

ENDING THE EPIDEMIC

Ending the Epidemic in New York City

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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



New York City Ending the Epidemic (ETE) Plan

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:



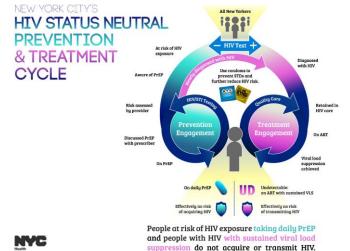
- Promote optimal treatment for HIV;
- Enhance methods for tracing HIV transmission; and
- Advance sexual health equity for all New Yorkers by promoting comprehensive, affirming sexual health care and supporting community-driven initiatives focused on people disproportionately affected by HIV.





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
- 3. Support Priority Populations Using Novel Strategies
- 4. Take NYC Viral Suppression from Good to Excellent
- 5. Make NYC Status Neutral



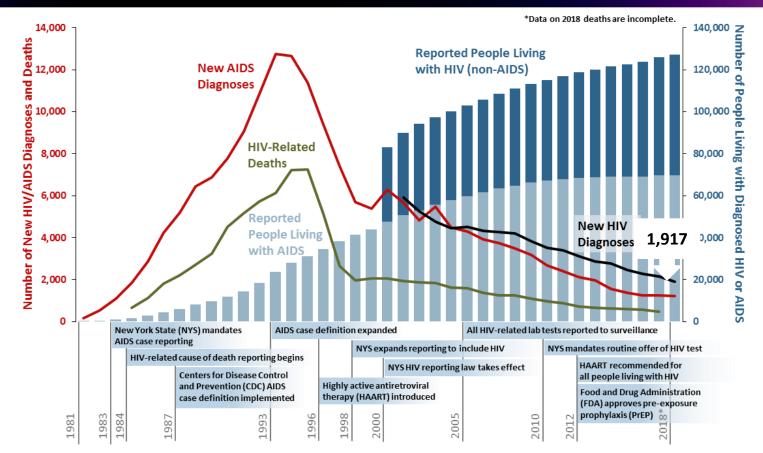


2018 HIV Surveillance Data



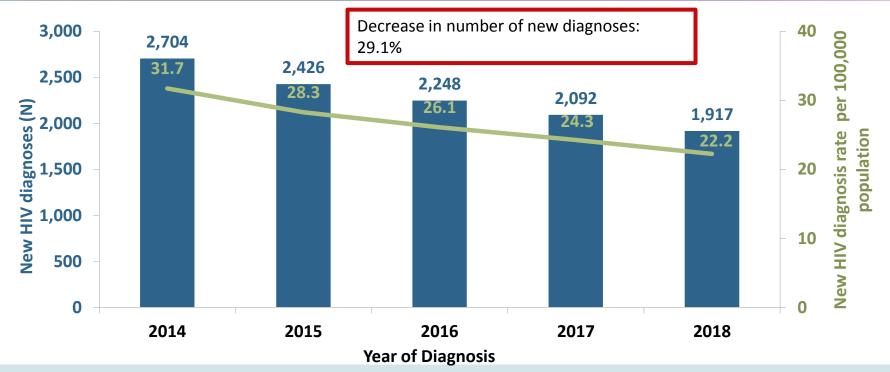


HISTORY OF THE HIV EPIDEMIC IN NYC



Health Disease Control Bureau of HIV

NEW HIV DIAGNOSES IN NYC, 2014-2018



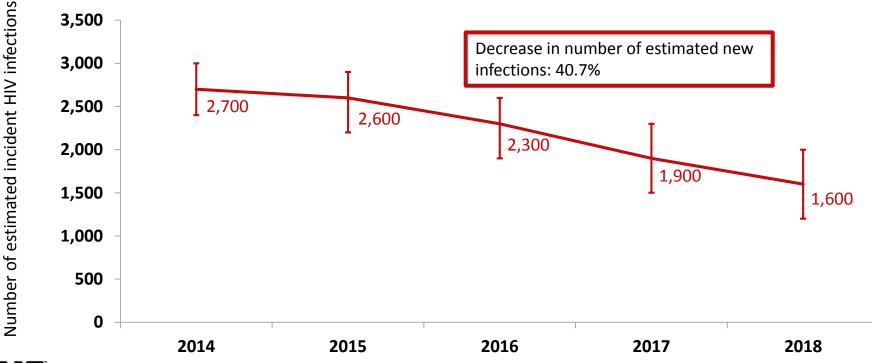
The number and rate of new HIV diagnoses decreased in NYC between 2014 and 2018.



