CFAR Symposium Community and Research Partnering to End the Epidemic

September 30, 2016
Innovation Through Research: Achieving Ending the Epidemic Goals in New York State
Governor Andrew Cuomo announcing his new initiative to combat the AIDS epidemic before the 2014 NYC Gay Pride Parade.

Credit: Michael Appleton for The New York Times

Defining the End of AIDS

Goal
Reduce from 3,000 to 750 new HIV infections per year by the end of 2020.

Three Point Plan

1. Identify all persons with HIV who remain undiagnosed and link them to health care.
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.
3. Provide Pre-Exposure Prophylaxis for persons who engage in high risk behaviors to keep them HIV negative.

Reduce the number of new HIV infections to just 750 annually by the end of 2020.
New York State Cascades of HIV Care
2013 versus 2014

Estimated HIV-Infected Persons†
- 2013: 129,000
- 2014: 123,000

Persons Living w/Diagnosed HIV Infection‡‡
- 2013: 112,000
- 2014: 113,000

Cases w/any HIV Care During the Year*
- 2013: 87,000
- 2014: 91,000

Cases w/continuous Care During the Year**
- 2013: 76,000
- 2014: 77,000

Virally Suppressed***
- 2013: 71,000
- 2014: 77,000

Viral Load Suppression/Any HIV Care 84%

† 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
Viral Suppression among Persons Living with Diagnosed HIV Infection by Risk and Race/Ethnicity: New York State, 2014

Race/ethnicity

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>% Viral Suppression</th>
</tr>
</thead>
<tbody>
<tr>
<td>White non-Hispanic</td>
<td>High</td>
</tr>
<tr>
<td>Black non-Hispanic</td>
<td>High</td>
</tr>
<tr>
<td>Hispanic</td>
<td>High</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>High</td>
</tr>
<tr>
<td>Native Amer.*</td>
<td>Medium</td>
</tr>
<tr>
<td>Multirace**</td>
<td>Medium</td>
</tr>
</tbody>
</table>

Transmission Risk

<table>
<thead>
<tr>
<th>Risk Type</th>
<th>% Viral Suppression</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>High</td>
</tr>
<tr>
<td>IDU</td>
<td>High</td>
</tr>
<tr>
<td>MSM-IDU</td>
<td>High</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>High</td>
</tr>
<tr>
<td>Female Pres. Het.</td>
<td>High</td>
</tr>
<tr>
<td>Blood Products</td>
<td>High</td>
</tr>
<tr>
<td>Pediatric Risk</td>
<td>Medium</td>
</tr>
<tr>
<td>Unknown</td>
<td>Medium</td>
</tr>
</tbody>
</table>

NYS average 67%

*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.
Implementation: AAC ETE Subcommittee

AIDS Advisory Council (AAC) Ending the Epidemic (ETE) Subcommittee: The Subcommittee will ensure on-going formal involvement of the AAC in follow-up and recommendations on the implementation of the Ending the Epidemic Task Force (ETE TF) recommendations.

- 16 Members: The selection of members to the Subcommittee was conducted as part of the completion of the work of the ETE TF and is representative of each ETE TF Committee
- Bi-Monthly meetings
- Co-Chairs: Charles King, President and CEO, Housing Works, Inc. Marjorie Hill, PhD, CEO, Joseph Addabbo Family Health Center
- Ending the Epidemic Website: https://health.ny.gov/EndingtheEpidemic
Key Populations Workgroups

The Task Force ensured that prioritizing the needs of key populations significantly impacted by HIV and AIDS became a central component of the final ETE Blueprint document.

- The Transgender and Gender Non-Conforming Advisory Group
- The Older Adults and Aging Advisory Group
- The ETE and Women Advisory Group
- Spanish-Speaking Advisory Group
- Black MSM Advisory Group
- Young Adult Advisory Group
Key Policy Advancements

- **Implementatin of “30% rent cap” affordable housing project**: 2013
- **Expansion of data sharing**: 2014
- **Elimination of written consent for HIV Testing**: 2014
- **Limiting the use of condoms for criminal proceedings for certain misdemeanor prostitution offenses**: 2015
- **Addressing the legality of syringes obtained through syringe exchange programs**: 2015
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 pharmacists to dispense a PEP starter kit of up to seven days of medication in accordance with a patient-specific or non-patient-specific order

