

# AIDS Institute Priorities 2017-2018

## Introduction

HIV/AIDS, hepatitis C (HCV) and sexually transmitted diseases (STDs) are significant public health concerns. New York State (NYS) remains at the epicenter of the HIV epidemic in the country, ranking first in the number of persons living with HIV/AIDS. At the end of 2014, approximately 113,000 people were living with diagnosed HIV/AIDS in NYS, with an incidence of 2,481. Nearly one third (32%) of persons living with diagnosed HIV/AIDS had not reached the goal of viral suppression, which leads to optimal personal health outcomes and marked reduction of transmission risk.

An estimated 200,000 New Yorkers are living with HCV. However, many people living with HCV do not know they are infected. While newly diagnosed HIV infections among people who inject drugs (PWID) have been reduced by 85% from 2003-2013, the most common risk factor for acquiring HCV remains injection drug use with HCV prevalence estimates among PWID at 40 percent and higher and a growing epidemic among young PWID.

In 2015 statewide, 134,304 STD diagnoses were reported. Many New Yorkers are at risk for myriad STD complications including infertility and a higher risk of HIV acquisition. Syphilis rates among men have doubled between 2011 – 2015, with the increase primarily among men who have sex with men (MSM).

NYS has committed to ending the AIDS epidemic by the end of 2020. While there are still more people living with HIV in NYS than in any other state in the nation, this ambitious goal is within our reach because NYS's HIV prevention and care programs have been so successful. In recent years, the AIDS Institute's policies and programs have evolved in response to demographic shifts, changes in resources, changes in the clinical profile of the epidemic, advances in technology, scientific breakthroughs, and alterations in the environment. As a result, New York State has continued to see steady decline in new HIV diagnoses overall, from 4,600 in 2009 to 3,400 in 2014. Additional resource and policy changes that result in access, linkage and retention in care are key priorities in the overall effort to accelerate New York's progress towards ending the epidemic.

The AIDS Institute remains committed to promoting LGBT (lesbian, gay, bisexual and transgender) and drug user health, including sexual health and general wellness. Initiatives funded by the AIDS Institute support a broad and diverse range of services including those for youth, seniors and communities of color as well as programs for mental health, and substance abuse prevention. In addition, the AIDS Institute contracts with various community HIV service organizations throughout the state to provide a range of HIV prevention and support services to LGBT communities.



## New York's Response

### Priority 1: Increase HIV viral load suppression among Persons Living with HIV/AIDS (PLWHA)

**Action:** Increase HIV testing in order to decrease the number of persons infected with HIV but unaware of their status.

**Action:** Expand efforts to facilitate linkage and retention in HIV care to those who have not entered care or are no longer retained in care. Institute quality of care methods to identify and remove barriers to access and retention in care.

**Action:** Explore opportunities to increase the number of providers who track viral load suppression.

**Action:** Expand/maintain efforts to prevent mother to child transmission and sustain retention in HIV care and viral load suppression among women with children, particularly during pregnancy and the postpartum periods.

**Action:** Integrate HIV health care, prevention and surveillance activities to support and monitor linkage and retention in care.

**Action:** Promote self-management skills development to encourage independent health care behaviors and decision-making, and responsibility for health care and lifestyle choices, particularly in adolescents and young adults.

**Action:** Increase efforts to reduce stigma associated with being gay, transgender, a person who injects drugs or HIV-positive, so that individuals will feel more comfortable seeking care and treatment.

**Action:** Implement rapid treatment programs for persons newly diagnosed and re-entering into care.

**Action:** Collaborate with partners to achieve Governor's goal of zero AIDS mortality by the end of 2020.

Today, thousands of New Yorkers are not aware that they are living with HIV, and thus, are potentially compromising their own health as well as risking transmission of HIV to others. A key approach to preventing more infections is to identify people living with HIV as soon as possible and link them to care. Early initiation of antiretroviral medication is recommended and has shown to improve the health of PLWHA and slow disease progression from HIV to AIDS. Approximately 36,000 New Yorkers living with diagnosed HIV are not virally suppressed.

A primary component of the State's continuum of HIV care is the HIV Uninsured Care Programs (HUCP). The programs ensure linkage to and retention in care, as the programs bridge the gap between Medicaid coverage and private insurance, providing universal access to medications and care for New York's residents living with HIV. The programs assist individuals with HIV in obtaining or maintaining insurance for HIV and non-HIV health coverage. Persons with insurance or other care coverage have better health outcomes.

