

# New York State Progress Towards Ending the Epidemic

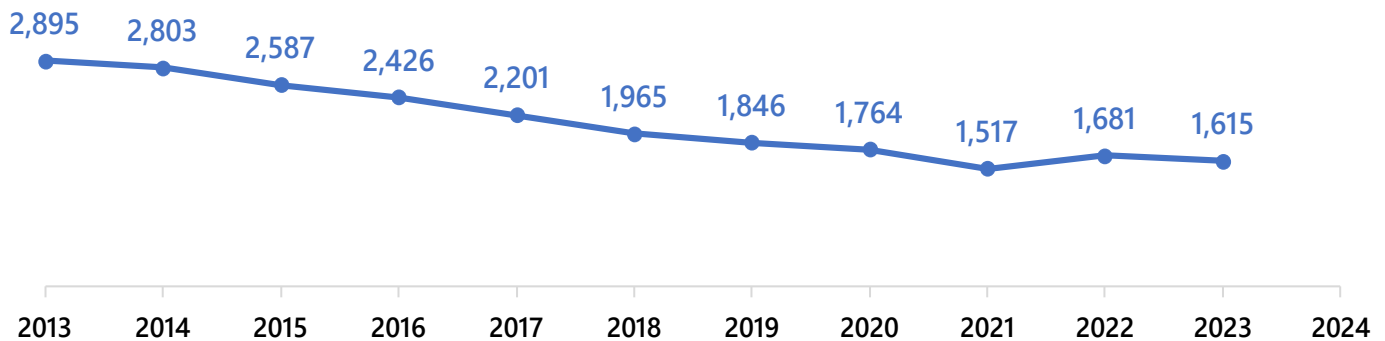
December 2024

The AIDS Institute uses 16 population-level metrics to help track progress toward Ending the Epidemic. This document shows New York State's progress to date and goals for each metric. Actual annual outcomes are shown in blue and goals are shown in purple. The purple dotted line represents the extension of New York State Ending the Epidemic goals to 2024 due to the impact of the COVID-19 pandemic. The COVID-19 pandemic has made an impact on the Ending the Epidemic metrics since 2020.

● Actual ● Goal

## 1) Estimated New HIV Infections (Incidence)

Significantly reduce the number of new HIV infections

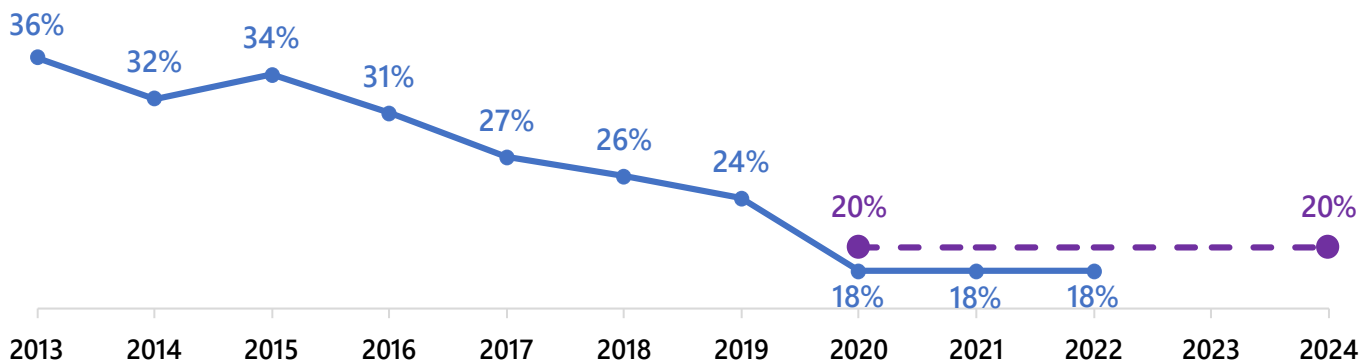


Measure: An estimated number of people who have acquired HIV; diagnosed and undiagnosed. (See Note 1) Goals are no longer set for incidence due to changes in methodology.

