



Department of Health

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To: Hospitals, Emergency Rooms, Community Health Centers, College Health Centers, Local Health Departments, Community Based Organizations, Internal Medicine, Family Medicine, Infectious Disease, OB/GYN, and Primary Care Providers

From: New York State Department of Health, AIDS Institute

Date: February 15, 2018

HEALTH ADVISORY: HIV AND SEXUALLY TRANSMITTED DISEASES IN DUTCHESS, ORANGE, PUTNAM, SULLIVAN, AND ULSTER COUNTIES

- **New diagnoses of Human Immunodeficiency Virus (HIV) infection in residents of Dutchess, Orange, Putnam, Sullivan, and Ulster Counties have increased over 75% between 2015-2016 (2015: N=43; 2016: N=77). Preliminary HIV data for 2017 continue to show an increase.**
- **Primary & secondary (P&S) syphilis increased 121% between 2015 and 2016 to 53 cases in 2016. Preliminary 2017 data show continued elevated numbers in this region.**
- **Rates of HIV and STD coinfection are high in this area, with 32% of early syphilis cases residing in this area also having a diagnosis of HIV.**
- **Reported cases of chlamydia and gonorrhea also increased between 2015 and 2016, with preliminary 2017 data showing either continued elevated numbers, as is the case with chlamydia, or increases, as is the case with gonorrhea.**
- **The NYSDOH continues to monitor data, and similar increases have not been observed in the surrounding counties.**

What the Current Data are Showing (2016 – 2017)

In this region, females accounted for 29% of new HIV diagnoses compared to 22% in New York State (NYS), excluding NYC (Rest of the state [ROS]). Overall, 21% of persons newly diagnosed with HIV in this region have heterosexual contact as transmission risk, compared to 12% in ROS. Less than 7% had documented history of injection drug use. Half of male cases (58%) have a history of male-to-male sexual contact (MSM). Twenty five percent of the newly diagnosed cases are non-Hispanic black, 33% non-Hispanic white, and 29% Hispanic. Adults aged 50+ accounted for 33% of persons newly diagnosed compared to 21% in the ROS. While the number of new HIV diagnoses has risen, persons may be diagnosed years after their infection, so new diagnoses do not necessarily mean that transmissions are increased or that transmissions are occurring from one individual.

Additionally, the number of P&S syphilis, gonorrhea, and chlamydia cases in these select counties increased 121%, 5%, and 9% respectively from 2015 to 2016. Data for 2017 suggest the number of reported cases in this area will either remain elevated or increase in the case of gonorrhea. For example, there were 540 cases of gonorrhea reported through October 2017, compared to 486 for all of 2016. Rates of HIV and STD co-infection were high, with about 32% of the early syphilis cases in these counties also having a diagnosis of HIV; this is of concern because of the strong connection between untreated STDs and increased risk for HIV transmission.

The public health partnership between clinicians, health departments and community based organizations is integral to interrupting and preventing outbreaks of HIV and STDs. Your efforts and collaboration with NYSDOH staff will help prevent further increases in HIV and syphilis as well as control other STDs.

What Health Care Providers Can Do to Help Control HIV and STDs

- **Offer and perform HIV testing** for every patient age 13 years and older.
- **Assess risk:** Conduct a complete sexual health history, risk and drug use assessment for every patient. Ask about specific behaviors, such as the number of partners, type of sex (i.e., vaginal, anal, oral), sex of partners, drugs used and route of drug ingestion, to help guide laboratory testing. Visit www.ncshguide.org/providers for guidance and additional resources.
- **Screen** for HIV and STDs in:
 - Sexually active MSM, at least annually
 - Sexually active persons with HIV, at least annually
 - All persons with newly diagnosed HIV
 - Persons presenting with evidence of active injection or other drug use
 - Persons diagnosed with STDs
 - Sex or needle sharing partners of a known HIV or STD case
 - Pregnant women at their first prenatal visit and during the third trimester
- **Treat promptly or link patients immediately to care and treatment** to interrupt the spread of HIV, syphilis and other STDs.
- **Offer** Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) to the partners of your HIV positive patients or to your HIV negative, at-risk patients.
- **Facilitate partner management** to encourage your patients to refer their sex or needle sharing partners to medical care for testing, STD treatment and HIV prophylaxis.
- **Collaborate** with State and County public health personnel on partner notification efforts. Expect the Health Department to contact you and/or your patient for additional information.
- **Refer** consenting HIV positive and high risk negative patients to community based organizations (CBOs) for support services.
- **Report** newly diagnosed cases of HIV and/or AIDS infection using the Provider Portal on the NYSDOH Health Commerce System at <https://commerce.health.ny.gov> or the paper DOH-4189 Medical Provider HIV/AIDS and Partner/Contact Report Form (PRF). Completion of the PRF within 14 days of diagnosis is required by Public Health Law.
https://www.health.ny.gov/diseases/aids/providers/regulations/partner_services/
- **Report** all suspected and confirmed STD cases promptly to your local county health department. Information is available at www.health.ny.gov/forms/doh-389.pdf and www.health.ny.gov/forms/instructions/doh-389_instructions.pdf.

