

Houston Area HIV Services Ryan White Planning Council
Office of Support
2223 West Loop South, Suite 240, Houston, Texas 77027
713 572-3724 telephone; 713 572-3740 fax
www.rwpchouston.org

Memorandum

To: Members, Affected Community Committee:
Allen Murray, Co-Chair Teresa Pruitt
Tana Pradia, Co-Chair Cecilia Ross
Curtis Bellard *Johnetta Evans-Thomas*
Ardry "Skeet" Boyle *Lionel Pennamon*
Amber David *Viviana Santibanez*
Herman Finley
Arlene Johnson
Rodney Mills

Cc: Steven Vargas Carin Martin
Amber Harbolt Tasha Traylor

From: Tori Williams, Director, Office of Support

Date: Monday, July 18, 2016

Re: Meeting Notice

Please note the following information about the next Affected Community meeting:

Affected Community Committee Meeting
12 noon, Tuesday, July 26, 2016

NOTE UNUSUAL MEETING LOCATION

Bee Busy Wellness Center
8785 W. Bellfort Avenue
Houston, Texas 77031
Lunch will be provided

Please contact Diane Beck to RSVP, even if you cannot attend. She can be reached at Diane.beck@cjo.hctx.net or by telephone at 713-572-3724. And, if you have questions for your committee mentor, or you would like to make an appointment to meet with her before or after the committee meeting, do not hesitate to contact her at:

- Cecilia Ross, 832 545-5689 m; cysmith2003@yahoo.com

We look forward to seeing you next week.

Houston Area HIV Services Ryan White Planning Council

Affected Community Committee Meeting

12 noon, Tuesday, July 26, 2017

Meeting Location: Bee Busy Wellness Center

8785 W. Bellfort Avenue, Houston, TX 77031

AGENDA

- I. Call to Order Allen Murray & Tana Pradia,
Co-Chairs
- A. Welcome Tori Williams
 - B. Purpose of the Meeting
 - C. Moment of Reflection
 - D. Adoption of the Agenda
 - E. Approval of the Minutes
- II. Public Comment
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV/AIDS status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV/AIDS status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person with HIV/AIDS", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing your self, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)
- III. Training: Pre-exposure Prophylaxes (PrEP) Adonis May
Bee Busy Wellness Center
Tori Williams
- A. Presentation
 - B. HRSA Policy on PrEP
- IV. Old Business Eric Moreno
- A. Monthly Topics & Off Site Meeting Locations
 - B. 2016 Community Events
 - C. Greeters
 - D. Committee Vice Chair
- V. Adjourn
- VI. Optional: Members Meet with Committee Mentor Cecilia Ross

Houston Area HIV Services Ryan White Planning Council

Affected Community Committee Meeting

6:30 p.m., Wednesday, June 15, 2016

Meeting Location: Change Happens, 3353 Elgin Street; Houston, TX 77004

MINUTES

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
Tana Pradia, Chair	Amber David	Alex Moses
Curtis Bellard	Herman Finley	Demitrio Selman, Change Happens
Ardry “Skeet” Boyle	Arlene Johnson, excused	Kenbo Arassi, Change Happens
Rodney Mills	Johnetta Evans-Thomas	Lladira Aguilar, HACS
Allen Murray	Lionel Pennamon	Lydia Arnold, Change Happens
Teresa Pruitt	Viviana Santibanez	Marcus Green, Change Happens
Cecilia Ross		Oscar Perez, HACS
		Tony Clement, Change Happens
		Troy Johnson, Change Happens
		Yusef Naseer, Change Happens
		Eric Moreno, Office Of Support

Call to Order: Ross, Co-Chair of the Heterosexual CAB called the meeting to order at 6:35 p.m. She then asked everyone to introduce themselves.

Training: Amana Turner, Change Happens, explained the programs provided by Change Happens. She then presented information about HIV and the Heterosexual Community, see attached presentation.

Pradia, Committee Chair, asked for a moment of reflection.

Adoption of the Agenda: **Motion #1:** *it was moved and seconded (Pruitt, Murray) to adopt the agenda.*
Motion carried unanimously.

