

**Integrated Plan Goal 1: Prevent New HIV Transmission
Worksheets for Prevention Committee
for the March 26, 2026, Meeting**

Please review the updated Goal 1 Objectives for suggested edits and/or additional Activities. Note that all Activities must have measurements with an identified Monitoring Data Source.

Objective 1.1 Increase knowledge of HIV status to 95% by ensuring all people with HIV receive a diagnosis as early as possible.						
Activity 1.1.1 Implement HIV testing in health care settings, including routine opt-out HIV screenings. Promote and conduct routine opt-out HIV screening in health care settings (outpatient clinics, emergency departments, urgent care, inpatient hospitalization, county hospitals, correctional facilities, FDOH, and FQHC).						
Measurement #	Measurement	Notes	Assigned to	Key Partners	Monitoring Data Source	Funding Sources
1.1.1.1	Number of healthcare facilities educated on routine opt-out HIV testing in MDC	Target should be established using expectation from Detailers and Quick Connect. Data should come from Jackie and Alejandro	Alejandro Nunez	Private practice, MOAs, FOCUS, FQHC, Quick Connect, HCN	CTLS, FOCUS Reports	CDC, State, Local, FOCUS
1.1.1.2	Number of healthcare facilities conducting routine opt-out HIV testing in MDC	FOCUS data will come from Jackie	Alejandro Nunez	Private practice, MOAs, FOCUS, FQHC, Quick Connect, HCN	CTLS, FOCUS Reports	State, Local, FOCUS, private
1.1.1.3	Number of routine opt-out HIV testing in health care settings	Target should be established using FOCUS deliverables, MOUs, academic detailing data	Sandra Estevez	Private practice, MOAs, FOCUS, FQHC, Quick Connect, HCN	FOCUS Reports, CTLS	State, Local, FOCUS, private
1.1.1.4	Number of HIV positive people identified through routine opt-out testing in health care settings	Data should come from CTLS and FOCUS reports and do not include private doctors	Sandra Estevez	Private practice, MOAs, FOCUS, FQHC, Quick Connect, HCN	FOCUS Reports, CTLS	State, Local, FOCUS, private

Activity 1.1.2 Implement HIV testing, including HIV self-testing, in non-health care community settings.						
Measurement #	Measurement	Notes	Assigned to	Key Partners	Monitoring Data Source	Funding Sources
1.1.2.1	Number of non-healthcare community settings conducting HIV testing	e.g. mobile units, outreach, large scale testing events, CBOs, ASOs	Sandra Estevez	CBOs ASOs, and mobile units	CTLS	CDC, state, local, private
1.1.2.2	Number of people tested for HIV at non-healthcare community settings		Sandra Estevez	CBOs ASOs, and mobile units	CTLS	CDC, state, local, private
1.1.2.3	Number of HIV positive people identified at non-healthcare community settings via rapid testing	Consult with TLL team that is writing the state IP/ Reportable in CTLS	Sandra Estevez	CBOs ASOs, and mobile units	CTLS	CDC, state, local, private
1.1.2.4	Number of newly diagnosed HIV positive identified at non-healthcare community settings	Consult with TLL team that is writing the state IP. Unable to provide this data.	Kelsie Bricker	CBOs ASOs, and mobile units	HIV surveillance	CDC, state, local, private
1.1.2.5	Number of HIV self-test kits distributed. [or Number of people who received a self-test kit]	We could get data from Care Resource on number of people receiving test kits through HIV self-test distribution program	Ana Lubian (Prevention)/ Jairo Farinas (CR)	Care Resource		CDC, state, local, private
1.1.2.6	Number of preliminary HIV positive people identified through self-test kits	Data is limited to the number of individuals that follow up with provider after testing. Target should be set based on positivity rates outside healthcare settings.	Ana Lubian (Prevention)/ Jairo Farinas (CR)	Care Resource	1628s, CTLS	CDC, state, local, private

