New York City’s Experiment for Closing 90-90-90 Gaps

Oni Blackstock, MD, MHS
Assistant Commissioner
Bureau of HIV/AIDS Prevention and Control
New York City Department of Health and Mental Hygiene
New York State Blueprint for Ending the Epidemic

• In April 2015, Governor Andrew Cuomo released the New York State Blueprint for Ending the Epidemic, a set of recommendations by community members, government officials, and providers, expanding on his 2014 three-point plan to:
  
  • Identify people with HIV who remain undiagnosed and link them to care;
  
  • Link and retain people diagnosed with HIV in care to maximize virus suppression so they remain healthy and prevent further transmission; and
  
  • Provide access to PrEP for people at high risk for HIV infection.
At the World AIDS Day 2015 citywide event, Mayor Bill de Blasio announced the New York City Ending the Epidemic Plan, a four-part strategy building upon the New York State Blueprint to:

- Increase access to HIV prevention services, including PrEP and PEP;
- Promote optimal treatment for all New Yorkers with HIV;
- Enhance methods for tracing HIV transmission; and
- Advance sexual health equity for all New Yorkers by promoting access to comprehensive, affirming sexual health care through targeted outreach to priority populations and enhancements to the Health Department’s Sexual Health Clinics.

New York City became a Fast Track City in June, 2016.
HISTORY OF THE HIV EPIDEMIC IN NYC

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.

- 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
- PLWHA=People living with HIV/AIDS
- Data on 2017 deaths are incomplete

Events:
- 1981: HIV-related cause of death reporting begins
- 1983: Centers for Disease Control and Prevention (CDC) AIDS case definition implemented
- 1984: New York State (NYS) mandates AIDS case reporting
- 1987: HIV-related cause of death reporting begins
- 1993: AIDS case definition expanded
- 1996: NYS expands reporting to include HIV
- 1998: Highly active antiretroviral therapy (HAART) introduced
- 2000: NYS HIV reporting law takes effect
- 2005: All HIV-related lab tests reported to surveillance
- 2010: NYS mandates routine offer of HIV test
- 2012: ART recommended for all PLWHA
- 2017: Food and Drug Administration (FDA) approves pre-exposure prophylaxis (PrEP)
Achieving ETE GOALS:
New HIV Diagnoses and Estimated Incident HIV Infections in NYC, 2010-2020

Numbers of new HIV diagnoses from 2010 to 2017 were reported to NYC DOHMH as of March 31, 2018. All data from 2018 to 2020 are projections based on an estimated acceleration of historical declines.
So, how are we doing?

• Larger proportion of new HIV diagnoses made in the acute phase of infection
Proportion of new HIV diagnoses determined to be AHI, NYC, 2008-17

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
So, how are we doing?

- Larger proportion of new HIV diagnoses made in the acute phase of infection

Diagnosing people with HIV earlier
Viral suppression among people in HIV medical care increased in New York City from 2013 to 2017.

1 Last HIV VL value in 2017 was <200 copies/mL.
2 At least one HIV VL/CD4 in 2017; includes those ages 13 and older.
PrEP Awareness and Use among MSM*, Sexual Health Survey, Online Sample, NYC, 2012-2017

Survey Cycle

*Sample includes sexually active MSM aged 18-40 years and who do not report HIV-positive status
So, how are we doing?

- Larger proportion of new HIV diagnoses made in the acute phase of infection
- Increasing rates of viral load suppression
- Increasing rates of PrEP use in men who have sex with men

Diagnosing people with HIV earlier

Decreasing rate of new HIV infections
New HIV Diagnoses, NYC, 2017

Source: NYC DOHMH, Bureau of HIV Surveillance Data
*MSM=Men who have sex with men, TG-SC=Transgender people with sexual contact, IDU=People with injection drug use history
In NYC, the number of new HIV diagnoses decreased in all transmission risk groups between 2013 and 2017, except among TG-SC which remained stable.

TG-SC = transgender people with sexual contact. People with unknown and perinatal transmission risk are not shown. There were 425 people with unknown risk and 1 person with perinatal risk newly diagnosed with HIV in 2017. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
NEW HIV DIAGNOSES BY RACE/ETHNICITY AND GENDER IN NYC, 2017

Blacks and Latinos/Hispanics accounted for 76% and 88% of new HIV diagnoses in men and women, respectively, in NYC in 2017.

