Ending the Epidemic: It Takes a Village

2nd Community Meeting
July 21, 2016

New York City
Department of Health & Mental Hygiene
Email ete@health.nyc.gov  Webpage nyc.gov/health/ete
Welcome & Opening

Jay K. Varma, MD
Deputy Commissioner, Division of Disease Control
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: Accomplishments So Far

• Cross-divisional DOHMH team has met regularly since December 2015
• 120/137 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: Accomplishments So Far

- New/expanded services offered at STD clinics:
  - “Express visits” (screening for STIs) provided to all patients at 5/8 clinics
  - Criteria for “express visit” eligibility expanded at remaining 3 clinics
  - Oropharyngeal and self-collected anal NAAT testing for gonorrhea and chlamydia
  - Herpes simplex virus testing
  - Rapid Trichomoniasis testing
  - HPV vaccinations
EtE: Next Steps

- Work with contracted partners to increase access to HIV prevention services and optimal treatment across NYC
  - Post-exposure prophylaxis (PEP)
  - Pre-exposure prophylaxis (PrEP)
  - Immediate initiation of antiretroviral therapy ("jumpstART")
- Begin providing these HIV services at the DOHMH STD clinics
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 pre-existing HIV initiatives that support EtE activities
  • Review outcomes from a series of Community & Expert Consultations

#EndAIDSNY2020
DOHMH HIV Initiatives and Community & Expert Consultations

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

- Identifying people with HIV who remain undiagnosed and linking them to health care
- Linking and retaining people with HIV to health care, getting them on antiretroviral therapy to improve their health and prevent transmission
- Providing PrEP to people at-risk to keep them HIV-negative
EtE: The Challenge

• Identifying *LGBTQ youth of color and other men and women not served by health care* with HIV who remain undiagnosed and linking them to health care

• Linking and retaining *LGBTQ youth of color and other men and women not served by health care* with HIV to health care, getting them on antiretroviral therapy to improve their health and prevent transmission

• Providing PrEP to *LGBTQ youth of color and other men and women not served by health care* at-risk to keep them HIV-negative
Current Initiatives Supporting the EtE Strategy
Current BHIV Services Mapped on NYS EtE Pillars

**Identify People with HIV**
- Directly funded HIV Testing
  - CDC
  - HRSA
- Community Mobilization (NY Knows)
- Technical assistance to testing sites
- AHI testing

**Link, Retain, Suppress**
- Medical/Non-Med Case Mgmnt
- ADAP-Direct Care
- Food and Nutrition
- Support Services
- Legal Services
- Mental Health
- Housing Services

**Prevent/PrEP**
- Structural Interventions
- Condom Distribution
- PrEP Implementation

**Epidemiology and Surveillance**
- Education and Training
- Harm Reduction Services
- Field Services

**Sexual and Behavioral Health (SBH) Structural Interventions**
- NAV

**Treatment as Prevention Structural Interventions**
- TASP
Identify People with HIV

- Epidemiology and Field Services Unit
- New York Knows
History of the HIV Epidemic in NYC

- New AIDS Diagnoses
- HIV-Related Deaths
- Reported Persons Living with AIDS
- Reported Persons Living with HIV (non-AIDS)
- New HIV Diagnoses

Key Events:
- AIDS case reporting mandated by NYS
- CDC AIDS case definition (23 OIs) implemented
- AIDS case definition expanded (CD4 <200, 26 OIs)
- HAART introduced
- NYS HIV reporting law takes effect
- NYS expands AIDS reporting to include HIV
- HIV surveillance expands to include all HIV-related laboratory reports

PLWHA = Persons living with HIV/AIDS
*Data on 2012 and 2013 deaths are incomplete.

#EndAIDSNY2020
NEW YORK KNOWS

WHAT'S YOUR HIV STATUS?

stay safe  get care  get tested
New York Knows Goals

• Provide a voluntary HIV test to every NYC resident who has never been tested
• Make HIV testing a routine part of health care in NYC
• Identify undiagnosed HIV-positive people in NYC and link them to medical care
• Connect people who test negative for HIV to prevention services, including PrEP
Linkage and Retention Services

- NYC DOHMH Field Services Unit
- Ryan White Care Coordination
- Care Status Reports
- Care Continuum Dashboards
NYC DOHMH Field Services Unit (FSU): Linkage and Re-engagement in Care

