Ending the Epidemic in New York City

Oni Blackstock, MD, MHS
Assistant Commissioner
Bureau of HIV
New York City Health Department
ETE Summit Presentation Roadmap

- NYC Ending the Epidemic Plan Overview
- 2018 HIV surveillance data
- Bureau of HIV (BHIV) Strategic Priorities
  - Advance Equity
  - Dismantle Stigma
  - Work at the Intersections
- Ending the HIV Epidemic: A Plan for America
New York City Ending the Epidemic Plan: Overview
In 2015, Mayor Bill de Blasio announced the **New York City Ending the Epidemic Plan**, a four-part strategy building upon the NYS Blueprint for Ending the Epidemic:

- Increase access to HIV prevention services;
- Promote optimal treatment for HIV;
- Enhance methods for tracing HIV transmission; and
- Advance sexual health equity for all New Yorkers by promoting comprehensive, affirming sexual health care and supporting community-driven initiatives focused on people disproportionately affected by HIV.
Operationalizing the New York City ETE Plan

1. Transform Sexual Health Clinics into:
   a. “Destination Clinics” for Sexual Health Services
   b. Efficient Hubs for HIV Treatment and Prevention
2. Launch PrEP and Repair the nPEP Delivery System
4. Take NYC Viral Suppression from Good to Excellent
5. Make NYC Status Neutral
2018 HIV Surveillance Data
HISTORY OF THE HIV EPIDEMIC IN NYC

- As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

- New York State (NYS) mandates AIDS case reporting
- HIV-related cause of death reporting begins
- Centers for Disease Control and Prevention (CDC) AIDS case definition implemented
- AIDS case definition expanded
- NYS expands reporting to include HIV
- Highly active antiretroviral therapy (HAART) introduced
- NYS mandates routine offer of HIV test
- HAART recommended for all people living with HIV
- Food and Drug Administration (FDA) approves pre-exposure prophylaxis (PrEP)

*Data on 2018 deaths are incomplete.

As of March 31, 2019, there were 1,917 new HIV diagnoses in NYC.

Reported People Living with HIV (non-AIDS)

New HIV Diagnoses
The number and rate of new HIV diagnoses decreased in NYC between 2014 and 2018.

Decrease in number of new diagnoses: 29.1%

***NEW HIV DIAGNOSES IN NYC, 2014-2018***

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>2014</td>
<td>2,704</td>
<td>31.7</td>
</tr>
<tr>
<td>2015</td>
<td>2,426</td>
<td>28.3</td>
</tr>
<tr>
<td>2016</td>
<td>2,248</td>
<td>26.1</td>
</tr>
<tr>
<td>2017</td>
<td>2,092</td>
<td>24.3</td>
</tr>
<tr>
<td>2018</td>
<td>1,917</td>
<td>22.2</td>
</tr>
</tbody>
</table>
Estimated incident HIV infections\textsuperscript{1}, NYC 2014-2018\textsuperscript{2}

Decrease in number of estimated new infections: 40.7%

New HIV Diagnoses, NYC, 2018

N= 1,917 HIV Diagnoses

Race/Ethnicity
- Black: 77%
- Latino: 36%
- White: 11%
- API: 5%
- MSM: 20%
- TG-SC: 3%

Age
- <20: 4%
- 20-29: 35%
- 30-39: 27%
- 40-49: 14%
- 50+: 20%

Borough
- Bronx: 23%
- Brooklyn: 20%
- Manhattan: 19%
- Queens: 14%
- Staten Island: 52%

Transmission Risk
- MSM: 52%
- IDU: 1%
- MSM-IDU: 2%
- TG-SC: 3%
- Other: 2%

Poverty
- Low (<10%): 7%
- Medium (10-20%): 2%
- High (20-30%): 3%
- Very High (30%): 25%

1Native American and Multiracial groups not shown. There were N=1 new HIV diagnosis among Native American people and N=17 new HIV diagnoses among Multiracial people in New York City in 2018.
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  - 46% Latino
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  - 35% 20-29
  - 27% 30-39
  - 14% 40-49
  - 20% 50+

- Borough:
  - 52% Bronx
  - 20% Brooklyn
  - 19% Manhattan
  - 19% Queens
  - 7% Staten Island

- Gender:
  - 20% Male
  - 77% Female
  - 3% Transgender

- Transmission Risk:
  - 52% MSM
  - 20% IDU
  - 19% MSM-IDU
  - 19% TG-SC
  - 7% Heterosexual
  - 7% Low (<10%)
  - 7% Medium (10-20%)
  - 10% High (20-30%)
  - 4% Very High (30%)

- Poverty
  - 35% (area based, % below FPL)

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MSM=Men who have sex with men, TG-SC=Transgender people with sexual contact, IDU=People with injection drug use history.

