The time is now.

Ending the HIV Epidemic

Nevada's Plan to End the HIV Epidemic

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Washoe County Health District
Enhancing Quality of Life

Southern Nevada Health District

Nevada Department of Health and Human Services
Division of Public and Behavioral Health

Thank you!

- Nevada Division of Public and Behavioral Health
  - HIV Prevention Program
  - Office of HIV/Ryan White Part B
- Carson City Health and Human Services
- Southern Nevada Health District
- Washoe County Health District
- Ryan White Part A
- Silver State Equality
- Statewide EHE Workgroup
  - and many more!

Objectives

- EHE: A Plan for America
- HIV in Nevada
- Project Introduction
- CDC Pillars
- Nevada's Needs Assessment Review
- Nevada's EHE Plan

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Ending the HIV Epidemic: A Plan for America

The U.S. Department of Health and Human Services (HHS) has launched Ending the HIV Epidemic: A Plan for America. The cross-agency initiative leverages critical scientific advances in HIV prevention, diagnosis, treatment, and outbreak response by coordinating the highly successful programs, resources, and infrastructure of many HHS agencies and offices.

GOAL:

reaching **75%** reduction in new HIV infections by 2025 and at least **90%** reduction by 2030.

HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

- **Diagnose** all people with HIV as early as possible after infection.
- **Treat** the infection rapidly and effectively to achieve sustained viral suppression.
- **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).
- **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

EHE: A Plan for America Cont.

The Initiative is focusing resources on areas where HIV transmission occurs most frequently.

Geographical Selection:
Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden – with over 75 cases and 10% or more of their diagnoses in rural areas.