Approval of the Minutes: **Motion #2:** *it was moved and seconded (Pruitt, Murray) to approve the May 24, 2016 minutes.* **Motion carried unanimously.**

Public Comment: None.

Gene Ethridge: A Celebration of His Life: Ross said that there will be a memorial service for Gene this Friday, June 17th at 6:30 p.m. at the Montrose Center. If anyone is interested in volunteering please let her know.

Old Business: Members reviewed the list of monthly meeting topics, off-site meeting locations, 2016 Community Events, and the list of Greeters for 2016 Planning Council meetings. Moreno said that he has emailed information to those who volunteered for the PRIDE festival. Volunteers are needed for Project LEAP graduation on July 27, 2016. All graduates from 2012-2015 have been invited to attend. Ross

encouraged anyone interested in Project LEAP 2017 to sign up.

Adjourn: The meeting adjourned at 7:17 p.m.

Submitted by:

Approved by:

Tori Williams, Director Date

Committee Chair Date



Every 9-1/2 minutes someone in the US is infected with HIV.

The CDC recommends routine HIV testing in medical care settings for patients 13 to 64 years old.

Routine HIV testing is the first line of defense against HIV and AIDS.

Learn more at:

www.testtexashiv.org



1 in 6 persons living with HIV does not know it.

- People accessing health care are **NOT** routinely tested for HIV.
- Persons unaware of their HIV infection are unable to benefit from care.

Learn more at:

www.testtexashiv.org



Pre-exposure Prophylaxis (PrEP) for HIV Prevention

May 2014

Fast Facts

- Pre-exposure prophylaxis, or PrEP, is a way to help prevent HIV by taking a pill every day.
- People who are at substantial risk for HIV should talk to their doctor about PrEP.
- PrEP must be taken every day to be most effective.

Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV to help prevent HIV infection by taking a pill every day. The pill contains two medicines that are also used, in combination with other medicines, to treat HIV. When someone is exposed to HIV through sex or injection drug use, PrEP can help stop the virus from establishing a permanent infection.

When used consistently, PrEP has been shown to greatly reduce the risk of HIV infection in people who are at substantial risk. PrEP is much less effective when it is not taken consistently.

PrEP is a powerful HIV prevention tool, and can be combined with condoms and other prevention methods to provide even greater protection than when used alone. People who use PrEP must commit to taking the drug daily and seeing their health care provider every 3 months for HIV testing and other follow-up.

PrEP Medicines

Most PrEP clinical trials have tested a combination of two antiretroviral drugs, tenofovir disoproxil fumarate (also called TDF, or tenofovir) and emtricitabine (also called FTC), taken in a single pill daily for HIV prevention. This combination pill (brand name **Truvada**) was approved by the US Food and Drug Administration (FDA) for use as an HIV treatment in 2004, and was approved as PrEP in July 2012. Some clinical studies have also evaluated the use of tenofovir on its own as a preventive drug, but this drug alone is not FDA-approved for PrEP.

Research Supporting PrEP Use

On May 14, 2014, the US Public Health Service released the first comprehensive clinical practice guidelines for PrEP (www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf). This follows the earlier publication of brief interim guidelines that were based on findings from several large national and international clinical trials. These trials evaluated PrEP among gay and bisexual men, heterosexual men and women, and injection drug users. All participants in these trials received pills containing either PrEP or placebo, along with intensive counseling on safe-sex behavior, regular testing for sexually transmitted diseases (STDs), and a regular supply of condoms.

In all of these studies, the risk of getting HIV infection was lower—up to 92% lower—for **participants who took the medicines consistently** than for those who did not take the medicines. (See our PrEP web page at www.cdc.gov/hiv/prevention/research/prep/ for a brief description of the clinical trials, with links to the published studies.)

Guidelines for PrEP Use

The new federal guidelines for health care providers recommend that PrEP be considered for people who are HIV-negative and **at substantial risk for HIV infection**.

For sexual transmission, this includes anyone who is in an ongoing relationship with an HIV-positive partner. It also includes anyone who 1) is not in a mutually monogamous relationship with a partner who recently tested HIV-negative, and 2) is a

- gay or bisexual man who has had anal sex without a condom or been diagnosed with an STD in the past 6 months; or
- heterosexual man or woman who does not regularly use condoms during sex with partners of unknown HIV status who are at substantial risk of HIV infection (e.g., people who inject drugs or have bisexual male partners).

