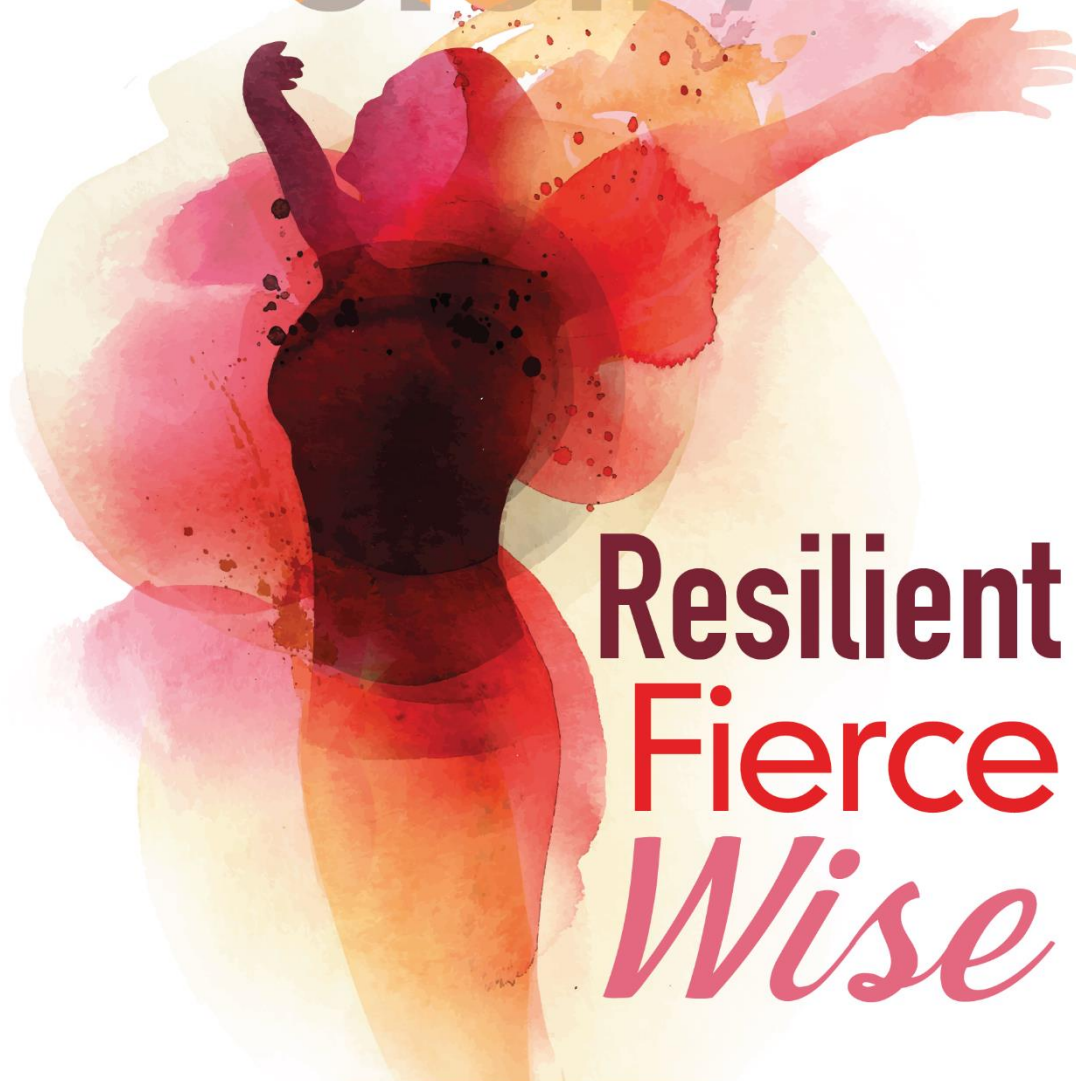


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**Resilient**  
**Fierce**  
*Wise*

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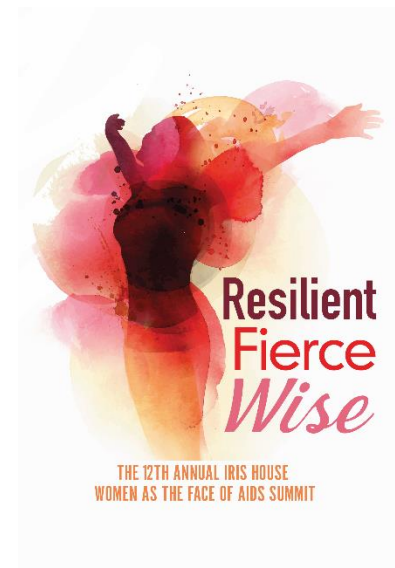
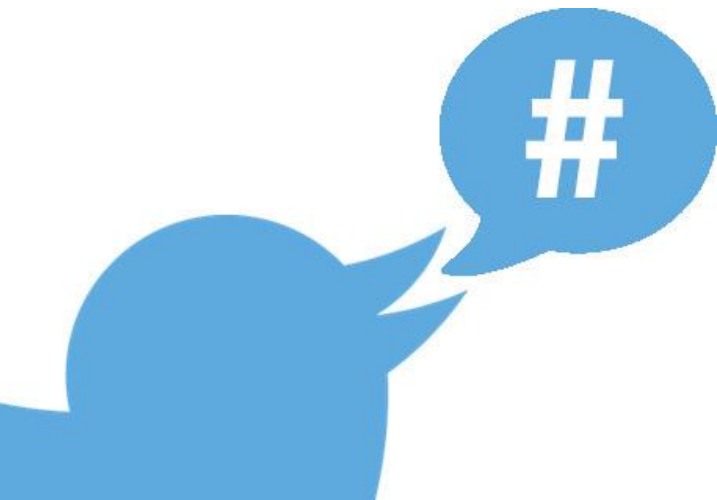


# Social Media Tags!



**@IrisHouse**

**#WFASummit2017**



# Update on Women, Girls, and HIV infection



Georgina Osorio, M.D., M.P.H.

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Interim Program Director, Internal Medicine Residency

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West

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St. Luke's

# Objectives

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- Review current HIV/AIDS epidemiology
- ART and management
- Combination HIV Prevention
- Challenges

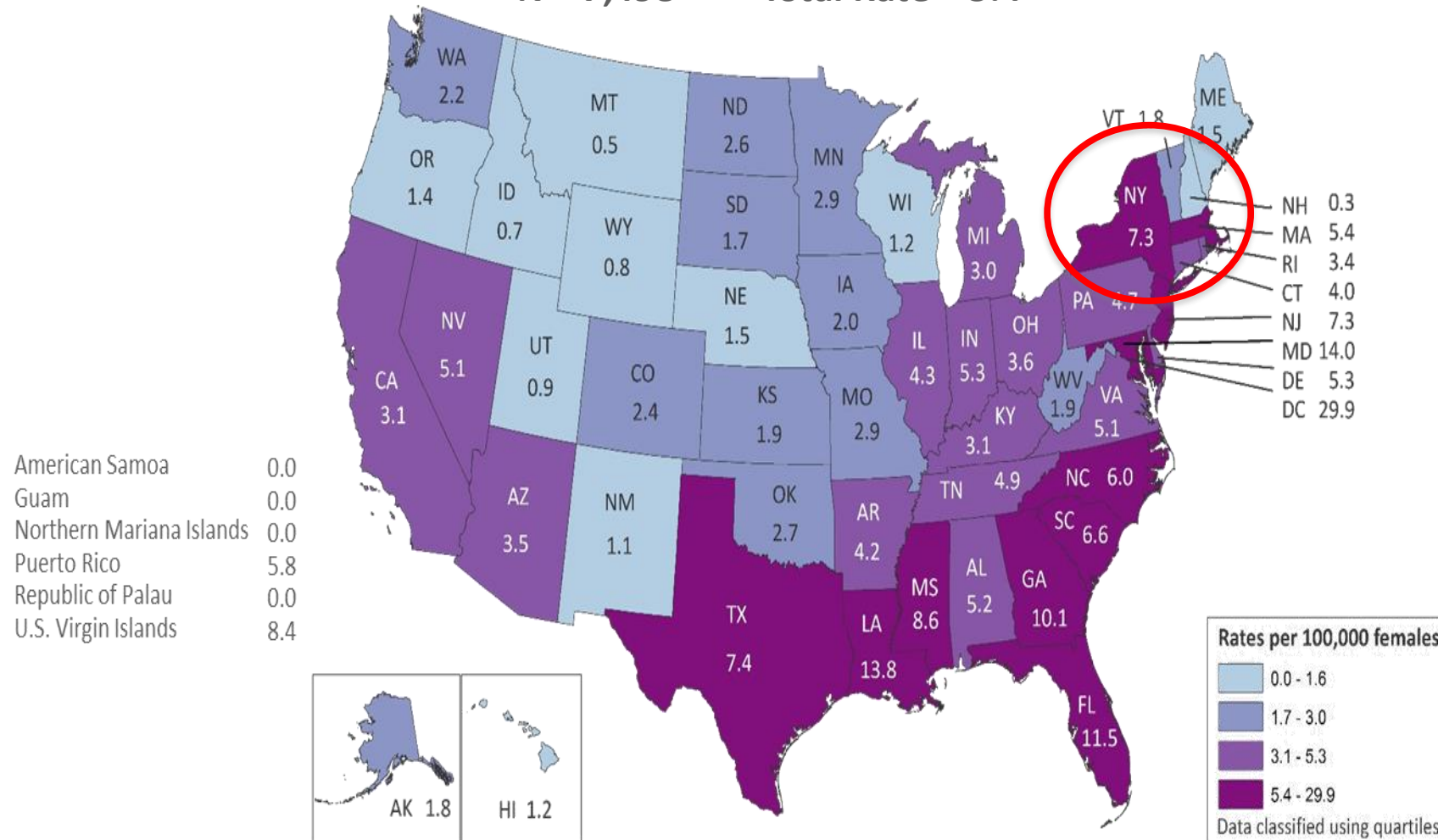
# HIV Epidemiology

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- The proportion of women living with HIV has remained stable, at 51% of the global total. About 17.4 million adults living with HIV are women. Women comprised 59% of the adults living with HIV in sub-Saharan Africa in 2014, as they have for most of the past decade. (WHO, 5/2017)
- An estimated 287,400 women were living with HIV at the end of 2013 in the United States, representing 23% of all HIV infections in the States. Of women living with HIV, around 11% do not know they are infected.
- Women made up 19% (n=7,402) of the 39,513 new HIV diagnoses in the United States in 2015
  - ✓ 86% (n=6,391) were attributed to heterosexual sex
  - ✓ 13% (n=980) were attributed to injection drug use (IDU)

# Rates of Diagnoses of HIV Infection among Female Adults and Adolescents 2015—United States and 6 Dependent Areas

N = 7,498      Total Rate = 5.4



Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data for the year 2015 are preliminary and based on 6 months reporting delay.



## Diagnoses of HIV Infection among Female Adults and Adolescents by Race/Ethnicity, 2015—United States

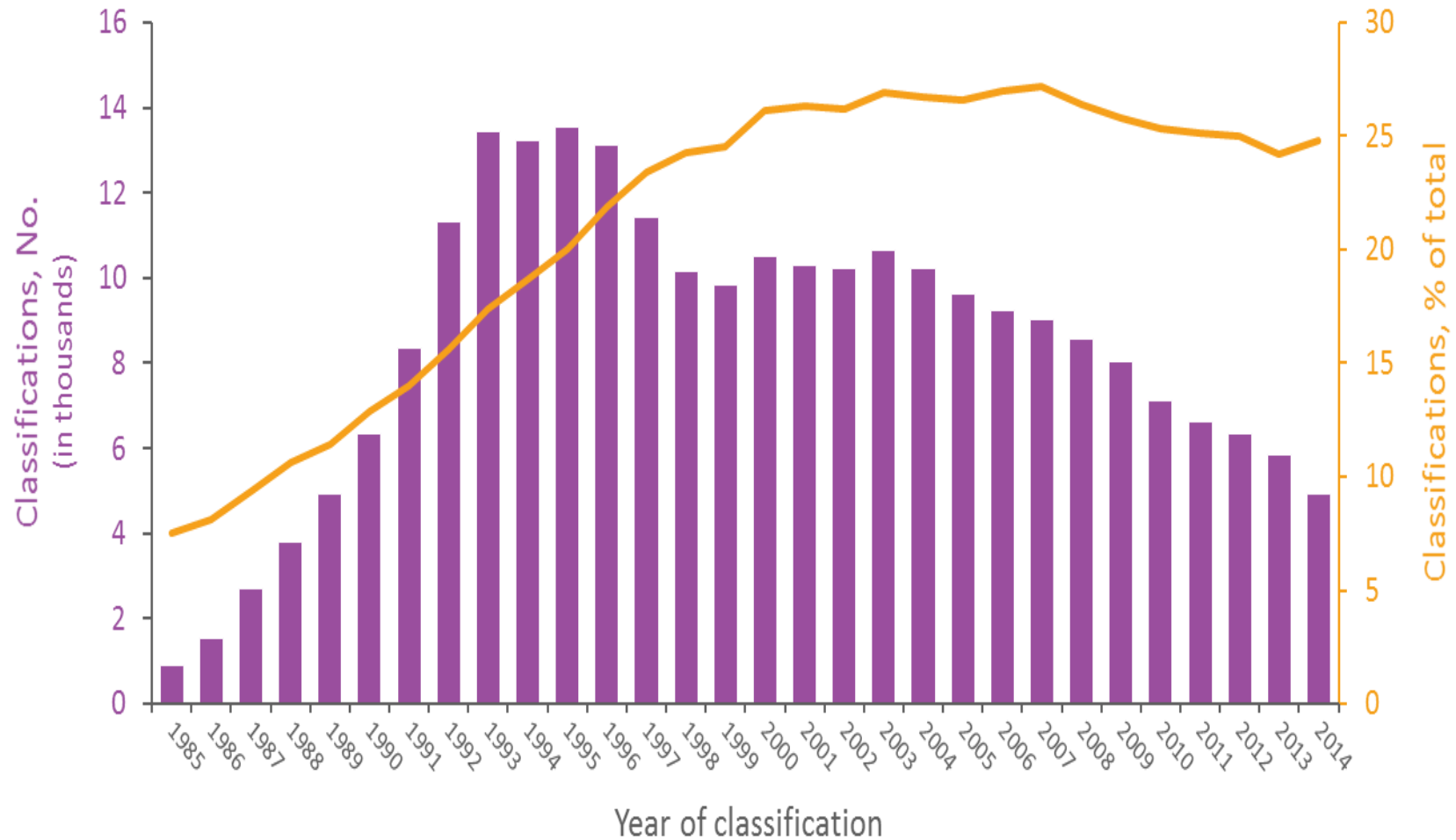
Race/ethnicity	No.	Rate
American Indian/Alaska Native	55	5.6
Asian	132	1.7
Black/African American	4,524	26.2
Hispanic/Latino <sup>a</sup>	1,131	5.3
Native Hawaiian/other Pacific Islander	8	3.5
White	1,431	1.6
Multiple races	121	5.5
<b>Total</b>	<b>7,402</b>	<b>5.4</b>

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data for the year 2015 are preliminary and based on 6 months reporting delay. Rates are per 100,000 population.

<sup>a</sup> Hispanics/Latinos can be of any race.

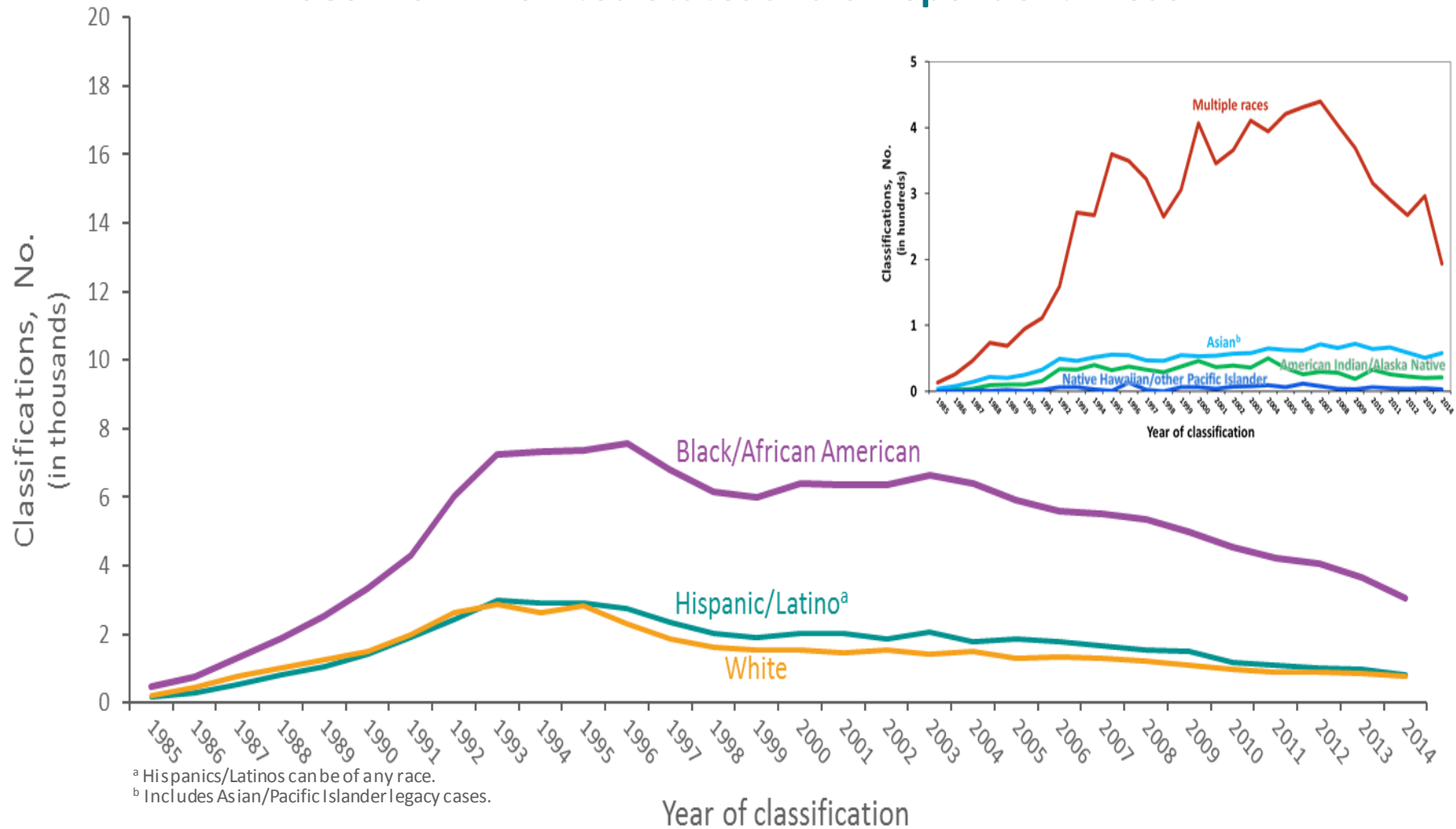


## Diagnosed HIV Infection Classified as Stage 3 (AIDS) among Female Adults and Adolescents, 1985–2014—United States and 6 Dependent Areas





# Stage 3 (AIDS) Classifications among Female Adults and Adolescents with Diagnosed HIV Infection, by Race/Ethnicity and Year of Classification 1985–2014—United States and 6 Dependent Areas

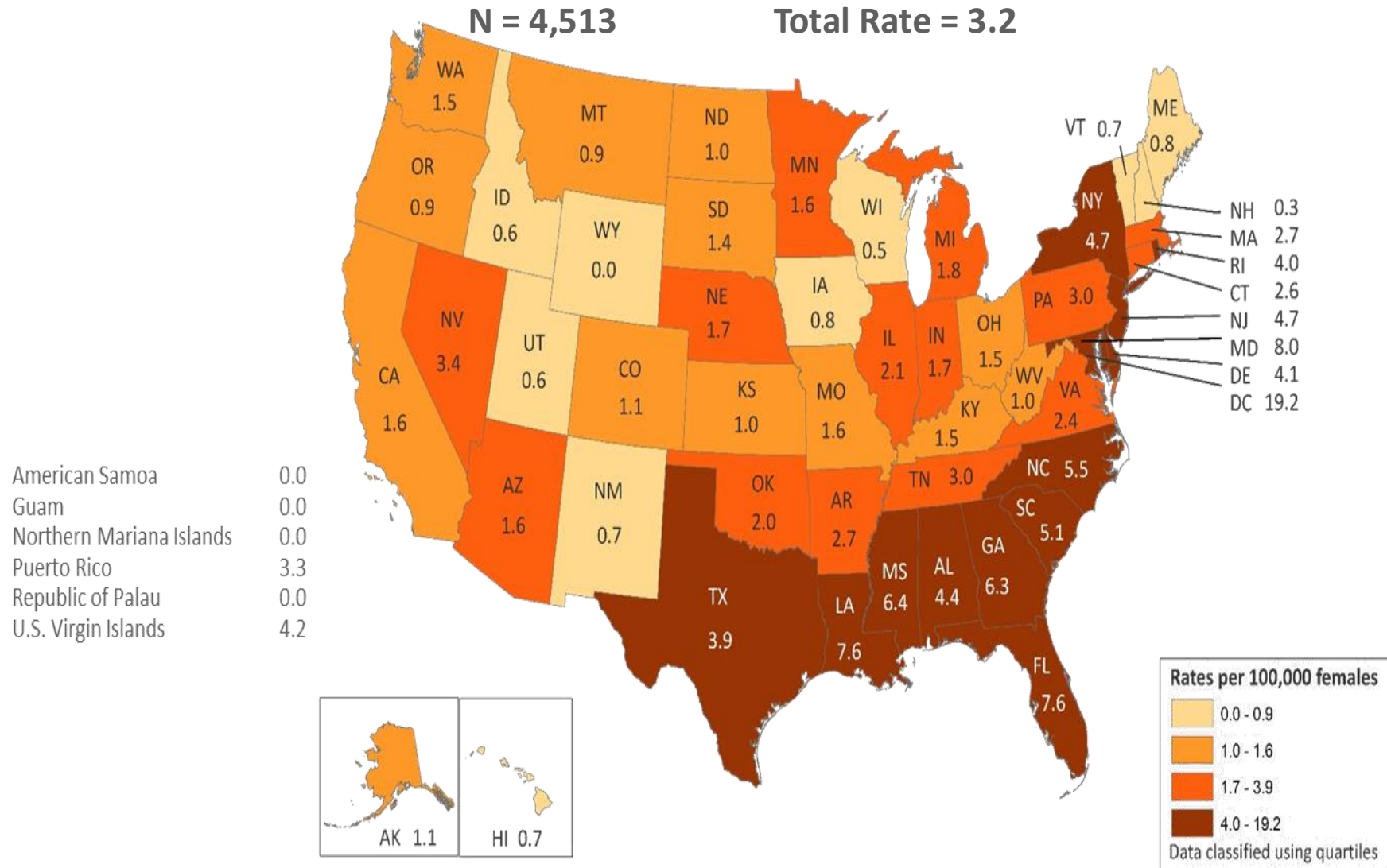


<sup>a</sup> Hispanics/Latinos can be of any race.

<sup>b</sup> Includes Asian/Pacific Islander legacy cases.



