

HIV PREVENTION PLANNING COUNCIL

Minutes

January 12, 2006

The next HPPC meeting will be held on **Thursday, February 9, 2006**

3:00 - 6:00 PM

Quaker Meeting House, 65 Ninth Street, SF

Members Present:

Angie Baker
William Bland
Gayle Burns
Edward Byrom
Chadwick Campbell
Michael Discepola, Emeritus
Isela Gonzalez
Dee Hampton
Matt Jennings
Emalie Huriaux
Janetta Johnson
Billie Jean Kanios
Tom Kennedy
Thomas Knoble
Weihaur Lau
Derrick Mapp
Joani Marinoff, Emeritus
Tei Okamoto
Tracey Packer
Colin Partridge
Ken Pearce
Perry Rhodes III
Gail Sanabria
Joaquin Sanchez
Chandra Sivakumar
Gwen Smith
Michael Underhill
Abbie Zimmerman

Members Absent:

Devin Anderson
Michael Cooley*
Thomas Ganger
Amber Gray
John Newmeyer*
Lawrence Ozoa*
Frank Strona*
Raquel Tolston*
Ken Vail, Emeritus

HIV Prevention Section:

Teri Dowling
Shelley Facente
Vincent Fuqua
Guillermo Gonzalez
Ju Lei Kelly
Betty Chan Lew
Eileen Loughran
Israel Nieves-Rivera
Lisa Reyes

Process Evaluation Team:

Kathleen Roe

Guests:

Barbara Adler, AHP
Michell Bakken, TARC
Mathew Bajko, Bay Area Reporter
Ariel Clemenzi Allen, HIFY
Brooke Hall, Larkin St Youth Services
John High, SFAF
Carolyn Hunt, CAPS
Lea Klevin, SFDPH
Deborah Levine, ISIS
Kurt H. Berry
Jeff Klausner, SFDPH - STD
Prevention & Control
Maree Kay Parisi, SFDPH - HIV/AIDS
Statistics & Epidemiology
Jen Sarché, SFDPH - Research
Section
Dana Van Gorder, SFAF
Tré Vasquez, HIFY
Nicole Witt, TARC
Kristen Wallersteadt from Assembly
Member Yee's Office
Anna Damiani from Assembly Member
Leno's Office

Harder + Co.:

Aimee Crisostomo
Clare Nolan
David Weinman (Minute-taker)

* These members informed the Chair in advance of their absences.

Welcome, Introductions, and Announcements

DPH Co-Chair Tracey Packer called the meeting to order at 03:03 PM. She welcomed attendees, drawing particular attention to the new Council members and noting this is their first meeting as official members. She noted that this was the first meeting held at the Quaker Meeting House, which may be used for the remainder of the year, and asked members include their observations of

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the space on their evaluation forms. She also explained that the Co-Chairs rotate their responsibilities at Council meetings. She then asked attendees to introduce themselves and make announcements.

- Emalie Hurliaux announced the presentation of the play "The Spot" as a benefit for The Dope Project on 01/21/06, and she distributed flyers for the event.
- Clare Nolan announced that on 01/07/06 Kym Dorman, Harder & Co consultant to the HPPC, delivered a baby daughter.
- Tracey Packer announced that she had been notified that Aaron Cohen resigned his membership with the HPPC as it conflicts with his new job responsibilities with the SFDPH STD Prevention & Control.

Tracey Packer then explained the Council's relatively new Emeritus membership status, which has the same rights and responsibilities as regular members save for those associated with voting.

Annual Epidemiology Data

Tracey Packer explained that at the first meeting of each year Willi McFarland, MD, PhD usually reports on the most recent epidemiology data. This year, however, he is updating the consensus report through consultations with a number of people working on HIV/AIDS. The consensus report is used to prioritize populations for HIV prevention. Willi McFarland will present consensus estimates to the HPPC for its response and finalize the numbers after this meeting.

- Ken Pearce suggested notifying members of the CARE Council of the HPPC meeting when Willi McFarland makes his report.