- Newly diagnosed, 2013
  - 96% (1507/1567) patients interviewed by FSU and linked to care within 3 months of diagnosis
- Patients lost to follow-up ≥ 9 months
  - 271 patients re-engaged in care in 2013
- Began re-engagement in care work for HIV patients with HCV co-infection
Ryan White Care Coordination

- Provides services for persons at high risk for suboptimal health care outcomes
- The model provides:
  - Assistance with medical/social services
  - Outreach and re-engagement
  - Health promotion in home visits
  - Case management
  - Patient navigation
  - Adherence support
  - Directly Observed Therapy

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HIV Care Status Reports (CSR): Surveillance for Care

• Sharing of limited patient-specific data from HIV Surveillance allowed by 2010 NYS HIV Testing Law

• CSR is a web-based application that allows approved providers to submit their out-of-care patients (>12 months) for query against the Registry to determine whether additional outreach is needed to engage patient in care
  • Outcomes provided: “follow-up needed” or “no follow-up needed”
HIV Care Continuum Dashboards (CCD)

- Facility-specific data provided to key members of the organization regarding timely linkage to care and VLS
- December 2012: first release of CCD to 21 sites; biannually since
- December 2014: 46 sites (67% PLWHA in NYC)
- December 2015: public release to original 21 sites

#EndAIDSNY2020
Prevention Services

- NYC Condom Availability Program
- Increasing access to and awareness of PrEP
- Combination prevention campaign
NYC Condom Availability Program: Covering NYC in Latex

#EndAIDSNY2020
Increasing PrEP & PEP Awareness

Share the Night, Not HIV

PrEP is preventive medication that can help you stay negative, even if he might be positive.

Condoms provide additional protection. For more information on PrEP, talk to your doctor, call 311 or visit nyc.gov and search "HIV PrEP and PEP".

PEP Kept Me HIV-

If you think you've been exposed to HIV, go immediately to a clinic or ER and ask for PEP.

For more information, call 311 or visit nyc.gov and search "HIV PrEP and PEP".

We Share Everything but HIV

PrEP is preventive medication that can help you stay negative, even if your partner is positive.

Condoms provide additional protection. For more information on PEP, talk to your doctor, call 311 or visit nyc.gov and search "HIV PrEP and PEP".

#EndAIDSNY2020
PrEP Awareness and Use in the Past 6 Months among MSM*, Sexual Health Survey, Online Sample, NYC, 2012-2015

*Aged 18-40, sexually active, with self-reported HIV status as negative or unknown


#EndAIDSNY2020
Prevention Continuum, Spring 2015

Awareness and Engagement in Clinical HIV Prevention among MSM*, Sexual Health Survey, Aggregated Online and In-person Sample, NYC, Spring 2015 (n=620)

- Total Sample: 100.0%
- PrEP Candidate: 72.9%
- Aware of PrEP: 82.8%
- Identified as an MSM to provider: 84.8%
- Discussed PrEP with doctor: 43.4%
- On PrEP: 14.8%

*Aged 18-40 years, sexually active, with self-reported HIV status as negative or unknown


#EndAIDSNY2020
Combination Prevention HIV Neutral Social Marketing Campaign

• Launched a new combination prevention social marketing campaign on World AIDS Day 2015
• EtE funds to support expansion of placement and social marketing
NYC PLAYS SURE

Whatever your pleasure, wherever you are, always be ready to protect yourself from HIV and STIs

NYC BRINGS YOU THE NYC PLAY SURE KIT
An easy way to carry the right protection combination that works for you.

PLAY SURE: Call 311 or visit nyc.gov/health to design the right HIV and STI prevention combination for you.
Community & Expert Consultations
Community & Expert Consultations

• Held in partnership with local community-based and activist organizations
  • PrEP Measurement in New York (February 19)
  • Transgender Health in NYC: Defining Disparities, Measuring Progress (March 25)
  • Methamphetamine Use in NYC: Tracking Trends, Identifying Needs (March 25)
# PrEP: Overview of Current Data Sources

<table>
<thead>
<tr>
<th>Consumer</th>
<th>Surveillance</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Sexual Health Surveillance (SHS)</td>
<td>• NYC DOHMH Field Services Unit</td>
</tr>
<tr>
<td></td>
<td>• National HIV Behavioral Surveillance (NHBS)</td>
<td>• Sexual and Behavioral Health Program (SBH)</td>
</tr>
<tr>
<td></td>
<td>• Medical Monitoring Project (MMP)</td>
<td></td>
</tr>
<tr>
<td>Provider</td>
<td>• NYC DOHMH HIV/AIDS Surveillance</td>
<td>• Public Health Detailing Program</td>
</tr>
<tr>
<td></td>
<td>• Primary Care Information Project (PCIP)</td>
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</tbody>
</table>
Opportunities for Action

