

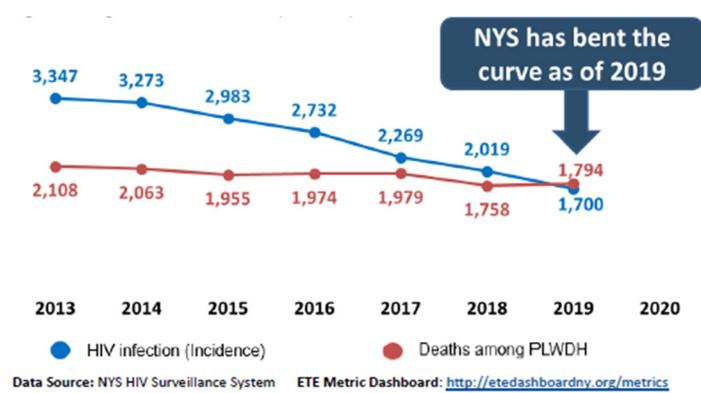
# AIDS Institute Priorities 2021-2023



The AIDS Institute is committed to eliminating new infections, improving the health and well-being of persons living with HIV, sexually transmitted infections (STIs), and viral hepatitis, and improving LGBTQ and drug user health. This mission can be concisely stated as "End epidemics, fight stigma, promote health." The purpose of this document is to discuss the actions the AIDS Institute is taking in partnership with stakeholders to bring this mission to life.

## Introduction: successes and challenges

New York State (NYS) has long been considered the epicenter of the HIV epidemic in the U.S., as well as a visionary force for responding to the epidemic and the underlying causes which perpetuate it. Innovative strategies have been developed through the collective effort of NYS's consumers, community-based organizations, public health entities, health care providers, and advocates. Governor Cuomo's "Ending the Epidemic" (ETE) initiative is an example of New York's leadership in the provision of HIV care and prevention and support services. In 2019, estimated HIV incidence fell below HIV mortality for the first time, resulting in the first ever decrease in HIV prevalence in NYS. While we have achieved this critical milestone, the focus for 2020 and beyond will be to continue to address disparities to ensure these gains are realized equitably by all populations.



This bold initiative is making its impact. The number of people newly diagnosed with HIV in NYS has fallen to historic lows. At its peak in the mid-1990s, New York diagnosed nearly 15,000 new cases per year; that number is down to 2,377. Since 2014, when ETE was announced, new diagnoses are down 20 percent. The decreases have been observed in almost every large demographic group.

Thanks to the State's extensive work with providers and other stakeholders to raise awareness of available medication to prevent transmission of HIV safely and effectively, new data also shows nearly 40,000 New Yorkers took pre-exposure prophylaxis (PrEP) in 2019 — an increase of almost 25 percent from 2018.

In addition to reducing new infections, care outcomes for people living with diagnosed HIV are improving. In addition to HIV incidences and diagnoses falling to record lows, the new 2019 data shows 83 percent of newly diagnosed New Yorkers were connected with care within 30 days of being diagnosed, and viral suppression among people in care was at 89 percent at the end of 2019.

Syringe Exchange Programs (SEPs) in NYS served more than 28,800 people in 2020, including more than 8,818 new enrollees, and exchanged almost 11.8 million syringes. There are currently more than 800 registered Opioid Overdose Prevention Programs throughout the State. Since the program began, more than 625,000 individuals have been trained as overdose responders. Of these, approximately 83,000 were public safety personnel and the rest were community responders. In addition, 1,773 people were active participants in the Drug User Health Hub (DUHH/hub) programs.

In 2018, Governor Cuomo announced the nation's first strategy to eliminate hepatitis C (HCV). The elimination effort aims to stop the spread of the virus by expanding programs to connect New Yorkers with prevention, screening, and treatment services, as well as enhancing HCV surveillance. The AIDS Institute has initiated an array of statewide HCV prevention and care programs, including rapid testing, HCV care and treatment, the expansion of the Criminal Justice Initiative to include services for persons with HCV, and HCV Patient Navigation Programs within Drug User Health Hubs.