Review and Approval of Minutes of November 10, 2005

Motion was made and seconded to accept the minutes of the 11/10/05 Council meeting. Tracey Packer confirmed that all members received a copy of the minutes. There were no objections raised, or amendments offered. The minutes were approved with Michael Underhill, Emalie Hurliaux, and Chadwick Campbell abstaining.

General Public Comment

Tracey Packer invited guests to make comment. Jeff Klausner of the SFDPH STD Prevention & Control Division was introduced. He distributed copies of an article from the SF Chronicle entitled, "*Dreaded call becomes words to live by ...*," dated 01/09/06. Copies of this document are available to absent members upon request. His comments included the following.

- He is the director of STD Prevention & Control services in SF.
- The STD Division works closely with the Prevention Section as well as with CARE services.
- There is significant evidence that when HIV (+) people are infected with a STD the Viral Load (VL) in their semen increases and they are more likely to transmit HIV.
 - ⇒ An HIV (-) person with a STD is likewise more likely to get infected.
- What was called 'Partner Notification, or Partner Counseling and Referral Services' (PCRS), is now referred to as the 'Disclosure Assistance and Partner Notification Program'.
- During 2006 the STD Prevention & Control Section plans to build strong partnerships to ensure that people recently exposed to HIV are aware of their exposure.

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- The STD Prevention & Control Section have taken over the duty of ensuring people tested at General Hospital get their test results, notify their partner(s), and get into care.
- HIV RNA screening has been found to be the most effective assessment of sero-status.
 - ⇒ During the highly infectious first few weeks after sero-conversion people often do not test positive with the antibody testing.
 - ⇒ Some experts estimate that up to 43% of transmissions take place during the highly infectious first month after sero-conversion.
 - ⇒ RNA screening should be used in conjunction with other, quicker, and more popular methods such as Rapid Testing.
- He hopes to contribute his medical advice and expertise to the HPPC.

Member Response to Public Comment

- Ken Pearce asked for an explanation of why people might be more infectious during the first month after sero-conversion.
 - ⇒ Jeff Klausner explained that during the first few weeks after sero-conversion people often go from a VL of 0 (zero) to 500K to 1,000K per ml.
 - A VL of 500K to 1,000K in semen or other fluids means people are 10 to 50 fold more likely to transmit than when with a VL of 5K to 100K, which is the common range among people who have been HIV (+) for more than a month or so.
- Ken Pearce then asked if the same logic applies for long-term survivors who have low, or undetectable VL; are they unlikely to transmit the infection?
 - ⇒ Jeff Klausner explained that it may not be so clear-cut, that there are often other factors that play a large role in transmission, including substance use and health status.
- Tom Kennedy noted that it used to be difficult to get a VL (RNA) test for someone that has not tested HIV (+).
 - ⇒ Jeff Klausner indicated that the FDA has not yet approved the RNA assay test for diagnostic purposes. It is available as a medical assessment and there is clearly a need to educate medical professions about its availability.
- Isela Gonzalez asked how the notification process described in the article works.
 - ⇒ Jeff Klausner explained that they always try to do the notification on a face-to-face basis, including with partners.
 - ⇒ He added that they try to do field-based assay tests, that there are some trials underway for RNA field testing, but that most partners get tested at a clinic.
- Tracey Packer noted that April is STD Awareness month and that Council member Frank Strona will make a presentation to the HPPC at the 04/13/06 meeting.
 - ⇒ She proposed Jeff Klausner join Frank Strona in making that presentation.
- Responding to Michael Underhill's question, Jeff Klausner explained that the field trials of RNA testing in LA, Seattle and North Carolina, were all funded locally.
 - ⇒ He noted that using the RNA test in SF City Clinic found about one newly infected [RNA (+) / Antibody (-)] person per month.
 - He added that this will increase as RNA testing is available at more venues.
- Michael Underhill then asked where funding would come from on an on-going basis.
 - ⇒ Jeff Klausner suggested looking at this as an HIV prevention intervention.
 - ⇒ Tracey Packer added that this is also something the State is looking at funding.