Rates calculated using DOHMH 2014-2017 population estimates, modified from US Census Bureau intercensal population estimates, updated September 2018. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

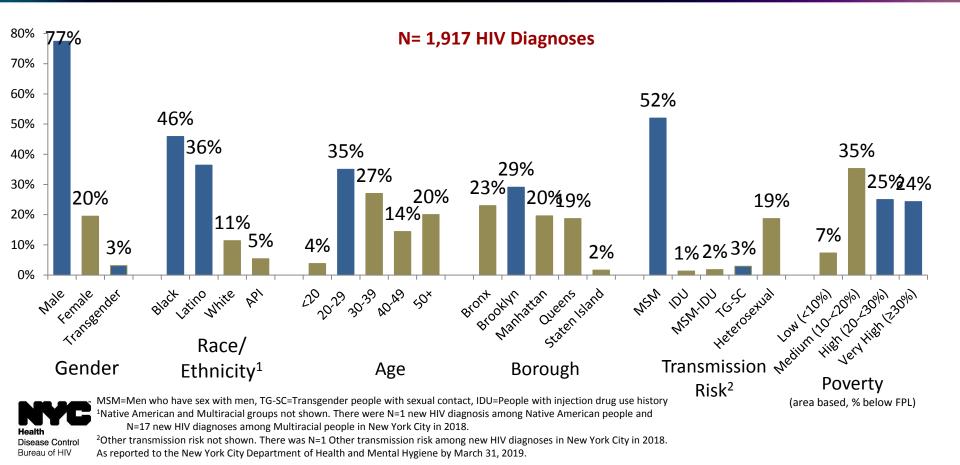
ESTIMATED HIV INCIDENCE

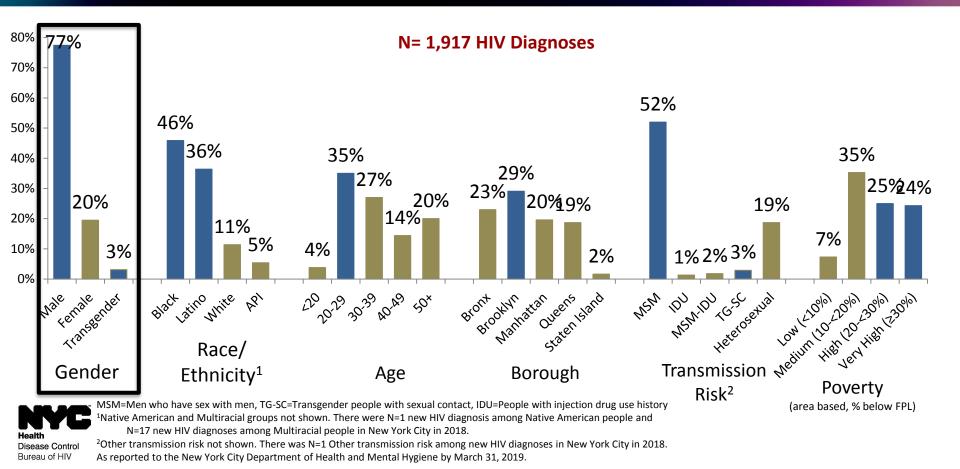
Estimated incident HIV infections¹, NYC 2014-2018²

