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

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SEPTEMBER 8-11, 2019 | BARBICAN CENTRE

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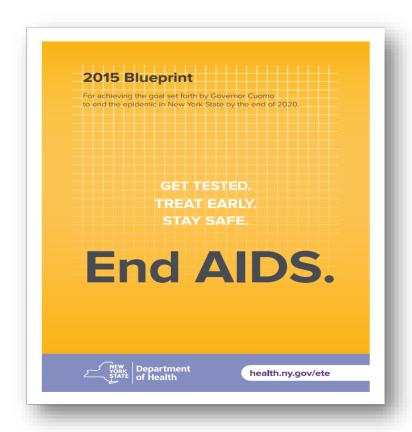








New York State Blueprint for Ending the Epidemic



- 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.



New York City Ending the Epidemic Plan

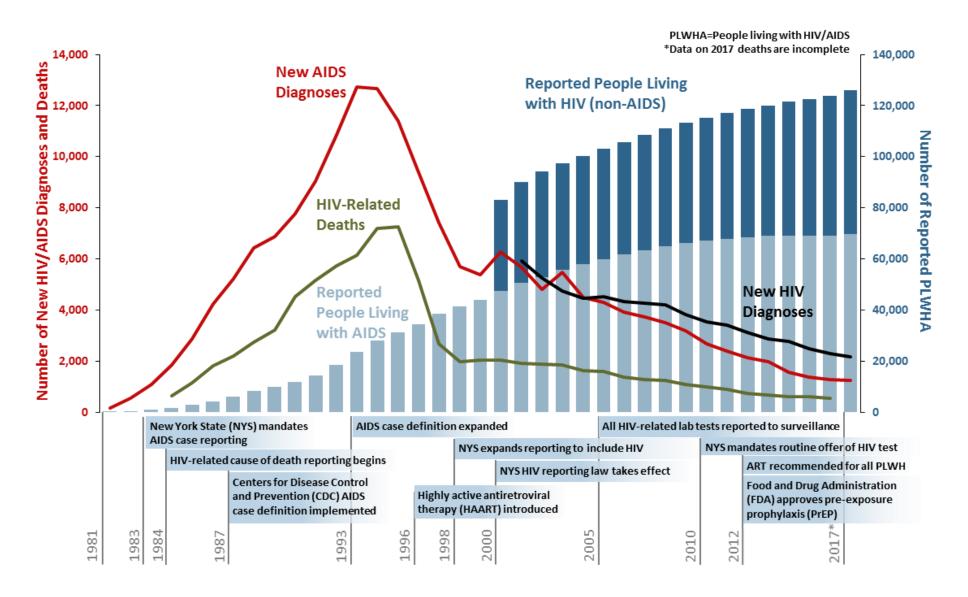


- At the World AIDS Day 2015 citywide event, Mayor Bill de Blasio announced the New York City Ending the Epidemic Plan, a four-part strategy building upon the New York State Blueprint to:
- Increase access to HIV prevention services, including PrEP and PEP;
- Promote optimal treatment for all New Yorkers 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.



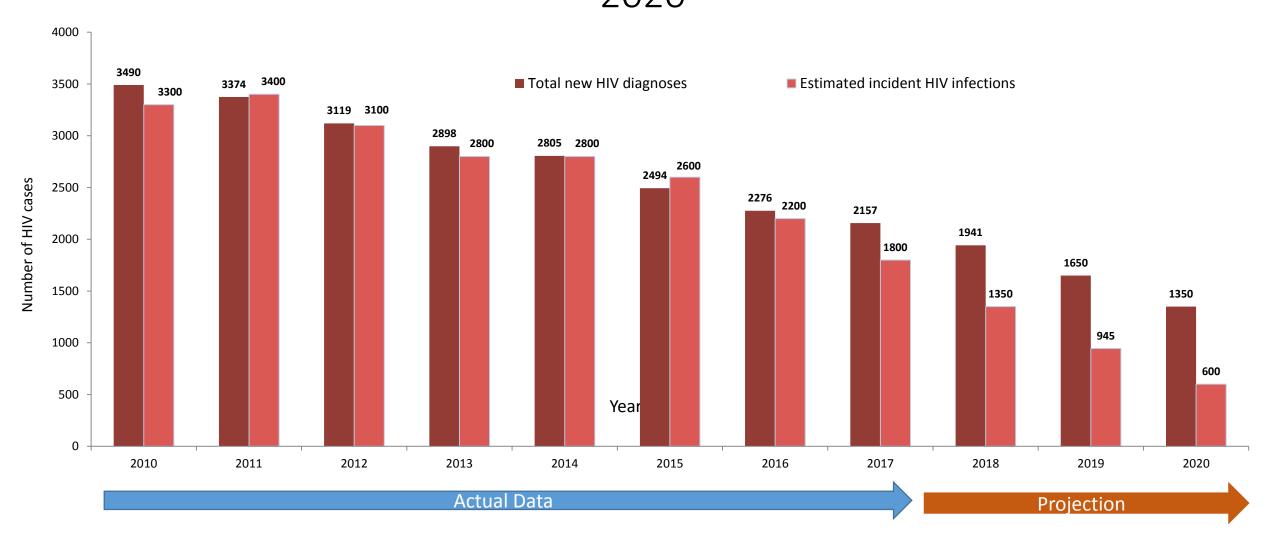
HISTORY OF THE HIV EPIDEMIC IN NYC





Achieving ETE GOALS:

New HIV Diagnoses and Estimated Incident HIV Infections in NYC, 2010-2020



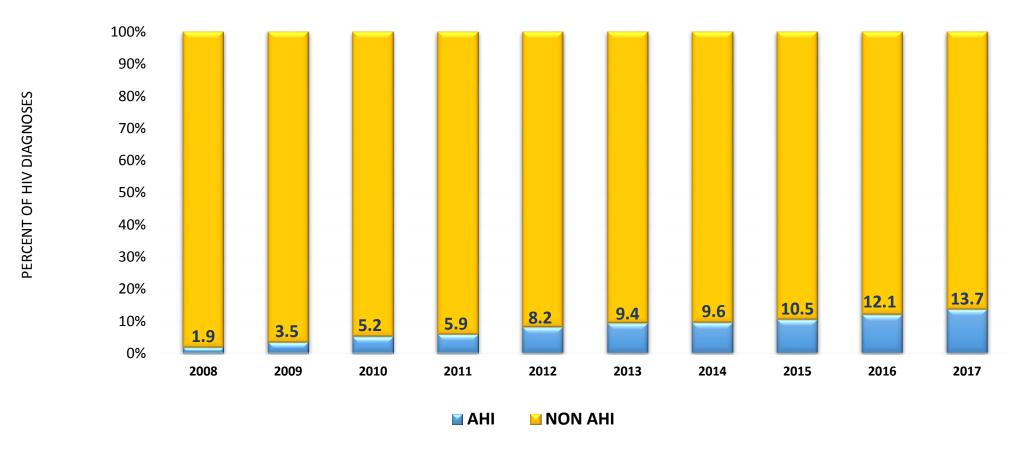


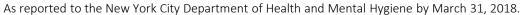
So, how are we doing?