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
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
- Population specific health care initiatives
- Access to supportive services to address social and structural barriers
- Special Needs Plans
- Expanded Partner Services Program (ExPS) to identify and re-engage individuals in medical care
- 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>
</tr>
</thead>
<tbody>
<tr>
<td>Total NYS HIV/AIDS Medicaid Members Submitted for Match to BHAEd</td>
<td>73,125</td>
<td>100%</td>
</tr>
<tr>
<td>Remaining Medicaid Members Matched to CDC Confirmed Case</td>
<td>59,807</td>
<td>82%</td>
</tr>
<tr>
<td>Deceased as of 12/31/2014 - Removed (Based on date of death with no paid claims beyond death)</td>
<td>5,623</td>
<td>9%</td>
</tr>
<tr>
<td>Remaining Medicaid Members Matched to CDC Confirmed Case with</td>
<td>54,184</td>
<td>91%</td>
</tr>
<tr>
<td>Total Virally Suppressed between January 2011 and July 2015 (Defined as most recent VL &lt; 200 copies/ml)</td>
<td>41,719</td>
<td>77%</td>
</tr>
<tr>
<td>TOTAL NOT VIRALLY SUPPRESSED* (Defined as: Most Recent VL &gt;= 200 copies/ml OR No VL)</td>
<td>12,465</td>
<td>23%</td>
</tr>
<tr>
<td>NOT Virally Suppressed in Medicaid Managed Care (MMC) (Based on any capitation payments January 2014 – July 2015)</td>
<td>8,703</td>
<td>70%</td>
</tr>
<tr>
<td>NOT Virally Suppressed but No Plan Affiliation (Possible MMC or Medicaid eligibility issue)</td>
<td>3,762</td>
<td>30%</td>
</tr>
<tr>
<td>NOT Virally Suppressed</td>
<td>6,441</td>
<td>74%</td>
</tr>
</tbody>
</table>

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

ETEDASHBOARDNY.ORG
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
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)
Community and Research Partnering to End the Epidemic
Objectives

- Describe two ETE-related data driven initiatives
  - Data to Care
  - HIV Home Test Giveaway

- Describe Solicitation of Interest (SOI) 2016 - 2017
Data to Care: A High-Impact Prevention Approach

Using HIV Surveillance Data to Support the HIV Care Continuum

Data to Care is a new public health strategy that aims to use HIV surveillance data to identify HIV-diagnosed individuals not in care, link them to care, and support the HIV Care Continuum.

We have designed this toolkit to share information and resources to assist health departments and their partners in developing and implementing a Data to Care program.

A number of jurisdictions are exploring using various methodologies to implement this strategy, including:

- Health Department Model - Health department-initiated linkage and re-engagement outreach
- Healthcare Provider Model - Healthcare provider-initiated linkage and re-engagement outreach
- Combination Health Department/Healthcare Provider Model - A combination of both approaches
Expanded Partner Services (ExPS)

Health Department Model

HIV surveillance data to identify individuals diagnosed with HIV who may be out-of-care

Patients with no recent VL or CD4 labs within New York’s HIV Tracking System for 13-24 months

High Impact Care and Prevention Project (HICAPP)

Combination Model

Health Department & Healthcare Provider

HIV surveillance data & selected health center’s data to identify individuals diagnosed with HIV who may be out-of-care

4 definitions of out-of-care

ExPS in Department of Corrections and Community Supervision (DOCCS)

Health Department Model

Unique collaboration btw DOH and DOCCS

DOCCS custody data matched with HIV surveillance data to identify individuals diagnosed with HIV who may be out-of-care

2 definitions of out-of-care
NYS D2C TimeLine

2012
- Concept Paper
- Internal AI Workgroup Developed

2013
- Conference Call with Pilot Counties

2014
- 1st ExPS Case Assignments
- Planning for Expansion

2015
- Revamped Protocols Issued
- Internal AI D2C Workgroup Expanded

Calls with County Commissioners & Program Staff / Focus Groups
- Initial Pilot ExPS Training
- Pilot Ended
- Health Center Files Submitted
- ExPS Training
- 1st Case Assignments
- ExPS in DOCCS
- Statewide Expansion Case Assignments
- Data Match
- 1st Case Assignments

ExPS
ExPS in DOCCS
HICAPP/P4C

NYS D2C TimeLine

2012
2013
2014
2015
ExPS Program Outcomes
Expanded Partner Services (ExPS) Pilot
Outcomes Data