*2016-2017 data

Ending the HIV Epidemic

www.HIV.gov

Health and Human Services

Health Resources and Services Administration
HRSA

Centers for Disease Control and Prevention
CDC

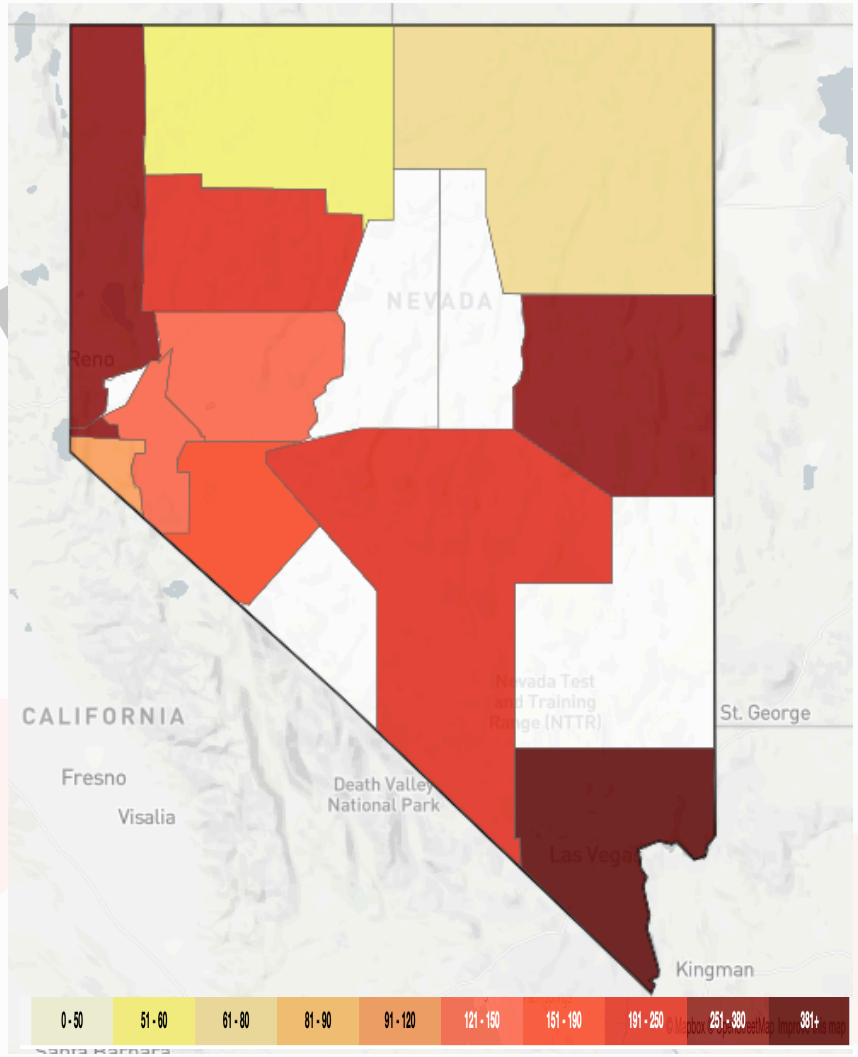
National Institutes of Health (NIH)
NIH

Substance Abuse and Mental Health Services Administration
SAMHSA

Indian Health Service

HIV in Nevada

- Since 2012, Nevada has experienced an increase in both the number of new HIV diagnoses and in the number of people living with HIV
- In 2019, there were 11,769 person living with HIV (PLHIV) and there were 506 persons newly diagnosed with HIV
- In 2018, Nevada had the highest rate (20 per 100,000) of new HIV infections in the Western U.S.
- The CDC estimates that 79.3% of those living with HIV infection in Nevada have been diagnosed
- 1 in 5 people living with HIV in Nevada are unaware of their status
- 1 in 7 people living with HIV in the U.S. are unaware status
  - 40% of new HIV infections are transmitted by people undiagnosed and unaware they have HIV



HIV Prevalence Map from AIDSVu

Nevada's EHE Project

To address the HIV epidemic, the HIV Prevention Program at the Nevada Division of Public and Behavioral Health (NDPBH) contracted with the Pacific AIDS Education and Training Center-Nevada (PAETC-NV) to complete a needs assessment and draft a plan for Nevada's EHE initiative.

This project is organized by the CDC's 4 Pillars

Diagnose

Treat

Prevent

Respond

Diagnose all people with HIV as early as possible

Treat people with HIV rapidly and effectively to reach sustained viral suppression

Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them

Nevada's Needs Assessment

- Collaborated with approximately 52 agencies across the state
- Since January 2019 we hosted monthly EHE Workgroup meetings
- Collaborate with professionals from UNR, UNLV, WCHD, CCHHS, SNHD and others to design marketing material, focus group and survey material, and draft the NV EHE Plan
- Distributed three surveys statewide for providers, providers-in-training, & community members
- Hosted 16 community focus groups & 3 provider focus group
  - Focus groups where performed in Clark County, Carson City, Elko County, Esmeralda County, Storey County, and Washoe County

Pillar One: Diagnose

- Top needs for this pillar are for increased testing—universal testing, rapid testing, free or low-cost testing, discreet, confidential and convenient testing
- Increased awareness of the importance of HIV screening among the general public, tribal communities, and high-risk populations; and a reduction of stigma related to HIV.
- Increased awareness of where to obtain HIV testing
- Survey and focus group respondents mentioned the importance of normalizing HIV testing—to make it something that is routine—not something to be ashamed of nor to be feared.
- A majority of primary care providers reported that they only screen for HIV and STIs if requested or based on presenting factors, and a majority of providers reported they were unprepared to conduct three site STI testing or take a comprehensive sexual history. Less than a quarter of providers reported they had a policy in place that requires all patients to be screened for HIV.

