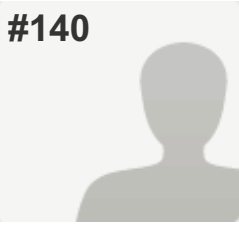


# Ending the Epidemic Task Force Recommendation Form

#140



**COMPLETE**

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

First Name	Sherry
Last Name	Deren
Affiliation	NYU
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**Q2: Title of your recommendation** Monitoring risk among out-of-treatment high risk populations

**Q3: Please provide a description of your proposed recommendation**

Many of the recommendations to the Task Force involve individuals who have been tested and /or are in HIV care. It is important to to monitor HIV risk for those who are at high risk who have not been tested and/or are not engaged in care. Building on present data collection systems, e.g., the NHBS (which uses RDS and venue-based sampling and targets 3 groups: MSM, PWID, and high risk heterosexuals), establishing more regular surveillance of out-of-care high risk populations (e.g., to conduct HIV testing and to assess risk behaviors) is needed. These efforts can serve to identify new cases and to link people to needed care, and can provide important measures of progress in ending the epidemic.

**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

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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

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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.

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

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

*Respondent skipped this question*

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**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?**

On a state-wide level, this would enhance our surveillance efforts (to identify changes in risk behaviors, "hot spots" for new HIV cases, etc.) and on an individual level, this would serve to identify new infections and provide referrals for those who are HIV-infected.

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

*Respondent skipped this question*

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

unknown

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

unknown

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

high risk populations

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

Repeated measures over time can help to assess changes in incidence, risk, etc.

**Q15: This recommendation was submitted by one of the following**

Ending the Epidemic Task Force member