PLWH Presumed to be Out of Care (OOC) N=1155

Not Located N=170 (15%)

Located N=984 (85%)

Current to Care N=222 (22%)

Other Outcomes N=530 (54%)

Confirmed OOC N=233 (24%)

Clinical Trial N=15 (7%)

Deceased N=133 (25%)

Unsuccessful Re-linkage N=67 (29%)

Re-Linkage Follow-Up
Any CD4/VL N=158 (95%)
One CD4/VL N=53 (34%)
≥Two CD4/VL N=105 (63%)

New Lab Post Assignment N=18 (8%)

Out of Jurisdiction N=386 (73%)

Refused Assistance N=39 (59%)

Successful Re-linkage N=166 (71%)

Lost to Follow-Up N=28 (47%)

Other Reason N=11 (2%)

Patient/Provider Verified Current Care N=189 (85%)

Case outcomes based on information entered into NYS HIV Tracking System. Includes all ExPS cases generated and assigned from September 2013 to August 2014. Data are subject to change pending additional QA review and lab updates.
Rates of Re-Engagement and Retention in Care, ExPS Pilot

*Re-engagement significantly more likely among persons re-linked to care by ExPS advocate compared to persons not re-linked by ExPS advocate (p-value < 0.001), and persons not eligible for ExPS intervention (p-value < 0.001); re-engagement more likely among persons not re-linked by ExPS advocate compared to persons not eligible for ExPS intervention (p-value <0.05)

**Percent is out of those who were re-engaged into care; difference between groups not significant
ExPS – Statewide Expansion Program Outcomes
Closed ExPS case outcomes, 9/2014-9/2016 (n=3,855)*

- Unable to locate, 10%
- Other, 2%
- Current to care, 24%
- Confirmed OOC, 19%
- Out of jurisdiction**, 36%
- Deceased, 9%
- Linked to Care, 72%
- Not Linked, 18%

*Based on information entered into ROS New York Electronic HIV Management System (NYEHMS), and NYC Field Services Unit Database from 9/2014-9/2016. Includes all NYC HICAPP, and ROS HICAPP cases generated and assigned. Data are subject to change pending lab updates, worker revisions, and/or data QA reclassifications.

** Includes individuals living outside of New York State
HICAPP Program Outcomes
Disposition of closed cases, 2015 (n=193)*

*Based on information entered into ROS New York Electronic HIV Management System (NYEHMS), and NYC Field Services Unit Database from 1/1/15- 1/1/16. Includes all NYC HICAPP, and ROS HICAPP cases generated and assigned. Data are subject to change pending lab updates, worker revisions, and/or data QA reclassifications.

** Includes individuals living outside of New York State, and persons residing outside of the P4C/HICAPP service areas
ExPS in DOCCS
New York State HIV Home Test Giveaway

An Innovative Strategy to Address a Gap in HIV Testing Among MSM
Many HIV-infected persons remain undiagnosed
  - CDC has estimated that 12.8% of all people in the US who are infected with HIV are unaware of their status
  - At the end of 2014 in NYS (excluding NYC)
    - Nearly 24,000 people living with diagnosed HIV infection
    - 4,000 estimated to be infected but not yet diagnosed
    - 866 persons newly diagnosed, 52% MSM transmission risk
      - MSM diagnoses in 2014 were 23% higher than in 2004

- Stigma still exists
- In 2012, the FDA approved an over-the-counter rapid OraQuick® in-home HIV test (~$50/kit)
Recent studies have explored the option of “giveaways” to increase access to home test or specimen collection among high risk populations:

- **London, England**
- **Los Angeles, CA**
  - Successful Use of Geosocial Networking App Grindr to Disseminate Self-testing HIV Kits to Black and Hispanic MSM (August AI Staff Meeting)
- **Indianapolis, IN**
- **Seattle, WA** (Z. Edelstein, Personal Communication)
- **NYC Department of Health and Mental Hygiene (NYCDOHMH)**
NYCDOHMH HHTG

Initial launch: November 10 – December 2, 2015

2,493 eligible participants

- 99% were cis-male
- 14% black; 30% Hispanic
- 57% reported their last HIV test as ≤1 year ago
- 29% reported their last HIV test as >1 year ago
- 14% reported never testing

Inclusion criteria:

1. Males & transgender women who have sex with men
2. At least 18 years old
3. Reside in NYC
4. Never been diagnosed with HIV
5. Provide an email address
NYCDOHMH HHTG (2 of 2)

Data Collected Among those Eligible

- Social Media Source
- Borough of Residence
- Neighborhood Poverty Level

Completed Follow-up Survey

- 71% overall redemption rate (1763/2493)
  - 76% white
  - 59% black
  - 69% Hispanic
- Testing history
  - 72% ever-tested
  - 66% never-tested
Why Expand the NYCDOHMH Home Testing Pilot Beyond New York City?