For people who inject drugs, this includes those who have injected illicit drugs in past 6 months and who have shared injection equipment or been in drug treatment for injection drug use in the past 6 months.

Health care providers should also discuss PrEP with heterosexual couples in which one partner is HIV-positive and the other is HIV-negative as one of several options to protect the partner who is HIV-negative during conception and pregnancy.

For a summary of clinical indications and treatment recommendations for PrEP, see the Table on the next page.

Summary of Guidance for PrEP Use

	Men Who Have Sex With Men	Heterosexual Women and Men	Injection Drug Users
Detecting substantial risk of acquiring HIV infection:	<ul style="list-style-type: none"> Sexual partner with HIV Recent bacterial STD High number of sex partners History of inconsistent or no condom use Commercial sex work 	<ul style="list-style-type: none"> Sexual partner with HIV Recent bacterial STD High number of sex partners History of inconsistent or no condom use Commercial sex work Lives in high-prevalence area or network 	<ul style="list-style-type: none"> HIV-positive injecting partner Sharing injection equipment Recent drug treatment (but currently injecting)
Clinically eligible:	<ul style="list-style-type: none"> Documented negative HIV test before prescribing PrEP No signs/symptoms of acute HIV infection Normal renal function, no contraindicated medications Documented hepatitis B virus infection and vaccination status 		
Prescription	Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90 day supply		
Other services:	<ul style="list-style-type: none"> Follow-up visits at least every 3 months to provide: <ul style="list-style-type: none"> HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STD symptom assessment At 3 months and every 6 months after, assess renal function Every 6 months test for bacterial STDs 		
	<ul style="list-style-type: none"> Do oral/rectal STD testing 	<ul style="list-style-type: none"> Assess pregnancy intent Pregnancy test every 3 months 	<ul style="list-style-type: none"> Access to clean needles/syringes and drug treatment services

Source: US Public Health Service. Preexposure prophylaxis for the prevention of HIV infection in the United States —2014: a clinical practice guideline.

Because no prevention strategy for sexually active people is 100% effective, patients taking PrEP are encouraged to use other effective prevention strategies to maximally reduce their risk, including:

- Using condoms consistently and correctly.
- Getting HIV testing with partners.
- Choosing less risky sexual behaviors, such as oral sex.
- For people who inject drugs, getting into drug treatment programs and using sterile equipment.

The more prevention options patients choose, the greater their protection. Some HIV prevention strategies, such as using condoms, can also provide protection against other STDs, which PrEP does not prevent.

PrEP is only for people who are at ongoing substantial risk of HIV infection. For people who need to prevent HIV after a single high-risk event of potential HIV exposure—such as unprotected sex, needle-sharing injection drug use, or sexual assault—there is another option called postexposure prophylaxis, or PEP. PEP must begin within 72 hours of exposure. See our PEP Q&A (www.cdc.gov/hiv/basics/pep.html) for more information.

Supporting PrEP Uptake

To support the new guidelines and provider's supplement, CDC is leading efforts on multiple fronts to improve PrEP awareness and delivery in community settings. For example, the agency is implementing a pilot study examining practical requirements, costs, and impact of PrEP delivered at four federally qualified health centers, and will support state and local health departments by providing webinars and program guidance on using CDC funds to support PrEP implementation.

Many other groups will also play a vital role in achieving the full promise of PrEP. Health care providers can prescribe PrEP to those patients with indications for its use and increase awareness and uptake of PrEP for their patients who are at substantial risk. Advocates can raise PrEP awareness in at-risk populations, and groups implementing HIV prevention efforts can integrate PrEP education into existing programs.