- ICD-10 codes and syncing NYS and NYC codes for consistency
- Follow-up on the possibility of obtaining proprietary data sources
- #PlaySure PrEP Triads
#PlaySure PrEP Triads in NYC

**NYC-Supported Testing Site**

**STD PrEP ONE STOP**
People started on PrEP in STD clinics will be referred into triad or to other NYC PrEP providers

**PrEP TRIAD**

**NYC-Supported PEP/PrEP Clinic**

**NYC-Supported CBO**

PrEP referrals for the insured

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Contract Awards

Leveraging Community-Based HIV Testing For Linkage to Prevention: HIV Testing Programs
- AIDS Center of Queens County, Inc. (ACQC)
- After Hours Project, Inc.
- Forging Ahead for Community Empowerment and Support NY, Inc. (FACES)
- Gay Men’s Health Crisis, Inc.
- Harlem United Community AIDS Center, Inc.
- Latino Commission on AIDS, Inc.
- Planned Parenthood of New York City, Inc.

Outreach and Education of Combination Prevention: Community-Based Organizations
- The Ali Forney Center
- BOOM! Health
- Community Health Action of Staten Island
- Haitian-American Community Coalition, Inc.
- The Hetrick-Martin Institute, Inc.
- Queens Lesbian, Gay, Bisexual, Transgender Community Center (Q-Center)
- Safe Horizon, Inc.
- VocesLatinas Corp.

Evidence-Based Interventions To Support Biomedical Prevention: Clinical Settings
- APICHA Community Health Center
- NYC Health & Hospital – Harlem Hospital Center
- Housing Works Health Services III, Inc. - Housing Works Community Healthcare
- Montefiore Medical Center
- The Research Foundation for SUNY on behalf of SUNY Downstate Medical Center
- William F. Ryan Community Health Center, Inc.
Contract Awards

PrEP for Adolescents

- La Casa de Salud
- Montefiore Medical Center
- New York Presbyterian Hospital
Meth Use by NYC Gay Men


#EndAIDSNY2020
Meth Use and HIV Transmission in MSM

• Meth use correlates with 2-4 fold increases in risk for HIV transmission in:
  • Cohort studies (Plankey et al., 2007)
  • New infections (Drumright et al., 2007; 2009)
  • STI settings (Buchacz et al., 2005; Buchbinder et al., 2005)

Carey et al., AIDS & Beh., 2008
#EndAIDSNY2020
BHIV Proposed Activities

• Develop print and online resources (partially funded by RW)
• Funded programs
  • Include assessment for crystal meth use and injecting
  • Module to promote PrEP for meth users
  • Care Coordination etc. promotion for HIV+ users
  • Referrals to support groups and treatment
  • New RW funded Harm Reduction program with a focus on HIV+ meth users to be awarded soon
EtE RFP: Harm Reduction Services for Crystal Methamphetamine Users

- Innovative program to address crystal meth use in NYC
- Funding expands harm reduction support to NYC meth users
- The program will be a collaborative consisting of a CBO and a clinic-based agency
  - **CBO:** provide outreach, drop in space, counseling, group-level support, education and linkage to services, & benefits navigation
  - **Clinic:** pharmacotherapy, counseling, vaccinations, STI treatment, & PEP starter packs
- Informed by consultation
### Program Objectives

1. Expand or develop program to help people who use methamphetamine manage or reduce their use and reduce harms associated with use including:
   a. HIV transmission
   b. STI transmission
   c. Hepatitis C transmission

2. Expand access to harm reduction support to New Yorkers who use methamphetamine
   a. Including people at risk for HIV infection
Contract Awards

Crystal Methamphetamine Harm Reduction Services
  • Housing Works Health Services III
Newly diagnosed transgender women (MTF) were predominantly in their 20s. Newly diagnosed transgender men (FTM) were in their 20s and 30s.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015. #EndAIDSNY2020
Proportion of transgender HIV-infected people engaged in selected stages of the HIV care continuum, NYC 2014

Of the approximately 900 transgender people infected with HIV in NYC in 2014, 61% had a suppressed viral load.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2015.
HIV diagnoses and care among transgender people and comparison with MSM in NYC, 2006-2011

- Analysis to compare outcomes of the 260 transgender women and 10,675 MSM who were newly diagnosed with HIV in NYC from 2006-2011
- Transgender women and MSM were found to be equally likely to be:
  - diagnosed with AIDS concurrently with HIV
  - have timely linkage to care
- Transgender women were found to be less likely to achieve viral suppression within 12 months of diagnosis compared with MSM


#EndAIDSNY2020
Why support transgender-focused organizations?

