



Department of  
**Public Health**

CITY OF PHILADELPHIA

# HIV Integrated Plan 2022-2026

## Treat, Respond, and Strengthen the HIV Workforce in the EMA

November 9, 2023



# AGENDA

- Progress on the Treat Pillar of the HIV Integrated Plan
- Progress on the Respond Pillar of the HIV Integrated Plan
- Progress on the Develop the HIV Workforce Pillar of the HIV Integrated Plan



# TREAT PILLAR



## TREAT INTEGRATED PLAN GOALS

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Goal 1: 95% of persons living with HIV will be virally suppressed by 2026.

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Goal 2: 95% of persons living with HIV will be engaged in HIV medical care by 2026.

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Goal 2: Eliminate disparities in HIV outcomes.

# GOAL 1: OBJECTIVE 1: INCREASE UPTAKE OF IART AMONG ELIGIBLE PERSON NEWLY DIAGNOSED WITH HIV TO 95%.

## Key activities and strategies

- 1.1 Increase access to immediate ART initiation (within 96 hours).
- 1.2 Continue to support an established low-threshold HIV treatment site in an underserved area of Philadelphia designed to serve PWID.
- 1.3 Support and explore other low-threshold treatment models for HIV care (e.g., telemedicine, nurse-extended visits, pharmacy-supported HIV care) throughout the jurisdiction.
- 1.4 Provide technical assistance in high-volume substance abuse treatment programs to diagnose HIV, immediately initiate ART, and link people with HIV medical care.
- 1.5 Continue to support efforts to expand access to ADAP and emergency pharmaceutical assistance in the jurisdiction.

# I.I: IMMEDIATE ART IMPLEMENTATION

- Immediate Antiretroviral Therapy (iART) is the initiation of ART treatment within 96 hours of diagnosis (first reactive test).
- EHE Learning Collaborative iART Working Group open to all EMA care providers
- EHE-funded iART Project
  - Phase I: RW-funded OAHS Providers in Philadelphia completed in March 2023
  - Phase II: Diagnosing Providers in Philadelphia, October 2023-March 2024
  - Concurrent: all EMA providers (including NJ providers) encouraged to use RWPA funds to implement iART
- EHE-funded providers were required to:
  - Develop a protocol using a checklist of required components to ensure relative uniformity across providers. Protocols are for iART and rapid restart for people returning to care.
  - Implement the approved protocol
  - Begin reporting data on time from first reactive test to treatment start on

## I.2: SANA CLINIC

- In response to the ongoing outbreak of HIV infection among people who inject drugs (PWID) in Philadelphia, PDPH AACO is funding a low-threshold storefront HIV treatment clinic called Sana Clinic at Prevention Point Philadelphia (PPP), a local syringe services program (SSP).
  - PPP noted an increase in viral suppression and adherence to medication as more clinic patients have transitioned to injectable ART.
  - As of March 2023, 11 of 55 patients (20%) are on injectable ART, and 23 of 55 (42%) patients were virally suppressed at the time of the report.
  - At last count, 17 Sana patients were provided mpox vaccine.
  - We are observing a decrease in visits from the program high of 65 active participants down to 38 in the most recent reporting period.

## I.3: ADDITIONAL STRATEGIES TO ADDRESS THE OUTBREAK AMONG PWID IN PHILADELPHIA

- One Stop Shops – Other DHH funded sites that PWID can be referred to. These sites provide services not limited to HIV treatment, PrEP, PEP, Hepatitis C treatment, MAT, distribution of or prescriptions for Naloxone
- DHH Field Services Program, through the Data to Care initiative, conducts outreach, linkage, and re-engagement services to PWID who have been diagnosed with HIV who are not in care or in care but not virally suppressed.



## I.4: PARTNERING WITH CBH (COMMUNITY BEHAVIORAL HEALTH)

- Working with our regional managed care Medicaid behavioral health payer, CBH, to support implementation of routine HIV screening at entry into Substance Use Disorder treatment intake across CBH's network, which includes the rest of the EMA in Pennsylvania
- Providing resources and support for providers who are not connected to the HIV treatment and support services system

# GOAL 1: OBJECTIVE 2: RE-ENGAGE 95% OF PEOPLE WITH HIV WHO ARE OUT OF CARE IN HIV MEDICAL CARE.

## Key activities and strategies

- 2.1 Increase re-engagement in HIV medical care by maintaining existing PDPH AACO data-to-care (D2C) activities and collaborating with the PADOH in cross-jurisdictional D2C activities.
- 2.2 Expand operating hours in RW funded O/AHS clinics to include evening and weekend appointments for HIV medical care.
- 2.3 Evaluate the need for additional medical case management services at RW funded clinical sites.
- 2.4 Strengthen the multidisciplinary team approach by supporting and evaluating a pilot program to add community health workers at one designated RW medical clinic to implement Managed Problem Solving, an evidence-based intervention.