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# New HIV Diagnoses, NYC, 2018

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<tr>
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<th>Age</th>
<th>Borough</th>
<th>Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Black</td>
<td>&lt;20</td>
<td>Bronx</td>
<td>MSM</td>
</tr>
<tr>
<td>Female</td>
<td>Latino</td>
<td>20-29</td>
<td>Brooklyn</td>
<td>IDU</td>
</tr>
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</tr>
<tr>
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As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
Black and Latino/Hispanic people accounted for 80% and 90% of new HIV diagnoses in men and women, respectively, in NYC in 2018.
PERCENT CHANGE IN NEW HIV DIAGNOSES
2017 ANNUAL REPORT TO 2018 ANNUAL REPORT

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018 and March 31, 2019.
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2017 ANNUAL REPORT TO 2018 ANNUAL REPORT

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018 and March 31, 2019.
CURRENT HIV STATUS\(^1\) OF CHILDREN BORN TO HIV-POSITIVE WOMEN\(^2\) AT SELECT NYC MEDICAL FACILITIES\(^3\) IN NYC, 1988-2018\(^4\)

From 2013-2018, less than 1% of infants born to women with HIV were HIV-positive. In 2015 and 2018 there were no reported perinatal transmissions in children born in NYC.

1. Children born to HIV-positive mothers are followed for 2 years after birth to determine HIV status. HIV status is indeterminate if the child is lost to follow-up.
2. Women refer to people with female sex at birth.
3. Includes data collected at high-volume NYC medical facilities that care for the majority of HIV-exposed and HIV-positive children. In 2018, 4 additional sites were added to the perinatal surveillance program, bringing the total to 21 sites. Children born outside of NYC are not included in this figure.
4. Includes cases diagnosed as of December 31, 2018. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

Milestones in Reduction of Perinatal HIV Transmission
- 1985: CDC recommends women with HIV avoid breastfeeding.
- 1994: ACTG 076 study shows AZT reduces perinatal transmission.
- 1999: Expedited testing in obstetrical settings implemented.
- 2015 and 2018: No reported perinatal transmission in children born in NYC.
PROPORTION OF NEW HIV DIAGNOSES DIAGNOSED IN THE ACUTE PHASE, NYC 2010-2018

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
UNAIDS 90-90-90 TARGETS FOR PLWH IN NYC, OVERALL AND BY RACE/ETHNICITY, 2018

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.
The all-cause death rate among people with HIV decreased by 65% from 2003 to 2017. Although the rates of both HIV-related and non-HIV-related causes of deaths decreased during this time, the decrease in the all-cause death rate was driven by fewer deaths attributed to HIV.

1 Age-adjusted to the NYC Census 2010 population. People newly diagnosed with HIV at death were excluded from the numerator.

2 Includes people with unknown cause of death (2.2% of all deaths).
PrEP Awareness and Use among MSM*, Sexual Health Survey, Online Sample, NYC, 2012-2018

Survey Cycle          | PrEP Awareness (%) | PrEP Use (past 6 mos.) (%)
----------------------|--------------------|---------------------------
Spring 2012...        | 35%                | 2%                        
Fall 2012...          | 37%                | 4%                        
Spring 2013...        | 41%                | 2%                        
Fall 2013...          | 49%                | 2%                        
Spring 2014...        | 61%                | 3%                        
Fall 2014...          | 81%                | 7%                        
Spring 2015...        | 86%                | 15%                       
Fall 2015...          | 85%                | 14%                       
Spring 2016...        | 95%                | 28%                       
Fall 2016...          | 95%                | 28%                       
Spring 2017...        | 97%                | 29%                       
Fall 2017...          | 97%                | 32%                       
Spring 2018...        | 92%                | 36%                       

*Sample includes sexually active MSM aged 18-40 years and who do not report HIV-positive status

FDA Approval, July 2012

2018 data are preliminary
How are we doing?

• ↓ in new HIV diagnoses and estimated new infections
  – Zero perinatal HIV transmissions in children born in NYC in 2018
• Trend towards increasing proportion of new diagnoses occurring in the acute phase
  **Diagnosing people with HIV earlier**
• Reached 90-90-90 → Undetectable=Untransmittable
• Increases in PrEP use among MSM
  **Decreasing rate of new HIV infections**
• Inequities persist
New York City Ending the Epidemic Plan:
Strategic Priorities
Bureau of HIV (BHIV) Strategic Priorities

Advance Equity

Eliminate Stigma

- Identify Persons with HIV
- Link to & Engage in HIV Treatment
- Facilitate Access to PrEP & Other Prevention Strategies
Advance Equity
Reaching and Engaging Black and Latino MSM and People of Trans Experience

- Online HIV Home Test Giveaway
- Project THRIVE
- Project SOL
- Tus Quince
Reaching and Engaging Black and Latino MSM and People of Trans Experience

• Support for TGNC- & Black MSM-led community-based grassroots organizations
• Social events to promote Black MSM health & wellness
• Crystal meth-related initiatives

FEELING STUCK WITH CRYSTAL?

