

September, 2014

Dear AIDS Institute Contractor:

The AIDS Institute, our contractors and community partners have been charged with a great task. With Governor Cuomo's June 29th announcement (<http://www.governor.ny.gov/press/06292014-end-aids-epidemic>), New York is the first state in the nation to establish the goal of ending the AIDS epidemic by 2020. As Director of the AIDS Institute, I am grateful for the grass roots effort that helped lay the groundwork for the End of AIDS plan and I am committed to employing the resources available to the AIDS Institute toward our mission of ending the epidemic. With this in mind, the New York State *Cascade of Care* serves as a "report card" that is critical for helping us monitor our progress. The 2012 Cascade is now available on the Health Department's website at:

http://www.health.ny.gov/diseases/aids/general/statistics/docs/linkage_retention_success.pdf.

As an AIDS Institute grantee, you are a critical partner with a direct role to play in ending the AIDS epidemic. I have directed all AIDS Institute program managers to review their program's activities, to establish specific data-driven objectives and work with grantees to ensure that all programmatic activities are clearly aligned with our current goal of ending the epidemic.

Based on the *2012 Cascade of HIV Care*, we have two critical tasks ahead of us for the coming six years:

Task # 1: Make voluntary HIV testing available to bring 22,000 people who are living with undiagnosed HIV infection into HIV health care.

The *Cascade of HIV Care* estimates that there are approximately 22,000 people living with HIV in NYS who are not aware of their infection status. It is critical that we take every step necessary to make voluntary HIV testing available so that these individuals can learn their status and access treatment to improve their health and protect their partners. Since 2010, New York State Public Health Law has required that health care providers offer HIV testing to all patients age 13–64 as a routine part of health care. However, based on a review of HIV testing data from 166 laboratories holding NYS permits to conduct HIV testing, the law resulted in only a modest 13% increase in HIV testing. This year, the state took action that builds upon the existing mandate for health care providers to offer HIV testing by removing the requirement that consent be obtained in writing. This step, which has support from both activists and clinical providers, should pave the way for more people to learn their HIV status. The 2014 update to the HIV testing law also enables health department staff to share patient information with health care providers in cases where diagnosed patients appear to be out of care. The DOH will be issuing updated regulations for public comment sometime this fall. You can access the latest information about this at: <http://www.health.ny.gov/diseases/aids/providers/testing/index.htm>.

The AIDS Institute continues to take steps to support provision of HIV testing in primary care settings as well as integration of HIV testing in emergency departments and urgent care clinics, which is critical for

making testing available to individuals who access health care services only sporadically. Likewise, it is critical that community based organizations (CBOs) charged with HIV testing focus their efforts to reach those at highest risk. CBOs should employ effective outreach strategies, work to address remaining HIV stigma and promote knowing one's HIV status as a community norm. In order to reach our End of AIDS objectives, community based testing initiatives will have to make every effort to meet or exceed AIDS Institute-established seropositivity targets for testing efforts among high risk populations and for initiatives targeting men who have sex with men (MSM) and transgender persons. These targets may be adjusted somewhat based on geographic location, community prevalence rates and related factors. Further, it is absolutely essential that all sites offering HIV testing redouble their efforts to ensure linkage of newly-diagnosed patients to HIV health care.

Task # 2: Promote retention in care and sustained viral load suppression for 64,000 patients known to be living with HIV who are not currently receiving the full benefit of HIV treatment.

The cascade estimates that 68,000 of the approximately 132,000 persons known to be living with HIV are virally suppressed, leaving as many as 64,000 people with HIV possibly receiving sub-optimal treatment. Lack of viral suppression is associated with negative health outcomes and potential for transmission to partners. Helping these individuals access continuous care and achieve viral load suppression is critical for reducing morbidity and mortality and reducing the number of new infections in our state.

All AIDS Institute contractors should review their programmatic activities and take steps to ensure that no opportunity is missed to promote linkage to care, retention in care and HIV treatment adherence for the clients they serve, and in the larger communities in which they work. As a state, we have made good strides toward reaching or exceeding our National HIV/AIDS Strategy goals of increasing viral suppression rates among MSM and patients of color by 20%, but we must not rest there. In order to reach our End of AIDS goals, AIDS Institute contractors will have to set measurable objectives, actively monitor data and use program evaluation tools to refine their activities.

The AIDS Institute has been involved in much work to promote linkage, retention, adherence and viral load suppression. Some of the highlights include:

- Full funding for HIV Uninsured Care Programs (ADAP) to ensure that all patients with HIV, regardless of income, have access to the best HIV treatments available;
- NY Links, which is bringing communities together across the state to focus on linkage and retention and disseminating effective strategies for linkage and retention;
- Positive Pathways, which is a joint venture with the Department of Corrections and Community Supervision to increase testing and treatment for incarcerated persons and linkage to care upon community re-entry;
- The Expanded Partner Services Program, which is using partner services staff to play a role in linking patients who are not in care to HIV treatment services;
- Quality improvement efforts to support clinics in increasing rates of viral load suppression;
- Partnering with Federally Qualified Health Centers (FQHCs) to decrease morbidity and mortality among racial and ethnic minorities;
- Retention and treatment adherence initiatives, which fund clinics serving patients with HIV to offer additional support to promote treatment adherence and sustain viral suppression.

In New York, we have seen how alignment of policy initiatives and on-the-ground prevention programs can foster great success in preventing new cases of HIV infection. The state's HIV Perinatal Transmission Prevention Program capitalized on biomedical advances, timely implementation of regulatory requirements and high levels of collaboration among providers to reduce the number of perinatally infected infants from 475 in 1990 to only three cases in 2012, meeting the criteria for elimination of mother-to-child transmission of HIV. Similarly, the legalization of syringe exchange and efforts to increase syringe access and disposal have resulted in reducing the percent of new infections among drug users from 50% of all newly diagnosed cases in 1992 to less than 4% of newly diagnosed cases in 2012. The AIDS Institute remains committed to continuing support for our successes in prevention as we explore promising, science-based prevention interventions. Pre-exposure prophylaxis (PrEP) for HIV represents an important new advance in HIV prevention. For more information about the AIDS Institute's activities regarding PrEP, please see my "Dear Colleague" letter dated July 24, 2014 (http://www.health.ny.gov/diseases/aids/general/prep/docs/dearcolleague_7-2014.pdf).

We are in a time where "business as usual" is not acceptable. To achieve our 2020 goal of reducing new infections to less than 750 and bring about an overall reduction in the number of people living with HIV, we will have to identify innovative strategies, find more effective ways of engaging clients and create environments where all people with HIV feel empowered in their health care. The AIDS Institute is committed to reviewing all innovative strategies. If you have ideas that may help us achieve our goal, please discuss them with your contract manager.

Sincerely,

Dan O'Connell
Director
AIDS Institute