

NYS Progress to End the Epidemic by the End of 2020

November 2020

The AIDS Institute uses 16 population-level metrics to help track progress toward Ending the Epidemic (ETE) by the end of 2020.

This document shows New York's progress to date and future year targets for each metric.

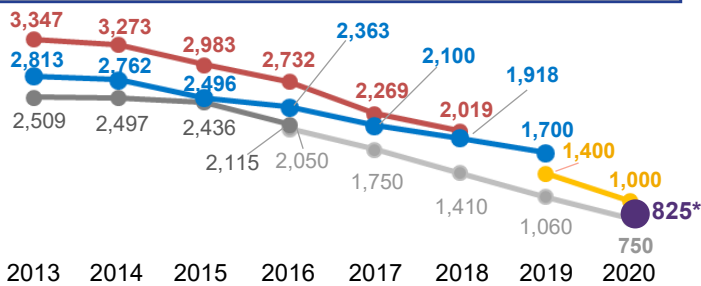
For each metric, actual annual outcomes are shown in blue, ETE targets are shown in yellow, and 2020 goals are shown in purple. Comparable goals of the National HIV/AIDS Strategy (NHAS) for 2020 are also shown wherever applicable.

● Actual ● Target ● Goal

1) New HIV Infections (Incidence)

Reduce the number of estimated new HIV infections to 825.

● Estimated incidence using old methodology ● Targets set using old methodology
 ● Estimated incidence using 2017 methodology ● Targets set using 2017 methodology
 ● Estimated incidence using 2019 methodology ● Goal

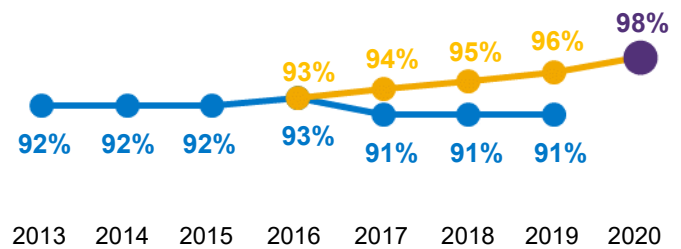


Measure: Incidence estimates are calculated using a CDC method, which was revised in 2017 and updated again in 2019. *See Note 1 for details.

Source: NYS HIV Surveillance System

2) HIV Status Aware

Increase the percentage of persons living with HIV who know their serostatus to at least 98%. (NHAS 2020 Goal: 90%)

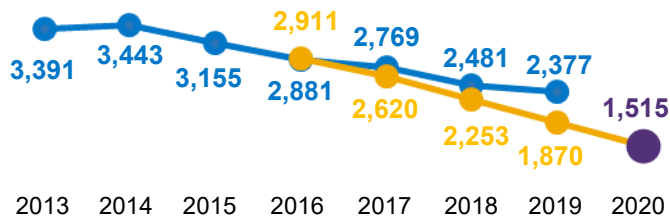


Measure: Calculations are based on estimates from the CDC and sero-prevalence studies (see Note 2 for details).

Source: NYS HIV Surveillance System

3) New HIV Diagnoses

Reduce the number of new HIV diagnoses by 55% to 1,515. (NHAS 2020 Goal: 25%)

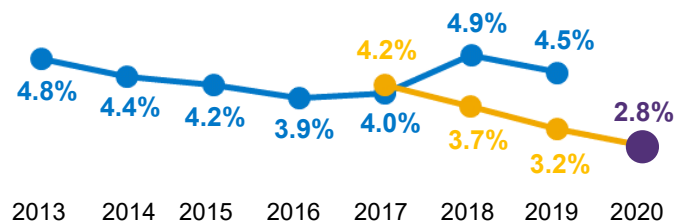


Measure: Number of newly diagnosed HIV cases.

Source: NYS HIV Surveillance System

4) Newly Diagnosed HIV – Persons with a History of Injection Drug Use

Reduce the percentage of persons newly diagnosed with HIV who indicate a history of injection drug use to 2.8%.

