Minutes	Saturday, May 16,2026, 9:00am	
HIV PREVENTION PLANNING GROUP QUARTERLY MEETING	Sheraton Sioux Falls Hotel & Convention Center 1211 North West Ave, Sioux Falls, SD 57104	SOUTH DAKOTA DEPARTMENT OF HEALTH

Meeting Goals:

I. Cluster Response in Cheyenne River - Presentation
II. Pillar group work time to review new Integrated Plan
III. Approval of the 2027-2032 South Dakota HIV Prevention and Care Integrated Plan

9:00AM
ROLL CALL AND DETERMINATION OF A QUORUM
Justin Reinfeld, Kacee Redden, Darrin Alfson, Vanessa Sweeney (Tammi Miles's proxy), London Zerfas (Isaiah Shaneequa Brokenleg's proxy), Tyler Broghammer (Emily Good Shield's proxy), Amber Corey, Jill Kessler, McHale Davis, Seth Bieber, Lawrence Novotny, Dusty Frendberg, Ana Nemec, Courtney Voss, Hannah Rabayev, Rhian Felicia (Tammy Waddell's Proxy), Brook Hoffman, Nicholas Howell.

Quorum has been met

ADOPT AGENDA
First: Dusty Frendberg
Second: Seth Bieber

APPROVAL OF MINUTES FROM December 2025 MEETING
First: Amber Corey
Second: Seth Bieber

PUBLIC INPUT/ANNOUNCEMENTS

8:15AM
OLD BUSINESS
Proxy: Discussing who can be a proxy.

9:30AM
NEW BUSINESS
Discussing changing in-person meeting to the 3rd Saturday in April.

DOH Updates
Ryan White Program:

- Starting June 1, 2026, the federal poverty level eligibility for the RWB program will move from 300% to 400%. All other eligibility criteria will remain the same.

- Starting June 1, 2026, the RWB program will add 16 medications to its formulary. Additions will include a select list of commonly prescribed supplements for those managing their diagnosis, as well as select medications for the treatment of heart disease, diabetes, and HIV-associated bone loss. NO injectables will be added at this time.
- At the end of March, the contracted Ryan White B Community Based Provider, Heartland Health, met with Dr. Agosto (the doctor who sees patients at the Pine Ridge Health Center) and prescribes HIV medication. During the meeting, current patients were discussed including individuals currently on the RWB program, those that were previously on the program but aren't any more, and those who have never been on the program. Heartland provided Dr. Agosto referral forms, and she is now referring any of her patients seen in the clinic that are not currently on the program to HH. HH has another meeting set next month to follow up and devise any next steps.
- Additionally, Heartland Health met with the field nurse working with new diagnosis in Cheyenne River. During the meeting, Heartland Health discussed the Ryan White Part B Program and referral process with the field nurse. This effort compliments efforts by the HIV Prevention/Surveillance Program for its on-going outbreak response.
- 353 Active Ryan White Part B clients in SD (249 HHRC-SF) and (104 HHRC-RC)
- 78% of active clients access ADAP assistance
- 22% receive only RWB CM assistance and are not eligible for ADAP. Reasons for this are current Medicaid recipients and client who are on the injectable and take no other ADAP formulary medications
- 42% of Active clients are currently accessing Health Insurance Premium Assistance

The current racial breakdown for clients enrolled in Part B includes-

- 1.4% - Asian
- 24.6% - Black/African American
- 15% - Native American/American Indian
- 59% - Caucasian/White

STD Program:
January - March

- Chlamydia – 21.6% decrease from 5-year median
    - 65.7% female
    - 34.3% male
    - 18-24 age group is the highest
    - 25-39 age group is next highest
    - 41.4% Native American
    - 39.5% White
- Gonorrhea – 53.5% decrease from 5-year median
    - 50.7% female
    - 49.3% male
    - 25-39 age group is the highest
    - 18-24 age group is the next highest
    - 52.4% Native American
    - 27.4% White
- Congenital Syphilis – 0 (YAY!)