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







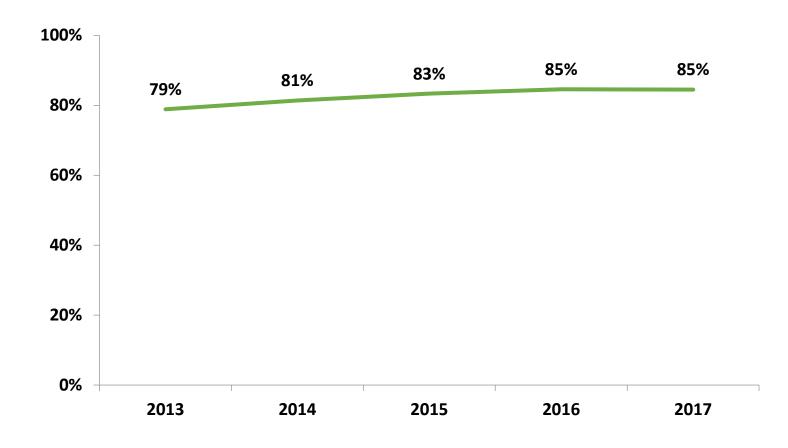
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Diagnosing people with HIV earlier



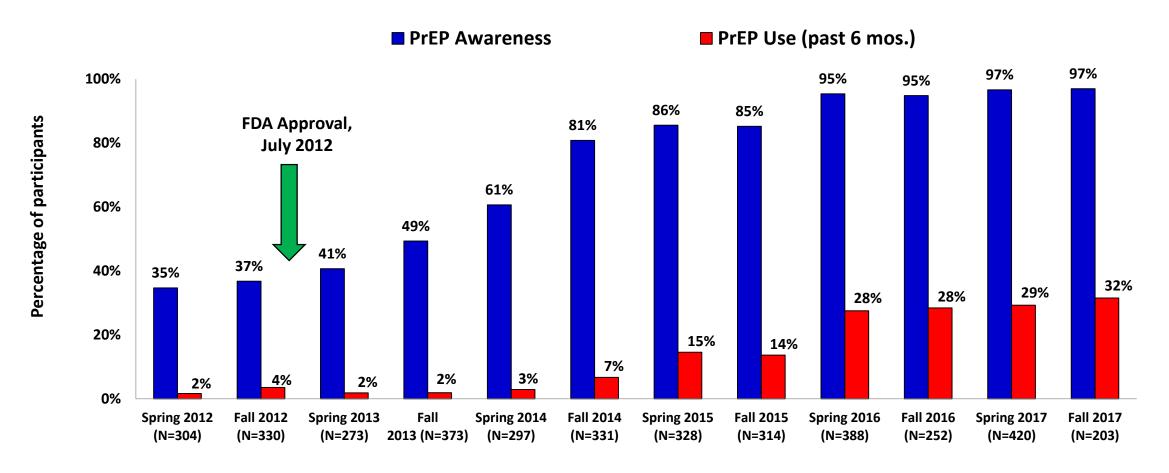
Viral Suppression¹ Among People in HIV Medical Care², NYC 2013-2017



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



PrEP Awareness and Use among MSM*, Sexual Health Survey, Online Sample, NYC, 2012-2017



Survey Cycle



So, how are we doing?

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

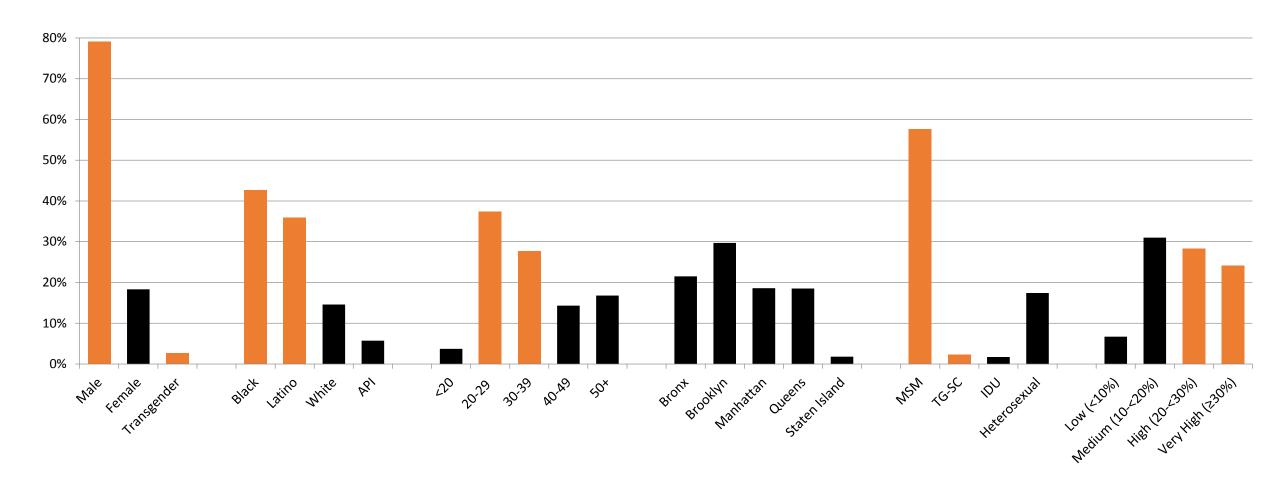
Diagnosing people with HIV earlier

- Increasing rates of viral load suppression
- Increasing rates of PrEP use in men who have sex with men

