Minutes: Illinois HIV Planning Group (ILHPG) February 19, 2016, 10:00 am-12:30 pm Webinar Meeting

- Welcome; introduce co-chairs, facilitator and presenters; and acknowledge moment of silence (5 minutes)

  -The Health Department (HD) Co-chair thanked everyone for joining the webinar meeting and began by reminding everyone why the planning group is here and how achieving the goals of the National HIV/AIDS Strategy (NHAS) is directly linked to the primary goal of the planning group – informing the jurisdiction's HIV prevention plan. Community members and their agencies are vital partners in our work to achieve the NHAS goals and thanked everyone for their input and participation. She then introduced the co-chairs, facilitator, and presenters, and acknowledged the Evaluation Committee for its help in preparing and providing input into some of the presentation materials.
  -She asked everyone to recognize a moment of silence for all past and present living with HIV and for everyone helping in the fight to end HIV. She asked everyone to keep 2 special people who recently passed away in their thoughts. Dr. Kimberly Harris did a lot of work for HIV prevention in the CAPUS, Category C, and peer program. She was a talented and kind person. Sharon Maxwell had been a consumer rep. from Region 4 off and on for many years and did so much in that capacity and other HIV-related efforts. They will both be greatly missed.

- Review formally adopted agenda
  -The agenda topics, presentations, and schedule were reviewed with participants.

- Roll call; Announcements (15 minutes)
  - Webinar meeting, online meeting survey, and online discussion board instructions
  - Roll call (voting member only)
  - ILHPG Leadership
  - Voting protocol
  - Announcements
    - Member updates
    - Reminder: "HIV Epi/Using Data for Prevention Planning" webinar
    - Reminder: Upcoming March 17th Integrated Planning webinar meeting and March 18th ILHPG webinar meeting
    - Posted Reports/Updates:
      - Committee reports
      - Liaison and Regional Lead Agent/RIG Rep reports
      - HIV Section reports

» Review meeting objectives and Concurrence checklist

-Webinar instructions were reviewed with participants who were informed to either connect via the telephone number and password provided on the webinar toolbar and in their confirmatory email or to communicate via the "chat feature". Members were reminded of the meeting materials, other related documents and meeting evaluation posted on the webinar webpage and how these could be downloaded or submitted. Members were reminded that a Discussion Board for this meeting is available for comments/postings through February 26th, that evaluations should be submitted by that date, and that the recorded webinar will be posted on the website for viewing within 3 hours of the end of the meeting.
-No requests for public comment had been received.
-Roll call was taken only of voting members and host sites. Host sites were reminded to fax their meeting sign-in sheets to Marleigh.
-ILHPG leadership was introduced. Participants were reminded to contact any of the leadership with questions and comments.
-With no issues on the agenda requiring decisions by voting members, the HD Co-chair referenced but did not review the voting procedure at this time.
-It was announced that one of our new members, Francisco Cabas, had to resign because he accepted a job out of state. We wish him well. The ILHPG is lacking a RIG rep from Region 4. With the ending of terms of two members from Region 4 at the end of 2015 and the unexpected departure of the previous RIG rep from that region, that leaves us only 1 representative from Region 4. Our minimum is 2 so the HD Co-chair has talked to Jeffery Erdman, the lead agent for the region and he will be working with his regional group to identify another rep. Participants were asked to let Jeffery or one of the co-chairs know if they knew of someone interested.
Participants were reminded about the HIV Epi Training that was recorded and is available on the website for completion. They were also reminded about the upcoming March 17th and 18th meetings and the updates and reports that have been posted from the liaisons, the lead agencies, and committees on the meeting website.
- The objectives for today's meeting were reviewed with membership.
-The HD Co-chair noted that the concurrence checklist in the presentation is still the ILHPG concurrence checklist, but we will be modifying it to reflect the fact that we plan to submit an Integrated HIV Prevention and Care Plan this year. The guidance for that plan, the process, and the elements that need to be included in concurrence are a bit different and the full Integrated Planning Group which included both the ILHPG and the RW Advisory Group will be part of that vote. The Integrated Planning Steering Committee hopes to have a draft checklist to share with all by the March 17th meeting.