Pillar Two: Treat

- PLHIV reported that their case managers and peer navigators were essential to accessing and staying care
- PLHIV reported needing a variety of other resources and support such as financial assistance, housing, job rehabilitation, drug rehabilitation, transportation, and social support
- Increased availability of HIV providers is needed, particularly in rural areas
- Improved access to medication delivery is needed in rural areas
- Poor experiences with medical providers (usually outside the HIV service network), substance addictions, and fear were frequently mentioned as barriers to retaining PLHIV in care, as was HIV stigma
- Primary care providers and providers-in-training reported insufficient preparation for treating people living with HIV and those who are facing housing insecurity

Pillar Three: Prevent

- Need for comprehensive sex education in schools and tribal communities
- Participants who used substances stressed the need for discreet information on testing, condoms, rehabilitation, and clean needles
- Participants were in favor of multimedia marketing to increase awareness of HIV
- Lack of knowledge about PrEP and PEP was evident in community focus group and survey responses
- Increased PrEP and PEP providers and awareness of where to obtain PrEP and PEP among community members
- Providers and providers-in-training reported a lack of knowledge on how to counsel and follow up with a patient requesting preventative therapies such as PrEP and PEP. In addition, 30% of providers reported they would not recommend needle exchange to patients using intravenous drugs

Pillar Four: Respond

- Increased capacity to identify and investigate active HIV transmission clusters
- Address community concerns related to confidentiality of sensitive data
- Increase capacity of molecular surveillance
- Increased funding for surveillance and outreach efforts
- Hire qualified staff to be able to manage molecular surveillance
- Training for epidemiology staff to work on HIV-TRACE

PLAN TO END THE HIV EPIDEMIC IN NEVADA 2021-2026

Pillar One: Diagnose

Goal: Diagnose all individuals with HIV as early as possible after infection.

- **Key Strategies and Activities:**
  1. By 2026, 85% of people living with HIV in Nevada will know their serostatus.
     - Baseline: 79.7%
  2. By 2026, 55% of all people living in Nevada will have been tested for HIV at least once.
     - Baseline 41.7%
  3. By 2026, increase the number of clinics in Nevada routinely screening for HIV.
  4. Policy changes and their impact on Pillar One

Pillar One: Diagnose

Key Strategies and Activities 1: By 2026, 85% of people living with HIV in Nevada will know their serostatus. Baseline: 79.7%

a. Increased routine opt-out screenings in healthcare settings (E.R.s, quick care clinics, acute care, primary care, etc.)
b. Increase access to testing in non-healthcare settings including at-home testing kits and behavioral health sites
c. Investigate collaboration to implement HIV testing in correctional and detention facilities
d. Implementation of targeted testing strategies among priority populations
e. Public awareness campaign with non-stigmatizing messaging that focuses on increasing testing and awareness of testing methodology and services, specifically targeting MSM, PWUD, and high risk cis- and gender nonconforming communities, youth and young adults, communities of color, and sexually active heterosexuals

Pillar One: Diagnose

Key Strategies and Activities 1: By 2026, 85% of people living with HIV in Nevada will know their serostatus. Baseline: 79.7% Continued….

f. Provider awareness campaign focused on improving primary care provider understanding of the need for HIV screening in primary care settings, as well as the provision of trainings to increase provider capacity for HIV screening

g. Increase collaboration in care for new testing sites

h. Increase testing in tribal communities

i. Increase awareness of HIV testing sites in rural and tribal communities

Pillar One: Diagnose

Key Strategies and Activities 2: By 2026, 55% of all people living in Nevada will have been tested for HIV at least once. Baseline 41.7%

a. Increased routine opt-out screenings in healthcare settings (E.R.s, quick care clinics, acute care, primary care, etc.) for all patients seeking care
b. Public awareness campaign focused on increasing testing and awareness of testing services, MSM, PWUD, and high risk cis- and gender nonconforming communities, youth and young adults, communities of color, and sexually active heterosexuals.
c. Provider awareness campaign focused on improving primary care provider understanding of the need for HIV screening in primary care settings, the provision of trainings to increase provider capacity for HIV screening and counseling for positive tests, recommendations for PEP and PrEP, and other sexual health services
d. Increase the number of certified and trained staff to provide rapid testing to high-risk populations

Pillar One: Diagnose

Key Strategies and Activities 2: By 2026, 55% of all people living in Nevada will have been tested for HIV at least once. Baseline 41.7% Continued….