Decreasing rate of new HIV infections

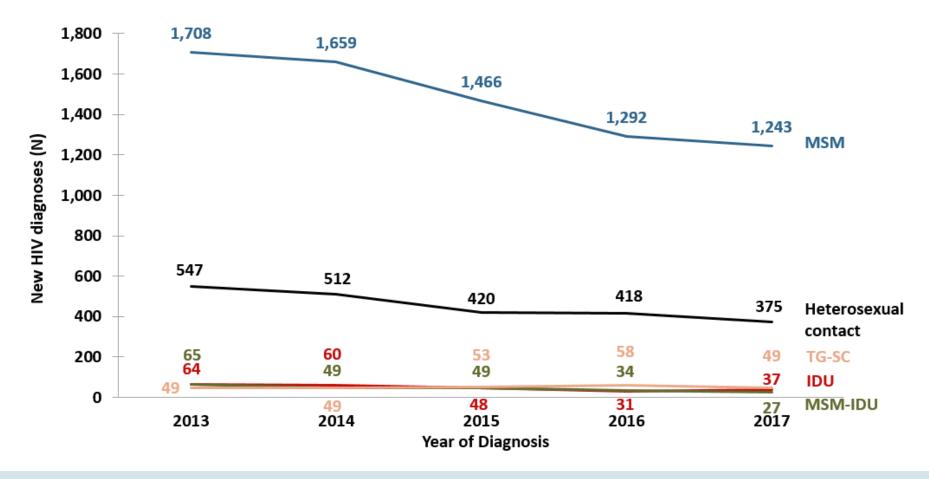


New HIV Diagnoses, NYC, 2017



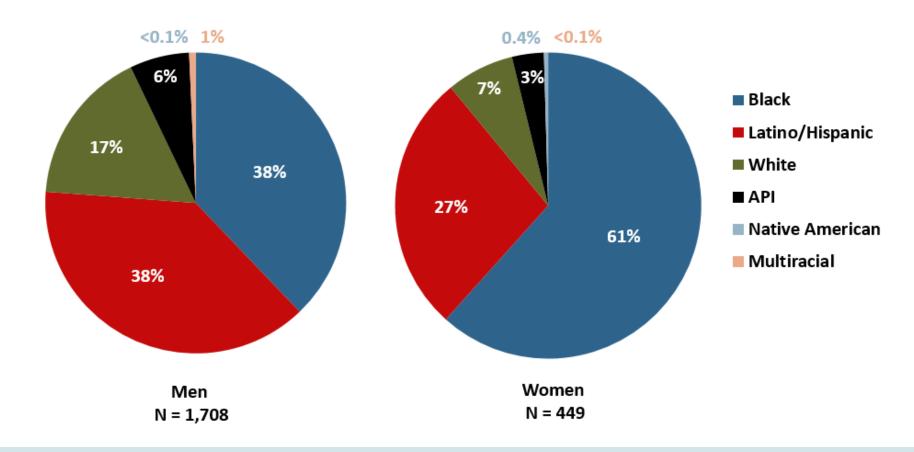


NUMBER OF NEW HIV DIAGNOSES BY TRANSMISSION RISK IN NYC, 2013-2017



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.

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.

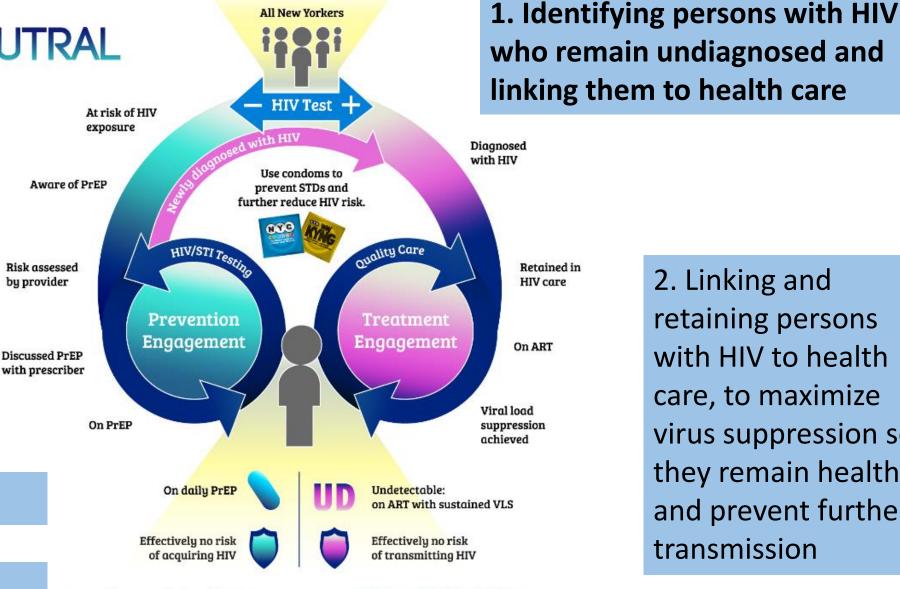


NEW YORK CITY'S HIV STATUS NEUTRAL PREVENTION & TREATMENT CYCLE

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



People at risk of HIV exposure taking daily PrEP and people with HIV with sustained viral load suppression do not acquire or transmit HIV. 2. Linking and retaining persons with HIV to health care, to maximize virus suppression so they remain healthy and prevent further transmission



HIV Testing: Community Mobilization & Online Outreach





LIKETHIS PAGE

















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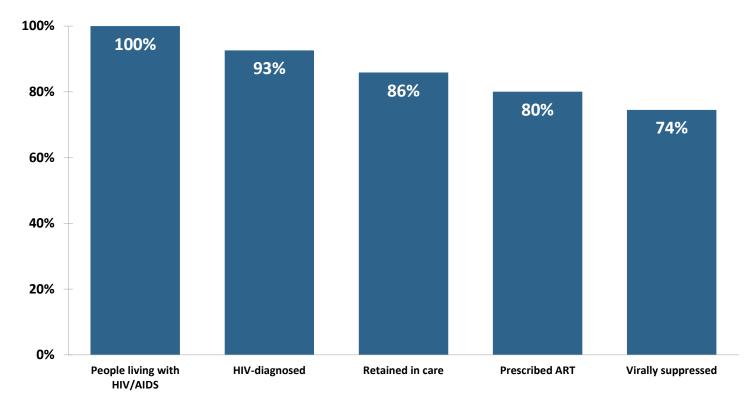
1. Identifying persons with HIV who remain undiagnosed and linking them to health care - HIV Test At risk of HIV exposure Diagnosed with HIV Use condoms to Aware of PrEP prevent STDs and further reduce HIV risk. HIV/STI Testing Quality Care Retained in Risk assessed HIV care by provider Prevention Treatment Engagement Engagement On ART Discussed PrEP with prescriber Viral load On PrEP suppression achieved On daily PrEP On ART with sustained VLS Negligible risk of Negligible risk of transmitting HIV acquiring HIV

