

The logo features a large, stylized red graphic element on the left side, resembling a thick vertical bar with a horizontal bar extending to the right, forming a partial 'R' shape. The year '2018' is written vertically in light blue text within this graphic. To the right of the graphic, the word 'NATIONAL' is written in light blue, uppercase letters. Below 'NATIONAL', the name 'RYAN WHITE' is written in large, bold, white, uppercase letters. Underneath 'RYAN WHITE', the text 'CONFERENCE ON HIV CARE & TREATMENT' is written in light blue, uppercase letters. The entire logo is set against a dark blue background with a vertical red bar on the far left and a horizontal red bar at the bottom.

2018 NATIONAL
RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

*Half way to Ending the Epidemic (ETE) 2020:
A Snapshot of New York State's Successes and
Challenges*

Johanne E. Morne, MS

Director, New York State Department of Health, AIDS Institute

Disclosures

The presenters have no commercial financial interests to disclose.

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Objectives

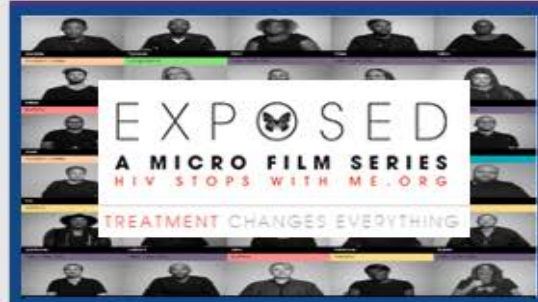
1. Explore the successes and challenges of New York State's Ending the Epidemic efforts.
2. Identify challenges associated with managing an Ending the Epidemic initiative in participant's respective jurisdictions.
3. Discuss strategies that can be implemented in other jurisdictions.

Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

New York State's Ending the Epidemic Efforts



Naloxone Co-payment Assistance Program

N-CAP

Take Control




Take control of your health
visit facebook.com/takecontrol



Participating Pharmacy

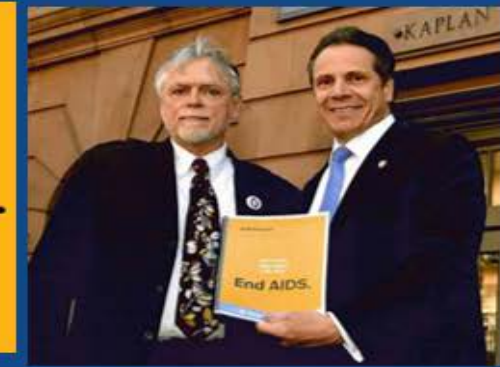
PEP

FOR HIV PREVENTION



GET TESTED.
TREAT EARLY.
STAY SAFE.

End AIDS in NYS.