- Update on Recommendations/Actions from 2012-2015 MSM of Color, Focus Group, & Engagement Meetings (20 minutes)
  Lyyti Dudczyk and Cynthia Tucker, Co-chairs Evaluation Committee
  - Input, questions/ answers, and take-aways (10 minutes)
  - *Lyyti provided the background of the MSM of Color workgroup, why it was formed, the work that it accomplished over an 18 month period, and the resulting recommendations from that workgroup. Those recommendations were distributed to all of the programs within the HIV Section and other programs in the agency that provide HIV-related services. These programs were asked to identify what they had already done or had plans to do to address the recommendations. This was shared with the ILHPG. We were all happy to find that a lot was already being done or planned for this area. She also spoke about the 3 year cycle of regional engagement meetings and focus groups that were held, analyses conducted, and reports generated. The Evaluation Committee was asked to review the recommendations that were generated from both of these efforts, and to develop a tangible list of realistic and achievable action items that the ILHPG, in conjunction with IDPH, could work on to address the recommendations. These action items have previously been presented to the ILHPG and approved.*

This presentation provided a thorough status update on the progress the ILHPG and IDPH had made to accomplish these actions. (See presentation for more detail).

Comment: Patrick Stonehouse at CDPH is interested in addressing stigma and has talked about incorporating that into a care continuum. It was suggested that IDPH and this group work with CDPH on that.

Action Item *- Response: Cynthia said that she would relay that to Patrick. The HD Co-chair stated that CDPH and IDPH have monthly conference calls and she will make sure this is brought up for discussion on the next call.*

Cynthia and Lyyti were thanked for an excellent presentation and the Evaluation Committee was thanked for its work.

- Overview of HIV Corrections Program (20 minutes)
  Michael Gaines, IDPH HIV Corrections Program Coordinator
  - Input, questions/answers, and take-aways (10 minutes)
  - *Michael provided an in depth presentation about the number of inmates in IDOC who are HIV+; the Illinois County Jail Act that governs county jails and the results of a survey of local county jails and their interest in, current abilities, and desire to provide HIV education to staff and offer HIV testing to detainees in their jails; the status of various programs such as Opt-out testing, rapid testing, partner notification, peer education, telemedicine, linkage to care and discharge planning, and re-entry case management going on in IDOC facilities and upon release; and an overview and update on the Summit of Hope program for parolees and those on probation. Michael noted that the Summit of Hope project actually began downstate as an effort to bring all services recently-released inmates need upon discharge to one location. Services in Southern Illinois are scattered and this was seen as a way to help people with their transition back into the community. This event is like a service fair for individuals and attendance counts as a parole visit.*

    Question: Michael was asked about the racial/ethnic distribution of incarcerated.
    Action Item - *Response: Michael didn't have the exact figures but he said of the approximately 430 HIV + currently in the system, about 360 or 78% are African-American. Michael states he will get the exact stats to Janet to send out to everyone.*
    Note: Below is a follow up received on Feb. 25, 2016 from Michael Gaines, the IDPH HIV Corrections Coordinator, to the above inquiry. This response was distributed to members and posted on the February 19h meeting discussion board.
    "As of December 2015, with 25 of 25 facilities reporting, there were 428 HIV positive individuals in IDOC. Of those, 336 (78.5%) were African American, 61 (14.3%) were Caucasian, and 31 (7.2%) were Hispanic. By prison, Lawrence Correctional Center had the highest number (30) and Southwestern Correctional Center had the lowest number (4)."

    Question: Michael was asked how any of the inmates tested and diagnosed as positive were previous positives.
    Action Item - *Response: Michael states he is unsure but will find out and get the stats to Janet to send out to everyone.*
    FYI: Michael is still working on obtaining information from IDOC on how many of the positives identified by IDOC through Opt-out testing in 2015 were previous positives and how many were new positives.

    Michael was thanked for his great presentation.

Note: After the presentation, Michael was sent the following question (that was not answered) that Steven St. Julian posted on last week's webinar after Michael's presentation:
Question: "As you know, the Summit of Hope project was first piloted and developed in Region 5. Historically, one problem has been that district parole "buy-in" and cooperation has greatly varied from region to region as this project has further expanded. Is there currently any statewide IDOC policy in place or in the works that will mandate parole participation in every region??
Response: (pending)

- *Brief break (5 minutes)*
  -There was a 5 minute bathroom/stretching break. Members were told the meeting would resume in exactly 5 minutes.