Source: New York State HIV Surveillance System

## 2) HIV Related Death

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

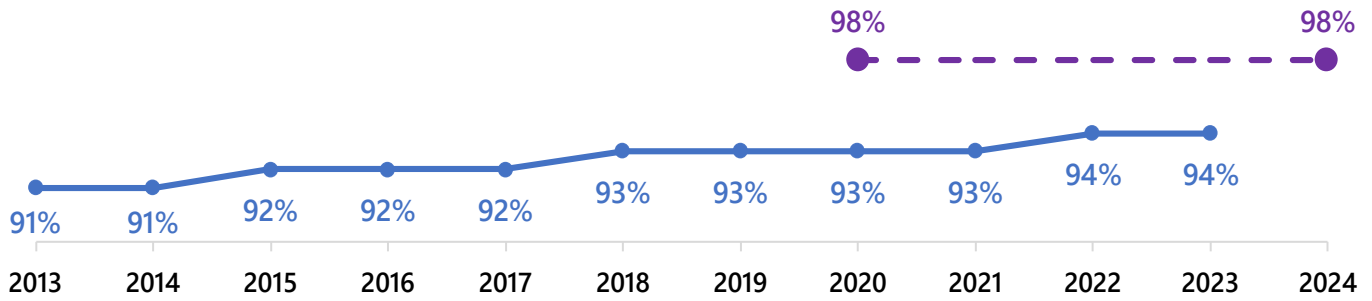


Measure: The percentage of deaths that were related to HIV among persons with diagnosed HIV. Primary cause of death was used for HIV death ascertainment.

Source: New York State HIV Surveillance System

### 3) HIV Status Aware

Increase the percentage of persons living with HIV who know their serostatus to at least 98%

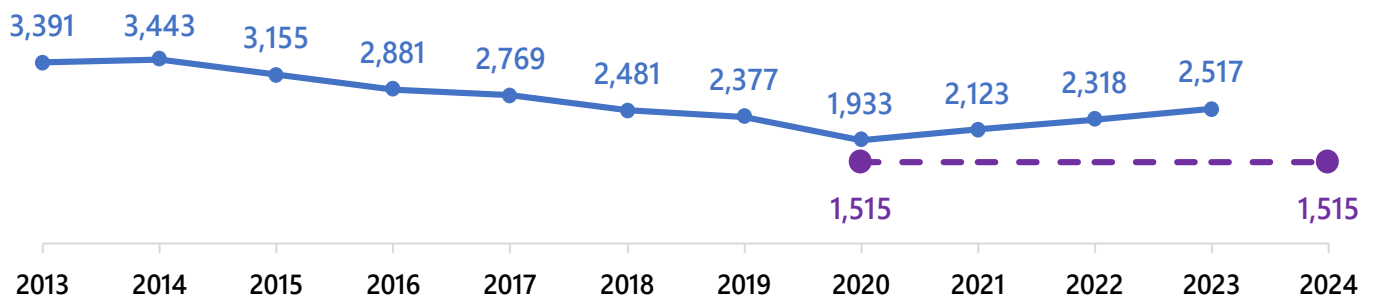


Measure: An estimated percentage of people living with HIV who have been diagnosed. (See Note 1)