Resources

- Basic PrEP Q&As (www.cdc.gov/hiv/basics/prep.html)
- Clinical Practice Guidelines (www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf)
- Clinical Practice Guidelines—Providers' Supplement (www.cdc.gov/hiv/pdf/guidelines/PrEPProviderSupplement2014.pdf)
- Basic PEP Q&As (www.cdc.gov/hiv/basics/pep.html)

Additional Resources

CDC-INFO
1-800-CDC-INFO (232-4636)
www.cdc.gov/info

CDC HIV Website
www.cdc.gov/hiv

CDC Act Against AIDS Campaign
www.cdc.gov/actagainstaids



HIV/AIDS Bureau

Rockville, MD 20857

JUN 22 2016

Dear Ryan White HIV/AIDS Program Colleagues:

Pre-Exposure Prophylaxis (PrEP) is a powerful prevention tool against HIV transmission. The Centers for Disease Control and Prevention recommends PrEP for individuals who are at substantial risk for contracting HIV.¹ When taken consistently, PrEP reduces the risk of HIV infection in people who are at high risk by up to 92%.² Given the success of PrEP, the National HIV/AIDS Strategy: Updated to 2020 (NHAS 2020) prioritizes PrEP in *Goal 1: Reduce New Infections* and calls upon federal agencies to implement PrEP within their programs.

The Health Resources and Services Administration's HIV/AIDS Bureau (HAB) strongly encourage Ryan White HIV/AIDS Program (RWHAP) recipients and providers to leverage the RWHAP infrastructure to support PrEP services within the parameters of the RWHAP legislation. RWHAP recipients and providers are uniquely positioned to support PrEP programs. As community leaders in HIV prevention, care, and treatment, RWHAP recipients and providers are: 1) connected to people most at risk for contracting HIV; 2) knowledgeable about barriers to accessing HIV care and prevention services; and 3) experts in antiretroviral medications used for HIV. These are just a few of the skills that make RWHAP recipients and providers especially equipped to support, establish, and implement PrEP programs.

The RWHAP legislation provides grant funds to be used for care and treatment of people diagnosed with HIV, thus prohibiting the use of RWHAP funds for PrEP medications and the related medical services such as physician visits and laboratory costs. The RWHAP legislation does, however, allow RWHAP recipients and providers to provide services such as risk reduction counseling and targeted testing which should be part of a comprehensive PrEP program. We encourage RWHAP recipients and providers to reference HAB guidance and discuss allowable uses of RWHAP funds and any applicable limitations with their Project Officers.

HAB further encourages recipients and providers to participate with the implementation of PrEP by leveraging their existing expertise and administrative and clinical infrastructures to set up PrEP programs. RWHAP recipients and providers are poised to use their HIV systems, clinical expertise, and structural capacity to support the expansion of PrEP services across the country. Examples include: states building a PrEP access program using non-RWHAP funds within the RWHAP AIDS Drug Assistance Program infrastructure; clinics developing comprehensive PrEP services using a percentage of HIV clinical and program staff that is not funded by RWHAP to provide PrEP services; and accessing the AIDS Education and Training Centers program to train clinicians and staff on PrEP.

Working together on PrEP implementation, HAB and our RWHAP partners can continue to make great strides in achieving the NHAS 2020 and optimal HIV prevention, care, and treatment for all.

Sincerely,

/Laura W. Cheever/
Laura W. Cheever, M.D., Sc.M.
Associate Administrator
HIV/AIDS Bureau
Health Resources and Services Administration

1. "Pre-Exposure Prophylaxis" <http://www.cdc.gov/hiv/risk/prep/index.html>, Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, Sexual Transmitted Diseases and Tuberculosis Prevention, Centers for Disease Control and Prevention, April 28, 2016.
2. Grant, Robert G., et al. "Preexposure Chemoprophylaxis for HIV Prevention in Men Who Have Sex with Men." *The New England Journal of Medicine* 363;27 (December 30, 2010): 2587-2599.

Schedule of Topics for 2016 Affected Community Committee Meetings

(revised 06-20-16)

Shaded areas indicate an off-site meeting location; black areas = meeting rooms not available

