

Ending the Epidemic: It Takes a Village

3rd Community Meeting
October 24, 2016

New York City

Department of Health & Mental Hygiene

Email ete@health.nyc.gov Webpage nyc.gov/health/ete

Welcome & Opening

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New York City Department of Health & Mental Hygiene

EtE: Background

- New York State (NYS) Ending the Epidemic (EtE) Task Force convened by Governor Cuomo in 2014
- Finalized recommendations for ending HIV/AIDS in NYS in the 2015 Blueprint to End the AIDS Epidemic
- Staff from the New York City (NYC) Department of Health & Mental Hygiene (DOHMH) participated in the planning process
- DOHMH received funding to design and implement an EtE strategy for NYC, announced on World AIDS Day 2015
- Target: 600

EtE: Strategy

1. Increase access to HIV prevention services
2. Promote innovative, optimal treatment for HIV
3. Enhance methods for tracing HIV transmission
4. Improve sexual health equity for all New Yorkers

External: support the HIV services of community-based clinics, organizations and coalitions across NYC

Internal: enhance and expand our STD clinics and HIV services

EtE: Accomplished So Far

- Cross-divisional DOHMH team has met regularly since December 2015
- 122/136 new full-time staff selected for hire
- Selected almost all external organizations that will partner with DOHMH and provide EtE services across NYC
- 4/8 STD clinic facilities updated/renovated to accommodate new EtE services and staff
- Clinic operating schedules expanded by 10 hours per week