# Rates of Stage 3 (AIDS) Classifications among Female Adults and Adolescents with Diagnosed HIV Infection, 2015—United States and 6 Dependent Areas



Note. Data for the year 2015 are preliminary and based on 6 months reporting delay.



## Stage 3 (AIDS) Classifications among Female Adults and Adolescents with Diagnosed HIV Infection, by Race/Ethnicity, 2015—United States

Race/ethnicity	No.	Rate
American Indian/Alaska Native	39	4.0
Asian <sup>a</sup>	52	0.7
Black/African American	2,804	16.2
Hispanic/Latino <sup>b</sup>	632	2.9
Native Hawaiian/other Pacific Islander	3	1.3
White	765	0.9
Multiple races	164	7.5
<b>Total</b>	<b>4,459</b>	<b>3.2</b>

Note. Data for the year 2015 are preliminary and based on 6 months reporting delay. Rates are per 100,000 population.

<sup>a</sup> Includes Asian/Pacific Islander legacy cases.

<sup>b</sup> Hispanics/Latinos can be of any race.



## Stage 3 (AIDS) Classifications among Female Adults and Adolescents with Diagnosed HIV Infection, by Transmission Category and Age at Diagnosis 2015—United States and 6 Dependent Areas

Transmission category	Age group (years), %				
	13–19 N=54	20–24 N=215	25–34 N=977	35–44 N=1,246	≥45 N=2,021
Injection drug use	7.0	9.7	13.8	16.5	21.1
Heterosexual contact <sup>a</sup>	46.3	73.0	84.9	83.3	78.7
Other <sup>b</sup>	46.7	17.3	1.4	0.1	0.2
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Note. Data for the year 2015 are preliminary and based on 6 months reporting delay. Data have been statistically adjusted to account for missing transmission category.

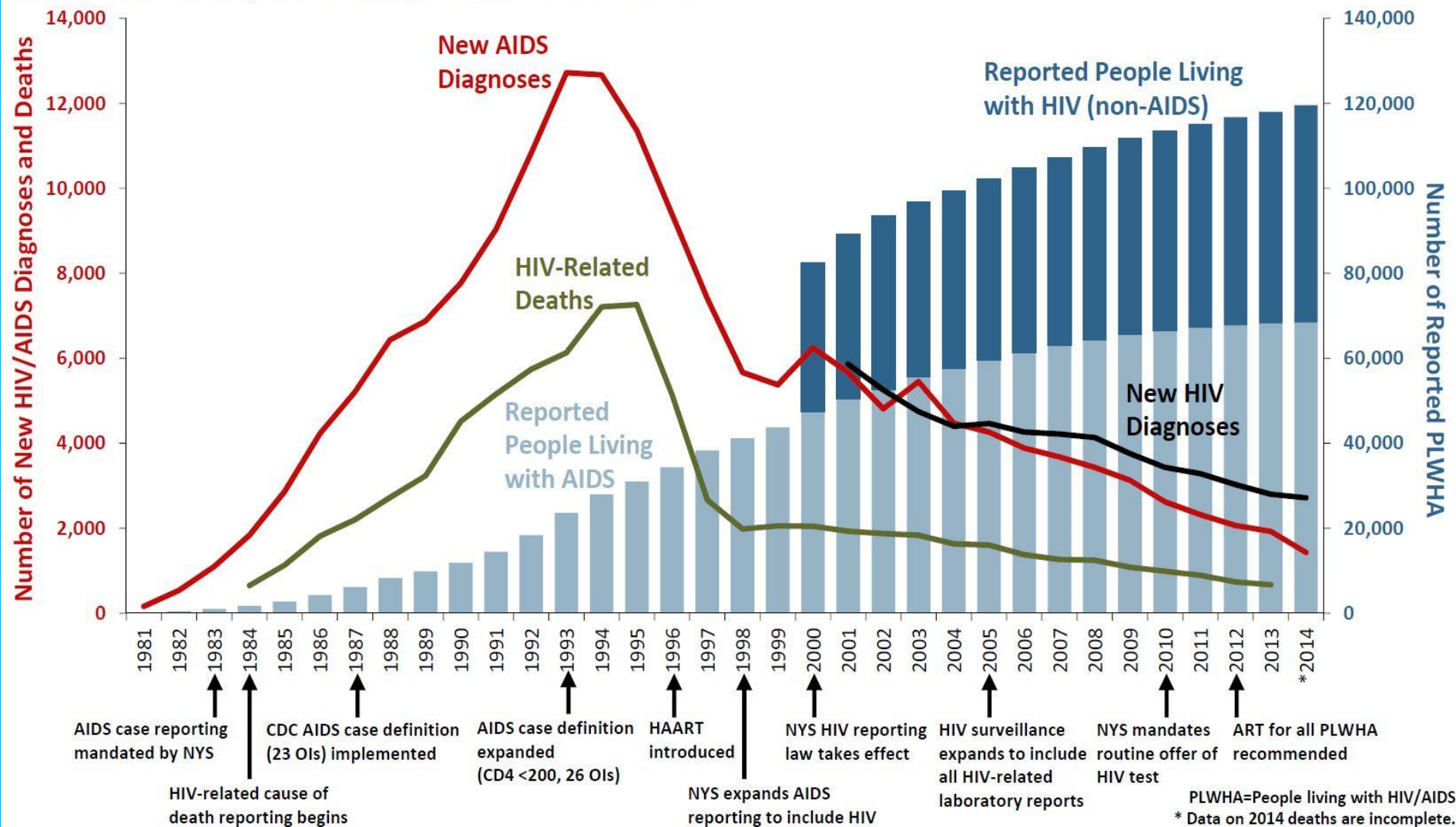
<sup>a</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

<sup>b</sup> Includes blood transfusion, perinatal exposure, and risk factor not reported or not identified.



# HIV/AIDS Epidemic, NYC 1981-2014

FIGURE 1.1: History of the HIV epidemic, NYC 1981-2014

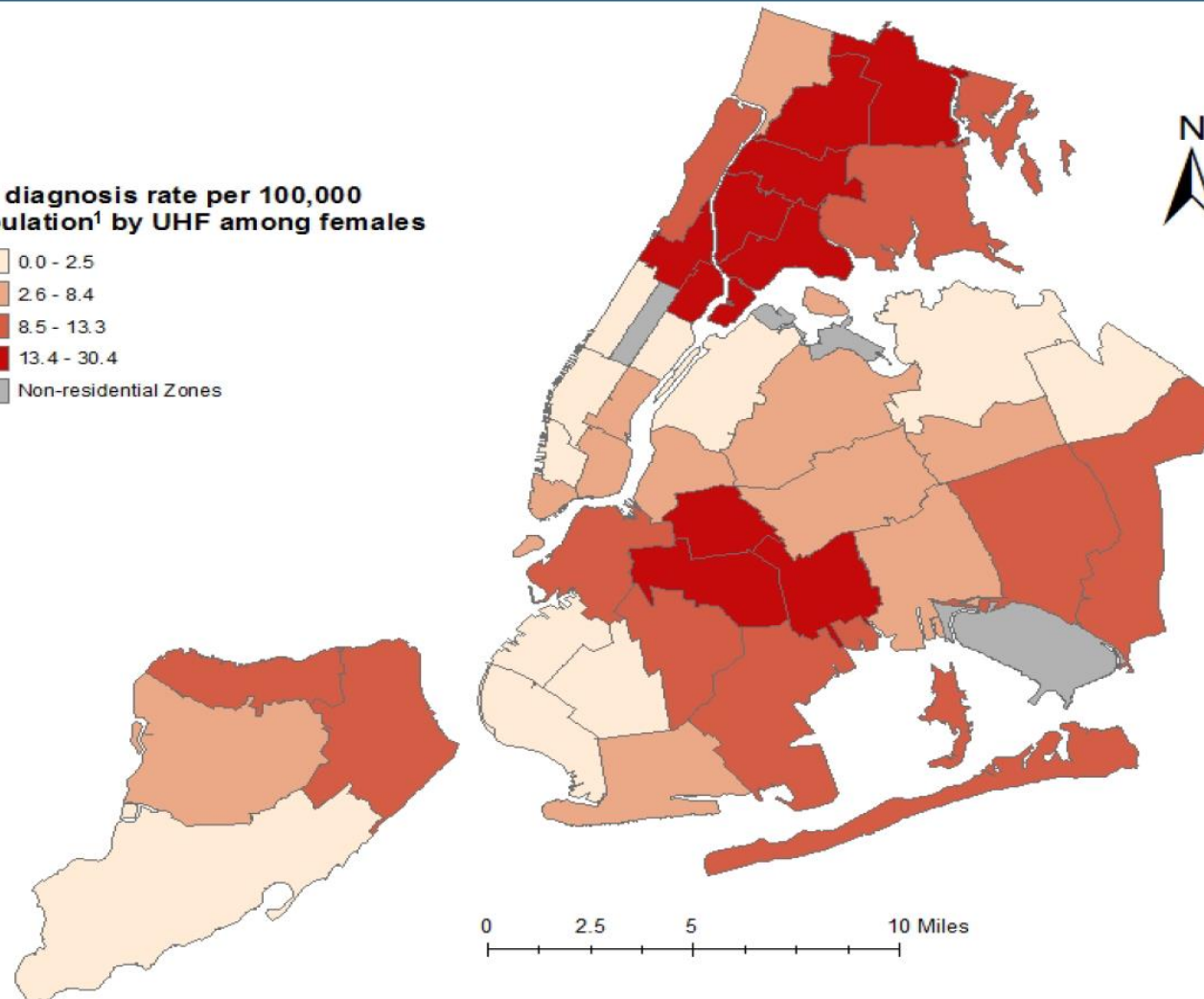
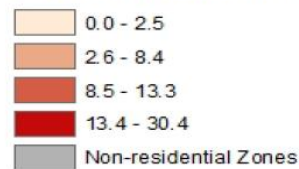


# HIV/AIDS in Females, NYC 2015

- 482 new HIV diagnosis
  - ✓ Includes 94 HIV concurrent with AIDS diagnosis (20%)
  - ✓ Females comprised 52% of the population of NYC and 19% of new HIV diagnosis
- 328 new AIDS diagnoses
- 493 deaths among females with HIV/AIDS
  - ✓ 9.8 deaths per 1,000 females living with HIV/AIDS

# HIV DIAGNOSIS RATE BY UHF AMONG FEMALES IN NYC, 2015

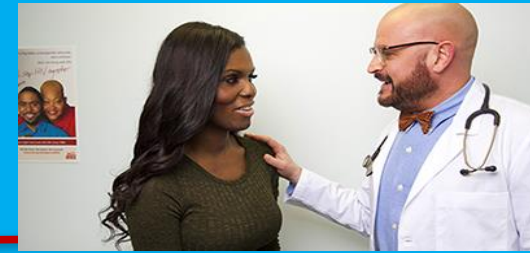
HIV diagnosis rate per 100,000 population<sup>1</sup> by UHF among females



**Rates of new HIV diagnoses among females were highest in Hunts Point-Mott Haven, East New York, and Crotona-Tremont.**

HIV Epidemiology and Field Services Program. New York City Department of Health and Mental Hygiene by June 30, 2016.

## HIV Infections and trans females



From 2009 to 2014, 2,351 transgender individuals were diagnosed with HIV in the United States with 84% (1,974) trans female.

43% [844] of trans females who received an HIV diagnosis from 2009 to 2014 lived in the South.

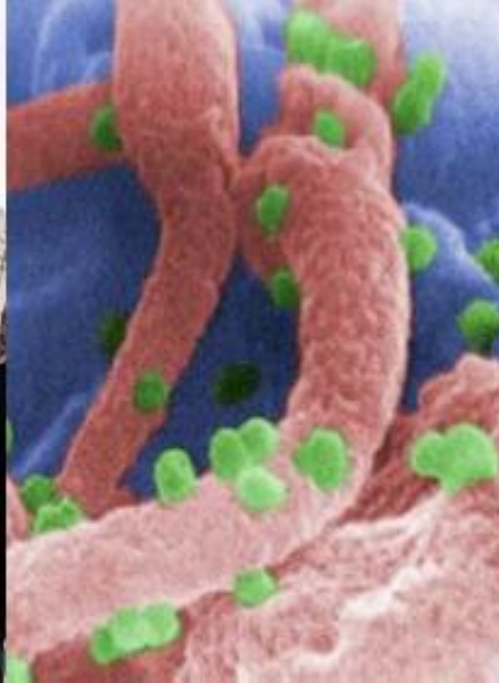
Report in 2013 estimated percentage of trans females living with HIV in the United States was 22% among 2,705 trans females sampled.

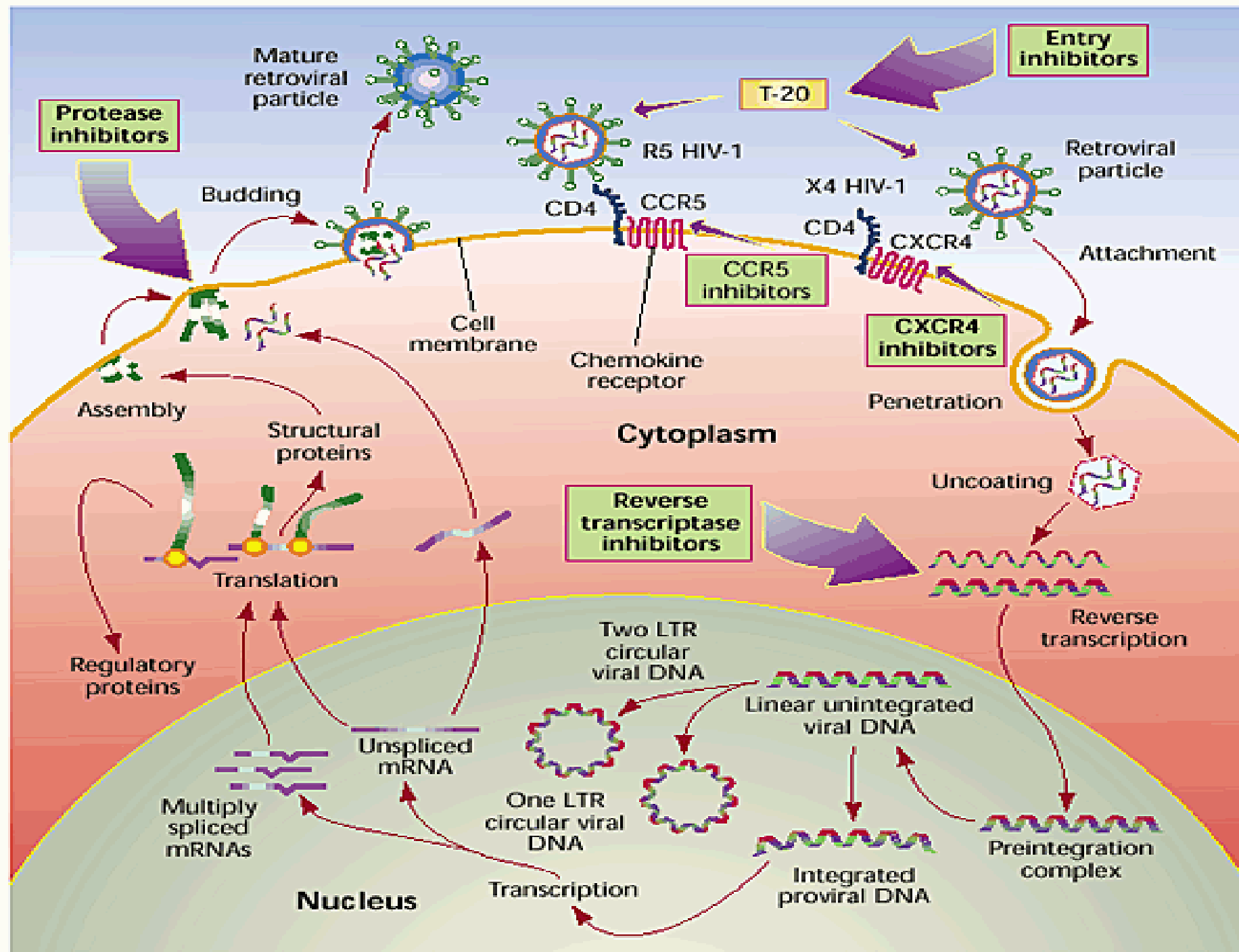
In 2013, the percentage of transgender individuals who received a new HIV diagnosis was more than 3 times the national average.



## HIV/AIDS in among people identify as transgender, NYC 2011-2015

- 230 new HIV diagnosis
  - ✓ 226 trans females (98%)
- 24 (10%) new AIDS diagnoses
- Comprised 1.5% of all new HIV diagnosis in NYC in 2011-2015



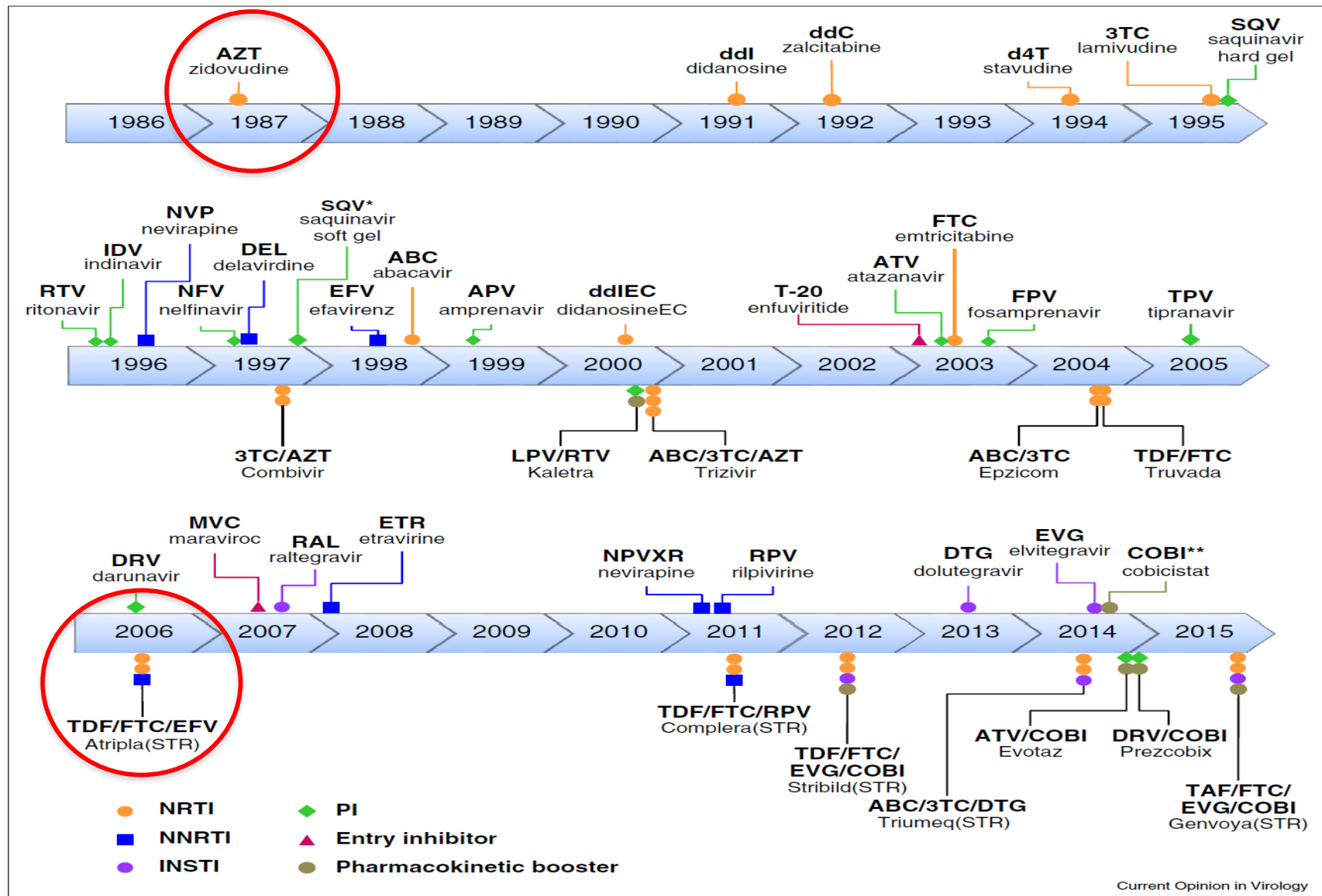


# What to start? Medication and Pill Burden

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Figure 1



FDA-approved individual antiretroviral drugs and drug combinations. \*Saquinavir soft gel (Fortovase) is no longer marketed. \*\*COBI has no antiretroviral activity; COBI is a pharmacokinetic enhancer that is used to increase (boost) the systemic exposure of EVG and protease inhibitors; COBI is co-formulated in fixed dose combinations with ATV or DRV. ER, enteric-coated; XR, extended release; STR, single-tablet regimen.

# When to start?

---

## Early Treatment

HIV disease is progressive

Rx decreases HIV RNA and increases CD4

Reduces transmission

Inflammation

## Delayed Treatment

Practical factors (adherence, toxicity)

Risk of clinical progression

Long term effects unknown

Resistant virus can be transmitted

## Narrowing the Gap in Life Expectancy for HIV+ Compared With HIV- Individuals, 2008-2011

	Life expectancy at age 20 (95% CI)		
	HIV-infected (N=24,768)	HIV-uninfected (N=257,600)	Difference
Overall	49.3 (47.8-50.7)	62.3 (61.9-62.8)	13.1 (11.5-14.6)
	HIV-infected and initiated on ART with CD4≥500 cells/μL	HIV-uninfected	Difference
Overall	54.5 (51.7-57.2)	62.3 (61.9-62.8)	7.9 (5.1-10.6)
No hepatitis B or C	55.4 (52.6-58.2)	62.6 (62.1-63.1)	7.2 (4.4-10.0)
No drug/alcohol use	57.2 (54.6-59.9)	63.8 (63.3-64.3)	6.6 (3.9-9.3)
No smoking	58.9 (55.8-62.1)	64.3 (63.6-65.0)	5.4 (2.2-8.7)
No hepatitis B or C, drug/ alcohol abuse, or smoking	59.2 (56.0-62.4)	65.0 (64.2-65.7)	5.7 (2.4-9.0)



HIV Testing/  
Counseling

Treatment as  
Prevention

ARVs for PMTCT,  
PEP, PrEP

Blood Supply  
Screening

Medical Male  
Circumcision



**Combination  
HIV  
Prevention**



STI Treatment

Condoms



Education/Behavior  
Modification

Microbicides



Clean  
Syringes

Treatment/Prevention  
of Drug/Alcohol Abuse





# Key Dates in HIV Testing in the United States

1981: First AIDS case reported

Knowledge of one's HIV status important for reducing risk of HIV transmission.

1984: Human immunodeficiency Virus (HIV) identified

1985: First test for HIV licensed (ELISA)

1987: First Western Blot blood test kit

Early knowledge of HIV status is important for linking to care, initiating treatment, and services to reduce morbidity and mortality.

1992: First rapid test

1994: First oral fluid test

1996: First home and urine tests

2002: First rapid test using finger prick

Advances in ART (pill burden, adverse effects)

2003: Rapid finger prick test granted CLIA (Clinical Laboratory Improvement Amendments)

1987: 1<sup>st</sup> ART (AZT)

2004: First rapid oral fluid test (also granted CLIA waiver)

1998: triple combination

2006: CDC recommends routine HIV screening in U.S.

