IHIPC Epidemiology/Needs Assessment Committee Meeting Minutes

Thursday April 4th 2019, 10am – 11am


Absent: C. Jackson, A. Merrick

1) Welcome and introductions - Name, Agency/Region, Preferred Pronouns (optional). See above.

2) Review and discuss current objectives – M. Maginn began by asking for discussion of the three root cause analysis diagrams created by the working group for presentation at the April 18th IHIPC meeting. J. Nuss suggested that any discussion of strategies addressing these factors be put off until the next EPI/NA committee meeting. The presentation on 4/18 is intended to be an overview of the Root Cause Analysis work. M. Maginn asked for a meeting of the Root Cause Analysis working group to finalize the diagrams so that J. Nuss can complete her presentation for the 4/18 meeting.

Action Items: The working group meeting was scheduled for 4/8 at 10AM. M. Maginn asked that the EPI committee review the documents and forward any suggestions that may help the working group.

3) Continue discussion of risk group definitions changes – M. Maginn reminded the committee of previous discussion about the risk group definitions regarding prioritizing HCV testing instead of HIV testing among PWID. He informed the committee that harm reduction providers that he had contacted responded with a recommendation to continue prioritizing HIV testing for PWID due to concerns of causing setbacks in the progress that has already been made in decreasing new infections. C. Hicks clarified that HIV testing would continue for PWID who tested positive for HCV. He explained that testing PWIDs for HIV has not resulted in many new diagnoses, whereas testing clients for HCV resulted in high seropositivity rates (about 20%). He suggested that using funds in this way would help link more PWIDs to care. Due to grant renewals and the inability to change grant scopes for next year, the committee suggested that no changes be made at this time, but that these discussions continue for future consideration.

Action Items: Introduce the idea of prioritizing HCV testing instead of HIV testing to the IHIPC full membership at the upcoming June 27 – 28 meeting for consideration in future years (2020 or 2021 depending on grant cycles). Further work/ research on this topic should be added to the EPI/NA committee’s 2020 list of objectives.
4) **Review of the 2018 care and prevention service presentations** – J. Maras informed the committee that he is waiting on recommendations from the LRAV committee before finalizing the presentation on care services. C. Hicks provided slides from the 2018 presentation on prevention services for use as a template and made recommendations on updating them for the upcoming presentation. The committee agreed to C. Hicks recommendations on updates to the template.

**Action Items:** J. Nuss will provide updated recommendations for the care slides when they are received from the LRAV committee. The EPI/NA committee should review them and forward any comments or suggestions to the co-chairs or J. Nuss.

5) **Priority populations’ weights for analysis** – J. Nuss informed the committee that data requested from Dr. Ma had not arrived yet. The weights are currently set at 90% incidence, 5% prevalence, and 5% late diagnosis. M. Maginn asked if the weight for prevalence needed adjustment as the number of new diagnoses decreased and the number of people living with HIV in each region increases. C. Hicks pointed out that prevalence data is looking at every living case, and so is less about who is newly diagnosed with HIV and more about the entire history of the epidemic. He suggested that new variables, such as the “breakout of prioritized populations by people that are out of care” or the “percentage of breakouts of people living with HIV that are virally unsuppressed” could be considered.

**Action Items:** The discussion on adjusting the weighting for priority populations was suspended for lack of time, and will be continued at the next committee meeting.

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Next committee call: May 2\textsuperscript{nd}, 2019 at 10:00 AM.