ENDING THE EPIDEMIC PROGRESS REPORT

MARCH 2018

NEW YORK STATE | Department of Health | AIDS Institute

EXECUTIVE SUMMARY

In 2014, the Governor of New York outlined the Ending the Epidemic (ETE) initiative to end the AIDS epidemic in NYS. As part of the three-point plan, increased efforts are being directed towards: 1) identifying persons with HIV who remain undiagnosed and getting them linked to care; 2) linking and retaining persons diagnosed with HIV in healthcare to maximize viral suppression; and 3) increasing access to Pre-Exposure Prophylaxis (PrEP) for HIV negative persons.

The 2014 plan provided a roadmap to reduce HIV infections by the end of 2020, with the goal of achieving the first-ever decrease in HIV prevalence. The current, record-low number of new HIV diagnoses represents a 16 percent decrease from the 3,448 new HIV diagnoses in that year.

Since the 2014 announcement, New York has committed more than $20 million in additional funding to policies and programs in the New York State Department of Health, designed to meet Ending the Epidemic goals. These include streamlining HIV testing; facilitating access to syringe exchange; enabling minors to consent for HIV prevention and care services; expanding data sharing to enhance linkage to care; and expanding access to affordable housing for persons with HIV.

New program initiatives have effectively expanded access to both PrEP and post-exposure prophylaxis (PEP). Prescriptions for PrEP have increased fourfold among people enrolled in Medicaid, while the number of uninsured persons accessing services through the PrEP Assistance Program (PrEP-AP) has risen 600 percent in the last 18 months – with over 1,600 individuals enrolled.

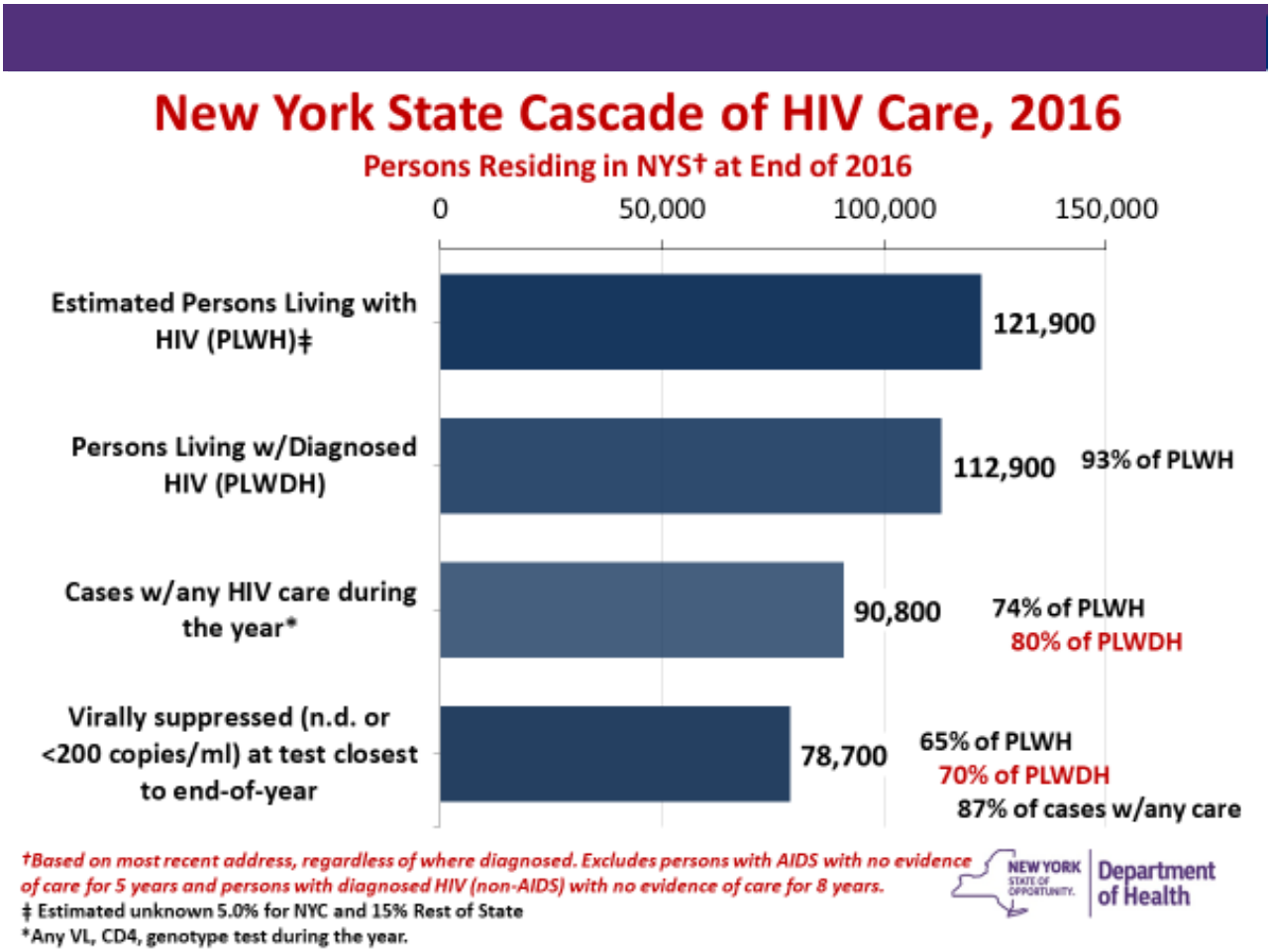
New York has also significantly improved viral suppression among Medicaid recipients. By matching Medicaid data with surveillance data, New York identified more than 6,000 individuals with unsuppressed viral loads. Medicaid managed care plans have linked many of these individuals to care, which has resulted in more than 40 percent of them achieving viral suppression.