The YGetIt? Project presents

Tested

@YGETIT



UNDETECTABLE = UNTRANSMITTABLE



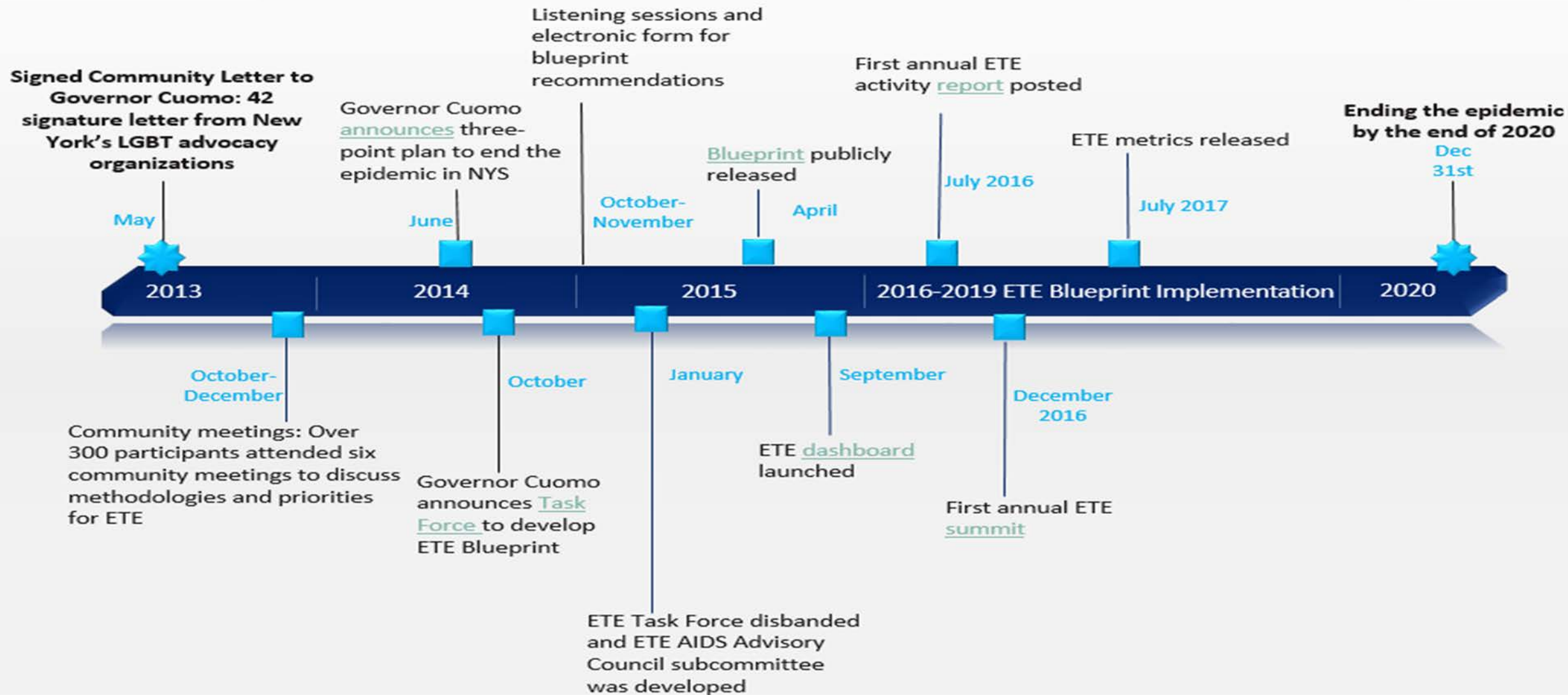
Prevention Access Campaign



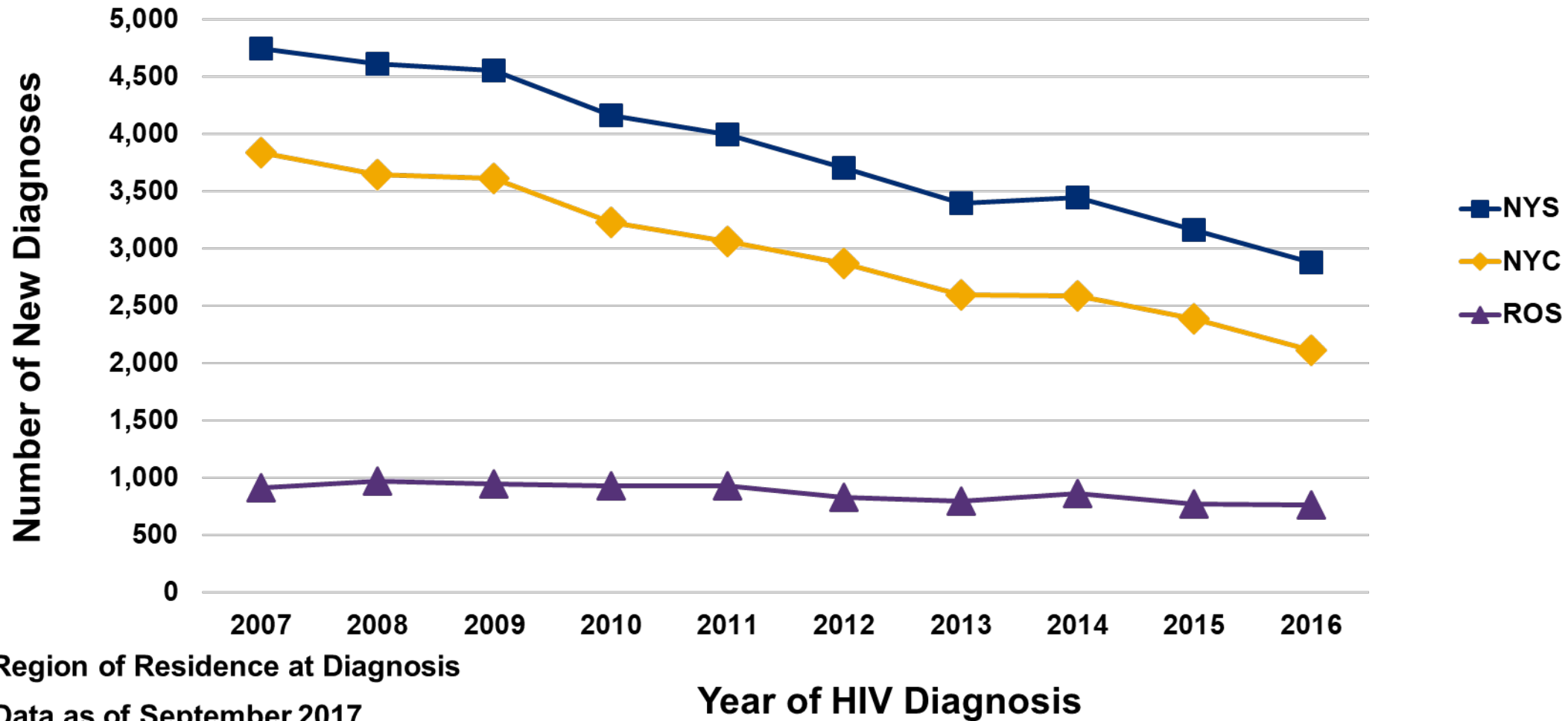
ETE DASHBOARD

Ending the AIDS Epidemic

Ending the Epidemic (ETE) TIMELINE



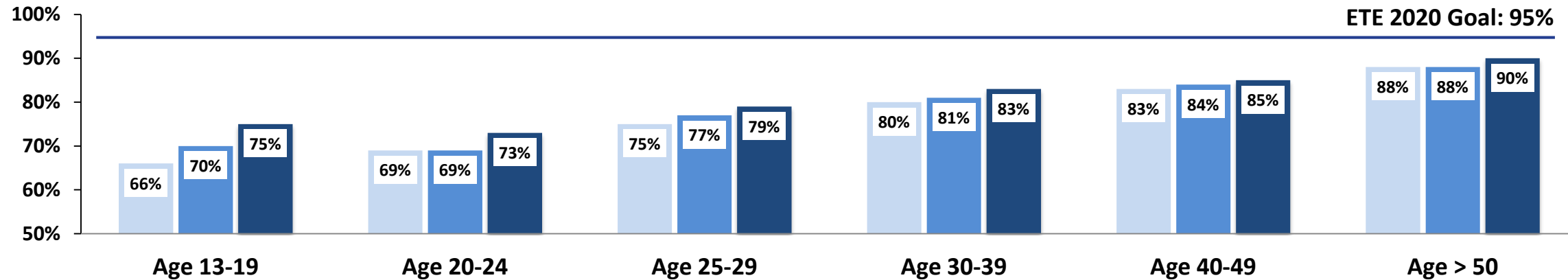
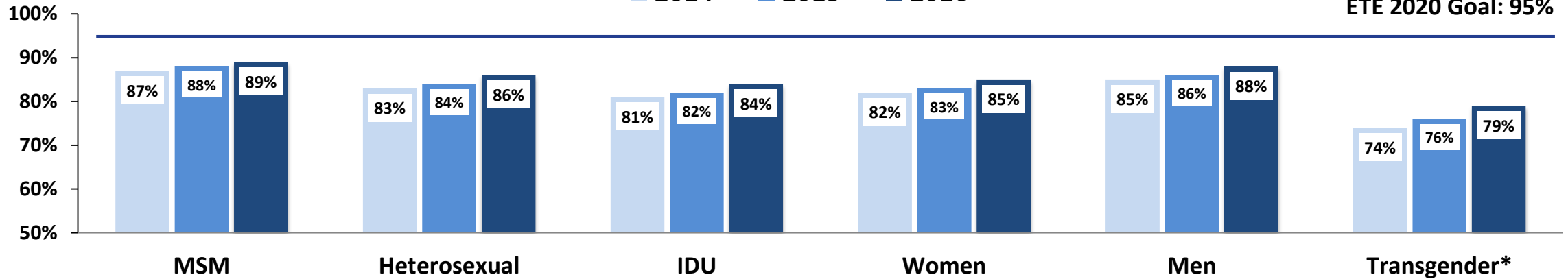
Persons Newly Diagnosed with HIV by Residence at Diagnosis,¹ NYS, 2007-2016*



Viral Suppression¹ Among In-Care PLWDHI by Demographics

2014 2015 2016

ETE 2020 Goal: 95%



¹Non-detectable or <200 copies/ml at test closest to end-of-year among Persons Living with Diagnosed HIV Infection (PLWDHI)

*Transgender identity is based on an administrative match to the AIDS Institute Reporting System

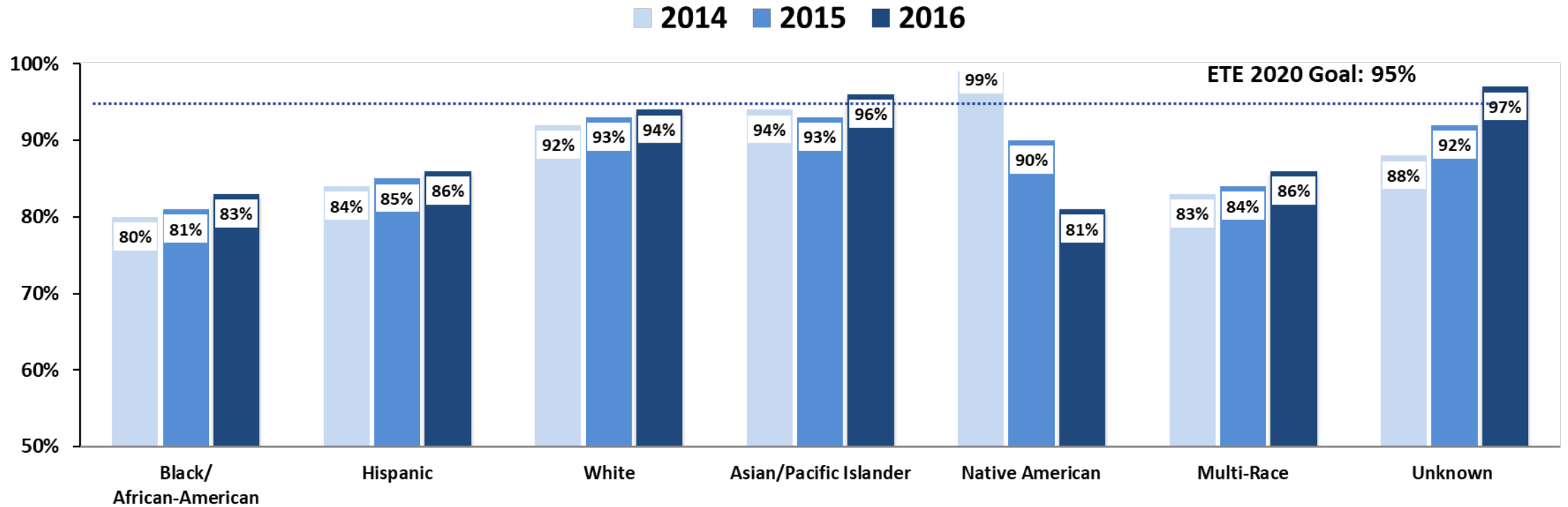
2014 data as of April 2016, 2015 data as of January 2017, 2016 data as of September 2017

AI/DEEP/BHAE



Department of Health

Viral Suppression¹ Among In-Care PLWDHI by Demographics



¹Non-detectable or <200 copies/ml at test closest to end-of-year among Persons Living with Diagnosed HIV Infection (PLWDHI)

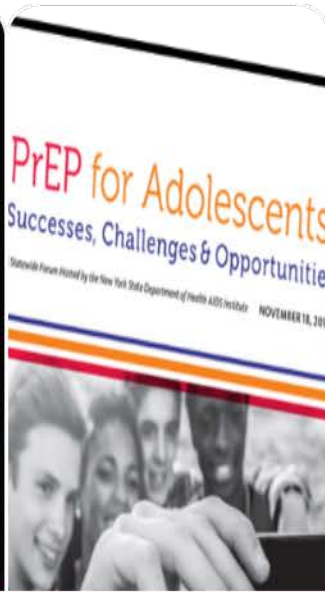
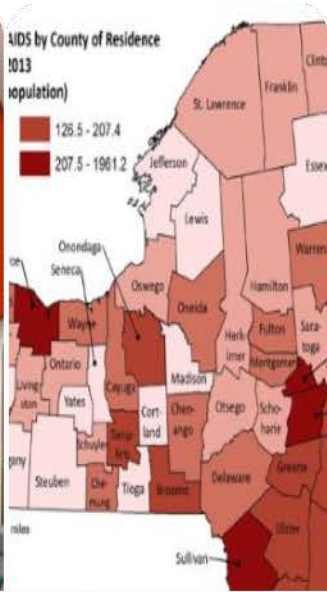
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2014 data as of April 2016, 2015 data as of January 2017, 2016 data as of September 2017