# *PROGRESS ON OBJECTIVE 2: RE-ENGAGE 95% OF PEOPLE WITH HIV WHO ARE OUT OF CARE IN HIV MEDICAL CARE.*

Collaboration with State of PA on Data to Care (D2C) activities for people who move between Philadelphia and the PA and NJ counties for care

Establishing a data sharing agreement with NJ to share lab data across jurisdictions to support D2C efforts

EHE Engagement and Reengagement Programs

- 6 subrecipients (Penn, Temple, Mazzoni, Jefferson, Einstein, and Children's Hospital of Philadelphia), with two additional subrecipients to be announced in the coming weeks
- Program objective: to engage and re-engage PLWH in the City of Philadelphia to treat HIV and improve viral load suppression
- Agencies are required to conduct core activities that address multiple work plan objectives
  - Respond to Data/ Participate in data to Care Activities
  - Expand low-barrier service delivery initiatives (i.e. walk-ins and expanded service hours)
  - Provide iART
  - Expedite linkage to HIV care
  - Some sites are implementing MAPS+

GOAL 1: OBJECTIVE 3: ASSESS THE NEEDS OF PEOPLE AGING WITH HIV IN THE JURISDICTION, INCLUDING LONG-TERM SURVIVORS AND MORE RECENTLY DIAGNOSED PEOPLE WITH HIV OVER 50, THEN IDENTIFY AND IMPLEMENT STRATEGIES TO SUPPORT IDENTIFIED NEEDS.

### Key activities and strategies

- 3.1 Review available literature on social and health challenges for people aging with HIV, as well as evidence-based strategies to improve health outcomes among people aging with HIV.
- 3.2 Consult with stakeholders and community members regarding proposed strategies to support people aging with HIV.
- 3.3 Identify service delivery providers through RFP(s) based on needs identified from the review of the literature, consultations, and available funding.

*PROGRESS ON OBJECTIVE 3: ASSESS THE NEEDS OF PEOPLE AGING WITH HIV IN THE JURISDICTION, INCLUDING LONG-TERM SURVIVORS AND MORE RECENTLY DIAGNOSED PEOPLE WITH HIV OVER 50, THEN IDENTIFY AND IMPLEMENT STRATEGIES TO SUPPORT IDENTIFIED NEEDS.*

- EHE Community Consultation in partnership with the Elder Initiative
- Conducted the first Aging and Thriving symposium on May 23, 2023, open to community members across the EMA, and was promoted at HIPC ahead of the event.
  - Scheduling our second annual symposium for May 2024.
  - Save the date coming soon!
- Developing focus groups with partners at University of Pennsylvania on the service needs of older adults
- Developing a learning collaborative for DHH subrecipient providers on how to be an aging-ready HIV services provider, which will be open to all EMA providers

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# AGING AND THRIVING PLANNING COMMITTEE

- 
- Keith Carter- Community member
  - José De Marco- Community member
  - Andrea Lamour-Harrington-DHH
  - A.J. Scruggs- Community member
  - Waheedah Shabazz-El- Community member/  
PWN
  - Teresa Sullivan- Community member/  
FIGHT/ PWN
  - Heshie Zinman- Community member/ Elder  
Initiative
  - Ahmea Pacheco-Branch- DHH
  - Christina Cruz- DHH
  - Anna Thomas-Ferraioli- DHH
  - Debra D'Alessandro- The Health Federation

# AGING AND THRIVING WORKSHOPS

Keynote Address: "Living well with HIV & Aging with an Advocacy Agenda"

Presentation from Philadelphia Corporation for Aging on Resources for Older Adults in Phila

"Managing HIV in Older Adults: Understanding Your Labs & Common Co-Morbidities"

"How Employment Can Impact Public Benefits: Special Issues for People Over 50"

"Death and Dying/ End of Life Issues: Healing from Trauma as Long-Term Thrivers"

"Criminalization of HIV Across the Lifespan"

"Understanding & Meeting the Medical & Service Needs of Trans and Gender Non-Conforming Older Adults with HIV"

Elder Housing Resources

"Getting Our Affairs in Order: Insurance, Wills, Advanced Directives & Powers of Attorney"

Closing Plenary: "Call to Action Panel"

## GOAL 2: OBJECTIVE 1: ADDRESS SOCIAL AND STRUCTURAL INFLUENCERS OF HEALTH TO REDUCE BARRIERS TO ENGAGEMENT IN HIV MEDICAL CARE FOR PEOPLE WITH HIV WHO SEEK BEHAVIORAL HEALTH CARE, HOUSING, AND SUPPORTIVE SERVICES

### Key activities and strategies

- 1.1 Reduce barriers to behavioral health care by expanding service access through partnership with the Department of Behavioral Health and Intellectual disAbility Services.
- 1.2 Increase the coordination of mental health care and HIV care for people with HIV through integration of additional behavioral health consultants using the Primary Care Behavioral Health model of targeted assessment, short term intervention, and brief follow-up.
- 1.3 Pursue the implementation of a transitional housing program to assist people with HIV who are rent-burdened or experiencing homelessness with the goal of permanent housing by providing short-term transitional housing with an intensive medical case management component.
- 1.4 Support homelessness prevention activities by providing direct emergency financial assistance for rent and utilities in the EMA.
- 1.5 Ensure medical case managers continue to assess and address housing instability when developing assessments and completing and reviewing clients' service care plans.