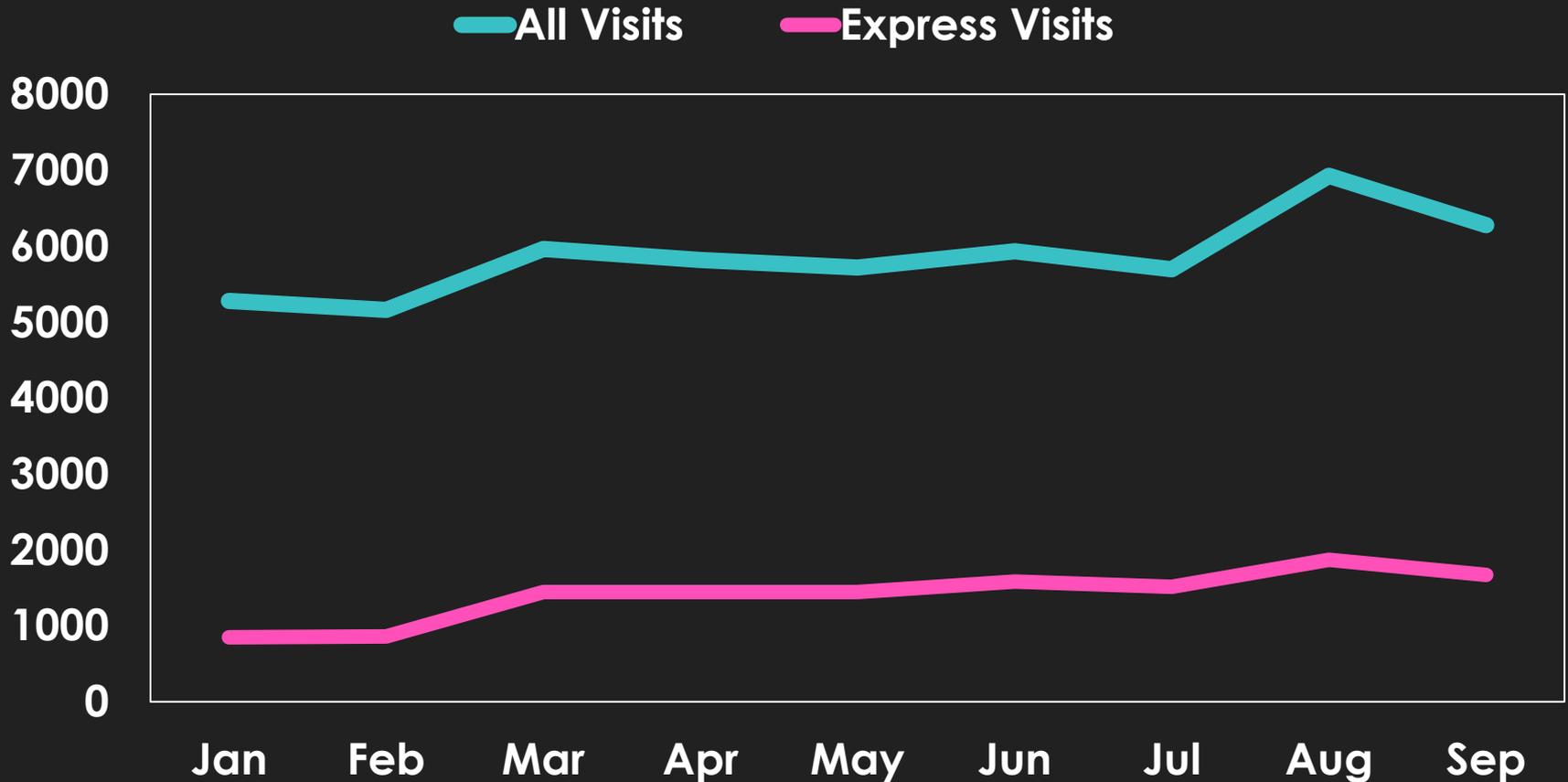
EtE: Accomplished So Far

New/expanded services offered at our 8 STD clinics:

- 'Express visits' (screening for STIs) provided to all patients
- Oropharyngeal and self-collected anal NAAT testing for gonorrhea and chlamydia
- Herpes simplex virus testing
- ThinPrep pap smears
- HPV vaccinations (6 clinics so far)
- Rapid trichomoniasis testing (5 clinics so far)
- Quick Start contraceptives (1 clinic so far)

Monthly Total and Express Visit Volume

All STD clinics, 2016



EtE: Expand Access to HIV Services

- Work with contracted partners to increase access to HIV prevention and treatment services across NYC
 - Post-exposure prophylaxis (PEP)
 - Pre-exposure prophylaxis (PrEP)
 - Immediate initiation of antiretrovirals (“jumpstART”)
- 24-hour PEP hotline is live
 - Call (929) 266-7737 to be evaluated by a provider
 - If eligible, a PEP starter pack will be made available at the caller’s nearest participating pharmacy
 - Hotline was originally funded by the Elton John AIDS Foundation and will soon be funded through DOHMH
- Continue rolling HIV services out at our STD clinics

EtE: Next Steps

- Open several PEP Centers of Excellence in NYC
- Provide HIV status-neutral care coordination
- Open PrEP pilot for adolescents
- Scale up #Playsure campaign
- Establish citywide PrEP network
- Contract with nonprofits to implement the “Undetectables” program, a viral load suppression model for HIV-positive persons