f. Increase the number of rapid tests conducted in Nevada by certified agencies
g. Increase community awareness about location of testing sites via websites including Carson City Health and Human Services, Nevada Division of Public and Behavioral Health, Southern Nevada Health District, Washoe County Health District, and community partners
h. Increase testing in rural communities by providing discreet information on testing location and information on how to access at-home testing kits
i. Investigate funding to support and implement an EHE Campus Advisory Committee at Nevada's higher education institutions to increase testing in youth under the age of 24 and to encourage youth participation EHE initiatives
j. Increase testing in tribal communities
k. Increase awareness of where to get tested for HIV in tribal communities

Pillar One: Diagnose

Key Strategies and Activities 3: By 2026, increase the number of clinics in Nevada routinely screening for HIV.

a. Increased HIV screening and re-screening among persons at elevated risk for HIV at urgent care sites, emergency departments, primary care offices, tribal sites, and community-based centers
b. Increased routine opt-out HIV screening at Federally Qualified Health Centers (FQHCs) in Nevada (based on new requirements for FQHCs to screen for HIV). Five FQHC's in Clark County received HRSA's Primary Care HIV Prevention Awards in the amount of $250,000 or more to support development of routine screening practices. These sites are: First Person Care Clinic, FirstMed Health and Wellness Center, Nevada Health Centers, Inc., Silver State Health Services, and SNHD. The PAETC-NV is working with the Nevada Primary Care Association to support these clinics in implementing routine HIV screening
c. Investigate feasibility and support for implementing HIV and STD screening at school-based clinics
d. Collaborate with higher education entities to increase HIV and STD screening
e. Investigate support to implement HIV and STD screening at rural health clinics

Pillar One: Diagnose

Policy changes and their impact on Pillar One:

a. **Nevada Administrative Code (NAC) 441A.800** Testing of sex workers [state board of health R089-10].
b. **Nevada Administrative Code (NAC) 652**- This section of the administrative code applies to Medical Laboratories. This NAC and the corresponding NRS need to be revised to allow for medical providers to test off-site.
c. **Proposed change in legislation in support of opt-out HIV, STD, and Hep C Screening-** Mandate opt-out HIV, STD, and Hepatitis C screening be offered in all primary care, urgent care, and emergency department settings in Nevada.
d. **Proposed change in legislation in support of healthcare provider training-** Mandate continuing education for healthcare providers around HIV, viral hepatitis, STDs, sexual health, and social determinants of health.
e. **Nevada Revised Statutes (NRS) 201.205** - Modernize HIV statutes that criminalize exposure or potential exposure to HIV and which undermine a state's public health efforts by deterring people from getting tested for HIV.

Pillar Two: Treat

Goal: Treat people with HIV rapidly and effectively to reach sustained viral suppression.

- **Key Activities and Strategies:**

1. (Linkage to Care) By 2026, increase to 85% the percentage of people newly diagnosed with HIV who have been linked to a medical provider and had a medical visit within the first 30 days
   - Baseline: 72.3%
2. (Retention in Care) By 2026, 50% of people diagnosed with HIV will have had at least two medical visits each year, including CD4 count and/ or viral load test at least three months apart.
   - Baseline: 28.8%
3. (Viral Suppression) By 2026, 90% of people diagnosed with HIV who had >= 2 CD4 or viral load tests at least three months apart during the course of one year, will be virally suppressed (V.L. <200)
   - Baseline: 84.2%
4. By 2026, increase re-engagement to HIV treatment services for PLHIV not in care
   - Baseline: Data currently unavailable
5. Policy changes and their impact on Pillar Two

Pillar Two: Treat

Key Activities and Strategies 1: (Linkage to Care) By 2026, increase to 85% the percentage of people newly diagnosed with HIV who have been linked to a medical provider and had a medical visit within the first 30 days Baseline: 72.3%

a. Increased early initiation of ART. Clinics implementing routine opt-out HIV screening will be trained in immediate linkage to care for persons testing positive. Several organizations already employ linkage navigators to assist people in linking with HIV care services.
b. Increased awareness of regional patient flow chart that includes services and activities for HIV+ patients.
c. Increase in improved communication between organizations with increased utilization of CAREWare referral system to coordinate intakes.
d. Linkage to care in healthcare and non-healthcare settings for appropriate sexual health services
e. RAPID stART linkage to care program in Nevada links newly-diagnosed individuals to clinical care, with the goal of linking to care within 72 hours of diagnosis
f. Increase referral partnership to link to care for behavioral health services
g. Increase medical case management to link those who are newly-diagnosed
h. Increase collaboration in care between organizations
i. Create collaboration for prevention efforts with agencies that provide treatment
j. Increase linkage to care services through re-entry programs