2006: single tablet approved

2007: CDC launches Expanded HIV Testing Initiative

2007: WHO/UNAIDS global guidelines recommend routine HIV testing

2010: First test approved that detects both antigen and antibody

Studies regarding HIV infection (inflammation, opportunistic infections); delayed versus early start of ART

2012: First rapid oral fluid home test<sup>11</sup>

2013: USPSTF gives routine HIV screening an "A" rating

2013: First rapid test approved that detects both antigen and antibodies, and distinguishes between acute and established HIV-1 infection<sup>12</sup>

2015: Centers for Medicare and Medicaid Services announces Medicare coverage of annual HIV screening for all beneficiaries 15-65, and for those older and younger beneficiaries at "increased risk" for HIV<sup>7</sup>

# Proposed Diagnostic Algorithm

A1: 4<sup>th</sup> generation HIV-1/2 immunoassay

A1 +

A1 (-)

A2

Negative for HIV-1 and HIV-2 antibodies and p24 Ag

HIV-1/HIV-2 differentiation immunoassay

**HIV-1 +**

HIV-1 antibodies detected  
Initiate care  
(and viral load)

**HIV-2 +**

HIV-2 antibodies detected  
Initiate care

HIV-1&2 (-)

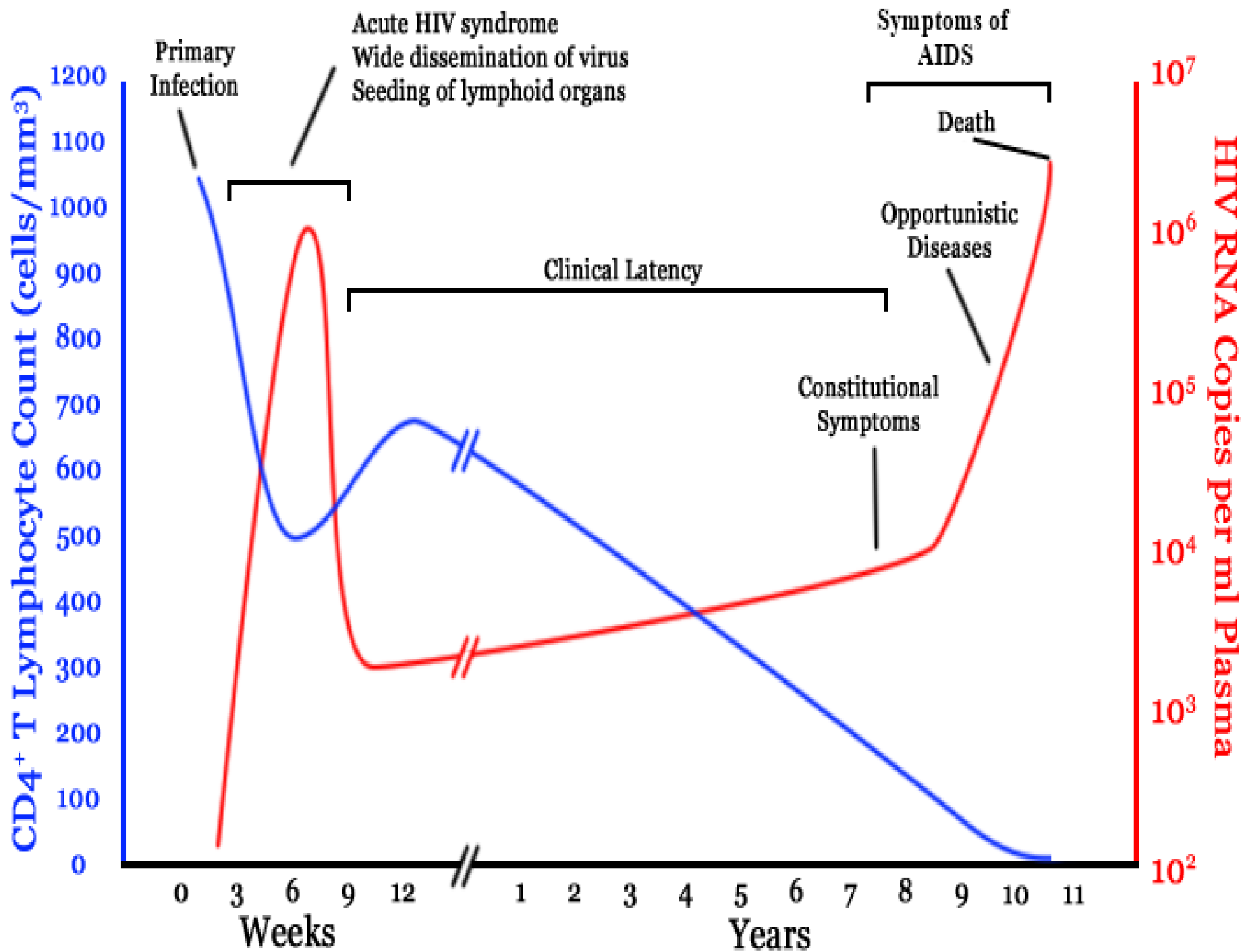
NAAT

**NAAT +**

Acute HIV-1 infection  
Initiate care

**NAAT (-)**

Negative for HIV-1



# HIV Infections and Prevented Cases of Perinatal HIV Transmission

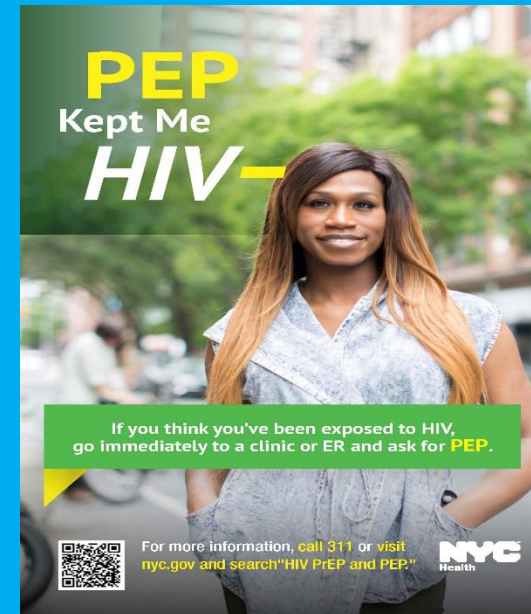
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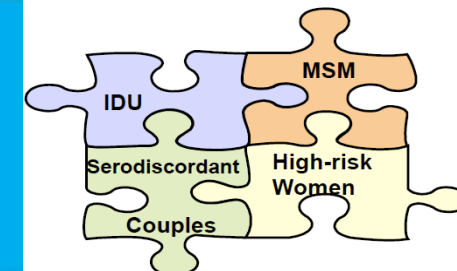
- If treated early in her pregnancy, a woman's risk of transmitting HIV to her baby can be reduced to 1% or less.
- Approximately 8,500 women living with HIV give birth annually (based on an estimate from 2006, the most recent available).
- Between 1994 and 2010, an estimated 21,956 cases of perinatally acquired HIV infections were prevented.
- NYS met CDC's criteria of elimination in 2015: transmission rate of less than 1% of exposed infants and less than 1 case of mother-to-child transmission per 100,000 live births

# Non-occupational HIV PEP

- 28 day of ART (Truvada® + Tivicay ®) initiation within  $\leq$  36-72 hours after exposure to blood, genital secretion, or other potentially infectious body fluids of a person known to be HIV infected or unknown HIV status

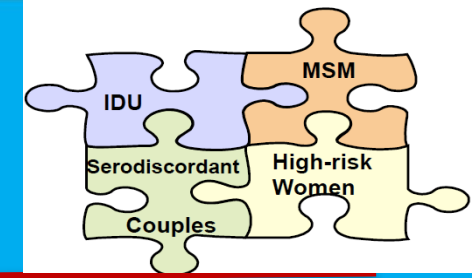


# Randomized, Controlled PrEP Efficacy Trials



Trial (Sponsor) Sample Size	Intervention vs. Placebo	Population	Location
<b>iPrEX</b> (NIH; Gates) <i>N=2499</i>	Oral TDF/FTC	MSM, transgender women	Peru, Ecuador, S. Africa, Brazil, Thailand, US
<b>Partners PrEP</b> (Gates) <i>N=4747 couples</i>	Oral TDF/FTC Oral TDF	Heterosexual serodiscordant couples	Kenya, Uganda
<b>TDF2</b> (CDC) <i>N=2413</i>	Oral TDF/FTC	Sexually active adults	Botswana
<b>Bangkok Tenofovir</b> (CDC); <i>N=2413</i>	Oral TDF	Injection Drug Users	Thailand
<b>FEM-PrEP</b> (USAID, Gates) <i>N=1951</i>	Oral TDF/FTC	Heterosexual women	Kenya, S. Africa, Tanzania
<b>VOICE (MTN-003)</b> <i>N=5029</i>	Oral TDF/FTC Oral TDF Vaginal 1% TDF gel	Heterosexual women	Uganda, S. Africa, Zimbabwe

# Results of Randomized, Controlled PrEP Efficacy Trials



Study	Oral Regimen Dosed Daily	Relative Risk Reduction (95%CI)	
		All Subjects	Drug Detectable
<b>iPrEX</b> N=2499	Oral TDF/FTC	0.44 (0.15 - 0.63)	0.92 (0.40 – 0.99)
<b>Partners PrEP</b> N=4747 couples	Oral TDF/FTC	0.67 (0.44 – 0.81)	0.86 (0.67 – 0.94)
	Oral TDF	0.75 (0.55 – 0.87) *TDF vs. TDF/FTC not significant	0.90 (0.58 – 0.98)
<b>TDF2</b> N=2413	Oral TDF/FTC	0.62 (0.22 – 0.83)	50% among HIV infected 80% among not infected
<b>Bangkok, TDF</b> N=2413	Oral TDF	0.49 (0.10 – 0.72)	0.74 (0.17 – 0.94)
<b>FEM-PrEP</b> N=1951	Oral TDF/FTC	Stopped due to futility	<40% among all participants
<b>VOICE (MTN-003)</b> N=5029	Oral TDF/FTC	Stopped due to futility	<30% among all participants
	Oral TDF	Stopped due to futility	
	Vaginal 1% TDF gel	Showed no efficacy	

# FTC/TDF, Truvada® for PrEP

---

- Approved in July of 2012 by the FDA with sexually-active adults
- CDC provided interim guidance as evidence evolved
  - ✓ Men who have sex with men, 2011
  - ✓ Heterosexually active adults, 2012-2013
  - ✓ Injection drug users, 2013
- CDC released the Public Health Service Clinical Practice Guidelines for PrEP Use in the US on May 14, 2014





# Why Tenofovir (TDF) and emtricitabine-tenofovir (FTC/TDF, Truvada®) for PrEP?

---

## Potent:

- Broad antiviral activity: could block initial infection (act early in HIV life cycle);
- FTC/TDF, Truvada® with **long plasma (10-17 hours) and intracellular (40 to >60 hours) half-lives**
- High penetration in vaginal and rectal tissue



Hillier, S. CROI 2012; Patterson, et al. Science Translational Medicine, 2012; Hawkins, et al. JAIDS, 2005

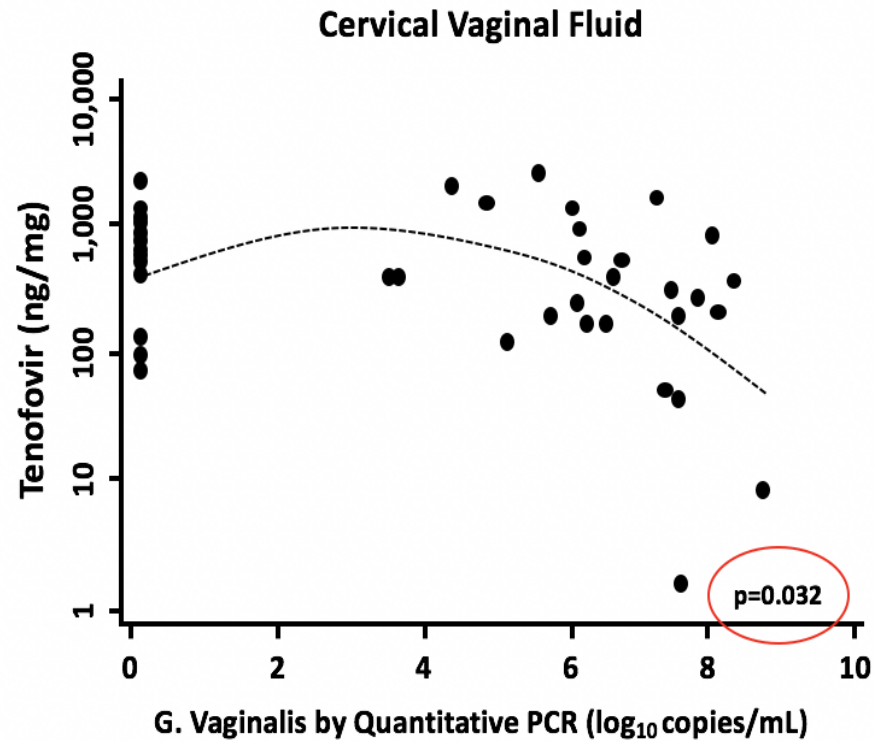
# Case Scenarios

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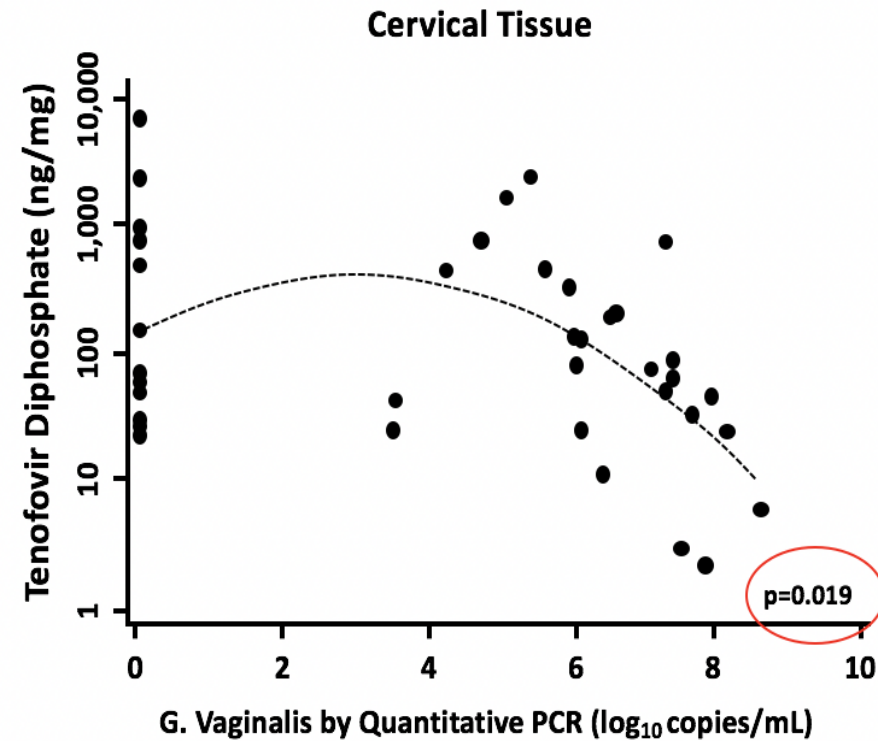
Case 1	Case 2	Case 3
36 year old female in serodiscordant relationship (male partner, HIV+, VL “undetectable” on ART), interested in pregnancy	38 year old male in serodiscordant relationship (female partner newly diagnosed on 4/2014, CD4=352 (25%); VL=2988 at diagnosis; now on ART: CD4=501 (29%); VL<20)	27 year old transgender female presenting for annual visit, sexually active, male partners, condoms; interested in PrEP

# Diminished Vaginal and Cervical Concentrations of TDF by Vaginal Microbiome

**TDF-DF in Vaginal Fluid  
by Gardnerella Vaginalis Levels**



**TDF-DF in Cervical Biopsy Specimens  
by Gardnerella Caginalis Levels**



# Case Scenarios

Case 1	Case 2	Case 3
36 year old female in serodiscordant relationship (male partner, HIV+, VL “undetectable” on ART), interested in pregnancy	38 year old male in serodiscordant relationship (female partner newly diagnosed on 4/2014, CD4=352 (25%); VL=2988 at diagnosis; now on ART: CD4=501 (29%); VL<20)	27 year old transgender female presenting for annual visit, sexually active, male partners, condoms; interested in PrEP
<b>YES</b>	<b>YES</b>	<b>YES</b>

# Safety and Efficacy of a Dapivirine Vaginal Ring for HIV Prevention in Women

A. Nel, N. van Niekerk, S. Kapiga, L.-G. Bekker, C. Gama, K. Gill, A. Kamali, P. Kotze, C. Louw, Z. Mabude, N. Miti, S. Kusemererwa, H. Tempelman, H. Carstens, B. Devlin, M. Isaacs, M. Malherbe, W. Mans, J. Nuttall, M. Russell, S. Ntshela, M. Smit, L. Solai, P. Spence, J. Steytler, K. Windle, M. Borremans, S. Ressler, J. Van Roey, W. Parys, T. Vangeneugden, B. Van Baelen, and Z. Rosenberg, for the Ring Study Team\*

## Methods

- Randomized, double-blind, placebo-controlled, phase 3 trial, 2:1 ratio to receive vaginal rings containing either 25 mg of dapivirine (DPV) or placebo

## Results

- 77 participants in DPV group underwent HIV-1 seroconversion vs. 56 in placebo group (4.1 vs 6.1 seroconversions per 100 person-years)
- 31% lower incidence of HIV-1 incidence in DPV group than in placebo (HR: 0.69, 95%CI: 0.49-0.99; p=0.04)

# TDF/FTC in Pregnancy shows no increase in adverse infant birth outcomes in US cohorts

---

Among 4,646 enrolled infants, 128 (2.8%) had mothers who received TDF/FTC + LPV/r, 539 (11.6%) had mothers who received TDF/FTC + ATV/r, and 954 (20.5%) had mothers who received ZDV/3TC/LPV/r.

In crude and adjusted comparisons, there was no statistically significant difference between TDF/FTC + LPV/r and ZDV/3TC/LPV/r for any outcome, although TDF/FTC + ATV/r appeared slightly protective for preterm birth, low birth weight, and any adverse event.

# Stigma and Disclosure



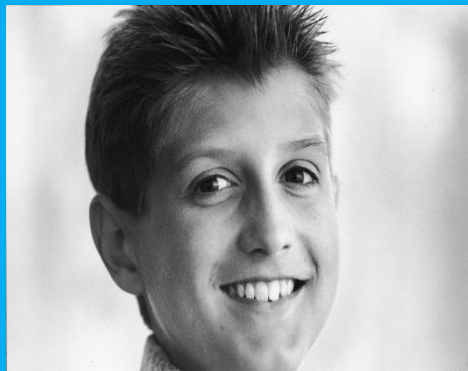
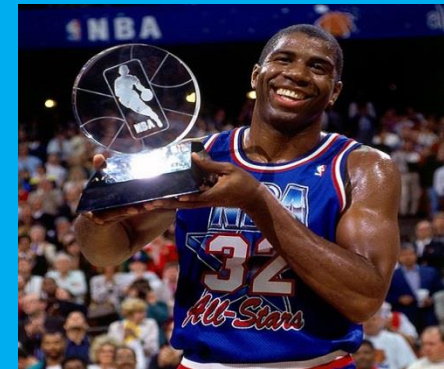
Sharing your HIV status with those you trust can help with the stresses of having HIV, AND CAN **ACTUALLY IMPROVE YOUR OVERALL HEALTH.**



**Fight HIV Stigma**

As long as HIV disclosure doesn't occur, we continue to be held captive by the illness!

Disclosure info available at:  
[www.hivdisclosuretochildren.org](http://www.hivdisclosuretochildren.org)



# Women and HIV: Key Issues & Challenges

---

- Tremendous successes with advances in ART
- Continued disproportionate impact of HIV infection in specific populations
- Prevention and testing
- Stigma, education, and increased access to equitable and culturally sensitive healthcare and treatment





Thank you

Georgina Osorio, MD, MPH

Email: [georgina.osorio@mountsinai.org](mailto:georgina.osorio@mountsinai.org)



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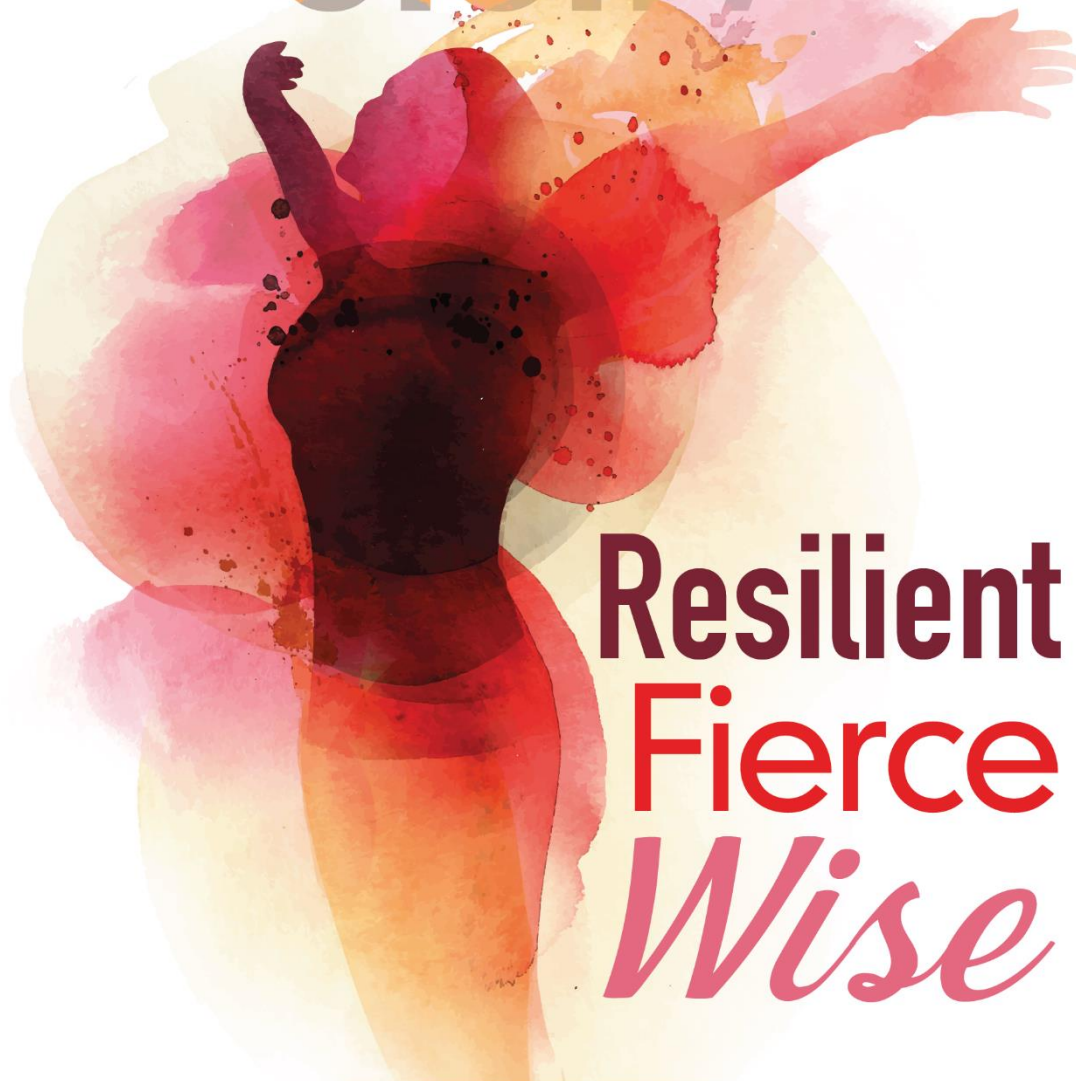
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5.8.17