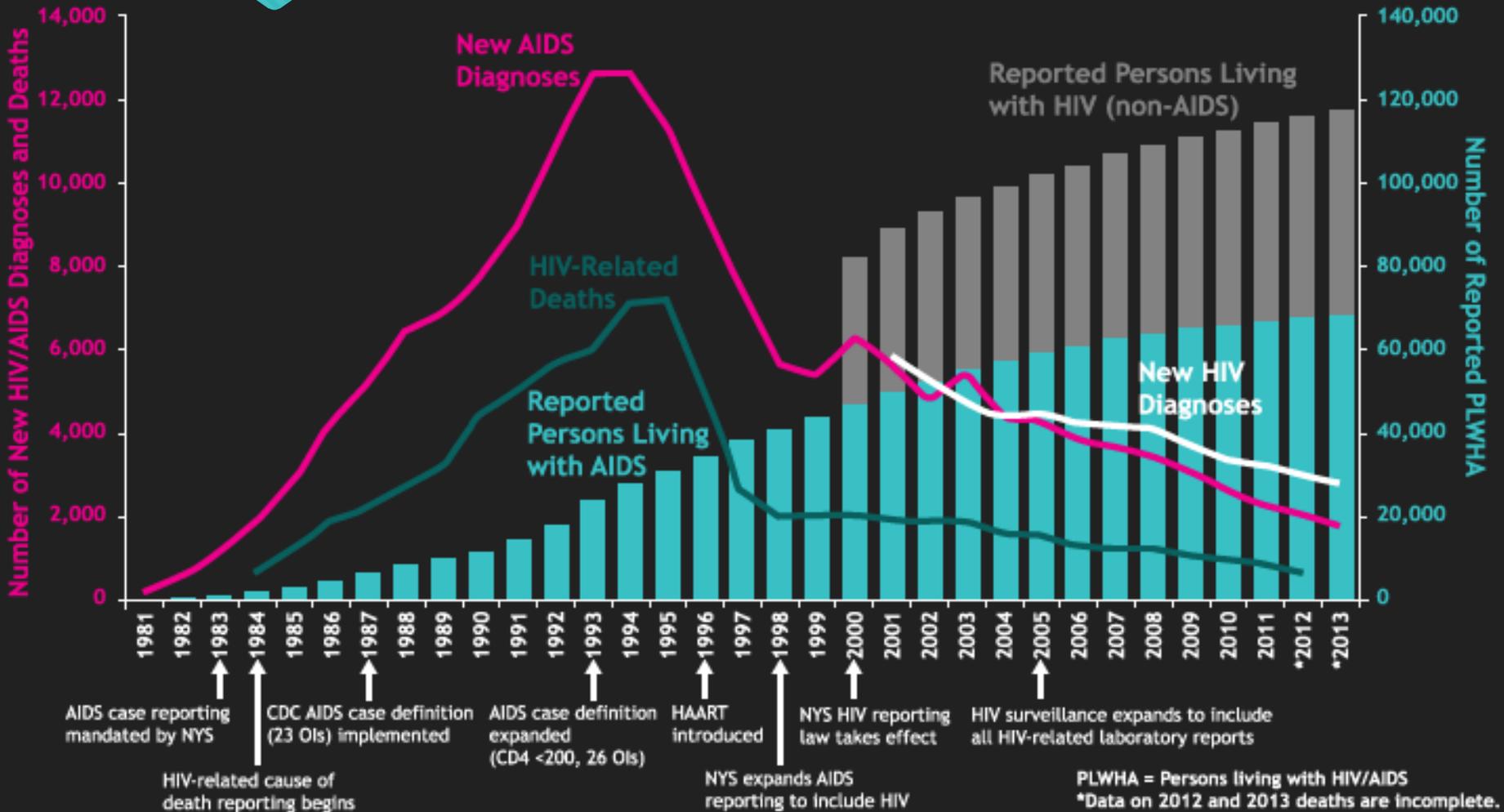
EtE: It Takes a Village

- These events are open to all who are interested
- General purpose:
 - Provide updates on the status of NYC's EtE strategy
 - Solicit feedback and answer questions from the community
- Today's specific objectives:
 - Describe DOHMH's HIV surveillance and field services activities
 - Introduce the co-chairs of Brooklyn's Steering Committee