Source: New York State HIV Surveillance System

### 4) New HIV Diagnoses

Reduce the number of new HIV diagnoses by 55% to 1,515

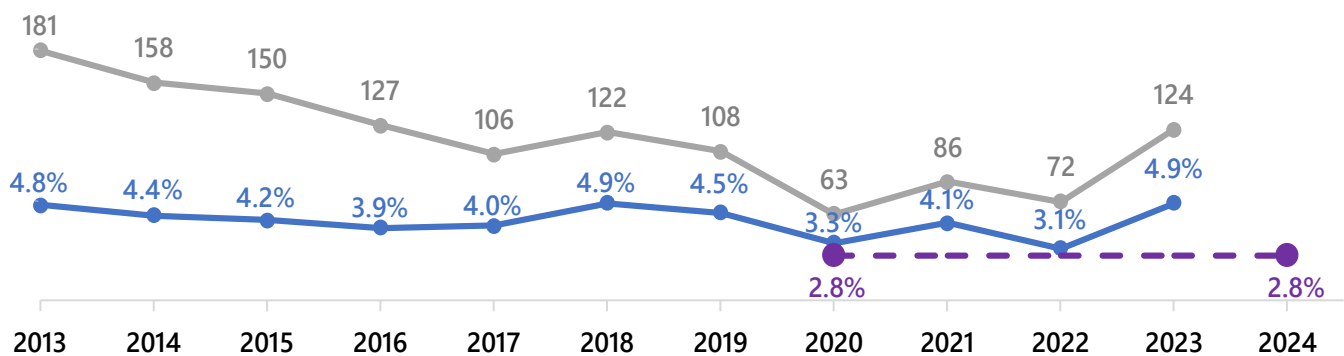


Measure: Number of persons newly diagnosed with HIV.

Source: New York State HIV Surveillance System

### 5) 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%



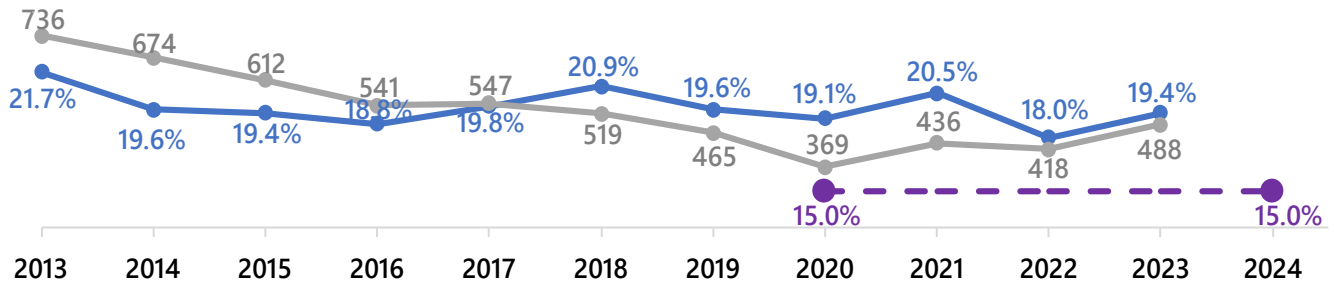
● Number of diagnoses

Measure: Number of persons newly diagnosed with HIV who indicate a history of injection drug use. Includes persons who indicate injection drug use and those who indicate male-to-male sexual contact and injection drug use history.

