



Connecticut HIV Planning Consortium 20 January 2021 Meeting Summary



Location:	Zoom virtual meeting	
Date:	20 January 2021	Recorders: Michael Nogelo/Dave Bechtel
Start Time:	9:40 a.m.	End Time: 10:47 a.m.
Presiding Chairs:	Nilda Fernandez, Dante Gennaro, Barry Walters	
Attendance:	See last page for roster of CHPC members and public participants	

MEETING AT A GLANCE

- CHPC Co-Chairs made several announcements: 1) 10 new members have joined the CHPC; 2) All CHPC meetings are expected to be held virtually during 2021; and 3) A committee chair opening exists in Quality and Performance Measures (QPM).
- Dr. Juan Salazar delivered a presentation covering HIV, COVID-19 and vaccinations.
- CHPC committees conducted virtual meetings.

CALL TO ORDER and MOMENT OF SILENCE

CHPC Co-Chair Barry Walters called to order the Connecticut HIV Planning Consortium (CHPC) at 9:40 a.m. and offered tips to help create a productive virtual meeting environment. Mr. Walters delayed the meeting start as some individuals were experiencing problems accessing the virtual meeting. New CHPC Co-Chairs Nilda Fernandez and Dante Gennaro introduced themselves.

Ms. Fernandez explained that the CHPC is a statewide HIV prevention and care planning body that exists to reduce the rate of new infections and to help those living with and affected by HIV/AIDS connect to services.

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.

Mr. Gennaro announced that, during 2021, the CHPC main meetings will be roughly 75 minutes and typically contain two segments: 30 minutes to address CHPC business and 45 minutes for a presentation on a topic of interest to the CHPC community or a topic of relevance to the CHPC statewide plan.

CHPC LEADERSHIP ANNOUNCEMENTS

Mr. Gennaro welcomed 10 new CHPC members, all of whom attended a virtual orientation session in January and were matched with mentors – other CHPC members who will help new members answer any questions or understand the CHPC process. Mr. Gennaro thanked the mentors for volunteering their time.

Mr. Walters announced that:

- All CHPC meetings are expected to be held virtually during 2021.
- The Connecticut Department of Public Health (DPH) and CHPC leadership team will provide additional supports for eligible CHPC members in 2021, including a lunch stipend to be mailed out with the participation stipend.
- An opening exists for the Quality and Performance Management (QPM) Committee Chair with Ms. Fernandez moving up into the CHPC Co-Chair spot. Interested CHPC members were asked to contact the CHPC Co-Chairs or CHPC staff for the one-page application form.



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- The CHPC meeting summary from October 2020 was approved using a virtual vote.

KNOWLEDGE BUILD: OVERVIEW OF 2021 CHPC PLANNING ACTIVITIES

Mr. Walters explained that the monthly knowledge build segments are designed to help all CHPC participants stay on the same page with basic terms, concepts, facts, or even core messages or campaigns. The knowledge build segment provided a high-level overview of the 2021 CHPC planning activities.

Mr. Gennaro said one of the most important roles of the CHPC is to develop a 5-year statewide HIV prevention and care plan. The CHPC is in year five of the current plan, meaning that the CHPC and its committees will begin to place a stronger focus on plan development activities, and the CHPC planning process will include a stronger emphasis on Hepatitis and Sexually Transmitted Diseases. The CHPC provides input into the plan and approves the plan, and DPH submits the plan to the federal funders. Due to COVID-19, the federal funders have not yet issued guidance to develop the plan. However, the CHPC can start the process, which typically involves: a) Assessing needs, resources, and partners; b) Identifying gaps; c) Establishing priorities; d) Developing measurable goals and objectives; and e) Implementing and monitoring progress. Many of these planning activities are built into CHPC committee activities and through supports by DPH and other partners. The CHPC hopes other HIV funding partners will help the CHPC with certain tasks.