Preliminary NYCDOHMH HHTG Data

Encouraging

- 2,493 eligible participants identified in < 1 month
- Among eligible participants, 14% reported never been tested for HIV
- 71% of those eligible redeemed kits

NYCDOHMH HHTG had to deny many requests because the zip code of residence fell outside NYC
NYS HIV Home Test Giveaway 1.0

What are we doing?

- Collaborating with NYCDOHMH and OraSure to replicate the NYC program in the lower Hudson Valley and Long Island regions of NYS
- Tailored local advertising of the free test kits on a variety of social media platforms
- Adding a Partner Services program component for those testing HIV+
- Hoping to distribute 700-1,000 home test kits
- Evaluating the effectiveness of the program
NYS HIV Home Test Giveaway 1.0 (2 of 2)

Primary Evaluation Outcomes
- To what extent do we:
  - reach high risk MSM
  - reach first time testers
  - identify new infections
  - engage participants in Partner Services

Project Scalability
- If successful, the project can be easily expanded into a statewide initiative
  - Additional resources needed to primarily cover additional test kits and expanded media advertising
Geographic Coverage of NYS HHTG 1.0
Eligibility Criteria

- Age 18+
- Men, transgender, or other-gender people who have sex with men
- Residence in Nassau, Rockland, Suffolk, or Westchester
- Never been diagnosed with HIV

Email addresses and demographic characteristics merged to the Follow-up Survey

Participants who test preliminary positive – option to have PS staff assist with linkage to care

Social media platforms

Outreach

Eligibility Survey

NYSDOH
NYCDOHMH
Orasure

Discount code for free home test kit emailed

Kits redeemed at OraSure

Follow-up Survey

Evaluation

Next step?
Partner Services

For those who test preliminary positive but who have not yet gone to a provider for confirmatory testing

Would you be willing to have the Department of Health contact you to assist with further testing (“confirmatory test”) to confirm whether you have HIV or not?

- Yes, I would like the DOH to contact me via email
- No
- Don’t know/not sure
- Prefer not to answer

For any participant who tests preliminary positive

Would you be willing to have the Department of Health contact you via email about any of the following?

*(Check all that apply)*

- Assistance with partner notification
- Helping you stay in HIV care
- Helping you get other services
- Other (please specify)
- None of the above, wouldn’t want DOH to contact me
# Evaluation

## Selected Performance Measures

<table>
<thead>
<tr>
<th>Participation Rate</th>
<th>Eligibility Rate</th>
<th>Redemption Rate</th>
<th>Use Rate</th>
<th>Targeting Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure of the level interest for HHTG test kits among the targeted population</td>
<td>Measure of program eligibility among interested visitors (i.e. free kit requestors)</td>
<td>Measure of test kit redemption among eligible requestors</td>
<td>Measure of usage of HHTG test kits among requestors who redeemed and received the test kit</td>
<td>Measure of the proportion of HHTG test users who have never been tested for HIV before HHTG</td>
</tr>
</tbody>
</table>
• Launch HHTG in Oct 2016
• Evaluate program performance
• Expand ‘from pilot to program’
• Identify funding for 2017
• Identify staff & internal processes
• Continue conversations with NYCDOHMH & OraSure
AI Team Members

Division of HIV/STD/HCV Prevention
- Meg Johnson
- Sue Flavin
- Kraig Pannell

Division of HIV/STD Epidemiology, Evaluation & Partner Services
- John Leung
- Rakkoo Chung
- Shu Li
- Amy Kelly
- Ben Wise
- Michael McNair
- Jim Tesoriero

Office of Drug User Health
- Elissa Nolan
Ending the Epidemic (ETE) Research and Evaluation Projects

Solicitation of Interest (SOI) 2016 -2017
ETE Research and Evaluation Projects Solicitation of Interest (SOI)