- Early Syphilis – 83.1% decrease from 5-year median
    - 62.8% female
    - 37.2% male
    - 25-39 age group is the highest
    - 40-64 age group is the next highest
    - 77% Native American
    - 21% White
- All stages of Syphilis – 76% decrease from 5-year median
- DIS/DOC Syphilis training
    - June 10th, 17th, and 24th
    - Free CMEs
- 340B Pricing Program
- Vanessa discussing how Falls Community Health is having individuals say they are not experiencing symptoms but then going to DOH saying they are experiencing symptoms. Those experiencing symptoms go to Falls Community Health (or clinic/hospital), those who are not, go to DOH office.
- Vanessa also discussed how the community outreach aspect of STI testing at community health is not available at the moment due to a vacancy in the position.
- Seth discussed a possible outreach opportunity for testing and education/awareness at Mutual Aid (through the teddy bear den).

HIV Program:

- Discussing the new 2026 HIV/AIDS Surveillance Report.
- Cutting down the report to only going back 5 years to focus on the now and not having it be a "history lesson."
- Surveillance drives prevention. They used to be separate but since they go hand in hand, they have been combined.
- Looking at the heat map and seeing that we are not getting colder, we are getting hotter.
- Need to focus on retention in care. We do a great job in testing and contact tracing, but retention in care is important.
- South Dakota is significantly higher with HIV and IDU (injection drug use) than the national average.
- Working to clean up data related to viral suppression. Previous numbers were only for individuals enrolled in the RW program. By changing how the data is pulled, to accurately reflect the population, viral suppression has dropped.
- In the last 5 years, there has only been 1 perinatal exposure to turn positive.
- Discussing the doctor recommendations for testing pregnant women and what potential changes could be made to improve outcomes. Testing is often only done one time at the beginning of the pregnancy. It may be beneficial to do the testing more often during the pregnancy. Part of this is provider education.
- Update on funding. It is coming but may be delayed. Contracts should not be affected as far as we know.
- Self-testing was implemented and has been very successful. DOH has received requests for tests and tests have been distributed to tribal partners and other organizations. In Rapid city, self-tests have been distributed to many substance abuse organizations. Self-tests have been disturbed to libraries, homeless shelters, feeding South Dakota, and many others.
- Self-testing also has an option to opt in to have DIS follow up.
- Healthy AF is up and running since January. Jill Kessler will provide updates on it.
- HIV testing and counseling training for providers will be sometimes this summer.

- DOH has given the okay for HIV PPG to be at PRIDE (as many as possible) – to hand out swag, tests, condoms, etc.

Healthy AF digital campaign updates: Jill Kessler (CHAD)

- Healthy AF website provides information about testing, locations, self-testing, prevention treatment, and provider education/resources.
- Has a lot of digital media – they are on Grinder, meta, and many other sites. They are tracking the clicks and views.
- Also provides information for Complete Health.
- Hundreds and thousands of impressions and clicks for the Healthy AF digital campaign. It is AMAZING!
- Plans for next year – refresh images and messaging across materials, launch a new CHAD website, adapt and promote text 55251, and implement radio campaign in Eagle Butte.

10:30AM – Break

10:45AM – Presentation: Cheyenne River Cluster presentation and discussion

- Earlier this year, a review of the HIV data was done to see what is happening in the State.
- Important definitions – cluster = a group of HIV cases that are closely linked in time, location, and genetics. Network = the web of actual or potential connections through which HIV can spread.
- Clusters = surveillance (what we see in the data)
- Network = prevention lens (where HIV is moving through relationships).
- When looking at the data, they take the last 12 quarters and look at the average (for new infections). If they see an uptick in cases, then they take a close look.
- Looked at the viral suppression rates for this specific area and compared it to the state average.
- Looked at the incidents of HIV infections.
- PrEP usage in SD by county was analyzed.
- Previous time-space clusters identified in 2019 and 2022.
- In 2019 - 12 diagnosed and 50 partners named. Barriers include mental health issues, substance use, homelessness, and refusal to test.
- In 2022 – 2 new cases and 22 partners named. At the time 35 individuals were living with HIV in Dewey County.
- Since 2020 there have been 3-4 cases yearly. 4 in 2023, 4 in 2024, and 3 in 2025.
- In 2026 – 12 individuals have been diagnosed with HIV in Dewey County.
- Current network has identified 16 new cases in the last 12 months.
- Had initial discordant results and high viral loads.
- 10 individuals have been previously diagnosed cases identified as not in care and not virally suppressed.
- Most of the cases had a history of STI infections and Hep C
- Network Characteristics = 44 individuals, 16 new diagnoses, 16 non-reactive, 5 refused testing, 3 unable to locate, 1 newborn, 4 currently trying to locate, 18 females, 26 males, 43 Native Americans, 1 unknown race/ethnicity, 23 have known history of HCV infection, and most all have history of multiple STI infections.

