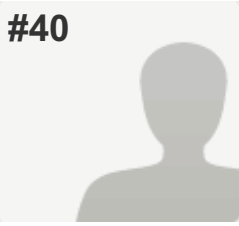


Ending the Epidemic Task Force Recommendation Form

#40



COMPLETE

Collector: Web Link (Web Link)

Started: Thursday, October 30, 2014 4:36:18 PM

Last Modified: Thursday, October 30, 2014 4:50:10 PM

Time Spent: 00:13:51

IP Address: 72.89.121.18

PAGE 1

Q2: Title of your recommendation

Improved Interventions for Acute HIV Infection

Q3: Please provide a description of your proposed recommendation

Use surveillance data to better identify and intervene in cases of acute HIV infection. Educate key populations and their providers on symptoms of acute HIV infection; educate providers and how to test for it before standard tests can detect it. The CDC recently promulgated 4th generation testing algorithms for HIV, which could help to close the diagnostic gap, identify people earlier in infection, and reduce onward transmission of acute HIV infection. Facilitate bringing 4th generation testing to points of care. Consider changes to electronically requested glandular fever screens from providers to include opt-out HIV tests in the panel of tests performed in patients aged over 16 years.

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

Ending the Epidemic Task Force Recommendation Form

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.

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

Unknown

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

Unknown

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?

Helping to close the window on the period of undiagnosed HIV infection--during which so much forward infection occurs--will benefit both the patient and the community.

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?

Respondent skipped this question

Ending the Epidemic Task Force Recommendation Form

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

Respondent skipped this question

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

People who have their HIV infection diagnosed earlier and their communities.

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

Here is a link for the final suggestion:

<http://guysstthomashospital.newsweaver.co.uk/Connect/1eddcfy22091Inlwi9e12m?a=1&p=47982757&t=27877675>

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member,

Other (please specify)

Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York, Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York