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HPPC Co-Chairs/Steering Committee Report

Tracey Packer drew members' attention to the three items highlighted on the meeting agenda:

- Election of community UCHAPS Representative(s);
- Review of the Attendance Policy; and
- HPPC Scope of Work.

She pointed out that the HPPC Co-Chairs have recently met with the CARE Council Co-Chairs to discuss where the Councils' work overlaps. The Prevention with Positives (PwP) presentation heard by the HPPC will be given to the CARE Council during their 01/23/06 meeting. It was also agreed that the Co-Chairs will meet quarterly, and each Council will have quarterly updates on their meeting agendas. Similar quarterly updates will be on the HPPC agendas from the SFDPH STD Prevention & Control Section, and from the State Office of HIV Prevention.

Election of Urban Coalition of HIV/AIDS Prevention Services (UCHAPS) Member

Tracey Packer explained that each of the seven CDC directly funded urban jurisdictions have four representatives on the UCHAPS board.

- ⇒ SF's representation has been comprised of two community members, and two from the AIDS/HPS (HIV Prevention Services) professional staff.
 - Gayle Burns, Israel Nieves-Rivera were the community representatives in 2005.
- ⇒ Traditionally both Community Co-Chairs are the SF HPPC's representatives.
 - As Israel Nieves-Rivera is no longer a Community Co-Chair, and Perry Rhodes III was elected as community co-chair, he and Gayle Burns are nominated as community representatives to UCHAPS.

As the motion comes from the Co-Chairs committee, it was considered moved and seconded. No discussion was offered. The vote was by roll-call with the following result:

MEMBER	VOTE
Devin Anderson	Not present
Angie Baker	Yes
William Bland	Yes
Gayle Burns	Yes
Edward Byrom	Yes
Chadwick Campbell	Yes
Michael Cooley	Not present
Thomas Ganger	Not present
Isela Gonzalez	Yes
Amber Gray	Not present
Dee Hampton	Yes
Emalie Huriaux	Yes
Matt Jennings	Yes
Janetta Johnson	Yes
Billie Jean Kanios	Yes
Tom Kennedy	Yes

MEMBER	VOTE
Thomas Knoble	Yes
Weihaur Lau	Yes
Derrick Mapp	Yes
John Newmeyer	Not present
Tie Okamoto	Yes
Lawrence Ozoa	Not present
Tracey Packer	Yes
Colin Partridge	Yes
Ken Pearce	Yes
Perry Rhodes III	Yes
Gail Sanabria	Yes
Joaquin Sanchez	Yes
Chandra Sivakumar	Yes
Gwen Smith	Yes
Frank Strona	Not present
Raquel Tolston	Not present
Michael Underhill	Yes
Abbie Zimmerman	Yes

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The vote accepting the motion to appoint Perry Rhodes III and Gayle Burns as SF HPPC's representatives to UCHAPS was unanimous. This result was met with applause.

UCHAPS Letter Regarding Reauthorization

UCHAPS has proposed sending a letter to Congress requesting quick movement on the reauthorization of the Ryan White Act (The CARE Act), and has asked the SF HPPC for its support of this letter.

Motion was made and seconded to lend SF HPPC's support to UCHAPS sending a letter to the US Congress requesting quick reauthorization of the CARE Act. There was no discussion offered. The motion was approved without dissent or abstention.

- In response to Derrick Mapp's question, Israel Nieves-Rivera explained that the Ryan White Act was due to be reauthorized last year and UCHAPS' request to Congress is to reauthorize any version of the Act as soon as is practical.
 - ⇒ Israel Nieves-Rivera added that since UCHAPS represents jurisdictions representing all part of the country, it isn't appropriate for that body to request specific funding.