Confirmed	Month 2016	Topic	Speaker/Facilitator	Meeting Location
✓	12 noon, Tues. February 23	<ul style="list-style-type: none"> • Purpose of the Council and Public Hearings • Participation in Health Fairs • Why meetings are held off-site 	Tori Williams	Office of Support
✓	12 noon, Tues. March 17	Joint meeting of the Affected Community, Priority & Allocations and Quality Improvement Committees	Committee Co-Chairs	Office of Support
✓	12 noon, Tues. March 22	<u>Training for Consumers:</u> The RW How To Best Meet the Need Process - Part 1	Tori Williams	Office of Support
✓	1:30 - 4 p.m., Thurs. April 14	How To Best Meet the Need Training – Part 2	Planning Council Chairs	Office of Support
✓	10:30 a.m. – 4 p.m. Tues. April 26 &/or Wed. April 27	How To Best Meet the Need Workgroups	Quality Improvement Committee	Office of Support
✓	12 noon, Tues. May 24	HIV and the Asian Community	Peta-gay Ledbetter, PhD	Hope Clinic 7001 Corporate Dr., #120 Houston, Tx 77036 713 773-0803
✓	6:30 – 8:00 p.m. WEDNESDAY June 15	HIV and the Heterosexual Community Advisory Board (CAB)	Amana Turner	Change Happens 3353 Elgin St. Houston, TX 77004
✓	12 noon, Tues. July 26	PrEP	Adonis May	Bee Busy Wellness Center 8785 West Bellfort Ave. Houston, TX 77031
✓	12 noon, Tues. August 23	<u>Training for Consumers:</u> Standards of Care, Why Should I Care?	Amber Harbolt, Health Planner, Office of Support	Office of Support
✓	12 noon, Tues. Sept. 20	Standards of Care and Performance Measures <u>Consumer Only</u> Workgroup	Carin Martin, Manager Ryan White Grant Administration	Office of Support
TENTATIVE	12 noon, Tues. October 25	HIV and the Rural Community	???	Access Health
TENTATIVE	12 noon, Tues. November 22	HIV and Substance Abuse	Pennye Rhodes, PA St. Hope Foundation	St. Hope Foundation, <u>Conroe</u>

Possible Topics:

Community Involvement in HIV Clinical Research Trials - Morénike Giwa

Medication Updates – Shital Patel, MD or Ben Barnett, MD OR invite all drug reps. Include info on getting Rx's FDA approved, change to generic status – how does this impact ADAP pricing?

Affected Community Committee
2016 Community Events (as of 06/27/16)

Point Person (PP): Committee member who picks up display materials and makes sure they are returned to the Office of Support.

Day, date, times	Event	Location	Participants
Sunday, March 6 1pm-Walk	AIDS Foundation Houston (AFH) AIDS Walk	Houston Park Downtown-1100 Bagby Street, 77002	Allen Murray will distribute Project LEAP flyers.
Friday, May 6 6 – 9 pm Contact: Herman Finley Or John Humphreys at	Houston Splash 2016	Double Tree Hotel – Galleria	Allen, Teresa, Curtis, Arlene, Cecilia PP: Teresa ; back up Skeet
Saturday, June 25 Noon – 7:00 pm	Pride Festival	Downtown near City Hall	<u>Shift 1 (11:30 am-2 pm) : PP Curtis, Peta Tana, , Johnetta</u> <u>Shift 2 (2-4:30 pm) John L, Ruth, Teresa, Allen</u> <u>Shift 3 (4:30-7 pm): PP Teresa, John L.,Tracy, Rodney</u> To be Assigned: Steven V, Carol, Arlene
Friday, September 16	HIV and Aging Symposium	Montrose Center	Tana, Ruth, Skeet, Curtis, Rodney PP: Skeet
Sunday, September 18, 2016	MISS UTOPIA	The Crowne Plaza (Brookhollow) 12801 Northwest Freeway Houston, TX 77040	<u>Need 3 volunteers</u> Carol, Peta, Skeet, Tana, Cecilia PP: <u>Peta, Curtis, Skeet</u>
Tuesday, September 27 Contact: Herman Finley	Gay Men’s Health Summit	Hiram Clarke Multi Service Center 810 W. Fuqua St., 77045	Teresa (PP), Curtis, Allen, Cecilia, Arlene
October	Road 2 Success		
Tuesday, December 1	World AIDS Day Events		Most committee members attend events
January 2017	Road 2 Success		
<u>NEW DATE:</u> Saturday, January 21 2017 8:00 a.m. – 2:30 p.m.	HIV Testing and Prevention: Tools for Your Practice	Marriott Hotel- Medical Center 6580 Fannin St. Houston, TX 77030 (713) 796-0080	<u>CONFIRM IF AVAILABLE</u> <u>FOR NEW DATE:</u> Curtis, Cecilia, Teresa, Rodney, Isis, Allen, Tracy, Tana

