Connecticut HIV Planning Consortium

Main Meeting Summary

July 15, 2026

Date:	July 15, 2026	**Type:**	In-Person, Hartford
Start Time:	9:00 a.m.	**End Time:**	10:20 a.m.
Participants:	99	**CHPC Members:**	28
Co-Chairs:	Blaise Gilchrist, Africka Hinds, Dante Genarro, Jr.		
Next Meeting:	September 16 , 2026 (in-person)		

WELCOME AND MOMENT OF SILENCE

CHPC Co-Chairs started the meeting by welcoming participants and asking individuals to honor the work with a collective moment of silence for those affected by the intersecting syndemics of HIV, STD, HCV, and SUD. The group reviewed the CHPC vision, mission, values, structure, and process. Participants quickly introduced themselves.

CHPC GENERAL BUSINESS

Dante Genarro shared announcements related to CHPC operations.

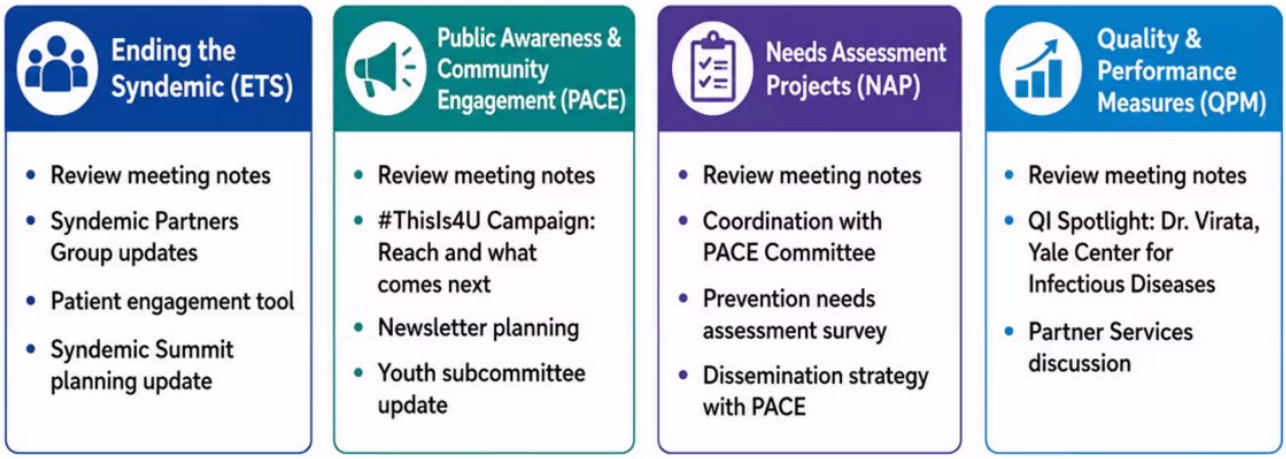
Approval of Prior Meeting Summary. The CHPC Members approved the meeting summary from the prior month using a virtual vote that occurred during the week prior to the CHPC meeting.

CHPC Membership. Two CHPC Membership openings exist. The online application is available at www.cthivplanning.org.

2027-2031 Plan. CT DPH and the Ryan White Part As submitted the 2027-2031 Plan as required by the federal government.

CHPC Upcoming Meetings. The CHPC and CHPC committees will NOT meet in August. The September meeting will be in person at the Chrysalis Center (Hartford, CT).

Committee Preview. CHPC Committee meetings will start at or about 10:30 a.m. Areas of focus for each committee meeting were reviewed (see table).