Attendance Policy

Tracey Packer distributed the document entitled, "*Attendance, Member Dismissal, and Resignation Due to Absenteeism*," copies of which are available to absent members upon request. She explained that the Council adopted the policy and it went into effect in April 2005. Although there has been some concerns regarding the policy, the Steering Committee decided to give it at least a full year before contemplating amendments. She highlighted the importance of everyone reading and understanding the Attendance Policy, and provided a brief outline of its provisions, including the following:

- ⇒ Members may have a total of four absences from Council and Committee meetings;
 - ⇒ There are no "*excused*" absences;
 - ⇒ The HPS professional staff will periodically apprise members and Co-Chairs of members' attendance record, ensuring all are aware when a member's absences approaches four.
 - In response to Janetta Johnson's question, Tracey explained that the policy applies to Co-Chairs' meetings as well.
 - Abbie Zimmerman suggested that absences due HPPC/HIV related activities be excused.
 - Ken Pearce observed that the CARE Council has the same issues with attendance, but since both Councils attempt to recruit participation from the HIV (+) and People Living With AIDS (PLWA) communities he suggests there be exceptions made for medical needs.
 - Michael Discepola also suggested that there be exceptions for HIV Positive / PLWA
- Tracey Packer noted that the Membership/Community Liaison Committee would be addressing changes to the policy, and suggested changes be address to that Committee.

Scope of Work

- Tracey Packer explained that ordinarily discussion of the Scope of Work is held during the Council's December meeting. However, in 2005 the December meeting was comprised of team-building training. She distributed copies of the presentation entitled, "*HPPC Scope of Work 2006*," copies of which had previously been sent to all Council members.

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Questions and Comments followed.

- In response to Joani Marinoff's question, Tracey Packer explained that the Strategies and Interventions chapter might be updated by the end of the year, perhaps by addendum.
- Joani Marinoff then asked about linkages between Promoting Strong Prevention and the San Francisco Leadership Initiative Committees.
 - ⇒ Tracey Packer explained that one of the strongest links between these committees is that both would address evidence-based interventions.
 - ⇒ She also noted that Israel-Nieves Rivera would be on both committees ensuring a sharing of ideas and that there isn't a duplication of work.
- Thomas Knoble suggested that in the Making Connections Committee emphasis be placed on Prevention and CARE working together, and that it could work with the SF Leadership Initiative Committee to forge that working relationship.
- Joani Marinoff noted that the Substance Use & HIV Risk Committee in 2005 recommended the continuation of its work in 2006, and asked how that would be handled.
 - ⇒ Tracey Packer explained that all of the 2005 committees recommended continuation in 2006.
- In response to Joani Marinoff's question, Tracey Packer explained that structural interventions discussed by the Council in 2005 is part of the scope of work for the Promoting Strong Prevention Committee in 2006, and the Steering Committee will make sure those issues are addressed.
- Emalie Hurliaux asked what will happen with the Substance Use & HIV Risk Committee's work in 2006.
 - ⇒ Tracey Packer explained that all the recommendations from the last and previous years would be followed up on by HPS staff, with Lisa Reyes assigned to traffic and report to Council on these ideas / suggestions.
- Angie Baker noted that the work done by the 2005 Youth Committee would continue this year, including its work with the SF School District.
 - ⇒ Tracey Packer added that Kevin Gogin, of the SF School District is scheduled to address the Council in February.

Motion was made and seconded to approve the Scope of Work for 2006. There was no further discussion. No objections were raised. The motion was approved unanimously without abstention. The passage of this motion was met with applause.

Presentation on Names Reporting

Copies of the presentation entitled, "*Presentation on HIV Names Reporting*," had been distributed to members prior to the meeting. Israel Nieves-Rivera, of HPS, Maree Kay Parisi of SFDPH - HIV/AIDS Statistics, Epidemiology, and Intervention Research Section, and Dana Van Gorder, of San Francisco AIDS Foundation (SFAF) were introduced. In addition to information in the printed material Dana Van Gorder made the following comments:

- The present administration's view is clear - "*No Names-Reporting, no money*," and this is what is driving the conversation - not surveillance considerations.
 - ⇒ If California doesn't make the move to Names-Reporting it could lose \$50 million in funding to the state, and additional funding to directly funded jurisdictions.