- $150,000 in annual funding (beginning in 2016-2017)
- Mini grants of up to $30,000 to address prioritized research or evaluation gaps
- Grants awarded annually through submission and review process
- All awards to fund 1 year “quick hit” projects
- Completed research/evaluation projects presented at the annual NYS HIV Research Consortium Meeting
Title: Solicitation of Interest (SOI): Ending the Epidemic Research and Evaluation Projects
Agency: Health, NYS Dept. of AIDS Institute
Contract Number: TBD
Contract Term: 3/1/2017 - 2/28/2018
Date of Issue: 09/07/2016
Due Date/Time: 10/18/2016 4:00 PM
County(ies): All NYS counties
Classification: Medical & Health Care - Consulting & Other Services
Solicitation of Interest Advertisements on the New York State Contract Reporter Web Site

- www.nyscr.ny.gov
- Sign up and register for a free account to view ad and download materials
- Follow instructions on the SOI ad to submit questions and project proposal

https://www.nyscr.ny.gov/adsOpen.cfm?ID=589F8CB8-E1D5-4AC1-B826-A3066D07D5E1
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Resources
https://health.ny.gov/EndingtheEpidemic

https://health.ny.gov/ete

http://ETEdashboardNY.org
ETE: Perspectives from the Ground

Marguerite Urban, MD
University of Rochester,
Infectious Diseases Division
Monroe County STD Clinic
Cascade of HIV Care: Rochester Ryan White Region

Persons Residing in the Rochester Ryan White Region†, at End of 2014 (excludes prisoner cases)

- Estimated HIV Infected Persons: 3,100
- Persons Living w/ Diagnosed HIV Infection: 2,700 (87% of infected)
- Cases w/ any HIV Care during the year*: 2,300 (74% of infected, 85% of PLWDH)
- Cases w/ continuous care during the year**: 1,900 (62% of infected, 71% of PLWDH)
- Virally suppressed (n.d. or <=200/ml) at test closest to end-of-year: 2,000 (64% of infected, 73% of PLWDH)

* Any VL or CD4 test during the year; ** At least 2 tests, at least 3 months apart
† Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.

NEW YORK DEPARTMENT OF HEALTH
Ending the Epidemic in New York State

GET TESTED.
TREAT EARLY.
STAY SAFE.
End AIDS.

health.ny.gov/ete
The route to ETE Goals

• Direct care

• Education, Training, Technical Assistance

• Research
My hats

• MC STD Clinic
• UR AIDS Center
• UR CHBT
  – NYS AI STD COE
  – NYS AI Upstate RTC
• AI Committee Memberships
• Research Collaborations
Resources – CEI

Clinical Education Initiative (CEI)
• HIV/Hep C Center – Mt Sinai, NYC
• STD Center – UR Infectious Diseases (CHBT)
• Resource Center – UR CTSI

Priority Topics – update annually
• ETE activities, LGBTQ Health, Substance User Health, Smoking cessation
CEI Services

• Clinical Training
  – Live, in person
  – Live, digital
  – Web based, enduring
  – Preceptorships
  – Project ECHO

• Clinical Consultation Line – 1-866-637-2342
  – HIV, hep, STI, PEP/PreP “warm line”

• Technical Assistance – one on one problem solving
Lunch & Learn County Reach

# of Sites that call in

<table>
<thead>
<tr>
<th>10+ Sites</th>
<th>5-9 sites</th>
<th>&lt; 5 sites</th>
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County Reach, Warmline

2014 – 10 counties

2015 - 17 counties

2016 (Jan to May)
20 counties
Resources – RTC

NYS HIV/STI/VH Regional Training Centers for non-clinician workforce

• Upstate New York HIV/STI/VH RTC – UR IDD, CHBT

• NYC & Long Island RTC – Stoneybrook University

• NYC & Mid-Hudson RTC – Cicatelli Associates

• Centers of Excellence – specific topic areas such as *MSM, Aging & HIV, Harm Reduction, Distance Learning*
Resources - RTC

- Disseminate NYS AI supported ETE products
- Free training, Webinars, and Technical Assistance
- Product Development – Courses and webinars

Recent Expansion of UR RTC Program:
- Focus on Peer Trainings and Peer Certification Program
- TA for Hospital ED’s HIV Testing Programs
- Health Insurance Recruitment Project
Get Tested

