



Connecticut HIV Planning Consortium 18 May 2022 Meeting Summary



Location:	Zoom virtual meeting	Recorders:	Michael Nogelo
Date:	18 May 2022	End Time:	10:48 a.m.
Start Time:	9:13 a.m.		
Presiding Chairs:	Nilda Fernandez & Barry Walters		
Attendance:	See end pages for roster of CHPC members and public participants		

MEETING AT A GLANCE

- CHPC Co-Chairs announced that: a) CHPC members voted to approve the April meeting summary; b) A leadership opening exists for the CHPC Positive Prevention CT (PPCT) group; c) The routine HIV testing bill ([House Bill 5190](#)) was bundled into an Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes (CT HB 5500 and is expected to be signed soon by Governor Lamont; and d) CHPC members will receive information soon on an opportunity to apply for a leadership opening as a CHPC community co-chair.
- CHPC committee leaders provided reports on the work of each committee.
- CHPC co-chairs reviewed logic models to help clarify how the Integrated Plan structure relates to each CHPC committee.
- Venesha Heron delivered a brief knowledge build with data highlights on Hepatitis and HIV.
- Panelists from diverse settings and with lived experience shared their perspectives about changes in trends related to HIV and Hepatitis, an areas of focus for Connecticut's syndemic approach.
- CHPC committees conducted virtual meetings starting at approximately 11:00 a.m.

CALL TO ORDER and MOMENT OF SILENCE

CHPC Co-Chair Nilda Fernandez called to order the Connecticut HIV Planning Consortium (CHPC) at 9:13 a.m., offered tips to help create a productive virtual meeting environment, and introduced her fellow CHPC Co-Chair Barry Walters. Ms. Fernandez notified participants that CHPC meetings are open to the public, and are recorded to assist with the accuracy of note taking.

Ms. Fernandez led participants in a moment of silence to remember those who have been lost to HIV and to support those who are living with and affected by HIV, as well as others throughout the world affected by social injustices or natural disasters.

Ms. Fernandez shared the CHPC's mission to "establish and maintain a coordinated statewide prevention and care system that reduces the rate of new HIV infections and connects those living with and affected by HIV/AIDS to appropriate services." The CHPC goals align with national goals and include: 1) Prevent new HIV infections; 2) Improve health outcomes of persons with HIV (PWH); 3) Reduce HIV-related disparities and inequities; and 4) Achieve a more coordinated statewide response to end the HIV epidemic. Everyone holds a responsibility and accountability to help end the HIV epidemic. Ms. Fernandez stated that the CHPC uses data to assess its progress toward ending the HIV epidemic goals, and showed a chart with data on the HIV continuum of care in Connecticut as an illustrative example.

Ms. Fernandez explained how the CHPC creates its community with CHPC members and public participants. The CHPC has 27 diverse members, recruits new applicants throughout the year, and selects new members in November and December. CHPC members are the only individuals who "vote" on CHPC business matters such as meeting notes, election of CHPC Co-Chairs, or the statewide Integrated HIV Prevention and Care



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Plan. The CHPC organizes five committees that create opportunities for public participants to partner in the work. Committees are led by a CHPC member and use a consensus approach to decision-making.

CHPC LEADERSHIP ANNOUNCEMENTS

Mr. Walters reviewed the meeting agenda and made the following leadership announcements:

- CHPC members voted virtually to approve the April CHPC meeting summary.
- A leadership opening exists for the CHPC Positive Prevention CT (PPCT) group. CHPC leaders will follow up with some CHPC members who have expressed interest in the position.
- The routine HIV testing bill (House Bill 5190) was bundled into an Act Concerning the Department of Public Health’s Recommendations Regarding Various Revisions to the Public Health Statutes (CT HB 5500 and is expected to be signed soon by Governor Lamont. The law will require certain health care providers, including primary care doctors, to offer routine testing at least once per year, and to offer linkages to care. Emergency room doctors will be given a year to figure out how to implement the requirements. Everyone will be offered a test and will have the choice to opt out. Much work will need to be done to get information out to the public and providers (i.e., tool kits).
- Mr. Walters’ leadership term as a CHPC co-chair will end in December of 2022. A new co-chair will begin on January 1, 2023. The CHPC members will elect another co-chair in the upcoming months. Mr. Walters reviewed the responsibilities of a CHPC co-chair. Applications will be sent to CHPC members in June and will due in July. Candidates will share their interest with the CHPC in August or September, and CHPC members will vote to elect the new co-chair. The new co-chair will shadow the current co-chairs from September to December.
- Ms. Fernandez said more information on the CHPC co-chair opportunity will be shared with CHPC members soon. The Executive Committee will be finalizing the process at their meet later today.