Greeters for 2016 Council Meetings

(Revised: 06-06-16)

Meeting Dates (Please arrive at 11:45 a.m. Unless otherwise noted, the meetings are held at 2223 W. Loop South)	Greeter #1 External Member	Greeter #2	Greeter #3
Thurs. March 10	Viviana Santibanez	Teresa Pruitt	Arlene Johnson
Thurs. April 14	Johnetta Evans Thomas	Gene Ethridge	Allen Murray
Thurs. May 12	Lionel Pennamon	Gene Ethridge	Teresa Pruitt
Thurs. June 9 Off-Site Location:	Johnetta Evans Thomas	Allen Murray	Teresa Pruitt
Thurs. July 14	Ruth Atkinson	Teresa Pruitt	Tana Pradia
Thurs. August 11	Tana Pradia	Teresa Pruitt	Skeet Boyle
Thurs. September 8	Teresa Pruitt	Curtis Bellard	Viviana Santibanez
Thurs. October 13	Teresa Pruitt	Curtis Bellard	Isis Torrente
Thurs. November 10 External Committee Member Appreciation			
Thurs. December 8			

2016 Ryan White Planning Council

STANDING COMMITTEE LIST

(Updated 07-14-16)

Red Text = Committee Mentor

STEERING	
Steven Vargas, RWPC Chair	
Tracy Gorden, Vice Chair	Curtis Bellard, Co-Chair, Operations
Carol Suazo, Secretary	Bruce Turner, Co-Chair, Priority and Allocations
Allen Murray, Co-Chair, Affected Community	Peta-gay Ledbetter, Co-Chair, Priority and Allocations
Tana Pradia, Co-Chair, Affected Community	Cecilia Ross, Co-Chair, Quality Improvement
Nancy Miertschin, Co-Chair, Comprehensive HIV Planning	Robert Noble, Co-Chair, Quality Improvement
John Lazo, Co-Chair, Comprehensive HIV Planning	

AFFECTED COMMUNITY			
1. Allen Murray, Co-Chair	7. Arlene Johnson	<i>External Members:</i>	
2. Tana Pradia, Co-Chair	8. Rodney Mills	1. <i>Johnetta Evans Thomas</i>	
3. Curtis Bellard	9. Teresa Pruitt	2. <i>Lionel Pennamon</i>	
4. Ardry "Skeet" Boyle	10. Cecilia Ross	3. <i>Viviana Santibanez</i>	
5. Amber David			
6. Herman Finley			

COMPREHENSIVE HIV PLANNING			
1. Nancy Miertschin, Co-Chair	8. Herman Finley	<i>External Members:</i>	
2. John Lazo, Co-Chair	9. Allen Murray	1. <i>Kevin Aloysius</i>	
3. Ted Artiaga	10. Robert Noble	2. <i>Denis Kelly</i>	
4. Curtis Bellard	11. Shital Patel	3. <i>Tam Kiehnhoff</i>	
5. David Benson	12. Gloria Sierra	4. <i>Osaro Mgbere</i>	
6. Denny Delgado	13. Larry Woods	5. <i>Esther Ogunjimi</i>	
7. Evelio Salinas Escamilla			

OPERATIONS			
1. Ruth Atkinson, Co-Chair	4. Tracy Gorden	7. Tana Pradia, Vice Chair	
2. Curtis Bellard, Co-Chair	5. Arlene Johnson	8. Teresa Pruitt	
3. Connie Barnes		9. David Watson	