New York's progress towards ending AIDS as an epidemic is undeniable. And, as we approach the half-way point in our efforts, all available evidence suggests that we are on track to realize the ultimate goal of achieving the first ever decrease in HIV prevalence by the end of 2020.

*This report uses the last set of available data (2016)

This report presents an analysis of HIV healthcare in the state of New York for 2016*. The analysis looks at measures of linkage to HIV medical care, engagement in care and HIV viral suppression among persons living with diagnosed HIV (PLWDH). HIV care measures were calculated using data from the New York State Department of Health (NYSDOH) HIV surveillance registry.

The Cascade presents a picture of the total HIV population at one point in time, across the spectrum of the continuum of care from transmission through diagnosis, participation in care, and success of care.



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MAJOR FINDINGS

Linkage to Care

- In 2016, 75% of newly diagnosed persons in NYS showed evidence of entry to care within 30 days of diagnosis.

- In 2016, 87% of newly diagnosed cases in NYS showed evidence of entry to care within 91 days of diagnosis. This compares well to the U.S. 2015 average (84%).[1]

Any HIV Care

- In 2016, 80% of PLWDH in NYS showed evidence of some care during the year. Continuous care (≥2 visits/year, ≥91 days apart) was observed for 66% of PLWDH.

Viral Suppression

- In 2016, 70% of PLWDH in NYS appeared to be virally suppressed.

- In the U.S. in 2014, 58% of PLWDH appeared to be virally suppressed.[1]

- In NYS, 59% of youth (aged 13-24 years) appeared to be virally suppressed in 2016.

- In the U.S. in 2014, 48% of youth (aged 13-24 years) appeared to be virally suppressed.[1]

- In NYS, 69% of persons with a history of injection drug use as the HIV transmission risk appeared to be virally suppressed in 2016.