Pillar Two: Treat

Key Activities and Strategies 2: (Retention in Care) By 2026, 50% of people diagnosed with HIV will have had at least two medical visits each year, including CD4 count and/ or viral load tests at least three months apart.

- Baseline: 28.8%

a. Maintain current retention in care programs at Carson City Health and Human Services, Ryan White Part A, Southern Nevada Health District, and Washoe County Health District, and explore new opportunities to enhance retention in care efforts

Pillar Two: Treat

Key Activities and Strategies 3: (Viral Suppression) By 2026, 90% of people diagnosed with HIV who had >= 2 CD4 or viral load tests at least three months apart during the course of one year, will be virally suppressed (V.L. <200)

- Baseline: 84.2%

a. Increased viral suppression among persons living with diagnosed HIV with the continual evaluation of the continuum of care to understand status and establish a baseline looking at viral suppression to identify patterns and match the patient exams attended and services accessed.
b. Increase availability of medication management materials, support, educational programs and counseling for all patients at clinical HIV treatment facilities
c. Increase patient education around the importance of obtaining and maintaining an undetectable viral load, and the importance of the individual viral load in relation to the community viral load
d. Increase community education about community viral load data
e. Increase clinician education to conduct at least two viral load tests per year

Pillar Two: Treat

Key Activities and Strategies 4: By 2026, increase re-engagement to HIV treatment services for PLHIV not in care

Baseline: Data currently unavailable

a. Increased support to providers and clinics for re-engaging PLHIV in care and treatment
b. Increased immediate re-engagement to HIV treatment services for PLHIV who have disengaged from care
c. Increase evaluation to identify clients who have fallen out of care on a biannual basis. The HRSA baseline for out of care is one year, however, best practice for medical appointments is twice a year at least three months apart. Therefore, a biannual clinic evaluation for those out of care would be a practical means by which to reconnect and re-engage patients
d. Investigate re-engagement programs to use peer-to-peer re-engagement of Black/ African American and Hispanic/Latinx men and women into care

Pillar Two: Treat

Policy changes and their impact on Pillar Two-

a. **Nevada Revised Statutes (NRS) 201.205 and NRS 201.358-** A person who, after testing positive in a test approved by the State Board of Health for exposure to the human immunodeficiency virus and receiving actual notice of that fact, intentionally, knowingly or willfully engages in conduct in a manner that is intended or likely to transmit the disease to another person is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 2 years and a maximum term of not more than 10 years, or by a fine of not more than $10,000, or by both fine and imprisonment

b. **Nevada Revised Statutes (NRS) 201.358-** Engaging in prostitution or solicitation for prostitution after testing positive for exposure to human immunodeficiency virus.

Pillar Two: Treat

Policy changes and their impact on Pillar Two- Continued….

c. **Nevada Revised Statutes (NRS) 439.538 and Nevada Revised Statutes (NRS) 441A-**Limitation of the release of personal health information (PHI) for HIV. In this era of electronic health records (EHR), it is becoming increasingly challenging to "carve-out" any HIV / STI information from the record if a patient doesn't specifically consent to release.

d. **Proposed change in legislation that prohibits health insurance companies from disallowing copay assistance funds from being applied to insurance deductibles**

e. **Nevada Revised Statutes 441A.160 and Nev. Rev. Stat. 441A.300 - Proposed change in legislation in support of Pillar Two** – Chapter 441A grants Nevada health authority the ability to confine, isolate or quarantine anyone who transmits and/or spreads contagious and infectious diseases.