In 2016, the NYS of Health Marketplace will offer a new low cost option, the Basic Plan, for comprehensive insurance coverage. The Basic Plan and Qualified Health Plans offered on the Marketplace provide many preventive health services, including HIV screening, at no cost to the insured. The Affordable Care Act expansion of Medicaid coverage and new offerings of low cost private insurance have expanded the comprehensive insurance coverage options for PLWHA and those populations at risk for HIV infection.

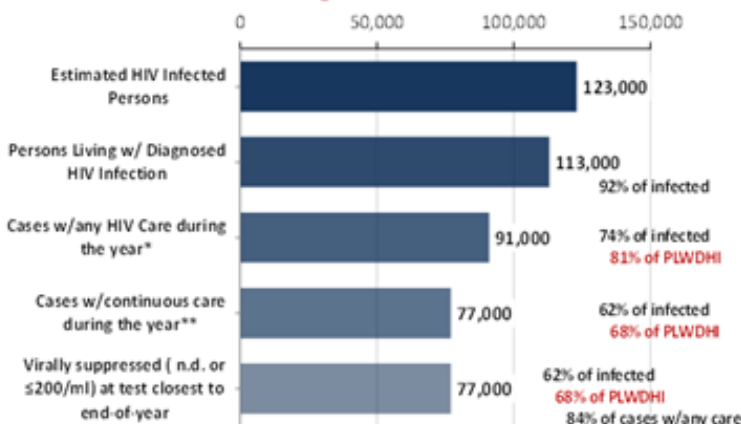
Efforts must be made to reduce stigma associated with being gay, transgender, an injection drug user, or HIV positive so that individuals will feel more comfortable coming forward for care, treatment, and support services.

Integration of Federal and State funded services effectively supports and promotes linkage and retention in care. Best practice standards of care are defined and supported by New York State's Quality of Care Program, Clinical Guidelines, and Clinical Education Initiative.



### New York State Cascade of HIV Care, 2014

Persons Residing in NYS† at End of 2014



\* Any VL or CD4 test during the year; \*\* At least 2 tests, at least 3 months apart  
† Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.

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## **Priority 2: Reestablish a coordinated effort to reduce new HIV and STD infections among gay men and MSM, and transgender individuals.**

**Action:** Via the established internal multi-disciplinary workgroup, coordinate a comprehensive system of prevention, health care and supportive services targeting gay men and MSM, and transgender individuals to reduce HIV and STD infections and increase access to care.

**Action:** Use surveillance and other pertinent data systems to inform program activities and measure success.

**Action:** Emphasize prevention and biomedical interventions and services for young gay men and MSM, especially young MSM of color—ages 13-29 years old, and further develop structured education and client engagement programs to address their needs.

**Action:** Expand efforts to link HIV-positive gay men and MSM to evidence-based behavioral interventions to reduce transmission risk.

Gay men and MSM continue to be disproportionately affected by HIV/AIDS – making up over half of new diagnoses. Gay men and MSM also account for 70 percent of infectious syphilis cases, which can lead to poor health outcomes from syphilis as well as an increased risk of HIV transmission. Community-driven prevention efforts must be maintained, including the availability of risk reduction interventions and newer biomedical approaches such as pre-exposure prophylaxis and treatment as prevention for HIV. Prevention must also include the promotion of the availability of post-exposure prophylaxis. Improving access to care, retention in care, and treatment adherence for infected persons will increase viral suppression and decrease transmission as well. Efforts to increase clinic and community-based STD prevention interventions among people living with HIV/AIDS, as well as those engaging in high-risk behaviors, must be prioritized.



## **Priority 3: Enhance statewide public health efforts addressing Hepatitis C Virus (HCV).**

**Action:** Expand the statewide system for screening high risk populations, such as injection drug users, and persons born between 1945 and 1965.