• 2010 - NYS HIV Testing Law – additional amendments since

• URMC
  – ED - Implemented HIV testing in ED, 2010
  – URMC - Implemented few years later
  – Structured within EHR
ED Testing Program Lessons

• More resistance for staff than patients
  – Quickly resolves
  – New staff ever present – so always re-teaching

• EHR limits rapid adaptations

• Patients diagnosed:
  – Background infection – no apparent risk, often advanced disease
  – Young MSM – clear risk, frequent testing, often early disease
ED Testing

• Ongoing issues:
  – Failure to ask
  – Providing results a challenge
  – Minimum standard – ask once
  – Most positives with prior contact with healthcare with missed opportunities for diagnosis
Treat Early

• Linkage to Care
  – HIV testing at SMH labs
  – Some challenges – mental health, stigma

• Effective Therapy

• Retention in Care
Prevention (PrEP)

- PrEP programs increasing in community
- PrEP awareness also increasing
Monroe County STD

- Patient Visits >10,000 visits/year
- Urban walk-in clinic
Criteria for PrEP counselling

- Contact to HIV
- Cases/Contact with syphilis
- MSM
- Bisexual Men
- IDU
- Sex for money or drugs
- GC repeaters
PrEP

- Outside Referral for Linkage to PrEP Services November 2014 – March 2016

- Provision of onsite PrEP services began at the MC STD Clinic in April 2016
Overall PrEP Acceptance
11/1/14 - 8/31/16

- 553 individuals were counselled for PrEP
- 198 individuals accepted PrEP

Acceptance rate: 36%
PrEP Acceptance

Prior to STD Clinic PrEP services

- Counselling: 316
- Accepted PrEP: 98 (31%)

After STD Clinic PrEP Services

- Counselling: 237
- Accepted PrEP: 100 (42%)
PrEP Uptake

Prior to STD Clinic PrEP Services

- Referral Before April: 98
- Outside-First Appt: 51 (52%)
- Referral After April: 100

After STD Clinic PrEP Services

- Inhouse Clinic Referral: 87
- STD Clinic-First Appt: 42 (48%)
Insurance

Before Inhouse Clinic PrEP Services

Accepted: 98
Insured: 75
No insurance: 23

Accepted: 100
Insured: 61
No insurance: 39

After Inhouse Clinic PrEP Services
Sexual Preference on PrEP

- Male Heterosexual: 12%
- Bisexual: 9%
- Female: 3%
- MSM: 76%
MSM on PrEP

- White: 48%
- Black: 36%
- Hispanic: 12%
- Asian: 4%
Age on PrEP

- 18-24: 27%
- 25-30: 37%
- 31-35: 12%
- 36-40: 6%
- 41-45: 3%
- 46+: 15%

UNIVERSITY of ROCHESTER
Barriers to PrEP

- Lack of Health Insurance
- Issues even when insured
- Housing issues
  - Missing records for insurance
  - Nonfunctional contact information
- Nondisclosure
6 Cases Seroconversion since started PrEP Program at STD Clinic

- Seroconversions all associated with lack of PrEP – not non-adherence
- Median 22.5 years (Range 18-33)
- 6/6 Male
  - 3/6 Black, 3/6 White
  - 2/6 Bisexual, 4/6 MSM
- Average partners/years: 14.5 (Range: 2-30)
- Average partners 3 months: 3.5 (Range: 1-10)
Clinic Visits Prior to HIV Diagnosis

![Bar Chart]

- **Patients**
  - Clinic Visits

<table>
<thead>
<tr>
<th>Clinic Visits</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>25</td>
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<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>
Clinic Visits since Initiation of PrEP Referral

<table>
<thead>
<tr>
<th>Patients</th>
<th>Clinic Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
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</tr>
<tr>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
</tr>
</tbody>
</table>
22 yo AA male

MSM

- 4/28/15 with penile tingling – CT
- 2 partners/yr, 1 in past /3mos
- Uses condoms
- Accept PrEP referral and appt 5/8/15
- 5/5/15 RTC for treatment Rectal Chlamydia
- Pt went out of town and missed appt
- 6/26/15 RTC for rectal symptoms and HIV+
23 yo AA male

MSM
- Hx GC, CT, HSV, multiple episodes of syphilis

- 5/15/15 –told contact to HIV and GC
  - Treated as contact to GC
  - 30 partners/yr, 3 partners/3 mos
  - Declined PrEP, no need as “he had slowed down sex”