Source: New York State HIV Surveillance System

## 6) Concurrent AIDS Diagnosis

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



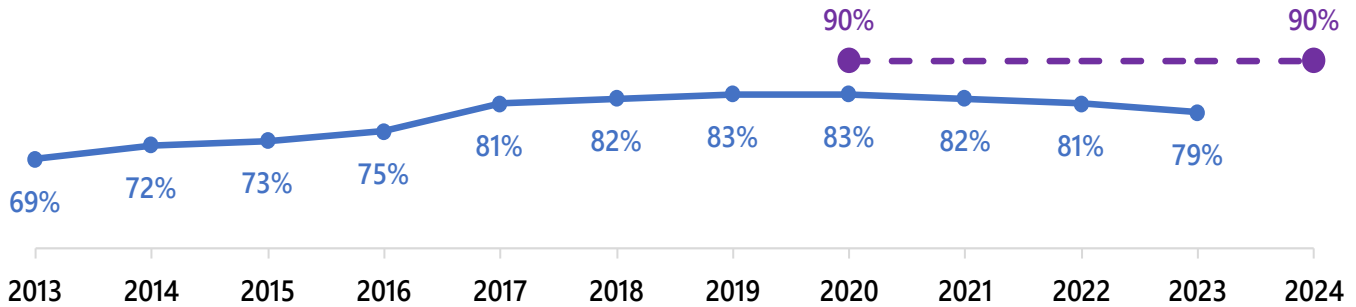
● Number of diagnoses

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

Source: New York State HIV Surveillance System

## 7) 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%

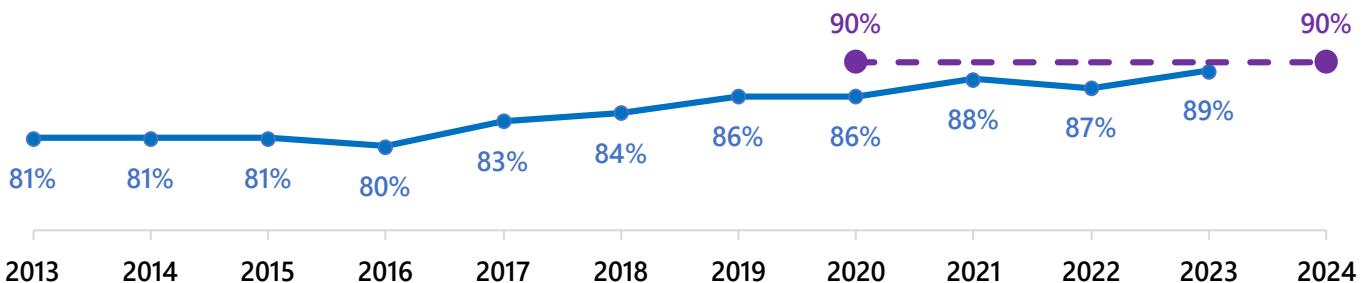


Measure: Newly diagnosed with any viral load, CD4, or genotype test within 30 days of diagnosis by diagnosis year.

Source: New York State HIV Surveillance System

## 8) Receiving HIV Medical Care

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

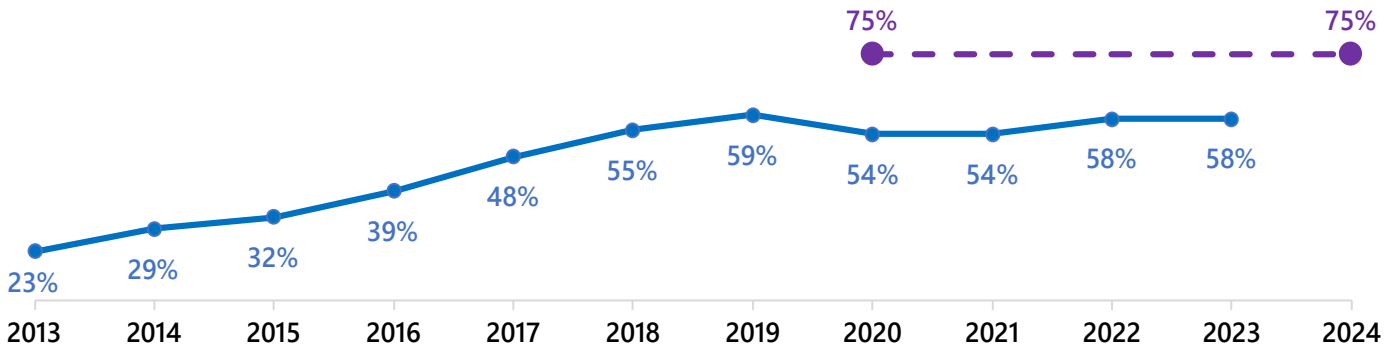


Measure: Any viral load, CD4, or genotype test in a calendar year.