1. Trans communities face a high burden of HIV
2. HIV and other health inequities are amplified by:
   • Stigma, discrimination and violence
   • Poverty and homelessness
   • Limited access to affirming and competent healthcare
3. We can help end the epidemic by supporting trans-focused organizations that are working to address social or health inequities
EtE RFP: Transgender organizational support

• Collaborative programs
• Transgender Organizational Support
• Transgender Organizational Capacity Building Assistance
• CAB required
Goals and Objectives

- **Long-term goal**: Greatly reduce new infections and improve HIV care outcomes among transgender persons by 2020

- **Immediate objectives**: Support grassroots transgender-focused organizations to
  1. Strengthen their development and sustainability
  2. Increase their capacity to address social exclusion and health inequities to broadly promote the well-being of transgender persons
Contract Awards

Transgender Organizational Capacity Building Assistance

• Latino Commission on AIDS, Inc.

Transgender Organizational Support

• Destination Tomorrow, Inc.
• New York Transgender Advocacy Group
• Princess Janae Place
• Translatina Network
Upcoming Community & Expert Consultations

• Phylogenetics – Fall 2016
• Hand held applications – Early 2017
Updates from NYS AIDS Institute

Johanne E. Morne, MS
Director, AIDS Institute
New York State Department of Health
GET TESTED.
TREAT EARLY.
STAY SAFE.
End AIDS.

health.ny.gov/ete
# New York State Cascades of HIV Care

## 2013 versus 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimated HIV-Infected Persons†</th>
<th>Persons Living w/Diagnosed HIV Infection‡‡</th>
<th>Cases w/any HIV Care During the Year*</th>
<th>Cases w/continuous Care During the Year**</th>
<th>Virally Suppressed***</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>129,000</td>
<td>112,000</td>
<td>87,000</td>
<td>76,000</td>
<td>71,000</td>
</tr>
<tr>
<td>2014</td>
<td>123,000</td>
<td>113,000</td>
<td>91,000</td>
<td>77,000</td>
<td>77,000</td>
</tr>
</tbody>
</table>

- **Viral Load Suppression/Any HIV Care** 84%
- 63% of PLWDHI
- 68% of PLWDHI

† Estimation methods differ between years
‡‡ Based on most recent address, regardless of where diagnosed
* Any VL or CD4 test during the year; ** ≥2 tests, ≥3 months apart
*** Viral load undetectable or ≤200/ml at test closest to end-of-year
# Single Year Changes in NYS

## Cascade of HIV Care Indicators: 2013-2014

Persons Residing in NYS\(^\wedge\) at End of 2014

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>Change</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated HIV Infected Persons</td>
<td>129,000</td>
<td>123,000</td>
<td>- 6,000</td>
<td>- 4.7%</td>
<td></td>
</tr>
<tr>
<td>Persons Living with Diagnosed HIV Infection</td>
<td>112,000</td>
<td>113,000</td>
<td>+ 1,000</td>
<td>+ 0.89%</td>
<td></td>
</tr>
<tr>
<td>Cases w/any HIV Care During the Year*</td>
<td>87,000</td>
<td>91,000</td>
<td>+ 4,000</td>
<td>+ 4.6 %</td>
<td></td>
</tr>
<tr>
<td>Cases w/Continuous Care During the Year**</td>
<td>76,000</td>
<td>77,000</td>
<td>+ 1,000</td>
<td>+ 1.3 %</td>
<td></td>
</tr>
<tr>
<td>Virally Suppressed (n.d. or ≤200 ml) at test closest to end-of-year</td>
<td>71,000</td>
<td>77,000</td>
<td>+ 6,000</td>
<td>+ 8.4%</td>
<td></td>
</tr>
</tbody>
</table>

\(^\wedge\) Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.