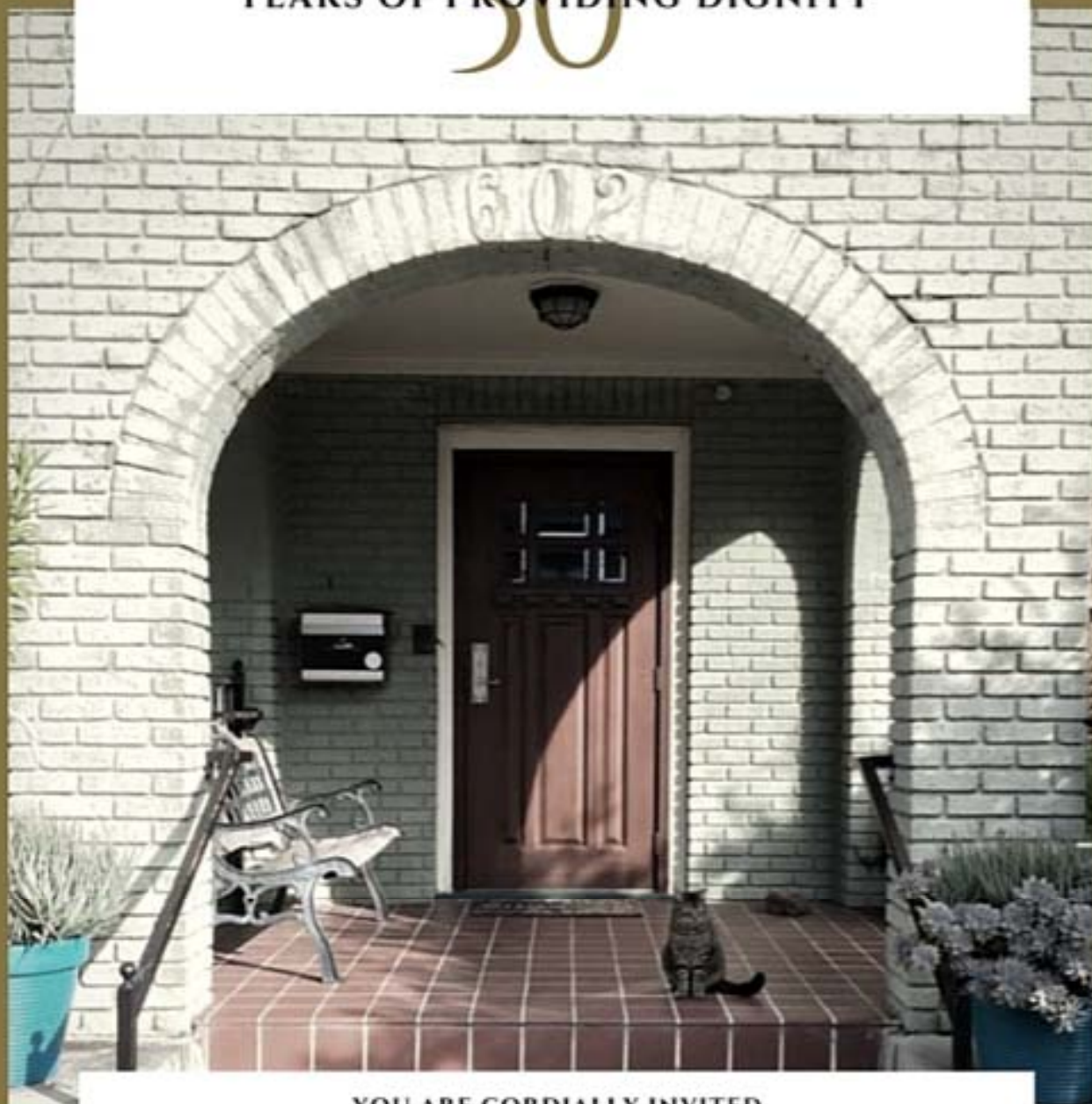
PRIORITY AND ALLOCATIONS			
1. Bruce Turner, Co-Chair	4. Melody Barr	7. Angela F. Hawkins	10. Isis Torrente
2. Peta-gay Ledbetter, Co-Chair	5. Ella Collins-Nelson	8. J. Hoxi Jones	
3. Rodriga Avila	6. Paul Grunenwald, Vice Chair	9. John Lazo	

QUALITY IMPROVEMENT			
1. Cecilia Ross, Co-Chair	7. Leslie Raneri	<i>External Members</i>	
2. Robert Noble, Co-Chair	8. Gloria Sierra	1. <i>Michael Kennedy</i>	
3. Ted Artiaga	9. Carol Suazo	2. <i>Alex C. Moses</i>	
4. Ardry "Skeet" Boyle, Vice Chair	10. Isis Torrente	3. <i>Lionel Pennamon</i>	
5. Bianca Burley		4. <i>Samantha Robinson</i>	
6. Amber David		5. <i>Pete Rodriguez</i>	

