



## V. Review/Approve Agenda

Ms. Muñoz requested members review the agenda. Staff asked to give an announcement. The Committee made a motion to accept the agenda as presented.

**Motion to approve the agenda as presented.**

**Moved: Jesus Medina**

**Seconded: Kenia Sanchez**

**Motion: Passed**

## VI. Review and Approve Minutes of January 22, 2026

Members reviewed the minutes of January 22, 2026, and there were no changes. Ms. Muñoz called for a motion to approve the minutes.

**Motion to approve the minutes of January 22, 2026, as presented.**

**Moved: Eddie Orozco**

**Seconded: Crystal Lopez**

**Motion: Passed**

## VII. Reports

### ▪ **Membership**

#### □ **New Member Applicants**

Staff received membership applications from Giselle Gallo, Xema Quirino, and Jamie Marques. Each applicant introduced themselves and stated their interest in joining the committee. Members voted to approve each applicant.

**Motion to approve Giselle Gallo as a member of the Prevention Committee.**

**Moved: Jesus Medina**

**Seconded: Eddie Orozco**

**Motion: Passed**

**Motion to approve Xema Quirino as a member of the Prevention Committee.**

**Moved: Kenia Sanchez**

**Seconded: Jesus Medina**

**Motion: Passed**

**Motion to approve Jamie Marques as a member of the Prevention Committee.**

**Moved: Eddie Orozco**

**Seconded: Harold McIntyre**

**Motion: Passed**

Ms. Lopez distributed tent cards and welcome packets to new members.

#### □ **New Member Recruitment**

Luigi Ferrer introduced the new two-page committee application and the new mentorship process, developed by the Community Coalition Roundtable. Mr. Ferrer stressed the legislative and practical importance of including people with HIV, specifically Ryan White clients, as members of every committee.

## VIII. Standing Business

### ▪ **Miami-Dade County HIV Prevention Workgroups – Updates and Calls to Action!**

Prevention Workgroup leaders reviewed the shared synopsis of their group's activities and calls to action.

### ▪ **2027-2031 Integrated Plan Development**

Staff demonstrated the new Monitoring and Reporting System (MRS) database and reminded members of the timeline for completion of the Integrated Plan. It was noted that all measurements must have a data source to be included in the database.

Members continued review of Goal 1: Prevent New HIV Transmission, which was updated considerably since the last meeting to include contract reporting requirements of the Florida Department of Health in Miami-Dade County (FDOH-MDC). Additionally, the MRS database is no longer tracking step-by-step, administrative functions supporting the objectives and requires all measurements to have a data source.

It is likely a workgroup will be formed to finalize Targets and Baselines, and to identify additional Key Partners, and Funding Sources. Staff reminded members of the restrictions on meetings to comply with Government in the Sunshine Laws.

The following comments and updates were discussed:

- Objective 1.1: Increase knowledge of HIV status to 95% by ensuring all people with HIV receive a diagnosis as early as possible.
  - Case matching is ongoing from the preliminary FDOH Surveillance report on HIV status to confirmatory status, and taking into account other databases; therefore, reported numbers are subject to change.
  - Adult cases can also be tracked using the FDOH database: Counseling Testing Linkage Services (CTLs).
  - Data on new cases as reported by doctors may also be available.
  - The Uniform Data System (UDS) database used by Federally Qualified Health Centers (FQHC) can provide the number of annual HIV tests conducted.
  - Kira Villamizar will follow up with FDOH to determine if CTLs can create unique IDs; and what data we can expect from Surveillance considering limited resources.
  - Collection of comprehensive data is challenging since the different database systems are not connected.
- Measurement 1.1.2.3: Number of HIV positive people identified at non-healthcare community settings via *rapid* testing
  - Change to, “. . . *preliminary* testing.”
  - Note that most testing is rapid testing; however, preliminary testing is all-encompassing.
  - Staff will request confirmation of the language as reported in CTLs.
- Measurement 1.1.2.4: Number of newly diagnosed HIV positive identified at non-healthcare community settings
  - Confirm with Surveillance if this data is available; if not, the measurement will be deleted.
- Measurement 1.1.2.5: Number of HIV self-test kits distributed. [or Number of people who received a self-test kit]
  - Ask partners such as Care Resource to provide distribution numbers.
  - Identify additional partners.
- Measurement 1.1.3.1: Number of healthcare facilities conducting HIV screening for STIs and HCV
  - Change to, “Number of healthcare facilities conducting screening for *HIV, STIs, and HCV.*”
  - Add FQHCs to Key Partners.
  - Add Monitoring UDS to Data Source.