*Any VL or CD4 test during the year

**At least 2 tests, at least 3 months apart
Viral Suppression among Persons Living with Diagnosed HIV Infection by Risk and Race/Ethnicity: New York State, 2014

Race/ethnicity

- White non-Hispanic
- Black non-Hispanic
- Hispanic
- Asian/PI
- Native Amer.*
- Multirace**

Transmission Risk

- MSM
- IDU
- MSM-IDU
- Heterosexual
- Female Pres. Het.
- Blood Products
- Pediatric Risk
- Unknown

% Viral Suppression

NYS average 67%

0% 10% 20% 30% 40% 50% 60% 70% 80%

*Based on small number of persons (n<100).

**Multi-race care measures are likely less reliable due to the method used to calculate multi-race status.
Potential Trajectory of Ending the Epidemic Incidence

Updated HIV Incidence Estimates and ETE Goals

- Calculated using 2016 CDC-developed Stratified Extrapolation Approach
- Scenario for reaching 2020 goal of 750 estimated new infections
1. Identify all persons with HIV who remain undiagnosed and link them to health care.

- **Expanded access to HIV testing**, partner testing initiatives; non traditional testing sites; targeted testing initiatives

- **Updated HIV Testing Toolkit**

- **Improve the identification of undiagnosed** HIV infection, and establish new access points for HIV care and treatment (HICAPP)

- **Hospital reviews** for HIV testing conducted by IPRO
2. Link and retain those with HIV in health care, to treat them with anti-HIV therapy to maximize virus suppression so they remain healthy and prevent further transmission.

- HIV Uninsured Care Programs
- Special Needs Plans
- Population specific health care initiatives
- Expanded Partner Services Program (ExPS) to identify and re-engage individuals in medical care
- Access to supportive services to address social and structural barriers
- Positive Pathways, working with HIV-positive incarcerated persons to encourage the initiation of medical care
- Utilized match results between surveillance and Medicaid databases to communicate with providers about people not in care and not virally suppressed.
Surveillance Report

New York State HIV/AIDS County Surveillance Report (Excludes State Prison Inmates)

For Cases Diagnosed Through December 2012

Bureau of HIV/AIDS Epidemiology
AIDS Institute
New York State Department of Health
August 2014

Data to Care

SUMMARY OF MEDICAID MATCH DATA FOR ENDING THE AIDS EPIDEMIC (ETE) PILOT

<table>
<thead>
<tr>
<th>Members</th>
<th>Percent</th>
<th>Content Summary</th>
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</thead>
<tbody>
<tr>
<td>73,125</td>
<td>100%</td>
<td>HIV/AIDS Algorithm</td>
</tr>
<tr>
<td>59,807</td>
<td>82%</td>
<td>Match Rate with BHAEB</td>
</tr>
<tr>
<td>5,623</td>
<td>9%</td>
<td>Deceased Removed</td>
</tr>
<tr>
<td>54,184</td>
<td>91%</td>
<td>Presumed Living</td>
</tr>
<tr>
<td>41,719</td>
<td>77%</td>
<td>Virally Suppressed</td>
</tr>
<tr>
<td>12,465</td>
<td>23%</td>
<td>Not Virally Suppressed</td>
</tr>
<tr>
<td>8,703</td>
<td>70%</td>
<td>In Managed Care</td>
</tr>
<tr>
<td>3,762</td>
<td>30%</td>
<td>No Plan Affiliation</td>
</tr>
<tr>
<td>6,441</td>
<td>74%</td>
<td>Sent to Pilot Plans</td>
</tr>
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</table>

Welcome to the Ending the Epidemic Dashboard for New York State!

ETEDASHBOARDNY.ORG
Quality Improvement to Improve Viral Load Suppression (VLS)

- Viral Load Suppression (last VL<200 during review year) remains major focus of improvement activities with drilling down to focus on the non-suppressed.
- Most recent VLS mean clinic rate (2014) of those in NY-supported care programs is 78% (n=151), up from 73% in 2013 (n=187).
- Organizational (facility-level) cascades required as part of annual assessments, with plan to include in next eHIVQUAL review.
- QI learning networks active among CHCs, adolescent providers and NYC Health and Hospital Network, all focusing on VLS & cascades.
- Low performer initiative drives technical support from QI coaches.
3. Provide Pre-Exposure Prophylaxis for persons who engage in high risk behaviors to keep them HIV negative.