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- A difficulty with code-based reporting is in catching duplicates, particularly among different between counties and states.
- SFAF has not been able to get the CDC to work with them on code-based reporting, and the CDC has insisted on Names-Reporting.
- Presently a great deal of money is spent on checking for duplicates with the code-based reporting that could be better spent funding services.
- Once all jurisdictions are based on Names-Reporting, estimates are that California, SF, and LA could realize an increase in funding of \$30 million.
- AIDS Names-Reporting has been in place nationwide since 1983.
- The proposed legislation includes the provision that names be captured at local testing sites, reported to the State, but converted to a code when sent to the CDC.
- Because Senate Bill 945 (SB 945) did not pass in 2005, it has changed name to SB 699. It will probably be voted on this month and then referred to the Assembly.
- Not all states use the same formula to create codes, making checking duplicates between states difficult/impossible.

UPDATE: On Thursday, January 19, 2006, The California State Senate unanimously approved SB 699. The bill will now move to the State Assembly for a vote.

Questions and Comments

- Weihaur Lau asked about the effect of Names-Reporting on immigrants.
 - ⇒ Dana Van Gorder said that the evidence indicates that immigrants are no more reluctant to be tested, although this needs to be investigated more thoroughly.
 - ⇒ He added that when California began code-based testing fears were expressed that the use of the last four digits of Social Security numbers would deter undocumented workers, and others, from getting tested. But that has not been the case.
- Colin Partridge expressed his confidence in local and state confidentiality, but asked about confidentiality at the federal level.
 - ⇒ Maree Kay Parisi explained that the CDC has a certificate of confidentiality and it is not allowed to release surveillance data.
 - ⇒ She added that the CDC does not have peoples' names, only a Soundex code, that it would require legislation to change this, and such would be met with stiff resistance.
- Colin Partridge followed up by asking if there is a mechanism to ensure that actual names can not be gleaned from code data conveyed to the CDC.
 - ⇒ Israel Nieves-Rivera noted that there is no evidence of a similar reversal of code to names in the AIDS information that has been reported for more than 20 years.
- Dee Hampton noted that currently people being tested are not asked for identification, and asked would that change.
 - ⇒ Maree Kay Parisi explained that identification would not be required.
 - ⇒ Dee Hampton observed that this doesn't do away with the possibility with duplicates.
 - ⇒ Dana Van Gorder noted that when one is tested by a private doctor one's name is always provided to the lab conducting the test.
 - ⇒ He added that with Names-Reporting one could be tested using a false identification, but when people enter care and have tests such as VL, names are always reported.

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- Tracey Packer noted that representatives from State Assembly Members Yee and Leno's offices were in attendance at this meeting, at the HPPC's invitation and that members should be sure to express their concerns to them.
- Derrick Mapp asked if one could be identified from Soundex data.
 - ⇒ Maree Kay Parisi said that, it would be very difficult because soundex uses the first letter of last name, for example, the code can be undone to indicate the last names starts with "s" but not what the name is.
 - ⇒ Guillermo Gonzalez observed that most of the people collecting the data do not understand how the data is used to create the actual Soundex.
- Joani Marinoff asked if moving from the ELI (Evaluating Local Interventions) system to PEMS (Program Evaluation and Measurement System) is related to Names-Reporting.
 - ⇒ Tracey Packer said that they are not related. Neither system uses names.
- In response to Ed Byrom's question, Dana Von Gorder indicated that the Governor is expected to sign the bill.
- Ed Byrom added that his issue is with the way this change has been railroaded. He suggested that the HPPC write a letter supporting SB 699 (SB 945), and another letter to the CDC reminding them that SF is capable of conducting public health as well as asking them to keep politics out of public healthcare.
 - ⇒ Angie Baker suggested that the communication to CDC include that SF can't be bullied.
- Tracey Packer suggested getting information to providers regarding Names-Reporting.
 - ⇒ Maree Kay Parisi pointed out a brochure being used in Washington State about safeguarding confidentiality, and suggested SF City publish something similar.
- Isela Gonzalez asked about getting information out to people thinking about getting tested.
 - ⇒ Tracey Packer suggested that creating some written communication, similar to what was produced in Washington State, be included in the minutes as something to follow-up on.
- Billie Jean Kanios suggested that some people will not partake in traceable tests, and that the HPPC needs to be mindful of this population and find a means of reaching these people.
 - ⇒ Ken Pearce suggested providers give full disclosure to people getting tested.
 - He added that while this may not be a change, people need to be fully prepared; and that there is a good deal of anxiety among marginalized and undocumented people.
 - ⇒ Maree Kay Parisi suggested creating fact sheets for people being tested, providers, and for the labs; adding that all parties involved need to work together on this.
 - ⇒ Dana Van Gorder added that providers need to feel secure that the data is being handled confidentially.
- Maree Kay Parisi noted that Names-Reporting is also a good way to survey HIV (+) and the factors that contribute, and deter, progression to AIDS.
- Israel Nieves-Rivera noted that the HPS will continue to work with the HPPC and others to ensure that everyone is on the same page about Names-Reporting.
 - ⇒ He added that the HPS is preparing a Press Kit so that the messages provided to the community are clear and correct.
 - ⇒ He asked that when Council members hear misinformation that they bring it to the attention of the Council, so that it can be addressed quickly.
 - ⇒ Tracey reminded the Council that anonymous testing will continue to be available, where names are never required.