Activity 1.1.3 Support integrated screening of HIV in conjunction with STIs, TB, viral hepatitis (HCV), and mpox for a syndemic and person-centered approach.						
Measurement #	Measurement	Notes	Assigned to	Key Partners	Monitoring Data Source	Funding Sources
1.1.3.1	Number of healthcare facilities conducting HIV screening for STIs and HCV	Information from MOAs, and FOCUS	Camille Lowe/ Jackie			
1.1.3.2	Number of HIV tests conducted in conjunction with an HCV test within healthcare facilities	FOCUS/MOAs with healthcare settings. State lab data	Camille Lowe			
1.1.3.3	Number of HIV tests conducted in conjunction with a Syphilis test within healthcare facilities		Camille Lowe			
1.1.3.4	Number of people with a positive HCV identified through integrated screening at healthcare facilities	Jackie and Joan Pierre.	Joan Pierre			
1.1.3.5	Number of people with a positive Syphilis identified through integrated screening at healthcare facilities		Joan Pierre			
1.1.3.6	Number of HCV tests conducted at non-healthcare settings in conjunction with HIV testing	e.g. Outreach, community events, mobile units. Waiting for central office to confirm.	Sandra Estevez			
1.1.3.7	Number of Syphilis tests conducted at non-healthcare settings in conjunctions with HIV testing		FDOH			

1.1.3.8	Number of people with a positive HCV identified through integrated screening at non-healthcare facilities	is it possible to collect information from providers including Dr. Doblecki and the others we are funding thru the state lab. Maybe we need to create a reporting system	FDOH			
1.1.3.9	Number of people with a positive Syphilis identified through integrated screening at non-healthcare facilities	is it possible to collect information from providers including Dr. Doblecki and the others we are funding thru the state lab. Maybe we need to create a reporting system	FDOH			

Objective 1.2 Implement a comprehensive approach to treat people with diagnosed HIV rapidly and effectively to achieve viral suppression, (increase linkage to care to 95%; and increase viral suppression to 95%).						
Activity 1.2.1 Link all people who test positive for HIV to HIV medical care within 30 days; provide HIV partner services; and refer to or provide prevention and essential services to support improved quality of life.						
Measurement #	Measurement	Notes	Assigned to	Key Partners	Monitoring Data Source	Funding Sources
1.2.1.1	Percent of newly identified HIV positive persons linked to care within 30 days from <i>specimen collection</i>	quarterly data. There is a reporting lag of up to 2 months from HIV dx to linkage to care. Final outcomes for the year are not complete until the end of the following year. Data is based on specimen collection not reporting date.	Kelsey Bricker	testing sites, FOCUS hospitals, FQHC, private practices, surveillance	Florida Integrated Surveillance/Prevention Report Card (Provisional Data)	
1.2.1.2	Percent of newly identified HIV positive persons linked to care within 30 days from <i>reporting</i>	needs to be a higher number than specimen collection	Joan Pierre/ Kelsey Bricker	testing sites, FOCUS hospitals, FQHC, private practices, surveillance		
1.2.1.3	Percent of newly diagnosed HIV persons receiving partner services	Based on HIV programmatic indicators. 2022 data: 99.2% were offered partner services. Request data on % receiving PS. Data has to be requested from TLL	Joan Pierre	testing sites, FOCUS hospitals, FQHC, private practices, surveillance	STARS (HIV Partner Outcomes)	
1.2.1.4	Percent of persons previously diagnosed as HIV positive who are re-engaged in HIV medical care	D2C, FOCUS hospitals and partners, DIS	Sandra Estevez/ Kelsey Bricker	testing sites, FOCUS hospitals, FQHC, private practices, surveillance		
1.2.1.5	Number of partners with a newly diagnosed confirmed HIV positive test		Joan Pierre			

Activity 1.2.2 Support people with diagnosed HIV to receive rapid and effective treatment, (increase viral suppression to 95%).						
Measurement #	Measurement	Notes	Assigned to	Key Partners	Monitoring Data Source	Funding Sources
1.2.2.1	Percent of newly identified HIV positive persons linked to care within 7days from <i>specimen collection</i>	2024: 50%; 2025:59%. quarterly data. There is a reporting lag of up to 2 months from HIV dx to linked to care	Kelsie Bricker	Testing sites, FQHC, private practice, FOCUS hospitals, surveillance	Florida Integrated Surveillance/Prevention Report Card	
1.2.2.2	Percent of newly identified HIV positive persons linked to care within 7 days from <i>reporting</i>	this measurement may be impacted by a variety of factors including but not limited to: clients' refusals, loss to follow up, unable to locate, and visitors.	Joan Pierre	Testing sites, FQHC, private practice, FOCUS hospitals, surveillance		