**Resilient**  
**Fierce**  
*Wise*

THE 12TH ANNUAL IRIS HOUSE  
WOMEN AS THE FACE OF AIDS SUMMIT



# **REACHING ZERO: Successes and Challenges in Ending the AIDS Epidemic**

**May 8, 2017**

**Sandra Bennett-Pagan, LCSW  
Public Health Advisor/Women's Health Team Lead  
Office on Women's Health**

**Lissette Marrero, MSW  
Regional Resource Consultant  
HIV/AIDS Regional Resource Network Program**

**HHS Region II Office of the  
Assistant Secretary for Health**



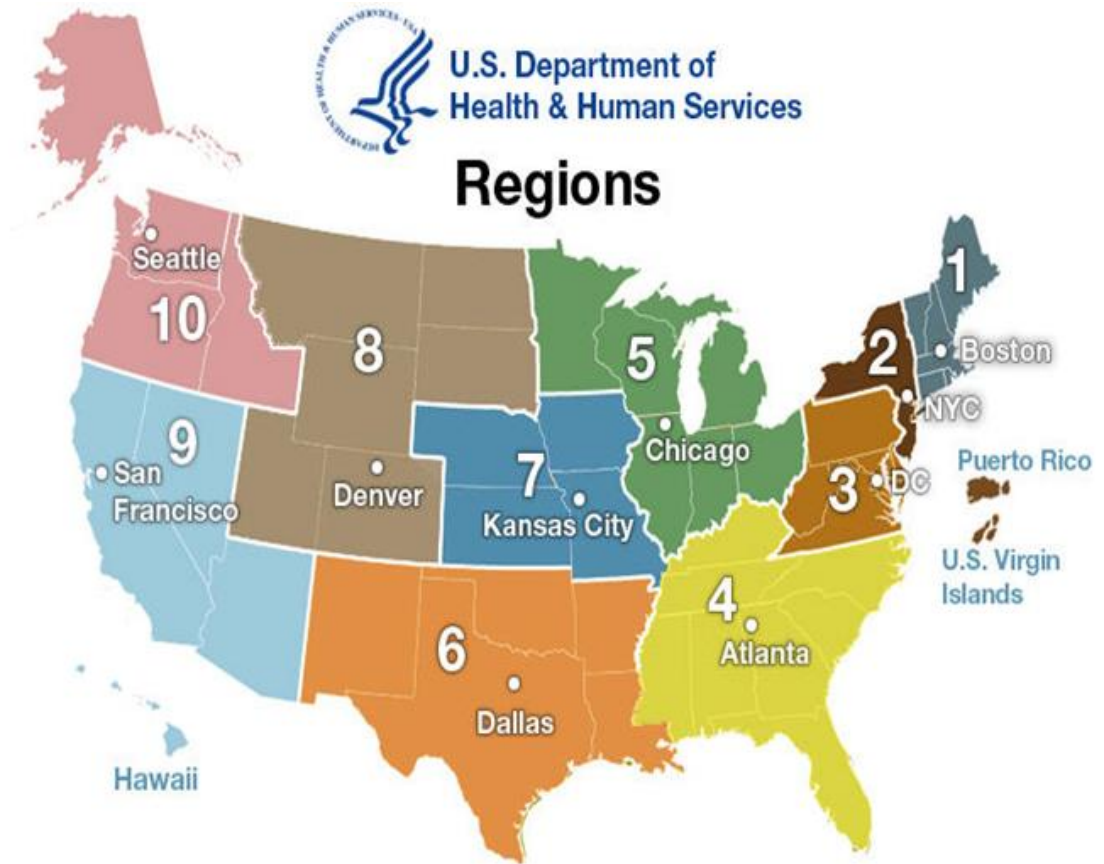
## Presentation Objectives:

- Discuss the federal response to HIV infection rates, prevention and treatment efforts through the National HIV/AIDS Strategy.
- Note national observances for HIV/AIDS awareness and prevention.
- Explore epidemiological data for women and girls living with HIV including women of trans experience.
- Highlight some innovative research studies looking at HIV prevention.
- Provide federal resources on women and HIV.



## US Department of Health and Human Services (HHS)

- The mission of the U.S. Department of Health and Human Services is to enhance the health and well-being of Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.



**HHS Region II Office of the Assistant Secretary of Health**

**We Address Key Public Health Concerns in New York,  
New Jersey, US Virgin Islands, Puerto Rico**

***Women's Health***



***Minority Health***



***Family Planning***



***HIV/AIDS and Viral Hepatitis***

***Environmental Health***

## 18<sup>th</sup> Annual National Women's Health Week – May 14-20, 2017

- Goal: to empower women to make their health a priority. The week also serves as a time to encourage women to take steps to improve their



- The US Department of Health & Human Services Office on Women's Health invites women across the country to:
  - ✓ Spread the word through social media with our [easy-to-use resources](#). Use the **#NWHW** hashtag.
  - ✓ Join the National Women's Health Week [Thunderclap](#).
  - ✓ Take the National Women's Health Week [quiz](#) to learn about your health style.
  - ✓ Organize [events or activities](#).
  - ✓ Learn what steps you should take for good health based on [your age](#).

**W**omenshealth.gov

Office on Women's Health, U.S. Department of Health and Human Services

## National HIV/AIDS Observances



April 10-National Youth HIV & AIDS Awareness Day (NYHAAD). This annual observance aims to educate people about the impact of HIV on young people in the United States, and to showcase the work young people are doing to respond to the epidemic.



April 18-National Transgender HIV Testing Day (NTHTD) recognizes the importance of HIV testing for those at risk of infection, accurate knowledge of HIV status, and continued focus on prevention and HIV medical care and treatment services that are responsive to the needs and experiences of transgender people.





- We have made progress in our fight against HIV in women and girls, in the U.S. and around the world.
- The expansion of HIV testing, prevention, care, and treatment among women, in particular pregnant women, have led to significant reductions in new HIV infections and diagnoses, MTC transmission, progression to AIDS, and AIDS-related deaths among women across all racial/ethnic groups, including Black and Latina women.
- Despite our achievements, women and girls continue to become infected with HIV and disparities persist. Why?
  - Women and girls still don't know their HIV status.
  - Only a small percentage of women who could benefit from PrEP are taking it.
  - Retention in care and adherence to life saving medicines (ARVs) is low making viral suppression difficult.
  - Even though HIV cases have declined among women of all races and ethnicities, Black and Latina women still bear a greater burden of HIV infections compared with their white peers, and it is important to note that transwomen have much higher rates of infection compared with their cisgender sisters.

# **NATIONAL HIV/AIDS STRATEGY** for the **UNITED STATES:**

UPDATED TO 2020

JULY 2015



# NATIONAL HIV/AIDS STRATEGY: UPDATED TO 2020

## WHAT YOU NEED TO KNOW

### THE VISION

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

### THE GOALS



Reducing new HIV infections



Improving access to care and health outcomes



Reducing HIV-related health disparities



Achieving a more coordinated national response



### OUR STRATEGY

**This is a national Strategy, not just a Federal one.** Everyone is needed to put this Strategy into action and end the HIV epidemic. The updated Strategy calls for coordinated efforts from all sectors of society. The many Federal agencies and offices engaged in HIV activities will develop a Federal Action Plan to guide implementation of the Strategy across the U.S. government.

# HHS Agencies Responding to HIV

**HRSA - Health Resources and Services Administration - Ryan White HIV/AIDS Program -**

Includes primary medical care and essential support services for PLWHA who are uninsured or underinsured and serve approximately 52% of all people diagnosed with HIV in the United States.

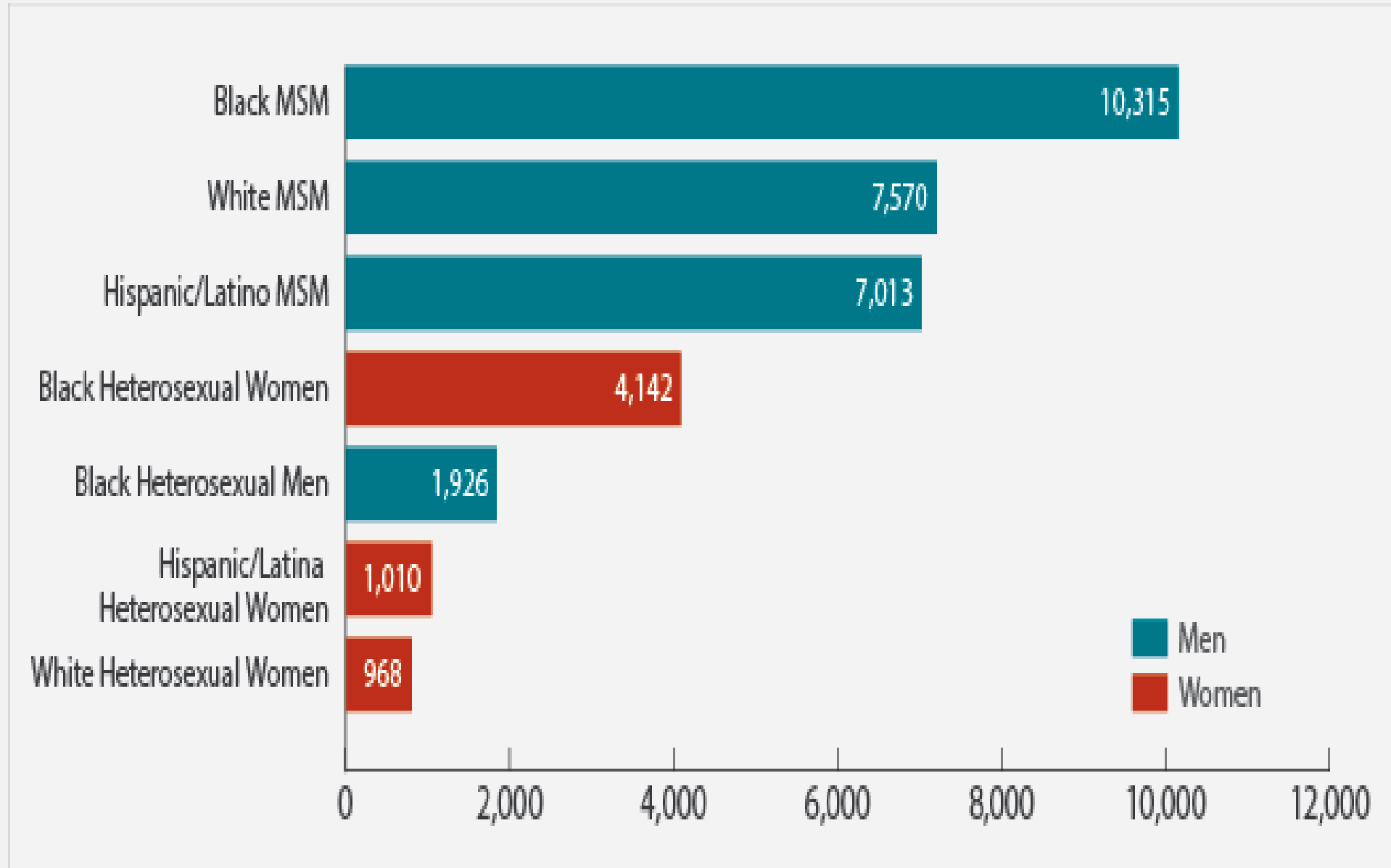
**CDC - Centers for Disease Control and Prevention - DEBI's (Diffusion of Effective Behavioral Interventions)** High impact HIV prevention best practices strategies proven effective through research studies that showed positive behavioral (e.g., use of condoms; reduction in number of partners) and/or health outcomes (e.g., reduction in the number of new STD infections).

**OHAIDP - Office of HIV/AIDS and Infectious Disease Policy** - Develops, coordinates and supports initiatives to promote HHS policies, programs and resources in 3 main areas: HIV prevention, care, and treatment, viral Hepatitis prevention, care, and treatment and blood and tissue safety and availability.

**CMS - Centers for Medicare and Medicaid Services** - Medicaid is the largest payer for HIV care in the US, and the expansion of Medicaid to low-income childless adults is particularly important for many gay, bisexual, and other MSM who were previously ineligible for Medicaid. In states that opt for Medicaid expansion, people living with HIV who meet the income threshold will no longer have to wait for an AIDS diagnosis in order to become eligible for Medicaid. There are lower prescription drug costs for Medicare recipients and beneficiaries receive a 50% discount on covered brand-name drugs for people taking costly HIV/AIDS drugs.

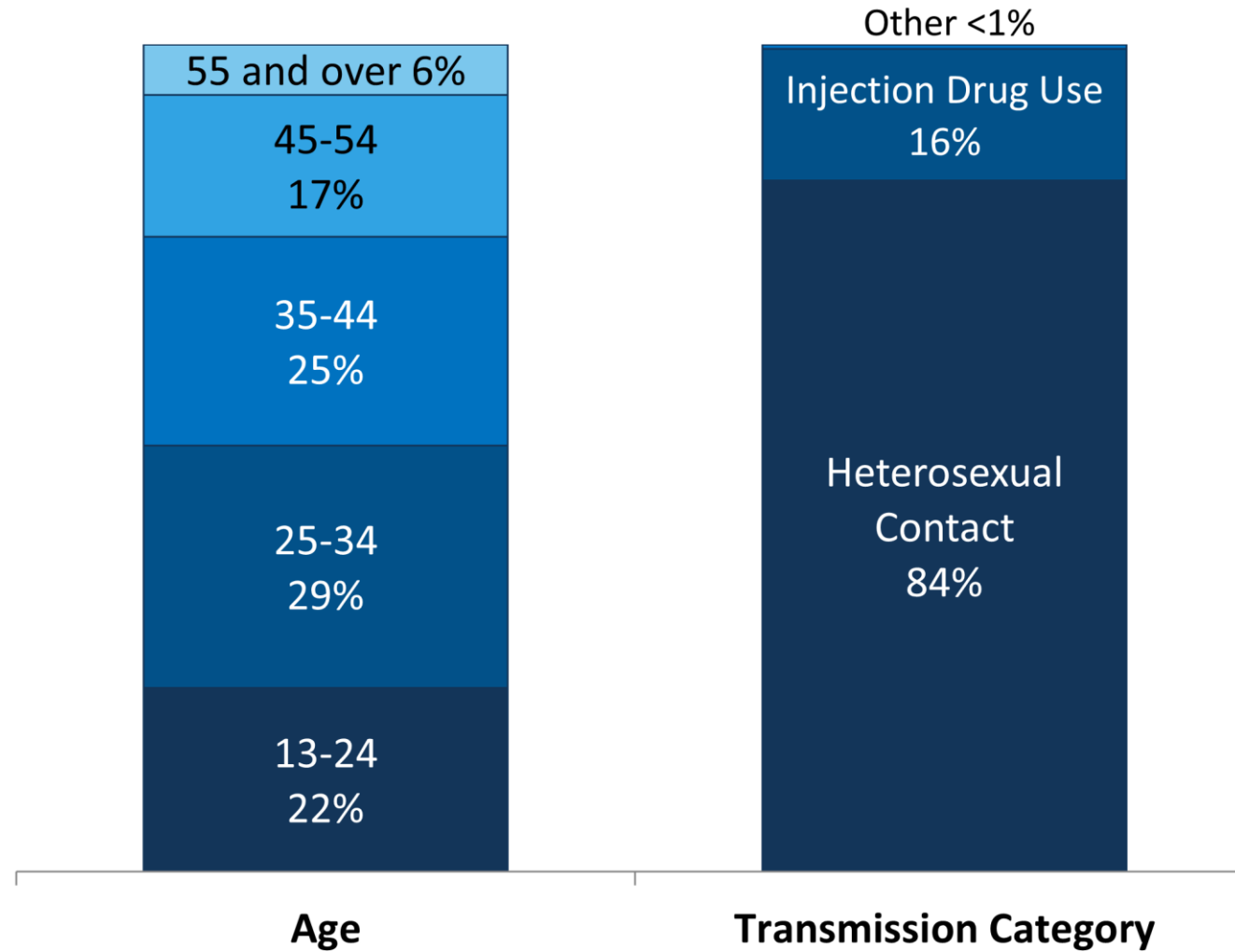


## HIV Diagnoses in the United States for the Most-Affected Subpopulations, 2015



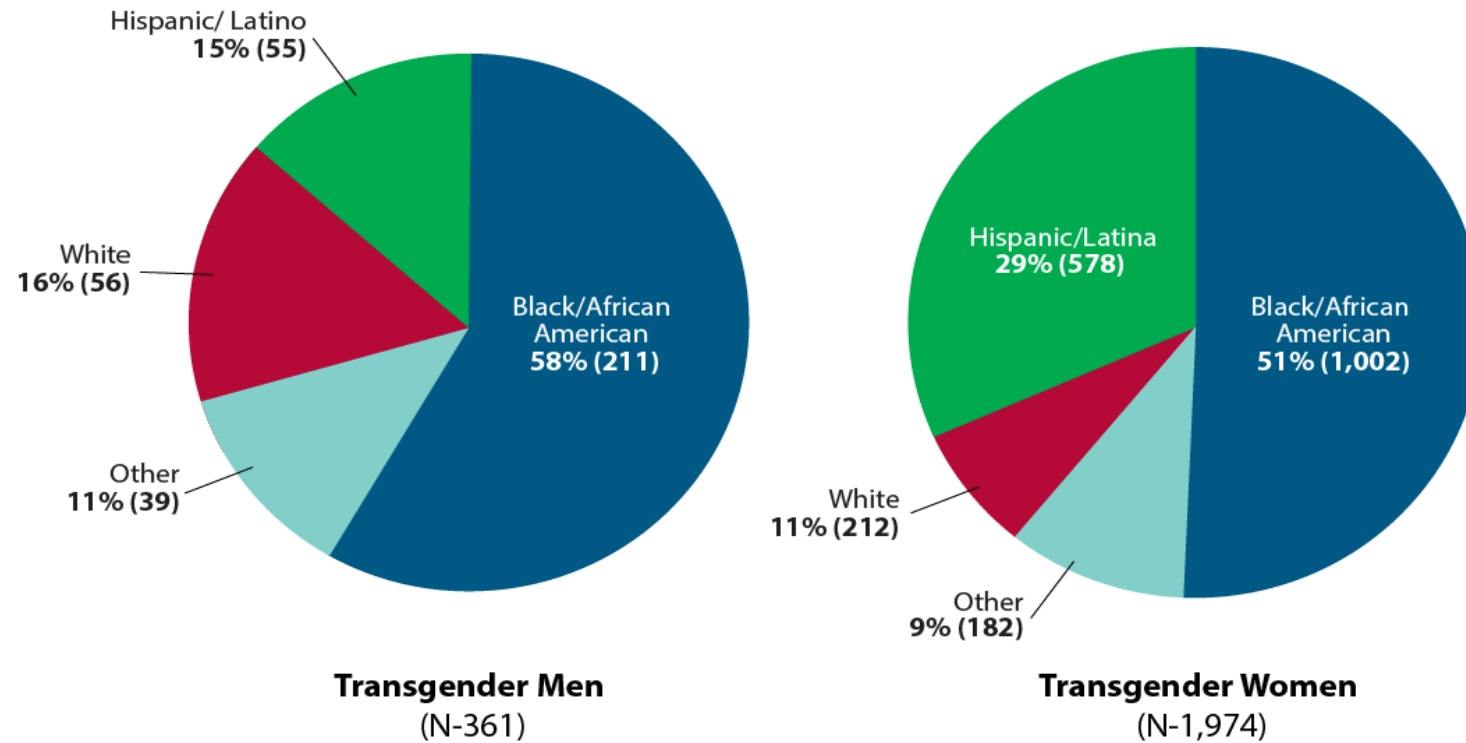
Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2015. HIV Surveillance Report 2016;27.

# New HIV Infections Among Women & Girls, by Age and Transmission Category, 2010



NOTES: Data are estimates among those ages 13 and older and do not include U.S. dependent areas. Age distribution only includes white, Black, and Latina women and girls. Distribution by transmission category includes all women and girls.  
SOURCE: CDC, HIV Surveillance Supplemental Report, Vol. 17, No. 4; December 2012.

# HIV Diagnoses Among Transgender People in the United States by Race/Ethnicity, 2009-2014

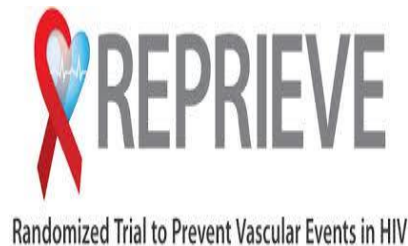


Source: Clark H, Babu AS, Wiewel EW, Opoku J, Crepaz N. Diagnosed HIV Infection in Transgender Adults and Adolescents: Results from the National HIV Surveillance System, 2009-2014. December 2016.



- Priorities in the NHAS including widespread HIV testing and linkage to care, universal viral suppression, and full access to PrEP, especially among the populations and in locations where HIV is concentrated.
- Those recommended to consider PrEP are:
  - Individuals who are in a sero-discordant relationship
  - Gay or bisexual men who have had anal sex without a condom or been diagnosed with a STI within the past 6 months;
  - Man who has sex with both men and women
  - Heterosexual men or women who do not regularly use condoms during sex with partners of unknown HIV status who are at substantial risk of HIV infection (e.g., people who inject drugs or women who have bisexual male partners).
  - People who have injected drugs in the past 6 months and have shared needles or works or have been in drug treatment in the past 6 months.
  - Women with an HIV-positive partner who are considering getting pregnant.





## Innovative Research

MTN-020 (ASPIRE)-a Phase 3, multi-site, randomized, double-blind, placebo-controlled clinical trial designed to evaluate the safety and efficacy of the ARV dapivirine (25 mg) for the prevention of HIV-1 infection in healthy, sexually active, HIV-negative women (N=2,629).

In 2016, results showed that the vaginal ring provided a modest level of protection against HIV infection in women.

- It reduced the risk of HIV infection by 27% in the study population overall and by 61% among women ages 25 years and older, who used the ring most consistently.
- To build on the findings from these studies, NIH's National Institutes of Allergy and Infectious Diseases (NIAID) is moving forward with an open-label extension study to see if this experimental product can offer increased protection against HIV in an open-label setting in which all participants are invited to use the dapivirine ring.

Relieve is a large-scale clinical trial that is exploring whether the use of a statin drug can lower the risk of heart disease in women and men living with HIV. It is seeking to enroll women in significant numbers so that any gender-based differences can be studied.

## Federal Resources on Women and HIV/AIDS



### **People Living with HIV (PLWH) Leadership and Training**

To support leadership training for people of color living with HIV, including women and transgender women of color, by developing digital tools to enable people living with HIV to participate on planning bodies, on care teams, in organizations, on boards of directors, and in other leadership positions.



### **Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color Initiative**

A multi-year, RWHAP funded, multi-site demonstration and evaluation of the effectiveness of innovative interventions designed to improve timely entry, access to, and retention into quality HIV primary care for transgender women of color, a population at high-risk of HIV infection.