FYI

YEARS OF PROVIDING DIGNITY

30



YOU ARE CORDIALLY INVITED
TO THE 30 YEAR RECEPTION FOR

ΩMEGA HOUSE

SATURDAY AUGUST 27TH
4:00PM TO 7:00PM

HIGH SCHOOL FOR THE PERFORMING AND VISUAL ARTS

4001 STANFORD STREET HOUSTON, TX 77006

RSVP TO WWW.OMEGAHOUSE30.ORG

AFFILIATED WITH HOUSTON AREA COMMUNITY SERVICES

Meningococcal outbreak in Los Angeles and Orange counties triggers health warning

Los Angeles Times, June 24, 2016

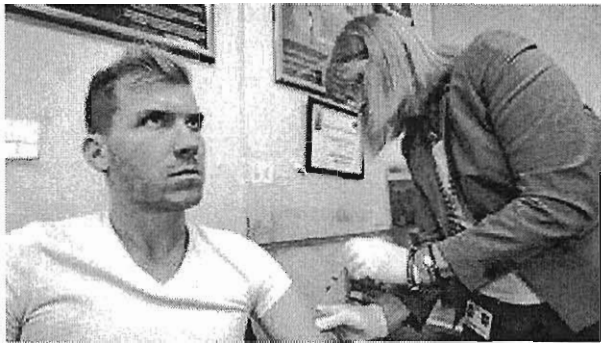
Veronica Rocha

A man's death was linked to an invasive meningococcal outbreak affecting gay and bisexual men in Southern California, public health officials said Friday.

The rare disease was first identified in May and since then, nine men in Los Angeles and Orange counties have fallen ill with a meningococcal infection, according to Dr. Karen Smith, public health officer for the California Department of Public Health. Most of the men were gay or bisexual. One of them has died from the infection.

"We are concerned that gay and bisexual men in Southern California may be at increased risk for meningococcal disease," Smith said in a statement.

She urged men who have sex with other men to get a meningitis vaccination. HIV-infected people, she said, have an increased risk of getting sick from meningococcal disease.



Deadly L.A.-area meningitis cases raise concerns in gay community
Hailey Branson-Potts

As three people were confirmed dead this week after having contracted meningitis in Los Angeles County, at least one medical expert said there is a "pretty strong signal" that men who have sex with men are at increased risk for the rare bacterial infection.

We are concerned that gay and bisexual men in Southern California may be at increased risk for meningococcal disease," Smith said in a statement.

She urged men who have sex with other men to get a meningitis vaccination. HIV-infected people, she said, have an increased risk of getting sick from meningococcal disease.

The U.S. Advisory Committee on Immunization Practices recommended this week that all HIV patients routinely receive meningococcal vaccines.

Michael Weinstein, president of the AIDS Healthcare Foundation, called on public health officials to increase the supply of vaccines and work closely with community health organizations to spread awareness. The foundation is working to make the vaccines available at Southern California-area wellness centers next week, he said.

“Gay men are extremely over-represented in these meningitis case numbers in Los Angeles,” Weinstein said in a statement. “The CDC and the NIH, in conjunction with local health departments, should really be studying the issue far more intensively.”

The rare infection is caused by the bacteria *Neisseria meningitidis*, which affect the bloodstream and can lead to meningitis. At least six cases were caused by a particular strain of meningococcal bacteria.

Meningococcal disease spreads by close exposure to sneezing or coughing, or direct contact with saliva or nose mucus, the health department said. Symptoms usually begin within a few days of exposure and include fever, vomiting, severe headache, stiff neck, confusion, a rash and muscle pains.

Smoking, having close contact with an infected person such as kissing or sharing beverages or cigarettes and living in group settings for prolonged periods are associated with an increased risk of illness.

Outbreaks and cluster of serogroup C meningococcal disease have been reported in New York City, Los Angeles County and Chicago since 2014.

Times staff writer Matt Hamilton contributed to this report.