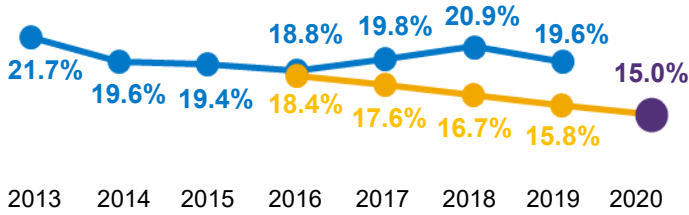


Measure: Number of persons newly diagnosed with HIV who indicate a history of injection drug use (IDU). Includes persons who indicate IDU and MSM/IDU history.

Source: NYS HIV Surveillance System

5) Concurrent AIDS Diagnosis

Reduce the percentage of persons with a diagnosis of AIDS within 30 days of HIV diagnosis to 15%.

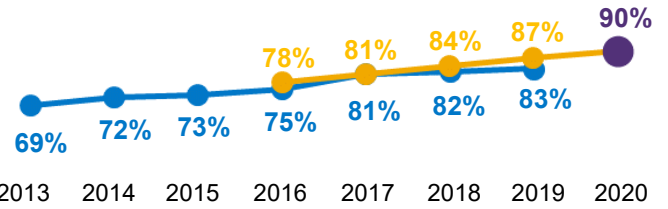


Measure: HIV with simultaneous AIDS diagnosis, or AIDS diagnosis (stage 3 HIV) within 30 days of HIV diagnosis.

Source: NYS HIV Surveillance System

6) Linkage to Care After Diagnosis

Increase the percentage of newly diagnosed persons linked to HIV medical care within 30 days of diagnosis to at least 90%. (NHAS 2020 Goal: 85%)

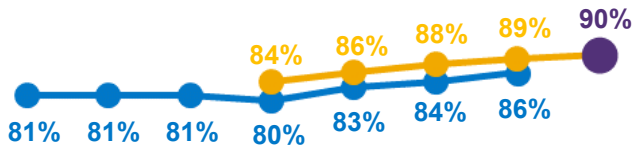


Measure: Newly diagnosed with any VL, CD4 or genotype within 30 days of diagnosis by diagnosis year.

Source: NYS HIV Surveillance System

7) Receiving HIV Medical Care

Increase the percentage of persons living with diagnosed HIV (PLWDH) who receive HIV medical care to 90%.

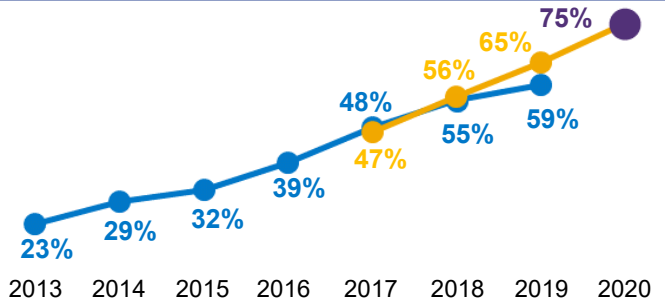


Measure: Any VL, CD4 or genotype test in a calendar year.

Source: NYS HIV Surveillance System

8) Viral Load Suppression – Newly Diagnosed HIV

Increase the percentage of persons newly diagnosed with HIV who reach viral load suppression within 3 months of diagnosis to 75%.

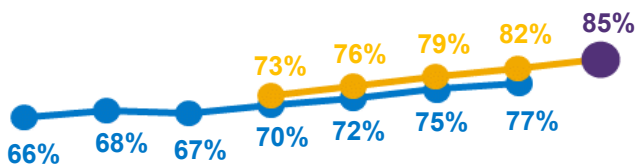


Measure: VL test suppressed (<200 copies/mL) within 91 days from the date of HIV diagnosis.

Source: NYS HIV Surveillance System

9) Viral Load Suppression – PLWDH

Increase the percentage of PLWDH with suppressed viral load to 85%. (NHAS 2020 GOAL: 80%)

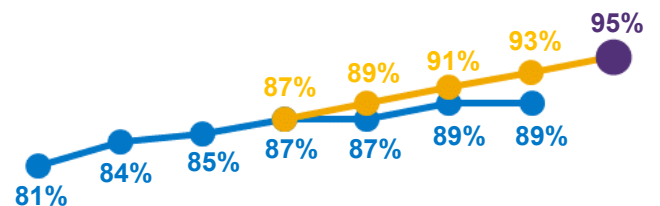


Measure: Last VL test in calendar year is non detectable or <200 copies/ml.

