

# ENDING THE EPIDEMIC IN NEW YORK STATE

## OVERVIEW OF THE BLUEPRINT

New York State strives to reduce the number of new infections of HIV to 750 annually by the end of 2020. New York State's Blueprint to end the epidemic (ETE) is designed to move New York from a history of having the worst HIV epidemic in the United States, to a future where new infections are rare and those living with the disease have normal lifespans with few complications. The Blueprint presents key recommendations for ETE across four primary domains:

**1. Identify persons who remain undiagnosed and link them to health care.**

- Expanding Access and Streamlining HIV Testing
- Development of an HIV Testing Toolkit
- Launch of the HIV Home Test Giveaway

**2. Link and retain persons diagnosed with HIV in care to maximize virus suppression so they remain healthy and prevent further transmission.**

- Expansion of Data to Care Initiatives
- Matching HIV Surveillance with Other Data Sets
- Explore Tracking VLS Rates by all Service Providers

**3. Provide access to Pre-Exposure Prophylaxis (PrEP) for persons who engage in high risk behaviors to keep them HIV-negative.**

- Increase Public Awareness of PrEP and nPEP
- Initiation of nPEP and PrEP Detailing statewide

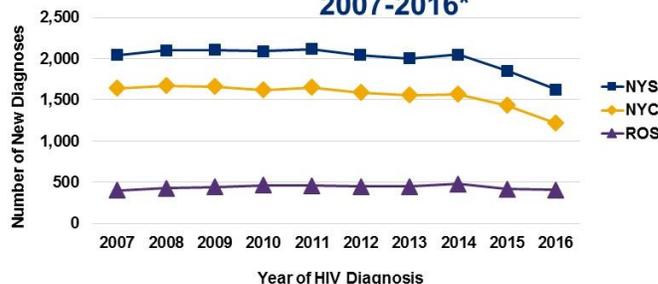
**4. Recommendations in support of decreasing new infections and disease progression.**

- Increased Services for Young MSM of Color
- Expansion of Peer Certification Program
- Enhance Access to Services for Transgender Communities
- Commitment to Eliminating Cases of HIV from Injection Drug Use by Launching a Sentinel Event Response
- Collaborate with Partners to Achieve Zero AIDS Mortality by the End of 2020

## NEWLY DIAGNOSED HIV CASES

New York State has seen declines in the number of new HIV diagnoses for many years. Historically, this decline has not been equally shared among all groups, such as gay, bisexual, and other men who have sex with men (MSM). However, new diagnoses among MSM fell 12 percent between 2015 and 2016 (1,804 to 1,580), the second straight annual decrease after years of little change.

**Men Who Have Sex with Men (MSM),<sup>1</sup> Newly Diagnosed with HIV Infection by Residence at Diagnosis,<sup>2</sup> NYS, 2007-2016\***



<sup>1</sup>MSM includes MSM and MSM/IDU  
<sup>2</sup>Region of Residence at Diagnosis  
 \*Data as of September 2017



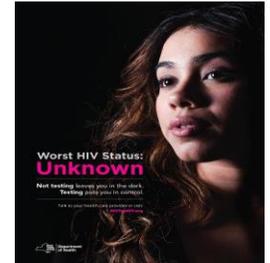
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## COMMUNITY INPUT IN THE BLUEPRINT TO END AIDS

One of the hallmarks of the AIDS Institute's strategy is ongoing dialogue with key stakeholders including consumers as well as community-based health and human service providers on the front line. The AIDS Advisory Council (AAC) ETE Subcommittee ensures the ongoing community input into the implementation of the ETE Blueprint. The AAC ETE Subcommittee is also working to effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. Through several advisory groups, implementation strategies in support of ETE Blueprint recommendations are being developed. These strategies seek to diminish barriers to care and treatment so that ETE achievements leave no sub-population behind.

**AIDS Advisory Council ETE Subcommittee Advisory Groups include:**

Sexually Transmitted Diseases	Transgender and Gender Non-Conforming Individuals
Young Adults	Latino Gay and Bisexual Men
Data Needs	Non-English Speaking, Migrant Workers, and New Immigrants
Women	Drug User Health
Older Adults	Black Men who have Sex with Men (MSM)
Employment	Long-Term Survivors



## RECENT POLICY CHANGES TO SUPPORT ENDING THE EPIDEMIC IN NEW YORK STATE

- 2013**
- Implementation of "30% rent cap" affordable housing project
- 2014**
- Elimination of written consent for HIV Testing
  - Expansion of data sharing between state and local health departments
- 2015**
- Limiting the use of condoms for criminal proceedings for misdemeanor prostitution offenses
  - Addressing the legality of syringes obtained through syringe exchange programs
- 2016**
- Further streamlining routine HIV testing
  - Elimination of the existing upper age limit of 64 for purposes of offering an HIV test
  - Allowing a physician to issue a non-patient specific order to allow registered nurses to screen individuals at risk for syphilis, gonorrhea and chlamydia
  - Allowing a physician to order a patient-specific or non-specific order to a pharmacist to dispense seven-day PEP starter kit
- 2017**
- Ensure teens have the right to obtain HIV treatment and preventive services, including PrEP and PEP, while safeguarding the confidentiality of such care

## RESOURCES

AIDS Institute: <https://www.health.ny.gov/aids>  
NYC DOHMH: [www.nyc.gov/health](http://www.nyc.gov/health)  
ETE Homepage: <https://health.ny.gov/EndingtheEpidemic>  
ETE Dashboard: <http://etedashboardny.org/>

HIV Clinical Guidelines: [www.hivguidelines.org](http://www.hivguidelines.org)  
HIV Clinical Education Initiative: [www.ceitraining.org](http://www.ceitraining.org)  
HIV Training Resources: [www.hivtrainingny.org](http://www.hivtrainingny.org)  
PrEP and nPEP Information: [www.health.ny.gov/prep](http://www.health.ny.gov/prep)