## GOAL 2: OBJECTIVE 1: ADDRESS SOCIAL AND STRUCTURAL INFLUENCERS OF HEALTH TO REDUCE BARRIERS TO ENGAGEMENT IN HIV MEDICAL CARE FOR PEOPLE WITH HIV WHO SEEK BEHAVIORAL HEALTH CARE, HOUSING, AND SUPPORTIVE SERVICES (CONTINUED)

### Key activities and strategies (continued)

- 1.6 Address transportation barriers for medical appointments and other necessary services.
- 1.7 Support integration of trauma-informed approaches to HIV care.
- 1.8 Continue to provide necessary linguistic services.
- 1.9 Provide supportive services that reduce individual barriers to engagement in care and treatment adherence (i.e., Food Bank/Home Delivered Services, Emergency Financial Assistance, transitional housing, etc.).

*PROGRESS ON OBJECTIVE 1: ADDRESS SOCIAL AND STRUCTURAL INFLUENCERS OF HEALTH TO REDUCE BARRIERS TO ENGAGEMENT IN HIV MEDICAL CARE FOR PEOPLE WITH HIV WHO SEEK BEHAVIORAL HEALTH CARE, HOUSING, AND SUPPORTIVE SERVICES*

State Rebate-funded Transitional Housing Program launching in 2024!

- PDPH DHH is in pre-implementation of a Pennsylvania State Rebate funded Transitional Housing Program
  - First funded site is in Philadelphia, with a plan to expand to PA counties in the future
  - Employs a housing first approach--no sobriety preconditions for housing placement
  - Available for income-eligible individuals and households impacted by HIV who are houseless, housing insecure, or rent burdened.
  - Goal: transition participants to permanent housing

## GOAL 2: OBJECTIVE 2: PROVIDE PUBLIC-FACING INFORMATION ON THE AVAILABILITY OF HIV TREATMENT AND SUPPORTIVE SERVICES FOR PEOPLE WITH HIV.

### Key activities and strategies

- 2.1 Increase visibility of and increase the awareness of the RWHAP funded service delivery system to people who are under-insured and uninsured to reduce barriers to care related to affordability.
- 2.2 Reduce HIV stigma by including health equity and cultural humility approaches to future funding Request for Proposals that address provider-initiated stigma and bias.
- 2.3 Develop and distribute rights-based consumer medical education, including toolkits for people with HIV.
- 2.4 Increase the capacity of PDPH AACO-funded HIV care providers to implement evidence-based new and expanded activities, through targeted technical assistance activities to improve health outcomes of people with HIV.

## GOAL 2: OBJECTIVE 2: PROVIDE PUBLIC-FACING INFORMATION ON THE AVAILABILITY OF HIV TREATMENT AND SUPPORTIVE SERVICES FOR PEOPLE WITH HIV.

### Key activities and strategies (continued)

- 2.5 Maintain a public online data dashboard presenting local EHE-related information that displays key performance indicators for providers including retention and viral suppression metrics for individual RWHAP-funded medical facilities.
- 2.6 Continue ongoing data dissemination to key community partners and internal and external stakeholders to increase knowledge, close information gaps, and provide educational resources to empower people with HIV to improve their health.
- 2.7 Promote awareness among providers and people with HIV regarding the availability of injectable ART options, which may contribute to improved engagement in care and VLS for patients with barriers to adherence.
- 2.8 Ensure that non-digital and diverse mechanisms are used to disseminate information to address the digital divide.

## *PROGRESS ON OBJECTIVE 2: PROVIDE PUBLIC-FACING INFORMATION ON THE AVAILABILITY OF HIV TREATMENT AND SUPPORTIVE SERVICES FOR PEOPLE WITH HIV.*

### In Development:

- Status-Neutral and HIV treatment-focused pages on Phillykeeponloving.com, including the following topics:
  - Paying for HIV Care
  - New Diagnosis
  - Stigma
  - Personal Stories
  - Know Your Rights
  - Getting into HIV Care
  - HIV Treatment Information
- Online resource finder tool for HIV prevention, care, and support services across the EMA
  - Searchable and filter-able tool that can be used on a phone or computer to search for local resources
  - Focus groups being conducted soon to get community member insight on service and service-finding needs
  - Health Information Helpline available for people who prefer to consult with a person: (215) 985-2437

## GOAL 3: OBJECTIVE 1: ADDRESS HEALTH EQUITY DISPARITIES IN RWHAP FUNDED HIV CARE FACILITIES.

### Key activities and strategies

- 1.1 Pilot health equity assessments and follow-up staff surveys at select provider sites.
- 1.2 With select providers, pilot test the low literacy health guide specific to HIV developed by PDPH DHH.
- 1.3 Evaluate pilot programs for lessons learned and best practices.
- 1.4 Expand efforts to all funded treatment providers in the EMA.

