

# HIV PREVENTION PLANNING COUNCIL

## Minutes

April 13, 2006

The next HPPC business meeting will be held on **Thursday, May 11, 2006**

3:00 - 6:00 PM

Quaker Meeting House, 65 Ninth St, San Francisco

### **Members Present:**

Angie Baker  
William Bland  
Gayle Burns  
Edward Byrom  
Chadwick Campbell  
Thomas Ganger  
Isela Gonzalez  
Dee Hampton  
Emalie Huriaux  
Matt Jennings  
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

### **Members Present,**

**continued...**  
Joaquin Sanchez  
Chandra Sivakumar  
Gwen Smith  
Frank Strona

### **Members Absent:**

Michael Cooley\*  
Michael Discepolo, Emeritus  
John Newmeyer\*  
Michael Underhill  
Abbie Zimmerman\*

### **HIV Prevention Section:**

Dara Coan  
Vincent Fuqua  
Guillermo Gonzalez  
Ju Lei Kelly  
Betty Chan Lew  
Eileen Loughran  
Israel Nieves-Rivera  
Lisa Reyes

### **Guests:**

Enrique Asis, CARE Council  
Matthew S. Bajko, Bay Area Reporter  
William Blum, SMCAP  
Rakli Gadju, Trans/UCSF  
Staffanie Goodman, UCSF - Staying  
Well Study  
Willi McFarland, AIDS Office  
C. McGuire, Larkin Street  
Jack Newby, CARE Council  
Steve Oxendine, SFLI Committee  
Member  
Susan Philips, SFDPH  
Jen Sarché, AIDS Office  
Sylko Winkler

### **Process Evaluation Team:**

Kathleen Roe

### **Harder + Co.:**

Aimee Crisostomo  
Clare Nolan  
David Weinman (Minute-taker)

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

### **Welcome, Introductions, and Announcements**

Co-Chair Tracey Packer called the meeting to order at 03:06 PM. She welcomed attendees, noting that because the agenda is full, some of the usual order of topics had been altered. She pointed out that the Council is has a new public address (PA) system. She invited attendees to introduce themselves and to make announcements.

- Frank Strona announced that a sexual diversity training was conducted at San Jose State University (SJSU) utilizing the services of Marcus Arana and Sheryl Chase, which was highly successful and utilized lessons learned by similar training at HPPC.
- Dee Hampton announced that the AIDS Health Project (AHP) is now doing testing by appointment only, that there is no drop-in.
  - ⇒ However, passes are available for agencies wishing to refer clients for testing.

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- Israel Nieves-Rivera announced that Gayle Burns has been asked to make a presentation on community involvement in HIV prevention at the Native American Conference in Alaska.  
⇒ This news was met with applause.
- Tracey Packer announced that the facility management at the Quaker Meeting House asks the HPPC to be careful with chairs and other things scraping the hardwood floors of the meeting room.
- Tracey Packer noted that a special invitation was extended to members of the CARE Council to this meeting.  
⇒ HPPC members are likewise extended a special invitation to attend the CARE Council's meeting on 04/24/06 in which epidemiological data will be presented.

### HPPC Co-Chairs/Steering Committee Written Report

Tracey Packer noted the Co-Chairs and Steering Committee's report was submitted in writing, and distributed to all members prior to the meeting. She asked for comments and questions. She also noted that index cards would be distributed for any written questions members may have.

- In response to a member's request, a list of commonly used acronyms will be distributed to all members.
- Tracey Packer also noted that responses to members' questions from the Teambuilding Training (03/09/06) have been sent out to all members.

### General Public Comment

Tracey introduced members of the public who has asked to make comment.

- Steffanie Goodman of UCSF's Staying Well project explained that the project is a study of people who are HIV (+) not currently taking medications for HIV who want to keep their CD4 count up.  
⇒ This project is on going for the next four years.  
⇒ Participants may have previously used medications, and may at their choosing return to use of medications.  
⇒ She distributed flyers and postcards announcing the project entitled, "*Are you HIV+ and feeling Stressed but not taking meds,*" and clinical summaries entitled, "*The Staying Well Study: A clinical Trial of Mindfulness-Based Stress Reduction (MBSR)*..." copies of these are available to absent members upon request.
- Jen Sarché of the HIV Research Department of the SFDPH explained that Project T is being conducted by the SFDPH.  
⇒ This is an ongoing study of HIV (-) men to determine if use of a Highly Active Anti-Retroviral Treatment (HAART) medication as a prophylaxis is safe, effective, and if it changes sexual risk behavior of study participants

Jen also mentioned the following points:

- The first and most important message is that it is unknown whether Tenofovir or any other drug works to prevent HIV infection in HIV negative people. Very promising headlines have been misleading, because they are based on studies in animals, which do not always translate into humans.