Mr. Gennaro noted that, although specific planning guidance has not been released yet, the CHPC intends to organize the plan around five pillars most relevant to ending the HIV epidemic and other related diseases such as Hepatitis and STDs: 1) Diagnose; 2) Treat; 3) Prevent; 4) Respond; and 5) Develop Workforce.

Ms. Fernandez reviewed basic CHPC plans for 2021. The CHPC will hold at least eight regular meetings on the third Wednesday of the month from January to August. CHPC leaders are exploring the idea of adding two additional meetings to host special events or forums. Half of the featured presentations will include an intentional focus on social justice and/or health equity.

Ms. Fernandez said the CHPC committees will meet virtually for up to 90 minutes starting at 11:00 a.m. Public participation is encouraged. Committee work will connect to the five-year planning activities. The Co-Chairs reviewed the focus of the work for each committee: a) Quality and Performance Measures Team (QPM); b) Membership and Awareness Committee (MAC); c) Needs Assessment Projects Team (NAP); and d) Getting to Zero Committee (G2Z).

CHPC PRESENTATION: HIV, COVID-19, AND VACCINATIONS

Ms. Fernandez said the presentation would address questions about the COVID-19 pandemic, the new strain of the COVID virus, and the risks and rewards of vaccinations. Ms. Fernandez introduced Dr. Juan C. Salazar, Physician-in-Chief and Executive Vice President of Academic Affairs at Connecticut Children's.

Dr. Salazar explained that his interest in HIV and infectious disease was spurred as a first-year pediatric resident at Hartford Hospital in 1988, when his first patient was a 7-month old girl with HIV. He has since devoted his career to children and young adults with HIV, and he now works with COVID-19. Dr. Salazar shared reflections from Martin Luther King, Jr.

Dr. Salazar shared data on COVID-19 cases worldwide and in the U.S. showing more than 96 million cases worldwide (24 million in the U.S) and more than 2 million global deaths (400,000 in the U.S.). Data on cases and deaths by World Health Organization (WHO) region shows that the Americas and Europe have been most impacted and African countries have mostly been spared from the worst of the pandemic. A predictive map of Connecticut shows that the virus was peaking in January (roughly 7,400 new cases per day) but that new



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cases are predicted to drop to roughly 150 per day by May 1, 2021. Dr. Salazar shared a graphic showing that both personal and shared responsibilities are necessary to prevent the spread of the virus.

The four phases of clinical vaccine trials are: 1) 20-100 healthy volunteers; 2) several hundred volunteers; 3) 1,000+ volunteers; and 4) Vaccine approval. Approximately 12 million people in the U.S. had been vaccinated as of January 20, 2021. Dr. Salazar explained how the COVID-19 vaccine development timeline accelerated while ensuring safety, and provided data (e.g., # of volunteers enrolled, # of clinical sites, racial/ethnic and age distribution) on the trials for both the Pfizer/BioNTech vaccine (which is 95% effective) and Moderna vaccine (which is 94.5% effective).

Dr. Salazar acknowledged that the biggest problem with both vaccines is that they require two doses. In addition, the duration of protection is not yet known. Dr. Salazar explained how messenger RNA (mRNA) vaccines work, and emphasized that the vaccines cannot give anyone COVID-19. mRNA vaccines use technology that is new, but not unknown. No significant safety concerns were identified in the clinical trials, but local side effects may include fever, muscle aches, and headache. There have been roughly six in a million cases of anaphylaxis, and no deaths. The COVID-19 vaccines are being held to the same safety standards as all vaccines. A powerful system is in place to track side effects and overall health among the 12 million people who have been vaccinated to date.

An October 2020 Harris poll found that only 58% of the general public said they would receive the COVID-19 vaccine. Dr. Salazar said addressing skepticism would require debunking myths about the vaccine, and he proceeded to debunk several myths, explaining that: a) COVID-19 vaccines were not 'rushed,' so their safety has been demonstrated; b) You cannot get COVID-19 from the vaccine; c) The vaccines cannot change your DNA; d) The vaccines do not cause infertility; e) It is important for people who have already had COVID-19 to get vaccinated; f) People who have been vaccinated should take precautions (e.g., masking, social distancing) after vaccination, until there is herd immunity; g) People who have been vaccinated can still spread the virus; h) Severe reactions to the COVID-19 vaccines are not common; and i) People should get vaccinated the first chance they get, rather than wait until the exact type of vaccine they want is available.