Still, challenges remain. Approximately 23% of persons living with diagnosed HIV have not reached the goal of viral suppression. Viral suppression eliminates the risk of sexual transmission and leads to better health outcomes. In 2019 almost 20% of persons newly diagnosed with HIV were also diagnosed with AIDS. In 2019, more than 172,000 sexually transmitted infections (STI) diagnoses were reported statewide, more than any other reportable communicable disease. In the past five years, syphilis rates have more than tripled among females and increased by approximately 40% among males. While maternal transmission of HIV has been nearly eliminated in NYS, cases of congenital syphilis have been increasing since 2015. In NYS there are an estimated 116,000 people living with HCV, and many of them are unaware they are infected. The impact of the opioid epidemic continues to be felt in communities throughout NYS and the country. Across all areas of the AIDS Institute mission, health disparities persist among communities of color, LGBTQ persons, persons who are criminal justice involved, and people who use drugs.

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## New York Action



### **Priority 1: Improve HIV care outcomes, including timely HIV detection and higher rates of viral suppression.**

**Action:** Continue to promote and support same-day initiation of HIV treatment.

**Action:** Implement rapid treatment programs for persons re-entering care.

**Action:** Increase HIV status awareness through testing, including promoting and expanding access to HIV self-testing.

**Action:** Expand efforts to facilitate linkage and retention in HIV care. Institute quality of care methods to identify and remove barriers to care.

**Action:** Increase the number of providers who promote and monitor VLS with their clients to maximize health outcomes.

**Action:** Expand/maintain efforts to prevent mother-to-child transmission of HIV; sustain retention in HIV care and viral load suppression throughout and after pregnancy.

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

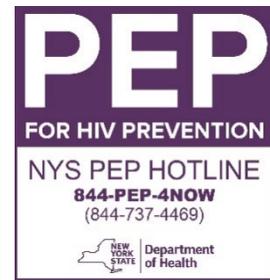
**Action:** Match HIV surveillance to other data systems, including Medicaid, the AIDS Institute Reporting System (AIRS), the Statewide Planning and Research Cooperative System (SPARCS), HCV, and STI surveillance, to uncover missed opportunities for earlier diagnosis among persons whose HIV infections have gone undiagnosed until they have already progressed to AIDS. Use the results of this work to inform programming aimed at reducing disparities related to HIV testing.

**Action:** Monitor key performance indicators and milestones to track the HIV epidemic.

A key approach to preventing HIV is to diagnose people newly infected as quickly and effectively as possible and immediately initiate antiretroviral therapy. An estimated 80% of new HIV infections in the United States are transmitted by people who either do not know they have HIV or who have untreated HIV according to the U.S. Centers for Disease Control and Prevention. Today, thousands of New Yorkers are not aware that they are living with HIV and are, therefore, unable to derive the personal and public health benefits of HIV care. Early initiation of antiretroviral medication dramatically improves the health of people living with diagnosed HIV, including stopping disease progression from HIV to AIDS, and directly supports the “Undetectable equals Untransmittable” (U=U) message that individuals with a sustained undetectable viral load cannot sexually transmit HIV.

Best practice standards of care for newly diagnosed persons and early initiation of antiretroviral medication are defined and supported by New York State’s Quality

of Care Program, Clinical Guidelines, and Clinical Education Initiative (CEI).



### **Priority 2: Increase access to PrEP and Post Exposure Prophylaxis (PEP).**

**Action:** Implement a comprehensive, statewide strategic plan for PrEP and PEP.

**Action:** Increase awareness of PrEP through a consumer-informed marketing plan utilizing diverse platforms, including social media.

**Action:** Incorporate a health equity approach to increase access and acceptance of PrEP among all communities.

**Action:** Inform consumers of PrEP payment and cost-reduction options.

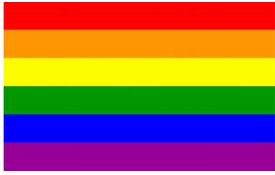
**Action:** Increase immediate access to PEP through NYS PEP Hotline (rest of state).

**Action:** Increase awareness of and access to PEP through consumer materials, guidelines, clinical provider education, and the CEI line for clinical providers.

PrEP is the use of anti-HIV medications to keep HIV-negative people from becoming infected. PrEP for HIV prevention is a key cornerstone in the attainment of complete sexual health, alongside condoms, access to family planning and STI testing. Successful statewide implementation of PrEP is attainable with expanded education, awareness, and collaboration among clinical providers, HIV testing programs, primary prevention programs, and support services providers. Routinely offering PrEP to anyone presenting with STI-related concerns is one way to bring comprehensive sexual health services to scale in NYS.

