

MEETING AGENDA

VIRTUAL:

Wednesday, February 28th, 2024

2:30 p.m. – 4:30 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes Prevention Committee (January 24th, 2024)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Presentation
 - Stigma and HIV
- ◆ Discussion Item
 - CDC NOFO Update by DHH
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

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

The next Prevention Committee meeting is
Virtual: March 27th, 2024

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**Prevention Committee
Meeting Minutes of
Wednesday, January 24th, 2024
2:30 p.m. – 4:30 p.m.**

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

Present: Keith Carter, Kenneth Cruz, Gus Grannan, Loretta Matus, Erica Rand, Clint Steib (Co-Chair), Desiree Surplus (Co-Chair), Mystkue Woods

Guest: Brian Hernandez (PDPH), Melissa Hobkirk (Hep CAP),

Excused: Debra D'Alessandro, James Ealy

Staff: Beth Celeste, Tiffany Dominique, Sofia Moletteri, Kevin Trinh

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

Approval of Agenda:

C. Steib referred to the January 2024 Prevention Committee agenda and asked for a motion to approve. **Motion:** K. Carter motioned; L. Matus seconded to approve the January Prevention Committee agenda via Zoom poll. **Motion passed: 5 in favor, 1 abstaining.** The January 2024 agenda was approved.

Approval of Minutes (November 16th, 2023):

C. Steib referred to the November 2023 Prevention Committee/Comprehensive Planning Committee meeting minutes. **Motion:** E. Rand motioned; G. Grannan seconded to approve the November 2023 Prevention Committee/ Comprehensive Planning Committee meeting minutes and agenda via a Zoom poll. **Motion passed: 5 in favor 3 abstained.** The November 2023 minutes were approved.

Report of Co-chairs

C. Steib reminded the committee of the virtual Valentine's Day Meet and Greet event. He asked the committee for their opinion on the time for the event on Valentine's Day. K. Carter suggested lunch time for 1 hour 45 minutes. The committee agreed to lunch time so it would not interfere with people's workdays. T. Dominique said the event would be called Spread the Love of Prevention and would take place on February 14th.

C. Steib read a news article that stated that Philadelphia had the highest rate of sexually transmitted diseases in the county. He suggested that they could have a presentation on the topic in the future.

Report of Staff:

None.

Presentation:

-Hep CAP Presentation-

M. Hobkirk introduced herself as the Deputy Program Manager of the Viral Hepatitis Program at the Philadelphia Department of Public Health (PDPH) and the administrator for the Hepatitis C Allies of Philadelphia (HepCAP). She welcomed the committee to ask questions during the presentation.

M. Hobkirk gave a brief overview of the presentation. The presentation would start with a review of what viral hepatitis was. Then M. Hobkirk would discuss Viral Hepatitis Elimination Planning on a national and local level. Then she would review policy in 2023 and the engagement activities they were conducting in 2024. Finally, she would speak about viral hepatitis resources and their opportunities for collaboration with other organizations.

Following the overview, M. Hobkirk defined hepatitis as inflammation of the liver. This could be caused by many different factors such as viruses or a reaction to medication. H. Hobkirk said they would be focusing on hepatitis caused by viruses. There were many types of viral hepatitis labeled A through G. The most common form was hepatitis A, B and C. M. Hobkirk said the dangers of viral hepatitis came from its ability to harden the liver and prevent blood flow. She then reviewed each type of viral hepatitis. She spoke about the transmission of each, whether a vaccine was available, and what treatment was available for those who were positive for hepatitis.

K. Carter mentioned that the cost of hepatitis medication was expensive. T. Dominique asked about the cost of the vaccines for hepatitis A and B. M. Hobkirk said the cost of the vaccine was covered by insurance. There was recently a co-pay requirement for the two-dose vaccine. She said most people would likely want the two-dose vaccine over a three-dose vaccine due to convenience. However, insurance companies were less likely to cover the two-dose vaccine. She said they had been working with other organizations such as the Immunization Group and Bioterrorism Preparedness to offer the vaccine to people who use drugs and people without homes. She mentioned that the city health centers would offer the vaccines for a \$1 co-pay.

M. Hobkirk said the World Health Organization (WHO) was working on a Hepatitis Elimination Plan. The WHO introduced the plan in 2015. They wanted to reduce hepatitis B and C now that they had a vaccine to prevent hepatitis B and a cure for hepatitis C. They aimed to reduce new transmissions by 2030.

In addition to the international plan from WHO, the United States had a national plan. This plan was introduced in 2021 and was based on the End the Epidemic (EHE) initiative and its emphasis on supporting priority populations. She said the national plan and the local plans owed much to the EHE.

M. Hobkirk said they were waiting for approval to unveil more details on the Viral Hepatitis Elimination Plan in Philadelphia. T. Dominique noticed a mention in the presentation about the comparison between the Pennsylvania and Philadelphia Hepatitis Elimination plans. She asked if there was any overlap between the two plans. M. Hobkirk said they had adopted many parts of

the Pennsylvania plan as their own but they had to make changes because Pennsylvania as a whole was more rural than Philadelphia.

M. Hobkirk showed a 2021 map of hepatitis B prevalence in Philadelphia. She estimated that 28,259 people in Philadelphia were living with chronic hepatitis B. She acknowledged that 1.8% of the population seemed low but reminded the committee that many people were not testing for hepatitis and the actual number could be higher. On the next slide, there was a 2021 map of hepatitis C prevalence in Philadelphia. She estimated that there were 52,640 people or 3.3% of Philadelphians living with chronic hepatitis C. She said this was an estimate because they do not have a way to collect information on people who have recovered from the virus.