## GOAL 3: OBJECTIVE 2: EXPAND THE EVALUATION OF HIV CARE PROGRAMS TO REDUCE HEALTH DISPARITIES.

### Key activities and strategies

- 2.1 Implement benchmarks based on lessons learned from evaluation of pilot programs.
- 2.2 Continue HRSA/ HAB measures for all RWHAP-funded services.
- 2.3 Analyze public health data to evaluate health outcomes for priority populations.
- 2.4 Implement continuous improvement projects to address noted disparities in services.

## GOAL 3: OBJECTIVE 3: PROVIDE TRAINING RELATED TO HEALTH EQUITY ISSUES AND KEY POPULATIONS TO ALL SUBRECIPIENTS.

### Key activities and strategies

- 3.1 Continue explored identity series and other health equity initiatives for PDPH AACO internal staff.
- 3.2 Implement the Health Equity Institute for EHE-funded providers to explore and discuss the intersectional identities of people impacted by HIV in order to identify disparities and begin to develop strategies to address disparities in the HIV prevention and care service systems, as well as other health equity issues.



## *PROGRESS ON OBJECTIVE 1-3: ELIMINATE HIV-RELATED DISPARITIES IN HIV OUTCOMES.*

- Health Equity Assessments and Plans
  - DHH helps providers identify practices that need to be changed
  - Providers make a plan to make changes that is monitored by DHH
- Health Equity Institute
  - First year-long series for EHE-funded providers completed on 11/8/23
  - Voluntary series for MCM providers available through the MidAtlantic AETC has completed 6 sessions of first cycle, with 6 remaining
- Ongoing program monitoring and evaluation, including monitoring on disparity data



# RESPOND PILLAR



## RESPOND INTEGRATED PLAN GOALS

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**Goal 1: Identify and investigate active HIV transmission clusters and respond to all HIV outbreaks.**

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**Goal 2: Ensure data sharing with the Pennsylvania and New Jersey Departments of Health**

# GOAL 1: OBJECTIVE 1: MAINTAIN A ROBUST CORE HIV PUBLIC HEALTH DATA SYSTEM TO IDENTIFY OUTBREAKS OF HIV.

## Key activities and strategies

- 1.1 Increase the capacity for HIV-related lab reporting.
- 1.2 Maintain capacity for molecular HIV surveillance activities and cluster review.
- 1.3 Maintain capacity for mobilizing outbreak response in case a cluster or outbreak is identified.

## GOAL 1: OBJECTIVE 2: MAINTAIN OUTBREAK RESPONSE PLANS AND STRUCTURES TO RESPOND TO OUTBREAKS AND CLUSTERS THAT REQUIRE AN ESCALATED RESPONSE.

### Key activities and strategies

- 2.1 When an escalated response is required, immediately convene a cross-divisional working group including all divisions that interact with the community impacted by the outbreak.
- 2.2 Direct/re-direct existing HIV prevention and care program activities to intervene in the outbreak/cluster. Quickly implement outbreak response plan as necessary to respond to rapidly growing networks of HIV transmission.
- 2.3 Implement any enhanced interventions identified in the Outbreak Response Plan and/or developed in response to the outbreak.
- 2.4 Implement a communication strategy to inform and recommend actions for providers and stakeholders impacted by the outbreak.
- 2.5 Monitor and evaluate the escalated outbreak response.
- 2.6 Streamline systems of data management to avoid duplication, enhance data-linkage and ascertain death factors.

## GOAL 1, OBJECTIVE 3: INTERVENE IN ALL CLUSTERS THAT ARE IDENTIFIED.

### Key activities and strategies

- 3.1 Initiate an Outbreak Response Plan (ORP) within 72 Hours of an outbreak declaration.
- 3.2 Enact continuous evaluation of the ORP throughout the course of a determined outbreak.
- 3.3 Conduct an overall evaluation of the activities of the ORP once a determined outbreak has been contained.
- 3.4 Summarize and report the activities of the ORP for a determined outbreak once the outbreak has been contained.