- Opportunities = continued collaboration with partner services and contact tracing. Improve PrEP access, condom access, and awareness. Integrating the PrEP conversation into STD/HIV/Hep screening and testing. Continue to improve linkage to care and early initiation of ART. Increase access to testing by integrating testing in healthcare and non-healthcare settings. Improve referrals to support services, mental health, and substance use. Utilizing risk reduction Programs.
- Cheyenne river is working to have syringe exchange program. They are working to implement harm reduction boxes that include Narcan, condoms, self-tests, and hopefully clean needles and syringes and somewhere to put the dirty/used ones.
- Response involves many organizations working together and collaborate. Some include CDC, complete health, IHS, DOH, DIS, Oyate Health Center, Heartland Health, etc.
- Eagle Butte PrEP clinic – promoting PrEP to providers and patients. Working on education and awareness. Working to get people comfortable talking about it. The emphasis is to make it a normal part of healthcare and not something that is negative.

12:00PM – Lunch- Provided by Great Plains Tribal Leaders Health Board.

1:00PM - Presentation: New 2027-2031 South Dakota HIV Prevention and Care Integrated Plan

- Discussion of conducting a consumer survey after the integrated plan is put in effect.
- The integrated plan is a living document. It will be continuously looked at and updated.
- SOAR – Strengths: relationships, referrals, community outreach. Outreach: PrEP and peer support groups. Aspirations: expanding sexual health education and awareness, increasing PrEP access, peer support, and testing. Results: increase viral suppression, reduce disabilities, increase PrEP, increase prescribing of PrEP and PEP, increase testing from advertisement of services, and engagement of support group for PLWH.
- Provider Survey: do not routinely test for HIV, 80% offer routine testing at prenatal visit and only 50% off repeat testing for high risk. Limited time, assumptions of perceived risk, etc.
- Epi snapshot: race – Black population, Native American/Alaska Native, and Hispanic population.
- Epi Snapshot: risk factors – IDU, MSM, and heterosexual
- Geographic concerns: high burden in Sioux falls and Rapid City. Care deserts in western and rural areas across the state. Increase incident rates in counties in rural/frontier/tribal counties.
- Provider Capacity gaps: 56% of providers are not comfortable managing HIV treatment. Limited PrEP knowledge and prescribing, and time and training barriers to routine testing.
- Late Diagnosis concern: Average 16% diagnosed late.
- Substance use and risk: 29% of new cases are linked to IDU.
- Care Continuum: percentage decreases as we move from linked to care, to retained in care, to viral suppression.
- Prevention Gaps: PrEP underutilization, no syringe service programs, and limited provider prescribing PrEP
- Refer to the integrated plan to look at the goals, objectives, and activities.

1:30PM – Pillar groups breakouts to review new 2027-2031 goals and objectives. Report off.

- No time for reporting out. Will report out/off the next PPG meeting (virtual).

2:30PM - Break

2:45PM – Vote to accept the 2027-2031 SD HIV Prevention and Care Integrated Plan.

First: Kacee Redden
Second: Lawrence Novotney
Vote passes

3:00PM- Closing remarks and adjourn.
First: Seth Bieber
Second: London Zerfas
Meeting is Adjourn

Future meetings in 2026:
July 17, 2026 (Virtual)
September 19, 2026 (Rapid City)
December 18, 2026 (Virtual)