After reviewing the maps, M. Hobkirk moved to considerations for the future. She said they had funding to create an elimination plan but lacked the funding to implement it in 2023. They would look for opportunities for future implementation. She then spoke about how they formed a technical advisory team and adhered to the PA Department of Health Elimination Plan that was published in February 2022.

As mentioned in the overview, the next section was the review of policy in 2023. M. Hobkirk was excited about the policy updates in 2023. She said the policy that had set the stage for 2023 was the removal of prior authorization for hepatitis C virus (HCV) treatment. This meant easier access to HCV treatment for patients and encouraged providers to prescribe the treatment. There was also a National HCV elimination plan backed by the White House that could bring forward more priority and funding to address the issue. She spoke about universal hepatitis B virus (HBV) testing recommendations and how it meant anyone 18 years old or older could be tested to know their status. It was also recommended that anyone between the ages of 18 to 64 could request a vaccine and receive it.

K. Carter asked if patients were offered an HIV and hepatitis test at the same time when they visited a health center. M. Hobkirk said it depended on the health center whether both tests were offered at the same time. T. Dominique asked if it had to be U.S. Task Force grade A to be considered universal. M. Hobkirk said she was unsure and would need to check on that. C. Steib asked if patients visiting health centers for STIs were also given hepatitis tests as part of STI testing. M. Hobkirk said she could not speak for all the health centers because they could operate in different ways. She said HepCAP worked closely with Health Center 1 and noted that this specific health center offered hepatitis tests. However, it was not automatically included in STI tests. M. Hobkirk said this was a good idea and that the new information to come would likely spark conversations around more routine hepatitis tests in health centers.

Moving forward, she spoke about the current state of HepCAP in 2024. Overall, they had challenges with COVID-19 and experienced loss of funding and staff reduction. In 2024, they received more funding and now had a full staff. She said they were focusing on community engagement through direct outreach to aging populations, faith-based groups, and LGBTQIA+ organizations. They attended onsite events such as health fairs and wellness clinics and provided educational material. They also partnered with community organizations to coordinate HBV vaccine distribution. She said they hoped to continue coordinating educational opportunities with the community and with pharmacists. They also looked to expand technical assistance with

organizations and clinics that work with people who use drugs. They aimed to work with Community Behavioral Health.

M. Hobkirk said they were always looking for feedback from the community and their partners. She said HepCAP collaborated with Hep B United Philadelphia and the Community Advisory Board. They were always looking for new HepCAP members. Additionally, HepCAP had a biweekly newsletter that helped the community stay up-to-date with the latest Philadelphia hepatitis-related news and resources. They also offered free materials of their hepatitis B and C educational materials in various languages.

M. Hobkirk opened the presentation to the committee members with 4 questions. These questions were:

1. What organization or community leaders should we reach out to?
2. What are some challenges people in your community face while accessing healthcare?
3. Describe some strengths of your community.
4. How can we better engage people with lived experiences from key communities?

K. Carter said there was a symposium on May 28th at the DoubleTree Hotel called ‘Aging With HIV.’ He said that was an opportunity to educate the community around hepatitis. K. Carter then suggested more infographics in the presentation and educational materials. L. Matus asked if the presentation was available in other languages. M. Hobkirk said they were working on this issue. She said they were currently asking organizations to provide interpreters to translate their materials. Though they currently had materials in other languages, their staff did not cover all language needed for translation and interpretation.

M. Woods recommended that HepCAP reach out to the community directly to increase outreach. This could mean speaking to people on the corner. M. Woods recommended that they contact BEBASHI, Colours, Valley Youth House, and Covenant House. K. Carter suggested speaking to barbers and beauty salons. He said there was an organization of barbers that worked to educate and debunk misinformation. C. Steib said he could provide a list of Health Resource Centers that they could contact.

C. Steib said he had heard of a company called bioLytical which was releasing a HepC and HIV combination test. M. Hobkirk asked if this was a confirmatory test or an antibody test. C. Steib said it was an antibody test.

M. Hobkirk thanked the committee for the invitation and encouraged everyone to visit HepCAP’s social media pages and website. M. Hobkirk sent the committee her email address and encouraged them to email her with questions.

C. Steib asked the committee if there were any ideas for future presentations. L. Matus said she would like to hear more about wound care and tranquilizers. K. Carter agreed that these were topics he wanted more information about.

K. Cruz said he wanted a more comprehensive discussion about how people's behaviors were affected by interventions and vice versa. K. Carter suggested reaching out to B. Carter at the University of Pennsylvania. T. Dominique said she could do this.

Any Other Business:

None.

Announcements:

M. Woods announced an ice cream social on February 7th at 5pm. She shared a flier with the committee in the chat. The Ice Cream Social would be hosted by the Dorothy D. Allen Community Center and would focus on HIV education and prevention. It would be open to those 14 years old and older.

Adjournment:

C. Steib called for a motion to adjourn. **Motion:** K. Carter motioned, L. Matus seconded to adjourn the January Prevention Committee meeting. **Motion passed:** Meeting adjourned at 3:44 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- January 2024 Prevention Committee Meeting Agenda
- November 2023 Prevention Committee/Comprehensive Planning Committee Meeting Minutes