COMMITTEE REPORTS

Ms. Fernandez invited committee chairs or designees to provide brief committee updates. Table 1 summarizes these updates.

Table 1. Summary of Committee Updates

Committee (Lead)	Charge	Focus for May Meeting	Future Areas/Data
Membership & Awareness or MAC (Stephen Feathers)	<ul style="list-style-type: none"> • Recruit & retain CHPC members • Info sharing & public awareness • Amplify community voice 	<ul style="list-style-type: none"> • Review membership application • Review June newsletter • Discuss community outreach efforts • PWH engagement discussion 	<ul style="list-style-type: none"> • Invite other HIV planning groups to share what works and challenges for engaging PWH • Increase input from stakeholders unable to attend CHPC meetings
Positive Prevention Connecticut or PPCT (Stephen Feathers for Dante Gennaro)	<ul style="list-style-type: none"> • Create health communication campaigns & strategies for high-risk populations 	<ul style="list-style-type: none"> • Review campaign proposal/ creative brief & concept presentation for committee work • Prevention Pack project 	<ul style="list-style-type: none"> • Next meeting: Monday June 13th at 10:00 a.m. • Routine HIV testing & normalizing testing • Educate & engage priority populations • Align & coordinate campaigns



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Committee (Lead)	Charge	Focus for May Meeting	Future Areas/Data
Quality & Performance Measures or QPM (Peta-Gaye Nembhard)	<ul style="list-style-type: none"> Develop & monitor CHPC indicators Facilitate continuous quality improvement 	<ul style="list-style-type: none"> Set 2026 goals for selected indicators (e.g., reduce new HIV diagnoses by X% by 2026) 	<ul style="list-style-type: none"> Continue with review and updating of indicators Strengthen process to monitor progress during plan implementation
Needs Assessment Projects or NAP (Anthony Santella)	<ul style="list-style-type: none"> Conduct or support data efforts that support planning and/or other special projects 	<ul style="list-style-type: none"> Hartford Planning Council shares info from needs assessment studies Workforce development activities coordination 	<ul style="list-style-type: none"> Ryan White Part B shares findings from 2022 statewide PWH needs assessment survey Plan mental health-related training
Ending the Syndemic or ETS (Roberta Stewart)	<ul style="list-style-type: none"> Coordinate/support expansion of statewide ending the HIV epidemic strategies/activities 	<ul style="list-style-type: none"> Exploring what a hub-based prevention and care service strategy might look like: focus on core services Partner updates on ETS activities 	<ul style="list-style-type: none"> Exploring what a hub-based prevention and care service strategy might look like: focus on STI/STD, hepatitis, SUDs and mental health services

Ms. Nembhard (QPM) reviewed a dashboard showing unintentional drug overdose deaths in Connecticut from 2015 to 2021. Ms. Stewart (ETS) shared a visualization of the recommended “hub” strategy to increase access to services.

2022-2026 HIV PLAN DEVELOPMENT UPDATE

Mr. Walters reviewed a slide showing the high-level timeline for the process of developing Connecticut’s 2022–2026 Integrated HIV Prevention and Care Plan. The CHPC committees will develop priority strategies and activities from March to June, and then the full CHPC will finalize the Plan strategies from July to September.

Mr. Walters then showed four slides with preliminary logic models for each of the four Plan goals. The goals align with national goals and with strategies in other plans including Ryan White Part A and Ryan White Part B. Each CHPC committee will continue to discuss the preliminary strategies that are identified as connected to their committee.

Ms. Fernandez noted that the emerging strategies build on data and strategies in place by other HIV-related planning groups and do not replace these local efforts.