All New Yorkers

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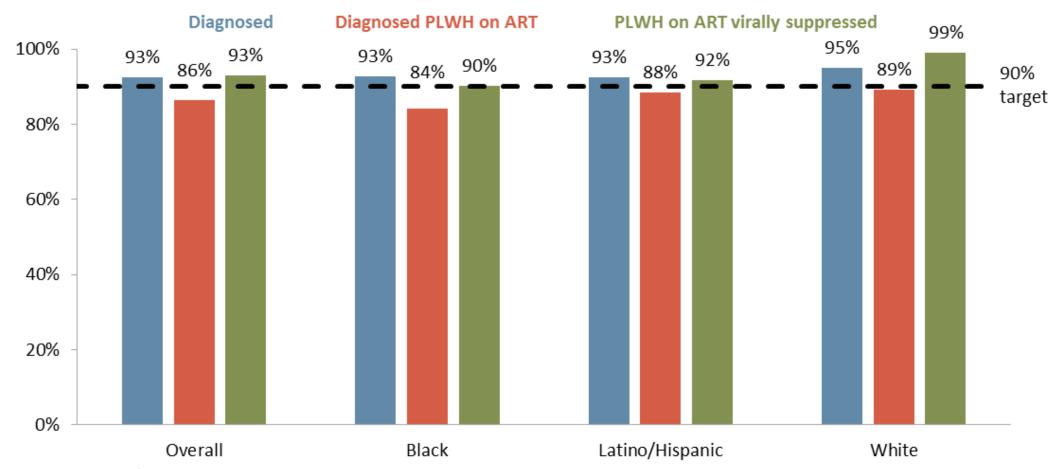
Proportion of PLWH in NYC Engaged in Selected Stages of the HIV Care Continuum, 2017

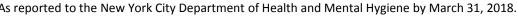


Of approximately 90,500 PLWHA in NYC in 2017, 74% had a suppressed viral load.



UNAIDS 90-90-90 targets for PLWH in NYC, overall and by race/ethnicity, 2017







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

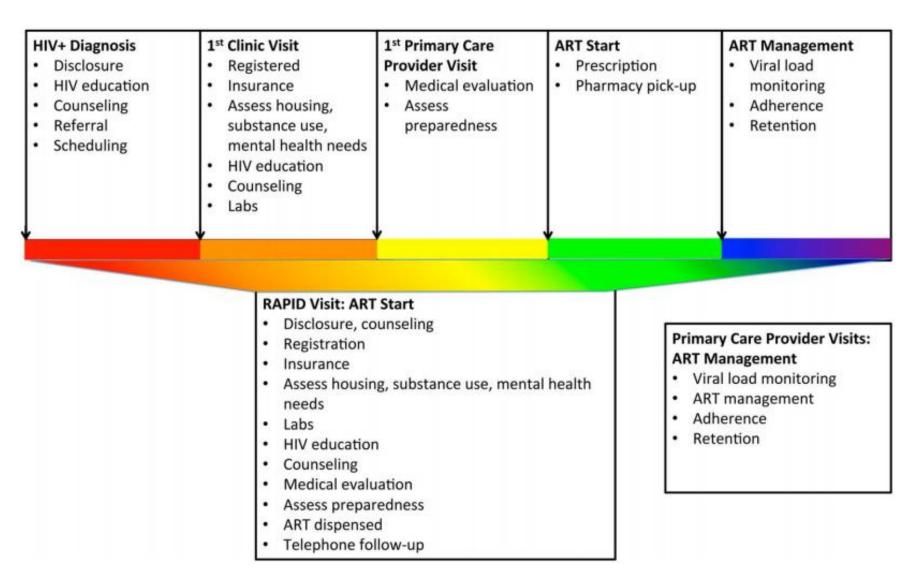
5,630 unique clients who have received an incentive



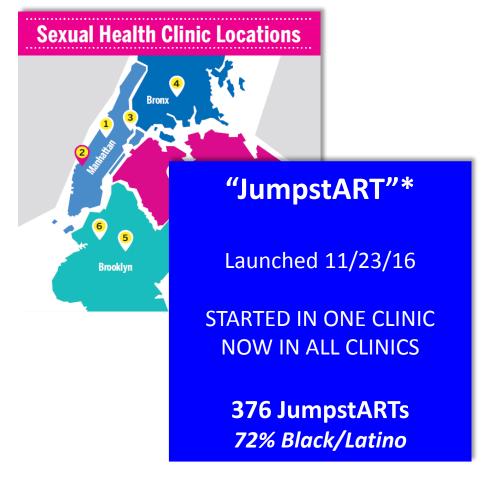


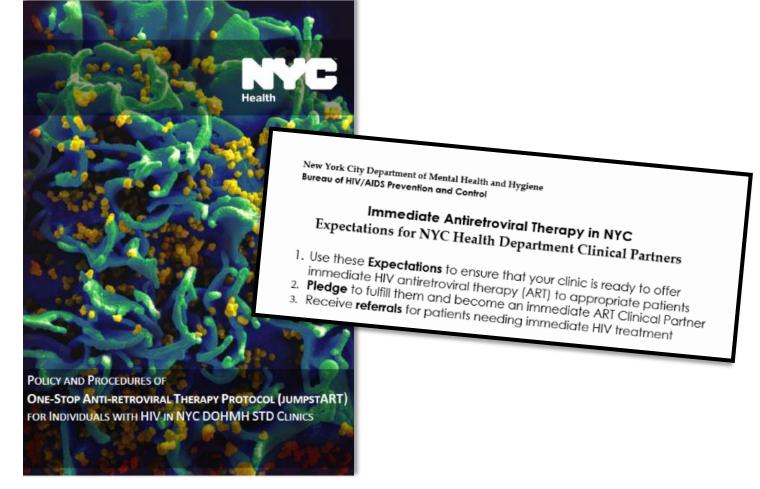


Maximize Viral Load Suppression: Promoting Immediate Antiretroviral Treatment (iART)