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- The second message is that some of the news stories imply that usage of HIV drugs this way is common in the gay community. The Research Section does not know if that is the case, and that both the Research section and the STD branch are doing further research into this, results of which should be available later this year.
- Finally, she stressed that it is important to know that this strategy is different from PEP, or Post-Exposure Prophylaxis, where people take a 28-day regimen of HIV drugs within 72 hours *after* a known HIV exposure. Project T and studies like it are about taking a drug on an on-going basis, *before* exposure. Right now Project T is looking at the safety of this approach, and whether or not it works to prevent HIV infection will be a question for future studies. She stressed that there is no evidence in humans yet to suggest the drugs work to prevent HIV infection. The Research Section does not recommend that anyone use this as an HIV prevention strategy.
  - ⇒ Agencies with questions were encouraged to contact Jen Sarché at 415-554-4297

### Member Response to Public Comment

- Joani Marinoff asked for a written paragraph to be distributed to members explaining developments regarding prophylaxis use of HAART.
  - ⇒ Jen Sarché said that she would write a paragraph and that the HPS staff would distribute it.
- In response to Tom Kennedy's question, Steffanie Goodman explained that participants in Staying Well study could change their minds' and start/restart HAART.

### Presentation on Issues in STD Prevention and Control

Tracey Packer introduced Frank Strona. Copies of his presentation entitled, "*Sexual Health in San Francisco*," had been distributed to all members prior to the meeting. His additional comments included the following.

- April is STD Awareness Month.
  - ⇒ This year, in collaboration with Stop AIDS and others SFDPH STD Prevention and Control division conducted screening in a number of places including at some local gyms.
  - ⇒ On 04/12/06 they conducted STD and HIV screening at the LGBT Center from 4:00 to nearly 9:00 PM.
- The STD Prevention and Control Section is actively involved in creating a sense of Sexual Health, which includes routine testing and screening.
- Particular concerns include: the increase in the number men testing positive for rectal gonorrhea; and the HIV status of people testing positive for gonorrhea.
- It is also important to note the increased incidence of pharyngeal (in the throat) gonorrhea.
- Unlike other areas, in SF incidence of Syphilis is leveling off.
- A possible reason for the increase in reports of gonorrhea is that there has been a more aggressive approach to testing, including increased access to tests.
- The STD Prevention and Control section has collaborated in the Positive Reinforcement Opportunity Project (PROP) since 2004.

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- In collaboration with Stop AIDS and Walden House the STD Prevention and Control Section intends to expand screening to include: several gyms, Buena Vista Park, and the Windmills at Golden Gate park.
- Agencies wishing to have links on their websites to the STD online site should contact Frank Strona.
- The online peer-to-peer partner notification project (InSpot) has been very successful and is being adopted by other jurisdictions around the country.
- The STD Prevention and Control section will continue its collaboration with CBOs, hosting conferences and conducted state-funded research through its clinics.

Attendees expressed their appreciation for Frank Strona's presentation with applause.

### Questions and Comments

Frank Strona introduced Dr. Susan Phillips, Director of City Clinic.

- Joani Marinoff asked what advice is being given to people testing positive to HSV-2 (Herpes Simplex Virus-Type 2).
  - ⇒ Susan Phillips explained that the interaction between HSV-2 and HIV is complex, but that people do shed virus even without outbreaks of HSV-2, so it is recommended that people use condoms as well as medications.
- Thomas Knoble asked what is inhibiting partner treatment for gonorrhea.
  - ⇒ Susan Phillips explained that there is a state law allowing distribution of medications for partners where Chlamydia is concerned, but not for gonorrhea.
    - Nonetheless, in SF medications are provided for partners of people testing positive for gonorrhea.
  - ⇒ Thomas Knoble suggested and Susan Phillips agreed, that provision of medications for partners of those testing positive for gonorrhea should be promoted.
    - Susan Phillips added there is a statewide push to let providers know that they can supply partners with medication.
- Israel Nieves-Rivera asked if the HIV (-) men testing positive for gonorrhea are sero-sorting.
  - ⇒ Frank Strona responded that the data indicates that some, but not all are sero-sorting.
  - ⇒ He added that he would get the details of the data to Israel Nieves-Rivera.
- Billie Jean Kanios asked if there is a breakdown of test results performed at Magnet.
  - ⇒ Frank Strona responded that a breakdown is available, but he didn't have it with him.
  - ⇒ Tracey Packer added that Magnet has the second highest STD rate in SF, after City Clinic.
  - ⇒ Frank Strona suggested having a presentation from Steve Gibson of Magnet.
- Billie Jean Kanios asked if there are any published studies from PROP.
  - ⇒ Frank Strona explained that there are various versions of PROP.
  - ⇒ He added that results from SF's current version of PROP have been written up and published.
- Frank Strona explained that PROP is a collaborative effort including the HPS and STD sections of the SFDPH, Magnet, Positive Health and others. It was designed to motivate men with a record of Methamphetamine use to come in three times a week for testing utilizing a positive reinforcement approach to cessation of substance use.