The CDC developed several campaigns to combat complacency about HIV and AIDS in the United States. Cis and transgender women are part of “**Doing It**” which encourages all adults to get tested for HIV and know their status and “**HIV Treatment Works**” which encourages all adults to get tested for HIV and know their status.

# Global Goals for the Future

## Targets for ending the AIDS epidemic

by 2020 **90-90-90**

Treatment

**500 000**

New infections among adults

**ZERO**

Discrimination

by 2030 **95-95-95**

Treatment

**200 000**

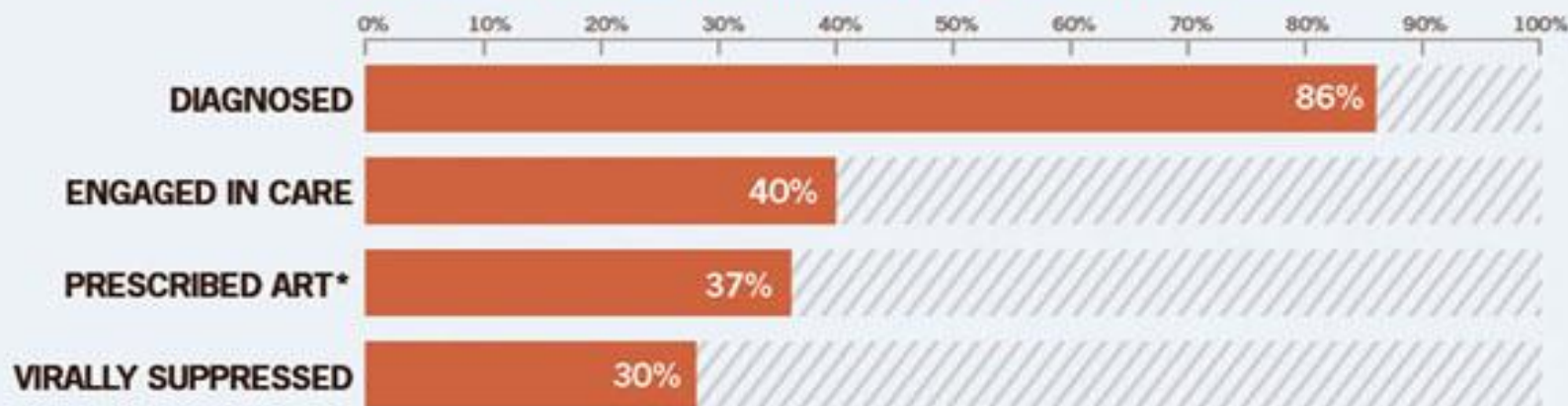
New infections among adults

**ZERO**

Discrimination

# HIV Care Continuum Shows Where Improvements are Needed

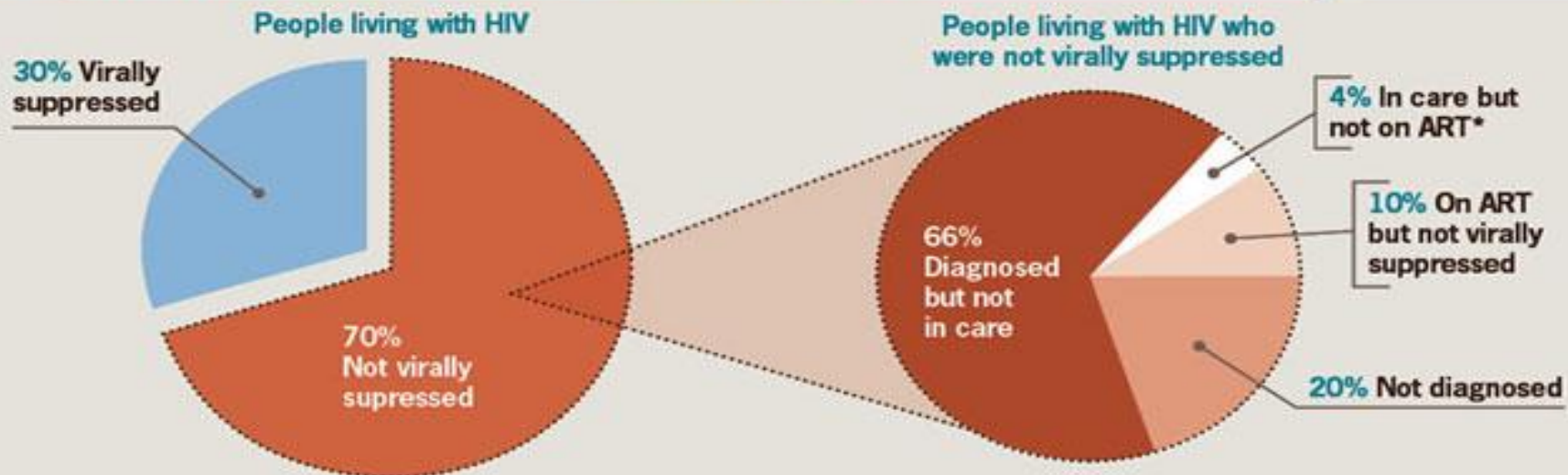
In the US, 1.2 million people are living with HIV. Of those:



SOURCES: CDC National HIV Surveillance System and Medical Monitoring Project, 2011.

\*Antiretroviral therapy

## Achieving Viral Suppression: More People with HIV Need to be in Medical Care



SOURCES: CDC National HIV Surveillance System and Medical Monitoring Project, 2011.

\*Antiretroviral therapy

## Beyond 2020: Ensuring the Roadmap is Inclusive of Women and Girls

Despite our many accomplishments to scale up access to effective HIV prevention tools and high quality HIV medical care, much more work remains to be done and we must rise to meet the challenges ahead especially for women and girls.

### **As we continue to implement the NHAS for women and girls, programs should:**

1. Engage with schools & school systems to promote comprehensive sexual education.
2. Create and sustain partnerships to address HIV, including organizations that may not traditionally be engaged in HIV activities.
3. Use data to target resources to those communities in which HIV is concentrated, including African American women, Latinas, and transgender women.
4. Ensure the voices of women living with HIV are represented in the design, implementation, and assessment of our programs as well as in leadership roles.
5. Develop approaches that reflect a trauma-informed model of care.
6. Continue to have ongoing conversations with our friends, family members, colleagues, and fellow citizens about HIV and its impact on women and girls.



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Regional Resource Consultant

HIV/AIDS Regional Resource Network Program

[Lissette.Marrero@icf.com](mailto:Lissette.Marrero@icf.com)

(347)210-2922

**Special Thanks to:**

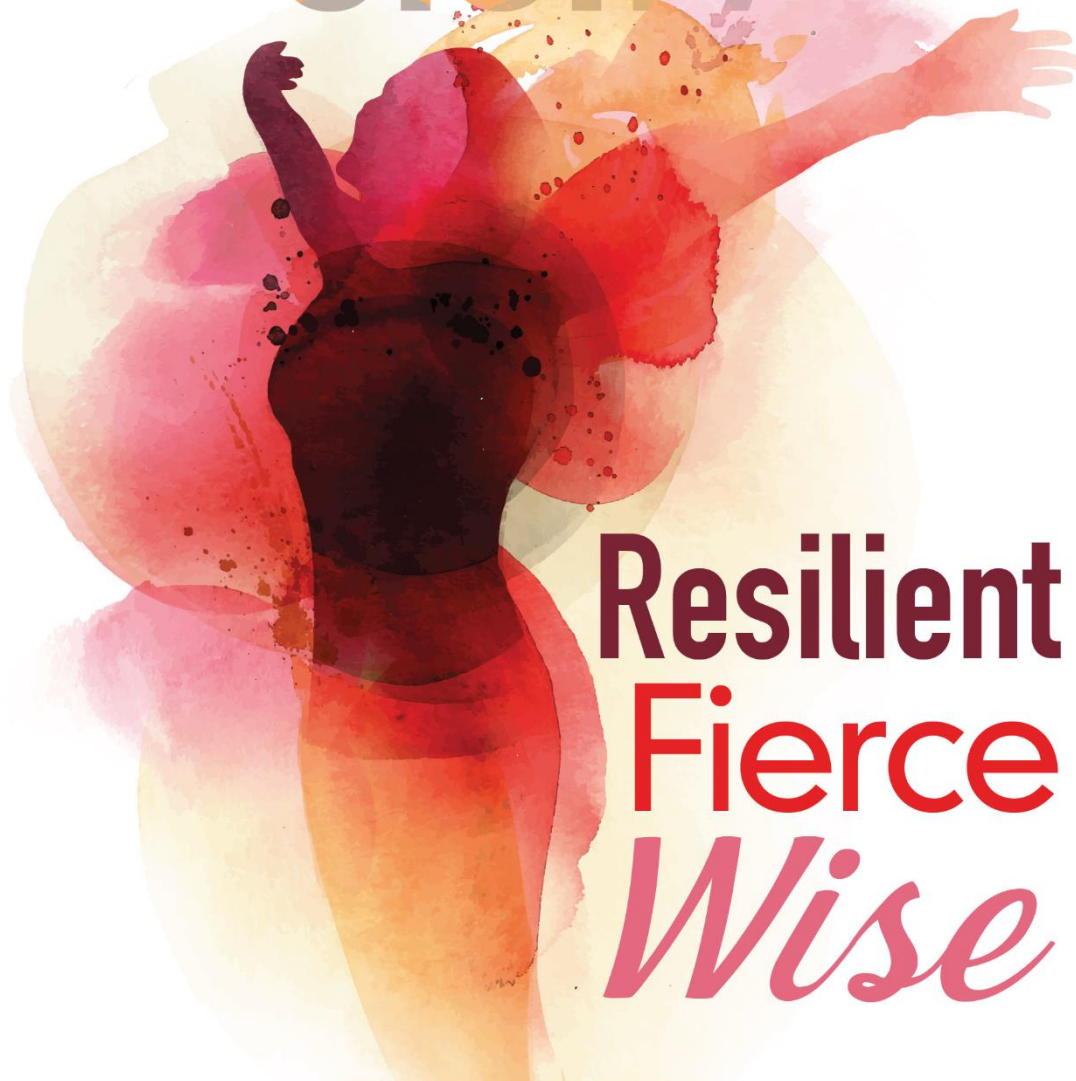
Steven Holman and Miguel Gomez

Office of HIV/AIDS and Infectious Disease Policy

aids.gov team



5.8.17



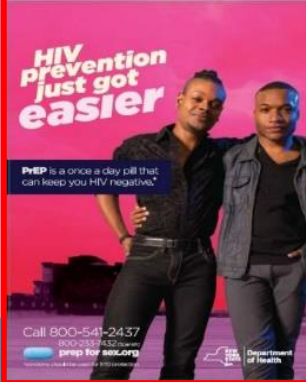
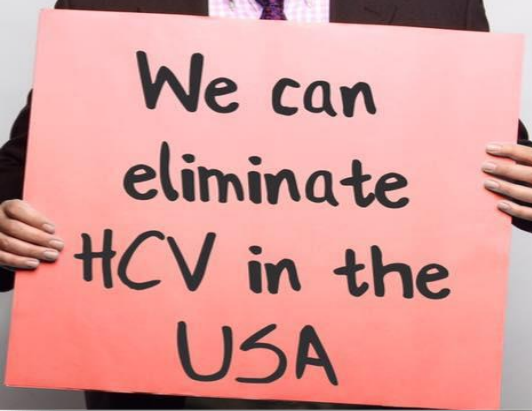
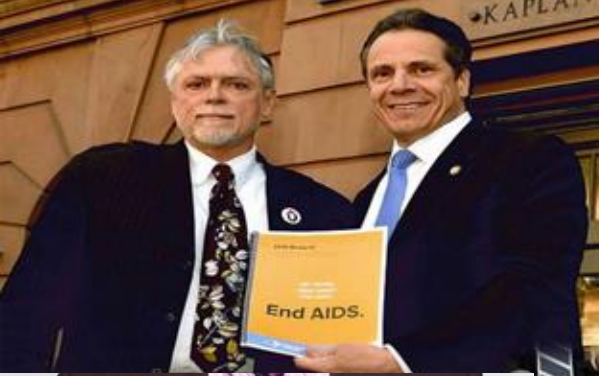
**Resilient**  
**Fierce**  
*Wise*

THE 12TH ANNUAL IRIS HOUSE  
WOMEN AS THE FACE OF AIDS SUMMIT

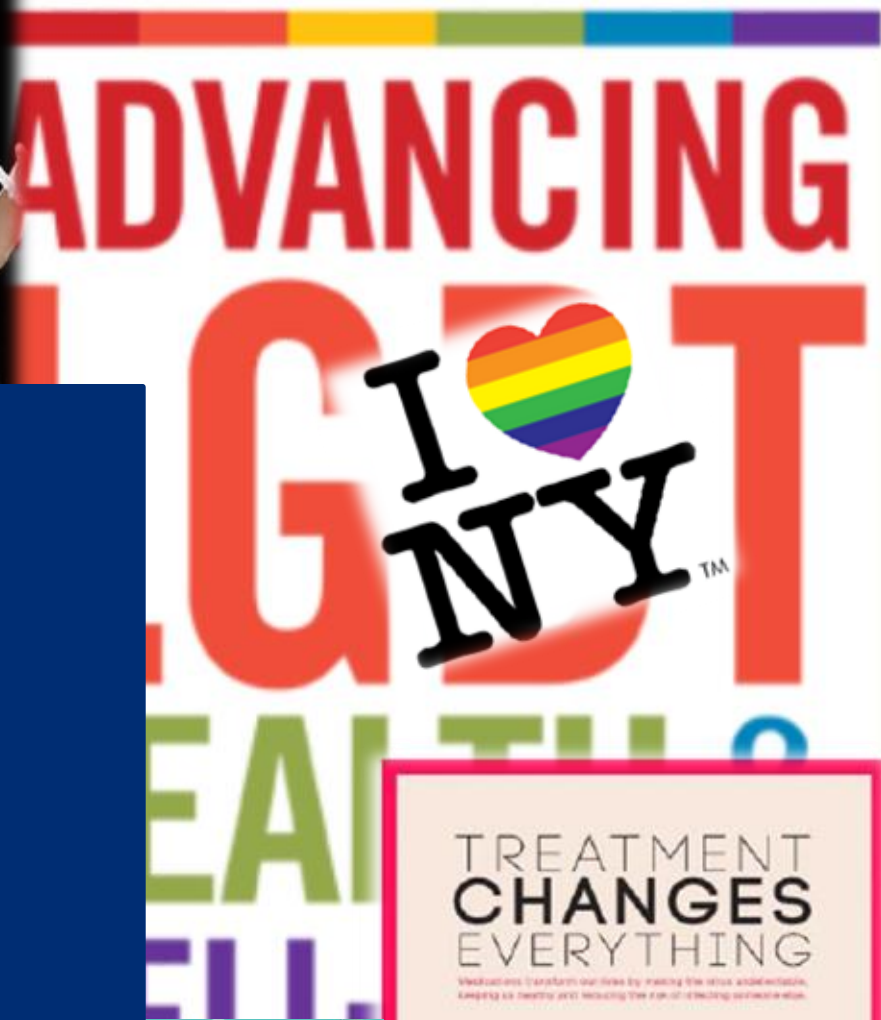
GET TESTED.  
TREAT EARLY.  
STAY SAFE.

End AIDS in NYS

NEW YORK STATE  
Department of Health



# Women and Ending the Epidemic NYS



Take Control  
Take control of your health  
visit [facebook.com/takecontrol](https://facebook.com/takecontrol)



TREATMENT CHANGES EVERYTHING  
HIV STOPS WITH ME.ORG

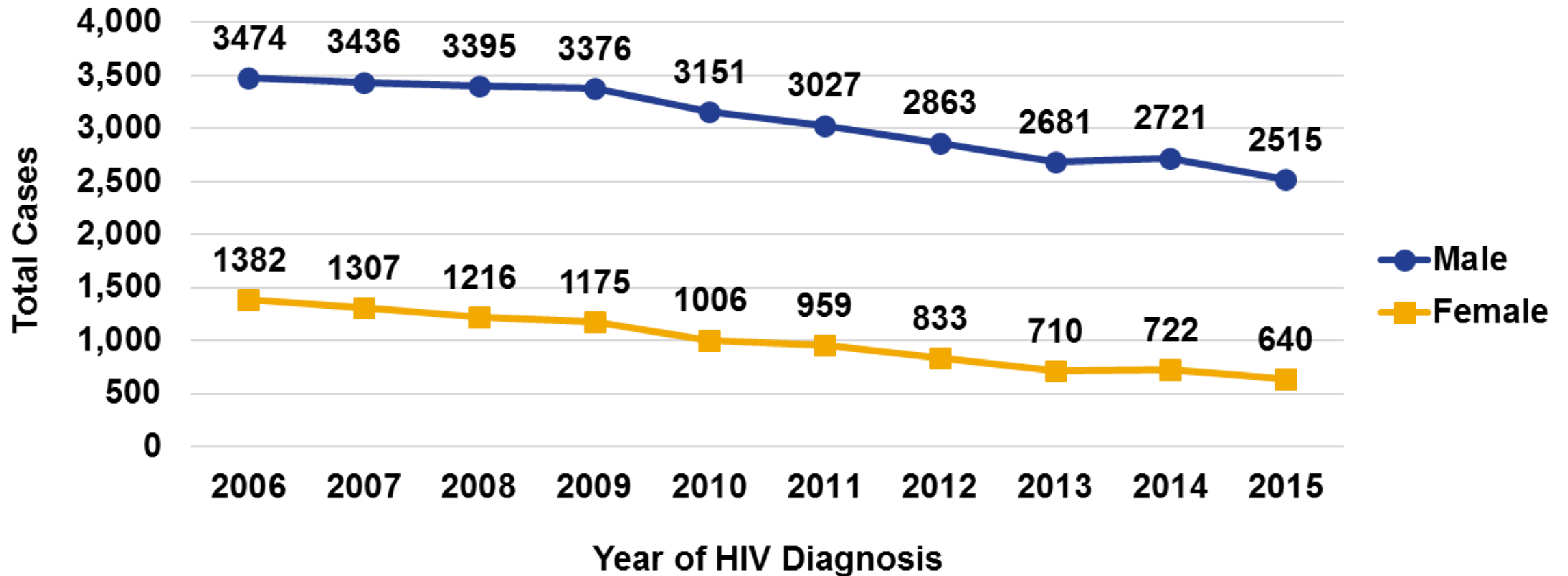




## Goal

**Reduce estimated new HIV infections to 750 annually by the end of 2020.**

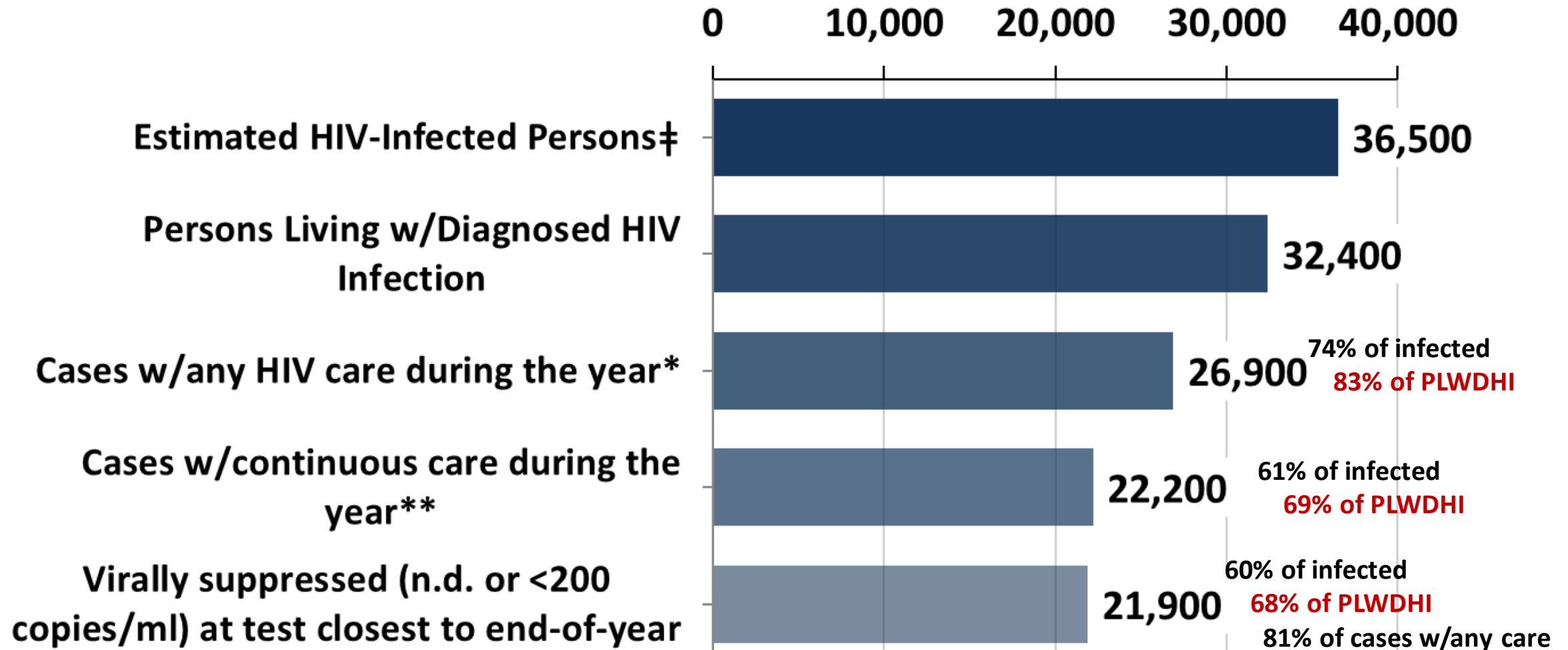
# Newly Diagnosed HIV Cases by Sex Assigned at Birth, NYS, 2006-2015\*



\*Data as of January 2017

# Cascade of HIV Care: Females

Persons Residing in NYS† at End of 2015

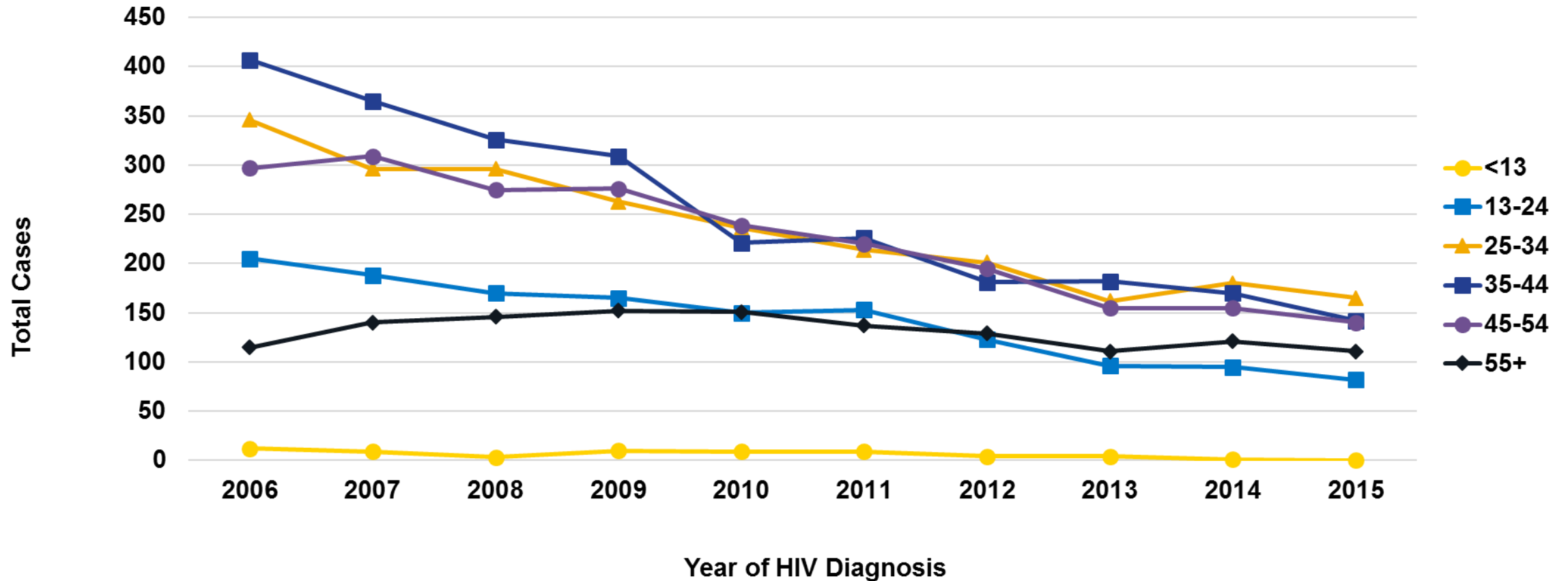


†Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.