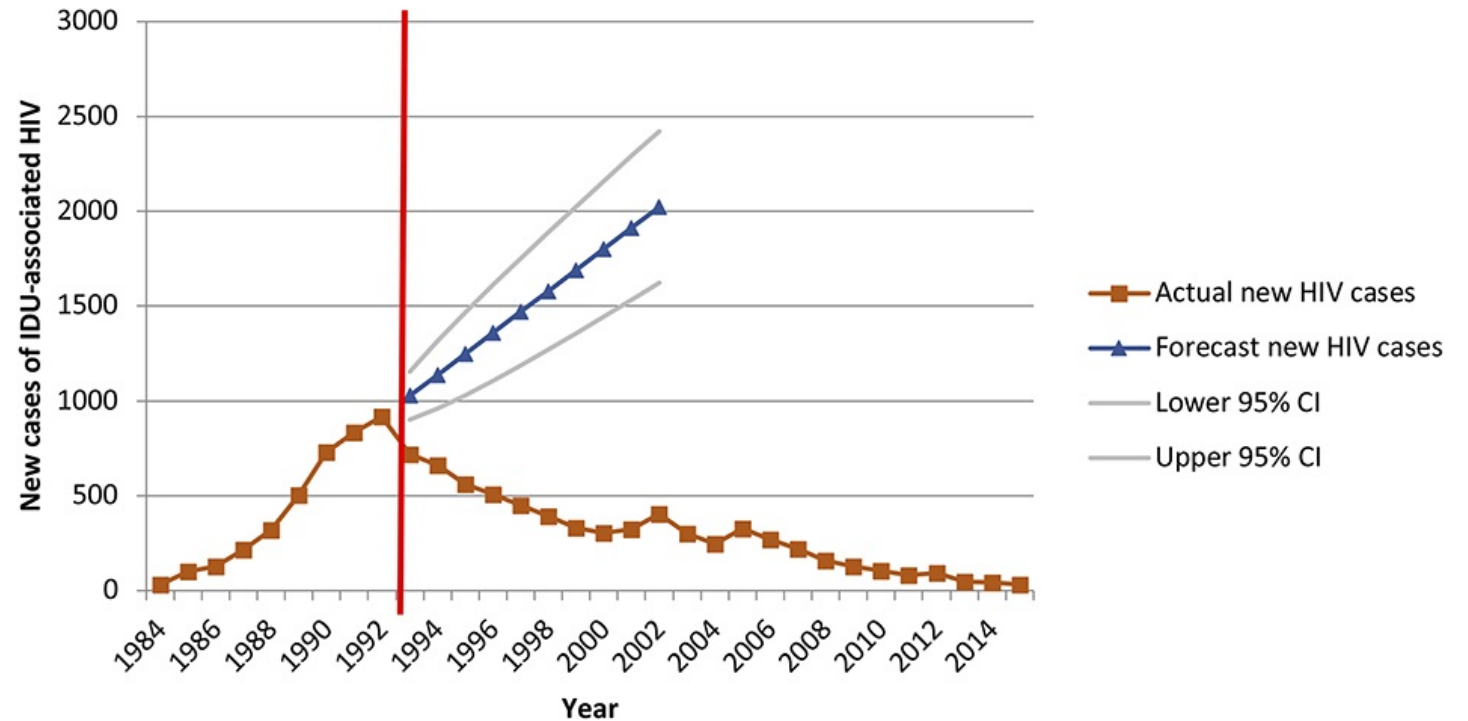
## GOAL 2, OBJECTIVE 1-2: EXPAND AND IMPLEMENT DATA SHARING WITH THE NEW JERSEY DEPARTMENT OF HEALTH.

### Key activities and strategies

- 1.1 Expand data to care activities.
- 1.2 Coordinate cross jurisdictional response.
- 2.1 Pursue the feasibility of coordinating a cross jurisdictional outreach response team.