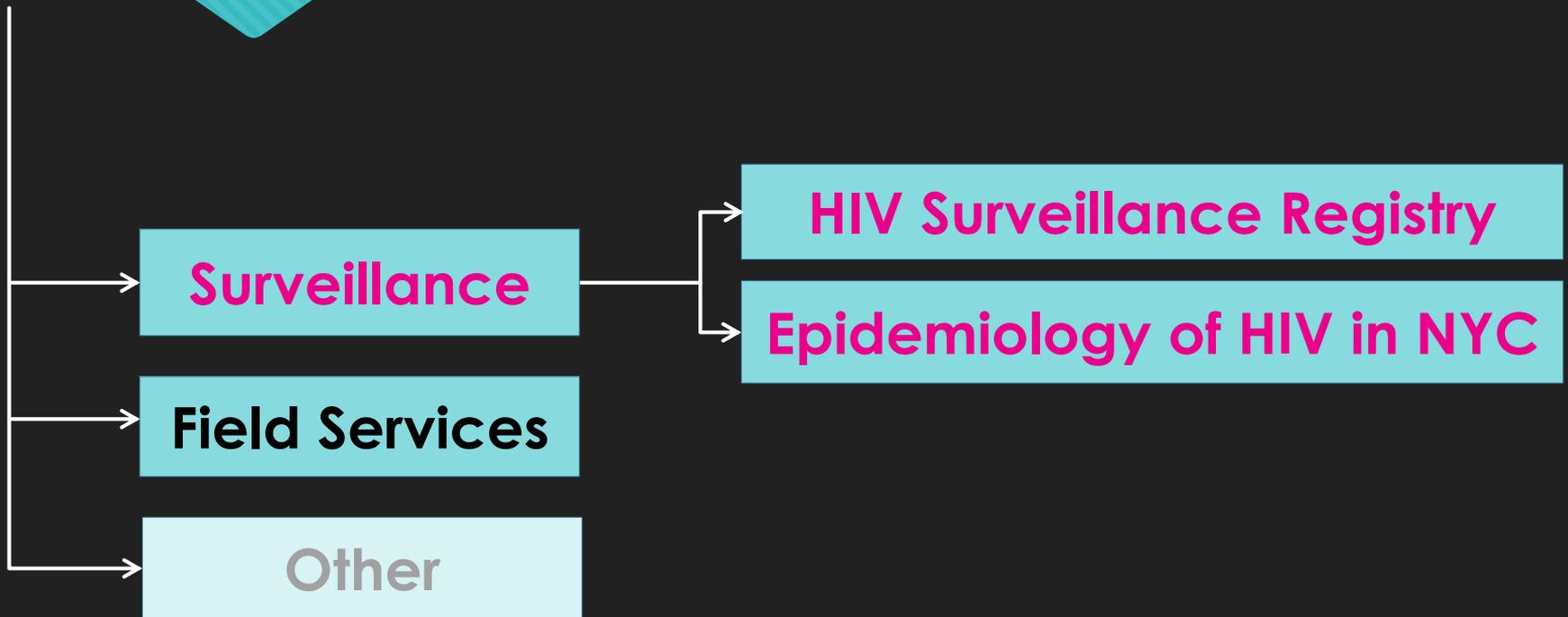
HIV Surveillance and Field Services

Demetre Daskalakis, MD, MPH
Assistant Commissioner, Bureau of HIV/AIDS Prevention & Control
New York City Department of Health & Mental Hygiene

History of the HIV Epidemic in NYC



HIV Epidemiology & Field Services Program Units



NYC HIV Surveillance Registry

- Information on all persons diagnosed with AIDS in NYC since 1981
- Information on all persons diagnosed with HIV in NYC since 2000
- Population-based, continuously updated
- Over 230,000 individuals
 - ~50% have died

HIV provider reporting

- Information is reported to the HIV surveillance registry by laboratories and doctors
- New York State HIV Reporting and Partner Notification Law (Public Health Law Article 21, Title III) requires providers to report HIV/AIDS cases *within 14 days*

New diagnosis of HIV
(acute HIV infection or first report of an HIV antibody positive test result)

New diagnosis of AIDS
(CD4<200 or opportunistic infection)

Patient with previously diagnosed HIV or AIDS
during their first visit

HIV-related lab data reportable by laboratories in NYS

- As of June 1, 2005:
 - All positive Western Blot results
 - All viral load results, both detectable and undetectable
 - All CD4 test results
 - All viral nucleoside sequence results
- As of late 2013:
 - Tests conducted under the multi-test algorithm
 - 3rd or 4th gen EIA, HIV 1/2 differentiation assay (e.g., Multispot), qualitative RNA test
 - All HIV diagnostic tests

Laboratory reporting – Volume

Annually, NYC Surveillance receives:

- >750,000 unique (>1 million total) laboratory results on people living with HIV/AIDS in NYC
- In 2015 approximately:
 - 450,000 CD4 tests
 - 260,000 Viral load tests
 - 15,000 Multi-test Algorithm (Multispot and 3rd or 4th gen EIA)
 - 1,400 Western Blots