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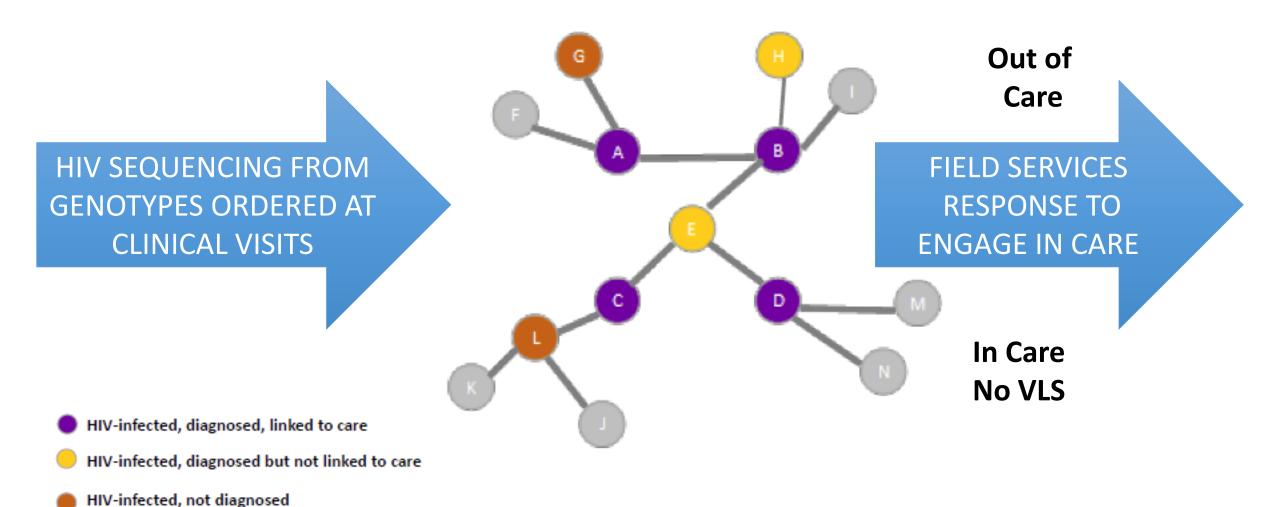






Hypothetical underlying sexual/risk network

HIV-uninfected, at risk

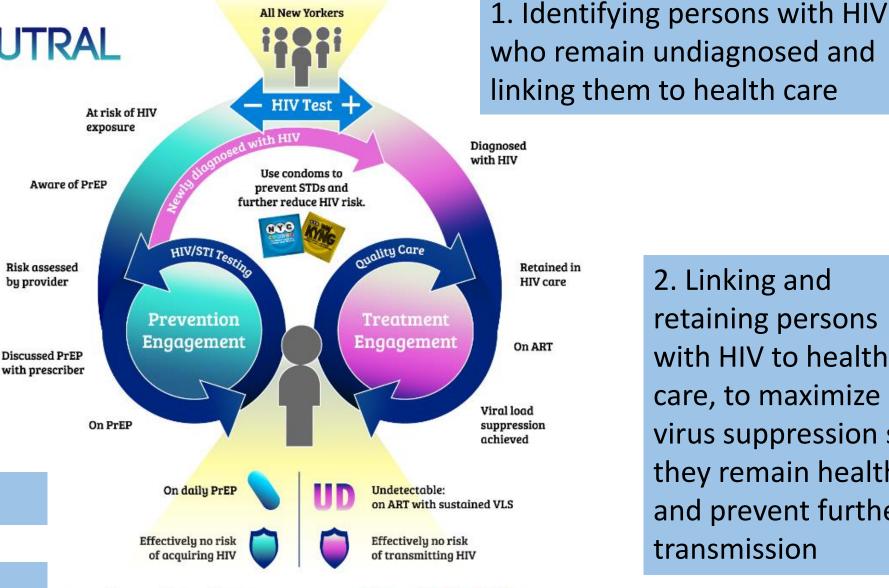


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Promoting Pre-Exposure Prophylaxis (PrEP): Social Marketing Campaigns



#PLAYSURE

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.

Talk to your do ov/health and s



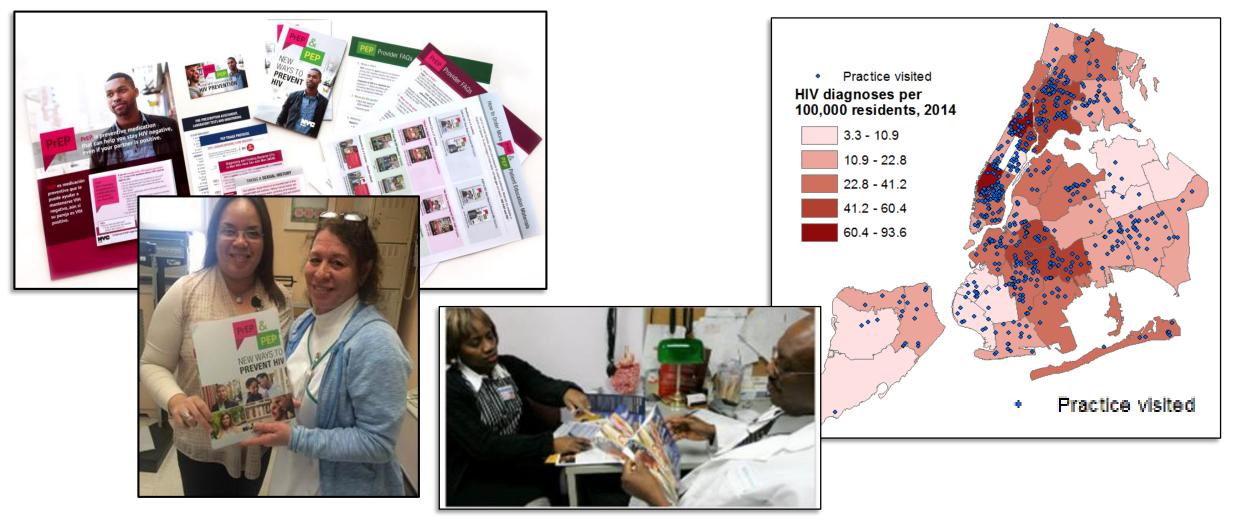


Promoting Pre-Exposure Prophylaxis (PrEP): Social Marketing Campaigns





Promoting Pre-Exposure Prophylaxis (PrEP) among Providers : PrEP/PEP Public Health Detailing





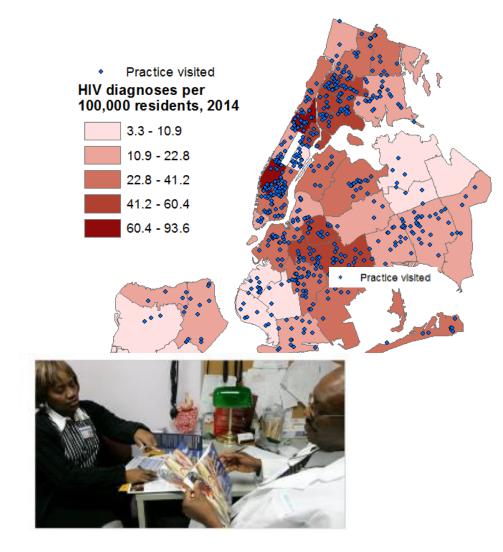
Promoting Pre-Exposure Prophylaxis (PrEP) among Providers: PrEP/PEP Public Health Detailing