AI/DEEP/BHAE



Department
of Health



1992
Improving
Drug User
Health

2013
2016
2018
HASA for All

2014
Expanded
Data Sharing

2015
Decriminal-
ization of
Condoms

2016
Further
Streamline
HIV Testing,
address STIs
and access
to PrEP

2017
Minor
Consent

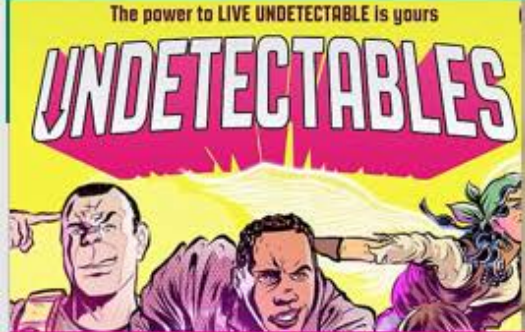
2018
Eliminate
Hepatitis C

U=U

UNDETECTABLE = UNTRANSMITTABLE



Treatment
=
Prevention



IT STARTS WITH ME.
I WON'T PASS ON HIV.

U=U

Undetectable Equals Untransmittable

NEW YORK
STATE OF
OPPORTUNITY.
ANDREW M. CUOMO
Governor

Department
of Health

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DREBLIN, M.S., R.N.
Executive Deputy Commissioner

September 29, 2017

Dear Colleague:

More than a decade ago, clinical trials and cohort studies indicated that adherence to Antiretroviral Therapy (ART) reduces the risk of transmitting HIV. Today, treatment as prevention (TasP) has become a widely-accepted strategy for addressing the HIV epidemic and reducing new infections. The New York State Department of Health (Department) embraces TasP and strives to continue shaping its policies and programs based on state-of-the-art scientific evidence.

Groundbreaking research including the renowned HIV Prevention Trials Network (HPTN) 052 and PARTNER studies have recently taken conversations about TasP to another level. Results from clinical trials on TasP are now sufficiently robust for global authorities on AIDS research and policy to support a model in which individuals with a sustained undetectable viral load will not sexually transmit HIV.

The HPTN 052 trial, a Phase 3 study, demonstrated that participants assigned to early linked transmissions when the index showed that starting ART immediately (McCauley, 2016).

The PARTNER Study, a cohort study that included undetectable sero-discordant couples (MSM) who engaged in sexual encounters during the PARTNER study (Rodger et al., 2016).

The findings from these two antiretroviral treatment improve the transmission of HIV to sexual partners.

This summer, at the International AIDS Conference, findings from the Partners PrEP study were presented, which demonstrated that condomless sexual acts by 358 gay men, who had a viral load less than 200 copies/mL, resulted in zero HIV transmissions.

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Executive Deputy Commissioner

September 2017

Dear Colleague:

Though I usually cover two topics each month, I have chosen to focus on just one for my September letter. The reason for this decision is to ensure that all practitioners are aware of recent significant scientific developments and publications which have a direct impact on one of our most important initiatives: ending the AIDS epidemic in New York State. These developments address the concept of Treatment as Prevention (TasP), which the broader HIV-affected community refers to as Undetectable=Untransmittable, or U=U. There is now evidence-based confirmation that the risk of HIV transmission from a person living with HIV who is on Antiretroviral Therapy (ART), and has achieved an undetectable viral load in their blood for at least 6 months, is negligible. (Negligible is defined as: so small or unimportant as to be not worth considering.)

As many of you know, for more than a decade clinical trials and cohort studies have indicated that adherence to effective ART reduces the risk of HIV transmission. Today, with immediate ART treatment recommended for all individuals living with HIV, TasP has become the accepted strategy for reducing new infections. Cumulative, evidence-based scientific data supporting the concept of U=U has confirmed the previous epidemiological conclusion posited in 2008: effective antiretroviral therapy blocks HIV sexual transmission.¹

In 2011, the *New England Journal of Medicine* published the interim results of the HIV Prevention Treatment Network (HPTN) 052 study, in which more than 1700 sero-discordant heterosexual couples were randomly assigned to either having the HIV-positive partner immediately start ART or delay the start of ART.² The randomized phase of the study was stopped early because of the overwhelming evidence demonstrating that of the 26 HIV transmissions linked to the HIV partner, 21 occurred in those randomized to delay treatment until the WHO CD4 count based criteria were met. The single linked HIV transmission in the immediate antiretroviral therapy group occurred within the early weeks of therapy prior to full viral suppression.³ In 2016, the *New England Journal of Medicine* published the final results of the study which also found eight linked transmissions with four prior to viral suppression and four due to treatment failure.⁴ Over time, results showed no linked transmissions when the index (HIV+) partner's viral load was fully suppressed, and the study also showed that initiating ART early reduces transmission. The evidence for suppressive antiretroviral therapy in curtailing HIV heterosexual transmission has been effectively and definitively established.

The evidence for fully suppressive antiretroviral therapy curtailing HIV transmission in heterosexual couples, as well as in same sex male couples engaging in anal sex, was demonstrated in the observational cohort PARTNER study published in *JAMA* in 2016.⁵ Approximately a third of the nearly 800 couples in the PARTNER Study were gay men, in more than 58,000 condomless sexual acts there were no reported linked HIV transmissions when viral load was undetectable (defined as less than 200 copies/mL).⁶ This summer, at the International AIDS Conference in Paris, the results of the Opposites Attract study were presented, which also found no linked HIV transmissions in nearly 17,000 condomless sexual acts by 358 gay male couples. HIV-negative partners were taking PrEP for about 5,000 of these sexual acts, which equates to roughly 12,000 sexual acts with only viral suppression as the HIV prevention method.⁷

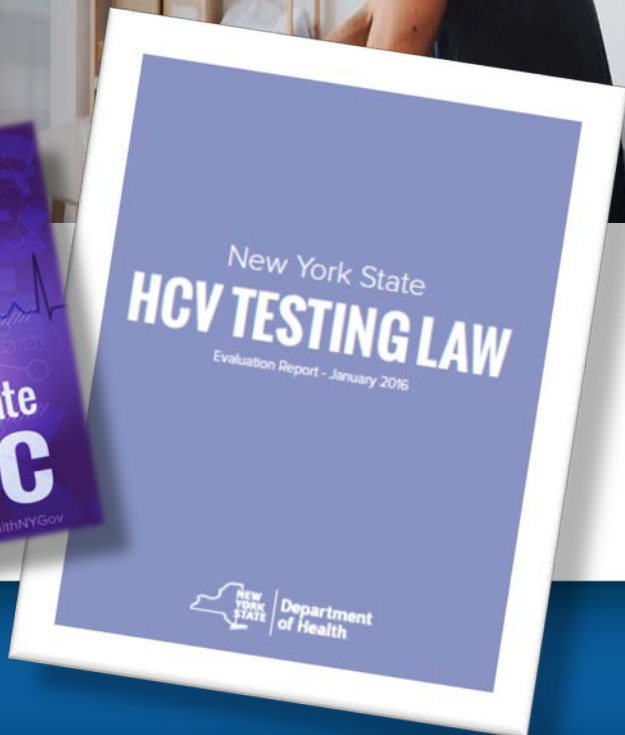
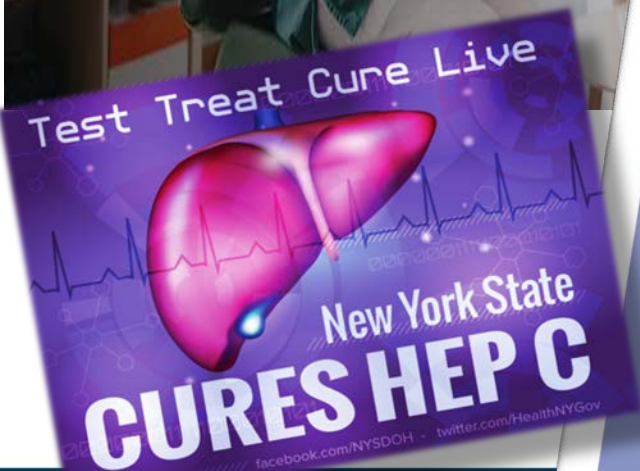
The robust results from these clinical trials have led global authorities on AIDS research and policy to support the broader community message that individuals with a durable undetectable viral load will not sexually transmit HIV, or "Undetectable equals Untransmittable" (U=U). The cumulative scientific evidence in