Pillar Three: Prevent

Goal: Prevent new HIV transmissions by using proven interventions, including condom use, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and syringe services programs (SSPs).

- **Key Activities and Strategies:**

1. By 2026, reduce by 10% the rate of new HIV diagnoses (to 14.8 or 455 cases)
   - Baseline: 16.5 per 100,000 or 506 cases
2. By 2026, reduce the incidence of STDs among PLHIV in Nevada
3. By 2026, increase the percentage of PrEP coverage in Nevada to 30%
   - Baseline: 13.5%
4. By 2026, increase the number of access points to syringe services programs (SSPs) in Nevada
   - Baseline: 5
5. Policy changes and their impact on Pillar Three

Pillar Three: Prevent

Key Activities and Strategies 1: By 2026, reduce by 10% the rate of new HIV diagnoses (to 14.8 or 455 cases) Baseline: 16.5 per 100,000 or 506 cases.

a. Increase the number of primary care providers (family practice, gynecologists, urgent care providers), providers-in-training, and staff trained on PEP and PrEP
b. Improve collaboration with all school districts and the Nevada Department of Education and other non-school settings to link EHE goals to promote comprehensive sexual health education
c. Work with local health care and public health organizations to provide sex education to tribal community members and tribal youth and young adults
d. Increased community awareness around where to get tested for HIV
e. Create more statewide awareness of Medicaid coverage of condoms with a prescription
f. Implement and increase awareness of the statewide Condom Distribution Plan (CDP). The CDP target populations include Black/African American, Hispanic/ Latinx, MSM, and other EHE target population listed above
g. Work with rural stakeholders to increase discreet access to free condoms in rural communities
h. The NDPBH have developed PEP and PrEP materials for survivors of sexual assault
i. Create collaboration for treatment efforts with agencies who provide prevention services

Pillar Three: Prevent

Key Activities and Strategies 2: reduce the incidence of STDs among PLHIV in Nevada

Baseline: Gonorrhea and syphilis

a. Develop ability to track this metric through NDPBH
b. Provide STD trainings to primary care and HIV providers, encouraging routine sexual history evaluation and STD testing to determine PLHIV at risk
c. Promote the use of the CDC's STD treatment guidelines
d. Increase risk reduction and health education for patients to include STDs and the importance of screening and testing
e. Explore different avenues to educate health care providers i.e. CME opportunities, academic detailing, and grand rounds

Pillar Three: Prevent

Key Activities and Strategies 3: By 2026, increase the percentage of PrEP coverage in Nevada to 30%. Baseline: 13.5%

a. Increased screening for PrEP indications among HIV-negative clients
b. Improve support to clinics who offer PrEP
c. Increased referral and rapid linkage of persons with indications for PrEP
d. Increased PrEP prescriptions among persons with indications for PrEP
e. Investigate programs where pharmacies are PrEP providers and assess potential for implementation in Nevada
f. Educate providers and support staff to promote and navigate patient assistant programs, such as Ready, Set, PrEP program statewide
g. Development of public awareness campaign focused on increasing PrEP uptake among high-risk populations including MSM of color, PWUD, and transgender women

Pillar Three: Prevent

Key Activities and Strategies 3: By 2026, increase the percentage of PrEP coverage in Nevada to 30%. Baseline: 13.5% Continued ….

h. Investigate support to implement prescribing PrEP and PEP at higher education institutions student clinics. Encourage university student health clinics to discuss PEP, and offer PrEP and condoms at STD and HIV screenings

i. Increase PrEP use in rural communities by providing discreet information on location, providers, and pharmacies that provide PrEP

j. Increase PrEP use in rural communities by promoting patient assistant programs like the Ready, Set, PrEP, and medication home delivery programs

k. Increase PrEP use in tribal communities by providing discreet information on location, providers, and pharmacies that provide PrEP

l. Increase PrEP use in tribal communities by promoting patient assistant programs like the Ready, Set, PrEP, and medication home delivery programs

