



Section I – Mission Statement

The mission of the Greater Hartford Ryan White Part A Planning Council is to determine priorities for how Ryan White Part A funds are allocated based on the documented needs of the HIV/AIDS communities within the TGA. It is the responsibility of the Council to assure that all infected and affected communities and populations of the TGA are represented on the Planning Council.

Section II – Goal and Objective

The goal of the Greater Hartford Ryan White Part A Planning Council is, through its needs assessment and planning processes and through the allocation of funding, to create a seamless continuum of care that addresses the needs of the infected and affected populations of the three counties it is charged to serve. Its major objective is to ensure access to core medical services.

	Member	Regular Planning Council Meetings			Regular Planning Council Meetings						
		3-Mar	5-Apr	3-May	1-Jun	22-Jul	8/3 P&A	7-Sep	2-Nov	1-Feb	
					PC & AAM	Data P				2023	
1	Albert Ruperti	P	P								
2	<b>Andre L McGuire</b>	P	P								
	Angie Bremser	P	Resigned								
3	Ashia Cruz	P	A								
4	Carmen Hamidou	E	E								
5	Curtis Kelly	E	P								
6	<b>Danielle Warren Dias</b>	P	P								
7	Dulce Dones-Mendez	E	A								
8	<b>Erika Mott</b>	P	P								
9	George D Lough	E	E								
10	H. Danielle Green Montague	E	E								
11	Ivette Santiago	E	E								
12	JAMES Lloyd	E	E								
13	<b>Jesse Grant</b>	P	E								
14	John Taurus	E	A								
15	Loyd Johnson	P	P								
16	<b>Luis Martinez</b>	E	Term	End							
17	<b>Maria Lorenzo</b>	P	P								
18	<b>Melinda Vazquez Yopp</b>	P	P								
19	Mildred Rivera	E	E								
20	Myrna Miller-Saez	E	P								

21	Phillip Rochester	P	E							
22	Rita Wilson	E	P							
23	Rosemarie Hanna	E	E							
24	Rosiris Graves	E	E							
25	<b>Ruth Garcia</b>	P	P							
26	Shavan Gordon	P	P							
27	Sherold Young	P	E							
28	Valerie Ingram	E	E							
29	Venesha Heron	P	P							
30	Vacant									

*X notes that the Member was present but not a voting member at that date. NSI – No Sign In, L – Leave  
\*Alternate\* - nonvoting member, 1/3 Members needed for Quorum*

**Guests Present:** Mitchell Namias, DPH, Luis Diaz, DPH, Michel Daud, Tiffany Thompson, Mercy, Monica Martinez, LCS Joseydi Trochez, Jullissa Rose, Mercy, Luis Irizarry, Access Health, Carolina Gonzalez, CRT, Ruth Murray, Makayla Dawkins, Sydney Jones, Rey Ortiz, Tracy Funnys, Jean Carlos, CRT, UCCON: Eileen Tones; Amy Clark; Dezrene Atkinson DPH, and Josh Freeman and Lizbeth Vazquez, CHC.

**Recipient’s Office:** Angelique Crossdale, Senior Project Office Part-A, Peta-Gaye Nembhard Part-B- Project Officer,

**Meeting Facilitated By:** Danielle Warren Dias and Maria Lorenzo

**Recorded By:** Marie Raynor - Support Staff

**Wednesday April 5, 2023, Planning Council Meeting**

Maria Lorenzo, Planning Council Co-Chair, called the meeting to order and welcome participants. Danielle Warren Dias, Planning Council Co-Chair called for a moment of Silence. Maria continued by asking attendees to introduce themselves, reviewing the ground rules and informing them that the meeting will be recorded for note taking purposes. The committee reviewed the April 5, 2023, minutes and it was approved.

Maria Lorenzo, Operations Manager from the Center for Key Populations, presented the seven programs under the umbrella of Community Health Center Inc.

1. **CHC Ryan White Services** -Provides HIV treatment, PREP, and Outreach
2. **WAY (Wherever You Are)**- Services for people without housing, including much-needed healthcare.
3. **C.T. River Valley Farmworker Health Program** is a grant-funded program that gives farmers and their families healthcare, education, support, and transportation.
4. **Mobile Health Unit** - Hartford/New Haven area mobile health unit that offers services to those otherwise difficult to reach. A new site has been added in Lebanon located in Stratford.
5. **Substance Use Health** - Medicine is offered to those struggling; there are three sites available that assist with getting patients' help.
6. **Community-Based Services** - Ryan White support services, medical care management, pharmacy support, and transportation. PATH program for severely mentally ill and homeless

7. **New Horizons Program** - Domestic violence shelter serves residents out of Middlesex County, Crisis counseling support, Outreach, and referrals, helps people find permanent housing, 24 hr. hotlines. Anyone can come to get PREP services; they do not have to be patient.

She shared resources and welcomed collaboration with other community partners.

### MPox and How it Affects the HIV Community

Sydney Jones, PhD. From DPH shared that Connecticut saw 145 cases of Mpox, mostly in men and persons who identify as LGBTQ+ with a median age of 34 years. Nationally, 95% of cases in cisgender men, median age 34, 33% Black/African American, 31% Hispanic, 29% white, 8% hospitalized. There were 32 deaths.

To date, there have been more than 30,000 US cases of MPox during this outbreak. Of those, HIV status was known for about 9,000 – 53% of whom were HIV positive.

Moreover, an increasing proportion of U.S. cases have been among Black and Hispanic/Latinx people, which, as you know, are communities disproportionately affected by HIV.