Source: State Policy, Closing Gaps, Albany, NY 12207/health.ny.gov

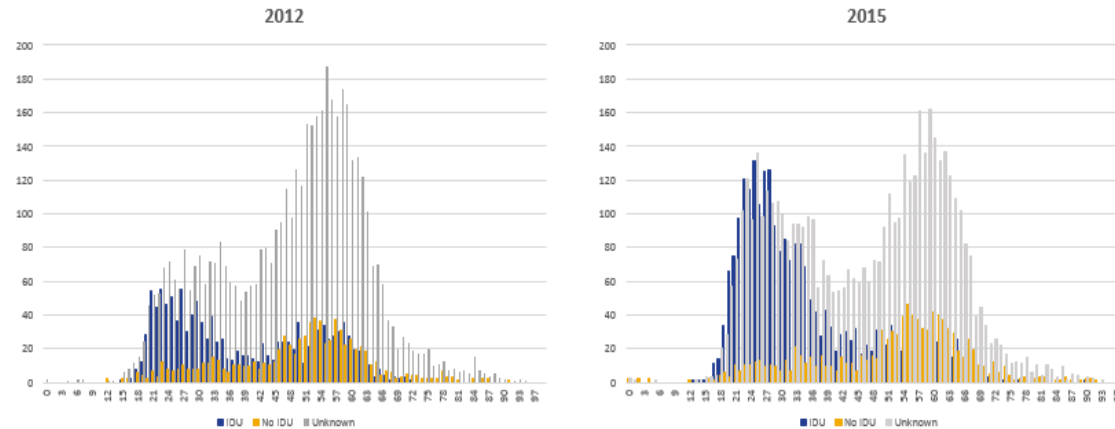
JULY 27, 2018 | Albany, NY

Governor Cuomo Announces First-In-Nation Strategy To Eliminate Hepatitis C

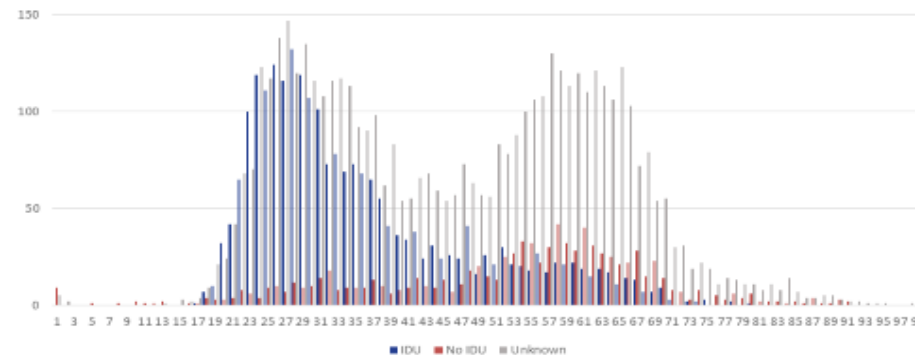
HEALTH



Total Hepatitis C: NYS (Excluding NYC) by Age & Injection Drug Use (IDU)



Total Hepatitis C: NYS (Excluding NYC) by Age & Injection Drug Use (IDU), 2016



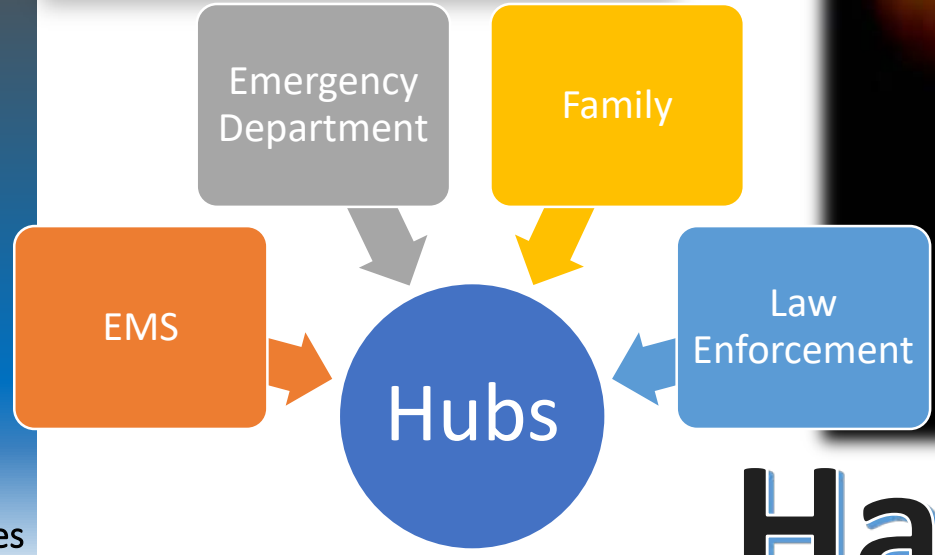
Data Source: NYSDOH, CDESS

Drug User Health



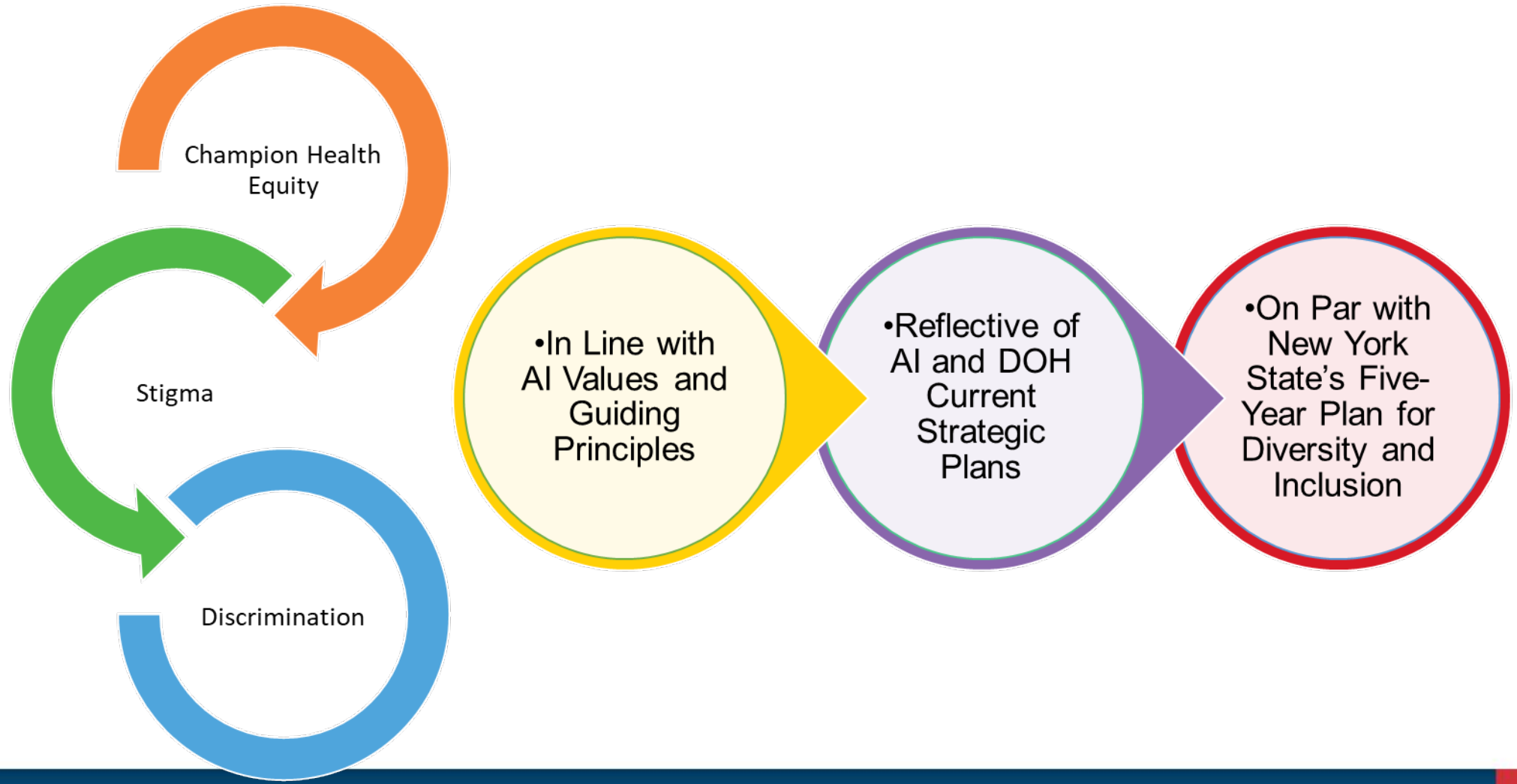
Benefits of Buprenorphine

- Reduce or stop opioid use
- Improve patients' health and general well being
- Improve well-being and equity of communities



Harm Reduction

AIDS Institute Health Equity Initiative



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?