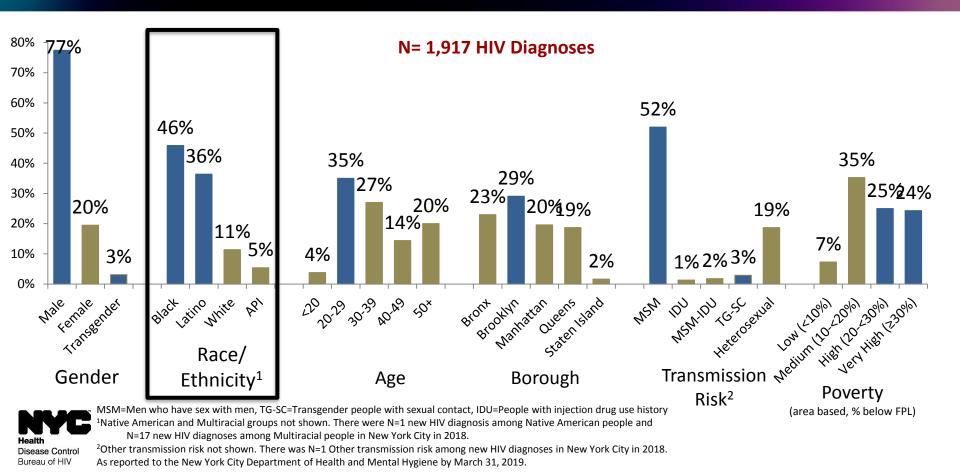


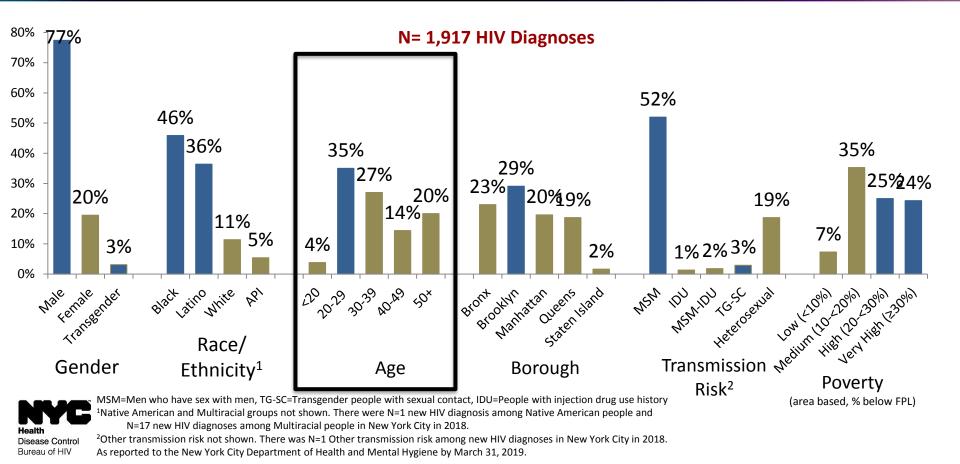


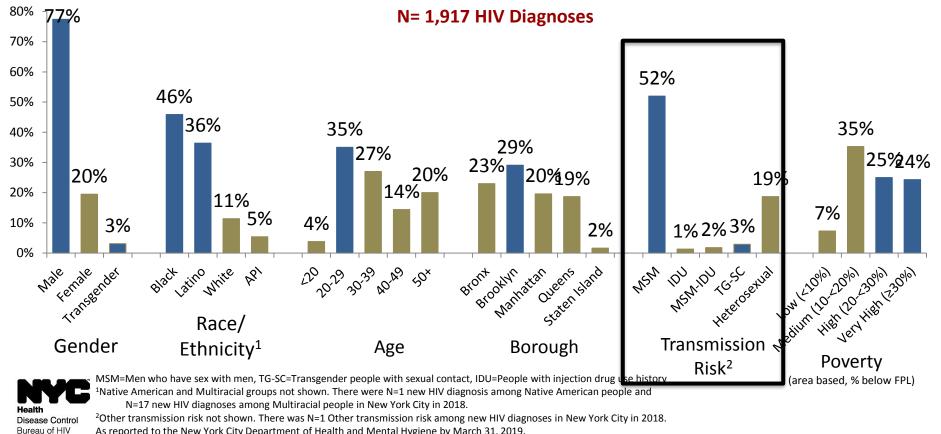
¹Using the method in: Song R, et al. Using CD4 data to estimate HIV incidence, prevalence, and percent of undiagnosed infections in the United States. *J Acquir Immune Defic Syndr* 2017;74(1):3-9. ²2018 incidence estimates are preliminary. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.