**Action:** Improve linkage and access to HCV care and treatment.

**Action:** As new Hepatitis C drugs become available, continue to add them to the ADAP formulary.

**Action:** Enhance HCV prevention services for young people who inject drugs (YPWID), under the age of 30.

HCV is curable in over 90% of people who get treated. With improved screening technologies, the implementation of the NYS HCV Testing Law and effective treatments, more people will know their HCV status and seek HCV care and treatment. To ensure timely HCV diagnosis and access to HCV care and treatment, continued funding to expand screening programs and linkage to care activities and to integrate HCV care and treatment into primary care settings is essential. Evaluation of the NYS HCV Testing Law and submission of a report on the impact of this law was completed January 1, 2016. The results of the evaluation showed increases in both the number of people screened for HCV and linked to care. The number of new HCV cases among YPWID living in non-urban areas continues to increase nationally and in NYS. HCV prevention strategies targeting young PWID are essential to controlling new HCV infections and eliminating HCV in NYS.



## **Priority 4: Address sexual health awareness, education, and treatment and care options for STDs, with increased focus on youth and young adults.**

**Action:** Continue to address HIV, STD, and pregnancy prevention targeting adolescents and young adults to ensure the knowledge needed to make positive, healthy, and informed choices regarding sexual health through programming and the youth sexual health plan.

**Action:** Work in conjunction with the Governor's office and community to expand access to HIV treatment and prevention services for minors so they can access these vital services without parental or guardian consent.

**Action:** Develop comprehensive health care provider education that assures timely and appropriate prevention, screening and treatment for STD/HIV in multiple health care settings.

**Action:** Promote LGBT health and education in applicable state agency programs to increase coordination and collaborative efforts to enhance LGBT health and wellness.

**Action:** Expand condom access and education for young people to decrease HIV/STD transmission in this population.

One in four adolescents will have a viral or bacterial STD, with the number rising to one in two sexually active people having an STD by age 25. Reproductive and sexual health are key health issues for adolescents and young adults. Providing accurate and comprehensive information to protect the health of adolescents and young adults and prepare them for responsible decision making is a public health responsibility. Since many STDs are asymptomatic, screening is key for detecting and treating STDs so as to prevent adverse outcomes and transmission.



## **Priority 5: Promote interagency collaboration to improve drug user health, with a specific focus on expanding access to sterile syringes, increasing safe syringe disposal resources and preventing overdose deaths.**

**Action:** Assess NY for gaps in access to sterile syringes. Use this information to expand syringe access in gap areas by adding Syringe Exchange programming, peer delivered syringe exchange, and Expanded Syringe Access programming, with a focus on young users.

**Action:** Assess NYS for gaps in safe syringe collection/disposal locations. Use this information to expand access to alternative syringe collection sites and increase community education regarding the availability of safe disposal resources.

**Action:** Assess NYS for gaps in opioid overdose programming. Use this information to expand access to overdose programming in gap areas.

**Action:** Collaborate with other parts of the NYS Department of Health and other State agencies regarding ways to work together on opioid overdose prevention.

**Action:** Increase access to buprenorphine for opioid dependent individuals.

**Action:** Collaborate with partners to achieve Governor's goal of zero HIV transmission through injection drug use by the end of 2020.

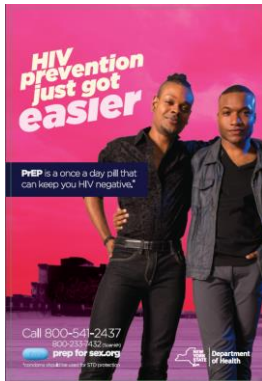
**Action:** Increase awareness of syringe access and disposal locations in New York State.

Although HIV transmission attributable to injection drug use has decreased markedly in NYS over the past decade, there is mounting evidence that a new generation of young injectors is emerging. Initial data suggest high rates of needle and injection equipment sharing, low

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knowledge levels regarding risk of disease transmission, and alarming rates of HCV infection among these young injectors. These trends make it imperative that NYS redouble its efforts to expand syringe access and educate drug users to help prevent disease transmission.

A large body of research documents drug abuse as one of the most pressing public health problems facing the U.S. Likewise, studies of mortality trends on the national level have shown a marked increase in deaths due to drug poisoning over the last decade, with the most rapid increases being among those that involve opioid analgesics. NYS is no exception to these national trends: from 2003 to 2012, the number of poisoning deaths involving any drug more than doubled, while deaths involving opioid analgesics increased more than four-fold. Many overdoses are among young injectors. In 2012, one in five opioid-related emergency department visits were among those under 25 years of age, while one in two involved those under the age of 35. These data provide compelling evidence of the need to expand the availability of naloxone and buprenorphine throughout the state, to help save lives when drug overdoses occur.