About

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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

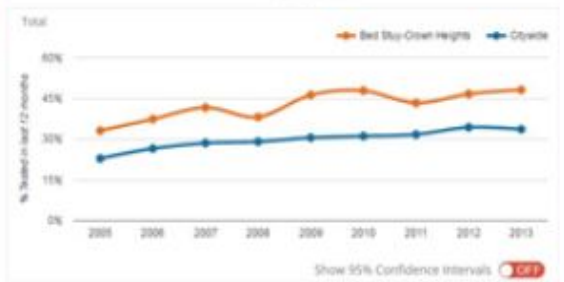
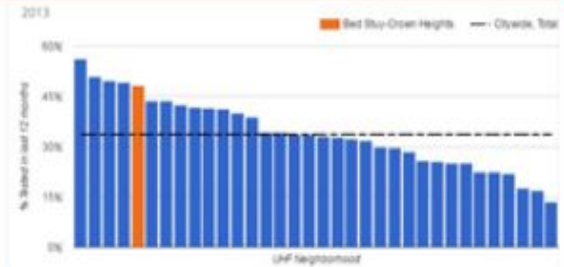
Reset Filters

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





AIDS Institute Health Equity Initiative

Strategic Map

A	B	C	D	E
1. Increase the number of people who are aware of and understand the importance of HIV testing and the availability of HIV prevention services.	2. Increase the number of people who are aware of and understand the importance of HIV testing and the availability of HIV prevention services.	3. Increase the number of people who are aware of and understand the importance of HIV testing and the availability of HIV prevention services.	4. Increase the number of people who are aware of and understand the importance of HIV testing and the availability of HIV prevention services.	5. Increase the number of people who are aware of and understand the importance of HIV testing and the availability of HIV prevention services.

In Line with AI Values and Guiding Principles

Reflective of AI and DOH Current Strategic Plans

On Par with New York State's Five-Year Plan for Diversity and Inclusion

Champion Health Equity

NEW YORK STATE Department of Health



**GET TESTED.
TREAT EARLY.
STAY SAFE.**

End AIDS in NYS.

NEW YORK STATE Department of Health

**P.S. I ♥ U
Partner Services**

Naloxone Co-payment Assistance Program

N-CAP

Johanne E. Morne, MS

Johanne.Morne@health.ny.gov

518-473-8778

Take Control

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

End HIV Oregon

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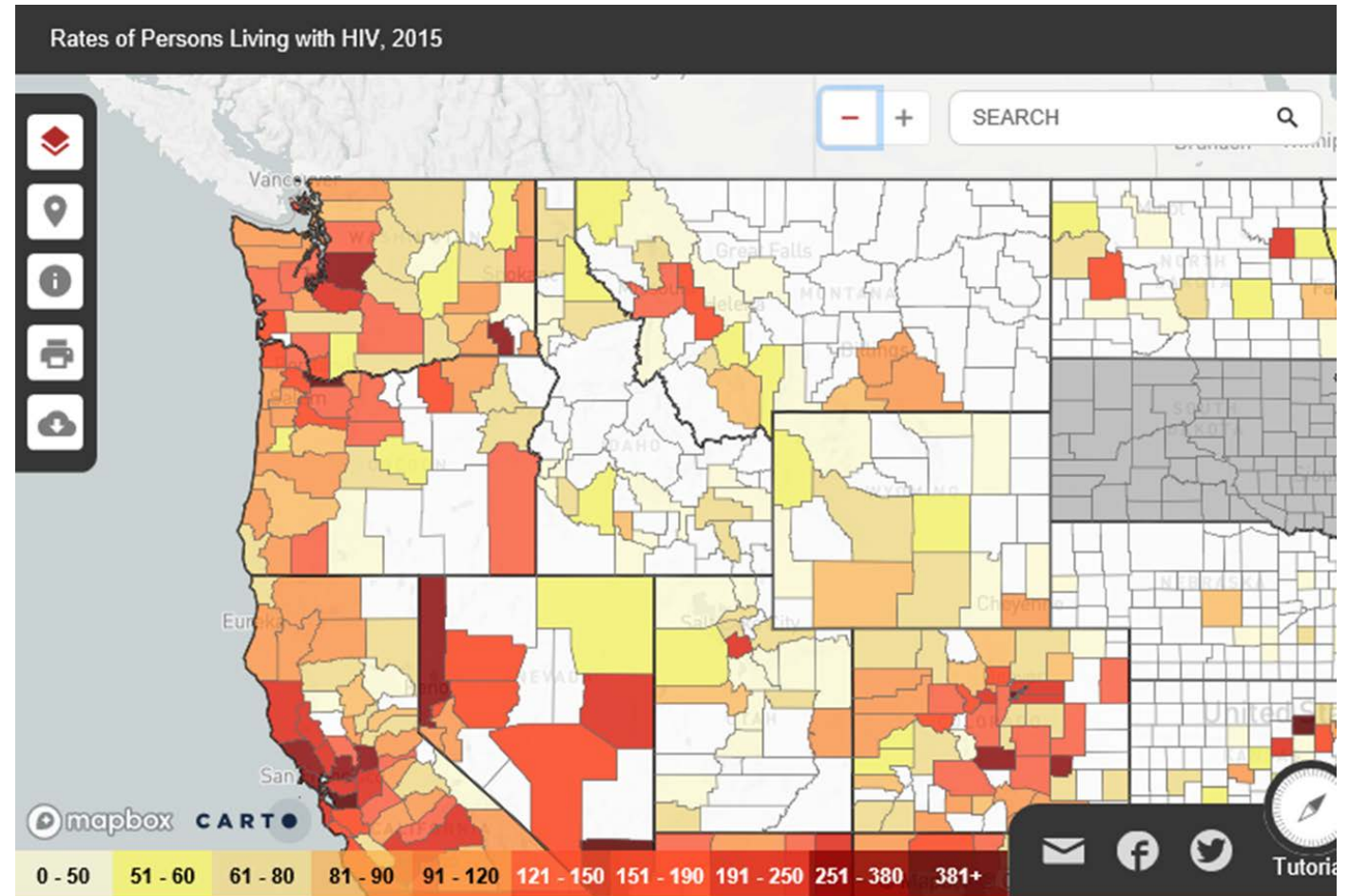
Objectives

- Recognize the role Oregon's End HIV initiative has had in decreasing new infections with HIV
- Describe the role AETCs can play in "End the Epidemic" initiatives
- Discuss innovative strategies for engaging rural providers and practices in ending new HIV infections

Oregon HIV Epi Profile

Rates of Persons Living with HIV 2015

- This map shows the number of persons living with diagnosed HIV per 100,000 residents by county in 2015 (AIDSVu).
- The colorless counties do not represent the absence of HIV, just low counts.
- Oregon is located between two states with higher prevalence of HIV: California and Washington; most Oregon cases are clustered around the I 5 Corridor and populations centers.