- In the U.S. in 2014, 50% of persons with a history of injection drug use as the HIV transmission risk appeared to be virally suppressed.[1]

[1] Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2015. HIV Surveillance Supplemental Report 2017;22(No. 2). http://www.cdc.gov/hiv/library/reports/hivsurveillance.html. Published July 2017. Accessed [11/2017].

[2] Ending the Epidemic in New York State. http://www.health.ny.gov/diseases/aids/ending_the_epidemic/index.htm

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INTRODUCTION

As part of the three-point plan, increased efforts are being directed towards: 1) identifying persons with HIV who remain undiagnosed and getting them linked to care; 2) linking and retaining persons diagnosed with HIV in healthcare to maximize viral suppression; and 3) increasing access to Pre-Exposure Prophylaxis (PrEP) for HIV negative persons.

Need for Assessing Engagement in HIV Care

The provision of appropriate medical care for PLWDH is a key feature of the ETE initiative. In addition to the immediate benefit to the PLWDH, persons retained in successful treatment for their HIV diagnosis who have achieved and maintained undetectable viral loads are effectively not able to sexually transmit the virus to others. The HIV care cascade is one tool for assessing the extent and effectiveness of HIV-related medical care in NYS.

Measures for Assessing Engagement in Care

"Continuous care" is used synonymously with "retained in care" and "linkage to care" is used synonymously with "entry to care" in this report.

The Ending the Epidemic initiative sets targets for select measures of care by the end of 2020. The 2020 targets for linkage to care and viral suppression are:

1. Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of HIV diagnosis to at least 90%.
2. Increase the percentage of persons with diagnosed HIV who are virally suppressed to at least 85%.

New York State Methods for Counting Persons Living with Diagnosed HIV

Residence in NYS is based on the most recent address reported to the NYS HIV Surveillance System, regardless of the residency of the individual at diagnosis. Persons diagnosed with HIV who are a resident outside of NYS but whose most recent address reported to the HIV surveillance system is in NYS were included in the estimates. Individuals diagnosed in NYS whose most recently reported address indicated residence outside NYS were excluded.

In addition, individuals whose last reported test to the surveillance system was at least 5 years (AIDS cases) or 8 years (HIV non-AIDS cases) before December 2016

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were not included in the count of living cases or in estimates of care and viral suppression. These persons are presumed to be either no longer living or no longer a resident of NYS.

NEW YORK STATE HIV CARE OUTCOME MEASURES

Linkage to Care after Diagnosis (Appendix Table A)

75% of newly diagnosed cases showed evidence of entry to care within 30 days of diagnosis and 87% showed evidence of entry to care within 91 days of diagnosis.

LINKAGE TO CARE WITHIN 30 DAYS OF DIAGNOSIS	
Variable	Observation
Region	Same for ROS and NYC (75%, respectively); Lowest in the Buffalo (66%) Ryan White region (RWR); Highest in the Rochester (89%) RWR
Sex	Females (71%) < Males (76%)
Race/Ethnicity	Non-Hispanic, White (80%) > Asian/Pacific Islander (76%) > Hispanic (75%) > Non-Hispanic, Black and Multi Race (73%, respectively)
Age	Lowest for ages 25-29 and 50-59 (73%, respectively); Highest for ages 13-19 years (78%)
Transmission Risk	MSM/IDU (83%) > MSM (78%) > Heterosexual and IDU (72%, respectively)

Linkage to Care within 91 days of diagnosis	
Variable	Observation
Region	ROS (88%) > NYC (86%); Lowest in the Binghamton (78%) RWR; Highest in the Rochester (94%) RWR
Sex	Females (83%) < Males (88%)
Race/Ethnicity	Multi Race (92%) > Non-Hispanic, White (90%) > Hispanic (87%) > Asian/Pacific Islander (86%) > Non-Hispanic, Black (84%)
Age	Lowest for ages 50-59 years (85%); Highest for ages 13-19 years (90%)
Transmission Risk	MSM/IDU (91%) > MSM (90%) > IDU (89%) > Heterosexual (84%)

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MEASURES OF CARE (APPENDIX TABLE B)[2]

80% of PLWDH showed evidence of some care during the year.
Continuous care (≥2 laboratory tests/year, separated by ≥91 days) was observed for 66% of PLWDH.

