

# AIDS Institute Priorities 2019-2020

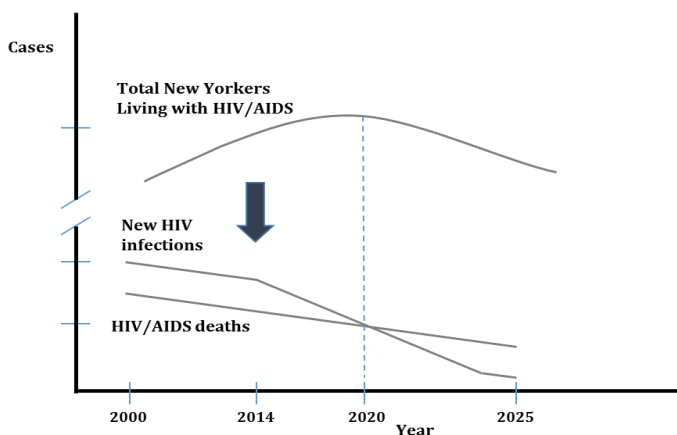


## Introduction: successes and challenges

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.

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 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. For example, Governor Cuomo's "Ending the Epidemic" (ETE) initiative is an example of New York's leadership within HIV care and prevention. Building on the state's successes over the last 30 years, the goal of ETE is to achieve the first-ever decrease in HIV prevalence (overall cases) by the end of 2020.

## Bending the curve



This bold initiative is making a significant 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 2,769. Since 2014, when ETE was announced, new diagnoses are down 20 percent. The decreases have been observed in almost every large demographic group. Last year, 24,000 New Yorkers—more than any other state—filled a prescription for Pre-Exposure Prophylaxis (PrEP). In addition to reducing new infections, care outcomes for people living with diagnosed HIV are improving. For example, the percentage of newly diagnosed persons linked to care within 30 days of their diagnosis increased six percentage points to 81% in 2017. Eighty-seven percent of persons receiving HIV care are virally suppressed.

New York State has seen success in drug user health and viral hepatitis as well. For example, in 2018, New York

became the first state to offer harm reduction services as a Medicaid benefit. Syringe Exchange Programs (SEPs) in NYS served more than 28,000 people last year, including more than 9,000 new enrollees, and exchanged almost 10 million syringes. There are currently more than 680 registered Opioid Overdose Prevention Programs in the state. Since the program began, more than 360,000 individuals have been trained as overdose responders, including 15,000 law enforcement officers, and over 14,000 opioid overdose reversals have been reported.

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, a Criminal Justice Initiative for persons with HCV, and HCV Patient Navigation Programs within Drug User Health Hubs.

Still, challenges remain. Approximately 28% of persons living with diagnosed HIV have not reached the goal of viral suppression, which eliminates the risk of sexual transmission and leads to better health outcomes. In 2017, almost 20% of persons newly diagnosed with HIV were also diagnosed with AIDS. In 2018, more than 150,000 Sexually Transmitted Infections (STI) diagnoses were reported statewide, more than any other reportable communicable disease. In the past five years, syphilis rates have doubled among males and tripled among females. While maternal transmission of HIV has been nearly eliminated in NYS, cases of congenital syphilis have been increasing since 2015. There are an estimated 114,000 people living with HCV, and many of them do not know 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, and people who use drugs.

## New York Action



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

**Action:** 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.

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

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**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:** Expand access to care for uninsured and underinsured persons with HIV through modification of Uninsured Care Program regulations.

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

**Action:** Match HIV surveillance to other data systems, including Medicaid, AIRS, 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 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 slowing 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 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 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:** Increase awareness of and access to PEP through consumer materials, guidelines, clinical provider education, the CEI line for clinical providers, and a consumer hotline.

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

**Action:** Expand PrEP among cisgender and transgender women and communities of color using a multi-pronged approach tailored to the needs of each population.

**Action:** Explore best practices of implementing PEP in pharmacy settings and facilitate statewide replication of identified best practices. Use varied media to increase public awareness.

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 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.

Post-exposure prophylaxis (PEP) following a non-occupational exposure offers the possibility 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. Licensed pharmacists acting under a non-patient specific standing order from a licensed physician or nurse practitioner may dispense seven days of HIV PEP medication to individuals who present with a recent exposure to HIV. NYS is exploring best practices of implementing PEP in pharmacy settings as an additional point of access, which will play an important role in increasing the use of PEP. Health care service providers should be aware that a person who seeks PEP should be given information on risk reduction measures, including PrEP.



## 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 and Transgender and Conforming and Gender Non-Binary (TGNCNB) workgroups, coordinate a comprehensive system of prevention, health care, and supportive services for gay men, MSM, and transgender individuals

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**Action:** Improve surveillance and other data systems to more inclusively describe outcomes 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 TGNB 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:** Establish ETE Advisory Groups to review Blueprint recommendations and emerging issues relevant to priority populations.

**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 communities of color and indigenous populations.

**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.

People 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 happen 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 an important role in determining physical and behavioral health outcomes.

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:** Develop a NYS HCV Elimination Plan in collaboration with NYS HCV Elimination Task Force.

**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:** Improve linkage and access to HCV care and treatment, including expanding access for persons with 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:** Using the recently established prevalence estimate, work with the School of Public Health and a contractor to establish the target for elimination.

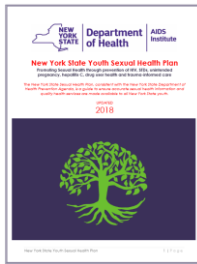
**Action:** Increase awareness of HCV risk, treatment, and cure through educational campaigns and materials.

**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 of the NYS HCV Testing Law, and effective treatments, more people will know their HCV status and seek HCV care and treatment. New funding will support 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

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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 HIV, STI, and pregnancy prevention among adolescents and young adults to ensure they have the knowledge needed to make healthy and informed choices.

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

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

**Action:** Expand condom access and education for young people.

**Action:** Educate providers and consumers about insurance company Explanation of Benefits and current related NYS laws and regulations.

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

**Action:** Eliminate congenital syphilis.

**Action:** Increase services to partners of people with STIs.

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

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

Reproductive and sexual health are key issues for adolescents and young adults in particular. One in four adolescents will have a viral or bacterial STI, with the number rising to one in two sexually active people having an STI by age 25.

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 a composite of factors including intimacy, personal expression and identity, family planning, and prevention of disease. The interplay between HIV and other STIs is well established and, 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 prenatal care delivery system, and NYS must draw on its success with maternal HIV outcomes to prevent each one. Fundamental to these is the notion that sexual health is health, and full integration of STI prevention into routine health care must be prioritized.



**Priority 7: 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 including providing access points for buprenorphine.**

**Action:** Assess NY for gaps in access to sterile syringes. Use this information to expand syringe access by adding syringe exchange programming, including innovative approaches, peer-delivered syringe exchange, and Expanded Syringe Access Programming, with a focus on YPWID.

**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 naloxone, buprenorphine, and harm reduction services.

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

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

**Action:** Engage with law enforcement agencies to develop interdisciplinary approaches to address opioid use and overdoses.

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

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

**Action:** Expand the focus on health care for people who use drugs from mortality and morbidity to address comprehensive needs.

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 2017 in NYS, there were more than 3,200 opioid overdoses resulting in death, or 62 deaths per week. There were more than 9,000 emergency room visits—nearly 25 per day—for opioid overdoses, and over 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.