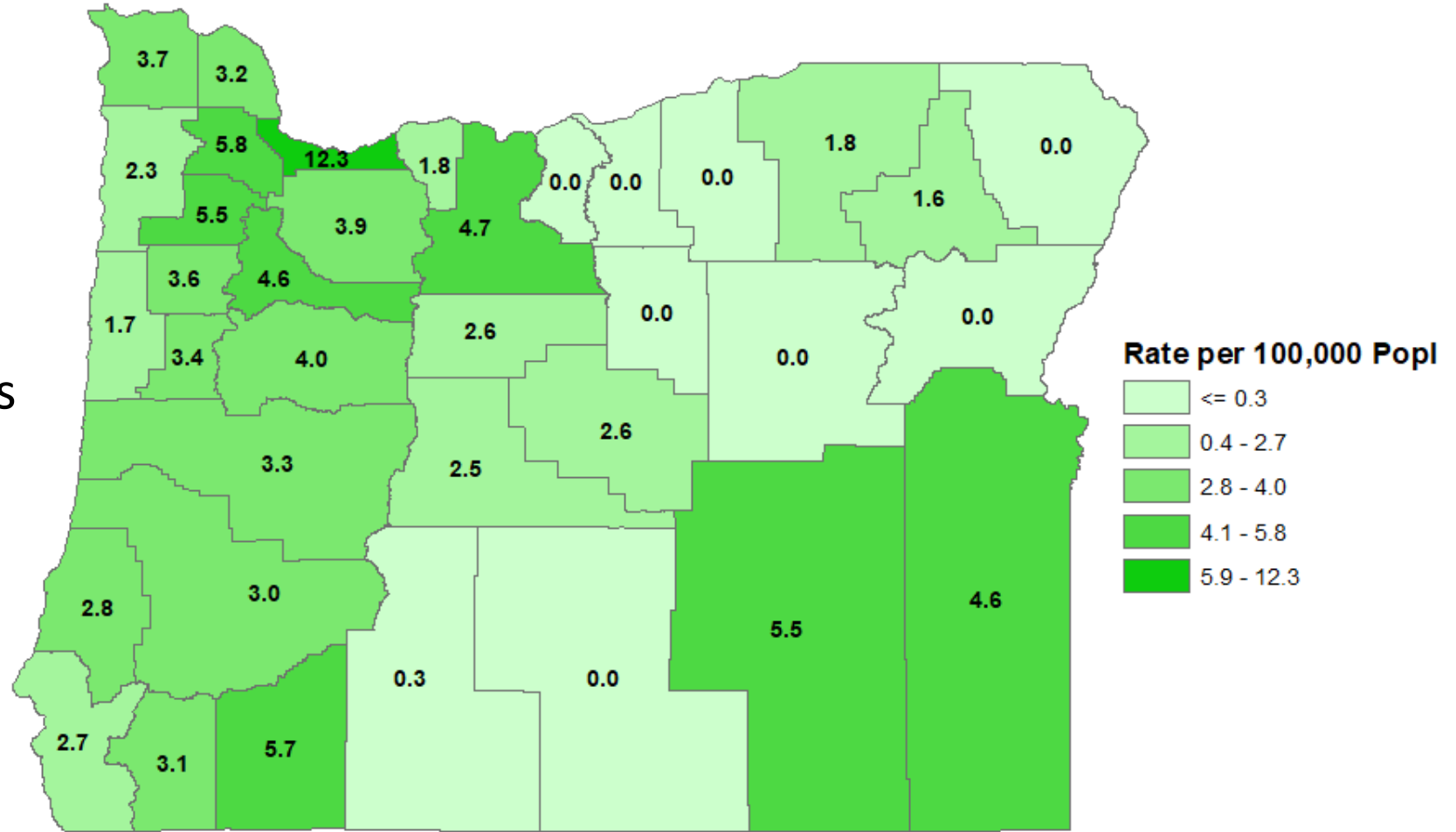


Source: AIDSVu

New HIV Diagnoses per 100,000

Oregon 5-year average 2013-2017

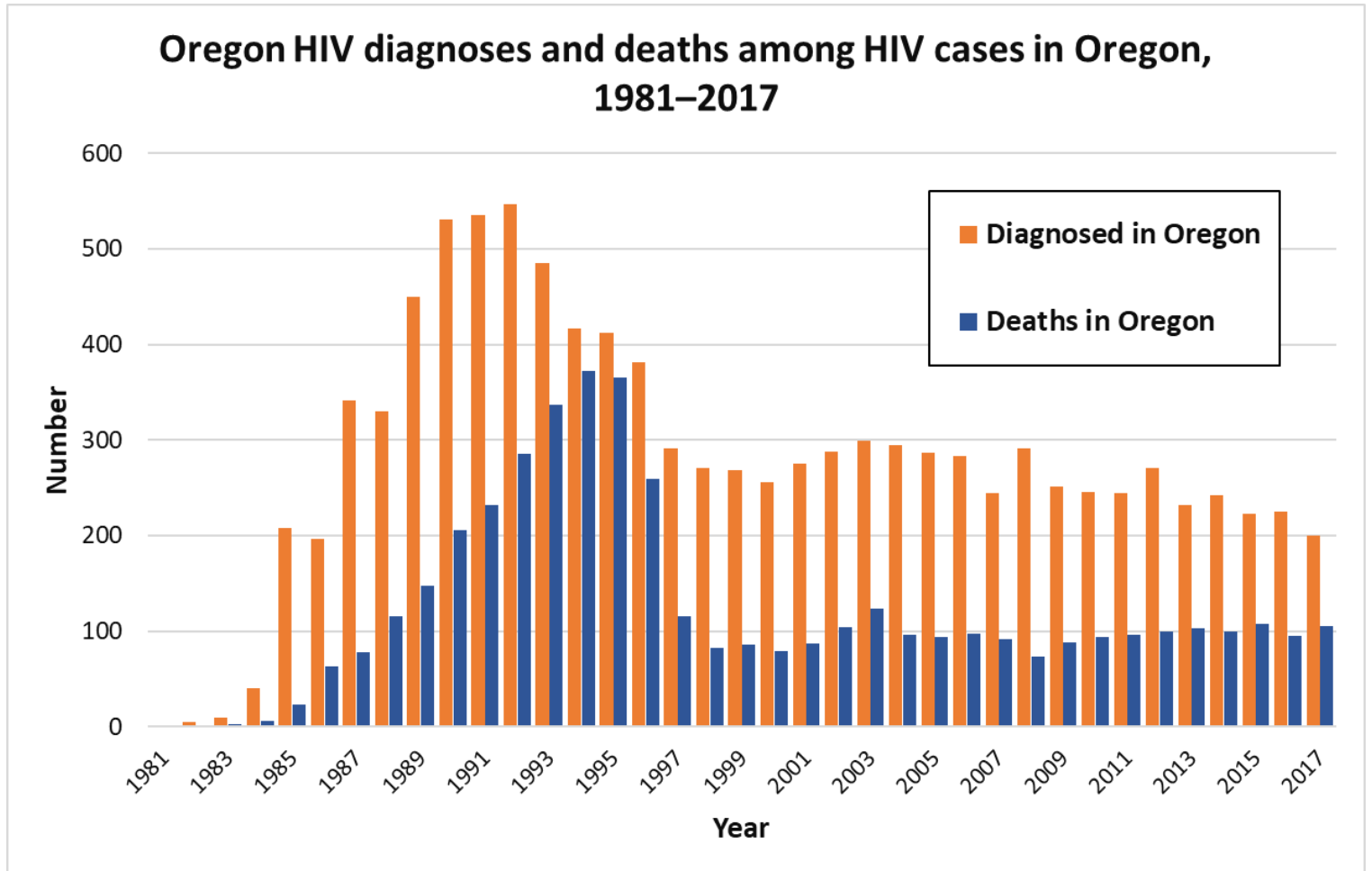
- Oregon has a low rate of new infection.
- Rate fell 6.4 to 4.8, mirroring US as a whole.
- Per total population the rate of new HIV diagnoses in Multnomah County, is approximately 4 times higher than the rates in the rest of the Oregon counties during the previous 10 years.



Oregon HIV Diagnosis and Deaths

The number of new HIV diagnoses continues to decline in Oregon but it is not rapidly getting to zero.

There were 200 diagnoses in 2017 with a 5-year average of 224 diagnoses, many of whom were infected but undiagnosed for some time.