PEP following a non-occupational exposure offers a proven means of preventing HIV transmission after potential exposure has already occurred. Treatment for an exposure should be treated as a medical emergency. It is key that all emergency departments in NYS have a PEP policy and procedure which includes having ARV medications available onsite. NYS has implemented a PEP hotline for all counties outside of New York City. Consumers may call 844-PEP-4NOW for evaluation and immediate access to PEP. For consumers in NYC, the hotline number is 844-3-PEPNYC. Health care service providers should be aware that a person who seeks PEP should be given information on risk reduction measures, including PrEP.

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## **Priority 3: Continue coordinated effort to reduce new HIV and STI diagnoses in sexual minorities, including but not limited to LGBTQ populations.**

**Action:** In consultation with the internal multi-disciplinary MSM, Gay Men, and Transgender, Gender Non-Conforming and Non-Binary (TGNCNB) workgroups, coordinate a comprehensive system of prevention, health care, and supportive services for gay men, MSM, and transgender individuals.

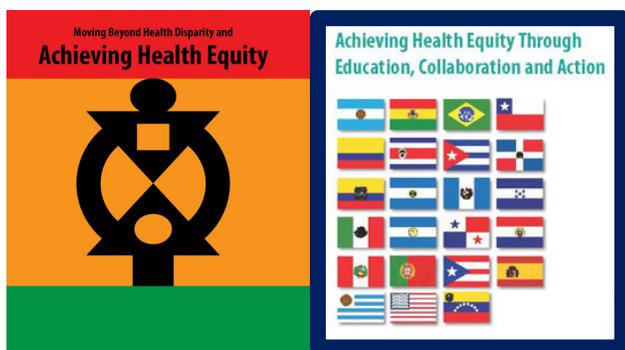
**Action:** Improve surveillance and other data systems and focus evaluation and research to describe outcomes more inclusively in LGBTQ populations.

**Action:** Expand efforts to link HIV-positive and high-risk HIV-negative gay men and MSM to evidence-based behavioral and biomedical interventions to reduce transmission risk. Efforts will include training service providers on the provision of client-centered, culturally competent care models (C4) to improve engagement and retention of the population in services.

**Action:** Use social media and mobile apps geotargeted in NYS to promote the HIV Home Test Giveaway to gay and bisexual men, MSM, and TGNCNB individuals who have sex with men.

Stigma, discrimination, and related circumstances prevent many TGNCNB persons from accessing the same level of services and care as cisgender persons. These disparities are reflected in health outcomes at the population level. Promoting the health, safety, dignity, and human rights of TGNCNB communities is a vital part of the AIDS Institute mission.

Cisgender gay, bisexual, and other MSM are also disproportionately impacted by HIV and other STIs. Both community- and clinic-based prevention efforts such as risk reduction interventions, medical care, PrEP, and PEP must be maintained and tailored to the unique needs of this important population group.



## **Priority 4: Promote health equity and address health disparities and stigma.**

**Action:** Use recommendations developed by the ETE Advisory Groups to achieve a coordinated approach to establishing a comprehensive system of prevention, health care, and supportive services.

**Action:** Partner and collaborate with key stakeholders (e.g., policy makers, NYSDOH Interagency Task Force,

community groups) to address social determinants of health, such as poverty, education, employment, and access to insurance coverage.

**Action:** Promote services that are responsive to the lived experiences, trauma, and stigma that disproportionately affect Black, Indigenous, and persons of color.

**Action:** Assist AIDS Institute-funded organizations to implement trauma-informed practices and policies.

**Action:** Continue and expand the AIDS Institute Health Equity Initiative's work to promote promising practices that address health disparities and racial injustice.

**Action:** Develop and enhance comprehensive health and human services for LGBTGNCNB individuals, families and communities through the implementation of proven strategies and innovative interventions.

