-***
C. Jones, a representative from ViiV, introduced herself. ViiV was an organization specializing in the production of HIV medication and treatment. C. Jones said she was blessed to have worked in the field of HIV medication for decades. For her, she had first been inspired by news of HIV in 1997. She shared a history of a 15 year old pregnant girl who was pregnant and had HIV. Mandatory testing for pregnant people has reduced the instance of vertical transmission, where the parent passes on HIV to their child during birth. Pre-exposure prophylaxis (PrEP) at that time was not available for the pregnant girl, but they now had the technology and capability to prevent such transmissions in the future. She said that the 15 year old girl was a family member and she had shared this story to remind the audience that HIV was a disease that impacted and shaped their lives in many ways, often close to home.

Speaking about the current PrEP landscape, C. Jones explained that despite the fact that PrEP had been available for 10 years, 37,981 people were diagnosed with HIV in 2022. C. Jones said this figure was still too high considering the bio medical interventions that they have today. Racial disparities still existed and data showed that people of color were more likely to acquire HIV. C, Jones said HIV transmission happened more often in the Southern part of the United States. Still, there were 5,069 cases of PWH in the northern part of the United States. Referring to her data, C. Jones said only 36% of people who were eligible for PrEP had received it. K. Carter wondered if religious barriers were the reason why PrEP uptake was not higher in the south.

C. Jones asked them how they could find more people who would benefit from PrEP. T. Dominique said asking people about their sexual history and whether they were using syringes for drug use. She then said that advertisements for PrEP did not reflect all populations. Most advertisements had depicted White gay men as the target audience for PrEP and it has dissuaded people who do not fit this image.

C. Jones suggested questions they can use to determine whether a person could benefit from PrEP.

1. Do you have a partner with an unknown HIV/STI status?
2. Do you use condoms regularly or practice unsafe sex?
3. Have you had a past bacterial STI in the last 6 months?
4. Do you belong to a group that is more affected by HIV?
5. Do you live in a place where a lot of people have HIV?

Apretude was the first long acting injectable (cabotegravir) to reduce HIV acquisition risk. It was indicated for people with an HIV negative status and at least 77 pounds. It was injected by a

healthcare provider through the glutes and required a doctor's prescription to obtain it. Apretude was a medication for HIV-1. J. Ealy asked if the medication was designated for people under 12 years old or younger. C. Jones said the medication eligibility was determined by the person's HIV status and weight. She strongly recommended that they should contact their healthcare provider to understand their eligibility.

Reviewing the safety information for Apretude, C. Jones once again emphasized that the person must be HIV negative with a HIV negative test result to verify their status before taking the medication. If a person has flu-like symptoms for an extended period of time, it was advised that they should visit a doctor. She said they had to confirm their HIV negative status before each injection. The medication lowers the risk of HIV acquisition. If a person seroconverts from being HIV negative to HIV positive during the use of Apretude, they must transition to a full HIV treatment. C. Jones quizzed the audience by asking them how many medications make up a full HIV treatment. T. Dominique and K. Carter both answered that it depended on the regimen. J. Haskins replied that it was three medications. C. Jones said it was at least two medications to have a full HIV treatment. J. Ealy said they do not treat HIV with monotherapy or one medication. C. Jones said Apretude was made of one compound called Cabotegravir. You needed two medications to effectively kill the virus. T. Dominique asked if they developed HIV while on Cabotagravir, would they be resistant to this compound in the full treatment. C. Jones said this was a conversation they should have with their doctor. She summarized that if a person had been taking their Apretude routinely, their doctor would be able to know when they developed HIV and address it immediately with medication. T. Dominique noted that this assumed that the person was not missing any of their appointments. C. Jones said this was correct. She then continued the presentation by saying that people on Apretude should be testing for other STIs alongside HIV. Apretude does not protect a person from other STIs. K. Carter asked if they should also be on Doxycycline while taking Apretude. C. Jones said this was a good question and advised that they should have a conversation with their doctor about this topic.

Apretude should not be taken by individuals who were HIV positive, allergic to Cabotegravir, or were taking either anti-seizure or anti-microbacteria medication. C. Jones explained they can prescribe oral Cabotegravir to test if a person is allergic to the medication. Patients taking Apretude may experience certain side effects. If a person observed a rash after injection, they were advised to call their healthcare provider. Other side effects include fever, generally ill feeling, tiredness, muscle or joint aches, trouble breathing, blisters, sores in mouth, and redness or swelling of the eyes, mouth, face, lips, or tongue. If these side effects appear, it was advised that the patient should stop taking Apretude and get medical help immediately.

