HEALTH ADVISORY: INCREASED NUMBER OF HIV AND STI DIAGNOSES IN ORANGE COUNTY

- Preliminary 2018 data indicate the number of new HIV diagnoses in 2018 is expected to exceed the number of new diagnoses in 2017. Similar increases have not continually been observed in the surrounding counties.
- Comparing data between the first six months of 2018 and 2017, early syphilis continues to show evidence of increasing in Orange County and in New York State, excluding New York City.
- The New York State Department of Health (NYSDOH) is monitoring the data.

What the Current Data Show

HIV surveillance data indicate an increase in the number of new HIV diagnoses among residents of Orange County starting in 2016 (see table 1, pg. 2). Should current trends continue, it is anticipated that counts of new diagnoses in 2018 will exceed the number of diagnoses in 2017. Preliminary 2018 data indicate increases among men, aged 20-39 years, with a history of male-to-male sexual contact (2018 data not shown in table). The number of females diagnosed with HIV from 2016 to 2018 remains higher than expected. Overall, racial and ethnic minorities continue to be disproportionally diagnosed with HIV in Orange County and in New York State.

Additionally, comparing the first six months of 2018 to the first six months of 2017, early syphilis continues to show evidence of increasing in New York State, excluding New York City, (Rest of State [ROS]) and in Orange County. While the increase in Orange County is lower (3%, from 34 to 35) than in ROS (11%, from 581 to 643), the predominate burden to date in 2018 is among young non-Hispanic Black men who have sex with men, ages 20-29 years. For the same time period, early syphilis among females increased by 60% (from 5 to 8 diagnoses) in Orange County, almost double the rate seen in ROS (33%, from 57 to 76 diagnoses).

Co-infections of HIV and early syphilis continue to be monitored; currently, no increases have been noted.
Table 1: Persons newly diagnosed with HIV in Orange County, New York

<table>
<thead>
<tr>
<th></th>
<th>Mean Annual Diagnoses 2011-2015</th>
<th>2016</th>
<th>2017</th>
<th>#</th>
<th>Col %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total: Orange County</td>
<td>17.2</td>
<td>38</td>
<td>24</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Sex at Birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>26</td>
<td>17</td>
<td>71%</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>6.2</td>
<td>12</td>
<td>7</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>3.2</td>
<td>11</td>
<td>6</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>5.4</td>
<td>12</td>
<td>5</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.0</td>
<td>13</td>
<td>12</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>Native American</td>
<td>0.2</td>
<td>0</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Multi-Race</td>
<td>2.4</td>
<td>1</td>
<td>1</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Age at Diagnosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;19</td>
<td>1.2</td>
<td>1</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td>4.2</td>
<td>9</td>
<td>12</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td>5.2</td>
<td>7</td>
<td>4</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>3.8</td>
<td>5</td>
<td>3</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>50+</td>
<td>3.0</td>
<td>16</td>
<td>5</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Transmission Risk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSM*</td>
<td>6.2</td>
<td>17</td>
<td>13</td>
<td>54%</td>
<td></td>
</tr>
<tr>
<td>IDU**</td>
<td>0.8</td>
<td>2</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>MSM/IDU</td>
<td>0.4</td>
<td>1</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>8.6</td>
<td>14</td>
<td>9</td>
<td>38%</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>0.8</td>
<td>4</td>
<td>2</td>
<td>8%</td>
<td></td>
</tr>
</tbody>
</table>

*MSM: History of male-to-male sexual contact  
**IDU: Persons with a history of injection drug use prior to HIV diagnosis

The public health partnership between clinicians, health departments and community based organizations is integral to interrupting and preventing outbreaks of HIV and Sexually Transmitted Infections (STIs). Your efforts and collaboration with NYSDOH will help prevent further increases in HIV as well as control other STIs.
What Health Care Providers Can Do to Help Control HIV and STIs

- **Offer and perform HIV testing** for every patient age 13 years and older.

- **Assess risk:** Conduct a complete sexual health history, risk and drug use assessment for every patient. Ask about specific behaviors, such as the number of partners, type of sex (i.e., vaginal, anal, oral), sex of partners, drugs used and route of drug ingestion, to help guide laboratory testing. Visit [www.ncshguide.org/providers](http://www.ncshguide.org/providers) for guidance and additional resources.

- **Screen** for HIV and/or STIs as appropriate in:
  - Sexually active MSM, at least annually
  - Sexually active persons regardless of HIV status, at least annually
  - All persons with newly diagnosed HIV
  - Persons presenting with evidence of active injection drug or other drug use
  - Persons diagnosed with STIs
  - Sex or needle sharing partners of a known HIV or STI case
  - Pregnant women at their first prenatal visit and during the third trimester. For complete information on screening, diagnosing, and treating syphilis in pregnancy, see the Centers for Disease Control and Prevention’s (CDC) 2015 STD Treatment Guidelines: [https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm](https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm)

- **Treat promptly or link patients immediately to care and treatment** to interrupt the spread of HIV, syphilis and other STIs.