KNOWLEDGE BUILD: DATA HIGHLIGHTS ON HEPATITIS AND HIV

Ms. Fernandez introduced CT DPH Viral Hepatitis Prevention Coordinator/In-home HIV Test Initiative Lead Venesha Heron to present data on Hepatitis and HIV.

Ms. Heron shared news about a statewide National Hepatitis Testing Day event on Thursday, May 19, 2022. The event is sponsored by the CT DPH and the City of Hartford and seeks to increase the number of people aware of their Hepatitis status and connected to services.

Ms. Heron presented viral hepatitis key facts:

- The most common types of viral hepatitis are hepatitis A, hepatitis B, and hepatitis C (HCV or hep C).



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- Chronic hepatitis B and hep C are leading causes of liver cancer in the United States.
- Both hepatitis A and hepatitis B are preventable with safe and effective vaccines, and hep C is curable with prescribed treatment.
- About 66% of people with hepatitis B are unaware of their infection.
- About 40% of people living with hep C are unaware of their infection.
- Getting tested is the only way to know if you have hepatitis A, hepatitis B or hep C

Ms. Heron presented hep C risk factors, signs and symptoms. An estimated 11,559 people in Connecticut are living with hep C. Ms. Heron presented a table showing the estimated number and percentage of people with HIV and chronic HCV infection by sex, race/ethnicity, age, and HIV transmission category, and another table showing the estimated number of people living with HIV-HCV co-infection by county. It is estimated that 5% of PWH in Connecticut also have chronic HCV. Ms. Heron presented notable co-infection statistics:

- Of those people co-infected, 59% were diagnosed with HIV prior to HCV
- 78% are people of color
- 75% are people who use drugs
- 67% are ages 30-49

Ms. Heron noted that 8-12 weeks of treatment cures 90% of people with hep C, and cures are covered by most Medicaid and Medicare policies, and major private insurers. Visit ct.gov/HepC for a hep C testing site near you, or email HepCinfo.dph@ct.gov with any questions.

PANEL DISCUSSION: PERSPECTIVES ON HEPATITIS FROM THE FIELD

Ms. Fernandez said the feature presentation responds directly to the theme of hepatitis and HIV. Ms. Fernandez introduced a diverse set of panelists to share their perspectives, challenges, and ideas for how to improve hepatitis prevention and care:

- Angelique Croasdale-Mills – City of Hartford Department of Health
- Stuart Lane – Mid Fairfield AIDS Project (MFAP)
- Venesha Heron & Alessandra Bogacki - Connecticut Department of Public Health (CT DPH)
- Lisa Nichols, Ralph Brooks, & Maximilian Wegener – Yale University School of Medicine

Ms. Fernandez asked each panelist to share information about the populations they serve and the types of services they provide.

- Ms. Croasdale-Mills said the City of Hartford was funded by the U.S. Health Resources and Services Administration (HRSA) for a hep C co-infection project that involves community health centers (CHCs). Eight participating medical homes providing Hep treatment and care for those infected. It was a successful project, so the Ryan White (RW) Planning Council (PC) decided to sustain project, including by adding language to contract and quality management plans to continue the work done through the grant. This allows Early Intervention Services (EIS) staff to conduct hep C screenings. CT DPH donates screening kits.
- Mr. Lane said he has been Executive Director of MFAP for 25 years. MFAP has always focused on testing and referral to hep C treatment at their on-site clinic. For some people, hep C is much more of a medical problem than HIV. Different treatments can be more effective for different people.



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MFAP does social media and advertising and interviews to raise awareness of hep C. Many people have been tested and found out they were positive and were offered treatment, but declined treatment for various reasons. People who decline treatment run a risk of negative results. MFAP has a full-service Hep clinic on site that offers several different treatment options.