Source: NYS HIV Surveillance System

10) Viral Load Suppression – Receiving HIV Medical Care

Increase the percentage of PLWDH who receive HIV medical care with suppressed viral load to 95%.

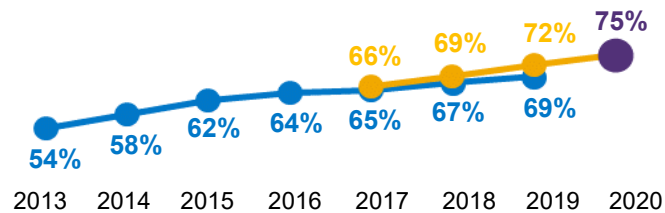


Measure: Last VL test in calendar year is non detectable or <200 copies/ml.

Source: NYS HIV Surveillance System

11) Sustained Viral Load Suppression

Increase the percentage of PLWDH with sustained viral suppression to 75%.

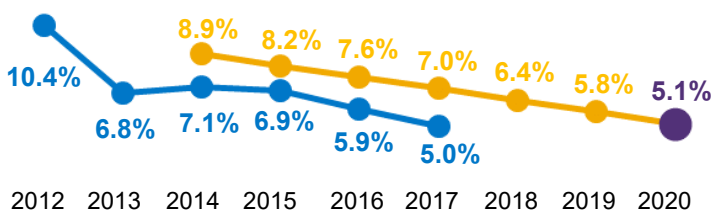


Measure: VL test suppressed (<200 copies/mL) on all viral load tests in the previous 2 years, among those with at least 2 viral load tests in the previous 2 years.

Source: NYS HIV Surveillance System

12) Time to AIDS Diagnosis

Reduce the rate at which persons newly diagnosed with HIV progress to AIDS by 50%.

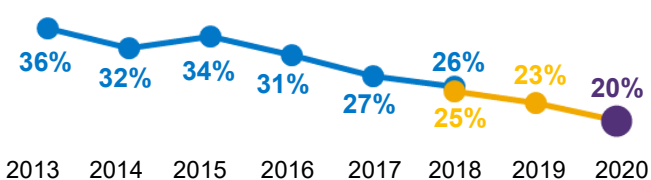


Measure: AIDS diagnosis within 2 years of HIV diagnosis.

Source: NYS HIV Surveillance System

13) HIV Related Death

Reduce the percentage of deaths directly related to HIV to 20%.

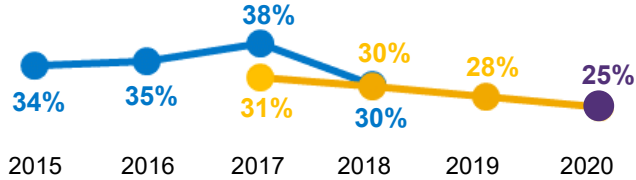


Measure: The percentage of deaths that were related to HIV among persons with diagnosed HIV.

Source: NYS HIV Surveillance System

14) Stigma

Decrease stigma experienced among PLWDH by at least 25%.

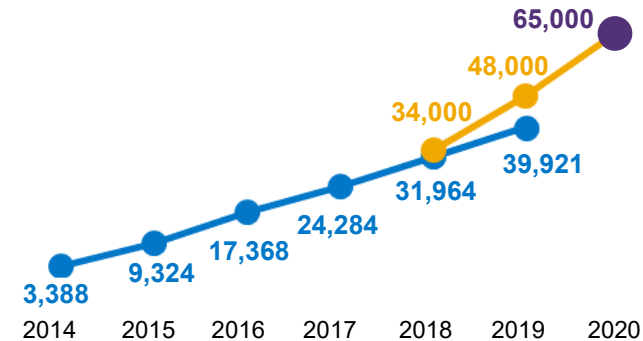


Measure: Based on results of 10 question scale looking at 4 dimensions of stigma (personalized stigma, disclosure concerns, negative self-image, and perceived public attitudes about persons with HIV).

Source: NYS Medical Monitoring Project

15) PrEP Utilization

Increase the number of individuals filling prescriptions for PrEP to 65,000.