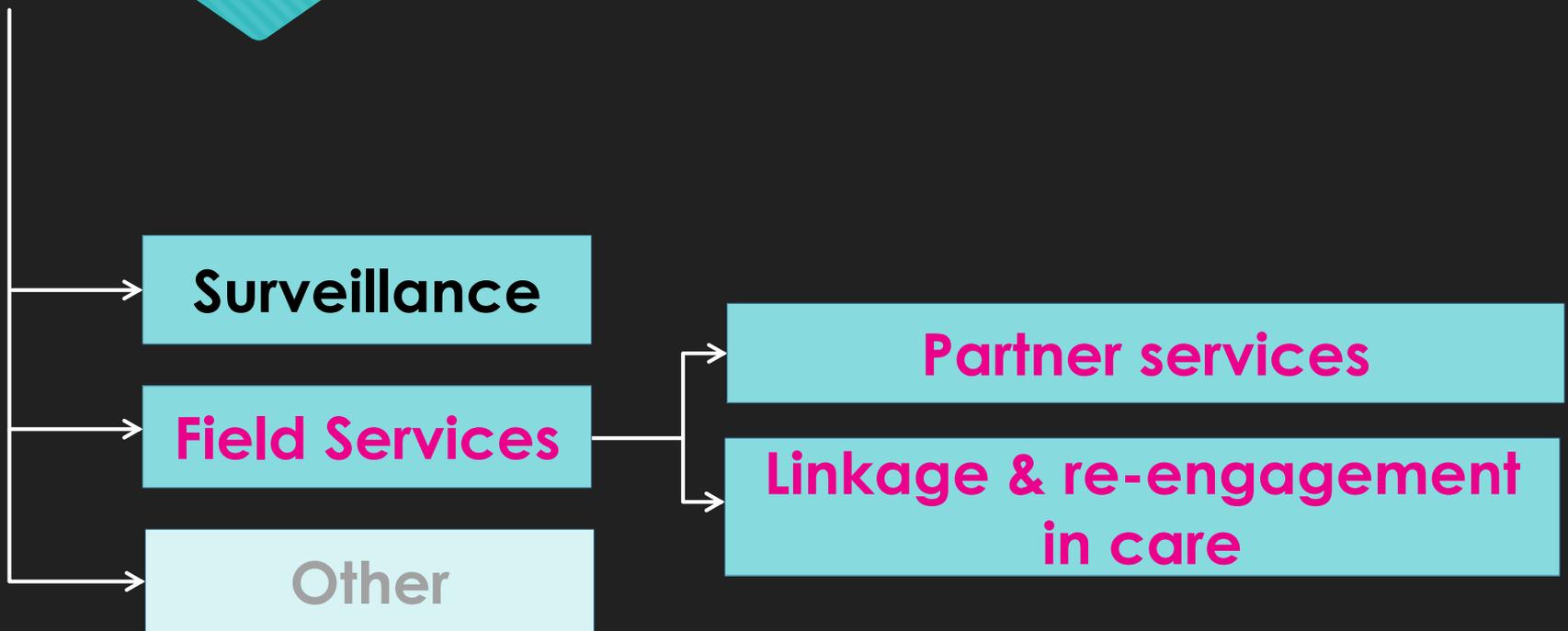
Surveillance field investigations

- New HIV reports
 - New diagnoses
 - New to NYC but previously diagnosed
- New AIDS diagnoses
- Quality assurance
 - Incorrectly merged patients
 - Missing information
 - Labs after death date
 - Non-unique Social Security Numbers
- Special investigations

Surveillance data collected

- Demographics
 - Sex at Birth, Gender, Race, Ethnicity, Address, Country of Birth
- Verification of lab tests
 - Case confirmation
 - Testing history to determine acute HIV infection status
- HIV transmission risk information
- Previous HIV diagnosis
- AIDS/clinical status
- Current or past use of antiretroviral drugs (treatment or prevention)