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

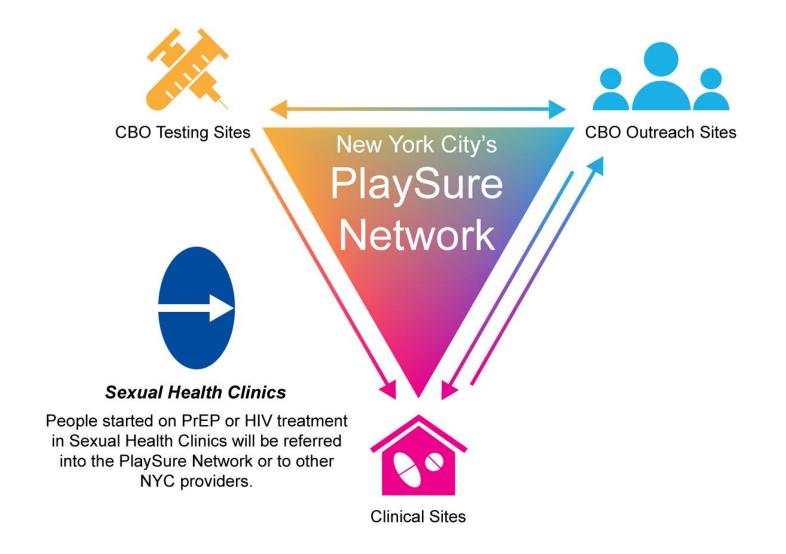








Increasing Access to HIV Prevention Services: the PlaySure Network





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

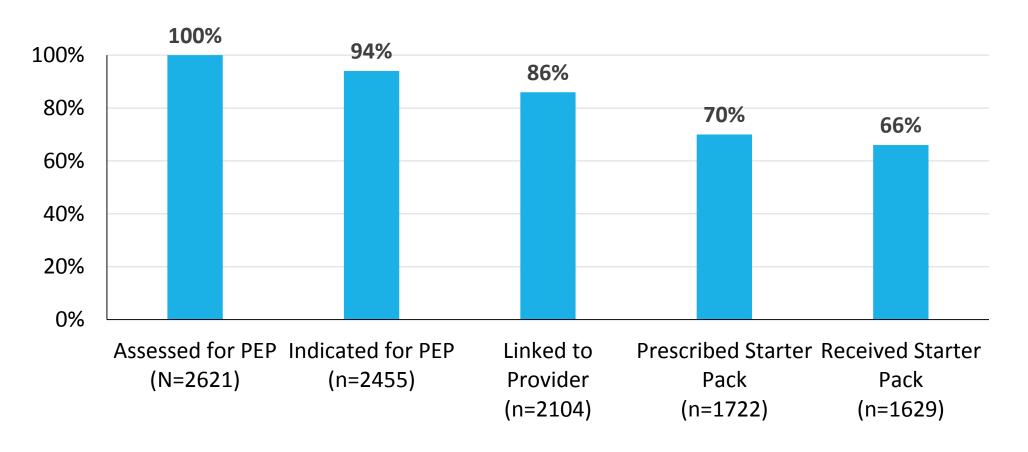
Urgent care model

Immediate starts regardless of insurance status

PrEP linkage



Services among PEP Eligibility Assessments at PEP Call Center (N=2621)



^{*}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

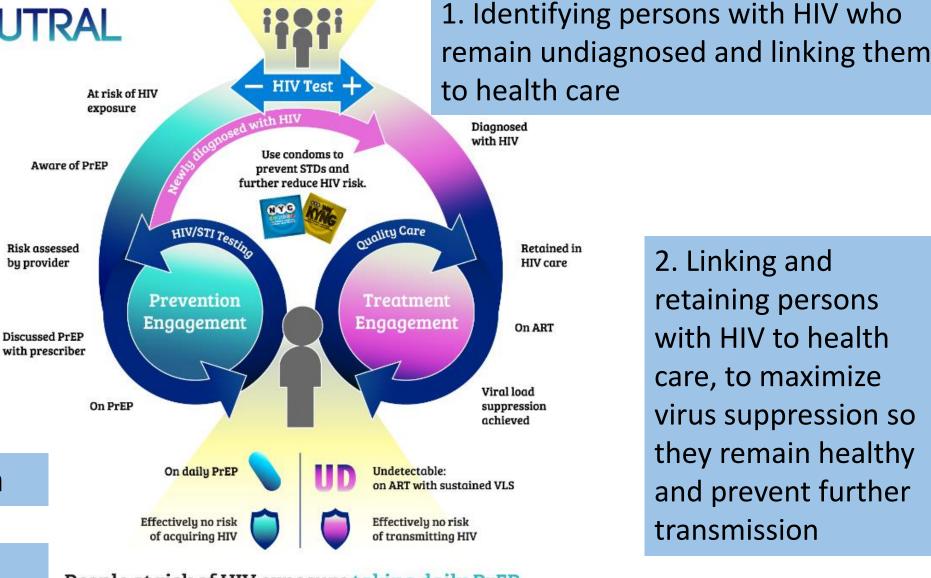


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All New Yorkers

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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.



What is NYC DOH doing to spread the word about U=U?



<u>Summary</u> – The New York City Health Department urges medical providers to: Inform patients living with HIV that if they maintain an undetectable viral load, they have

Encourage HIV-positive patients and their partners to discuss options for HIV and other Sexually transmitted infections (511) prevention, including HIV and STI treatment, condoms, PrEP and emergency PEP.