RE-CHARGE A NEW HEALTH AND WELLNESS PROGRAM FOR PEOPLE WHO USE CRYSTAL METH
Reaching and Engaging Youth, their Families & Providers

- Expansion of PrEP for Adolescents
- Engagement with youth providers at City agencies
- Project ALY (Accept LGBT Youth)
Reaching and Engaging Women

- Promoting Pre-Exposure prophylaxis (PrEP) among women’s health care providers through public health detailing
Building a Foundation for Equity: NYC Health’s Race to Justice

• Building staff awareness about racism & other systems of oppression and skills to address these systems
• Examining how structural racism & other systems of oppression impact DOH’s work
• Implementing policies to lessen these impacts
• Strengthening collaborations with NYC’s communities to counter these systems
NYC Health’s Race to Justice Initiative

Theory of Change: Building Organizational Capacity to Reduce Inequities and Advance Structural Change

Organizational Alignment & Capacity Outcomes

Racial Equity and Social Justice reflected in...

- Organizational Commitment and Leadership
- Budgets and Contracts
- Workforce Equity and Competencies
- Internal and External Communications
- Community Engagement and Partnerships
- Data Collection and Metrics
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Practice Outcomes

1) Policies
2) Programs and Services
3) Research and Evaluation

That:
- contribute to the understanding of and advance health equity
- address structural racism and its impact
- Address the root causes of health inequities
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Community-Level Impact
Measurable reduction of health inequities
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Community-Level Impact
- Measurable reduction of health inequities
• BHIV’s first foray into using an equity lens in the development of a solicitation
• Aimed to enhance equity at all stages of the Request for Proposals (RFP) process
• Sought to shift RFP process to support grassroots organizations already doing work with disproportionately affected communities
Addressing Social Determinants of Health

- Career Power Source
Dismantle Stigma
Undetectable = Untransmittable (U = U)

- Dear Colleague Letter
- U = U Handout released during Pride 2018
- “Making HIV Undetectable” Health Bulletin
- Trainings for BHIV staff and contractors
Undetectable = Untransmittable (U = U)
#OurStoriesNYC

Happy National Coming Out Day!

RECEPTION AND DINNER
6:00p.m. – 6:20p.m.

INTRODUCTIONS
6:20p.m. – 6:25p.m.

STORYTELLERS
6:25p.m. – 7:35p.m.
- Gavyko Sumter
- Lizzi Duff
- Samuel Mateo
- Child of the Universe
- Anicka Lewis
- Olympia Sudan

Q&A / CLOSING
7:35p.m. – 8:00p.m.

- #OurStoriesNYC Showcase #1: October 11, 2019 at Brooklyn Pride Community Center
- #OurStoriesNYC Showcase #2: November 15, 2019 at Word Up Bookstore
- #OurStoriesNYC Showcase #3: Early 2020

- Diverse storytelling mediums presented on a diverse array of topics, including mental health, resiliency, spirituality, cis privilege, experiences of being trans and gender non-binary, stigma, and gay parenthood
Ending the HIV Epidemic: A Plan for America
Ending the Epidemic: A Plan for America Overview

**GOAL:**

Our goal is ambitious and the pathway is clear – employ strategic practices in the places focused on the right people to:

- **Diagnose** all people with HIV as early as possible after infection.
- **Treat** the infection rapidly and effectively to achieve sustained viral suppression.
- **Protect** people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.
- **Respond** rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.
- **HIV HealthForce** will establish local teams committed to the success of the initiative in each jurisdiction.

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.

Ending the Epidemic: A Plan for America Funding Opportunities

• “Strategic Partnerships and Planning to Support Ending the Epidemic in the U.S.” (CDC PS19-1906)
  – Funding to conduct a rapid planning process that engages the community, HIV planning bodies, HIV prevention and care providers, and other partners in aligning resources & activities to develop jurisdictional ETE plans

• “Ending the HIV Epidemic: A Plan for America – Ryan White HIV/AIDS Program Parts A and B” (HRSA-20-078)
  – Funding to implement effective and innovative strategies, interventions, approaches, and services to reduce new HIV infections in the United States (Treatment and Respond pillars)
Thank you!