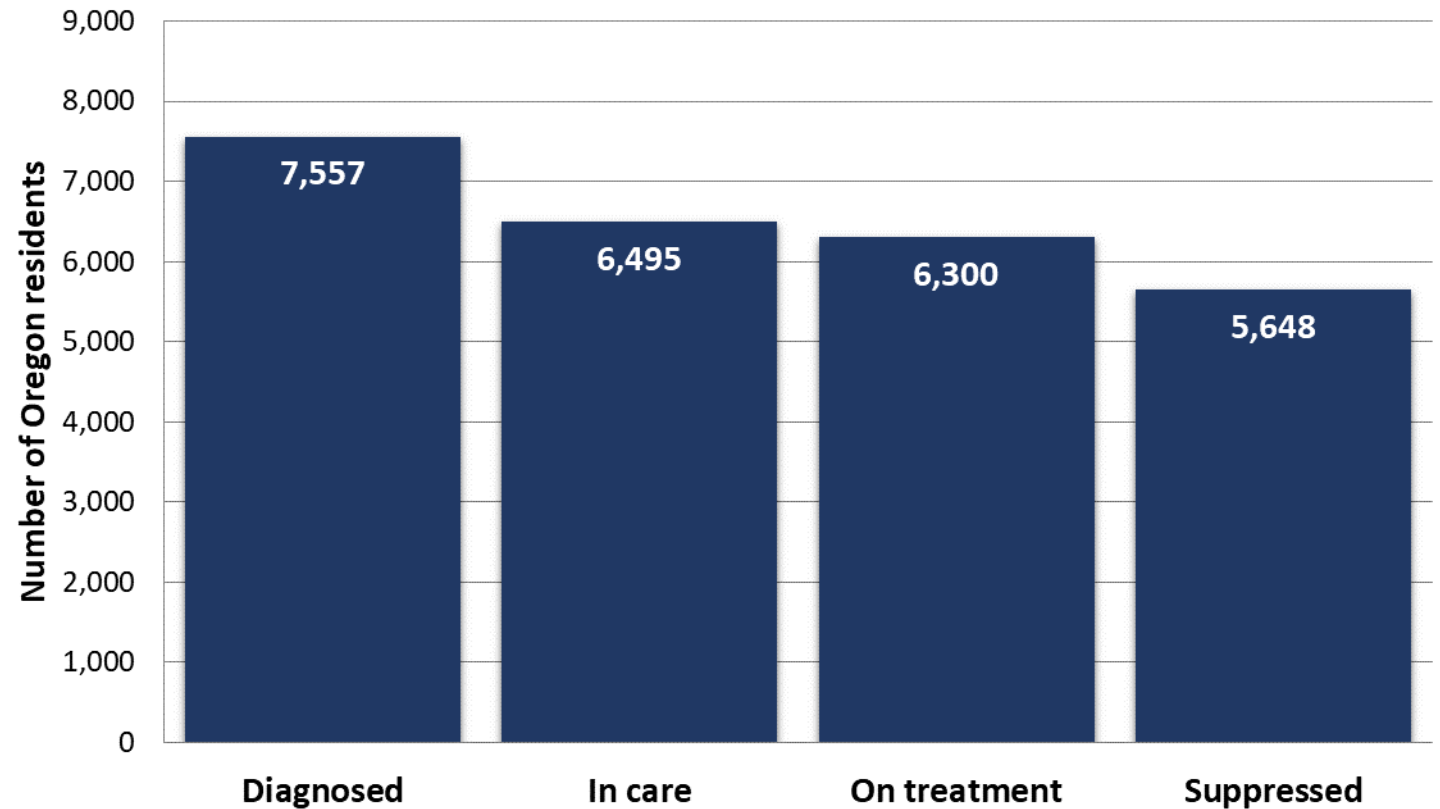
HIV Continuum of Care 2017

About 1,230 Oregon residents have undiagnosed HIV

Of Oregonians living with HIV

- >86% know their HIV status
- 83% are on treatment
- >75% are virally suppressed

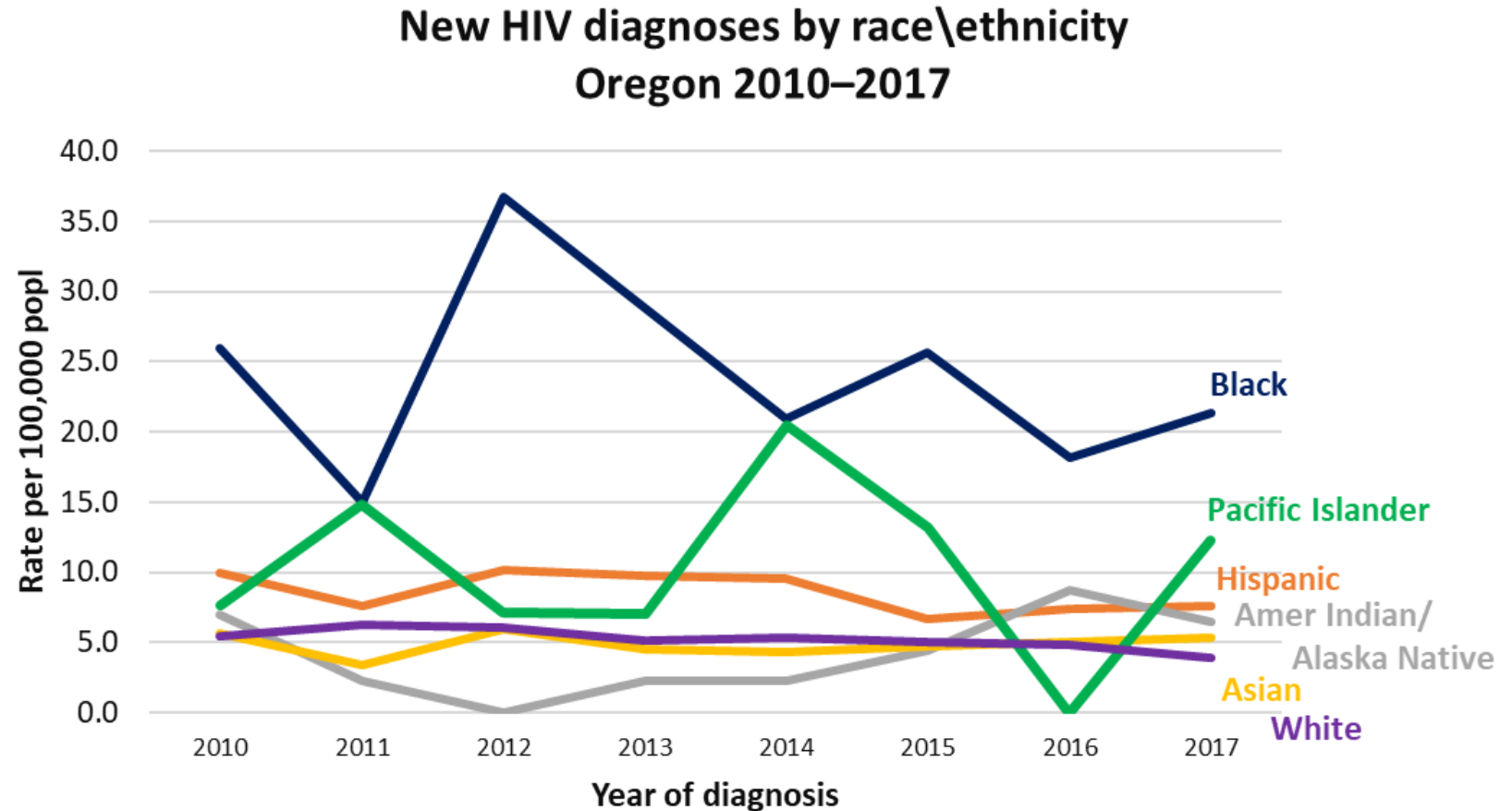
Oregon HIV care continuum, 2017



New HIV Diagnosis by Race/Ethnicity

Oregon 2010 - 2017

Declines also seen across races, but unfortunately, when we examine new infections per total population by race, Blacks, Native Americans and Hispanics consistently have higher rates of new infections.



Modes of HIV Transmission

Oregon, 2013-2017

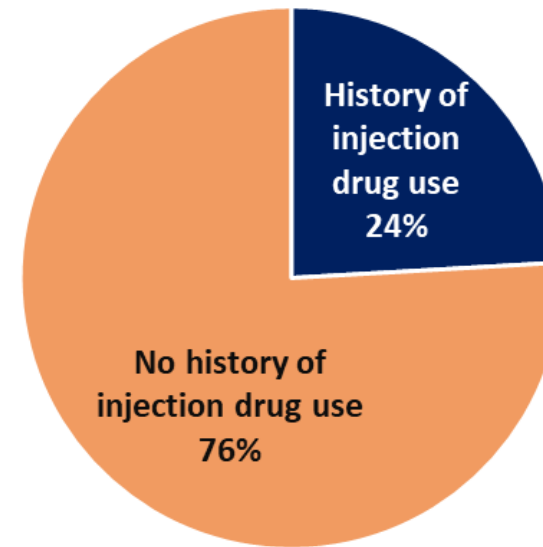
Men who had sex with other men and people who injected drugs are at higher risk of acquiring HIV than the general population.

This slide shows two pie charts, one for men and one for women diagnosed with HIV in Oregon during the past 5 years.