- STD, Hepatitis, and HIV-Co-infection Update (45 minutes)
  Lesli Choat, IDPH STD and Hepatitis Program Coordinator
  – Input, discussion, questions/answers, and take-aways (10 minutes)
  - *Lesli Choat provided a very comprehensive, interesting, and understandable presentation on the national and statewide landscape of STD infections. There has been an alarming increase in the number of STDs across the nation and Illinois has some of the highest state numbers, ranking 5th in terms of CT, and 6th in terms of NG and P&S Syphilis. In terms of county rankings, Cook County ranks 2nd in the number of CT, NG, and P&S syphilis cases.*
    In terms of national statistics, reported cases of NG, CT, and P&S syphilis all increased in 2014. Young people bear the greatest burden of all three of these STDs. MSM remain disproportionately affected by HIV and syphilis. There has been a 15.1% increase in the rate per 100,000 people of P&S syphilis. P&S syphilis has a high HIV co-infection rate with 51% of MSM with syphilis being HIV+ cases. There has been a 27.5% increase in the rate per 100,000 live births of congenital syphilis.
    Youth, racial/ethnic minorities, and MSM are the populations at greatest risk for STDs. It is estimated that nearly 67% of STDs occur in 15-24 year olds. African-Americans have rates of CT 6 times the rates among whites, rates of NG 10.6 times the rates among whites, and rates of P&S syphilis 5.4 times the rates among whites.
    It is important to diagnose and treat STDs because red, raw mucosal linings can increase transmission of HIV 2.5 fold.
    Action Item: Leslie will send Janet 2015 STD data when it becomes available after next week. More data reports and county-specific reports can be retrieved from the iquery.illinois.gov website.
    Lesli explained the HCV continuum of care which is different than that for HIV. Referral to care (RTC) means referral for further evaluation/testing, because people diagnosed with HCV are not automatically started on a treatment regimen right away. About 20% of people who contract HCV can spontaneously clear the virus on their own. SVR refers to sustained virologic response which means that there is zero HCV viral load for 6 months.
    Leslie ended her presentation and said that now she would like to ask participants on this webinar how this information affects the work they are doing in their agencies or the work of this planning group and what they are seeing in terms of STD care and prevention.
    Question: What accounts for the high HCV/HIV co-infection rates among MSM?
    Response: HCV is being sexually acquired more often now in the MSM population.
    Question: Does unprotected anal sex transmit HCV more readily than vaginal sex?
    Response: Yes, there is more blood-borne exposure with anal sex.
    Question: Why do you think the numbers and the rates of P&S syphilis and NG so high in minority/ethnic populations?

Response: The concepts of community viral and bacterial load. People tend to select sex partners within their communities. If those communities are already more disproportionately affected, then that compounds the effect.
Question: Is ocular syphilis a particular strain of syphilis or a complication of syphilis?
Response: This is currently being studied. We don't know. We do know that ocular syphilis can happen at any stage in a syphilis infection and can be mild, moderate, or severe in nature. Severe ocular syphilis can cause blindness.
Question: Can you speak to why congenital syphilis rates are so high?
Response: Testing is required in the 1st and 3rd trimester but if the female isn't receiving pre-natal care, testing may not happen. Something positive is that the FIMR-HIV group that looks at HIV perinatal cases has now broadened its scope to cover congenital syphilis cases. Through chart abstraction and investigation of cases of perinatally acquired HIV and now congenitally acquired syphilis, this group looks at missed opportunities and identifies plans, procedures to put into place to address any existing gaps and barriers that may have contributed to the newborn's infection. Lesli suggested we have a presentation or report from this group at a future meeting.
Comment: Janet mentioned the RW Part B Program Update posted on the website along with other meeting documents. She noted that HCV medications had been added to the ADAP formulary. It was clarified that that is a pilot project only for 100 clients at this time.

- Public Comment Period (10 minutes)
- Adjourn