HIV Epidemiology & Field Services Program Units

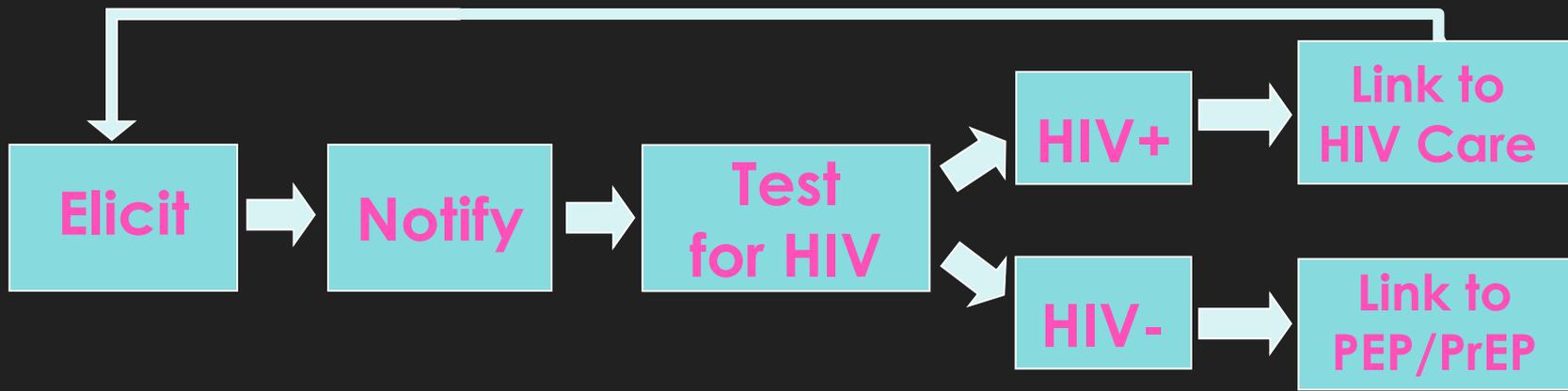


Need for HIV field services

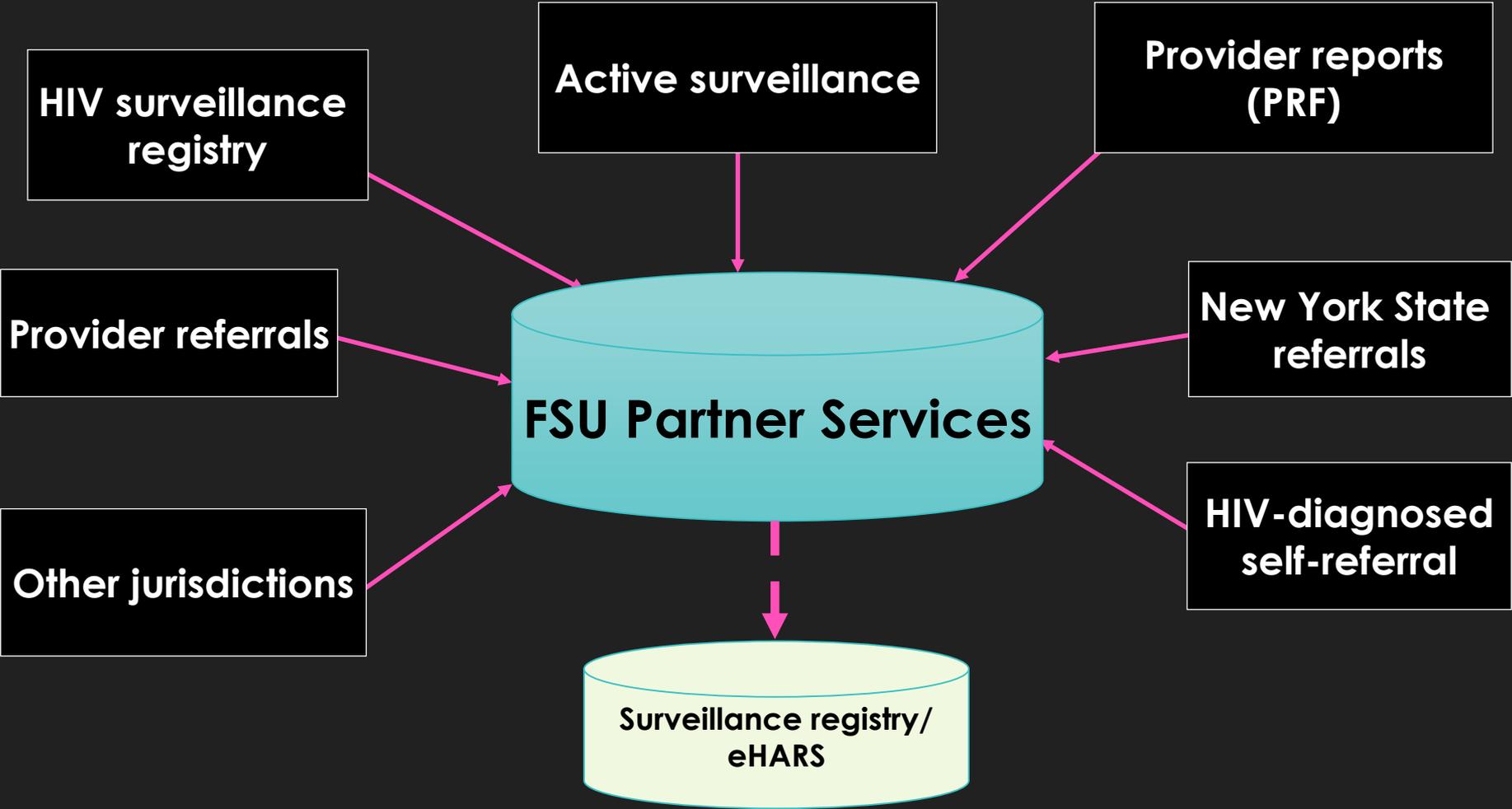
- NYC HIV public health concerns, 2005
 - Persistent problem of late HIV diagnosis
 - NYC partner services (PS) outcomes lagged behind rest of NYS and national benchmarks
 - Missing surveillance information
 - 30% of reports had no transmission risk identified
 - Delayed linkage to care
 - ~25% with no VL/CD4 one year after initial diagnosis
 - Untreated patients have poorer health outcomes and higher viral loads, which may increase transmission risk