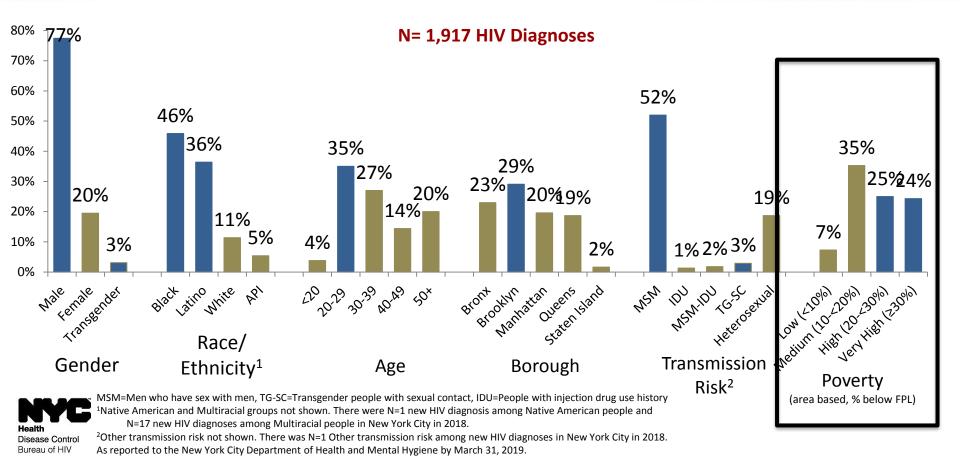




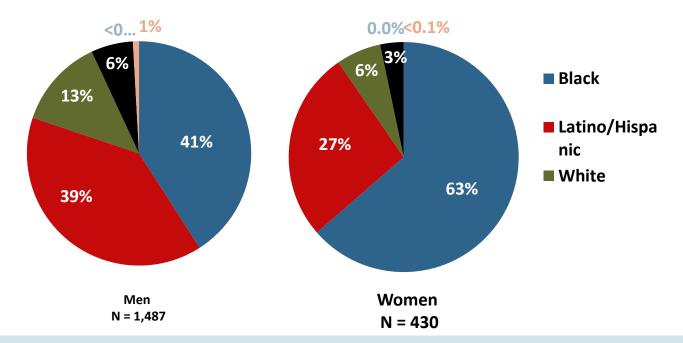




As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.



NEW HIV DIAGNOSES BY RACE/ETHNICITY AND GENDER IN NYC, 2018

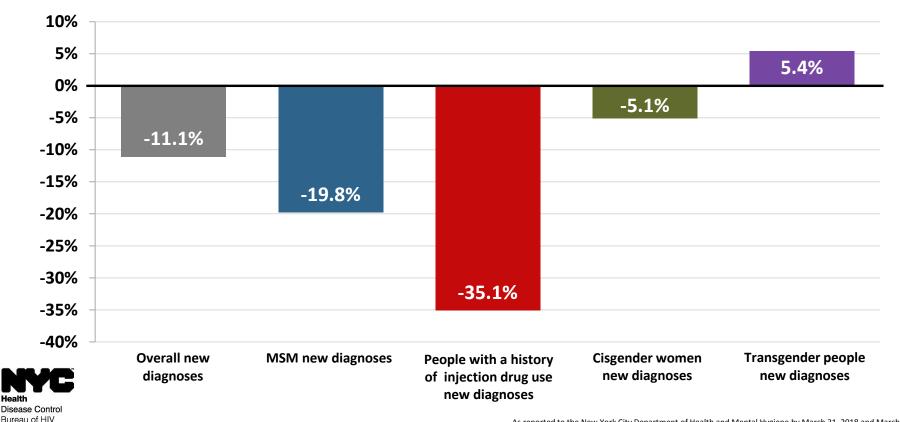


Black and Latino/Hispanic people accounted for 80% and 90% of new HIV diagnoses in men and women, respectively, in NYC in 2018.

Health Disease Control Bureau of HIV

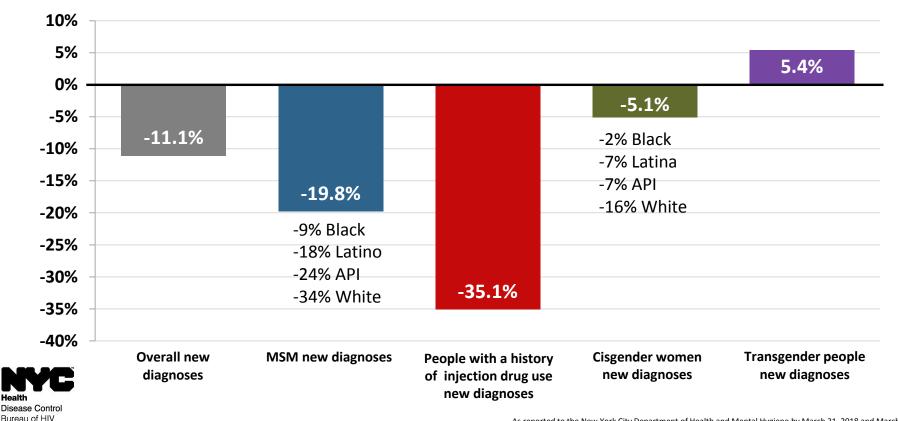
Women includes transgender women and men includes transgender men. API = Asian/Pacific Islander. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

PERCENT CHANGE IN NEW HIV DIAGNOSES 2017 ANNUAL REPORT TO 2018 ANNUAL REPORT

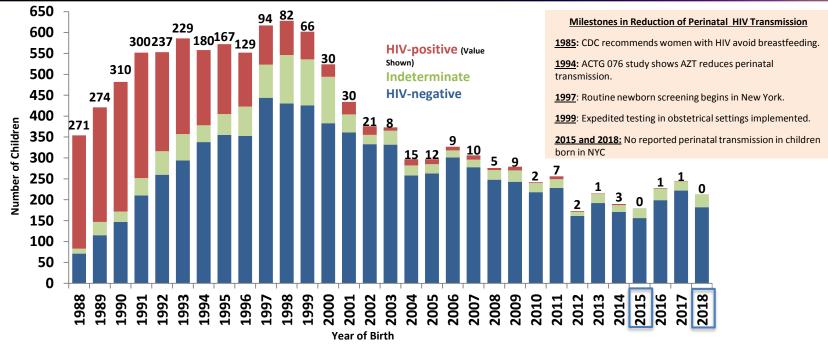


As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018 and March 31, 2019.