Dr. Salazar noted that a Johnson & Johnson vaccine will likely be available eventually. Dr. Salazar said the main side effects of getting vaccinated are "a warm glow inside from knowing you are making your neighbors, friends and family safer," and "a feeling of doing your part to stop the global pandemic."

Dr. Salazar explained that Connecticut is currently in Phase 1a and the early part of Phase 1b of the vaccination program. Phase 1b currently involves vaccinating state residents who are 75 and older, and will soon expand to include: a) Front line essential workers; b) Individuals ages 64 to 74; c) Individuals ages 16 to 64 with underlying health conditions that put them at greater risk; and d) Connecticut residents and staff in congregate settings. Details on how to register when you are eligible can be found at ct.gov/covidvaccine.

Ms. Fernandez thanked Dr. Salazar for the presentation and asked him questions from meeting participants:

- *Question:* Is there information about the vaccine eligibility of people who have had COVID-19?
- *Answer:* Guidance from the U.S. Centers for Disease Control and Prevention (CDC) is to wait 90 days because someone who has had the virus should have immunity for 90 days. Dr. Salazar personally thinks someone who has already had the virus is better off getting in line for the vaccine right away.
- *Question:* Can you speak to the mutation of the virus?



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- *Answer:* The B117 strain of the virus was identified in the United Kingdom and has spread worldwide. The mutation makes it more likely to be passed from one person to another. Another concern is that the mutation could make the virus resistant to a vaccine. The early indications are good, but this will need to be monitored. People may need another vaccine in a few years.
- *Question:* Does the vaccine suppress the immune system?
- *Answer:* The vaccine does not suppress the immune system, and actually stimulates the immune system by putting it in hyper mode.
- *Question:* How long will the vaccine protect you?
- *Answer:* We do not know about long-term protection, but there is reason to be confident given the vaccines' robust effectiveness and protection. Protection will probably last a year or longer, but people may need a booster a year from now.
- *Question:* Should long-term HIV survivors who are older and have medical issues get vaccinated?
- *Answer:* Dr. Salazar strongly recommended that people meeting this description get vaccinated. If someone has a severely suppressed immune system, their response to the vaccine may not be as robust, but they should still get vaccinated. The Moderna trials included people living with HIV, but none who were severely immune-suppressed, meaning that advocacy for trials involving this population is needed.
- *Question:* How, if at all, will the health care system improve as a result of COVID-19?
- *Answer:* Black and Hispanic people have disproportionately died from COVID-19. Based on studies, that is not due to genetic susceptibility, but rather due to social determinants of health (SDOH). The virus has illuminated inequities in how Americans live and access health care. Dr. Salazar expressed a need to change this. People in the HIV field have known about inequities for a long time. Dr. Salazar said children who are sent home from school can be hurt tremendously if they do not have access to supports. Dr. Salazar expressed hope that we will take on this challenge as a community and country, learn from this, and make changes.

The table below shows the results of instant polls capturing meeting participants' "feelings about getting the COVID-19 vaccine" before the presentation and again after the presentation.

Response Option	Pre-Presentation Responses	Post-Presentation Responses
Already received the vaccine	21	21
Want it as soon as it's available to me	16	23
Want to wait until I know it's safe	9	5
Not sure how I feel yet	9	6
Don't want to get it	2	1

The CHPC will post Dr. Salazar's presentation on its website.



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COMMITTEE MEETINGS (Virtual meetings held separately)

Mr. Gennaro explained that virtual committee meetings would begin at 11:00 a.m. Access information to committee meetings can be found on the CHPC website in case someone needs the information. Committee Chairs will share progress at the Executive Committee. The table below shows a summary of the focus of the committee work for January of 2021.