HIV Field Services Unit

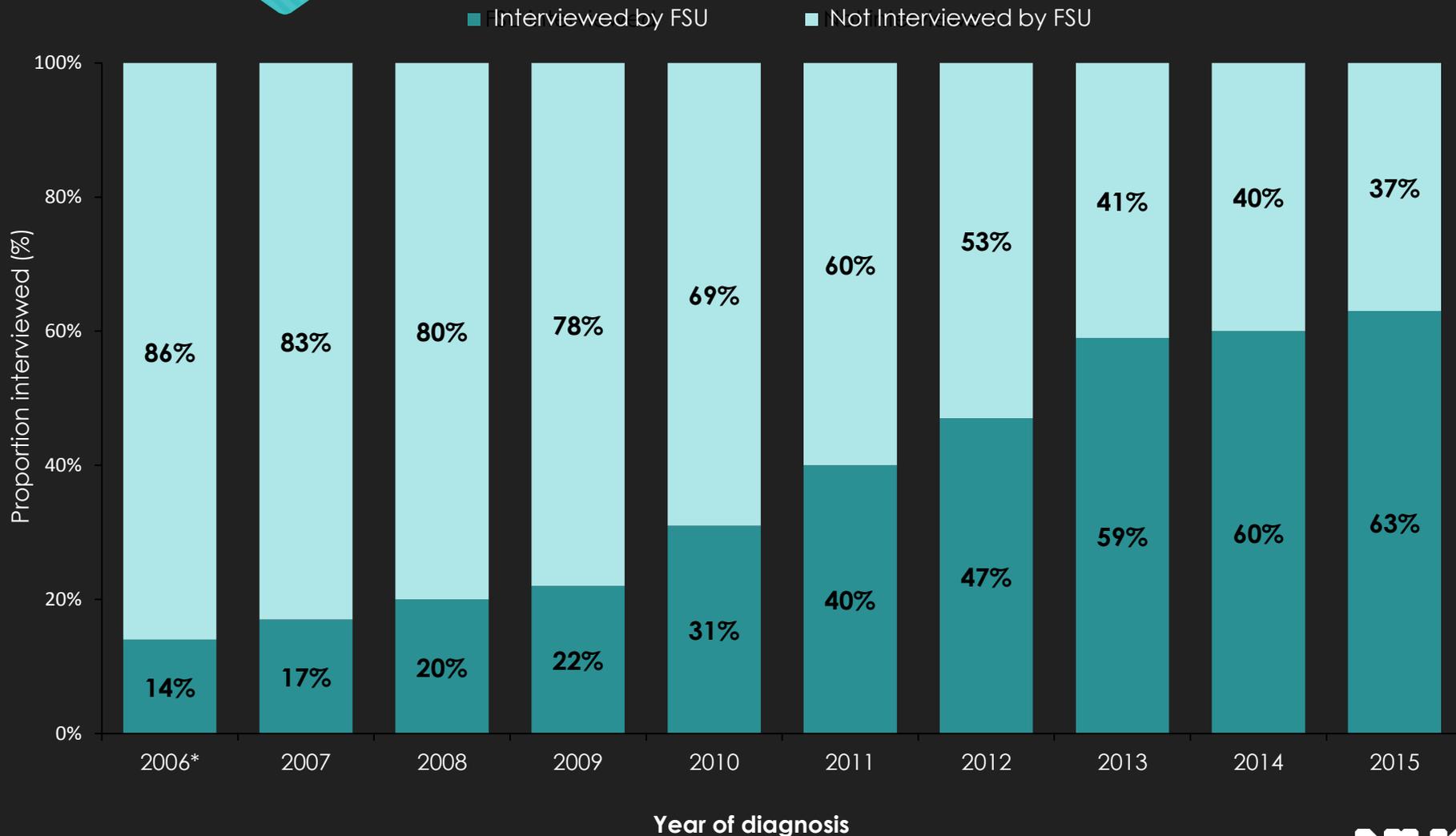
- Established in 2006
- Began with staff assigned to 8 facilities in 4 NYC boroughs
- Began offering PS NYC-wide in 2014
- Disease Intervention Specialists assist HIV-diagnosed persons with partner and linkage to care services