PERCENT CHANGE IN NEW HIV DIAGNOSES 2017 ANNUAL REPORT TO 2018 ANNUAL REPORT



CURRENT HIV STATUS¹ OF CHILDREN BORN TO HIV-POSITIVE WOMEN² AT SELECT NYC MEDICAL FACILITIES³ IN NYC, 1988-2018⁴



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.

¹Children 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.

Health

Disease Control

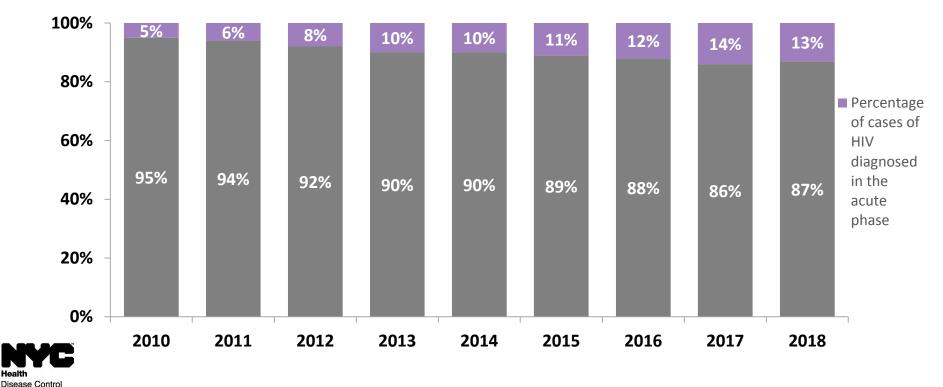
Bureau of HIV

³Includes 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.

⁴Includes cases diagnosed as of December 31, 2018.

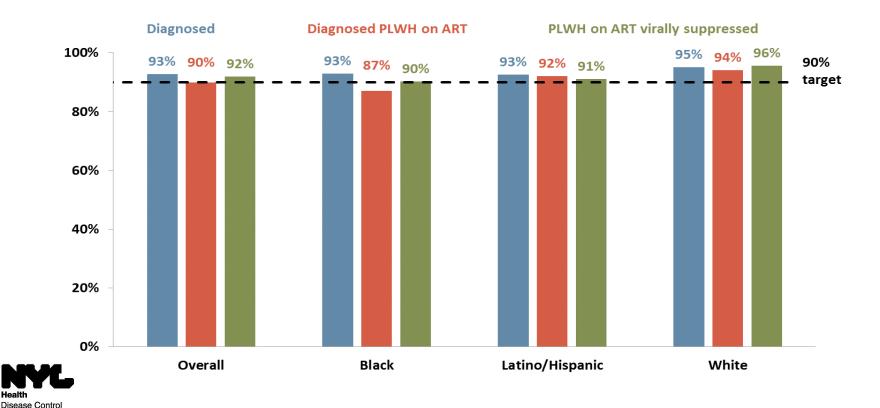
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2019.

PROPORTION OF NEW HIV DIAGNOSES DIAGNOSED IN THE ACUTE PHASE, NYC 2010-2018



Bureau of HIV

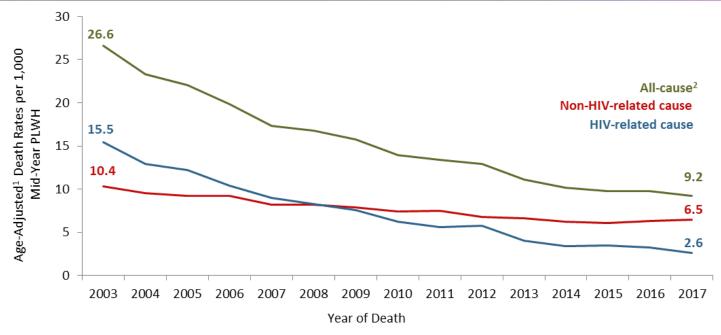
UNAIDS 90-90-90 TARGETS FOR PLWH IN NYC, **OVERALL AND BY RACE/ETHNICITY, 2018**



Health

Bureau of HIV

AGE-ADJUSTED DEATH RATES AMONG PEOPLE WITH HIV BY HIV-RELATED AND NON-HIV-RELATED CAUSE OF DEATH, NYC 2003-2017



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.