Black, Indigenous, and persons of color have lived experiences that make them vulnerable to STIs, HIV, and HCV. These include poverty, lack of access to health care, institutional racism, inequities in the built environment, and stigma. Trauma results from events or circumstances that are physically or emotionally harmful, and have lasting adverse effects on an individual's mental, physical, social, emotional, or spiritual well-being. *Historical trauma* is an event or set of events that happens to a group of people who share a specific identity. Within Black, Latinx, Native American, and Asian-Pacific Islander communities in particular, historical trauma plays important roles in determining physical and behavioral health outcomes and hindering access to effective medical care.

Proven, effective biomedical interventions (i.e., ARVs, PEP, and PrEP), health promotion messaging, and awareness campaigns that resonate with Black, Latinx, Native American, and Asian-Pacific Islander communities must be carefully tailored to the needs and experiences of each group. All populations must be prioritized in ETE activities so that no one is left behind.



## **Priority 5: Eliminate Hepatitis C (HCV).**

**Action:** Implement the NYS HCV Elimination Plan.

**Action:** Expand the statewide system for screening high-risk populations, such as persons who inject drugs (PWID) and persons born between 1945 and 1965.

**Action:** Amend the HCV Testing Law to: (1) expand the age cohort and require the offer of a test to everyone age 18 and older and individuals younger than 18 if there is evidence of risk; and (2) ensure HCV RNA (diagnostic) testing is done on reactive screening tests to confirm diagnosis of current infection.

**Action:** Amend the Public Health Law governing maternal and child health to require universal HCV screening of all pregnant women during each pregnancy.

**Action:** Improve linkage and access to HCV care and treatment, including expanding access for persons with

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HCV who inject drugs and formerly incarcerated persons with HCV.

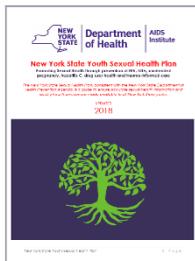
**Action:** As they become available, add new HCV drugs to the AIDS Drug Assistance Program formulary.

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

**Action:** Increase awareness of HCV risk, treatment, and cure through educational campaigns and materials.

**Action:** Increase the number of PWID who know their HCV status and are linked to care and treatment.

HCV is curable in over 90% of people who get treated. With improved screening technologies, the implementation and expansion of the NYS HCV Testing Law, and effective treatments, more people will know their HCV status and seek HCV care and treatment. State funding supports the implementation of the HCV elimination plan. To ensure timely HCV diagnosis and access to care and treatment, expanded screening programs, patient navigation, linkage to care, and expanded care and treatment models are essential. The number of new HCV cases among YPWID living in non-urban areas continues to increase nationally and in NYS. HCV prevention strategies targeting YPWID are essential to control new HCV infections and eliminate HCV in NYS.



**Priority 6: Promote sexual health through new and expanded STI initiatives, evaluation, research, education, and care and treatment options.**

**Action:** Continue to address sexual health, including HIV, STI, pregnancy prevention, and harm reduction among adolescents and young adults to ensure they have the knowledge needed to stay sexually healthy and make informed choices.

**Action:** Develop and disseminate comprehensive health care provider education that assures timely and appropriate STI prevention, screening, and treatment.

**Action:** Promote sex positivity and self-management skills to encourage independent health care behaviors and sexual health decision making.

**Action:** Expand condom access and sexual health education.

**Action:** Increase STI screening and treatment, particularly among disproportionately impacted population groups such as adolescents, Black, and LGBTQ persons.

**Action:** Reduce congenital syphilis and promote congenital syphilis prevention best practices.

**Action:** Increase services to partners of people with STIs including expedited partner therapy (EPT).

**Action:** End STI-related stigma by normalizing sexual health care and behavior.

**Action:** Cultivate the development of sexual health clinics statewide (outside of New York City).

**Action:** Increase collaborative efforts with local health departments, sexual health clinics, and community-based organizations to potentially prevent, monitor and control STI outbreak and increased STI rates.

**Action:** Provide statewide provider and individualized resources that include NYS laws and regulations, STI data, provider directories and/or dashboards, self-assessments and testing, and demographic, behavioral and culturally based education.

Reproductive and sexual health are key issues for adolescents and young adults. An estimated one in five individuals in the US has had an STI, with 26 million new infections in 2018 alone. Youth aged 15-24 account for half of new infections.