- 8/6/15 RTC: +GC and CT with symptoms
  - 30 partners/yr, 2 partners/3 mos
  - Still declined PrEP

- 9/29/15- symptoms of GC, AHI
  - Recent viral illness in ED. Now +HIV
Reasons for PrEP refusal

• Planned to discontinue relationship with partner
• Does not like foreign things in his body
• Plans decreased sexual activity
• If HIV negative, no sex till marriage, and then won’t need PrEP
End the Epidemic (ETE)

2020

AIDS-FREE NY AIDS-FREE
Syphilis Is Surging, and U.S. Public Health Officials Aren't Sure Why

The sexually transmitted infection is easy to treat but can be difficult to detect.

DANIEL DENIR | @DanielDenir | Apr 15, 2015 | 5 Comments

Dr. Raymond Marques, of Whitman-Walker Health in Washington, D.C., examines a patient.
(Reuters/Larry Downing)
Neisseria gonorrhoeae causes gonorrhea, a sexually transmitted disease that can result in discharge and inflammation at the urethra, cervix, pharynx, or rectum.

**RESISTANCE OF CONCERN**

*N. gonorrhoeae* is showing resistance to antibiotics usually used to treat it. These drugs include:
- cefixime (an oral cephalosporin)
- ceftriaxone (an injectable cephalosporin)
- azithromycin
- tetracycline

**PUBLIC HEALTH THREAT**

Gonorrhea is the second most commonly reported notifiable infection in the United States and is easily transmitted. It causes severe reproductive complications and disproportionately affects sexual, racial, and ethnic minorities. Gonorrhea control relies on prompt identification and treatment of infected persons and their sex partners. Because some drugs are less effective in treating gonorrhea, CDC recently updated its treatment guidelines to slow the emergence of drug resistance. CDC now recommends only ceftriaxone plus either azithromycin or doxycycline as first-line treatment for gonorrhea. The emergence of cephalosporin resistance, especially ceftriaxone resistance, would greatly limit treatment options and could cripple gonorrhea control efforts.

In 2011, 321,849 cases of gonorrhea were reported to CDC, but CDC estimates that more than 800,000 cases occur annually in the United States.

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
<th>Estimated number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea</td>
<td></td>
<td>820,000</td>
</tr>
<tr>
<td>Resistance to any antibiotic</td>
<td>30%</td>
<td>246,000</td>
</tr>
<tr>
<td>Reduced susceptibility to cefixime</td>
<td>&lt;1%</td>
<td>11,480</td>
</tr>
<tr>
<td>Reduced susceptibility to ceftriaxone</td>
<td>&lt;1%</td>
<td>3,280</td>
</tr>
<tr>
<td>Reduced susceptibility to azithromycin</td>
<td>&lt;1%</td>
<td>2,460</td>
</tr>
<tr>
<td>Resistance to tetracycline</td>
<td>23%</td>
<td>188,600</td>
</tr>
</tbody>
</table>

Source: The Gonococcal Isolate Surveillance Project (GISP)-5,900 isolates tested for susceptibility in 2011. For more information about data methods and references, please see technical appendix.
Age Adjusted Rate of Primary and Secondary Syphilis by Race and Year, Males, NYS excl NYC, 1999-2015

<table>
<thead>
<tr>
<th>Year of Report</th>
<th>Black Non Hispanic Men</th>
<th>Latinos</th>
<th>White Non Hispanic Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td></td>
<td>78 cases</td>
<td>208 cases</td>
</tr>
<tr>
<td>2015</td>
<td>158 cases</td>
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</tr>
</tbody>
</table>

Case Rate per 100,000 population
Age Adjusted Rate of Gonorrhea by Gender and Year, NYS excl NYC, 1992-2015

Case Rate per 100,000 population

Year of Report

Males
4678 cases in 2015

Females
4041 cases
What about research?

- ETE – goal 2020 - very soon
- In practice – programs starting and adapting based on experience/anecdote
- Research needs are very real time
- Need for practical strategies
- Low hanging fruit already taken
Conclusions – from the ground

• We are fortunate
  – Lots happening in direct patient care, education, and policy realms

• Rapid implementation of new ideas
  – Test and adapt model

• Research needs
  – Would like to base adaptations on evidence derived from research
  – Emerging issues