In addition, hospitalization for pox was more common among people with HIV than persons without HIV. Among 1969 persons diagnosed with MPox early in the outbreak in 8 jurisdictions, 755 (38%) had received an HIV diagnosis. 19 (1%) were newly diagnosed with HIV. The percentage of concurrent HIV infection increased over time (from May to July) and was higher in the older vs. younger age groups. HIV prevalence was also higher among Black and Hispanic/Latino persons compared to non-Hispanic white and Asian persons.

Of this group of 755 people with HIV and MPox, 94% received HIV care in the preceding year, 82% were virally suppressed, and 78% had CD4 counts  $\geq 350$ . The median interval since HIV diagnosis was 10 years. 27% of patients who were not virally suppressed were hospitalized, and 15% of people with CD4 count  $< 340$  were hospitalized. Data on HIV PrEP use was available for only 172 people in this study; of those, 67% reported current PrEP use.

Most patients in this cohort were Black men, and nearly one-quarter of cases occurred in persons experiencing homelessness. These findings likely reflect inequities in access to resources for the prevention, early diagnosis, and treatment of HIV infection, as well as missed opportunities to engage groups that have been socially or economically marginalized.

JYNNEOS vaccine is safe and effective for preventing MPox. From July 31 to October 1, 2022, among vaccine-eligible men aged 18–49 years in 43 U.S. jurisdictions, MPox incidence was estimated 10 and 7 times as high among unvaccinated persons as it was among those who were fully vaccinated and those who had received only the first dose, respectively.

The safety and immunogenicity of the JYNNEOS vaccine are similar in persons with and without HIV infection.

Previous Advisory (Committee on Immunization Practices) recommendation for PrEP only made reference to use in laboratory workers who may have been exposed during the course of work; this expands that existing recommendation for use in outbreak situations.

### Interim Treatment Guidelines

Most affected patients have been immunocompromised and experienced  $\leq 10$  rash lesions (1). CDC has recommended supportive care, including pain control. However, some patients have experienced severe MPox manifestations, including ocular lesions, neurologic complications, myopericarditis, complications associated with mucosal (oral, rectal, genital, and urethral) lesions, and uncontrolled viral spread due to moderate or severe immunocompromise, particularly advanced HIV infection (2). Also, for patients who may not present with severe disease but who are at risk for progression of severe disease, close monitoring and early initiation of treatment may be appropriate.

The updated guidance is meant to inform strategic decision-making rather than be prescriptive guidance. It synthesizes data from animal models, MCM use for human cases of related OPXV, unpublished data, input from clinician experts, and experience during >250 consultations (including follow-up) to provide interim clinical treatment considerations.

Clinical considerations were developed in the context of limited data about MCM effectiveness during the current outbreak, finite supplies of some MCMs (e.g., VIGIV and intravenous [IV] tecovirimat), and a need to incorporate evolving data and clinical observations into guidance that can be used to manage cases.

Children and adolescents aged <18 years and pregnant persons have accounted for a small percentage (<0.3%) of total U.S. cases during the current outbreak and, when affected, have experienced mild illness (13,14); however, because these populations (particularly children aged <8 years) have historically experienced more severe grade I MPox infections, and because outcomes in pregnant women and neonates during the current outbreak might not be known for several months, case-by-case consideration of MCMs should be undertaken after weighing the potential benefits and harms. Ocular infections: blepharitis, conjunctivitis, conjunctival lesions, keratitis, vision loss. Usually via autoinoculation or local spread from nearby lesions

In summary, Mpox is a pimple-like blister on the skin around the mouth and genitals. Swollen lymph nodes are a common sign of sickness. It is contracted by skin-to-skin contact and is generally sexual in nature. Individuals can be infected for 1-3 weeks without knowledge and is contagious during this time. Typically lasts 2-4 weeks. First began in animals, then spread to humans. There were 145 cases in the area in 2022. 2023 there was typically 1 new case a day. It is disproportionately affecting Latinx and black populations. We learned this year that 2 vaccine doses protect against contraction. Affecting HIV populations and putting those individuals in critical care, which can often end in death. 53% of those with MPOX are HIV positive. Hospitalizations are more common for those who have HIV. It can cause issues to the eyes if an ocular infection occurs. JYNNEOS vaccine is safe and effective. There is a need to reengage with those at risk and incorporate the MPOX vaccine into normal health checks. There is work being done to get the word out to organizations that do STI testing. You can find where to get the vaccine at [MPOXVAX.org](http://MPOXVAX.org)

### Committee Reports

- **Continuum of Care** –Danielle shared the committee reviewed the goals, strategies, and objectives to align with the activities of the EIIHAH Plan.
- **Membership** – Maria shared that we completed 8 interviews.
- **Positive Empowerment Committee** – Participants complete the grievance letter and approved.
- **Evaluation** –The committee reviewed the EIIHAH Plan results and have the remaining as homework. Planning Council Support to email the EIIHAH Plan and the Score sheet to members.
- **Priority Needs Assessment** - The committee reviewed the Non-Viral Load surveys and made changes to some questions. The committee requests that change in similar question be edited on the Out of Care

and ask Planning Council Support to submit to participants these surveys for additional homework to add or edit questions.

- **Multicultural Care Team (Minority Caucus)** – No reporting.

### **Public Comments, Announcements & Other Business**

All event announcements will be emailed to Planning Council Support for distribution.

### **Adjournment**

Participants were reminded and asked to scan the QR Code and complete the meeting evaluation. The meeting for April 5, 2023, was adjourned.