‡ 11% were infected and unaware (CDC estimate); \* Any VL, CD4, or genotype test during the year;

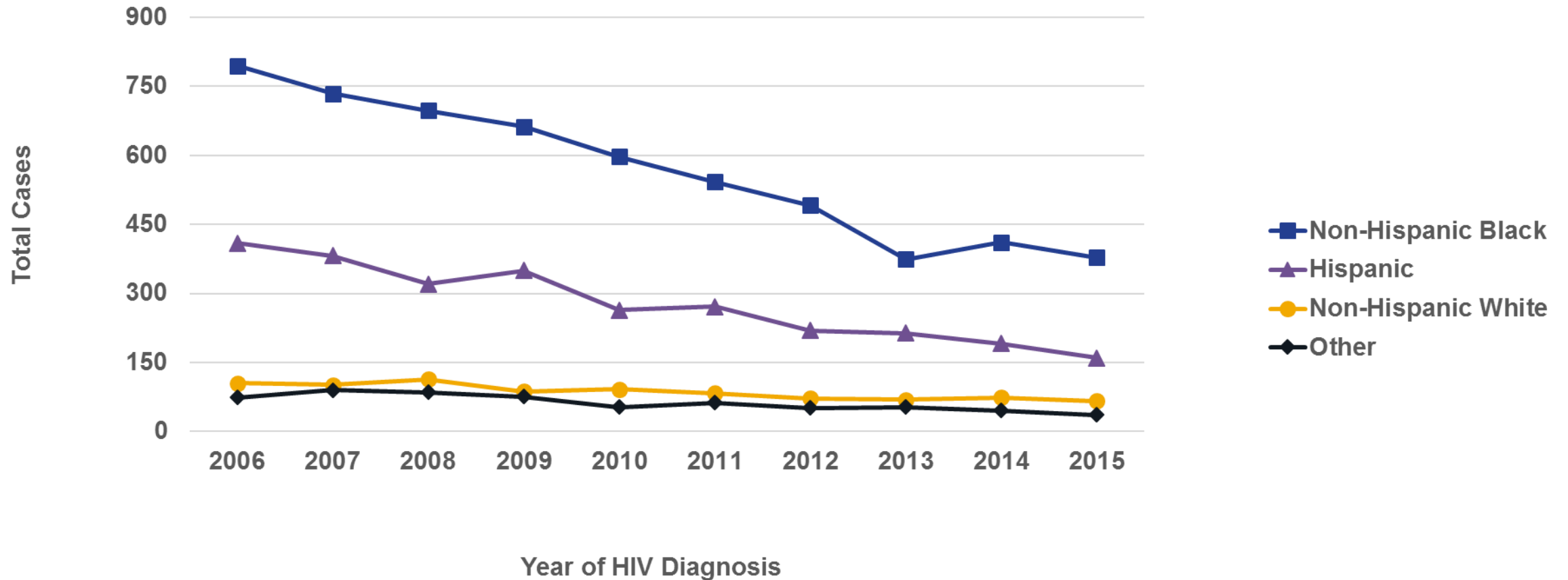
\*\* At least 2 tests, at least 91 days apart

# Newly Diagnosed HIV Cases Among Female Sex Assigned at Birth and Age at Diagnosis, NYS, 2006-2015\*



\* Data as of January 2017

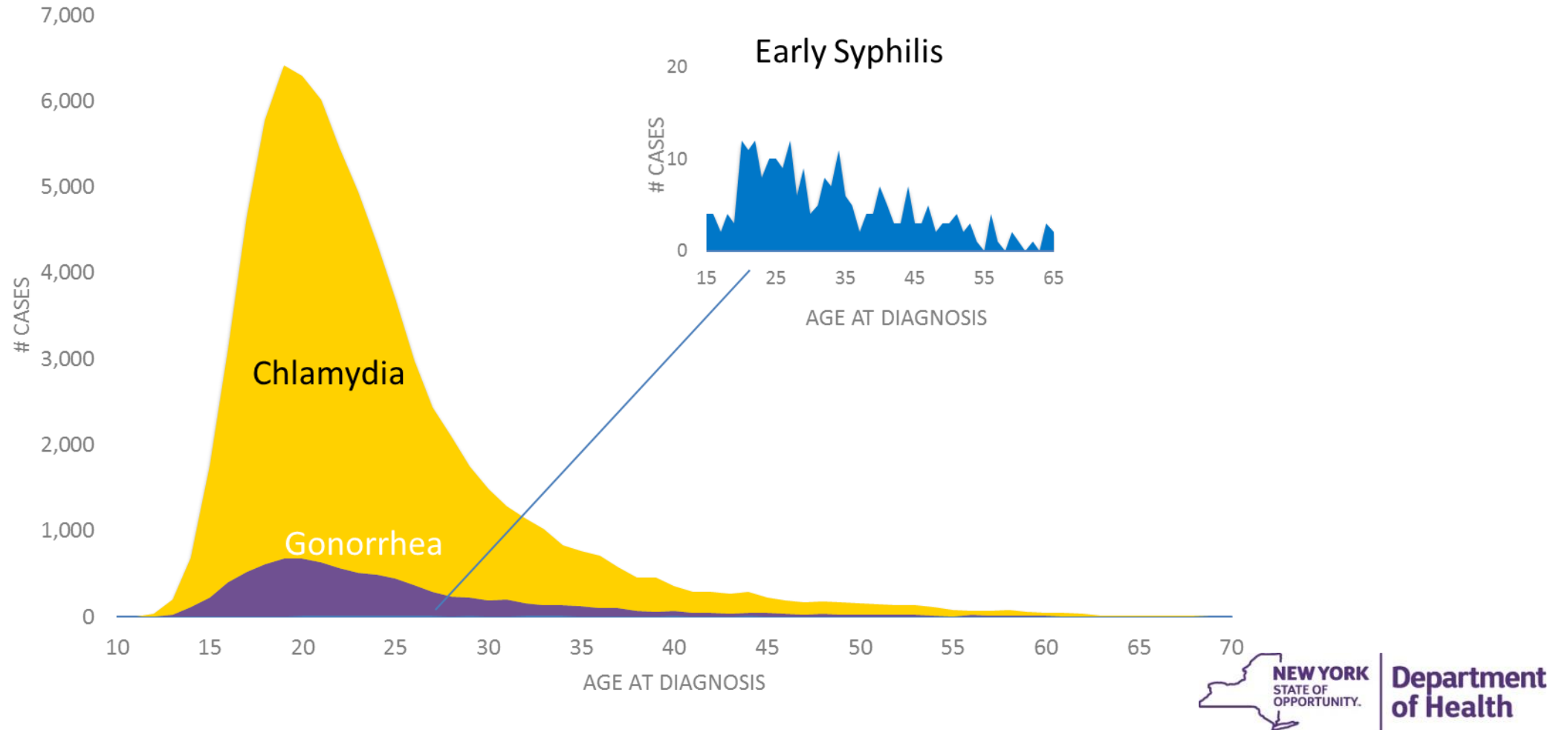
# Newly Diagnosed HIV Cases Among Female Sex Assigned at Birth and Race/Ethnicity, NYS, 2006-2015\*



\*Data as of January 2017

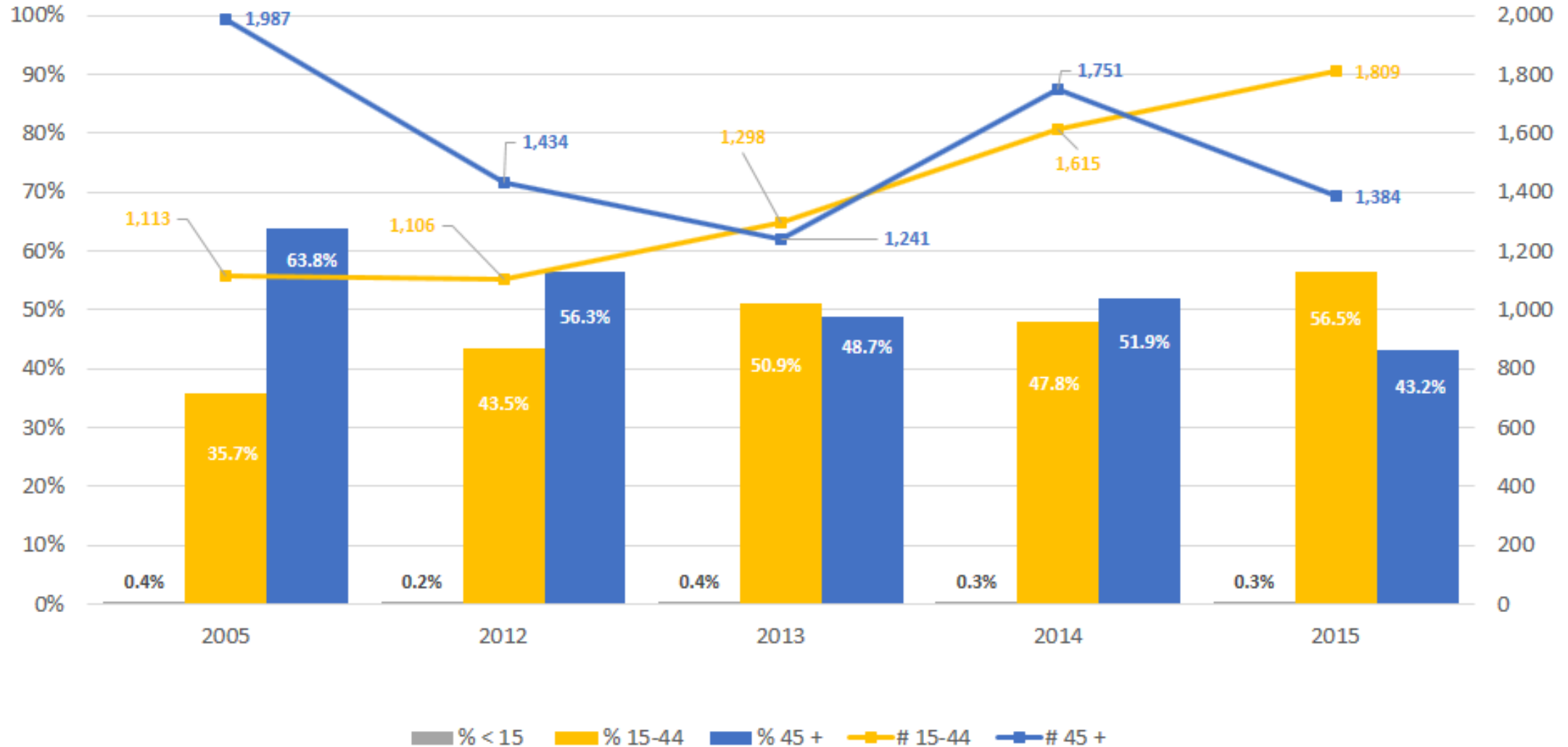
# Reported Cases of STDs among Women

## New York State, 2015

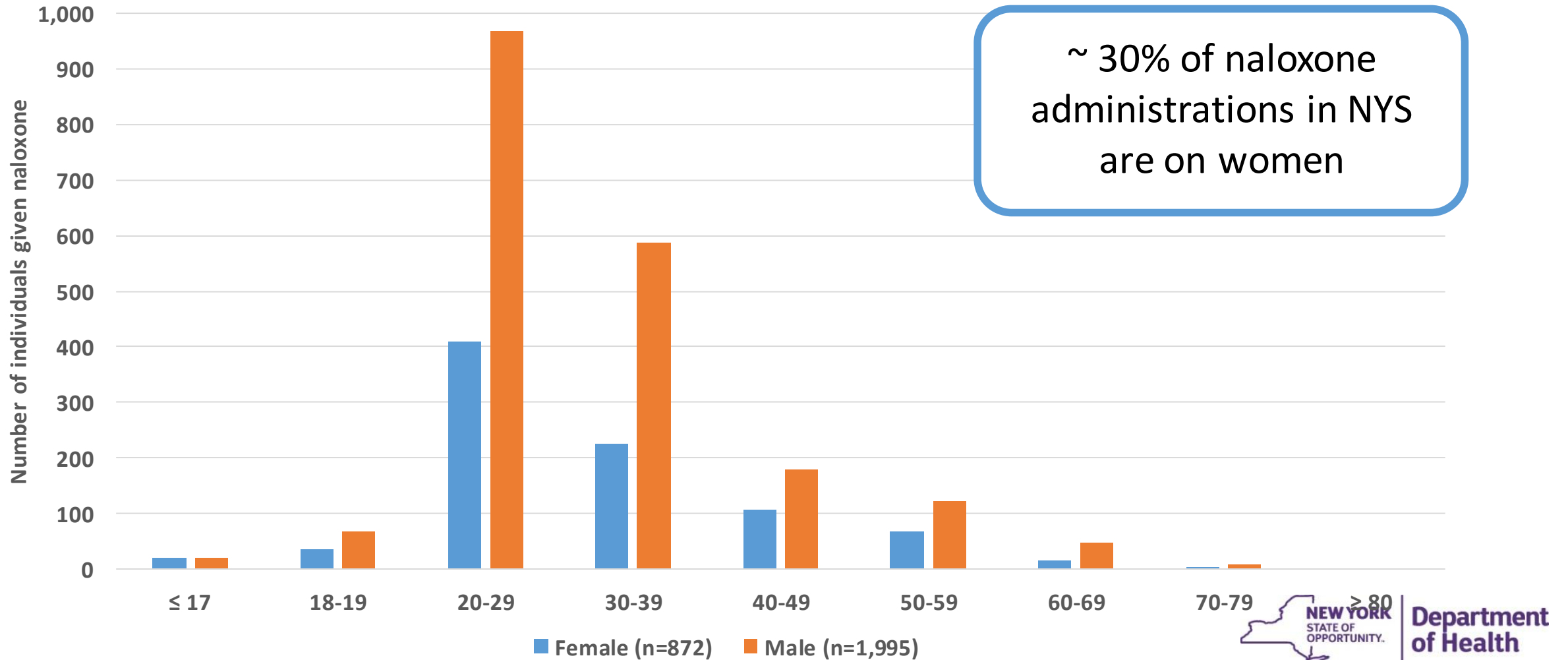


# Total Hepatitis C Among Females: NYS (Excluding NYC)

## Percent by Year & Age Group



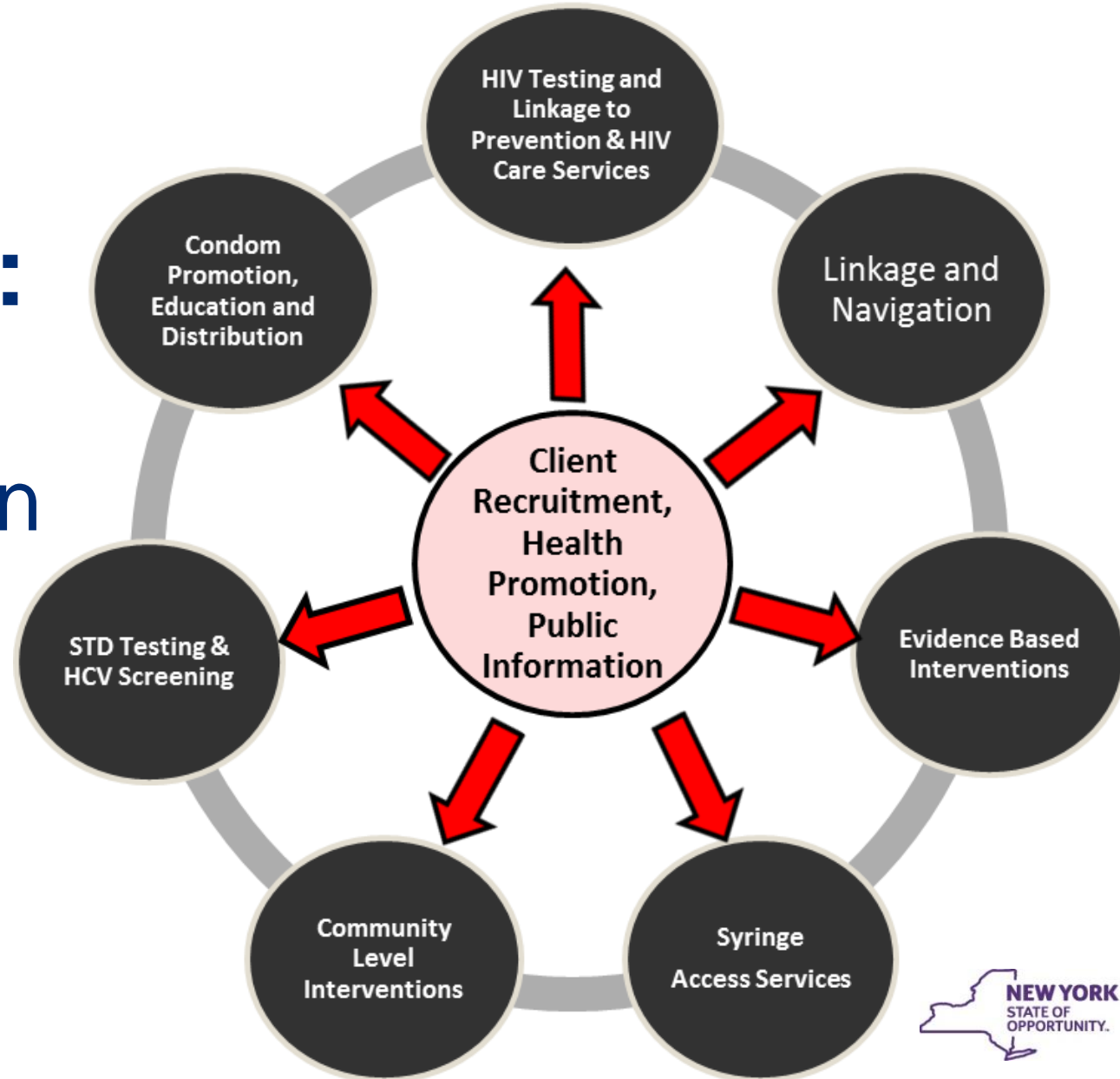
# Law Enforcement Naloxone Administration Reports Number by Gender and Age





# Initiative Goals:

Contracts Focus on  
High Impact HIV  
Prevention  
Programming



# Progress to Date

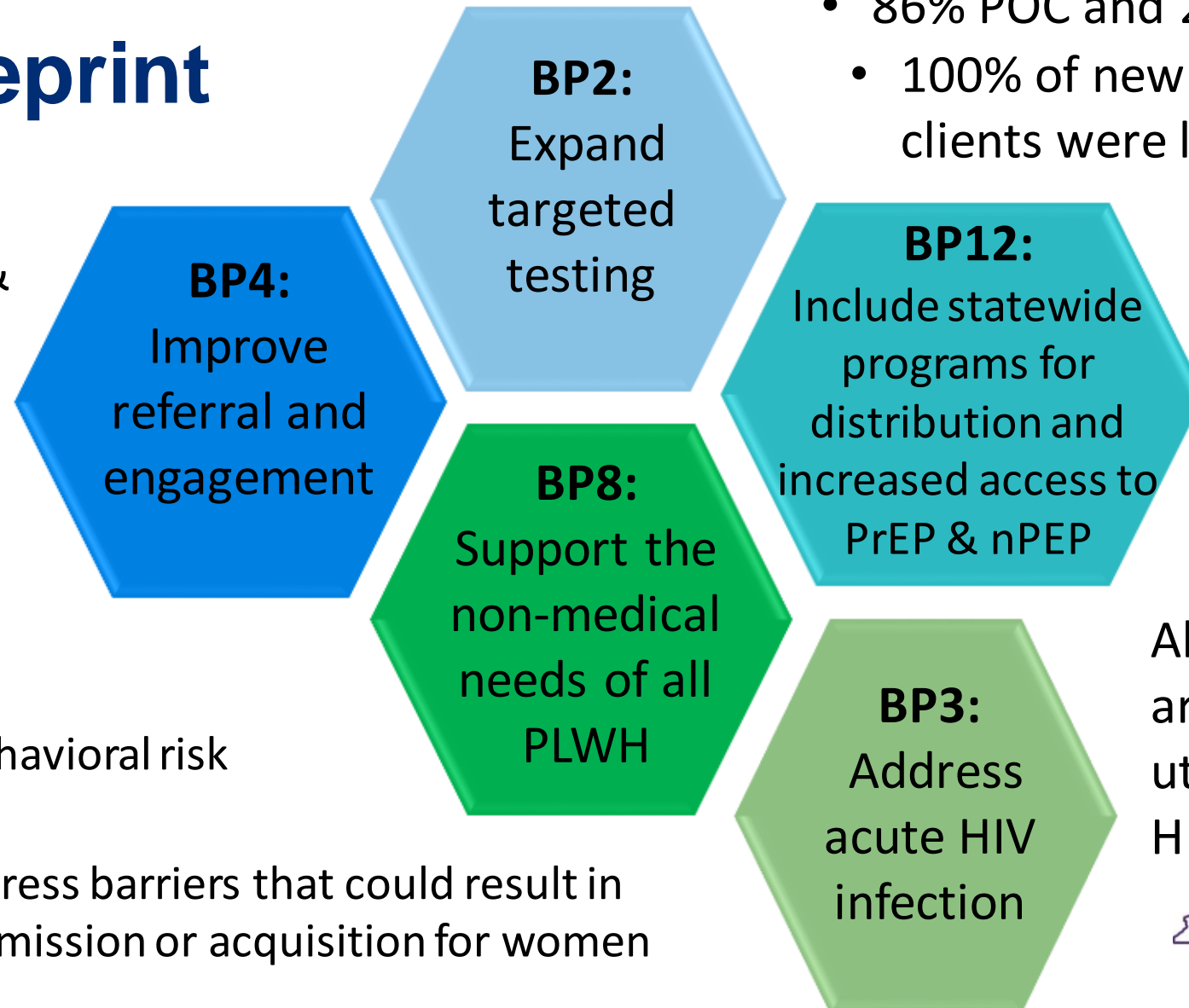
- \$4 million has been designated to the Women's Prevention Initiative
- 19 agencies have been funded across the state
  - CBOs, hospitals, CHCs
- In 2016, 11,491 individuals received HIV testing through the Women's Prevention Initiative

# Progress to Date: ETE Blueprint

Linkage, Navigation & Retention service model used to train and guide funded programs since 2014

This includes:

- Comprehensive behavioral risk assessments
- Action plans to address barriers that could result in HIV/STD/HCV transmission or acquisition for women



Of 11,491 individuals tested in 2016:

- 86% POC and 20% high risk
- 100% of newly diagnosed clients were linked to care

Planning a statewide PrEP for Women Forum

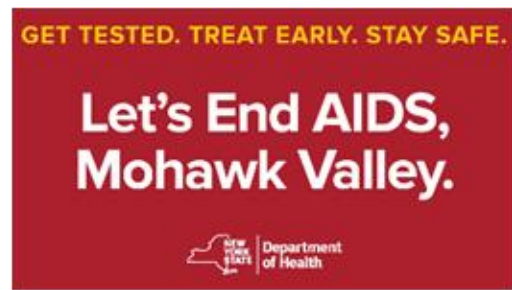
All funded providers are encouraged to utilize 4th generation HIV testing



- **Between 2012 and 2016, 22% of NY Medicaid recipients who filled a prescription for PrEP were female**
- **63% of these 1,011 females were between the ages of 25 and 49.**

# Regional and Key Population Focus

# Collaboration



- ETE Advisory Groups to develop implementation strategies**
- Transgender and Gender Non-Conforming Individuals
  - Older Adults
  - Women
  - Spanish-Speaking Communities
  - Black MSM
  - Latino Gay and Bisexual Men
  - Young Adults
  - STDs
  - Data Needs
  - Pharmacy
  - Persons Who Use Drugs
  - Long-Term Survivors



<http://www.ETEdashboardny.org>

Search...

