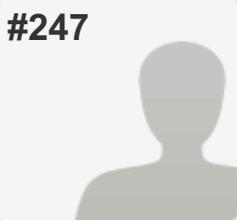


# Ending the Epidemic Task Force Recommendation Form

#247



**COMPLETE**

**Collector:** Web Link (Web Link)

**Started:** Wednesday, November 26, 2014 5:53:56 AM

**Last Modified:** Wednesday, November 26, 2014 6:07:19 AM

**Time Spent:** 00:13:22

**IP Address:** 67.240.123.180

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

First Name	Alison
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Affiliation	NYSDOH AIDS Institute Bureau of STD Prevention and Epidemiology
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**Q2: Title of your recommendation** STD Prevention is HIV Prevention

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

Missed Opportunities to prevent and treat sexually transmitted infections (STI) negatively impacts HIV prevention efforts. Given the important role of STIs as a key risk factor in both HIV acquisition and transmission, there is a critical need to strengthen New York State's public health response related to STI prevention, screening, and treatment. The majority of STIs are asymptomatic and as a result most New Yorkers are unaware of their infection. STI screening is a fundamental, evidence-based strategy for decreasing HIV transmission because it allows identification of patients with ongoing high risk sexual behavior and enables treatment of STDs, which facilitate the transmission of HIV. Several studies have documented increased incidence of HIV infection among MSM with a bacterial STI. A retrospective cohort study conducted in NYC STD clinics found that one in 15 New York City MSM with rectal chlamydia or gonorrhea got diagnosed with HIV infection within a year. STI testing is also a key opportunity to increase HIV testing, identify persons who may benefit from Pre-Exposure Prophylaxis (PrEP), and identify HIV-positive individuals and link them to treatment and care.

To promote STD screening and treatment, the following key prevention activities should be implemented:

\*Incentivize commercial health insurance plans to increase STD screening/vaccination outcomes:

The majority of STDs are diagnosed by private providers but data on provider screening for STDs indicates missed opportunities for STD prevention. Despite clear public health recommendations for doctors to routinely screen for Chlamydia and gonorrhea in women and MSM, available data indicate a lack of adherence to these recommendations. In 2012, 50 percent of women under age 25 enrolled in commercial health plans and 40 percent of women in Medicaid plans were not screened for Chlamydia. Even in high volume HIV care settings, only half of MSM received recommended annual screening for rectal gonorrhea (2012). Providing incentives to health plans to promote federally-recommended STD screening of high risk negative persons will improve early detection and treatment of STIs and reduce the risk of HIV infection. Health plans should also promote routine offer of potentially life-saving vaccinations such as HPV and hepatitis A and B by health care providers, especially to high-risk persons who are HIV negative.

\*Educate medical providers to improve STD diagnostic outcomes:

In addition to poor adherence to STI screening recommendations, studies indicate that only one third of

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primary care providers routinely ask patients about their sexual history during an annual visit and even fewer provide STD risk reduction counseling. These findings are more pronounced for black and Latino MSM patients. It is essential to identify current barriers that health care providers experience in incorporating sexual health, STD screening, and HPV vaccination into client encounters and develop tools, resources and training to alleviate the barriers.

**\*Increase access to high-quality diagnostic tools to diagnose untreated STIs:**

Improvements in STI test technologies have increased opportunities for more rapid and accurate STI diagnosis, leading to earlier treatment and reductions in adverse consequences of undetected infection including HIV transmission. Nucleic acid amplification tests are recommended for the detection of rectal and pharyngeal infections caused by gonorrhea and Chlamydia among MSM. However, these specimen types have not been cleared by the FDA for use with NAATs and laboratories must conduct validation studies to meet federal laboratory regulations before using these specimen types for patient management. One retrospective cohort study showed that 84 percent of gonorrhea and chlamydia infections would be missed if MSM were screened only for urethral infections. Given the increased risk of HIV infection among MSM infected with rectal or pharyngeal gonorrhea or Chlamydia, increased access to extragenital NAAT tests is essential. Advocating for FDA approval of rectal and pharyngeal specimens for NAAT will significantly improve access to recommended diagnostic tools for early detection of infection at all anatomic sites.

**\*Conduct a public awareness campaign to increase New Yorkers' knowledge of the critical role of STD prevention and screening in HIV prevention:**

There are gaps in community-level STD knowledge. While STD account for more than two-thirds of reported communicable diseases with the highest rates of infection among adolescent and young adults, New Yorkers under-estimate the burden of STDs in their community. Community-level and institutional stigma impacts opportunities to promote sexual health. Health communication plays an important role in addressing STD disparities by increasing perceptions of personal risk, minimizing STD-associated stigma, and marketing STD prevention and testing behaviors. A New York study of community attitudes and perceptions about STDs found that 70% of respondents agreed there should be a more open discussion about STDs. Following passage of the 2010 HIV testing law in New York, successful strategies to increase HIV testing included social marketing campaigns. A similar approach to reduce stigma around STD testing and improve utilization of STD screening has the potential to improve treatment outcomes at many points across the HIV care continuum.

**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

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.

**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*

**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?**

Screening, diagnosis and treatment of STIs reduces the risk of HIV acquisition by HIV-negative persons and reduces the transmission of HIV to others who are uninfected. Since STIs increase HIV viral shedding and impede the effectiveness of antiretroviral treatments, STI treatment is also essential to maintaining viral suppression among HIV positive persons.

Improving provider capacity to conduct a routine and comprehensive sexual history assessment reduces the stigma around STI, promotes appropriate STI screening, and enhances opportunities to identify individuals who would benefit from other biomedical prevention strategies such as PrEP.

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

The potential benefits of this recommendation outweigh any negative consequences.

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

Based on similar activities conducted by NYSDOH, a public awareness campaign would cost \$3 million, implementation of health care provider education and training is estimated to cost \$750,000, and incentivizing NYS health plans to promote STD screening and vaccination by enrolled providers is estimated to cost \$1.3 million.

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

STI screening and treatment is cost-effective. Every dollar spent on Chlamydia screening saves \$12 in future medical costs through prevention of long-term consequences.

Cost-effectiveness studies indicate that if 25% of NYC's high-risk MSM populations were identified and linked to PrEP treatment, new HIV infections would decrease by 4-23%. Realizing this ROI would be achieved through activities to increase provider capacity to conduct a comprehensive sexual history assessment to identify high-risk individuals who are eligible for PrEP.

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

Community; high-risk HIV negative persons; healthcare providers.

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

Number of MSM with bacterial STI who are newly-diagnosed with HIV infection.

Number of sexually-active females under age 25 enrolled in commercial or Medicaid health plans who are screened for Chlamydia annually.

**Q15: This recommendation was submitted by one of the following**      Other (please specify) AIDS Institute staff