- Ms. Heron reviewed her previous experience providing hepatitis services and working on hepatitis-related initiatives.
- Ms. Nichols is a program manager at the Yale University School of Medicine AIDS Program. She supports research projects, including a HRSA-funded 3-year grant project involving curing hep C among people of color living with HIV that ended earlier in 2022. The project worked to improve the Hep C care cascade and partnerships. They worked with 11 clinical partners, and a training education component involved the AIDS Education and Training Center (AETC).
- Mr. Brooks explained that data efforts under the HRSA-funded project looked at an in-the-field view and a surveillance view.
- Mr. Wegener is an epidemiologist with the Yale team working with CT DPH on surveillance for the project. They worked to create a co-infected list to develop a hep C care cascade. He stated that the hep C cascade contains fewer measures than in the HIV cascade. Their cascade was in the same ballpark as the U.S. Centers for Disease Control and Prevention (CDC) cascade that was developed at the same time. They worked to identify people who were co-infected to get them into treatment, and found that it required significant effort. Initially, it appeared that the results were not looking favorable. However, with diligent data cleaning and processing and outreach by Disease Intervention Specialists (DIS), the efforts soon resulted in connecting people to care. These efforts did not cure anyone from hep C. The team learned the level of difficulty required to engage the population and the importance of a trusting relationship at the clinic level rather than the DIS level.

Ms. Fernandez asked what has been working well in terms of testing, treatment, and referrals.

- Ms. Croasdale-Mills said all medical provider sites are mandated to screen everyone who comes into the treatment side and to provide treatment if they are positive and are ready for treatment. They offer services in the community for people who do not have easy access to a clinic or who do not go to a clinic for care regularly. DIS can go to homes to do HIV or Hep screening. All sites offer Hep C treatment and all case managers offer Hep C education and assessment.
- Ms. Heron said testing modalities are similar for hep C and HIV: a 20-minute antibody test. Sites are piloting HIV and hep C kits for testing. They are putting together a provider list for people who test positive. CT DPH is running a campaign to attempt to reduce stigma and get word out about the May 19 statewide testing event. Campaign materials are available in Spanish.
- Mr. Brooks said the biggest achievements were the development of tools to help local partners develop their own hep C cascades and see their own progress in real time and address gaps, and being able to work with organizations on the ground who have lower testing rates for HIV and/or hep C and helping them identify and address issues. The approach allowed individuals to use data in a meaningful way and change health outcomes in their communities.
- Mr. Wegener added that the cascades allow providers to see who has had adequate testing or treatment and who needs more testing or treatment.



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Ms. Fernandez asked the panelists to share their ideas about areas for improvement.

- Ms. Croasdale-Mills said having a complete data set would be helpful. Having more consumers speak about their experience being treated and cured of hep C and their pathway to a cure would be powerful to dispel myths and stigma. It is still a struggle for many people who test positive to acknowledge that they have hep C because of stigma.
- Ms. Bogacki said hep A can be prevented with a vaccine. Individuals who get Hepatitis A are unvaccinated. A vaccine is not available for the older population. More education is needed for people to understand that they do not need to travel outside the country to get Hep A and they should get vaccinated. It is ok to get the vaccine even if you are not in a high-risk population or travelling. It can reduce hospital stays and pain.

Mr. Walters noted that we talk mostly about hep C but less about Hep A, and asked why we talk more about C and less about A and B.

- Marianne Buchelli said the CT DPH hep B coordinator was not available to participate in the panel. CT DPH does not receive a significant amount of federal funding for hep A or B. The majority of funding ends to relate to hep C. Funders are directive about how funds can be used. Hep A and B have prevention measures while C does not have a vaccine.
- Ms. Heron said they were trying to engage people who can offer A and B testing on the spot in the statewide event within the resource constraints.
- Danielle Warren-Diaz (via the chat) asked if there are resources for the cure for people who are undocumented. Ms. Heron confirmed that resources are available. Ms. Croasdale-Mills said medications are covered by the AIDS Drug Assistance Program (ADAP), which eliminates some barriers people who are infected might face.
- Mr. Santella asked if primary care physicians ever receive “dear provider” reminders about hep C screening. Ms. Heron said “dear provider” letters and campaign materials are sent to providers.
- Ava Nepaul shared (via the chat) Advisory Committee on Immunization Practices (ACIP) recommendations for hep A prevention: <https://www.cdc.gov/mmwr/volumes/69/rr/rr6905a1.htm>
- Ms. Buchelli said there are free vaccines available to people who are mono-infected or co-infected.
- Ms. Bogacki said she has a cache of hep A data and will share additional information.
- Reggie Knox talked about the long-term side effects of interferon treatment. Mr. Lane said interferon is a very difficult drug and said he doubts people take it for hep C any more. Mr. Lane encouraged people to contact Health Care Advocates International in Stratford if they are interested in trying different treatments.