Sources of reports/referrals for partner services



More New Yorkers newly-diagnosed with HIV are receiving partner services

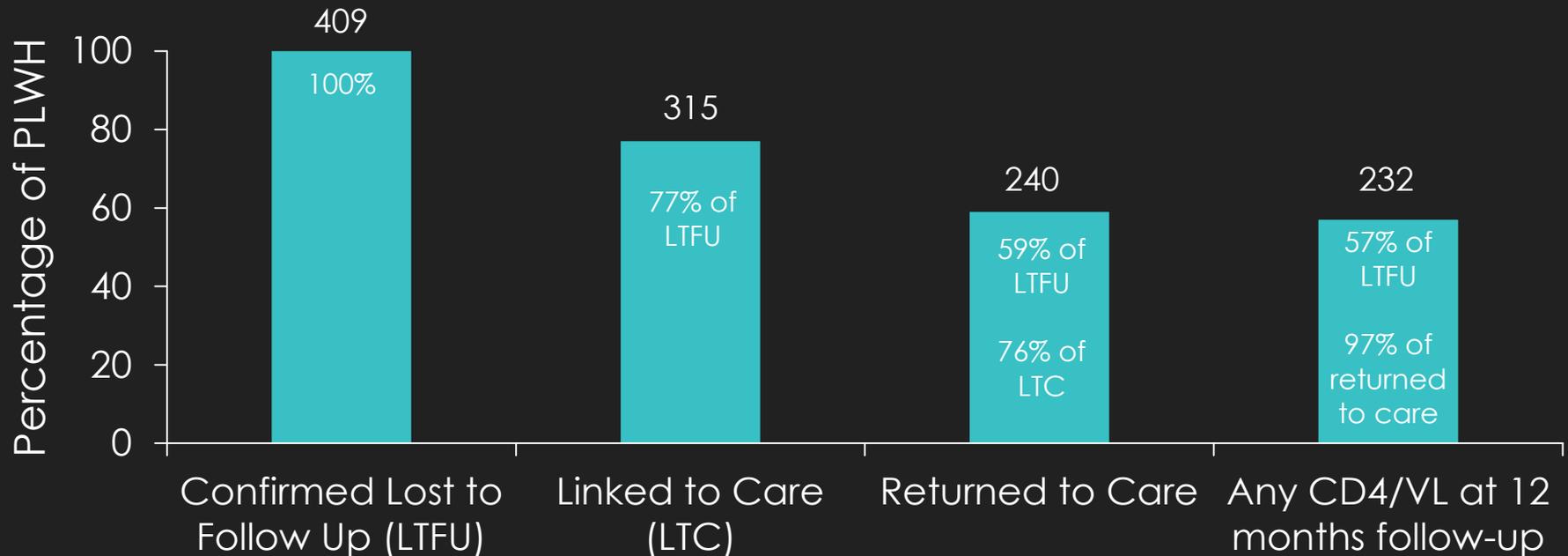


Using surveillance data to return patients to care

- Since 2008, DOHMH HIV Field Services Unit has used information from the NYC surveillance registry to identify HIV-diagnosed people who are not in HIV care
 - Based on HIV-related lab data (CD4, viral loads), persons appear to have entered care following their HIV diagnosis, but are subsequently lost-to-follow-up
 - At risk for poorer health outcomes, as well as increased transmission risk

Using surveillance data to return patients to care

- Of 409 people living with HIV who were located and confirmed to be lost to follow up (LTFU):
 - 77% linked to care, and 59% were returned to care
 - 57% had at least one CD4 or viral load during the 12 months following their first return-to-care visit



Co-Chair of Brooklyn's EtE Steering Committee

David W. Matthews

BROOKLYN REGION ENDING THE EPIDEMIC STEERING COMMITTEE

David W. Matthews, MBA
Program Manager
Bridging Access To Care
BROOKLYN MEN (K)ONNECT [BM(K)]

Verneda Adele White, MBA
Founder + Creative Director
HUMAN INTONATION

NEW YORK STATE ETE PLAN

- In June 2014 Governor Cuomo detailed a three-point plan to move us closer to ending the HIV epidemic in the state.
- The goal of the initiative is to reduce the number of new cases of HIV from 3,000 to 750 annually by the year 2020
- The three points:
 - Identify persons with HIV who remain undiagnosed and link them to healthcare.
 - Link and retain persons diagnosed with HIV in healthcare to maximize viral suppression so they remain healthy and prevent further transmission.
 - Facilitate access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative.
- On October 14, 2014, Governor Cuomo announced members of the Ending the Epidemic Task Force. The Task Force was established to support Governor Cuomo's three-point plan. The Task Force developed and synthesized recommendations, presented in New York's Blueprint to end the epidemic.

PURPOSE OF THE BROOKLYN ETE REGIONAL STEERING COMMITTEE

- To provide a forum to discuss and develop on-going ETE related efforts in the Brooklyn region, eliminate duplication and enhance coordination among regional service providers and networks that includes Brooklyn Knows, NY Links, faith-based initiatives, and other local initiatives, while inviting additional non-traditional partners to the process to address new emerging regional issues.
 - To review information gained from regional meetings, including Needs and Gaps information and the Regional Action Plan to determine, prioritize and implement next steps.
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BROOKLYN ETE PROGRESSION

- September 2015: Dr. Charles King, Housing Works
 - Overview of health conditions and disparities in the Brooklyn borough
 - Introduction of the regional ETE mission
 - Exercise to determine gaps and emerging issues
 - Received proclamation of support from Borough President Adams
- March 2016 – conference call for interested community partners; determination of next steps
- July 2016 – 1st face-to-face meeting at Brooklyn Borough Hall
 - Prioritization exercise
- October 2016 – 2nd face-to-face meeting at Haitian –American Community Coalition, Inc.
 - SWOT Analysis
- Next meeting - November 2016 - Community/consumer meeting – during the evening and possibly at the Housing Works location in downtown Brooklyn

Thank you!

etedashboardny.org

NYS ETE Dashboard

Thank you!

**Ending the Epidemic:
It Takes a Village**

ete@health.nyc.gov

For more information, please go to our webpage:

nyc.gov/health/ete