Social Media Tags!

@IrisHouse

#WFASummit2017
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Update on Women, Girls, and HIV Infection
Objectives

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

• 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

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>No.</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>55</td>
<td>5.6</td>
</tr>
<tr>
<td>Asian</td>
<td>132</td>
<td>1.7</td>
</tr>
<tr>
<td>Black/African American</td>
<td>4,524</td>
<td>26.2</td>
</tr>
<tr>
<td>Hispanic/Latino&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1,131</td>
<td>5.3</td>
</tr>
<tr>
<td>Native Hawaiian/other Pacific Islander</td>
<td>8</td>
<td>3.5</td>
</tr>
<tr>
<td>White</td>
<td>1,431</td>
<td>1.6</td>
</tr>
<tr>
<td>Multiple races</td>
<td>121</td>
<td>5.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7,402</strong></td>
<td><strong>5.4</strong></td>
</tr>
</tbody>
</table>

*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. Hispanic/Latinos can be of any race.*
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

Hispanics/Latinos can be of any race.

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

N = 4,513  Total Rate = 3.2

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

Rates per 100,000 females
- 0.0 - 0.9
- 1.0 - 1.6
- 1.7 - 3.9
- 4.0 - 19.2

Data classified using quartiles
<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>No.</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native</td>
<td>39</td>
<td>4.0</td>
</tr>
<tr>
<td>Asian&lt;sup&gt;a&lt;/sup&gt;</td>
<td>52</td>
<td>0.7</td>
</tr>
<tr>
<td>Black/African American</td>
<td>2,804</td>
<td>16.2</td>
</tr>
<tr>
<td>Hispanic/Latino&lt;sup&gt;b&lt;/sup&gt;</td>
<td>632</td>
<td>2.9</td>
</tr>
<tr>
<td>Native Hawaiian/other Pacific Islander</td>
<td>3</td>
<td>1.3</td>
</tr>
<tr>
<td>White</td>
<td>765</td>
<td>0.9</td>
</tr>
<tr>
<td>Multiple races</td>
<td>164</td>
<td>7.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,459</td>
<td>3.2</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Transmission category</th>
<th>Age group (years), %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13–19</td>
</tr>
<tr>
<td>Injection drug use</td>
<td>7.0</td>
</tr>
<tr>
<td>Heterosexual contact</td>
<td>46.3</td>
</tr>
<tr>
<td>Other b</td>
<td>46.7</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

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.

* Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

b Includes blood transfusion, perinatal exposure, and risk factor not reported or not identified.

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

- New AIDS Diagnoses
- HIV-Related Deaths
- Reported People Living with AIDS
- Reported People Living with HIV (non-AIDS)
- New HIV Diagnoses

Key Events:
- AIDS case reporting mandated by NYS
- CDC AIDS case definition (23 OIs) implemented
- AIDS case definition expanded (CD4 <200, 26 OIs)
- HAART introduced
- NYS HIV reporting law takes effect
- NYS mandates routine offer of HIV test
- HIV surveillance expands to include all HIV-related laboratory reports
- ART for all PLWHA recommended

* Data on 2014 deaths are incomplete.

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 Epidemiology and Field Services Program, New York City Department of Health and Mental Hygiene by June 30, 2016.
Rates of new HIV diagnoses among females were highest in Hunts Point-Mott Haven, East New York, and Crotona-Tremont.
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.

www.cdc.gov
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
Figure 1

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

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

Marcus, et al. JAIDS, March 2016
Combination HIV Prevention

- HIV Testing/Counseling
- Treatment as Prevention
- Medical Male Circumcision
- STI Treatment
- Microbicides
- Treatment/Prevention of Drug/Alcohol Abuse
- Clean Syringes
- Education/Behavior Modification
- Condoms
- Blood Supply Screening
- ARVs for PMTCT, PEP, PrEP
Knowledge of one’s HIV status important for reducing risk of HIV transmission.

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

Advances in ART (pill burden, adverse effects)
- 1987: 1st ART (AZT)
- 1998: triple combination
- 2006: single tablet approved

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

**Proposed Diagnostic Algorithm**

A1: 4th generation HIV-1/2 immunoassay

- A1 +
- A1(-)

A1(-):
- Negative for HIV-1 and HIV-2 antibodies and p24 Ag

A1 +:
- HIV-1/2 differentiation immunoassay

HIV-1/2 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

- 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 ≤ 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