Source: New York State HIV Surveillance System

### 9) 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%

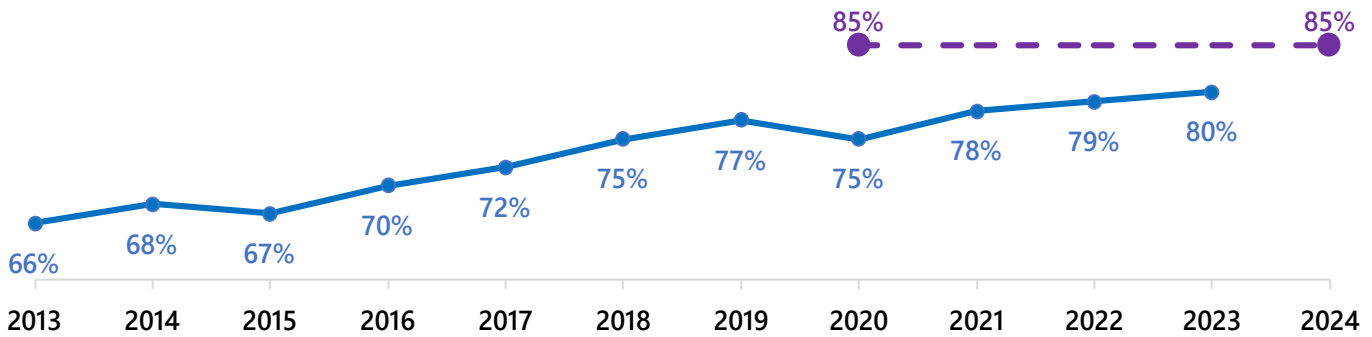


Measure: Viral load test suppressed (non-detectable or <200 copies per milliliter) within 91 days from the date of HIV diagnosis.

Source: New York State HIV Surveillance System

### 10) Viral Load Suppression – Persons Living With Diagnosed HIV

Increase the percentage of persons living with diagnosed HIV with suppressed viral load to 85%

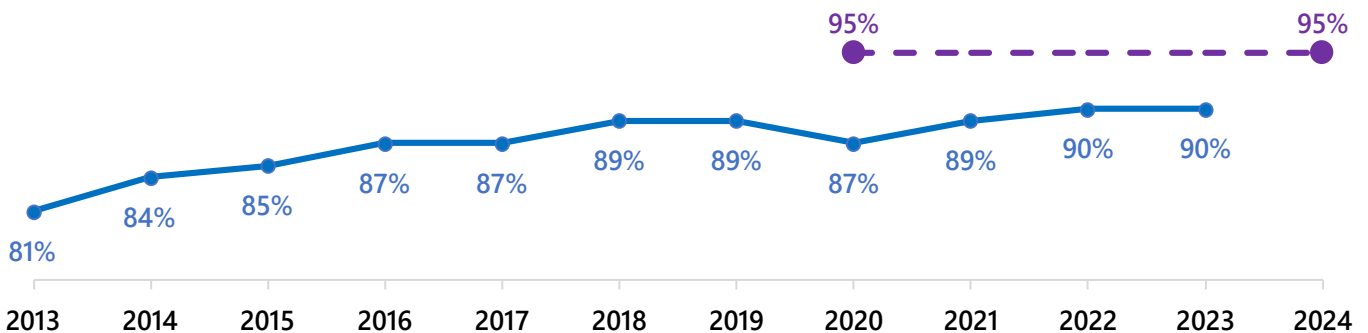


Measure: Last viral load test in calendar year is non-detectable or <200 copies per milliliter.

Source: New York State HIV Surveillance System

### 11) Viral Load Suppression – Receiving HIV Medical Care

Increase the percentage of people living with diagnosed HIV who receive HIV medical care with suppressed viral load to 95%