Ms. Fernandez asked the panelists to share what treatments their patients say they need.

- Mr. Brooks said the research team tried to do deep dives to understand barriers for people who were not in care at the end of the project. The barriers did not seem to be the accessibility of services in Connecticut. Other barriers such as substance use disorder (SUD), housing insecurity, food insecurity, and mental health issues made it difficult to get the treatment they needed. Access to those ancillary services prevented them from getting to a place where they could commit to treatment. It is



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important to get the word out to providers that people are eligible for treatment even if they are still actively using.

- Ms. Croasdale-Mills said some people simply are not ready for treatment or do not want treatment.
- Mr. Lane encouraged people who are cured to ask the doctor who treated them to follow up.

Ms. Fernandez asked what every panelist would change.

- Ms. Croasdale-Mills said more money is needed.
- Ms. Heron said we need to utilize our DIS to help with navigation.
- Ms. Nichols said universal health care would create more equal access.
- Ms. Wegener said centralized data systems would help to know someone's full medical history. More collaboration between public health and clinics would also be helpful.
- Mr. Brooks said knocking down silos between the HIV side and the hepatitis side would be great.
- Mildred Rivera said she feels that there should be more outreach in the community. She expressed a willingness to volunteer.

Ms. Fernandez thanked the panelists for sharing their time and expertise and perspectives.

OTHER BUSINESS

Ms. Fernandez invited participants to share any ideas for the June agenda in the chat.

Mr. Walters told people that the government is giving out free COVID tests again.

ADJOURNMENT

Ms. Fernandez encouraged all participants to complete a 1-minute survey to share any feedback on how to improve virtual CHPC meetings. The survey can be accessed by scanning a QR code on the slide or by clicking a link in an email sent to all participants after the meeting. Ms. Fernandez thanked everyone for a productive meeting, and adjourned the meeting at 10:48 a.m.



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CHPC ATTENDANCE RECORDS (1 = present; 0 = absent; arriving late is counted as an absence for official records)

First Name	Last Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Victor	Acevedo	1	1	1	1	1				
Melanie	Alvarez	1	1	1	1	1				
Laura	Aponte	1	0	1	1	1				
Erma	Benedetto	1	1	1	1	1				
Thomas	Butcher	0	1	1	0	1				
Gigi	Chaux	0	0	1	1	1				
Wallace	Daniels^	0	1	0	0	--				
Brian	Datcher****	1	0	0	--	--				
Xavier	Day	1	1	0	1	1				
Martina	De La Cruz	1	1	0	1	1				
Natalie	DuMont	1	1	1	1	1				
Taylor	Edelmann***	1	1	-	--	--				
Stephen	Feathers	1	1	1	1	1				
Nilda	Fernandez	1	1	1	1	1				
Carl	Ferris	1	1	1	0	1				
Justin	Gabino^^	1	1	1	0	--				
Dante	Gennaro	1	1	1	1	0				
Charles	Hardy	1	1	1	1	1				
Tawana	Hart	1	1	1	1	0				
Cynthia	Hall	1	1	1	1	1				
Luis	Irizarry**	1	--	--	--	--				
Marcelin	Joseph	1	1	1	0	1				
Reggie	Knox	1	1	0	1	1				
Waleska	Mercado*	--	--	--	--	--				
Mitchell	Namias	1	1	1	1	1				
Peta-Gaye	Nembhard	1	1	1	1	1				
Anthony	Santella	1	1	0	1	1				
Bob	Sideleau	0	1	1	1	1				
Roberta	Stewart	1	1	1	1	1				
Barry	Walters	1	1	1	0	1				
Lisa	Weeks	0	0	0	--	--				
TOTAL		25	25	21	20	22				
PERCENTAGE		83%	86%	75%	77%	92%				