Persons with or without a history should contact their healthcare provider right away if they start seeing these side effects: skin or eyes turn yellow, dark or "tea-color" urine, light-colored stools, nausea, vomiting, loss of appetite, pain, aching, tenderness on right side of stomach area and itching. C. Jones warned that people may experience depression or mood changes. It was advised to contact their healthcare provider or medical help depending on the severity of the side effects.

C. Jones listed the most common side effects of Apretude which were similar to other injections such as pain, tenderness at the site of injection, diarrhea, sleep problems, loss of appetite. She

noted that the list of side effects were not comprehensive and had advised them to contact their healthcare provider to learn more about the side effects.

Apretude was given as an injection to the patient by their healthcare provider. It was initially given as an injection into the muscle of the buttock one time every month for the first 2 months and as an injection 1 time every two months afterward. Apretude was a long-acting medicine and may stay in the body for 12 months or longer after the last injection. C. Jones advised that they use some kind of HIV prevention if they stopped using Apretude. She explained that while Apretude may stay in the body for a period of time, the medication would not be in full effect.

Using two clinical trials as examples, C. Jones touted that Apretude was the superior medication when compared with other options like once-daily Truvada.The first study was a clinical trial where participants were randomly assigned to either receive Apretude + Truvada placebo or Truvada + Apretude placebo. Neither the participants nor investigators knew which medicine the participants were receiving. 4,5666 HIV-1 negative cisgender men and transgender women at risk for acquiring HIV in the United States were recruited for the trial. C. Jones said Apretude was superior over oral Truvada and HIV transmissions occurred 3 times less often with Apretude.

In the second study, participants were randomly assigned to receive either Apretude +Truvada placebo or Truvada + Apretude placebo. Neither participants nor investigators knew which medicine was given to the participants. 3,224 women in Sub-Saharan Africa had participated. The study found that with Apretude, HIV transmissions occurred 12 times less often.

In both studies, participants were given a survey after the completion of the clinical trials. Most participants had selected Apretude over Truvada. 96 of those who responded in the first study selected Apretude as their preferred PrEP choice. 78% of participants in the second study choose Apretude over Truvada.

T. Dominique said women were often told to use condoms in these types of trials due to the risk of pregnancy. She said the fact that they saw HIV transmission in the study was a worrisome result.

C. Jones said that when the provider scheduled an appointment for Apretude, the patient and provider would select 1 day every other month as the target appointment date. The provider designates 7 days before the target appointment date and 7 days after the target appointment date as the window that the patient can receive Apretude without changes to their regimen. If a patient misses their window, they would be required to restart their Apretude regimen starting with injections every month for two months.

K. Carter asked how many sex workers were involved in the study. He believed that these types of studies were beneficial for sex workers since they had to worry less about HIV transmission while in the study. C. Jones said she didn't have an answer and would need to ask their coordinator. K. Thomas cautioned that they should avoid grouping people in this manner or they risked encouraging stigma. She said the true test on whether they should take Apretude was whether the person was having sex or not.

Apretude was covered broadly by insurance such as Medicaid, Medicare and commercial insurance. C. Jones said they can get support for Apretude on their ViiVConnect website. K. Carter asked if they had a patient assistance program. C. Jones replied they did have an assistance program for those who were underinsured and uninsured. C. Driscoll said the patient assistance program could be used by those who were undocumented. J. Ealy wondered if the medication had affected HIV-2. C. Jones answered that they do not have data on that and the team at ViiV had focused on HIV-1. T. Dominique asked whether there would be a drug interaction if a person missed their dosage of Apretude and used a different PrEP drug. C. Jones replied that there would be no interaction, but advised that they should contact their provider. She said they should be transparent with their provider with any medication they were taking, including vitamins.

**Other Business:**
None.

**Announcements:**
T. Dominique said A. Scruggs was hosting a ball on HIV Is Not A Crime Day on Saturday. She then reminded everyone to comment on the PA Integrated Plan.

J. Haskins said tonight was the 50th anniversary of the Philadelphia Gay News and they were holding a ball. He also announced the William Way Center was holding their Indigo Ball on February 28th.

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

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

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