<table>
<thead>
<tr>
<th>Trial (Sponsor) Sample Size</th>
<th>Intervention vs. Placebo</th>
<th>Population</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>iPrEX</strong> (NIH; Gates) <em>N</em>=2499</td>
<td>Oral TDF/FTC</td>
<td>MSM, transgender women</td>
<td>Peru, Ecuador, S. Africa, Brazil, Thailand, US</td>
</tr>
<tr>
<td><strong>Partners PrEP</strong> (Gates) <em>N</em>=4747 couples</td>
<td>Oral TDF/FTC</td>
<td>Heterosexual serodiscordant couples</td>
<td>Kenya, Uganda</td>
</tr>
<tr>
<td><strong>TDF2</strong> (CDC) <em>N</em>=2413</td>
<td>Oral TDF/FTC</td>
<td>Sexually active adults</td>
<td>Botswana</td>
</tr>
<tr>
<td><strong>Bangkok Tenofovir</strong> (CDC); <em>N</em>=2413</td>
<td>Oral TDF</td>
<td>Injection Drug Users</td>
<td>Thailand</td>
</tr>
<tr>
<td><strong>VOICE (MTN-003)</strong> <em>N</em>=5029</td>
<td>Oral TDF/FTC, Oral TDF, Vaginal 1% TDF gel</td>
<td>Heterosexual women</td>
<td>Uganda, S. Africa, Zimbabwe</td>
</tr>
</tbody>
</table>
### Results of Randomized, Controlled PrEP Efficacy Trials

<table>
<thead>
<tr>
<th>Study</th>
<th>Oral Regimen Dosed Daily</th>
<th>Relative Risk Reduction (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>All Subjects</td>
</tr>
<tr>
<td><strong>iPrEX N=2499</strong></td>
<td>Oral TDF/FTC</td>
<td>0.44 (0.15 - 0.63)</td>
</tr>
<tr>
<td><strong>Partners PrEP</strong></td>
<td>Oral TDF/FTC</td>
<td>0.67 (0.44 – 0.81)</td>
</tr>
<tr>
<td><strong>Partners PrEP</strong></td>
<td>Oral TDF</td>
<td>0.75 (0.55 – 0.87)</td>
</tr>
<tr>
<td><em>TDF vs. TDF/FTC not significant</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TDF2 N=2413</strong></td>
<td>Oral TDF/FTC</td>
<td>0.62 (0.22 – 0.83)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bangkok, TDF</strong></td>
<td>Oral TDF</td>
<td>0.49 (0.10 – 0.72)</td>
</tr>
<tr>
<td><strong>FEM-PrEP N=1951</strong></td>
<td>Oral TDF/FTC</td>
<td>Stopped due to futility</td>
</tr>
<tr>
<td><strong>VOICE (MTN-003)</strong></td>
<td>Oral TDF/FTC</td>
<td>Stopped due to futility</td>
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<td><strong>VOICE (MTN-003)</strong></td>
<td>Oral TDF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vaginal 1% TDF gel</td>
<td></td>
</tr>
</tbody>
</table>
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

**Case Scenarios**

<table>
<thead>
<tr>
<th>Case 1</th>
<th>Case 2</th>
<th>Case 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>36 year old female in serodiscordant relationship (male partner, HIV+, VL “undetectable” on ART), interested in pregnancy</td>
<td>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&lt;20)</td>
<td>27 year old transgender female presenting for annual visit, sexually active, male partners, condoms; interested in PrEP</td>
</tr>
</tbody>
</table>
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

Hillier S, et al. 24th CROI; Seattle, WA; February 13-16, 2017. Abst. 86LB.
## Case Scenarios

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<td>27 year old transgender female presenting for annual visit, sexually active, male partners, condoms; interested in PrEP</td>
</tr>
<tr>
<td><strong>YES</strong></td>
<td><strong>YES</strong></td>
<td><strong>YES</strong></td>
</tr>
</tbody>
</table>
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 its illusory disclosure info available at:
www.hivstatusforchildren.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
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.
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
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 health.

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.
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

- Black MSM: 10,315
- White MSM: 7,570
- Hispanic/Latino MSM: 7,013
- Black Heterosexual Women: 4,142
- Black Heterosexual Men: 1,926
- Hispanic/Latina Heterosexual Women: 1,010
- White Heterosexual Women: 968

Around a quarter of people living with HIV in the United States are women. HIV diagnoses have declined annually with 20% among women from 2010 to 2014. 24% among African American women, 16% among Latinas, and 9% among white women. However, more than 7,000 women still received an HIV diagnosis in 2015. Heterosexual sex remains the mode of transmission for most women (86%) and 13% attributed to IDU. African American women are disproportionately affected by HIV, compared with women of other races/ethnicities. Of the total number of women living with diagnosed HIV at the end of 2014, 60% (139,058) were African American, 17% (40,252) were Latina and 17% (39,343) were white.
HIV Diagnoses Among Transgender People in the United States by Race/Ethnicity, 2009-2014

Transgender Men (N=361)
- Black/African American: 58% (211)
- Hispanic/Latino: 15% (55)
- White: 16% (56)
- Other: 11% (39)

Transgender Women (N=1,974)
- Black/African American: 51% (1,002)
- Hispanic/Latina: 29% (578)
- White: 11% (212)
- Other: 9% (182)

• 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.

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.

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).