## **Priority 6: Increase access to PrEP and nPEP for individuals engaged in high-risk behaviors**

**Action:** Implement a strategic plan to assure a comprehensive statewide plan for PrEP implementation.

**Action:** Increase consumer awareness of PrEP as a prevention option through a consumer-informed marketing plan utilizing many forms of media including social media.

**Action:** Using HIV and STD surveillance data, AI funded programs and the voluntary provider directory, develop a mapping application to identify gaps in services.

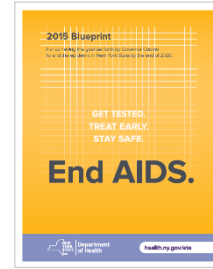
**Action:** Increase awareness of and access to nPEP through consumer materials, clinical provider education, nPEP guidelines and 24/7 CEI line access for clinical provider questions.

**Action:** Increase the delivery of PrEP services in primary care, mobile medical units, STI clinics and family planning/reproductive health care settings.

**Action:** Review the effectiveness of funded PrEP services, such as PrEP Specialist Programs, PrEP Detailing, and PrEP Assistance Program (PrEP-AP).

Pre-Exposure Prophylaxis (PrEP) is a targeted biomedical intervention to facilitate “health care as prevention,” a six-pronged intervention for people who are HIV-negative and at high risk for infection. The intervention includes a once daily pill; periodic HIV testing; periodic STD screening; counseling about the use of condoms to prevent STDs; education about harm reduction options; and counseling to promote adherence to the once-a-day PrEP medication. Successful statewide implementation of PrEP requires collaboration among clinical providers, HIV testing programs, primary prevention programs and support services providers. The state supports enhanced HIV testing sites as gateways to widespread PrEP access.

Post-exposure prophylaxis (PEP) following a non-occupational exposure offers the possibility of preventing HIV transmission when potential exposure to HIV has already occurred. Treatment for an exposure is urgent and length of treatment is 28 days. It is key that all emergency departments in NYS have an nPEP policy and procedure which includes having ARV medications available on site. A person that seeks PEP may have ongoing high risk behaviors that would warrant a discussion on risk reduction measures including PrEP.



## **Ending the Epidemic (ETE) in New York State**

**Action:** Implement recommendations included in the ETE Blueprint

**Action:** Establish key performance indicators and milestones to track the epidemic

**Action:** Work collaboratively with members of the AIDS Advisory Committee Ending the Epidemic (AAC ETE) Subcommittee to implement the ETE Blueprint

**Action:** Develop and implement key implementation strategies supporting ETE Blueprint recommendations that are developed by several advisory groups addressing the needs of priority populations.

In June 2014, Governor Cuomo announced a three-point plan to end AIDS as an epidemic in NYS. The plan includes identifying all 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 ARV therapy to maximize HIV viral suppression so they remain healthy and prevent further transmission; and providing access to PrEP to persons who engage in high-risk behaviors to keep them HIV negative.

The stated goal of ending the epidemic in NYS is to reduce the number of new HIV infections to just 750 by the end of 2020 and achieve the first-ever decrease in HIV prevalence. This effort will build on the state’s successes over the last 30 years, including the virtual elimination of mother-to-child HIV transmission; a 98 percent reduction in new HIV diagnoses due to injection drug use since the mid-1990s; and, in the last decade, a 34 percent reduction in new HIV diagnoses and a 41 percent reduction in deaths among people with AIDS.

In October 2014, Governor Cuomo established a Task Force in support of his three-point plan. The Task Force developed and synthesized recommendations, presented in New York’s Blueprint to end the AIDS epidemic. The recommendations focus on New York State’s highly successful HIV prevention and care efforts to identify undiagnosed persons; link and retain infected individuals in care; and utilize biomedical interventions such as pre-exposure prophylaxis to prevent infections among persons who engage in high-risk behaviors to keep them HIV negative, while addressing stigma and discrimination to reduce associated health disparities. The Task Force was made up of key stakeholders representing public and private industry, and community leaders who are expert in the field of HIV/AIDS. The Blueprint was officially released on April 29, 2015.