

The Facts

HIV/AIDS, hepatitis C (HCV) and sexually transmitted diseases (STDs) are *significant public health concerns*. New York State (NYS) remains at the epicenter of the HIV epidemic in the country, ranking first in the number of persons living with **HIV/AIDS**. By the end of 2011, approximately 131,000 New Yorkers were diagnosed and presumed living with HIV or AIDS, with an estimated 3,755 new diagnoses of HIV infection in 2011. As shown in the 'Cascade of HIV Care' below, most people living with HIV (PLWH) have not reached the goal of viral suppression, which leads to optimal personal health outcomes and marked reduction of transmission risk. Communities of color continue to show disproportionate rates of infection. The number of New Yorkers with documented **HCV** exceeded 175,000 by 2009. However, many people living with chronic HCV do not know they are infected. While newly diagnosed HIV infections among injection drug users have been reduced by 78% from 2002-2010, the most common risk factor for acquiring HCV remains injection drug use with HCV prevalence estimates in persons who inject ranging between 40 and 90 percent. In 2010 statewide, 123,122 **STD** diagnoses were reported, representing 70 percent of all cases of communicable diseases reported. Thus, many New Yorkers are at risk for myriad STD complications including infertility and a higher risk of HIV acquisition.

New York's Response

Priority 1: Increase HIV viral load suppression among PLWHA.

Action: Increase HIV testing in order to decrease the number of persons infected with HIV, but unaware of their status.

Action: Expand efforts to facilitate linkage and retention in HIV care to those who have not entered care or are no longer retained in care. Institute quality of care methods to identify and remove barriers to access and retention in care.

Action: Integrate HIV health care, prevention and surveillance activities to support and monitor linkage and retention in care.

Today, perhaps as many as 23,000 New Yorkers are not aware that they are living with HIV, and thus, are potentially damaging their own health as well as risking transmission of HIV to others. A key approach to preventing more infections is to identify people living with HIV as soon as possible and link them to care. Early initiation of antiretroviral medication is recommended and reduces, through viral suppression, the chances that HIV-positive persons will infect others. Approximately 71,000 New Yorkers living with HIV are not virally suppressed.

Integration of Ryan White and other Federal and State funded services effectively supports and promotes linkage and retention in care. Best practice standards of care are defined and supported by New York State's Quality of Care, Clinical Guidelines, and Clinical Education Initiative.

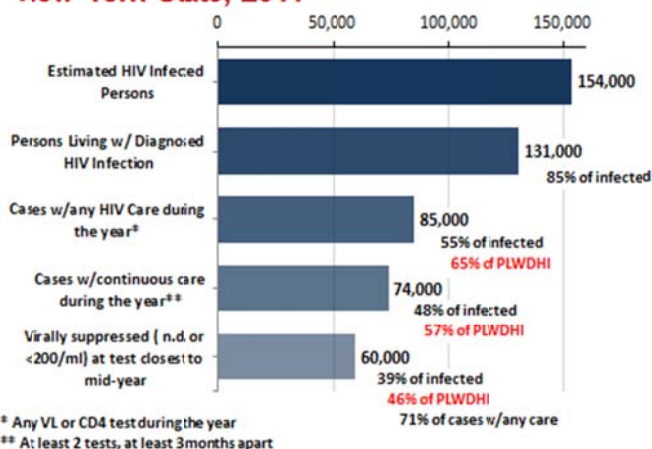
Priority 2: Maximize participation in health insurance programs.

Action: Continue to increase insurance participation for eligible enrollees and safety net services.

Persons with insurance or other care coverage have better health outcomes.

Studies show that as individual costs increase for health care services, people access less preventive and ongoing health care and utilize more costly emergency health

Cascade of HIV Care New York State, 2011



care. Using HIV Uninsured Care Program funds to assist individuals in obtaining or maintaining insurance for HIV and non-HIV health care coverage maximizes available resources and supports continued engagement in care. Strategies to increase insurance coverage for persons with HCV and STDs are needed, as well as continued safety net programs for subpopulations without access to affordable insurance.

Priority 3: Launch a coordinated effort to reduce new HIV and STD infections among gay men and men who have sex with men (MSM).

Action: Develop a 'Coordinating Committee' to oversee a comprehensive system of prevention, health care and supportive services targeting gay men and MSM to reduce HIV and STD infections and increase access to care.

Action: Use surveillance and other pertinent data systems to inform program activities and measure success.

Action: Emphasize young gay/MSM, especially young MSM of color—ages 13-24 years old, and further develop structured education and outreach programs to address their needs.

Despite available services, gay men and MSM continue to be disproportionately affected by HIV/AIDS – making up nearly two thirds of new diagnoses. Community-driven prevention efforts must be maintained, including the availability of risk reduction interventions and newer biomedical approaches such as pre-exposure prophylaxis and treatment as prevention for HIV. Improving access to care, retention in care, and treatment adherence will increase viral suppression and decrease transmission as well.

Priority 4: Enhance statewide public health efforts addressing Hepatitis C (HCV).

Action: Expand HCV treatment opportunities.

Action: Continue to develop a statewide system for screening high impact populations such as injection drug users, the baby boomer cohort, and longtime sexual partners of HCV-infected individuals.

With better screening technologies and increasingly effective treatments, more people will be seeking HCV

care and treatment. To ensure timely access to HCV care and treatment for New Yorkers living with HCV, continued funding to integrate HCV care and treatment into primary care settings is essential.

Implementation of the newly enacted HCV Testing Law will be a priority and will assist in identifying the treatment needs of persons born between 1945-1965.

Priority 5: Promote interagency collaboration to address sexual health awareness, education, and treatment and care options for sexually transmitted infections.

Action: Develop a New York State sexual health plan that addresses HIV, STD, and pregnancy prevention targeting adolescents and young adults to ensure the knowledge needed to make positive, healthy, and informed choices regarding sexual health.

Action: Develop comprehensive health care provider education and sentinel monitoring that assures timely and appropriate screening and treatment for STD/HIV in multiple health care settings.

When including viral STDs, 1 in 4 adolescents will have an STD, with the number rising to 1 in 2 sexually active people having an STD by age 25. Reproductive and sexual health are key primary health issues for adolescents and young adults. Providing accurate and comprehensive information to protect the health of adolescents and young adults and prepare them for responsible decision making is a public health responsibility.

The AIDS Institute: The AIDS Institute protects and promotes the health of New York State's diverse population through disease surveillance and the provision of quality prevention, health care and support services for those impacted by HIV, AIDS, sexually transmitted diseases, viral hepatitis and related health concerns. In addition, the Institute promotes the health of LGBT populations, substance users, and the sexual health of all New Yorkers.