Women includes transgender women and men includes transgender men. API= Asian/Pacific Islander. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
1. Identifying persons with HIV who remain undiagnosed and linking them to health care

2. Linking and retaining persons with HIV to health care, to maximize virus suppression so they remain healthy and prevent further transmission

3. Providing Pre-Exposure Prophylaxis (PrEP) to high-risk persons to keep them HIV-negative

4. Eliminate HIV stigma

5. Apply a racial equity and social justice lens
HIV Testing: Community Mobilization & Online Outreach
NEW YORK CITY’S HIV STATUS NEUTRAL PREVENTION & TREATMENT CYCLE

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People at risk of HIV exposure taking daily PrEP and people with HIV with sustained viral load suppression do not acquire or transmit HIV.

Myers et al. Open Forum Infect Dis. 2018
Proportion of PLWH in NYC Engaged in Selected Stages of the HIV Care Continuum, 2017

Of approximately 90,500 PLWHA in NYC in 2017, 74% had a suppressed viral load.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
UNAIDS 90-90-90 targets for PLWH in NYC, overall and by race/ethnicity, 2017

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.
Maximize Viral Load Suppression: The Undetectables Program

Scale up of Housing Works-developed intervention

7 providers implemented Undetectable model at 17 sites

Multi-domain strategy – social, medical, behavioral, and beyond

2,361 unique clients enrolled as of 12/18

Use of financial incentives for viral suppression

5,630 unique clients who have received an incentive
Maximize Viral Load Suppression: Promoting Immediate Antiretroviral Treatment (iART)

HIV+ Diagnosis
- Disclosure
- HIV education
- Counseling
- Referral
- Scheduling

1st Clinic Visit
- Registered
- Insurance
- Assess housing, substance use, mental health needs
- HIV education
- Counseling
- Labs

1st Primary Care Provider Visit
- Medical evaluation
- Assess preparedness

ART Start
- Prescription
- Pharmacy pick-up

ART Management
- Viral load monitoring
- Adherence
- Retention

RAPID Visit: ART Start
- Disclosure, counseling
- Registration
- Insurance
- Assess housing, substance use, mental health needs
- Labs
- HIV education
- Counseling
- Medical evaluation
- Assess preparedness
- ART dispensed
- Telephone follow-up

Primary Care Provider Visits: ART Management
- Viral load monitoring
- ART management
- Adherence
- Retention

Maximize Viral Load Suppression: Promoting Immediate Antiretroviral Treatment (iART)

“JumpstART”*

Launched 11/23/16
STARTED IN ONE CLINIC
NOW IN ALL CLINICS
376 JumpstARTs
72% Black/Latino

* As of August 2018
HIV SEQUENCING FROM GENOTYPES ORDERED AT CLINICAL VISITS

Hypothetical underlying sexual/risk network

Out of Care
FIELD SERVICES RESPONSE TO ENGAGE IN CARE

In Care
No VLS

HIV-infected, diagnosed, linked to care
HIV-infected, diagnosed but not linked to care
HIV-infected, not diagnosed
HIV-uninfected, at risk

Courtesy: Dr. Alexa Oster, CDC
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Promoting Pre-Exposure Prophylaxis (PrEP): Social Marketing Campaigns

ENJOY SEX WITH ONE LESS WORRY.
PrEP CAN KEEP YOU HIV NEGATIVE.
If you are HIV negative, PrEP is a safe, daily pill that protects you from HIV. PrEP will not interfere with your hormonal birth control or hormone therapy. Condoms offer additional protection against other sexually transmitted infections and unintended pregnancy.

TOMAR PrEP PREVIENE EL VIH
PrEP es una pastilla segura que se toma diariamente para evitar el VIH. Si comienzas a tomar PrEP antes de una posible exposición a VIH, la pastilla puede protegerte contra la infección por el VIH.

UNIFIED UNSTOPPABLE & LIVING SURE

#PLAYSURE

#PLAYSURE

Talk to your doctor about HIV/health and social services.

NYC Health
Promoting Pre-Exposure Prophylaxis (PrEP): Social Marketing Campaigns

During four 10-12 week campaigns (2014-2017), representatives have:
• Visited approximately 1,300 facilities
• Interacted with over 5,000 clinical staff
• Detailed almost 2,500 prescribing providers

Over two 10-12 week campaigns in 2018-2019, detailers will visit:
• Over 1000 women’s healthcare providers across over 800 facilities across NYC
• Prioritization for visits will be based on federal funding for family planning services and/or facilities and neighborhoods with higher HIV/STI diagnosis rates
Findings from the National Intimate Partner and Sexual Violence Survey (NISVS) indicate that 37 percent of women...
Increasing Access to HIV Prevention Services: the PlaySure Network