What Community Based Organizations Can Do to Help Control HIV and STDs

- **Assess risk:** conduct a comprehensive behavioral sexual risk assessment for program participants/clients. Ask about specific behaviors, such as the number of partners, type of sex (i.e., vaginal, anal, oral), sex of partners, drugs used and route of drug ingestion to help guide laboratory testing.
- **Implement targeted client recruitment:** target agency services to identify high risk individuals who do not access health care services or who may not otherwise have access to HIV testing in clinical settings—these persons may benefit most from HIV testing services in nonclinical settings.
- **Offer testing for HIV and STDs for individuals at high risk:** conduct venue based and/or mobile testing activities to key priority populations including MSM regardless of race, young men who have sex with men (YMSM) of color, African American women, sex and needle sharing partners of HIV positive individuals, persons presenting with evidence of active injection or other drug use, persons diagnosed with STDs, sex or needle sharing partners of persons diagnosed with STDs.
- **Provide harm reduction services:** facilitate access to clean syringes and essential support services for drug users.
- **Offer linkage and navigation (L&N) services:** assist HIV positive or high risk negative individuals to obtain timely, essential and appropriate medical, prevention and support services to optimize his or her health and prevent HIV/STD/HCV transmission and acquisition.
- **Provide effective behavioral interventions:** implement prevention activities that have been shown to be successful by evaluation research.
- **Engage in condom promotion, education, and distribution:** make condoms available at no cost and increase access to condoms in ways that reduce embarrassment or discomfort when acknowledging sexual activity. Information about the New York State Condom Program is available at <http://www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm>

Additional Resources

Free and confidential HIV and STD testing is available at local health department STD clinics. For clinic locations and hours, please visit: www.health.ny.gov/diseases/communicable/std/clinics/

Clinical Education Initiative STD Center of Excellence:

866-637-2342 to access expert medical consultation on diagnosis, treatment and management of STD infections. Training calendar and archived webinars are available at www.ceitraining.org

National STD Curriculum – CDC-supported web-based training for clinicians. <https://www.std.uw.edu/>.

Pre-Exposure Prophylaxis (PrEP) and Non-Occupational Post-Exposure Prophylaxis (PEP):

www.health.ny.gov/diseases/aids/general/prep

HIV Testing Toolkit: Resources to Support Routine HIV Testing for Adults and Teens:

http://www.health.ny.gov/diseases/aids/providers/testing/docs/testing_toolkit.pdf

Information on Talking with Young People about HIV/AIDS:

<http://www.health.ny.gov/diseases/aids/consumers/youth/index.htm>

Information for Clinicians on a New Diagnostic Testing Algorithm for HIV Infection:

www.health.ny.gov/diseases/aids/providers/testing/algorithm.htm

Bureau of HIV/AIDS Epidemiology at 518-474-4284 for information and assistance with HIV reporting.

Bureau of STD Prevention and Epidemiology at 518-474-3598 for information and assistance with STD reporting.

Local Health Department and NYSDOH Regional Contacts for Partner Services:

NYSDOH Lower Hudson Valley Regional Office – (914) 654-7187

Orange County Department of Health – (845) 568-5333

Dutchess County Department of Public Health – (845) 486-3452