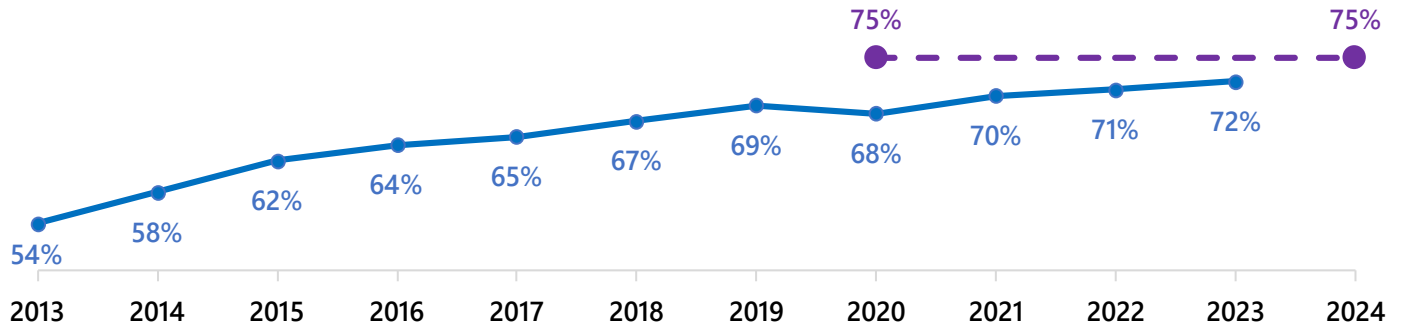


Measure: Last viral load test in calendar year is non-detectable or <200 copies per milliliter, among those in care during the calendar year.

Source: New York State HIV Surveillance System

## 12) Sustained Viral Load Suppression

Increase the percentage of persons living with diagnosed HIV with sustained viral suppression to 75%

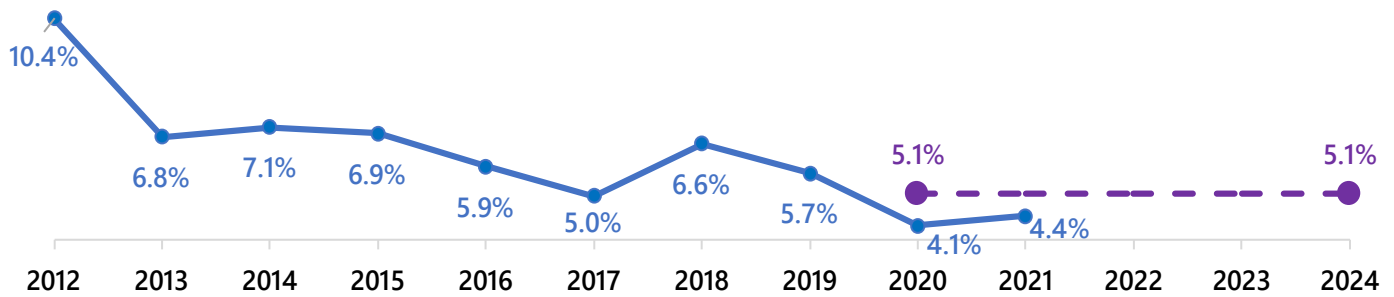


Measure: Viral load test suppressed (non-detectable or <200 copies per milliliter) on all viral load tests in the previous 2 years, among those with at least 2 viral load tests in the previous 2 years.

Source: New York State HIV Surveillance System

## 13) Time to AIDS Diagnosis

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

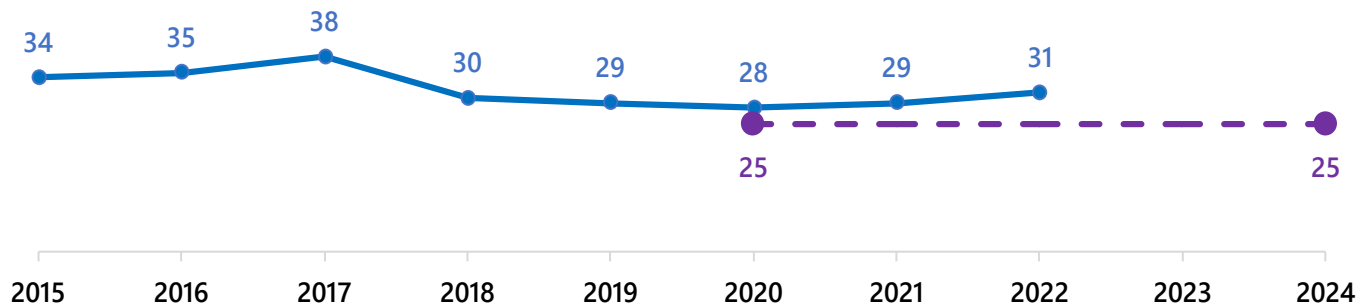


Measure: AIDS diagnosis within 2 years of HIV diagnosis.