The attendees expressed their appreciation for the presentation with applause.

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Rapid HIV Testing Update

Tracey Packer reminded members that they could make suggestions about the topics discussed, or recommend other topics by put way of their Evaluation Forms, or email the HPS professional staff.

Tracey Packer introduced Teri Dowling and Shelley Facente both of the HPS, as well as former Council member Barb Adler of AIDS Health Project (AHP). Copies of the presentation entitled, "*Update on HIV Rapid Testing in San Francisco*," had been distributed to all members prior to the meeting. The presenters' additional comments included the following.

- Discordant test results refer to when the Rapid Test shows a 'Preliminary Positive' and the follow-up confirmatory test is HIV negative or indeterminate.
- The HPS has been able to follow-up immediately and maintain accurate data on all discordant test results.
- When a discordant test result was detected the remainder of the confirmatory blood was sent to the CDC for further testing.
- Prior to May 2005 most discordant test results were a result of the person being in the process of sero-converting.
- In San Francisco there have been more discordant tests when using oral fluid specimens than the whole blood/finger-stick which is expected according to the manufacturers guidelines. This is true for some agencies but not all.
- Initially Orasure Technologies, the manufacturer of the oral fluid test, didn't believe the faint line result until they saw it themselves.
- All tests have some percentage of false preliminary positive results, and the manufacturers and the FDA quantify this.
 - ⇒ The oral fluid test, however, showed clusters of higher percentage of false positives than the manufacturer's and the FDA's guidelines.
 - ⇒ While false positive results seem to occur in clusters, their occurrences are nonetheless unpredictable and, as yet, unexplained.
- Discordance with conventional tests is usually invisible to the client and the agency staff; whereas with oral fluid testing the client is aware of the preliminary positive result for a week, before they get the results of the confirmatory test.
- When there is discordance in the preliminary and confirmatory test results counselors were limited in what they could say to clients and had to abide by language approved by the FDA.
- The new protocol going into effect this month is bit more complex, but if a client receives a reactive oral rapid HIV test, the client will receive more information sooner about their HIV status.

The attendees expressed their appreciation for the presentation with applause.

Questions and Comments

- In response to a question from Kurt Berry, Shelley Facente explained that rather than a specific date when false positive results showed up, it was over a period of months.
- Janetta Johnson asked if there were similarities among discordant people; i.e. Hepatitis C co-infection, IDU, or other factors.
 - ⇒ Shelley Facente said they have looked, but haven't found any pattern.