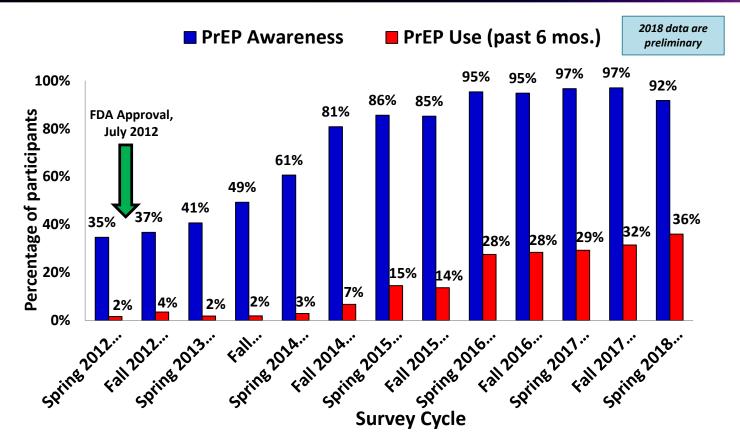
Disease Control

Health

Bureau of HIV

¹Age-adjusted to the NYC Census 2010 population. People newly diagnosed with HIV at death were excluded from the numerator. ²Includes 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





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

How are we doing?

- \downarrow 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

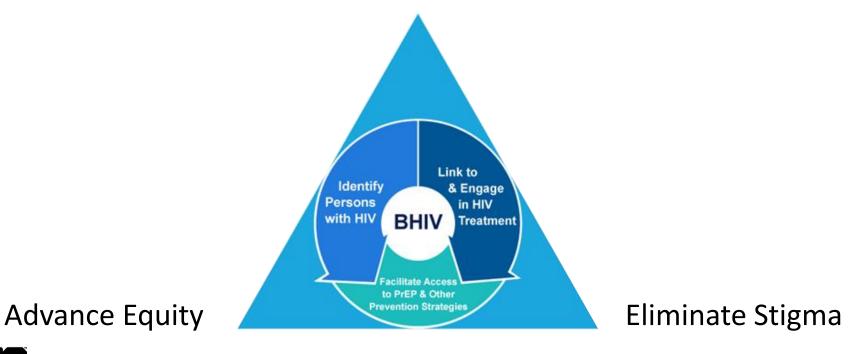


New York City Ending the Epidemic Plan: Strategic Priorities





Bureau of HIV (BHIV) Strategic Priorities





Advance Equity





Reaching and Engaging Black and Latino MSM and People of Trans Experience

- Online HIV Home Test Giveaway
- Project THRIVE
- Project SOL
- Tus Quince

Health Disease Control Bureau of HIV







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





Reaching and Engaging Youth, their Families & Providers

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



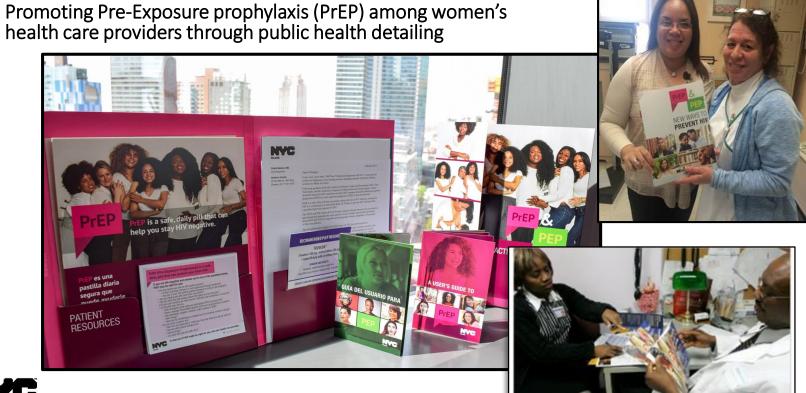
SEX WITHOUT STRESS with PrEP, the HIV prevention pill



Gay or not, you are my child. I've got your back. Love and support your gay child. Find out how at: camba.org/projectALY Learn about our Parent Groups. CAMBA (718) 675-3372



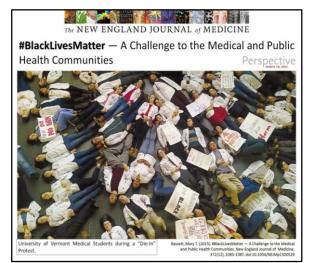
Reaching and Engaging Women





•

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



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 **Budgets and** Commitment and Contracts Leadership Internal and Workforce Equity External and Competencies Communications Community Data Collection Engagement and and Metrics Partnerships