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- ⇒ In SF the positive reinforcement by means of accruing credits for taking these tests with such credits translatable to money in the form of gift certificates (but not cash).
- ⇒ Participants could earn a total of \$453 for the 12-week program.
- ⇒ There is no recrimination, and testers are scripted on how to deliver test results.
- Janetta Johnson asked about the possibility of duplicated syphilis test results.
  - ⇒ Susan Phillips explained that every person with a positive result is carefully examined to determine which stage of the infection they are in.
  - ⇒ She added that providers are encouraged to give regular tests to people who are sexually active, which enables tracking of those infected and their partners.
- Isela Gonzalez asked how the gonorrhea test data is collected.
  - ⇒ Frank Strona explained that the SFDPH sometime utilize self-administered swab tests.
  - ⇒ He also explained that tests are available at City Clinic, Magnet, and at outreach locations, adding that several CBOs will also be offering tests.
- Mathew Bajko from the Bay Area Reporter newspaper asked about pharyngeal gonorrhea and noted that there have been complaints that the treatment dosage was insufficient.
  - ⇒ Susan Phillips responded that City Clinics had been prescribing 200 ml of oral antibiotic, which is the only FDA approved dose for treating gonorrhea.
  - ⇒ She added that reviewing results elsewhere in California the SFDPH has changed its prescribed dosage to 400ml.
- Mathew Bajko then asked about the funding of the Meth Prevention Initiative, questioning what part of the funding is coming out of HIV and STD prevention's budgets.
  - ⇒ Frank Strona said that some of the STD prevention funding has been allocated to Meth prevention and that other sources of funding are been sought out.

The attendees joined Tracey Packer in thanking Frank Strona and Susan Phillips, expressing their appreciation with applause.

### **HIV Incidence and Prevalence Estimates: Presentation and Discussion of the Consensus Data**

Tracey Packer explained the importance of HIV incidence and prevalence numbers to the HPPC's work. It relates to how the Council prioritizes programs and funding relating to the various Behavioral Risk Populations (BRPs). Index cards were distributed for questions that are not otherwise addressed. She explained that there will be small group work to develop questions and for discussion of the epidemiological data. She then introduced Dr. Willi McFarland. She noted that copies of his presentation entitled, "*2006 HIV Consensus Estimates*" had been distributed to all members prior to the meeting. Willi McFarland's additional comments included the following.

- Consensus epidemiology data is collected every five years.
- The data presented is his recommendation and asks that members give him feedback as part of the process leading to final consensus data.
  - ⇒ If any of the data contradicts members' experience he will reexamine his to ensure there is a consensus on the conclusions drawn.
- Slides 3 & 4- Shows a prevention success, even though there was not as much of a reduction as had been hoped for. The overall numbers hide changes in specific populations.
  - ⇒ Primarily the decrease in the rates shown is more significant than it seems because it is applying to a larger population.
- Slide 5 - SF is only city showing progress toward the goal of reduction of 50% by 2010.