Partner Updates. Representatives from various Ryan White-funded organization and prevention partners shared updates:

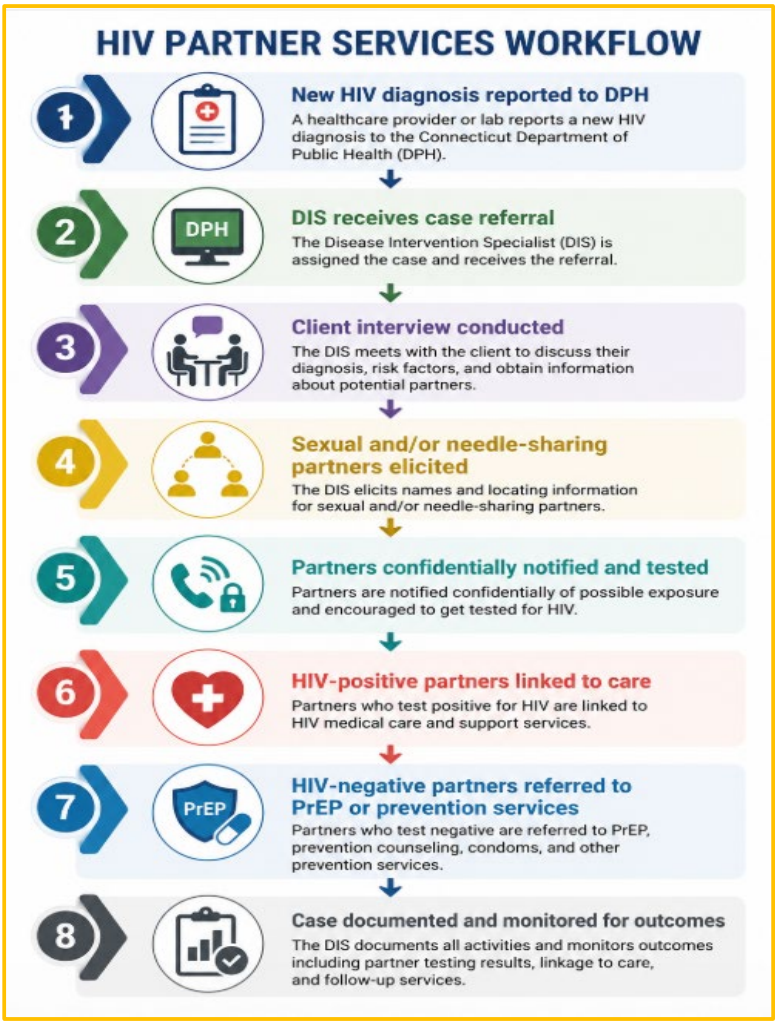
- CT DPH will hold an integrated HIV prevention and care contractor meeting in September.
- Ryan White Part A Eligible Metropolitan Area (New Haven and Fairfield Counties) will hold its Priority Setting Resource Allocation in September.
- Ryan White Part B submitted a supplemental grant application and expects a notice of award in September.
- Ryan White Part D recipients (CHC/ACT and Connecticut Children's) submitted federal funding applications for continuation funding.
- CHC/ACT applied for Part C capacity building.

- Ryan White Part F (New England AETC) shared information about upcoming events such as (a) It's still hip to talk about Hep (July 23) and (b) A medical case management training series that will result in certifications (must attend 8 of 12 sessions).
    - Brian Datcher asked about plans for upcoming implicit bias training. Dante confirmed plans are underway and implicit bias training will be offered.
- The HIV Funders Group did not meet in June and will meet on July 22.

PRESENTATION & DISCUSSION: PARTNER SERVICES

CT DPH Epidemiologists Ramon Rodriguez Santana and Nathan Santana (also Disease Intervention Specialist (DIS) Supervisor) presented on Partner Services. Information was shared on multiple topics: 1) CT DPH DIS staff, 2) HIV DIS duties at CT DPH, 3) example of a CT DPH HIV Parter Services workflow, 4) HIV Partner Services data limitations, 5) Index clients referred to partner services, 6) Index clients who named partners, 7) partners name by index clients, and 8) conclusion. Core themes from the presentation included:

- The program includes leadership and supervisory staff, 10 Disease Intervention Specialists who conduct case investigations and partner services activities, surveillance staff who support disease monitoring and reporting, and support staff who help maintain program operations. Together, this multidisciplinary team plays a critical role in HIV and STD prevention efforts across Connecticut through partner notification, linkage to care and surveillance.
- DIS staff conduct confidential HIV and STI Partner Services interviews and help notify partners who may have been exposed through partner notification and contact tracing efforts. They also support linkage to HIV and STI medical care, provide prevention counseling and risk reduction education, and conduct field investigations and outreach to locate clients and partners. DIS staff contribute to surveillance, case documentation, and outbreak response activities, helping strengthen Connecticut's public health efforts to prevent HIV and STI transmission and connect individuals to care.