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



Disease connor Bureau of HIV

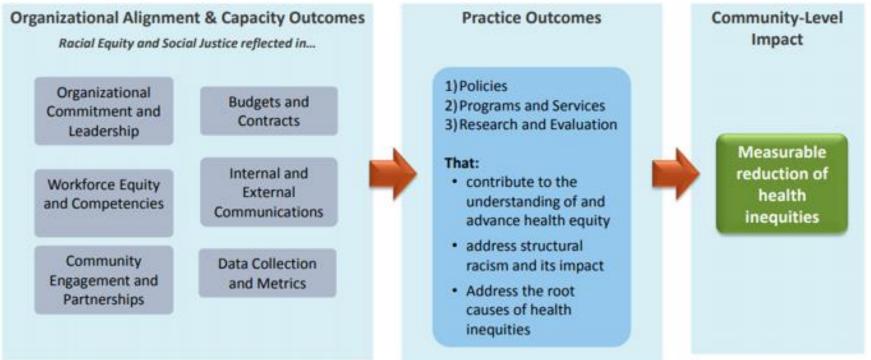
Practice Outcomes

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

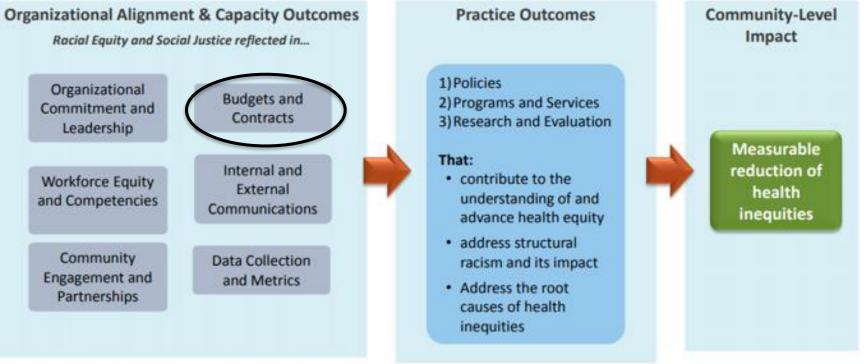
That:

- contribute to the understanding of and advance health equity
- address structural racism and its impact
- Address the root causes of health inequities

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



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



Disease control Bureau of HIV

Microgrant Initiative





Health Disease Control Bureau of HIV 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









CAREER POWER SOURCE: Getting Work You Want

Increase your options for quality employment!

Attendees are Provided: -Metrocard -Professional Wardrobe Giveaway -Free Professional Headshots with Makeup Artists

Wednesday, September 18 9:00 a.m. to 5:00 p.m. (Light breakfast at 8:30 a.m., funch also provided)

Baruch College Conference Center 151 East 25th Street, 7th Floor (between Lexington & 3rd Ave) New York, NY 10010

For questions and to register, visit: billy

NATIONAL WORKING POSITIVE COALITION

Dismantle Stigma

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ENDING THE EPIDEMIC



Undetectable = Untransmittable (U = U)

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provision New clinical research has generated abun- to sensably transmit HV. <u>JOTS 052</u> was the not sensably transmit HV. <u>JOTS 052</u> was the from people with suppressed with loads or account of the suppressed was received.	
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from partner was received	protections may and other STIs, and unintervised and conducting play a
	high risk of Vermoon messaging has considered the sexual partners of people with HV to be at a very high risk of HV infection. This message signatures people with HV and discourage disclosure, HV testing and treatment. Science has redefined after sex to include prevention extraordisclosure, HV treatment, PFQ and HP. Devote the second
	Treatmant burn - income has redefined safer sex to include
	prevention and true that pick of their needs. NFC provident's efforts to promote traitment as prevention and 'U = U' will help reduce HV steps. The provident's efforts to promote traitment as help ond the endemine of aurily.
In August 2016, New York City (NCC) campaign when the NYC Health Depi campaign when the NYC Health Depi	prevention and the stimest plan that first their needs. NYC provides' refors to promote treatment as prevention and 'U - U' will help reduce NN stigma, support healthy sexuality for all New Yorkers and help end the epidemic of HIV and AIDS in NYC.
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Bureau of HIV	

- **Dear Colleague Letter** ٠
- U = U Handout released during Pride 2018 •
- "Making HIV Undetectable" Health Bulletin •
- **Trainings for BHIV staff and contractors** ٠



now their status. A person who was recently infecte Medicines to treat HIV can eliminate the risk of sexual transmission. In August 2016, the New York City Health with HN can have a very high viral load and easily pass HIV to their partners through condomless sex. A person with HIV who is undetectable for six months will not pas Department acceed with other oublic health and medical HIV to their sexual partners, even if they have sex without condoms. undetectable viral load for at least six months do not transmit HIV through condomises sex. This is known so: Undetectable = Untransmittable, or U = U.