- Measurement 1.1.3.2: Number of HIV tests conducted in conjunction with an HCV test within healthcare facilities
  - Add FQHCs to Key Partners.
  - Add UDS to Monitoring Data Source.
- Measurement 1.1.3.4: Number of HCV tests conducted at non-healthcare settings in conjunction with HIV testing
  - Change to, “. . . in conjunction with *rapid or confirmatory* HIV testing.”
  - Remove “Holding” status.
- Measurement 1.1.3.5: Number of people with a positive HCV test identified through integrated screening at non-healthcare facilities
  - Remove “Holding” status.
  - Add MOAs, FQHCs, Hospitals, and Private Practices with MOAs, to Key Partners.
  - Add UDS to Monitoring Data Source.
- Measurement 1.1.3.6: Number of HIV tests conducted in conjunction with a Syphilis test within healthcare facilities
  - Add Ob/Gyns and FQHCs, to Key Partners.
- 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%).
  - Move Objective 1.2 to Goal 2.
- Measurement 1.3.1.4: Number of clients with ongoing risk of HIV acquisition referred to PEP and PrEP services
  - Measurement was rewritten to remove the reference to “refer population”.
  - Add PrEP referral platform to Key Partners.
- Measurement 1.3.1.5: Estimated percentage (or number) of people who are prescribed PrEP (PREP coverage)
  - Add “Pharma” – ViiV and Gilead to Monitoring Data Source.
- Add Measurement 1.3.1.6: Estimated percentage (or number) of PrEP *prescriptions written*
  - Add “Pharma” – ViiV and Gilead to Monitoring Data Source.
- Measurement 1.3.1.7: Monitor PrEP to Need ratio in MDC
  - Note: Based on incidence; and question: can we capture nPEP?
  - Add University of California of San Diego, AIDSvu, AHEAD Dashboard to Monitoring Data Source.

- Activity 1.3.3: Support services at IDEA Exchange , and whole-person approach to HIV prevention services.
  - The wording of the Activity should indicate IDEA Exchange because that is the only syringe services program in the county.
  - Measurements may include number of referrals and number of educational events.
  - Ms. Villamizar will coordinate with Dr. David Forrest to develop one or two measurements.
- Measurement 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
  - Change to, “Number of educational sessions conducted *virtually and in person* . . .
  - Add University of Miami-Perinatal HIV Program to Key Partners.
- Measurement 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
  - Change to, “Number of educational sessions conducted *virtually and in person* . . .”
  - Add University of Miami-Perinatal HIV Program to Key Partners.
- 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 %.
  - Add Measurements:
    - 1.3.4.7: Number of infants born to mothers who are HIV positive
    - 1.3.4.8: Number of infants exposed to HIV from their HIV positive mother
    - 1.3.4.9: Number of infants who contracted HIV from their HIV positive mother

The meeting time was set to expire. Ms. Munoz called for a motion to extend the meeting by 10 minutes.

**Motion to extend the meeting by 10 minutes.**

**Moved: Crystal Lopez**

**Seconded: Kenia Sanchez**

**Motion: Passed**

## **IX. New Business**

### **▪ April Meeting Date**

Due to scheduling conflicts on April 23, 2026, members were asked to change their next meeting date to April 30, 2026.

**Motion to change the April meeting date to April 30, 2026.**

**Moved: Crystal Lopez**

**Seconded: Kenia Sanchez**

**Motion: Passed**

## **X. Announcements and Open Discussion**

Staff announced that the next Partnership meeting date was changed to April 20, 2026, and the Report for Action briefing is now April 17, 2026.

Queen Holden announced her retirement and advised that the UM HIV Perinatal team has an opening for a lactation nurse.

**XI. Next Meeting**

Ms. Lopez announced the next meeting date as April 30, 2026 at FDOH-Health District Center.

**XII. Adjournment**

Ms. Muñoz called the meeting adjourned at 12:10 p.m.

DRAFT