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- Slide 6 - Part of the dramatic decrease in rate (1983-88 the 'Fall') is due to people realizing HIV is a sexually transmitted infection, as well as a result of prevention efforts.
- Slide 8 - Shows what is believed to be happening, a 'Reversal of Trend.'
- Slide 9 - Shows the incidence rates if the current trend continues through 2016.
- Slide 10 - After the dot-com bust in the early 2000's SF's MSF population decreased while the MSM increased.
  - ⇒ SF may have the largest population of gay men in the world, certainly it is the highest in the US.
    - Much higher than the second highest, Washington DC.
  - ⇒ Consensus data probably underestimated MSM-IDU population in 2001.
  - ⇒ 2001 MTF population size was overestimated at 2,800, and was based on a single study.
    - The 2006 estimate is supported by four studies.
    - The population probably actually grew since 2001, but not enough to compensate for the earlier over estimation.
- Slide 11 - Population size and prevalence numbers are as of 01/01/06.
  - ⇒ New infection numbers and rates are that which is expected by 12/31/06.
  - ⇒ There is a lack of data about MTF and there is only one documented case of FTM HIV.
- Slide 12 - MTF-IDU incidence (43.2%) is the highest of any category.
  - ⇒ The transmission of HIV among the various IDU BRPs is increasingly due to sexual activity, and transmission resulting from needle sharing has sharply declined.
  - ⇒ The data has not born out the assumption that risk of infection by means of vaginal sex is higher than anal-insertive sexual activity.
  - ⇒ In response to a question, it was noted that some data could be broken down by neighborhood.
- Slide 13 - FSM/M data is based on females who are at risk of transmission because their male partners having sex with other men.
  - ⇒ Likewise for MSF.
- Slide 14 - Another component of the philosophy employed is that some data falls outside (high or low) reasonable probability/likelihood.
- Slide 15 - The process outlined is the one that has been pioneered in SF.
  - It is now been adopted in other jurisdictions around the world, including the UN.
  - ⇒ This Consensus Data will go into a revised Epidemiology Chapter of the Plan.
  - ⇒ Release to the public and press may result in some further modifications of the data.
  - ⇒ Much of the delay in gathering data is due to difficulty getting responses from researchers.
    - The process began in June 2005.
- Slide 17 - SF has the lowest percentage of unknown HIV infection in the country.
  - ⇒ Incidence and prevalence data must fit and conform to what is known based on reported cases and people seeking services.
    - For example, estimates must conform to numbers of actual cases reported, if not future estimates need to be amended.
- Slide 20 - The use of trends includes STD test results.
- Slide 22 - The MSM-IDU 2006 estimated prevalence rate (24.3%) is down from the estimation in 2001 (27%), but because the population grew total number has gone up.

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- Slide 23 - NATIONAL HIV BEHAVIORAL SURVEILLANCE (NHBS) is Behavioral Surveillance Study
- Added Slides - in 2001 data relied on a single study, completed in 1997.
  - The Multiplier method was used to extrapolate total population and incidence.
  - ⇒ Since 2001 there had a number of studies particularly of MTF-IDU.
    - All of the studies are substantially lower than the estimates relied upon in 2001.
    - Consensus data used the Ratio method to get the total size of the population.
  - ⇒ Based on the data used in 2001 there would have been 40 new cases of HIV among transgender-IDU, however, only about 5 such cases have been reported annually.
  - ⇒ In all the 2001 population estimates are outside of the range of probability based on numbers collected since then.

### Questions and Comments

- Ken Pearce asked if the number for the beginning of 2006 was actual, or estimated.
  - ⇒ Willi McFarland explained that the data will never be precise but highlighted the continuous process of comparing estimates to actual as a means of making more accurate estimates into the future.
- In response to Ken Pearce's follow-up question, Willi McFarland said that there would be slightly more accuracy with implementation of names reporting, but not much.
- Colin Partridge asked about the use of Confidence Intervals in coming up with the higher and lower plausibility limits.
  - ⇒ Willi McFarland explained that the plausibility limits he used are based on observation and experience, rather than the Confidence Intervals reported by the researchers/authors of the various studies.
- Thomas Knoble asked about the basis for estimating that 23% of MSM are unaware of their HIV status.
  - ⇒ Willi McFarland said that it comes from a National HIB Behavioral Surveillance (NHBS) of MSM who were asked their status and then tested.
  - ⇒ Thomas Knoble observed that this percentage seems high.
  - ⇒ Willi McFarland responded that the SF conventional wisdom was that it was about 20%, and the CDC estimated about 25%, so when the study reported 23% it was considered reasonable.
    - He added that this is very low compared to other parts of the country, noting that in NYC 42% are unaware, and in Baltimore 60% are unaware of their status.
    - SF has the lowest incidence rate of HIV and the lowest rate of unawareness of HIV (+) status, using the same methodology as other cities.
- Gayle Burns asked about the difficulties / problems accessing data from the Reggie system (a computerized client registration system for HIV+ clients receiving services at non-profit/government service organizations in San Francisco, Marin, San Mateo Counties).
  - ⇒ Willi McFarland explained that Reggie system administrators were hesitant to release data, saying that they were always about to update it.
  - ⇒ He noted that he now has the data and hopes to use it for age, race, and ethnicity information, not incidence/prevalence.
- Tom Kennedy asked about factoring out non-SF residence from the incidence numbers.

