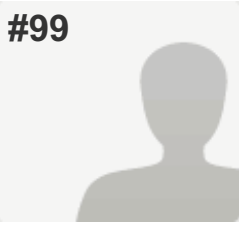


Ending the Epidemic Task Force Recommendation Form

#99



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

First Name	Mark
Last Name	Harrington
Affiliation	Treatment Action Group (TAG)
Email Address	mark.harrington@treatmentactiongroup.org

Q2: Title of your recommendation Use HIV Phylogenetic Data to Improve Surveillance and Prevention

Q3: Please provide a description of your proposed recommendation

Using routine HIV genetic data gathered at time of diagnosis, NYS has the largest collection of HIV genetic data from any single jurisdiction in the country. Approximately 60% of newly-diagnosed New Yorkers have their HIV protease and integrase genes sequenced to provide baseline drug-resistance information to guide therapeutic options. These data can be used to map clusters of ongoing HIV transmission and -- by intervening into those clusters where recent HIV infection has occurred and prioritizing these ""hotspots"" for PrEP and TasP -- can help to reduce ongoing HIV transmission and incidence, as is being done at UC San Diego by Susan Little's group with computational expertise from Joel Wertheim, who is also working with NYC DOHMH on the NYC genetic data. Other researchers such as Erik M. Volz (Imperial College, London) and Tanja Stadler (UTH, Zurich) are also using this approach. The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) is exploring this approach to mapping incidence and rapidly increasing ART coverage to reduce new infections in global settings. NYS DOH, NYC DOHMH, TAG, and ACT UP/NY have begun discussions about how to implement this in NYS.

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

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

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)

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

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

New program

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?

Potentially reduced new infections. Potentially more rapid initiation of therapy. Potentially reduced occurrence of ARV drug resistance.

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

It may be difficult to obtain viral sequence data in real-time. Patient confidentiality must be maintained. Community acceptance and education will be crucial.

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

Respondent skipped this question

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

Potentially high, if testing and programs can be aligned rapidly and effectively.

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

HIV-negative New Yorkers.
HIV-positive New Yorkers.
Providers.
Researchers, epidemiologists + surveillance/public health agencies.
Insurers.
ARV manufacturers.
Affected communities.

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

Number and percentage of newly-diagnosed HIV+ New Yorkers whose HIV genes are sequenced.
Rapidly of provision of sequence data to prevention/treatment programs for early intervention.
Impact of use of sequence data on breaking ongoing transmission as measured through mapping of incidence and transmission.
Potential use of this approach in other epidemic infections, such as HCV.

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