Objective 1.3	Prevent HIV transmission by increasing PrEP coverage to 50% of estimated people with indications for PrEP, increasing PEP services, and supporting HIV prevention, including condom distribution, prevention of perinatal transmission, harm reduction, and syringe services program (SSP) efforts.					
Activity 1.3.1	Support and promote awareness and access to PrEP and PEP services.					
Measurement #	Measurement	Notes	Assigned to	Key Partners	Monitoring Data Source	Funding Sources
1.3.1.1	Number of PrEP educational sessions conducted for the community	Prevention team data/HIP providers if in their contract/other providers if data is available	Camille Lowe/ Juliana Shapiro			
1.3.1.2	Number of educational sessions conducted specifically to health care providers	Academic detailers educate providers on PrEP.	Alejandro/ Juliana/ Carolina			
1.3.1.3	Number of providers offering PrEP services	can we request aggregate data from Gilead and/or ViiV? And MOA	Sandra Estevez		MOAs Gilead and ViiV	
1.3.1.4	Number of refer populations with ongoing risk of HIV acquisition to PEP, and PrEP services	could this data be obtained from CTLS? How can we collect data for this indicator. Can we ask TLL if STARS could provide that data? HIP providers- if reporting form includes information on PrEP and nPEP	FDOH		CTLS & STARS	
1.3.1.5	Estimated percentage of number of people prescribed PrEP (PREP coverage)		FDOH			
1.3.1.6	PrEP to need ratio in MDC					

Activity 1.3.2 Conduct condom distribution.						
Measurement #	Measurement	Notes	Assigned to	Key Partners	Monitoring Data Source	Funding Sources
1.3.2.1	Number of condoms distributed by Zip Code (report using Zip Code map)		Erika Coello			
1.3.2.2	Number of Business Responds to AIDS (BRTA) sites		Erika Coello			

Activity 1.3.3 Support harm reduction services, including syringe services programs (SSPs) and whole-person approach to HIV prevention services.						
Measurement #	Measurement	Notes	Assigned to	Key Partners	Monitoring Data Source	Funding Sources
1.3.3.1		Ask someone from IDEA to participate. Follow up with Virginia	FDOH			
1.3.3.2			FDOH			

Activity 1.3.4 Conduct perinatal, maternal, and infant health prevention and surveillance activities and support maintaining the national goals of perinatal HIV incidence of < 1 per 100,000 live births and a perinatal transmission rate of < 1 %.						
Measurement #	Measurement	Notes	Assigned to	Key Partners	Monitoring Data Source	Funding Sources
1.3.4.1	Number of educational sessions conducted with providers and hospitals promoting routine HIV testing of all pregnant persons and diagnostic HIV testing for HIV-exposed infants		Queen Holden/ Kelsey Bricker		DIS documentation	
1.3.4.2	Number of educational sessions conducted with providers and hospitals to promote awareness and responsibility of utilizing the High Risk Pregnancy Notification and Newborn Exposure Notification forms		Queen Holden/ Kelsey Bricker		DIS documentation	
1.3.4.3	Percent of birthing persons with HIV who were linked to HIV care and prenatal care within 30 days of receiving the High Risk Pregnancy Notification and Newborn Exposure Notification form		Queen Holden/ Kelsey Bricker		PeriApp	
1.3.4.4	Percent of birthing persons with HIV who received post-partum care which may include Family Planning Services		Queen Holden/ Kelsey Bricker		PeriApp	

1.3.4.5	Percentage of breastfeeding persons with HIV who receive documented nursing-led lactation counseling within 24 hours of delivery		Queen Holden/ Kelsey Bricker		PeriApp	
1.3.4.6	Percent of pregnant birthing persons living with HIV who initiated breastfeeding and had continued at 6 months postpartum		Queen Holden/ Kelsey Bricker		PeriApp	