If my partner tells me they have an undetectable viral load, should we still use condoms?

sexually transmitted infections (STIs) or unintende pregnancy. Condoms protect against HIV, other STIs and unintended pregnancy. If you are unsure about whether Unimprove pregnance, in you are unsure boots inner the your partner is undetectable, consider using condoms or take daily PHEP (pre-exposure prophylaxis) to protect against HN. To learn more about PHEP, speak to your doctor or visit nys.gev[health and search daily PHEP, You

If I am on HIV treatment, should my partner be on PrEP?

HIV-positive people and their partners should discuss how they can have a healthy, fulfilling and worry-free sex life

Three recent studies — HPTN 052, PARTNER and Opposites Attract — followed make couples and heterosesual couples, in which one partner was HIV positive and the other HIV negative. During these studies, unsure of their partner's ability to keep their viral load undetectable: or feel more secure in their sex lives with the added protection of PrEP. tot one HIV-positive person who was taking antiretroviral

negative partner — in over 34,000 instances of condomises anal sex among male couples, and over 36,000 instances of condomises veginal or anal sex HIV and other STIs?

How do I get my viral load to be undetectable? If you have HIV, take antiretroviral medicines as prescribed by your health care provider. After you start your medicine Drice you have been undetectable for six months, you will not sexually transmit HIV as long as you take your viral load undetectable.

If I am HIV negative, should I avoid having sex with people who have HIV?

HIV Undetectable = Untransmittable

How does HIV treatment prevent **HIV transmission?**

Antiretroviral medicines control HIV very effectively. They do not cure HIV or remove the virus from the body.

but if taken every day, as prescribed, HIV medicines stop

the virus from multiplying. This prevents the virus from damaging the immone system and stops sexual transmission to others. What does undetectable mean?

Indetectable means that the level of HIV in a person's

blood is so low that it doesn't show up on a viral

oad test. If a person is undetectable, HIV can still be hiding in their body, but the amount is so low

hat HIV cannot be passed to others through sex.

medicines and was undetectable passed HIV to their

Undetectable = Untransmittable?

How do we know that

among heterosexual couples.

Having sex with someone who has HIV but is on treatment and is undetectable is much safer than having sex with

should never feel pressured to have sex without condom

Couples share the responsibility of preventing HTV

HIV, stay healthy and prevent HIV transmission to others. A negative test gives you the chance to discuss ways to stay negative, like using condoms, taking daily PrEP or taking mengency PEP. Dot tested regularly for other Dite. easier for the virus to enter an HW-negative person's body

information on HIV, visit myc.gov/health and



they can have a neariny, turning and wony-me sex line by using condome, HV treatment, PtEF or emergency PEP (post-exposure prophylaxis). HV-negative partners may choose to take PtEP, especially if they have other sexual partners; are unsure of their partners' HV status; are What else can I do to prevent getting or passing

Get an HIV test. A positive test is an opportunity to treat

STIs may not cause you to show symptoms, but they can increase an HIV-positive person's viral load or make it

search HIV.

For assistance with HIV care and treatment, call 311 or test CARE to 877877

Undetectable = Untransmittable (U = U)





"Made Equal"



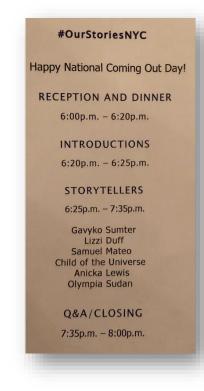


#OurStoriesNYC





#OurStoriesNYC



- #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

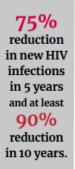




Ending the Epidemic: A Plan for America Overview

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.

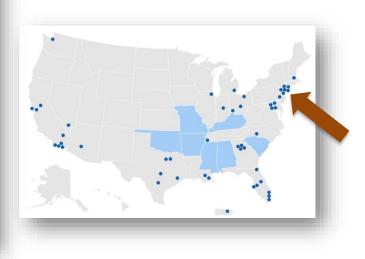
 ${f Treat}$ the infection rapidly and effectively to achieve sustained viral suppression.

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.

20

HIV HealthForce will establish local teams committed to the success of the Initiative in each jurisdiction.





Source: HIV.gov, What is 'Ending the HIV Epidemic: A Plan for America'? (last accessed Oct. 18, 2019), *available at* <u>https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview</u>.

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 ۲ 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)







CONTROL AND PREVENTION

Thank you!

F+F

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