Reprieve 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.
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

<table>
<thead>
<tr>
<th>by 2020</th>
<th>by 2030</th>
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<tbody>
<tr>
<td><strong>90-90-90</strong>&lt;br&gt;Treatment</td>
<td><strong>95-95-95</strong>&lt;br&gt;Treatment</td>
</tr>
<tr>
<td><strong>500 000</strong>&lt;br&gt;New infections among adults</td>
<td><strong>200 000</strong>&lt;br&gt;New infections among adults</td>
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<tr>
<td><strong>ZERO</strong>&lt;br&gt;Discrimination</td>
<td><strong>ZERO</strong>&lt;br&gt;Discrimination</td>
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HIV Care Continuum Shows Where Improvements are Needed

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

- **DIAGNosed**: 86%
- **Engaged in Care**: 40%
- **Prescribed ART**: 37%
- **Virally Suppressed**: 30%

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

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

- **People living with HIV**
  - 30% Virally suppressed
  - 70% Not virally suppressed

- **People living with HIV who were not virally suppressed**
  - 4% In care but not on ART
  - 10% On ART but not virally suppressed
  - 20% Not diagnosed
  - 66% Diagnosed but not in care

**Sources:** CDC National HIV Surveillance System and Medical Monitoring Project, 2011.
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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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
Women and Ending the Epidemic NYS
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

- Estimated HIV-Infected Persons‡: 36,500
- Persons Living w/Diagnosed HIV Infection: 32,400
- Cases w/any HIV care during the year*: 26,900
- Cases w/continuous care during the year**: 22,200
- Virally suppressed (n.d. or <200 copies/ml) at test closest to end-of-year: 21,900

†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

# CASES

AGE AT DIAGNOSIS

Chlamydia

Gonorrhea

Early Syphilis

AGE AT DIAGNOSIS

# CASES
Total Hepatitis C Among Females: NYS (Excluding NYC) Percent by Year & Age Group

- 2005: 63.8% (% 15-44), 35.7% (% 45+)
- 2012: 43.5% (% 15-44), 56.3% (% 45+)
- 2013: 50.9% (% 15-44), 48.7% (% 45+)
- 2014: 47.8% (% 15-44), 51.9% (% 45+)
- 2015: 56.5% (% 15-44), 43.2% (% 45+)
Law Enforcement Naloxone Administration Reports
Number by Gender and Age

~ 30% of naloxone administrations in NYS are on women
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

- **BP2:** Expand targeted testing
  - Of 11,491 individuals tested in 2016:
    - 86% POC and 20% high risk
    - 100% of newly diagnosed clients were linked to care

- **BP4:** Improve referral and engagement
  - Linkage, Navigation & Retention service model used to train and guide funded programs since 2014

- **BP8:** Support the non-medical needs of all PLWH
  - This includes:
    - Comprehensive behavioral risk assessments
    - Action plans to address barriers that could result in HIV/STD/HCV transmission or acquisition for women

- **BP12:** Include statewide programs for distribution and increased access to PrEP & nPEP
  - Planning a statewide PrEP for Women Forum

- **BP3:** Address acute HIV infection
  - All funded providers are encouraged to utilize 4th generation HIV testing

- **BP1:** Include statewide programs for distribution and increased access to PrEP & nPEP

• 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

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

Collaboration
Thank you!

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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
History of HIV Epidemic in NYC

- 1981: AIDS case reporting mandated by NYS
- 1982: CDC AIDS case definition implemented
- 1983: HIV-related cause of death reporting begins
- 1984: AIDS case definition expanded (CD4 < 200, 26 OIs)
- 1996: HAART introduced
- 1997: NYS HIV reporting law takes effect
- 2001: NYS expands AIDS reporting to include HIV
- 2005: HIV surveillance expands to include all HIV-related laboratory reports
- 2007: NYS mandates routine offer of HIV test
- 2012: ART for all PLWHA recommended

*Cause of death for 2015 deaths is incomplete

- Number of New HIV/AIDS Diagnoses and Deaths
- Number of Reported People Living with AIDS
- Number of Reported PLWHA

2,493
New HIV Diagnoses — NYC, 2015

*N= 2,493 HIV Diagnoses*
HIV Diagnoses by Gender — NYC, 2015

N = 2,493

Female, 19%

Male, 81%

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.
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.
HIV Diagnoses by Area of Birth — NYC, 2015

N = 2,493

- US Born, 49%
- Foreign Born, 30%
- US Dependency, 3%
- Unknown, 18%

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.
HIV Diagnoses among Foreign-born by Region of Birth — NYC, 2015

- Caribbean: 31%
- South America: 21%
- Central America: 17%
- Africa: 13%
- Asia: 9%
- Europe: 7%
- Other/Not specified: 1%
- Middle East: 1%

N = 755

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.
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.
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


4. Take NYC Viral Suppression from Good to Excellent

5. Make NYC Status Neutral
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
State of the Art HIV Interventions in Sexual Health Clinics

**Biomédical 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**
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 2nd CLINIC
- 113 PrEP Starts
- 67% Black/Latinx

**STAY SURE**
Serving Immigrants
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.
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
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.
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.
NYKnows — Immigrant Health Task Force

• Group of advocates, service providers, and other stakeholders
• Inaugural meeting on April 28th:
  – 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
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 18th

• Ongoing meetings and discussions around improving health outcomes among women
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
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
Thank You!
5.8.17

Resilient  Fierce  Wise

The 12th Annual Iris House
Women as the Face of AIDS Summit
Social Media Tags!

@IrisHouse

#WFASummit2017