STIs other than HIV continue to increase. These increases demand a response that is both coordinated and scalable, recognizing that the concept of sexual health is the ability to embrace and enjoy one's sexuality throughout one's lifetime and represents sexual health equity and sex positivity free from stigma. The response must recognize sexual health factors, including intimacy, personal expression and identity, family planning, access to care and education, and prevention of disease. The interplay between HIV and other STIs is well established from a clinical and epidemiological perspective, with clear overlaps in the social determinants of health. In order to sustain the progress made toward ending AIDS as an epidemic, the prevention of STIs is critical. Every case of mother-to-child transmission of syphilis represents a failure within the care delivery system, and NYS must draw on its success with maternal HIV outcomes to prevent each one. Even though most STIs are treatable, the long-term effects of not being treated can result in irreversible internal damage, sterility, and even death. Fundamental is the notion that sexual health is health, and full integration of sexual health into routine health care must be prioritized.



AIDS Institute, New York State Department of Health

**Priority 7: Promote strategies through interagency and community collaborations to improve drug user health, with a specific focus on expanding access to sterile syringes, increasing safe syringe disposal resources, making buprenorphine more available, and preventing overdose deaths.**

**Action:** Assess NY for gaps in access to sterile syringes with a focus on marginalized populations, particularly among communities of color, rural poor, and younger people who use drugs. Use this information to expand syringe access by adding syringe exchange services, including through second tier syringe exchange, peer-delivered syringe exchange, the Expanded Syringe Access Program, and other innovative approaches.

**Action:** Assess NYS for gaps in safe syringe collection/disposal locations. Use this information to expand access to alternative syringe collection sites and

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*increase community education regarding the availability of safe disposal resources. Respond to disinformation concerning the causes of discarded syringes.*

**Action:** *Assess NYS for gaps in opioid overdose prevention programming. Use this information to establish and maintain access to linkages to care, including access to naloxone, buprenorphine, and harm reduction services.*

**Action:** *Increase access to buprenorphine for opioid-dependent individuals, especially via emergency departments and correctional facilities.*

**Action:** *Collaborate on opioid overdose prevention and suicide prevention with other parts of the NYS Department of Health and with other state agencies, especially OASAS and OMH.*

**Action:** *Engage with law enforcement agencies to develop non-punitive, non-carceral interdisciplinary approaches to address opioid use and overdoses.*

**Action:** *Engage providers who serve people who use drugs in anti-stigma education and training.*

**Action:** *Expand the focus on health care for people who use drugs from mortality and morbidity to address comprehensive needs including adverse childhood experiences and traumatic events.*

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Opioid overdose remains one of the most significant issues impacting the health of New Yorkers. No area of the State or demographic is left untouched. In 2018 in NYS, there were nearly 3,000 opioid overdoses resulting in death, or 58 deaths per week. There were more than 8,200 outpatient emergency room visits—nearly 23 per day—for opioid overdoses, and nearly 3,100 hospitalizations.

Although HIV transmission attributable to injection drug use has decreased markedly over the past decade, there is mounting evidence that a new generation of young injectors is emerging. These trends make it imperative that NYS redouble its efforts to expand syringe access and educate people who use drugs to help prevent disease transmission.



## **Priority 8: Address the Impact of the COVID-19 Pandemic.**

**Action:** *Explore strategies to address barriers to telehealth, such as the inability to access technology, limited telehealth insurance coverage, privacy issues, and obtaining prescriptions.*

**Action:** *Develop new outreach strategies to address treatment adherence and relapse during a pandemic or when service delivery is impacted.*

**Action:** *Assess and address the impact of the COVID-19 pandemic on the HIV community, including clinical and non-clinical providers and persons living with and at risk for HIV.*

The COVID-19 pandemic has had a significant impact on the availability and utilization of HIV prevention and care services in New York State and the nation. The full impact of COVID-19 on these services will not be understood for some time. Evidence indicates that COVID-19 will impact several core ETE metrics. It is fortunate that NYS met one of its most critical ETE milestones in 2019 prior to the COVID-19 pandemic: estimated HIV incidence fell below HIV mortality for the first time, resulting in the first ever decrease in HIV prevalence in NYS. We will continue to monitor the impact of COVID-19 on our efforts and focus on goals that allow our funded agencies to recover and work within ongoing state fiscal realities.