## HIV OUTBREAK AMONG PWID IN PHILADELPHIA

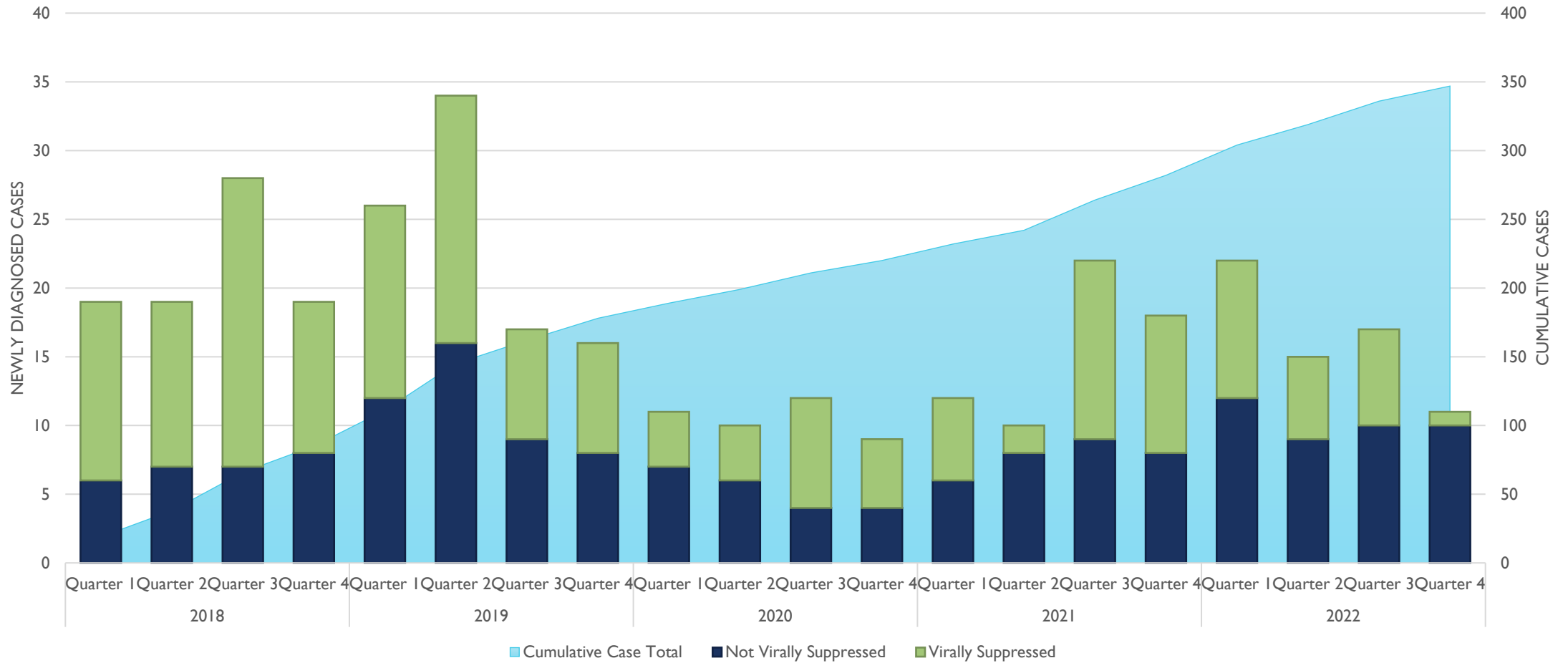
- PWID were historically heavily impacted in Philadelphia.
  - Syringe Services Programs (SSPs) began legally operating in Philadelphia in 1992, after then-Mayor Ed Rendell signed Executive Order 4-92, authorizing SSPs as a public health tool to address HIV.
  - HIV cases peaked the same year (819 new cases)
  - Since 1992, new cases fell continuously until 2016, when there were 32 new cases.
- In 2018, an outbreak was identified among PWID, and there has been an active response since that time.



Source: Philadelphia Department of Public Health. The Effectiveness of Syringe Services Programs. CHART 2022;7(1):1-8.

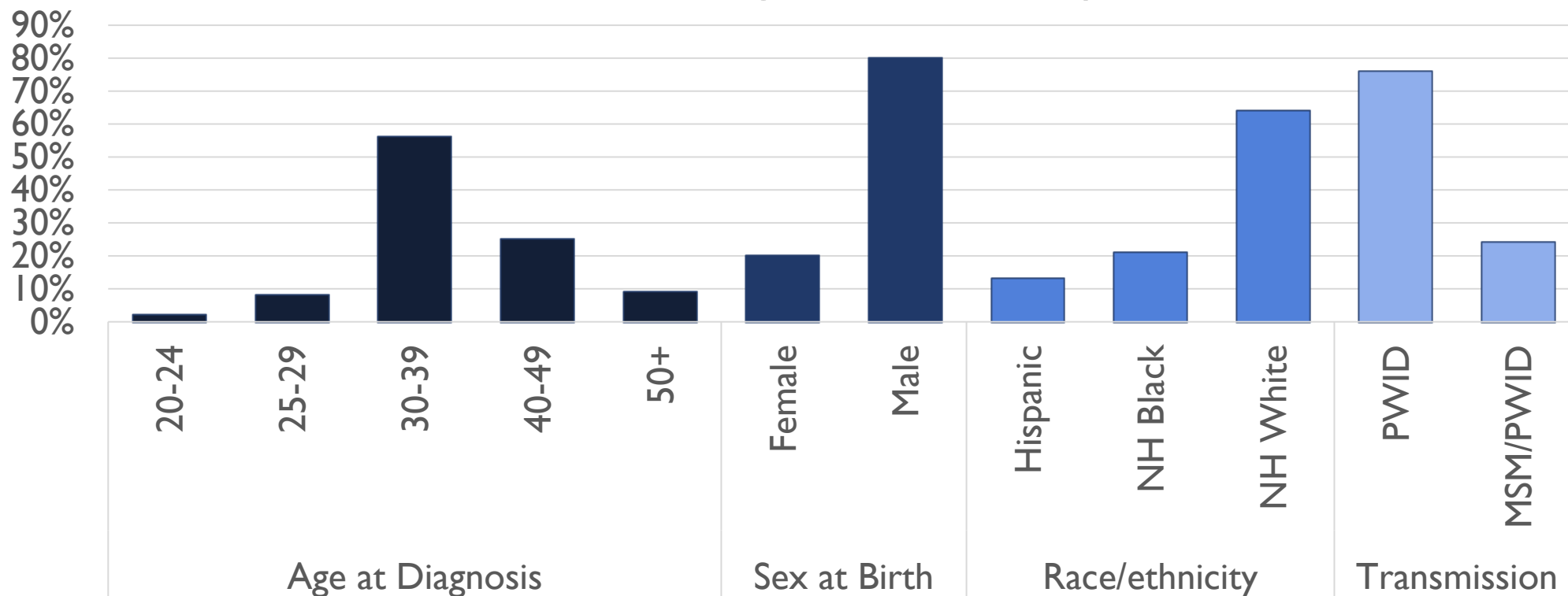


# Newly Diagnosed HIV Cases by Quarter Among Persons Who Inject Drugs, Philadelphia, 2018-2022



# DIAGNOSES WERE AMONG PWID AND PWID/MSM

Characteristics of PWID Diagnosed in Philadelphia 2021 - 2022\*



\*YTD

Note: Data collected through Mar 31, 2022; Cases include PWID/MSM diagnosed in Philadelphia