- The process begins when a new HIV diagnosis is reported to DPH and assigned to a Disease Intervention Specialist, or DIS. The DIS then conducts a confidential client interview to discuss the diagnosis and identify sexual or needle-sharing partners who may have been exposed. Partners are confidentially notified and encouraged to get tested for HIV. Individuals who test positive are linked to HIV medical care, while those who test negative may be referred to PrEP and other prevention services. The process concludes with case documentation and follow-up to monitor outcomes and ensure individuals are connected to needed services.

- In 2025, a total of 270 HIV index clients were referred to Partner Services.
    - Through confidential interviews, 36 index clients provided partner information, resulting in 53 named partners identified for follow-up. In addition, index clients reported 288 claimed partners overall.
    - Among the named partners, 6 individuals were newly diagnosed with HIV, 14 were previously known HIV-positive, and 20 tested HIV-negative. Eight partners were located but refused testing, while a small number could not be located or were outside Connecticut's jurisdiction.
    - Importantly, among the 6 newly diagnosed HIV partners identified through Partner Services, 5 were successfully linked to HIV medical care, while 1 was not yet engaged in care at the time of reporting.
- Of the 270 index clients referred to Partner Services in 2025:
    - Approximately 81 percent (218) had an HIV infection diagnosis without progression to AIDS.
    - 12 percent (33 clients) had an AIDS diagnosis, while diagnosis status was unknown for about 7 percent (19 clients).
    - These findings indicate that most Partner Services referrals occur earlier in the course of HIV infection, creating opportunities for timely intervention, partner notification, linkage to medical care, and prevention of onward transmission.
    - At the same time, the presence of clients with AIDS diagnoses highlights the continued importance of identifying individuals who may have experienced delayed diagnosis or barriers to care.
- Of the 36 index clients who named partners in 2025:
    - Most index clients were male, representing 69.4% of the group, while 30.6% were female.
    - The majority identified as Hispanic, accounting for 61.1% of clients, followed by Black or African American individuals at 25%. The average age was 34 years, with a wide age range from 19 to 67 years.
    - Geographically, most clients resided in the Capitol Region, representing 41.7% of the total, followed by South Central Connecticut at 30.6%, suggesting these regions had the highest concentration of index clients who named partners.
    - In terms of HIV care, all index clients were engaged in HIV care at the time of reporting, demonstrating strong care engagement among this group.
    - Regarding risk categories, MSM, or men who have sex with men, represented the largest exposure category at 41.7%, followed by heterosexual females at 27.8% and heterosexual males at 16.7%.
- Overall conclusions included:
    - A total of 270 HIV index clients were referred to Partner Services, and 36 index clients named 53 partners for follow-up, demonstrating the ongoing role of DIS in identifying potential HIV exposures.
    - Importantly, 6 of the 53 named partners were newly diagnosed with HIV, resulting in an HIV seropositivity rate of 11.3 percent, highlighting the effectiveness of Partner Services in identifying previously undiagnosed infections.
    - Partner Services also supported confidential notification, HIV testing, linkage to care, and prevention services such as PrEP.
    - Overall, these findings reinforce the critical role of Partner Services in helping interrupt HIV transmission and strengthen HIV prevention efforts in Connecticut.

The CHPC community used time to discuss the information and pose questions to the presenters. Key themes included:

- Nathan explained the process involved from opening a case to closing a case. DIS allotted 60 days from assignment to closing case. An open case could be related to an investigation being delayed by a lab report. A closed case could mean that the client chose not to disclose any partners and the DIS had no other leads to pursue.
- DIS typically contact between 1 and 3 providers per case. However, it often takes 5 to 7 outreach attempts to connect with each of the providers. DIS do not need to contact a provider unless coordinating appointments or care. DIS have access to medical records and maintain protocols to protect patient confidentiality.
- What would be the ideal percentage of patients who shared partner information? Identifying 6 new HIV cases from 36 partners (of 270 HIV clients) is significant, especially when comparing it to the less than 1% rate for community-based testing. Nathan said in an ideal world, 100% of clients would share information about their partners, and a very small number of these clients may not know their partners name (i.e., anonymous, brief encounters).
- Ramon noted that DIS workers spend a significant amount of time documenting clients and client status.
- Nathan shared information about a pilot project that used incentive cards in an effort to increase the number of clients who shared information about their partners. The incentives did not make a difference.
- Danielle asked for additional information about how DIS were engaging communities of color around STDs, especially because STDs tend to cluster, and even a presentation about STD surveillance data. Nathan indicated that the presentation focused on HIV clients and he would discuss a future presentation with CT DPH decision-makers. Nathan noted that the number of STD cases is significantly higher than the number of HIV clients referred to Partner Services. CT DPH has a limited amount of DIS capacity.
- Several participants celebrated the 11.3% positivity rate. This percentage is one of the highest positivity rate for any HIV intervention (e.g., testing in non-healthcare settings or mobile settings). This is a very cost effective intervention with respect to preventing HIV transmission.
- Nathan confirmed that the slides can be shared.
- What is one thing all of us can do to help the DIS workforce? Let the clients know that DIS (CT DPH) will be contacting them. Bridge the gap and have the client understand we are doing public health prevention and help with a warm hand-off. Often seen as police or someone.
- Arleen Lewis shared information about expedited partner therapy (EPT) for patients with STDs. A provider/prescriber can write a prescription for a partner without partner being seen. Some providers are unaware of this option. Other providers choose not to write a prescription for a patient that they have not seen, do not feel they have sufficient information, or cannot due to an organizational policy. Arleen noted that STD education and awareness can only do so much with risk reduction and behavioral change.
- Danielle suggested exploring a return to a model that would allow local staff to perform some of the DIS functions because of the relationships and because at the time of the testing results, the patients are also thinking through who they interacted with relative to the test findings. Other suggestions included:
    - A need may exist for a filter team to soften the transition from a community-based organization to CT DPH due to the stigma of an “authoritative” individual contacting them in a vulnerable stage of their life. Folks disclosing parters while in shame would not warrant more numbers.
    - It would make sense to integrate DIS with peer support.
    - Providers should explain the DIS contact process and importance to help keep partners safe. The DIS workers are trained to have these sensitive, urgent conversations with the partners.

Nathan acknowledged the value of interactions with the HIV service ecosystem at the local level and looked forward to finding ways to improve the process and expand the impact of this highly effective program.

Input on Proposed Research Project. Katelyn Kostakis (Katelyn.kostakis@yale.edu) from the Society Connectedness in Health Lab at Yale University describe an upcoming study related to understanding social protected factors such as connectedness and spirituality. The project will study how spaces that people go to influence behavior they engage in and influence emotions. It has four aims: 1) Mapping activity working with community leaders in New Haven that they go to with strength and resilience, 2) Identification of behaviors in those spaces and how those spaces make people feel, (3) Data analysis and comparison with HIV outcomes and substance use risk, and (4) Dissemination of results to help inform policies and interventions. Katelyn indicated that the study team has gotten feedback from the Community Advisory Board of the Yale Center for Interdisciplinary Research on AIDS and would welcome additional feedback and suggestions from the CHPC community.

ANNOUNCEMENTS

CHPC Co-Chairs asked participants to share any announcements or important updates relevant to their programs, services, or communities.

- The CHPC will not meet in August.
- Participants were asked to share information about any upcoming events with the CHPC staff so it could be disseminated through the CHPC contact list.
- July 28 is World Hepatitis Day. Please attend the virtual TED inspired talk event, "It's Still Hip to Talk about Hep."

MEETING FEEDBACK

51 participants completed a CHPC main meeting feedback poll to share their meeting experience and suggestions for improvement. 100% of members and 100% of public participants who completed feedback surveys graded the CHPC event as an "A" or a "B" and expressed positive feedback for the presentation and discussion space.

ADOURN

The CHPC Co-Chairs adjourned the meeting at 10:20 a.m.

ATTENDANCE

Attendance records are on file with the CHPC support staff.