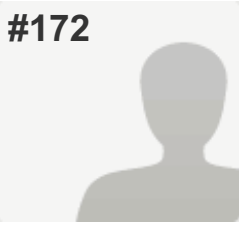


Ending the Epidemic Task Force Recommendation Form

#172



COMPLETE

Collector: Web Link (Web Link)

Started: Wednesday, November 19, 2014 2:29:46 PM

Last Modified: Wednesday, November 19, 2014 2:56:41 PM

Time Spent: 00:26:55

IP Address: 156.111.216.150

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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

| | |
|---------------|--|
| First Name | Alex |
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Q2: Title of your recommendation

Make self-testing available free of charge to those who request it

Q3: Please provide a description of your proposed recommendation

The Oraquick HIV Home test has been approved by the FDA for over-the-counter sale. It allows an individual to test himself or herself in privacy, following simple instructions. In 20 minutes, the test can detect HIV antibodies. It's an ideal tool for people who don't want to go to a clinic or discuss HIV with a health care professional. Also, for those who have been tested in the past but don't want to go through "the ritual of retesting" (they are fatigued about the counseling offered at testing sites), the self-test is a good alternative.

However, each test kit costs \$40 over the counter, which makes it inaccessible for those who need it the most. I propose that the test be made available for free to those who request it from STD clinics or CBO. The test kits could be picked up in person or sent by mail. The person requesting it would be asked to provide contact information that could be use to further follow and offer PrEP if the results were negative, or linkage to care if the results were positive.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Identifying persons with HIV who remain undiagnosed and linking them to health care

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

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Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

New program

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Permitted under current law

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

By offering free self-test kits, individuals who are closeted, "in the down low," or who simply postpone being tested, would have an easy, quick way to be able to test themselves whenever and wherever they want.

Q10: Are there any concerns with implementing this recommendation that should be considered?

The test is FDA approved. The kit includes hotline numbers and resources to contact for further help. The test is easy to interpret. There are clear indications in the kit that the results are preliminary and require confirmation, and that there is a window period in which recent infections cannot be detected.

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

Bought wholesale in large quantities the DOH could negotiate to probably pay about \$5 per test kit. If you add to that the cost of shipping, you can probably reach out interested parties for \$8 per kit. Add to that some registry to follow up with cases, and probably you can implement the whole system for \$10 per capita.

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

The return of investment is that for \$10 per person, the DOH could identify individuals at risk (that is why they are requesting the HIV test) that can be offered PrEP, or individuals who are infected and don't know about it, who could be offered treatment.

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Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

men who have sex with men, bisexual men, closeted men, women who suspect their husbands are not monogamous, women with multiple sexual partners who don't use condoms, undocumented foreigners who fear going to clinics, adolescents (the test is licensed for use by 17 year-olds), people with disabilities that impede them to go to clinics.

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

There should be a central registry of all individuals requesting the test who agree to provide contact information. This registry could be used for further prevention outreach.

Q15: This recommendation was submitted by one of the following Ending the Epidemic Task Force member