# RESPOND ACTIVITIES

- Activities described under Diagnose, Treat, and Prevent
- Epi and Surveillance continued monitoring of the outbreak
- Coordinate with PADOH and NJDOH on any outbreaks identified to extend outside Philadelphia
- Communications
  - Most Recent Health Advisory: Increase in HIV Diagnoses in People Who Inject Drugs
  - Plain language Outbreak Advisory—distributed to PDPH DHH prevention and treatment providers, Emergency Departments, mobile PWUD sites, and through SUPHR and the Division of Disease Control Viral Hepatitis Program, Resource Hubs, STD program
  - Health Alert flyer for the population (English and Spanish) –distributed as above
- Evaluation: working with CDC partners to evaluate the response to identify effective strategies/ better understand the current population

# OUTREACH MATERIALS

Health Alert: Available in English and Spanish

**Health Alert**  
For People Who Inject Drugs

**HIV is increasing in Philadelphia**  
Here are steps you can take to reduce your risk

**Know your status**  
Get tested for HIV at your medical provider or one of the walk-in testing sites listed on the back of this flyer.

**Use new syringes and works**  
Get new syringes from a harm reduction provider near you. Avoid sharing injection equipment and works, including needles, cotton, cookers and water.

**Take PrEP**  
PrEP is a medication that prevents a person from getting HIV. It can be taken as a daily pill or as a less frequent injection.

**Use Condoms**  
Use a condom every time during sex. Free condoms are available.

**If you test positive, start ART right away**  
Treatment for HIV prevents people with HIV from getting sick and people who remain in treatment reduce their risk of passing HIV to others. New treatment options are available, including less frequent injectable options.

For help finding local resources, including free HIV testing, PrEP, HIV treatment, and free condoms, call the Health Information Line at 215-985-2437, 8:30 a.m. to 5:30 p.m.

**HIV Testing, Prevention, and Care Resources**

**Find a Free HIV Test Near You!**  
All locations offer free walk-in HIV testing

**Kensington**

- Prevention Point 2913 Kensington Ave 215-634-5272
- Preventing HIV Project/Get Up 3130 Kensington Ave 215-888-2448
- Congreso de Latinos Unidos 216 W Somerset St 215-763-8870

**North Philadelphia / North of Center City**

- ODAAT 2532 N. Broad St 215-226-7860
- Bebashi 1235 Spring Garden St 215-769-3561

**South Philadelphia**

- Health Center #1 1900 S. Broad St
- Mazzoni Center 1348 Bainbridge St 215-563-0652

**Southwest / West Philadelphia**

- Haven Youth Center 6934 Woodland Ave 215-985-2510

**Find HIV Care!**  
Everyone with HIV in Philadelphia can get the care and medication they need, even if they can't pay or don't have insurance. To find a provider, call the PDPH Health Information Line at 215-985-2437, 8:30 a.m. to 5:30 p.m.

**Find PrEP!**  
Ask your HIV testing provider to connect you to PrEP. You can also call the PDPH Health Information Line at 215-985-2437 or visit <https://phillykeeponloving.com/hiv-prep/> to find a PrEP provider near you.

**Spread the word about the increase in HIV!**

**Your Health MATTERS**  
**FIND YOUR ONE-STOP SHOP**  
A list of free/low cost clinics offering care for your physical and mental health

Hepatitis Program-  
Produced Wallet  
Sized One Stop  
Shop Folded Card

DHH Health  
Information  
Helpline Card

**FREE & ANONYMOUS**  
Health Information Helpline 215-985-2437

**WE WANT TO HELP YOU.**  
Call Us!  
Monday - Friday  
8:30AM to 4:30PM  
The Philadelphia  
Department of Public Health

# MESSAGING TO PROVIDERS: PROVIDERS CAN HELP!

1. **Tell clients about the increase in HIV diagnoses.** Patients and clients who know their risk can take steps to prevent HIV.
2. **Offer HIV testing for people who don't know their status.**
  - If a client tests **positive**, connect them to HIV treatment right away.
  - If a client tests **negative**, connect them to a provider for medicine to prevent HIV (PrEP).
3. **Talk to clients about steps they can take to prevent the spread of HIV**
  - All Clients, regardless of HIV status:
    - Use clean syringes and supplies for each injection and safely dispose of needles. Syringe service programs offer sterile syringes, harm reduction supplies, and disposal services. Consider distributing syringes, works, and supplies to your clients.
    - Use condoms to prevent the spread of HIV through sex.
  - Clients who test HIV negative can take PrEP to prevent HIV.
  - Clients who are living with HIV can take ART to treat HIV.
4. **Reduce stigma** Harm reduction services protect the health of Philadelphians and **DO NOT** encourage or increase drug use.