Source: New York State HIV Surveillance System

## 14) Stigma

Decrease stigma experienced among persons living with diagnosed HIV to at least 25

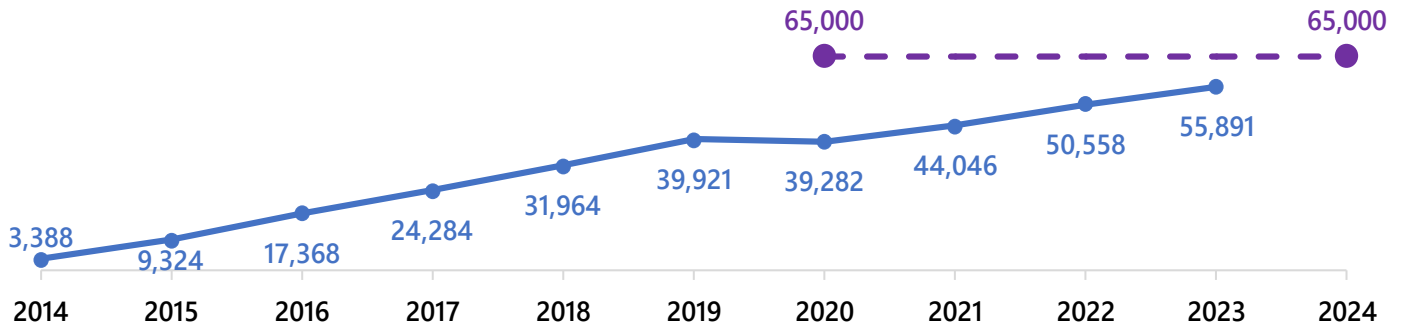


Measure: The weighted median score on a 10-item scale ranging from 0 (no stigma) to 100 (high stigma) that measures 4 dimensions of HIV stigma (personalized stigma during the past 12 months, disclosure concerns, negative self-image, and perceived public attitudes about persons with HIV).

Source: New York State Medical Monitoring Project

## 15) Pre-Exposure Prophylaxis (PrEP) Utilization

Increase the number of individuals filling prescriptions for Pre-Exposure Prophylaxis (PrEP) to 65,000

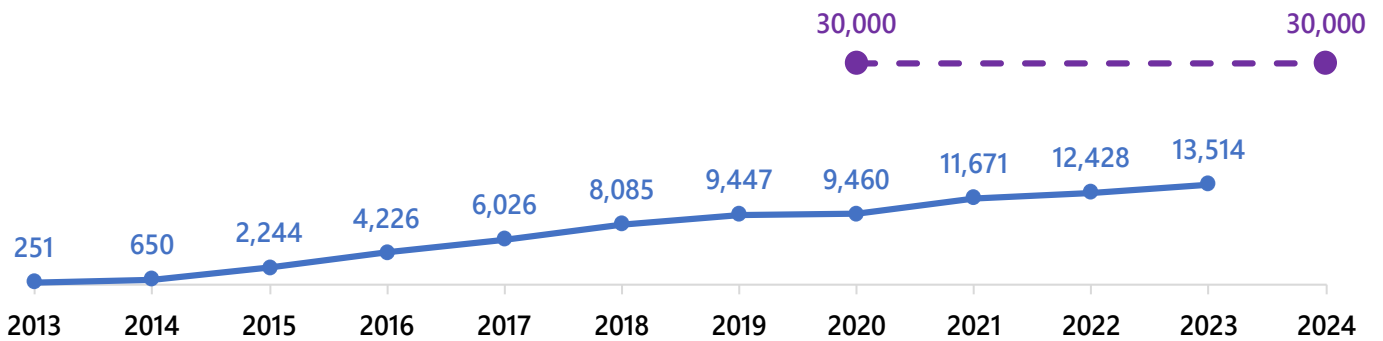


Measure: Number of individuals filling at least one prescription for Truvada or Descovy within the calendar year.