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# Ending the Epidemic

Measure, track, and disseminate information on progress towards achieving the End of the AIDS Epidemic in New York State



INTERESTED IN RECEIVING  
NEW DATA AND RESEARCH?



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Blog

Communities

Measures

Events

Data Upload

Resources

Contact Us

## NEW INTERACTIVE DATA

Visit the Dashboard's new  
interactive visualization to view  
NYC HIV testing data by  
neighborhood

### Select HIV testing indicator:

- Tested in last 12 months
- Never Tested
- Tested among MSM
- Never Tested among MSM

### Filters

#### SEX:

Total

#### RACE:

Total

#### AGE:

Total

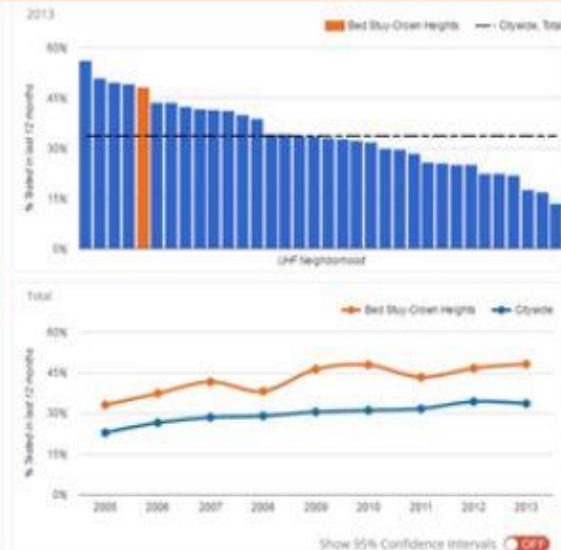
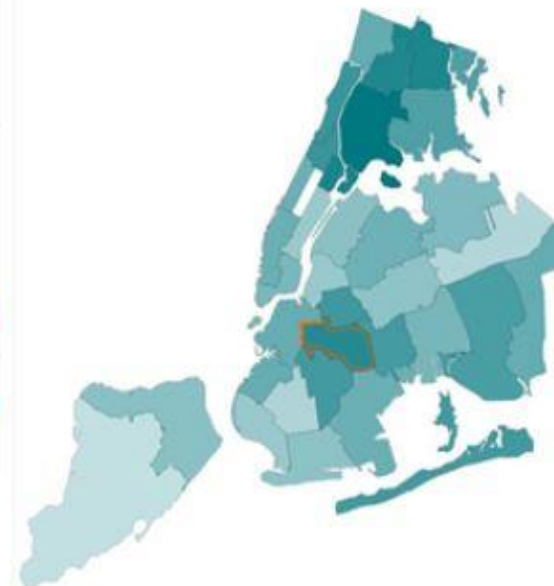
Reset Filters

### Highlight By Location

Search UHF name and zip code

Bed Stuy-Crown Heights  
2013

Select an area on the map to view UHF neighborhood level data  
Tested in last 12 months, 2013



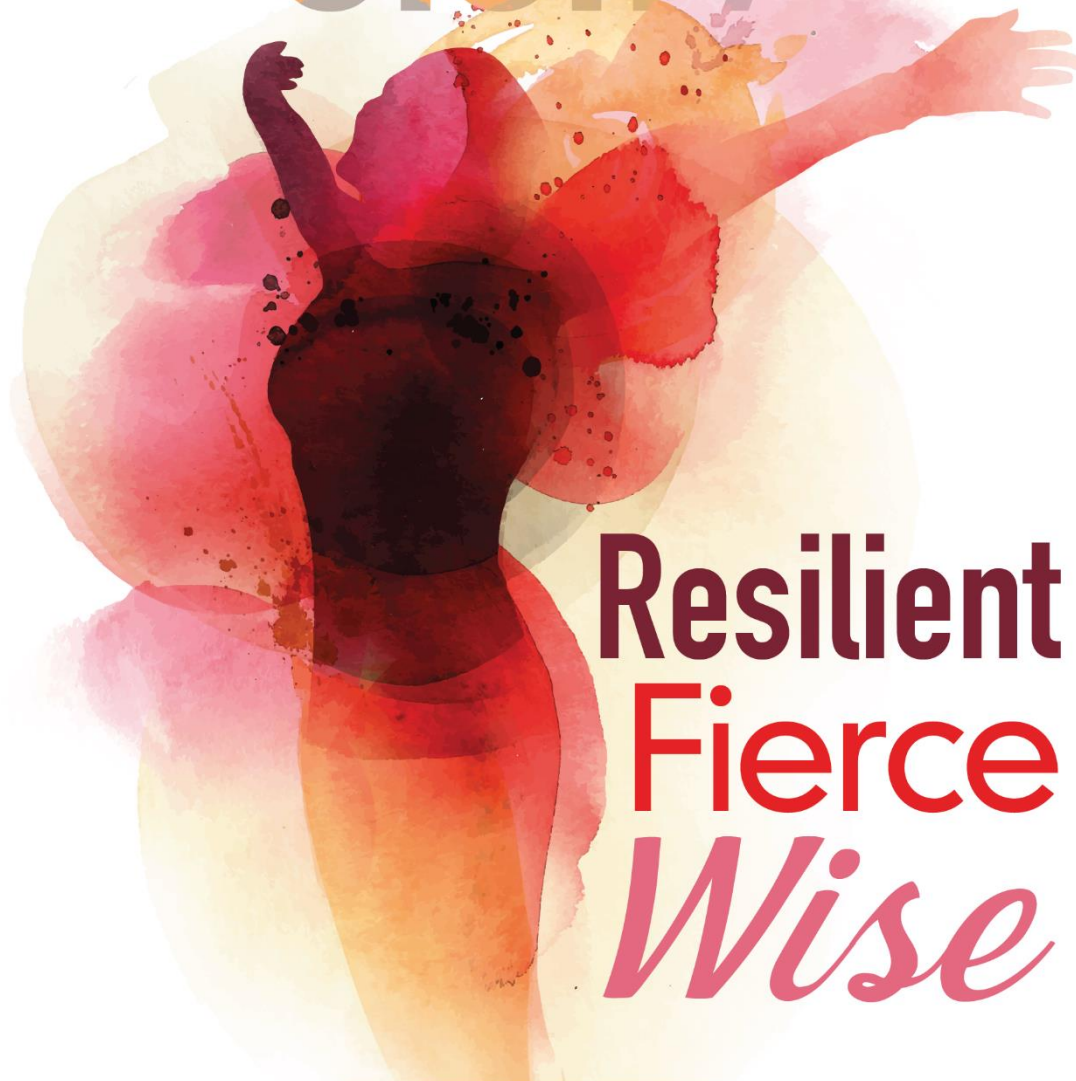
***Thank you!***

***Johanne Morne***

***Johanne.Morne@health.ny.gov***

***518-474-6399***

5.8.17



**Resilient**  
**Fierce**  
*Wise*

THE 12TH ANNUAL IRIS HOUSE  
WOMEN AS THE FACE OF AIDS SUMMIT





# Ongoing Efforts to Improve Access to HIV- related Services for all New Yorkers

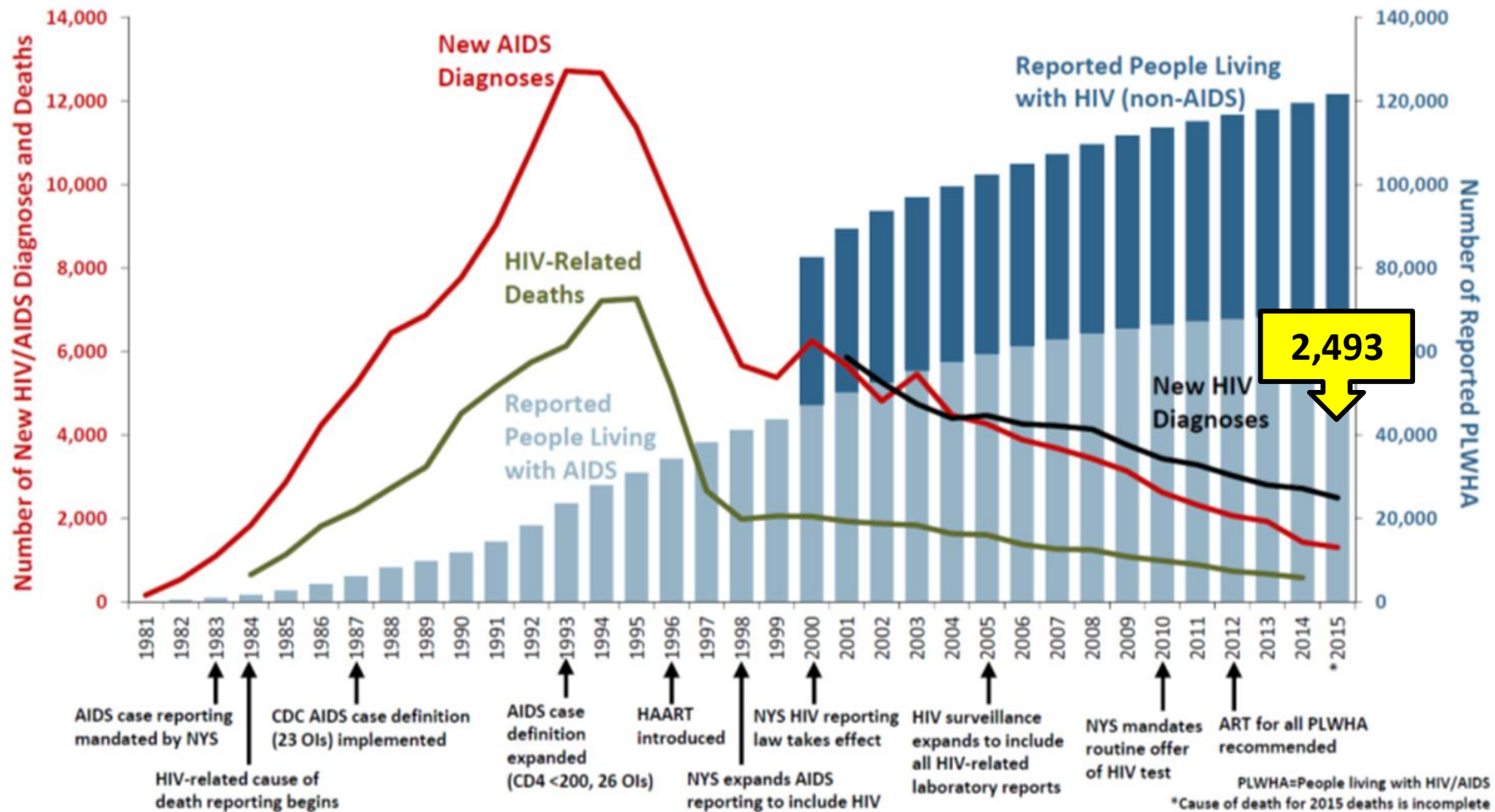
Bisrat Abraham, MD, MPH  
Acting Assistant Commissioner,  
Bureau of HIV/AIDS  
New York City Department of Health  
and Mental Hygiene

# Outline

1. Snapshot of HIV Epidemiology in NYC
2. Current Ending the Epidemic (EtE) Activities
3. Serving Immigrants
4. Empowering Women

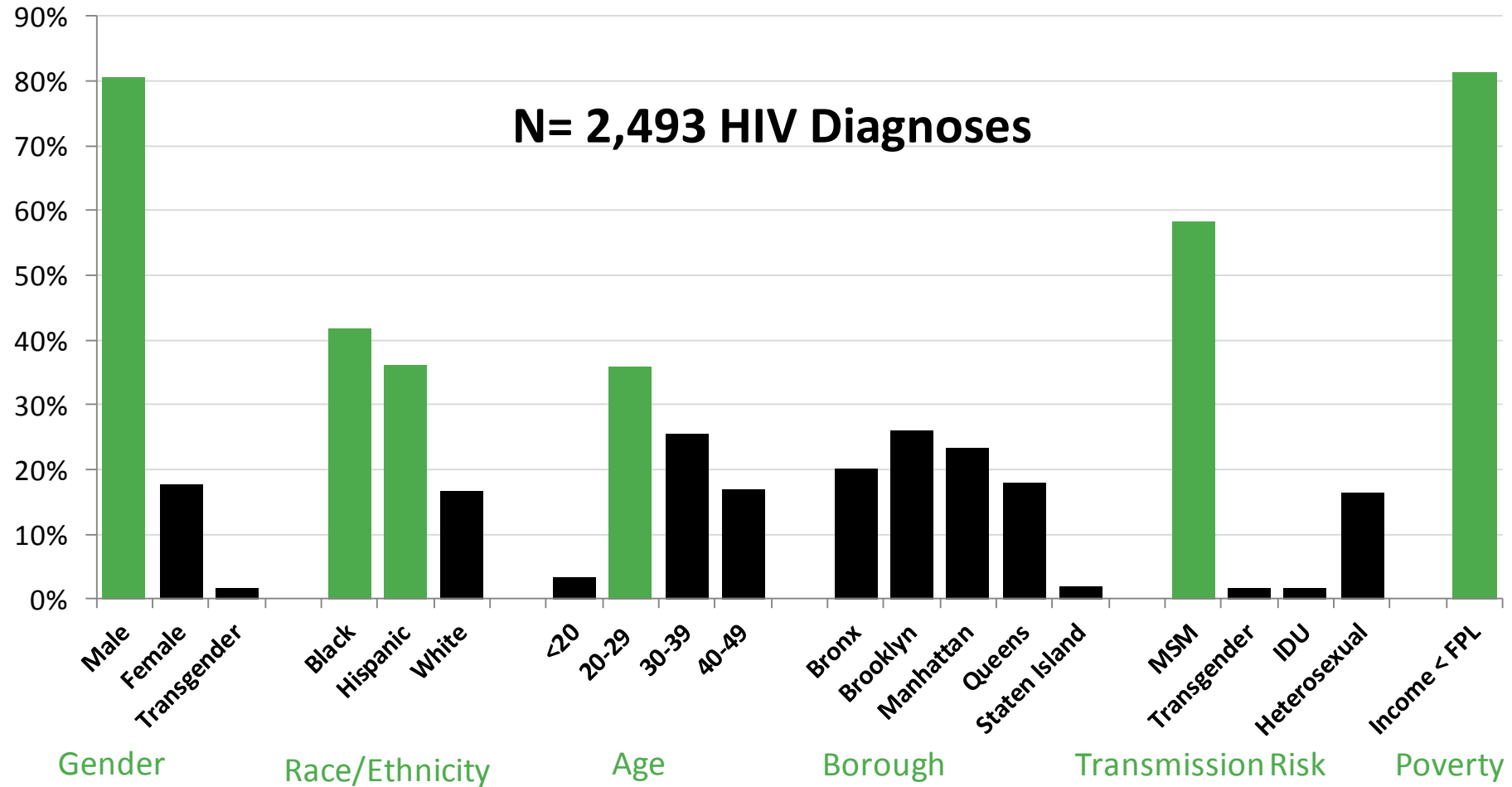
**STAYSURE**

# History of HIV Epidemic in NYC



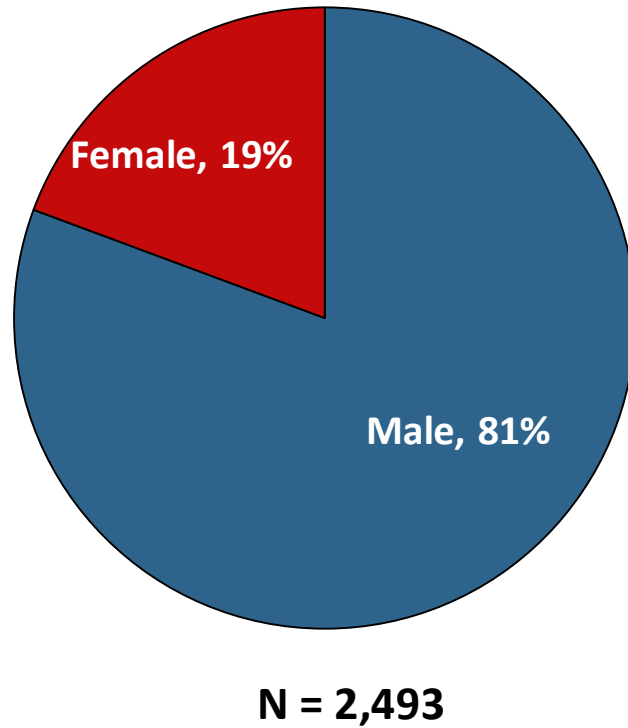
**STAYSURE**

# New HIV Diagnoses — NYC, 2015



**STAYSURE**

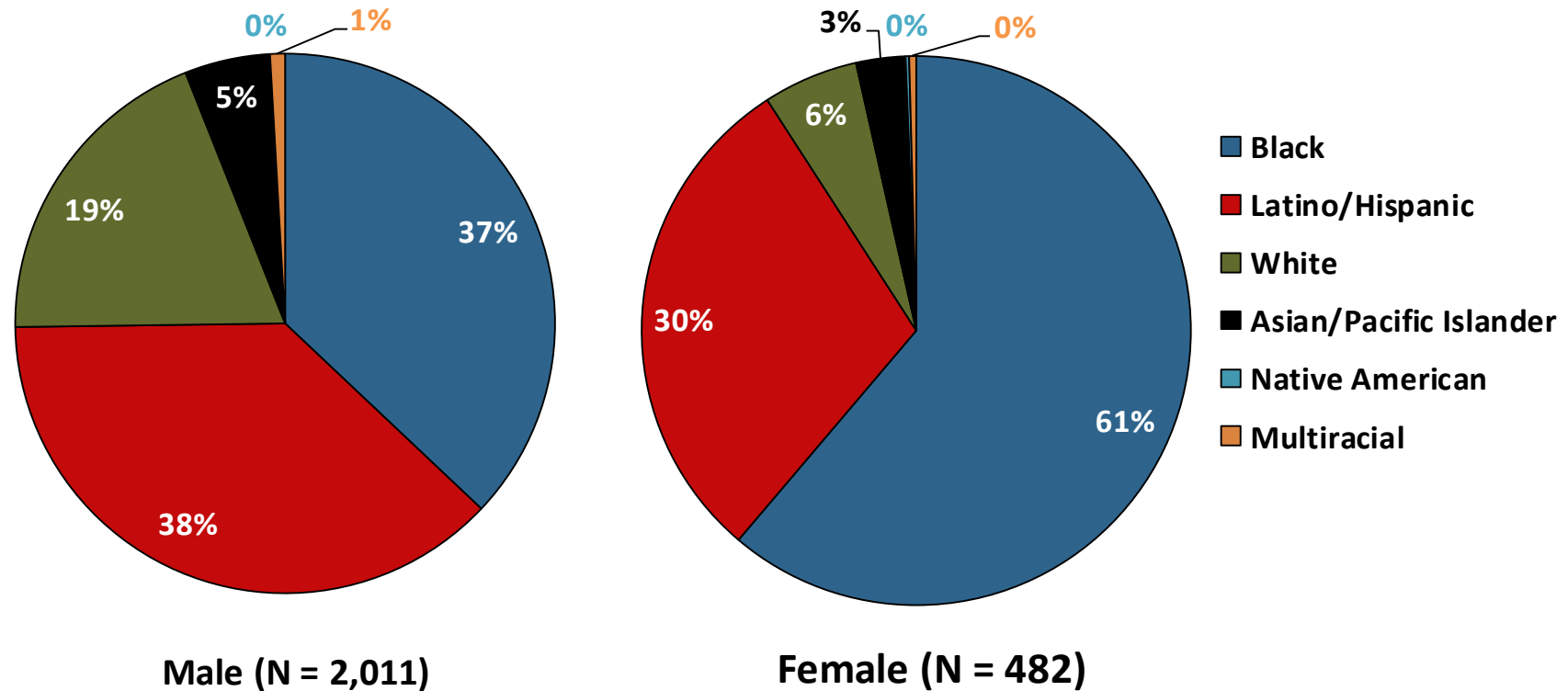
# HIV Diagnoses by Gender — NYC, 2015



Female includes transgender women and male includes transgender men. As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

**STAYSURE**

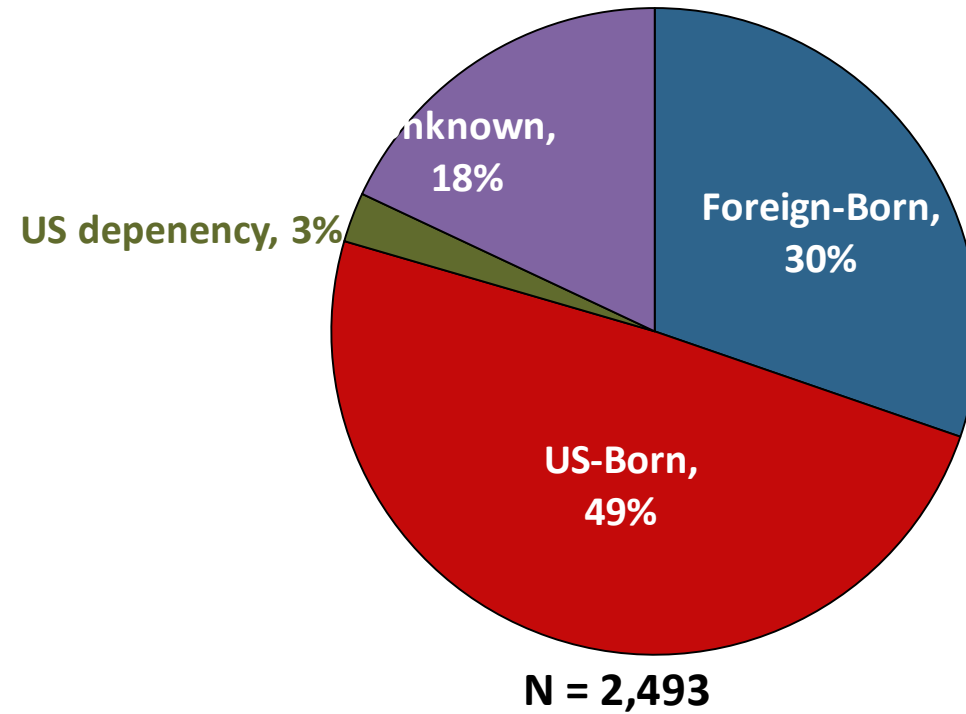
# HIV Diagnoses by Gender and Race/Ethnicity — NYC, 2015