## MESSAGING TO PROVIDERS: FIND RESOURCES



- **Find HIV Testing:** Find a testing site at <https://phillykeeponloving.com/hiv-testing/>
- **Find PrEP:** Pre-exposure prophylaxis (or PrEP) is a kind of medicine that can help protect people from HIV.
  - Individuals can get PrEP from Health Center #1 on 1930 S. Broad Street.
  - Other PrEP providers can be found at <https://phillykeeponloving.com/hiv-prep/>.
- **Connect to HIV Treatment** If a person has HIV and is not in care, get help by calling the PDPH Health Information Helpline at (215) 985-2437, 8:30am-5:30pm.
- **Find Harm Reduction Resources** at <https://www.substanceusephilly.com/harmreduction>

# XYLAZINE IN THE LOCAL STREET DRUG SUPPLY

- On December 8, 2022, Philadelphia Department of Public Health issued a Health Update regarding the increased presence of xylazine in the opioids, with increased concentrations of xylazine being observed in street drugs during 2022.
- Xylazine is associated with increasing fatal overdoses and extensive and severe wounds. Wound care needs can be emergent in nature, leaving HIV care discussions to a lower priority for patients.
- Substanceusephilly.com has published informational resources and has started to distribute xylazine test strips, which became available on the market in March 2023.

know what's in your drugs  
**TRANQ | XYLAZINE**




Xylazine is a veterinary tranquilizer that is cut in dope to give fentanyl longer legs. It's known as "anestesia de caballo" in Puerto Rico and "tranq" in Philly.


<b>Tranq was found in over</b> <b>90%</b> of dope samples tested in Philly in 2021	 When tranq is mixed with another drug (like fentanyl, heroin, or a benzo), the chance of overdose increases. If someone is overdosing administer naloxone like you normally would. If the person starts breathing again but is still sedated, they don't need more naloxone. Put them in rescue position and keep an eye on them.
Dope with tranq was first seen in Puerto Rico. Today, it is being found in more and more places across the US.	 These wounds are seen regardless of how people use: smoking, snorting, or injecting. It's very difficult for these wounds to heal on their own so it is important to get medical attention if you have one.

**Tranq has been associated with severe wounds, which spread and worsen very quickly.**

**What can you do if you think there is tranq in your dope?**

First, try to ask around and see how the drug is making other people feel before you buy or use it. Since tranq can cause a really heavy nod, try to use somewhere that you will be safe and won't fall and hurt yourself. Finally, if you think there is tranq in your dope let others know—including someone at your local exchange program—so folks know to be careful.

 carry narcan (naloxone)	 start low and go slow	 tell someone you're using	<b>Never Use Alone</b> English hotline: 800-484-3731 Spanish hotline: 800-928-5330 <b>The Brave App</b> download in the app store
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Created by the Substance Use and Harm Reduction (SUPHR) division  
For more information on tranq in Philadelphia visit [substanceusephilly.com/tranq](https://www.substanceusephilly.com/tranq)

Source: Philadelphia Department of Public Health. Xylazine (tranq) exposure among people who use substances in Philadelphia. Health Update, December 8, 2022. Accessed at [https://hip.phila.gov/document/3154/PDPH-HAN\\_Update\\_13\\_Xylazine\\_12.08.2022.pdf](https://hip.phila.gov/document/3154/PDPH-HAN_Update_13_Xylazine_12.08.2022.pdf); Substance Use Philly Website, <https://www.substanceusephilly.com/tranq>.



# WORKFORCE PILLAR





# STRENGTHEN THE HIV WORKFORCE INTEGRATED PLAN GOALS

Increase the capacity of the HIV workforce to provide quality diagnose, treat, and prevent services.

Provide training related to health equity issues and other work-related topics

Expand on the radical customer service approach at the provider level

Support efforts of funded providers to diversity their HIV workforce.

Continue to expand PDPH training opportunities, education, and technical assistance for frontline staff on HIV testing and linkage to care, HIV treatment, and HIV prevention including nPEP and PrEP.

## *PROGRESS ON STRENGTHENING THE HIV WORKFORCE*

- Health Equity Institute
- Radical Customer Service concepts implemented in DHH-funded programs across the EMA, for example, concepts are incorporated in EHE Engagement and Reengagement, Sana Clinic, and iART protocol approaches.

A grayscale photograph of the Philadelphia City Hall building, a grand neoclassical structure with a prominent clock tower and ornate facade. The building is the background for the text. In the foreground, there is a fountain with several water jets and a few people walking on the plaza.

# Questions? Reach out to PDPH!

**Anna Thomas-Ferraioli**

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