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- Janetta Johnson then asked about the agencies that will need to do fingersticks but that do not have qualified phlebotomists on staff.
 - ⇒ Teri Dowling explained that they would evaluate what is needed, including training.
- Tom Kennedy said that the 99% accuracy of Rapid Tests is not good enough.
 - ⇒ He added that some people would "flip out" over a preliminary positive.
- He also noted that blood test results can be obtained more quickly, for a price.
 - He added that if false positives are rare perhaps funding should be found to get quicker test results for people with preliminary positive rapid test results.
 - ⇒ Teri Dowling noted that the rapid test is more accurate than early ELISA tests, and that all tests have a percent of false positives.
 - ⇒ Barb Adler noted that all tests have to have confirmation, and there is a balance between tests' sensitivity, ease of use, and catching as many positives as possible.
 - ⇒ Shelley Facente added that most people would rather have a rapid test, but every test still has to be confirmed.
 - ⇒ Barb Adler noted that it is private labs that have a shorter turnaround time.
 - ⇒ Teri Dowling observed that not all test protocols, and venues, are appropriate for all people, but that having choices will tend to serve the most people.
- Thomas Knoble noted that there can be real psychological harm done by a false preliminary positive, and asked about communicating with partners after such a result.
 - ⇒ It was noted that the new protocol should give counselors much more information.
- In response to Michael Underhill's question, it was explained that SF is still experiencing a 99% accuracy rate, even with the numerous false preliminary positive test results.
- Michael Discepola observed that there is rapid testing technology being used in Europe that isn't available here as yet and asked if the Council should send a letter urging the FDA/CDC to move quickly on approving these tests for use in the US.
 - ⇒ Shelly Facente explained that the CDC is working on an algorithm using multiple Rapid Testing technologies as used elsewhere; however, there are also laws requiring confirmatory blood tests.
 - ⇒ Michael Discepola suggested the Steering Committee work on this issue and follow-up with the CDC, as well as take it to UCHAPS.
- Ken Pearce asked if the HPPC could recommend sending confirmatory tests to private labs for a quick turnaround after a preliminary positive rapid test result.
 - ⇒ Teri Dowling noted that the DPH provides confirmatory tests in a week.
 - ⇒ It was noted that Unilab can turnaround a confirmatory test in a day, for \$100.
 - ⇒ Ken Pearce then asked if not arranging a one-day confirmation leaves the testing agency open to legal claims of liability for inflicting distress/anxiety on the client.
- Angie Baker asked if the reason the RNA test isn't done first is a cost the issue.
 - ⇒ It was explained that cost is only part of the reason, there is also the complexity of performing RNA tests.
- Angie Baker then asked if there are places that have stopped using the oral rapid test.
 - ⇒ It was explained that Utah has stopped using that test.
- Emalie Huriaux asked if there is movement to allow counselors to do fingersticks.
 - ⇒ Teri Dowling said it has been brought up, but since the restriction comes from the State it is unlikely to change in the near future, but that the SFDPH will continue to pursue this.

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- Isela Gonzalez asked who is going to put out information on the new algorithm and what clients should know.
 - ⇒ Tracey Packer said that this would be worked on by HPS and suggested the topic be referred as an action item to Steering.

Committee Work 2006

Tracey Packer explained that due to time restraints the Council meeting would be adjourned but members should meet in committees to decide:

- ⇒ Interim Committee Co-Chairs; and
- ⇒ The date and time of the first Committee meeting.

Committees agreed to meet at the following dates and times

- San Francisco Leadership Initiative - Thursday 02/02/06, from 2:45 to 4:15PM
- Points of Integration Between Prevention and CARE - Thursday 02/02/06, from 4:15 to 5:45 PM
- Strategies & Interventions - Thursday 02/02/06, from 4:00 to 5:30 PM
- Membership/Community Liaison - Monday 01/30/06, from 3:00 to 5:00 PM

Summary, Evaluation, and Closure of Meeting

The meeting adjourned at 5:27 PM.

Minutes prepared by David Weinman.

Minutes reviewed by Tracey Packer and Lisa Reyes.

**Reminders: The next HPPC meeting will be held on Thursday, February 9, 2006
Location: Quaker Meeting House, 65 9th Street, SF**