ANY CARE	
Variable	Observation
Region	NYC (82%) > ROS (76%); Lowest in the Mid-Hudson (73%) RWR; Highest in the Rochester (82%) RWR
Sex	Females (82%) > Males (80%)
Race/Ethnicity	Multi Race (84%) > Hispanic (81%) > Non-Hispanic, Black (80%) > Non-Hispanic, White (79%) > Asian/Pacific Islander (78%) > Native American (63%)
Age	Lowest for ages 30-39 years (75%); Highest for ages 13-19 years (86%)
Transmission Risk	IDU (83%) > MSM/IDU and Heterosexual (82%, respectively) > Pediatric (81%) > MSM (80%)

CONTINUOUS CARE	
Variable	Observation
Region	NYC (67%) > ROS (60%); Lowest in the Mid-Hudson (54%) RWR; Highest in the Rochester (67%) RWR
Sex	Females (68%) > Males (65%)
Race/Ethnicity	Hispanic (69%) > Multi Race (68%) > Non-Hispanic, Black and Asian/Pacific Islander (65%, respectively) > Non-Hispanic, White (62%) > Native American (47%)
Age	Lowest for ages 25-29 years and 30-39 years (57%, respectively); highest for ages 13-19 years (73%)
Transmission Risk	IDU (71%) > MSM/IDU (68%) > Heterosexual (67%) > Pediatric and MSM (64%, respectively)

[2] The continuity of care and viral suppression percentages may be underestimates, since laboratory tests performed in federal facilities, e.g. VA hospitals, and in clinical trials are not comprehensively reported to the state.

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VIRAL SUPPRESSION (APPENDIX TABLE C)

70% of PLWDH in NYS were virally suppressed, defined as having non-detectable viral load or a viral load <200 copies/ml at the last test during the year.

VIRAL SUPPRESSION	
Variable	Observation
Region	ROS (68%) < NYC (70%); Lowest in the Mid-Hudson (64%) RWR; Highest in Rochester (72%) RWR
Sex	Same for men and women (70%, respectively)
Race/Ethnicity	Asian/Pacific Islanders (75%) > Non-Hispanic, White (74%) > Multi Race (72%) > Hispanic (70%) > Non-Hispanic, Black (66%) > Native American (51%)
Age	Lowest among 20-24 years (58%); Highest among those aged 60+ years (77%)
Transmission Risk	MSM (72%) > Heterosexual (70%) > IDU (69%) > MSM/IDU (68%) > Pediatric (56%)

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NEW YORK STATE

Linkage to Care

In 2016, the percentage of people in NYS who were newly diagnosed with HIV and entered care within 30 days of diagnosis (75%) was comparable to the 2016 NYS ETE target of 78%.

Continuous Care

In 2016, 66% of PLWDH in NYS had continuous HIV care.

Viral Suppression

New York State's 70% of PLWDH who appear to be virally suppressed in 2016. In addition, slightly more than half (59%) of youth (aged 13-24 years) and two-thirds (69%) of people with injection drug use as the HIV transmission risk appeared to be virally suppressed.

Increasing Linkage and Retention in Care

The NYSDOH aims to increase the number of individuals linked and retained in HIV care by: 1) identifying persons who are newly diagnosed or PLWDH who are not in HIV care; and 2) linking these individuals to HIV medical care.

Also, as part of the annual HIV Quality of Care Program Review, organizations that diagnose and treat individuals with HIV in NYS will be expected to submit cascades reflecting care outcomes among persons newly diagnosed and currently receiving HIV care.

Technical Notes and Appendices

Contact Information

Please direct inquiries about these measures of HIV health care in NYS to:

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