Female includes transgender women and male includes transgender men. As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

**STAYSURE**

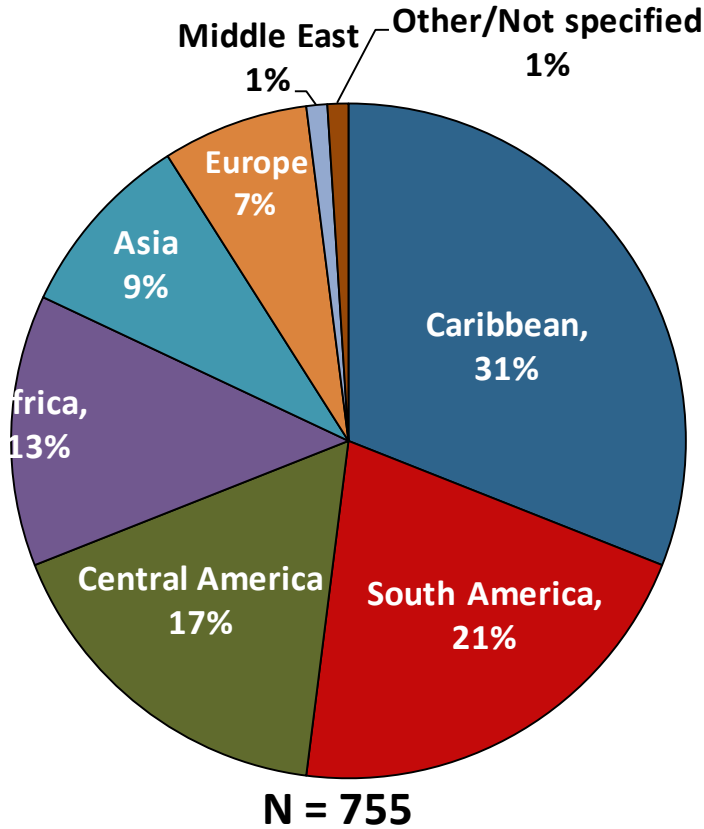
# HIV Diagnoses by Area of Birth — NYC, 2015



As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

**STAYSURE**

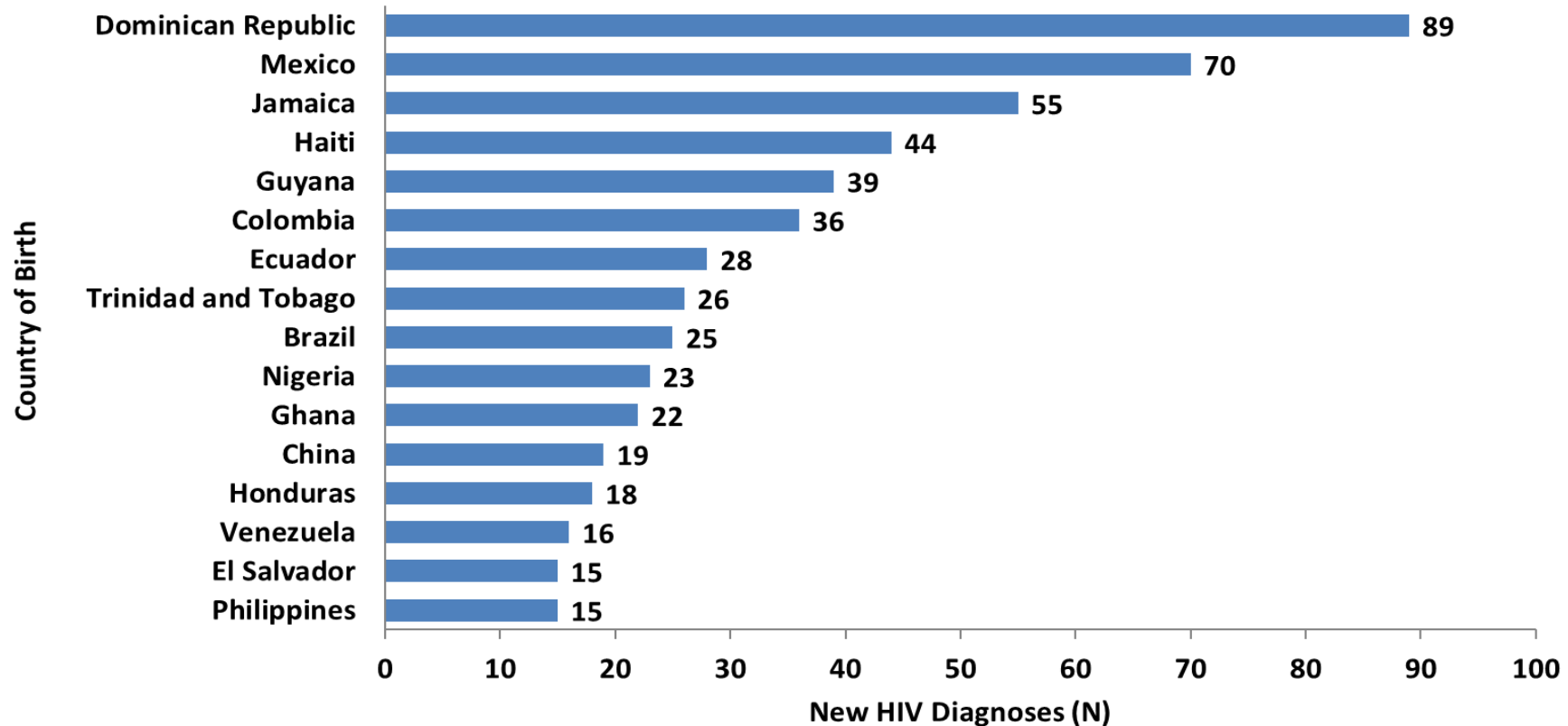
# HIV Diagnoses among Foreign-born by Region of Birth — NYC, 2015



Caribbean designation excludes Puerto Rico and US Virgin Islands. As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.



# Frequently Reported Countries of Birth among Foreign-born — NYC, 2015



Only those countries of birth accounting for at least 15 new HIV diagnoses are shown. As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

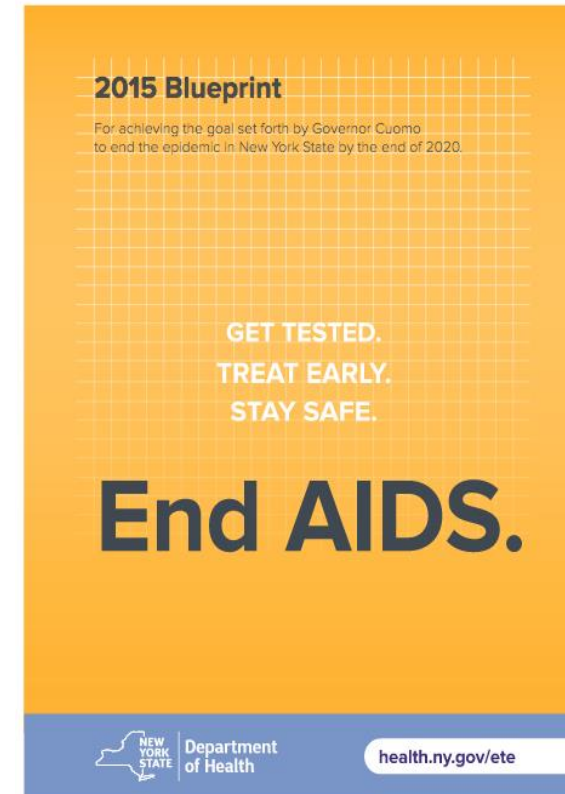
**STAYSURE**

# Ending of the Epidemic Activities



# Ending the Epidemic

1. Identify persons with HIV who remain undiagnosed and link them to health care.
2. Link and retain persons diagnosed with HIV in health care to maximize viral suppression.
3. Facilitate access to Pre-Exposure Prophylaxis (PrEP) for HIV negative persons at risk of exposure.



**STAYSURE**

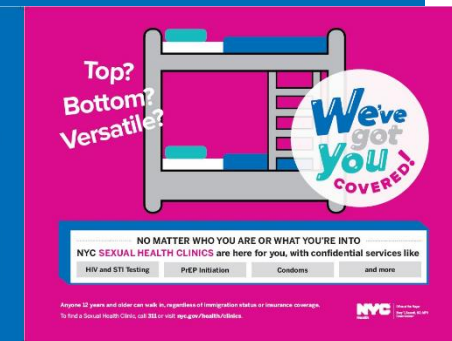
# The New York City EtE Plan: Strategies to Address Disparities

1. Transform City STD 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

**STAYSURE**

# Expanded Services and Hours will Make Sexual Health Clinics Destination Clinics

- ✓ **Expand hours and triage to improve access**
  - M-F schedule for all clinics; Saturdays, select clinics
  - Triage Nurses at ALL clinics
- ✓ **Restore screening services for asymptomatic clients**
- ✓ **Modernize STD diagnostics**
  - HSV testing, Hepatitis C, Trichomonas testing
- ✓ **Enhance HPV-related services**
  - Anal/cervical screening (PAPs)
  - Colposcopy
  - High Resolution Anoscopy
  - HPV vaccines
- ✓ **Quick Start contraceptives for women**



**STAYSURE**

# State of the Art HIV Interventions in Sexual Health Clinics

**BIOMEDICAL EVALUATION AND INTERVENTION:  
INSTANT STARTS OF ARV TREATMENT AND PREVENTION**

**SOCIAL WORK ASSESSMENT FOR SOCIAL DETERMINANTS OF  
RISK OR DISEASE PROGRESSION + INSURANCE CONNECTION**

**NAVIGATION TO LONGITUDINAL CARE FOR  
BOTH HIV NEGATIVE AND POSITIVE CLIENTS**

**STAYSURE**

# NYC Sexual Health Centers are HIV Hubs and open to all

## PrEP Navigation

Launched 10/31/16  
ALL CLINICS  
Over 1300 Encounters

## PEP 28

Started 10/31/16  
ALL CLINICS  
397 Patients  
61% Black/Latinx

## “JumpstART”

Launched 11/23/16

STARTED IN ONE CLINIC  
FIVE MORE NOW ON BOARD

47 JumpstARTs  
68% Black/Latinx

## PrEP Initiation

Started 12/22/16

STARTED IN ONE CLINIC  
NOW AT 2<sup>nd</sup> CLINIC

113 PrEP Starts  
67% Black/Latinx

**STAYSURE**

# Serving Immigrants

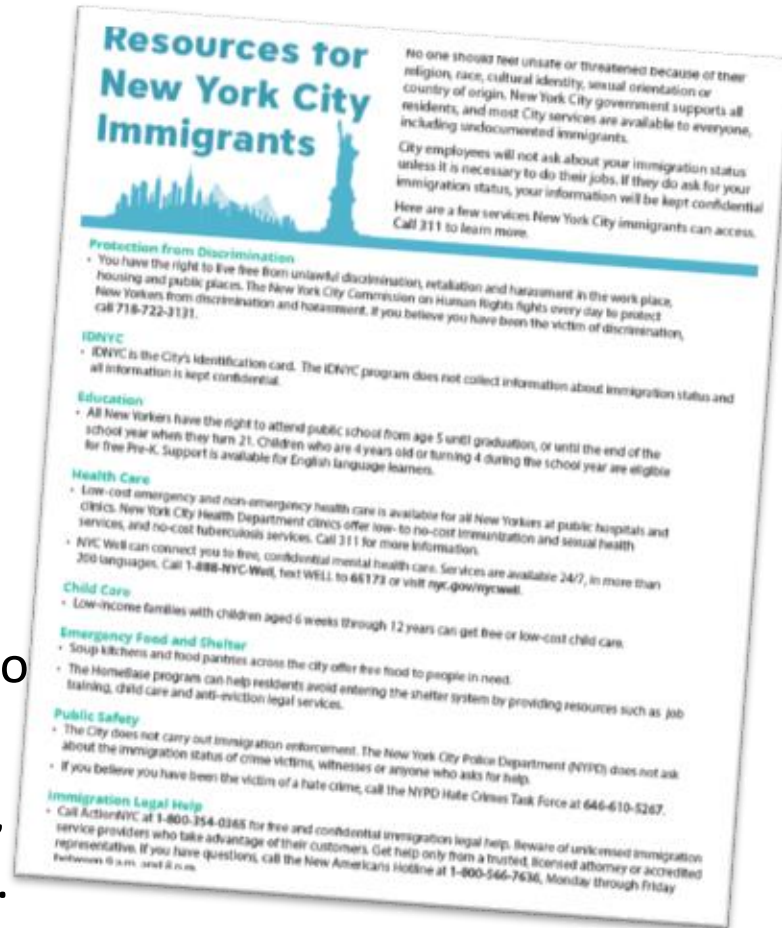


**NYC**  
Health



# Resources for New York City Immigrants

- No one should feel unsafe or threatened because of their religion, race, cultural identity, sexual orientation or country of origin.
- New York City government supports all residents, and most City services are available to everyone, including undocumented immigrants.
- City employees will not ask about your immigration status unless it is necessary to do their jobs.
- If they do ask for your immigration status, your information will be kept confidential.

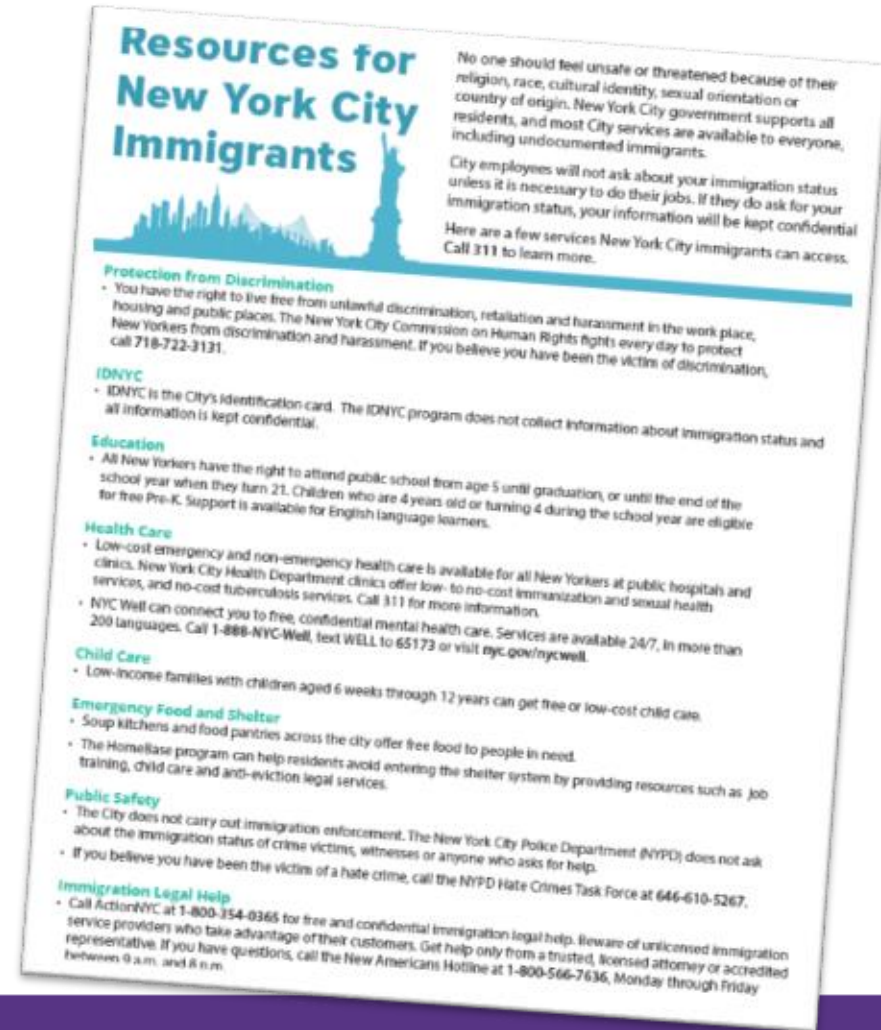


**STAYSURE**

# Resources for New York City Immigrants

- Protection from Discrimination
- IDNYC
- Education
- Health Care
- Child Care
- Emergency Food and Shelter
- Public Safety
- Immigration Legal Help

Available in 13 languages



# STAYSURE

# Health Care — Letter to Immigrant New Yorkers

## NEW YORK HAS A POLICY TO PROTECT IMMIGRATION STATUS AND OTHER CONFIDENTIAL INFORMATION

- All immigrants can get medical care in NYC, regardless of immigration status or ability to pay.
- All residents should seek care in any setting without fear.
- All children and pregnant women can get health insurance—even if you do not have legal status.
- NYC Health + Hospitals, which runs the public hospitals and neighborhood health centers, will help you even if you do not have insurance; sliding scale fees are available for health care.
- Free interpretation services available in 200 languages, 24 hours a day, 7 days a week.

**STAYSURE**

## Other NYC Health Clinics

- New York City Health Department clinics offer patients sexual health, immunization and Tuberculosis services, regardless of immigration status.
- If you do not have health insurance or cannot pay the fee, you can still get services.
- Health insurance and billing practices vary by clinic type and may depend on the patient's age, family size and income.

**STAYSURE**

# NYKnows — Immigrant Health Task Force

- Group of advocates, service providers, and other stakeholders
- Inaugural meeting on April 28<sup>th</sup>:
  - Impact of immigration policies on access to social and health-related services
- Next steps:
  - Generate a statement of purpose
  - Hold a series of community meetings/events
  - Assist in the implementation of community-driven responses
  - Continue meeting regularly, inviting key players to join the task force

**STAYSURE**



# Empowering Women

# NYKnows — Women's Advisory Board

- To reflect the needs and interests of the community, NYKnows sought members for a Women's Advisory Board
- Board includes diverse group of dedicated and passionate women leaders who have expertise serving and empowering women within their communities
- Assisted in planning the activities for National Women and Girls HIV/AIDS Awareness Day (NWGHAAD)
  - Women's Health and Activism Summit held on March 18<sup>th</sup>
- Ongoing meetings and discussions around improving health outcomes among women

**STAYSURE**

# PrEP and PEP Public Health Detailing to Women's Health Providers

- The Health Department conducts ongoing work to educate NYC providers about PrEP and PEP through public health detailing
  - *PrEP and PEP Action Kit for Providers*
- Key messages
  - Take a thorough sexual history
  - Screen sexually active patients for STIs
  - Talk about PrEP/PEP to patients as appropriate
  - Prescribe PrEP/PEP according to guidelines (or refer)
- Developing a public health detailing campaign focused on women's health providers (e.g., OB Gyns)
  - Guidelines and tools specific for prescribing PrEP & PEP to women



**STAYSURE**



# Conclusion

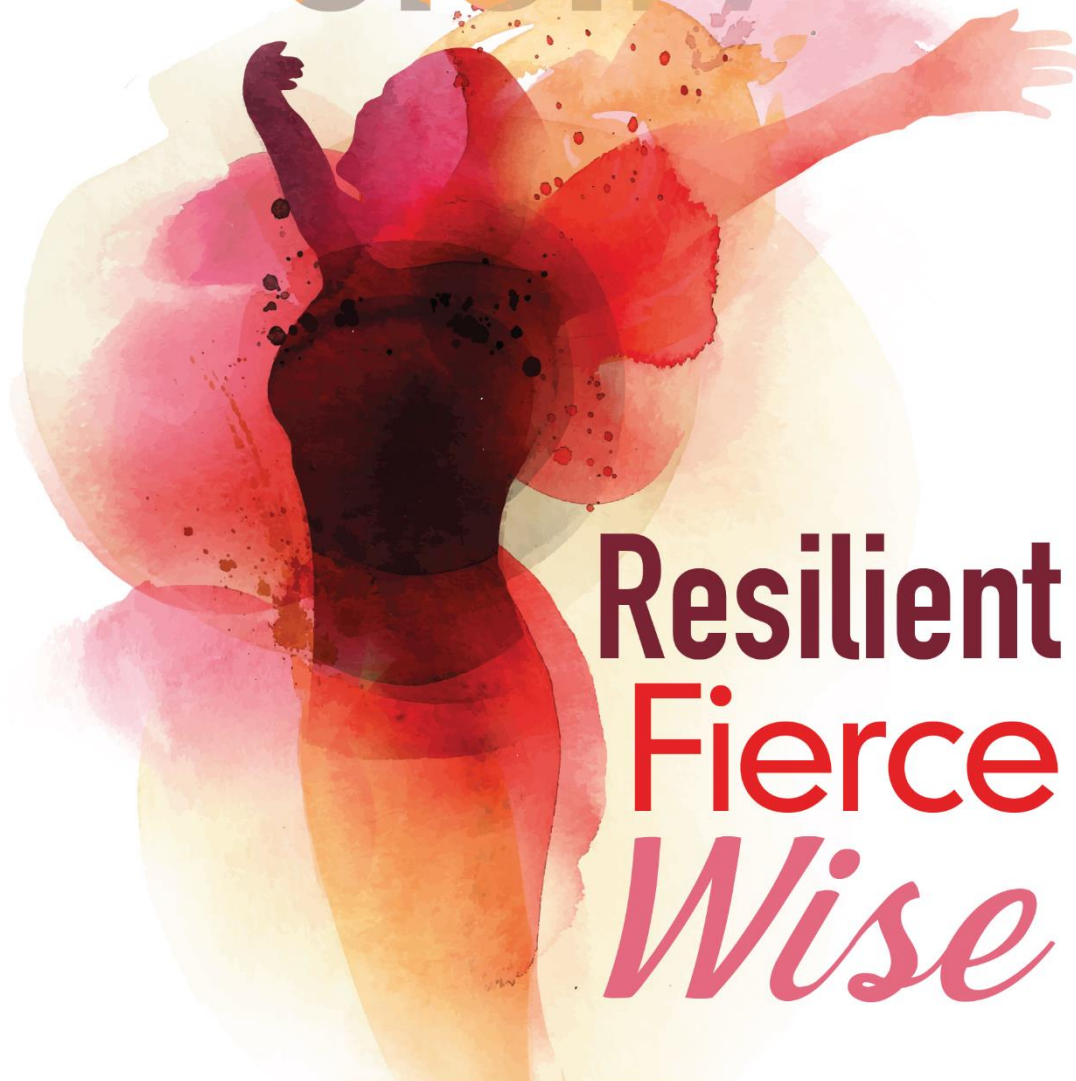
- NYC Department of Health working to address disparities as part of the EtE initiatives
- The City clinics are open to all, regardless of religion, race, cultural identity, sexual orientation, country of origin, nor immigration status
  - Sexual Health Clinics have become state-of-the-art clinics with a wide range of services
- Continue to engage with community partners to address the health needs of all New Yorkers

**STAYSURE**



**Thank You!**

5.8.17



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