November 28, 2017

Antiretroviral medicines can effectively eliminate the risk of sexual transmission of HIV. We urge med providers to educate their patients with HIV that "Undetectable is Untransmittable," or "U=U,"

New clinical research has generated abundant evidence that individuals with undetectable viral loads not sexually transmit HIV. HPTN 052 was the first clinical trial to demonstrate no linked transmis. from people with suppressed viral loads to HIV-negative sexual partners. More recently, two observational cohort studies – <u>PARTNER</u> and <u>Opposites Attract</u> – followed male and heterosexual Couples in which one partner was receiving antiretroviral treatment for HIV and the other partner w couples in which one partner was receiving antiretroviral creatment for hiv and the other partner w. HIV-negative. During more than 1,800 couple-years of follow-up, male couples had anal sex without nov-negative. Juring more than 1,800 couple-years of follow-up, male couples had anal sex without condoms more than 34,000 times and heterosexual couples had vaginal or anal sex without condom more than 34,000 times and heterosexual couples had vaginal or anal sex without condom more than 34,000 times and heterosexual couples had vaginal or anal sex without condom more than 32,000 times and heterosexual couples had vaginal or anal sex without condom more than 32,000 times and heterosexual couples had vaginal or anal sex without condom more than 32,000 times and heterosexual couples had vaginal or anal sex without condom more than 32,000 times and heterosexual couples had vaginal or anal sex without condom more than 34,000 times and heterosexual couples had vaginal or anal sex without condom more than 34,000 times and heterosexual couples had vaginal or anal sex without condom more than 34,000 times and heterosexual couples had vaginal or anal sex without condom more than 34,000 times and heterosexual couples had vaginal or anal sex without condom more than 34,000 times and heterosexual couples had vaginal or anal sex without condom more than 34,000 times and heterosexual couples had vaginal or anal sex without condom more than 34,000 times and heterosexual couples had vaginal or anal sex without condom more than 34,000 times and heterosexual couples had vaginal or anal sex without condom more than 34,000 times and heterosexual couples had vaginal or anal sex without couples had vaginal or anal sex wit condoms <u>more than 54,000 times</u> and heterosexual couples had vaginal or anal sex without condom times than 35,000 times with zero linked HIV transmissions documented when the HIV-positive particles than 35,000 times with zero linked HIV transmissions documented when the HIV-positive particles than 35,000 times with zero linked HIV transmissions documented when the HIV-positive particles than 35,000 times with zero linked HIV transmissions documented when the HIV-positive particles than 35,000 times with zero linked HIV transmissions documented when the HIV-positive particles than 35,000 times with zero linked HIV transmissions documented when the HIV-positive particles than 35,000 times with zero linked HIV transmissions documented when the HIV-positive particles than 35,000 times with zero linked HIV transmissions documented when the HIV-positive particles than 35,000 times with zero linked HIV transmissions documented when the HIV-positive particles than 35,000 times with zero linked HIV transmissions documented when the HIV-positive particles than 35,000 times with zero linked HIV transmissions documented when the HIV-positive particles than 35,000 times with zero linked HIV transmissions documented when the HIV-positive particles than 35,000 times with zero linked HI

In August 2016, New York City (NYC) became the first jurisdiction in the United States to join the " an august 2010, New York City (NT C) Declarite the Irray parameters in the Control parents to purchase companying when the NYC Health Department signed a consensus statement affirming that people HIV who have maintained an undetectable viral load for at least six months do not sexually transm In September 2017, the Centers for Disease Control and Prevention and the New York State Dept.

Market has been appeared that accords who resident an emphasize that the depth according to the control and prevention and the New York State Depth (1997) and the Centers for Disease Control and Prevention and the New York State Depth (1997) and the Centers for Disease Control and Prevention and the New York State Depth (1997) and the Centers for Disease Control and Prevention and the New York State Depth (1997) and the Centers for Disease Control and Prevention and the New York State Depth (1997) and the Centers for Disease Control and Prevention and the New York State Depth (1997) and the Centers for Disease Control and Prevention and the New York State Depth (1997) and the Centers for Disease Control and Prevention and the New York State Depth (1997) and the New York State Depth (1997 of Health agreed that people who maintain an undetectable viral load have effectively no risk of transmitting HIV to their sexual partners.

The Health Department asks providers to counsel patients with HIV that if they take their antires medicines every day and maintain an undetectable viral load, they will avoid damage to their be immune system and will not transmit HIV to their sexual partners. Encourage people with HIV w not being treated to start antiretroviral treatment to protect their health and to prevent transm their sexual partners. Refer patients who require support adhering to treatment or staying in G programs such as the <u>Undetectables</u>, the <u>Positive Use Workshop</u> and the <u>NYC Ryan White Care</u> Coordination Program (if eligible for Ryan White services).

Couples share the responsibility of preventing HIV. Counsel both HIV-positive patients and the partners on strategies to maintain a healthy, fulfilling and worry-free sex life, including the use of partners un strategies tu maintain a meatury, tunining and wurty-rise sea intermining the use of <u>Corporation Mill meating and PEP (Pre-Exposure Prophylaxis) or PEP (Post-Exposure Prophylaxis)</u>. Encourage HIV-positive patients to talk to their current or potential partners about what an



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 six months do not transmit HIV through sex. In September 2017, the Centers for Disease Control and Prevention and the New York State Department of Health (PDF) agreed with this finding, which is known as 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 tells me they have an undetectable viral load, should we still use condoms?+ If I am on HIV treatment, should my partner be on PrEP2+



BHIV Eliminating Stigma Activities: Promoting U=U



Data Collection & Analysis



Provider Outreach & Trainings

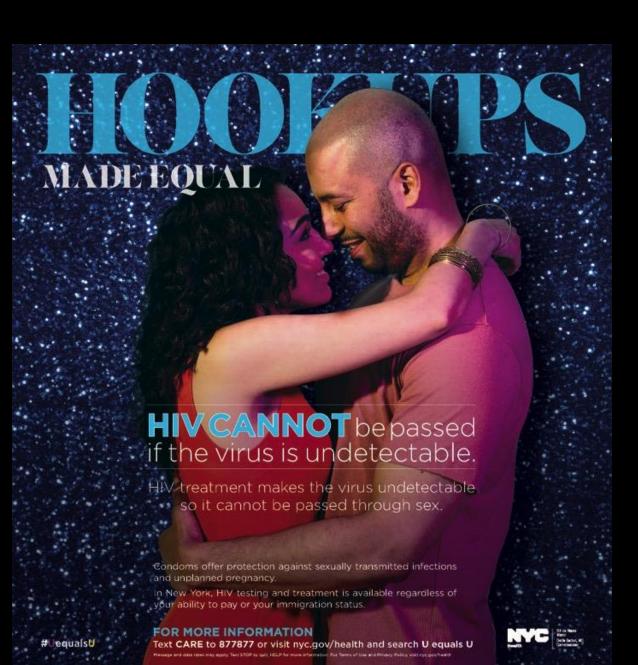


Community engagement





MADEEQUA **HIV CANNOT** be passed if the virus is undetectable. HIV treatment makes the virus undetectable so it cannot be passed through s In New York, HIV testing and treatment is av your ability to pay or your immigration sta Get tested. Start treatment. Stay undetectal #UequalsU ch U equals U Text CARE to 877877 or visit nyc.gov/h







HOOM STATES

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.

Get tested. Start treatment. Stay undetectable.