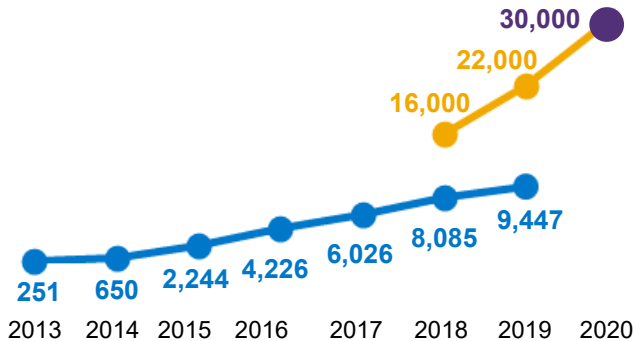


Measure: Number of individuals filling at least one prescription for Truvada or Descovy within the calendar year (See note 3 for details).

Source: IDV® (Integrated Dataverse) from Symphony Health & NYS Medicaid Data Warehouse (MDW)

16) PrEP Utilization – Medicaid

Increase the number of Medicaid recipients filling prescriptions for PrEP to 30,000.



Measure: Number of Medicaid recipients filling at least one prescription for Truvada or Descovy within the calendar year (See note 3 for details).

Source: NYS Medicaid Data Warehouse (MDW)

ETE Metrics

● Actual
 ● Target
 ● Goal

	1) New HIV Infections (Incidence)	2) HIV Status Aware	3) New HIV Diagnoses	4) Newly Diagnosed HIV – Persons with a History of Injection Drug Use	5) Concurrent AIDS Diagnosis		6) Linkage to Care after Diagnosis	7) Receiving HIV Medical Care	8) VLS* – Newly Diagnosed HIV
	#	%	#	%	%	#	%	%	%
2012									
2013	2,813	92%	3,391	4.8%	21.7%	736	69%	81%	23%
2014	2,762	92%	3,443	4.4%	19.6%	674	72%	81%	29%
2015	2,496	92%	3,155	4.2%	19.4%	612	73%	81%	32%
2016	2,363	93%	2,881	3.9%	18.8%	541	75%	80%	39%
2017	2,100	91%	2,769	4.0%	19.8%	547	81%	83%	48%
2018	1,918	91%	2,481	4.9%	20.9%	519	82%	84%	55%
2019	1,700	91%	2,377	4.5%	19.6%	465	83%	86%	59%
2020	825	98%	1,515	2.8%	15.0%	225	90%	90%	75%

	9) VLS* – PLWDH	10) VLS* – Receiving HIV Medical Care	11) Sustained VLS*	12) Time to AIDS Diagnosis	13) HIV Related Death	14) Stigma	15) PrEP Utilization	16) PrEP Utilization – Medicaid
	%	%	%	%	%	%	#	#
2012				10.4%				
2013	66%	81%	54%	6.8%	36%			251
2014	68%	84%	58%	7.1%	32%		3,388	650
2015	67%	85%	62%	6.9%	34%	34%	9,324	2,244
2016	70%	87%	64%	5.9%	31%	35%	17,368	4,226
2017	72%	87%	65%	5.0%	27%	38%	24,284	6,026
2018	75%	89%	67%	6.4%	26%	30%	31,964	8,085
2019	77%	89%	69%	5.8%	23%	28%	39,921	9,447
2020	85%	95%	75%	5.1%	20%	25%	65,000	30,000

* VLS : Viral load suppression

Note 1: Until 2017, the method used to estimate HIV incidence used a Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS) method to estimate incidence. Starting with 2017 estimates, the CDC released a new incidence estimate method based on a CD4 depletion model (CD4 methodology). The 2017 change and the 2019 updates result in estimates that are on average 32% and 10% higher respectively, than the STARHS method used at the time ETE was planned. The original goal of 750 equates to approximately 1000 under the 2017 method and 825 under the 2019 version.

Note 2: The methodology for estimating this metric changed in 2017. This change is responsible for the 2017 decrease.

Note 3: The FDA approved Descovy for PrEP on 10/3/2019.

For more information, please contact Center for Program Development, Implementation, Research and Evaluation at (518) 474-7238.



Department of Health

AIDS Institute