**New York City's PlaySure Network**

- **CBO Testing Sites**
- **CBO Outreach Sites**
- **Sexual Health Clinics**
  - People started on PrEP or HIV treatment in Sexual Health Clinics will be referred into the PlaySure Network or to other NYC providers.
- **Clinical Sites**
Increase Access to HIV Prevention Services:  
*PEP Call Center and Centers of Excellence*

**24-HOUR PEP LINE**
- Clinician Staffed
- Free PEP starter packs prescribed without a visit at a 24-hour pharmacy
- Link to PEP Center of Excellence next business day

**PEP CENTERS OF EXCELLENCE**
- Urgent care model
- Immediate starts regardless of insurance status
- PrEP linkage
Services among PEP Eligibility Assessments at PEP Call Center (N=2621)

- Assessed for PEP (N=2621) = 100%
- Indicated for PEP (n=2455) = 94%
- Linked to Provider (n=2104) = 86%
- Prescribed Starter Pack (n=1722) = 70%
- Received Starter Pack (n=1629) = 66%

*The drop off between linked and starter packs is largely explained by daytime callers that do not get starter packs if they can be immediately linked*
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Myers et al. Open Forum Infect Dis. 2018
What is NYC DOH doing to spread the word about U=U?

HIV Undetectable = Untransmittable (U = U)

Medicines to treat HIV can eliminate the risk of sexual transmission. In August 2016, the New York City (NYC) Health Department agreed with other public health and medical organizations that people with HIV who maintain an undetectable viral load for at least 6 months do not transmit HIV through sex. In September 2017, the Centers for Disease Control and Prevention (CDC) agreed with this finding, which is known as "Undetectable = Untransmittable," or "U = U."

- How does HIV treatment prevent HIV transmission?
- What does "undetectable" mean?
- How do we know that "Undetectable = Untransmittable"?
- How do I get my viral load to be undetectable?
- If I am HIV-negative, should I avoid having sex with people who have HIV?
- If my partner is HIV-positive, do I have an undetectable viral load, should we still use condoms?
- If I am on HIV treatment, should my partner be on PrEP?
BHIV Eliminating Stigma Activities: Promoting U=U

Data Collection & Analysis

Provider Outreach & Trainings

Community engagement
HIV CANNOT be passed if the virus is undetectable.

HIV treatment makes the virus undetectable so it cannot be passed through sex.

Condoms offer protection against sexually transmitted infections in New York. HIV testing and treatment is available regardless of your ability to pay or your immigration status.


FOR MORE INFORMATION
Text CARE to 877877 or visit nyc.gov/health and search U equals U

#UequalsU
HIV CANNOT be passed if the virus is undetectable.

HIV treatment makes the virus undetectable, so it cannot be passed through sex.

CONDOMS offer protection against sexually transmitted infections and unplanned pregnancy.

In New York, HIV testing and treatment is available regardless of your ability to pay or your immigration status.

GET TESTED. START TREATMENT. STAY UNDETECTABLE.

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Myers et al. Open Forum Infect Dis. 2018
Building a Foundation for Equity: NYC Health’s Race to Justice
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
- Workforce Equity and Competencies
- Community Engagement and Partnerships
- Budgets and Contracts
- Internal and External Communications
- Data Collection and Metrics
Race to Justice

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**Undoing Racism Workshop Training for Senior Leadership**
Race to Justice

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**Government Alliance Racial Equity (GARE) Tool**

Pilot Project to evaluate equity in the RFP process
Race to Justice

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  - Internal and External Communications
  - Data Collection and Metrics

**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
Organizational Capacity Building for TGNC- and Black MSM-Led Grassroots Organizations
Race to Justice

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Community-Level Impact

Measurable reduction of health inequities
Undetectable = Untransmissible Trainings

• Developed to assist in the dissemination of U=U science and application as a tool for sexual health decision making
• Bringing community partners together to think about U=U implications for diverse communities
• Specifically designed for providers
• Launched in the summer of 2019
• Objectives include:
  • Increasing understanding in U=U science
  • Practice sharing of U=U messaging and information with both colleagues and PLWH
  • Framing U=U as an empowering resource in the context of HIV stigma
  • Gaining skill to use U=U as a tool for encouraging and supporting PLWH
  • Practice integrating U=U effectively to prevent new infections
  • Messaging U=U in a culturally-informed and respectful way with different populations
New York City is:

People Centered

Status Neutral

Equity Focused
Thank you!