FOR MORE INFORMATION

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

Mesongs and case rates may apply. Text STOP to suit, HELP for more information. For farms of Just and Privatey Policy visit my graphs that the



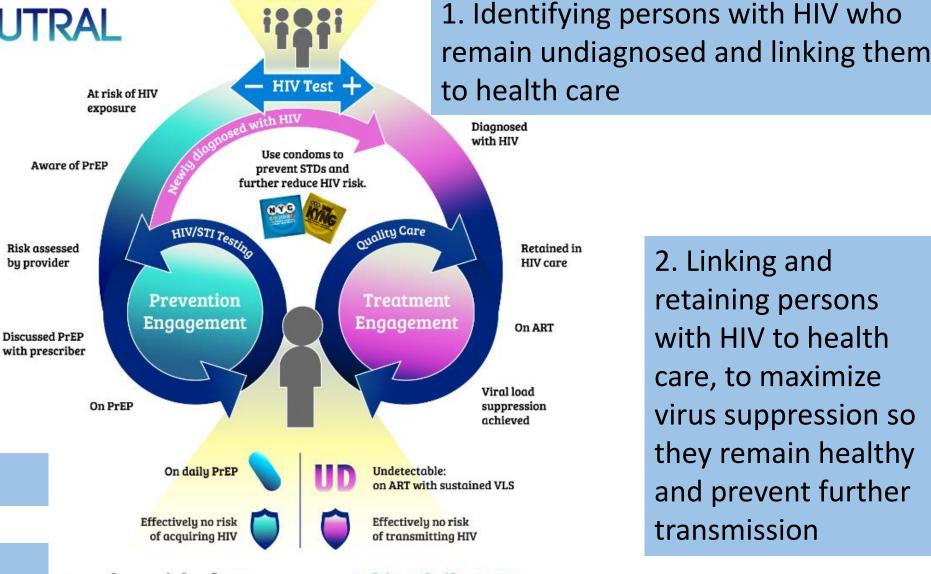


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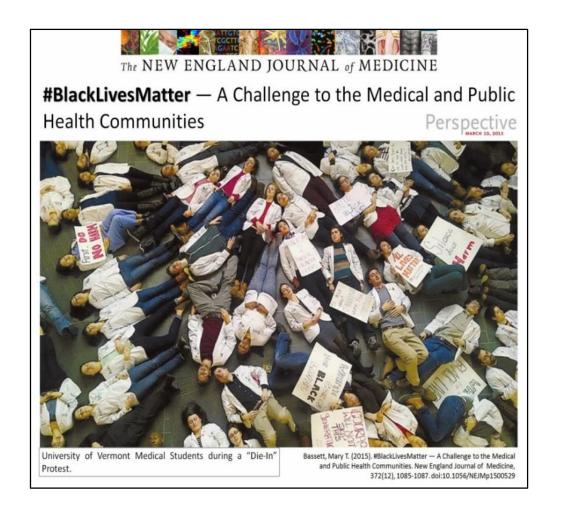
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Building a Foundation for Equity: NYC Health's Race to Justice









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

Budgets and Contracts

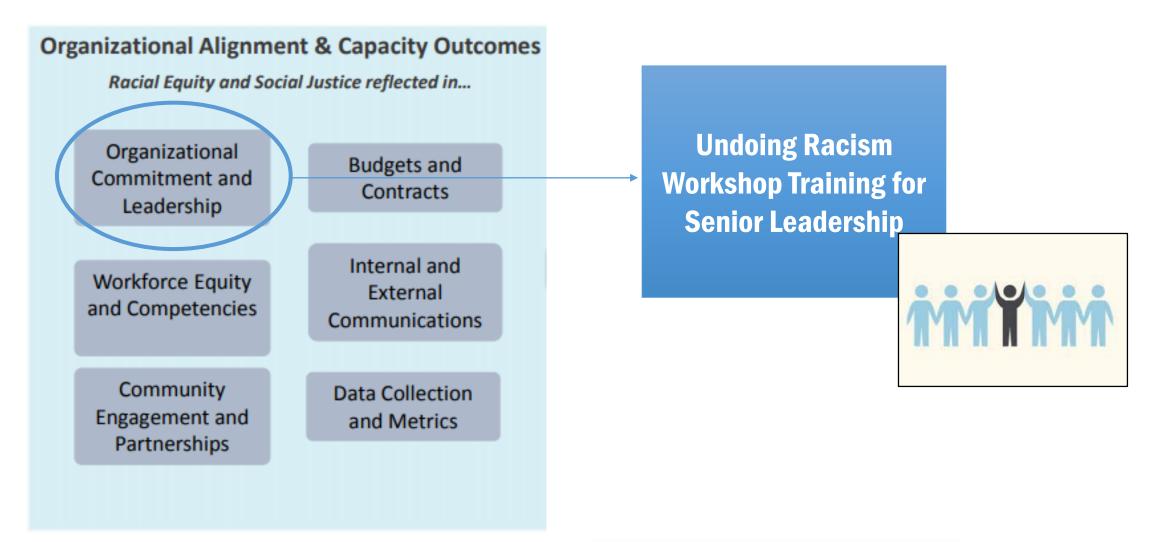
Workforce Equity and Competencies Internal and External Communications

Community Engagement and Partnerships

Data Collection and Metrics

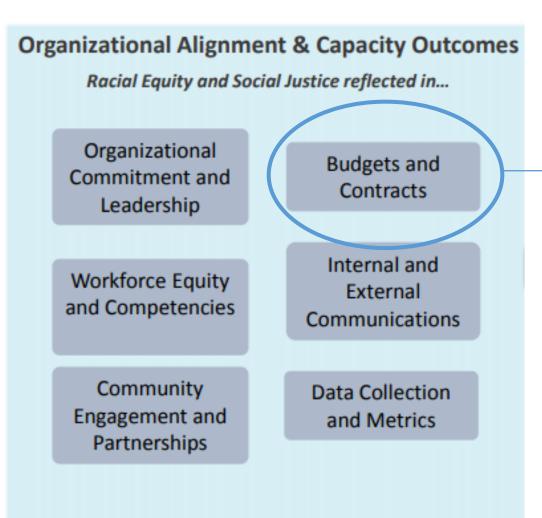


Theory of Change: Building Organizational Capacity to Reduce Inequities and Advance Structural Change





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



Government Alliance
Racial Equity (GARE) Tool
Pilot Project to evaluate
equity in the RFP process





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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

1) Policies

2) Programs and Services

Practice Outcomes

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

















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

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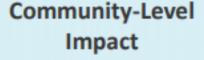


Practice Outcomes

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

That:

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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