- * On leave while meetings occur virtually
- **Resigned prior to February meeting
- ***Resigned prior to March meeting
- ****Resigned after March meeting
- ^Dismissed after April meeting
- ^^Resigned prior to May meeting



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PUBLIC PARTICIPANTS (1 = present)

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Agosto, Nitza	1	1		1					
Allen, Whitney		1		1					
Auretta, Megan			1						
Berrian, Camron		1	1	1	1				
Bogacki, Alessandra					1				
Bowens, Sam		1	1						
Brooks, Ralph					1				
Brown, Jean	1			1					
Buchelli, Marianne	1		1	1	1				
Cahill, Patrick				1					
Cole, Christopher	1	1	1	1					
Croasdale-Mills, Angelique	1	1	1	1	1				
Cruz, Veronica	1								
Cubano, Jenny			1	1	1				
Cumberbatch, Angela			1	1	1				
Cutaia, Sam	1	1							
D'Angelo, Gina	1	1	1	1	1				
Davidson, Daniel	1				1				
Defosse, Joseph				1					
Del Vecchio, Christina	1	1	1	1	1				
Diaz, Luis	1	1	1		1				
Dittmore, Alixe		1	1		1				
Dones-Mendez, Dulce	1								
Duarte, Andrea			1						
Edelmann, Taylor			1						
Ferraro, Linda	1	1		1					
Francis, Shannon	1								
Gaines, Tia		1		1	1				
Garcia, Ruth				1					
Gibson, René				1					
Gjika, Jonida	1	1	1	1	1				
Gosselin, Deborah			1	1					
Gruber, Dierdre				1					
Heron, Venesha	1	1	1		1				
Hong, Grace				1					
Hulton, Daniel	1			1	1				
Hunt-Anderson, LaJuan			1	1	1				
Jacob, Neena			1	1					
Janssen, Doug	1	1							
Jean-Baptiste, Clunie	1	1	1	1	1				
Kinsey, Jennine		1		1					
Lane, Stuart					1				
Ligon, Barbara		1	1						
Linardos, Heather		1			1				
Lindsey, Sean	1			1					
Lorius, Jean		1							
Magaña, Luis	1			1					
Major, Susan	1	1	1	1	1				
Maresca, Angela				1					
Marquis, John		1							
McGuire, André	1								
McKay, Sharen			1						



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Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Mierzwa, Sharon	1		1	1	1				
Mohamed, Mukhtar	1	1	1	1	1				
Montgomery, Joanne		1	1						
Moore, Kelly	1	1	1	1	1				
Moore, Tayla	1	1	1						
Mott, Erika	1	1	1	1	1				
Muñoz, Consuelo	1	1	1	1	1				
Nepaul, Ava	1	1	1		1				
Ngongi-Wumba, Sarah			1	1	1				
Nichols, Lisa					1				
Norton, Joe	1	1	1	1					
O, Janiel	1								
Ostapoff, Michael	1								
Ostrej, S			1	1					
Pawlow, Dustin	1	1	1	1	1				
Pierre-Louis, Ludger	1	1	1	1	1				
Price, Carolina				1					
Radocchia, Rich	1	1	1		1				
Raynor, Marie			1		1				
Reyes, Beverly		1		1					
Reyes, Dawn			1						
Rios, Dawn			1						
Rivera, Mildred					1				
Rodriguez, Carlos	1	1		1	1				
Rodriguez-Santana, Ramon		1	1	1	1				
Roman, Virgen				1					
Romanik, Christine	1								
Ruiz, Angel	1	1	1	1	1				
Santana, Nathan				1	1				
Sapero, John	1		1						
Speers, Sue		1	1						
Tastensen, Meghan	1	1	1	1	1				
Tyson, LaToya		1							
Vargas, Jennifer	1	1	1	1	1				
Vassallo, Anna				1					
Vazquez-Yopp, Melinda	1	1	1	1	1				
Warren-Diaz, Danielle	1	1	1	1	1				
Wegener, Maximilian					1				
Williams, Kimberly		1		1	1				
Wimbish, Roselyn			1	1	1				
Unidentified participants	1		2	1	1				
TOTAL COUNT	45	45	51	55	46				