Committee	Focus
Getting to Zero	<ul style="list-style-type: none"> • DPH development of Syndemics Plan • Input on design of stakeholder engagement pilot – sexual health • Update on City of New Haven G2Z capacity building grant
Membership & Awareness	<ul style="list-style-type: none"> • Member update and supports • Positive Prevention CT coordination • Plan March newsletter
Needs Assessment Projects	<ul style="list-style-type: none"> • Review training action plan for priority HIV workforce competencies
Quality & Performance Measures	<ul style="list-style-type: none"> • QPM role in plan development • Data presentations / indicators • Quality improvement promising practices during COVID-19
Executive	<ul style="list-style-type: none"> • Committee work plan coordination • February CHPC meeting agenda and improvements to virtual process

ADJOURNMENT

Mr. Gennaro 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. Mr. Gennaro thanked everyone for a productive meeting, and adjourned the meeting at 10:47 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	Oct
Victor	Acevedo	1									
Melanie	Alvarez	1									
Laura	Aponte	1									
Erma	Benedetto	1									
Thomas	Butcher	1									
Gigi	Chaux	1									
Brian	Datcher	1									
Xavier	Day	1									
Martina	De La Cruz	1									
Natalie	DuMont	1									
Taylor	Edelmann	0									
Stephen	Feathers	1									
Nilda	Fernandez	1									
Carl	Ferris	1									
Jose	Figueroa	0									
Dante	Gennaro	1									
Tawana	Guadarrama	1									
Cynthia	Hall	0									
Marcelin	Joseph	1									
Reggie	Knox	1									
Ronald	Lee	1									
Debra	Lombardo	1									
Luis	Martinez	0									
Waleska	Mercado*	-									
Mitchell	Namias	1									
Peta-Gaye	Nembhard	1									
Clara	O'Quinn	0									
Bob	Sideleau	1									
Jeffrey	Snell	0									
Roberta	Stewart	1									
Barry	Walters	1									
TOTAL		24									
PERCENTAGE		80%									

*On leave while CHPC meetings are virtual



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PUBLIC PARTICIPANTS (1 = present)

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Alford, Claudia	1									
Buchelli, Marianne	1									
Cole, Christopher	1									
Croasdale-Mills, Angelique	1									
Cruz, Ginger	1									
D'Angelo, Gina	1									
Davidson, Daniel	1									
Del Vecchio, Christina	1									
Demidont, A.C.	1									
Diaz, Luis	1									
Dones-Mendez, Dulce	1									
Floyd, Letrell	1									
Gowell, James	1									
Henriquez, Wanda	1									
Heron, Venesha	1									
Hong, Grace	1									
Hulton, Daniel	1									
Jean-Baptiste, Clunie	1									
Jones, Coley	1									
Kenny, Will	1									
Kominske, Angela	1									
Kotey, Dionne	1									
Linardos, Heather	1									
Magaña, Luis	1									
Major, Susan	1									
McDavid, Kiana	1									
McMullen, Fran	1									
Mitchell, Gabrielle	1									
Moranino, Marlene	1									
Muñoz, Consuelo	1									
N, Joe	1									
Novis, Steve	1									
Ostapoff, Michael	1									
Pawlow, Dustin	1									
Pierre-Louis, Luje	1									
Quettant, Francesca	1									
R, Rich	1									
Ramos, Alyssa	1									
Rodriguez-Santana, Ramón	1									
Romanik, Christine	1									
Ruiz, Angel	1									
Salazar, Juan	1									
Smith, Khelsey	1									
Speers, Sue	1									
Thuillier, Antoinette	1									
Vargas, Jennifer	1									
Vazques-Yopp, Melinda	1									
Velez, Idiana	1									
Warren-Dias, Danielle	1									
Wimbish, Roselyn	1									
Unidentified participants	8									
TOTAL COUNT	58									