Source: IDV® (Integrated Dataverse) from Symphony Health

## 16) Pre-Exposure Prophylaxis (PrEP) Utilization – Medicaid

Increase the number of Medicaid recipients filling prescriptions for Pre-Exposure Prophylaxis (PrEP) to 30,000



Measure: Number of Medicaid recipients filling at least one prescription for Truvada or Descovy within the calendar year.

Source: IDV® (Integrated Dataverse) from Symphony Health & New York State Medicaid Data Warehouse

## Ending the Epidemic Metrics

● Actual ● Goal

	1)	2)	3)	4)	5)		6)		7)	8)
	Estimated New HIV Infections	HIV Related Death*	HIV Status Aware	New HIV Diagnoses	Newly Diagnosed HIV—Persons with a History of Injection Drug Use		Concurrent AIDS Diagnosis		Linkage to Care after Diagnosis	Receiving HIV Medical Care
	#	%	%	#	%	#	%	#	%	%
2012										
2013	2,895	36%	91%	3,391	4.8%	181	21.7%	736	69%	81%
2014	2,803	32%	91%	3,443	4.4%	158	19.6%	674	72%	81%
2015	2,587	34%	92%	3,155	4.2%	150	19.4%	612	73%	81%
2016	2,426	31%	92%	2,881	3.9%	127	18.8%	541	75%	80%
2017	2,201	27%	92%	2,769	4.0%	106	19.8%	547	81%	83%
2018	1,965	26%	93%	2,481	4.9%	122	20.9%	519	82%	84%
2019	1,846	24%	93%	2,377	4.5%	108	19.6%	465	83%	86%
2020	1,764	18%	93%	1,933	3.3%	63	19.1%	369	83%	86%
2021	1,517	18%	93%	2,123	4.1%	86	20.5%	436	82%	88%
2022	1,681	18%	94%	2,318	3.1%	72	18.0%	418	81%	87%
2023	1,615	20%	94%	2,517	4.9%	124	19.4%	488	79%	89%
2024		20%	98%	1,515	2.8%		15%		90%	90%

	9)	10)	11)	12)	13)	14)	15)	16)
	Viral Load Suppression—Newly Diagnosed HIV	Viral Load Suppression—Persons Living With Diagnosed HIV	Viral Load Suppression—Receiving HIV Medical Care	Sustained Viral Load Suppression	Time to AIDS Diagnosis*	Stigma*	Pre-Exposure Prophylaxis (PrEP) Utilization	Pre-Exposure Prophylaxis (PrEP) Utilization—Medicaid
	%	%	%	%	%	Score	#	#
2012					10.4%			
2013	23%	66%	81%	54%	6.8%			251
2014	29%	68%	84%	58%	7.1%		3,388	650
2015	32%	67%	85%	62%	6.9%	34	9,324	2,244
2016	39%	70%	87%	64%	5.9%	35	17,368	4,226
2017	48%	72%	87%	65%	5.0%	38	24,284	6,026
2018	55%	75%	89%	67%	6.6%	30	31,964	8,085
2019	59%	77%	89%	69%	5.7%	29	39,921	9,447
2020	54%	75%	87%	68%	4.1%	28	39,282	9,460
2021	54%	78%	89%	70%	4.4%	29	44,046	11,671
2022	58%	79%	90%	71%	5.1%	31	50,558	12,428
2023	58%	80%	90%	72%	5.1%	25	55,891	13,514
2024	75%	85%	95%	75%	5.1%	25	65,000	30,000

\*Metric has delayed reporting to ensure data completeness and accuracy

Note 1: Incidence and undiagnosed estimates are calculated using Centers for Disease Control and Prevention methodology released in 2024. For more information, please contact the Data Analysis and Research Translation team at BHA@health.ny.gov.