Pillar Three: Prevent

Key Activities and Strategies 4: By 2026, increase the number of access points to syringe services programs (SSPs) in Nevada

Baseline: 5

a. Increased knowledge about the services and evidence-base of SSPs in communities through traditional and non-traditional educational venues
b. Increased access to SSPs through non-traditional methods of service delivery including mobile outreach, vending machines, secondary exchange, and others
c. Increase SSPs use in rural communities by providing discreet information on location of SSP mobile outreach, vending machines, secondary exchange, and others
d. Educate the public on how acquire sterile syringes in the community

Pillar Three: Prevent

- **Policy changes and their impact on Pillar Three-**

a. **Nevada Revised Statutes (NRS) 129.060-** Provide authorization for a minor to be examined and treated for sexually transmitted diseases without parental consent. Should be updated to allow minors to opt in for immunizations.

b. **Proposed change in legislation in support of Statewide comprehensive sexual education in K-12 schools-** Statewide comprehensive sexual education in K-12 schools. Currently, NRS 389.065 mandates that all school districts in the state must teach sex education, including HIV/AIDS, reproductive health, communicable disease, and sexual responsibility.

c. **Proposed change in legislation in support of modernizing HIV statutes-** State laws that target people living with HIV for prosecution and enhanced punishment as a way to address public health concerns need to be modernized.

Pillar Four: Respond

Goal: Respond quickly to potential HIV outbreaks to get necessary prevention and treatment services to people who need them.

- **Key Activities and Strategies:**

1. Increase the capacity to identify and investigate active HIV transmission clusters and respond to HIV outbreaks by 2026.
2. Policy changes and their impact on Pillar Four

Pillar Four: Respond

Key Activities and Strategies 1: Increase the capacity to identify and investigate active HIV transmission clusters and respond to HIV outbreaks by 2026.

a. Increased health department/community engagement for cluster detection and response. Nevada HIV Outbreak Response Plan is in process
b. Increased funding for eHARS staff to maintain SAS code.
c. NERD data uploaded in eHARS will allow zip code testing data to provide information about key populations.
d. Improved surveillance data for real-time cluster detection and response. NDPBH are developing a partnership with University of California San Diego (UCSD) AntiViral Research Center (AVRC) to support molecular surveillance. This process is extremely expensive and is dependent on future funding.
e. Improved policies and funding mechanisms to respond to and contain HIV clusters/outbreaks
f. Improved response to HIV transmission clusters and outbreaks
g. Investigate programs and initiatives of other jurisdictions for ideas and lessons learned in surveillance
h. Propose development of a statewide task force to explore development and use of molecular surveillance in other jurisdictions and its impact on the community, including mistrust, hesitations in testing, and fear of criminal implications

Pillar Four: Respond

Policy changes and their impact on Pillar Four

- **Proposed change in legislation in support of HIV modernization**–State laws that target people living with HIV for prosecution as a way to address public health concerns need to be modernized. Research has demonstrated that laws criminalizing HIV infection can undermine public health efforts and state plans to address HIV. These laws stigmatize those living with HIV and deter people from getting tested and knowing their status, measures which can thwart the transmission of HIV. Also, pertinent to this surveillance pillar, these antiquated laws may impact the development of molecular surveillance practices in Clark County; thus, reducing the jurisdiction's potential surveillance capacity.
- **Proposed change in testing policy in support of Pillar Four-** the World Health Organization is now recommending focusing HIV testing efforts on simpler, rapid point of care tests in lieu of traditional western blot and line immunoassay testing. These rapid diagnostic tests (RDTs) are less expensive, faster, and can be conducted by many different provider types, making facilitation of them easier as well.

Next steps

- Add the EHE Workgroup feedback from https://tinyurl.com/NevadaEHEPlan
  - Will be open until Tuesday, December 15th
- Get tribal community feedback
- The final NV EHE Plan will be posted on the End HIV Nevada website
- This is a living document and can be updated as needed
  - https://endhivnevada.org/initiatives_and_progress/ending-the-hiv-epidemic/

Sources

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