- January 1, 2015 start up of PrEP – AP
- Targeted PrEP Implementation Program
- Increase public awareness of PrEP and nPEP through continued consumer-informed marketing using traditional platforms and social media

- Increase the number of PrEP prescribers statewide
- Offer nPEP and PrEP at STD clinics
- Ensure syringe exchange programs serving sizable percentages of PrEP eligible individuals can link persons to PrEP
- Developed PrEP quality metrics
PrEP Implementation

- PrEP programs implemented in hospitals, community health centers, and other clinical settings from Buffalo, Rochester, Albany, and New York City, including one adolescent-only PrEP provider.
- Models of TPIP include PrEP Specialists in healthcare settings; Local Health Department STD Clinics; Syringe Exchange Programs; Telemedicine.
- As of August 2015 - 2,577 patients enrolled in these programs.
- Key determinants of success include a full-time PrEP specialist to facilitate insurance navigation and counseling; multidisciplinary team approach involving a PrEP expert; PrEP outreach at community events; PrEP mobile app to improve adherence; PrEP starter packs.
- Identified barriers include prior authorization for medication; limited staff knowledge about insurance coverage; insufficient staff & resources; reaching specific populations in certain areas (e.g., MSM of color; women with trans experience).
4. Recommendations in support of decreasing new infections and disease progression.

- Development of a Peer Certification program for persons with HIV/AIDS

- **Improve transgender health awareness** through targeted contract enhancements to known providers in NYC medically serving the transgender community

- **Expand targeted health care services to Young MSM** through funding enhancements to the Youth Access Programs (YAPs) allowing for increased outreach, improved linkage to continuous HIV care and treatment, and averted new infections

- Fund **Transgender Health Care Services** to meet the prevention, health care, mental health, medical case management and other supportive services needs of transgender individuals.

- Syringe Exchange Program (SEP) Expansion with 18 newly funded programs using **peer-delivered syringe exchange** (PDSE)
Hepatitis C

BP26: Provide HCV testing to persons with HIV and remove restrictions to HCV treatment access based on financial considerations for individuals co-infected with HIV and HCV.

- Reduce and treat HCV transmission
- Eliminate HCV-related morbidity and mortality among co-infected persons
- Address and remove restrictions to HCV treatment access
- Monitor the quality of HCV care
  - eHEPQUAL being launched in July, created in partnership with NYCDOHMH
Community Input, Collaboration, Marketing

AAC ETE Subcommittee Advisory Groups Focusing on:

- STDs
- Data Needs
- Women
- Older Adults
- Young Adults
- Transgender and Gender Non-Conforming Men and Women
- Black MSM
- Spanish-Speaking, Migrant Workers and New Immigrants
Changing Landscape

Governor’s Program Bill
The purpose of this bill is to support New York’s Ending the Epidemic Initiative to decrease the prevalence of HIV infections.

- Streamline routine HIV testing
- Eliminate the existing upper age limit for the purpose of offering an HIV test
- Allow a physician to issue a non-patient specific order to allow registered nurses to screen individuals at risk for syphilis, gonorrhea and chlamydia
- Allow a physician to order a patient-specific or non-specific order to a pharmacist to dispense a seven day starter kit of PEP

Governor Cuomo Announces All HIV-Positive Individuals in New York City to Become Eligible For Housing, Transportation and Nutritional Support

JUNE 23, 2016 | Albany, NY
Ending the Epidemic Dashboard

Welcome to the Ending the Epidemic Dashboard for New York State!

As recommended by the ETE Task Force, the purpose of this Dashboard is to extend and enhance the use of data to track and report progress on ending the epidemic in New York and broadly disseminate information to stakeholders on the initiative’s progress.

Estimated metrics for tracking progress towards Ending the Epidemic in NYS

<table>
<thead>
<tr>
<th>Prevention</th>
<th>New Infections</th>
<th>Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>32%</td>
<td>2,925</td>
<td>34%</td>
</tr>
<tr>
<td>66%</td>
<td></td>
<td>46%</td>
</tr>
</tbody>
</table>

- Condom use at last sex in NYC
- Condom use at last sex among NYC residents with multiple sex partners
- New infections in NYS
- Recently tested in NYC
- Recently tested among NYC residents with multiple testing partners

ETEDASHBOARDNY.ORG
Thank you! Questions?

Ending the Epidemic:
It Takes a Village

ete@health.nyc.gov
For more information, please go to our webpage:
nyc.gov/health/ete