- **Offer** Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) to the partners of your HIV positive patients or to your HIV negative, at-risk patients.

- **Facilitate partner management** to encourage your patients to refer their sex or needle sharing partners to medical care for testing, STI treatment and HIV prophylaxis.

- **Collaborate** with State and County public health personnel on partner notification efforts. Expect the Health Department to contact you and/or your patient for additional information.

- **Refer** consenting HIV positive and high risk negative patients to community based organizations (CBOs) for support services.

- **Report** newly diagnosed cases of HIV and/or AIDS infection using the Provider Portal on the NYSDOH Health Commerce System at [https://commerce.health.ny.gov](https://commerce.health.ny.gov) or the paper DOH-4189 Medical Provider HIV/AIDS and Partner/Contact Report Form (PRF). Completion of the PRF within 14 days of diagnosis is required by Public Health Law.

What Community Based Organizations Can Do to Help Control HIV and STIs

• **Assess risk:** conduct a comprehensive behavioral sexual risk assessment for program participants/clients. Ask about specific behaviors, such as the number of partners, type of sex (i.e., vaginal, anal, oral), sex of partners, drugs used and route of drug ingestion to help guide lab testing.

• **Implement targeted client recruitment:** target agency services to identify high risk individuals who do not access health care services or who may not otherwise have access to HIV testing in clinical settings—these persons may benefit most from HIV testing services in nonclinical settings.

• **Offer testing for HIV and STIs for individuals at high risk:** conduct venue based and/or mobile testing activities to key priority populations including gay men/MSM regardless of race, young gay men/MSM (YMSM) of color, African American women, sex and needle sharing partners of HIV positive individuals, persons presenting with evidence of active injection or other drug use, persons diagnosed with STIs, sex or needle sharing partners of persons diagnosed with STIs.

• **Provide harm reduction services:** facilitate access to clean syringes and essential support services for drug users.

• **Offer linkage and navigation (L&N) services:** assist HIV positive or high risk negative individuals to obtain timely, essential and appropriate medical, prevention and support services to optimize his or her health and prevent HIV/STI/HCV transmission and acquisition.

• **Provide effective behavioral interventions:** implement prevention activities that are culturally relevant and have been shown to be successful by evaluation research.

• **Engage in condom promotion, education, and distribution:** make condoms available at no cost and increase access to condoms in ways that reduce embarrassment or discomfort when acknowledging sexual activity. Information about the New York State Condom Program is available at [http://www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm](http://www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm)

• **Work with existing coordinating and community planning bodies such as Ending the Epidemic regional committees, the HIV Advisory Body and NY Links to plan, promote and conduct community education events/activities, foster dialogue and share resources.**

• **Use technology and social media platforms (e.g., Facebook, Twitter, YouTube, Grindr) to support event promotion, increase general awareness, provide accurate and science based education and address misinformation.** Social media efforts should be informed by contextual factors such as culture, language, health literacy levels, norms, stigma, discrimination, and health care disparities.
Additional Resources

Free and confidential HIV and STI testing is available at local health department STD clinics. For clinic locations and hours, please visit: www.health.ny.gov/diseases/communicable/std/clinics/

Clinical Education Initiative STD Center of Excellence:
A toll-free number for clinicians in NYS to discuss STD diagnosis, treatment, and management with a specialist. Training calendar and archived webinars are available at www.ceitraining.org

National STD Curriculum: CDC-supported web-based training for clinicians. https://www.STD.uw.edu/

Pre-Exposure Prophylaxis (PrEP) and Non-Occupational Post-Exposure Prophylaxis (PEP):
www.health.ny.gov/diseases/aids/general/prep

HIV Testing Toolkit: Resources to Support Routine HIV Testing for Adults and Teens:
http://www.health.ny.gov/diseases/aids/providers/testing/docs/testing_toolkit.pdf

Information on Talking with Young People about HIV/AIDS:

Information for Clinicians on a New Diagnostic Testing Algorithm for HIV Infection:
https://www.health.ny.gov/diseases/aids/providers/testing/docs/guidelines.pdf

Information and assistance with HIV reporting:
Bureau of HIV/AIDS Epidemiology 518-474-4284

Information and assistance with STI reporting:
Bureau of Sexual Health and Epidemiology 518-474-3598

Local Health Department and NYSDOH Regional Contacts for Partner Services:
NYSDOH Lower Hudson Valley Regional Office 914-654-7187
Orange County Department of Health 845-568-5333