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- ⇒ Willi McFarland noted that there are no adjustments for non-residence in current, or previous numbers.
- Joani Marinoff asked about incidence among African American FSM-IDU.
  - ⇒ Willi McFarland explained that while they probably do have a higher incidence than non-African American women, the data doesn't separate the BRP by ethnicity.
  - ⇒ Joani Marinoff noted that if they were separated African American FSM-IDU would be ranked fourth not fifth.
- Joani Marinoff then asked about MSF-IDU versus FSM-IDU.
  - ⇒ Willi explained that they have the same incidence rates, but that there are about three times as many men who inject as women.
  - ⇒ He added that there is a belief that the transmission by means of sexual contact should be higher for women whose partners inject than for men with injecting female partners.
    - He noted, however, that studies have not found females being at greater risk of sexual transmission of HIV.
  - ⇒ He also clarified that the incidence rates are going down for MSF as are the relative ranking of their incidence rates (was #4 highest rate, now is #5).
  - ⇒ Tracey Packer added that it is important to note that the number of new infections among MSF where drug injection is involved is going down.
    - She also agreed with Joani Marinoff that this BRP needs more discussion than can be accommodated in open session, and that it should be taken up in the small group exercise to follow.
- Chandra Sivakumar asked about the about the statistic circulating nationwide that about 50% of new infections are occurring among people under 25 years of age.
  - ⇒ Willi McFarland indicated that that doesn't seem reasonable, at least in SF.
  - ⇒ He added that the data he has studied indicate that the incidence rate is low among people in their early twenties, accelerates in the later twenties, and is highest among people in the thirty to forty age range.
- Ken Pearce asked about the correlation between late testers and those who are unaware of their serostatus.
  - ⇒ Willi McFarland explained that the correlation is very complex.
    - Because of the use of HAART progress from seroconversion to AIDS has slowed, and so people who progress quickly from known seroconversion to AIDS tend to be late testers.
    - Early testing, he added, results in slower progression, which skews the percentage of people with AIDS toward late testers.
  - ⇒ Tracey Packer suggested a longer presentation on late testers.

Tracey Packer explained that Dara Coan is going to take the data from the consensus data and the Council's discussion and draft an update to the Epidemiology Chapter. She added that the Council would need to look at funding and how it compares to this updated data. Tracey Packer thanked Willi McFarland for compiling this amazingly detailed data; far more comprehensive than most other areas have access to. She highlighted that the data informs the prevention process.

- The attendees joined Tracey Packer in expressing appreciation for Willi McFarland's presentation.

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### Small Group Activity on Consensus Data

Tracey Packer explained the importance of members' understanding and applying the epidemiology data presented. In that light, the Co-Chairs agreed to delay discussion of the Parking Lot and the Committees' Community Members' Attendance Policy until the 05/11/05 meeting; thus allowing more time for Small Group discussion and reporting.

The document entitled, "*Small Group Facilitation Guide*" was distributed, copies of which are available to absent members upon request. The Council then divided into five Small Groups.

### Report Back & Group Discussion on Consensus Data

Tracey Packer asked for the Small Groups to report back. Reports were given for groups one through five by Matt Jennings, Emalie Hurliaux, Isela Gonzalez, Weihaur Lau, and Chadwick Campbell, respectively. Their remarks included the following (by question on the Facilitation Guide).

#### 1. Was there anything in the data or the presentation that you need clarification on?

- ⇒ Has data from private care providers, including HMOs such as Kaiser, been incorporated into the overall data sets?
- ⇒ There needs to be more explanation of terms and acronyms used.
- ⇒ More detailed, clearly delineated, breakout of data by numbers and percentages.
- ⇒ How does SF's data compare other cities in Bay Area?
- ⇒ It would be helpful to have data by age, race, and ethnicity in the presentation.
  - Including more data/information on the 30-40 age group.
- ⇒ Was equal validity given to all studies, and if so is that a reasonable way to utilize data?
  - What were the criteria used to determine a study's validity?
- ⇒ Which populations/BRPs were the most difficult to collect data on?
  - What can the HPPC do to make the data more accessible?
- ⇒ Does this consensus data change the tiers of funding?
  - Are we aware of how federal funding is being allocated?
- ⇒ What are the effects of the shift in ranking FSM on BRP 4?
  - How will actual new infections among FSM be impacted by the change in ranking?
- ⇒ Is the increase in the MSM population due to generational changes?
  - If so, is a similar trend being seen nationwide?
- ⇒ Are current prevention efforts reaching the people engaged in high-risk behavior?
- ⇒ The presentation might have been clearer if the change in population data was presented first, rather than the change in the incidence rate.

#### 2. What jumped out, was surprising, or is noteworthy?

- ⇒ The changes in the understanding of the size of the transgender population.
  - Are the newer estimates dependable?
  - Will there be a similar adjustment in five years for having underestimated the population in 2006?
- ⇒ The change in the Gay/MSM percentage of SF's demographics was surprising.
- ⇒ The estimated number of new infections among MSM was surprisingly high.

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⇒ Fifteen years ago the belief was that 50% of MSM in SF were HIV (+), it is surprising to find that the current estimate is 22%.

3. Does the consensus data reflect your experience? If so, how so? If not, what's missing? Are there other resources or data you know of that help fill the gaps?

⇒ Reggie administration should be encouraged to provide data on a more data in a timely manner.

⇒ What is the impact of how people gender self-identify, as well as how providers report gender, when estimating the size of the transgender population.

⇒ How can the Council help get needed data to the SFDPH's HIV Surveillance Section?

4. This year the HPPC will be conducting a needs assessment. A needs assessment is a research project that looks at the unmet HIV prevention needs of a particular population and identifies prevention approaches that could be implemented to address the need.

Members were asked to submit their ideas on index cards for the Co-Chairs/Steering Committee's review and later discussion by the Council.

### Willi McFarland's Preliminary Responses, included the following

- (Non-names) Data from private providers, and particularly from Kaiser, were made available and played a significant part in the consensus data.
  - ⇒ Private providers were particularly helpful in identifying trends and indicators.
- There were some studies that weren't used.
  - ⇒ Some studies, although published recently, actually reflected old and therefore not necessarily reliable data.
  - ⇒ Other excluded studies were so narrow in age, ethnicity, or neighborhood focus that he was uncomfortable extrapolating wider data from them.
  - ⇒ Cohort studies determining seroconversion, were not included, as this is no longer considered a valid method of determining incidence.
  - ⇒ On the other hand, the Kristen Clements-Nolle's study was in part used, although the data was old, it was among the only data available.
- If incidence among male IDU goes up their female partners are at greater risk, and this is reflected in the consensus data.
  - ⇒ However, the data indicates that female partners of MSM are at greater risk than male IDU, as the more significant risk is from sexual activity than needle sharing.
  - ⇒ Moreover, data also indicates that female partners of male IDU are most likely to also be IDU.
- There is little doubt that gender identification issues blur the data on the transgender population.
- Tracey Packer provided some clarification on the Plan's tiers and how that differs from the ranking shifts discussed in Willi McFarland's presentation. The BRP ranking is used for prioritizing populations. The HPPC uses "tiers" of funding percentages to plan funding. The HPPC will need to closely analyze the BRP ranking and current funding levels to determine the next steps.

As time was running out Tracey Packer explained that the discussion would continue at the next Steering Committee meeting (04/27/06). The attendees once again expressed their appreciation for Willi McFarland's presentation with applause.

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### New Business/Parking Lot

Deferred to the 05/11/06 Council Meeting.

### Review and Approval of Minutes of February 9, 2006

There were no questions, comments, or corrections offered to the minutes. Motion was made and seconded to accept the minutes. No objections were raised. The minutes were approved with Ed Byrom abstaining.

### Membership/Community Liaison Report: Recommendations for Attendance Policy for Community Members

Deferred to the 05/11/06 Council Meeting.

### Summary, Evaluation, and Closure of Meeting

Tracey Packer noted that the evaluation forms are particularly important for this meeting, and reminded all members to fill them in. She added that members could include their ideas for needs assessment(s) to be conducted this year. The meeting adjourned at 6:01 PM.

Minutes prepared by David Weinman.

Minutes reviewed by Lisa Reyes and Tracey Packer.

**Reminders: The next HPPC business meeting, will be Thursday, May 11, 2006  
Location: Quaker Meeting House, 65 Ninth Street, SF**