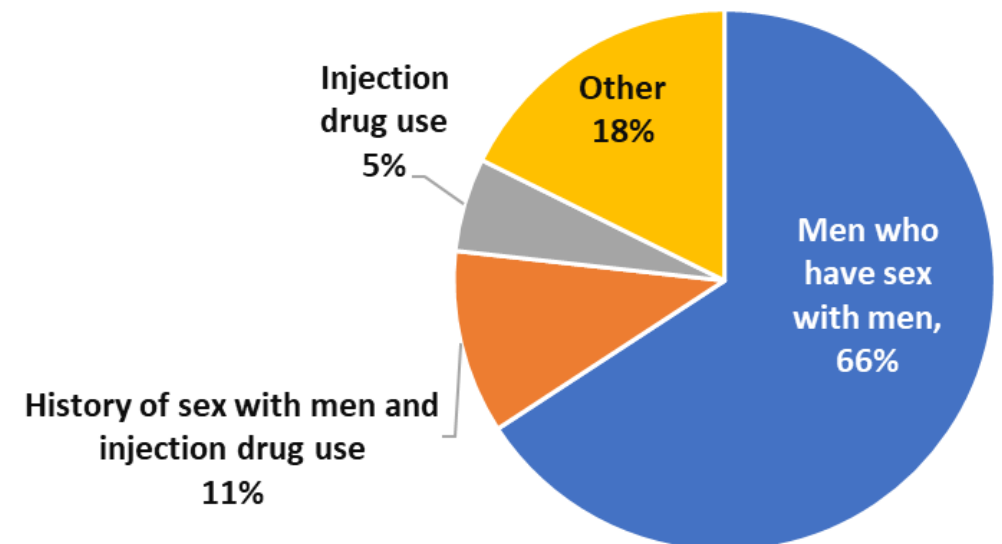
Among the men, 66% had had sex with other men and 5% had used injection drugs. Some reported both, 11%.

Among women, 24% had used injection drugs.

Female HIV diagnoses, 2013–2017, n=137



Male HIV diagnoses, 2013–2017, n=985



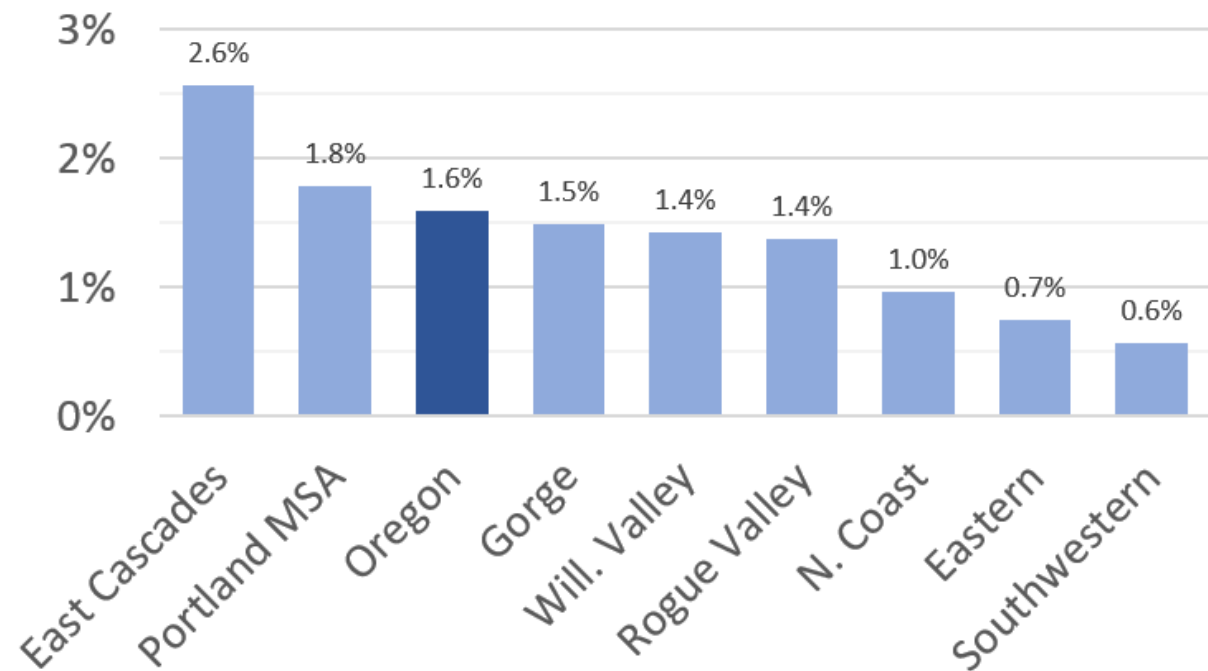
Oregon's Population Continues to Grow

In the last decade, Oregon's population has grown from 3.8 million in 2008 to 4.1 million in 2017.

Growth is increasing in rural areas of the state and while people may have had a HIV test in a prior state, they may not have one in their Oregon electronic record.

This may contribute to no significant change in overall HIV screening rates in Oregon, which is >86%.

Oregon Population Growth, 2017

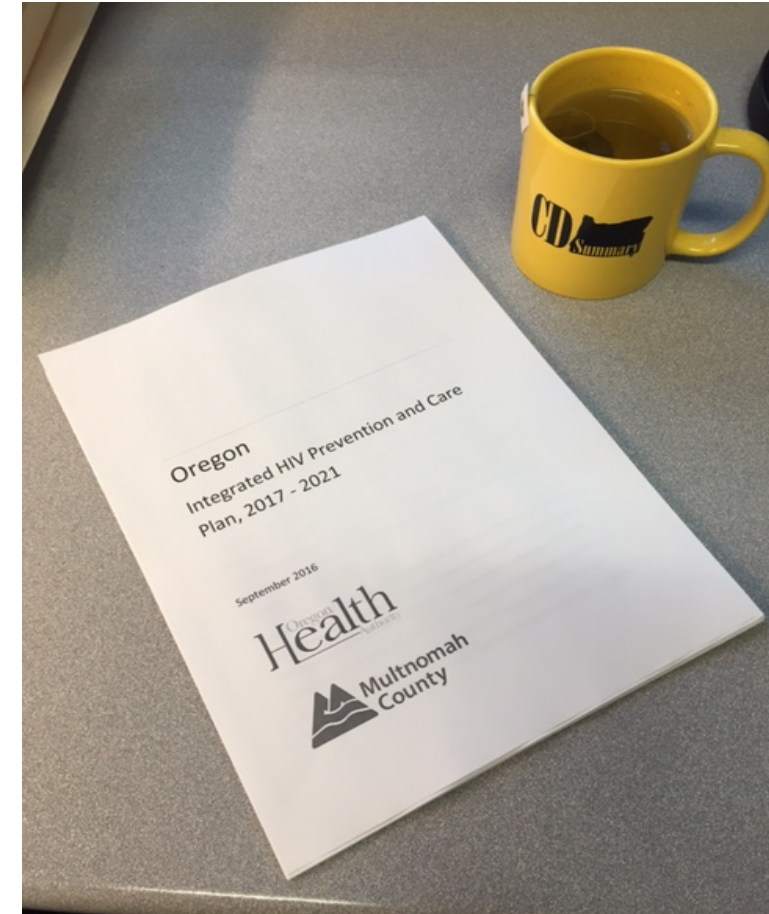


N. Coast: Clatsop, Lincoln, Tillamook | Portland MSA: Clackamas, Columbia, Multnomah, Washington, Yamhill | Willamette Valley: Benton, Lane, Linn, Marion, Polk | Gorge: Gilliam, Hood River, Sherman, Wasco, Wheeler | Southwestern: Coos, Curry, Douglas | Rogue Valley: Jackson, Josephine | East Cascades: Crook, Deschutes, Jefferson, Klamath, Lake | Eastern: Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa | Source: Portland State, Oregon Office of Economic Analysis

End HIV Oregon

Oregon's 2017-2021 Integrated HIV Prevention & Care Plan

- Required by our federal funders (HRSA & CDC) as part of Ryan White Parts A&B and HIV Prevention funding
- Result of a detailed two-year community planning process
- Involved community stakeholders, Oregon HIV/Viral Hepatitis/STI Integrated Planning Group, and Part A Planning Council
- The Oregon AETC has had representation in the Integrated Planning Group for >10 years



The End HIV Oregon Initiative

- End HIV Oregon introduced on World AIDS Day, 2016.
- Press event introducing Oregon's commitment to ending new HIV transmissions in Oregon, hopefully within 5 years.
- Introduced vision, strategy, and report card.



End HIV Oregon Vision

We envision an Oregon where new HIV infections can be eliminated and where all people living with HIV have access to high-quality care, free from stigma and discrimination



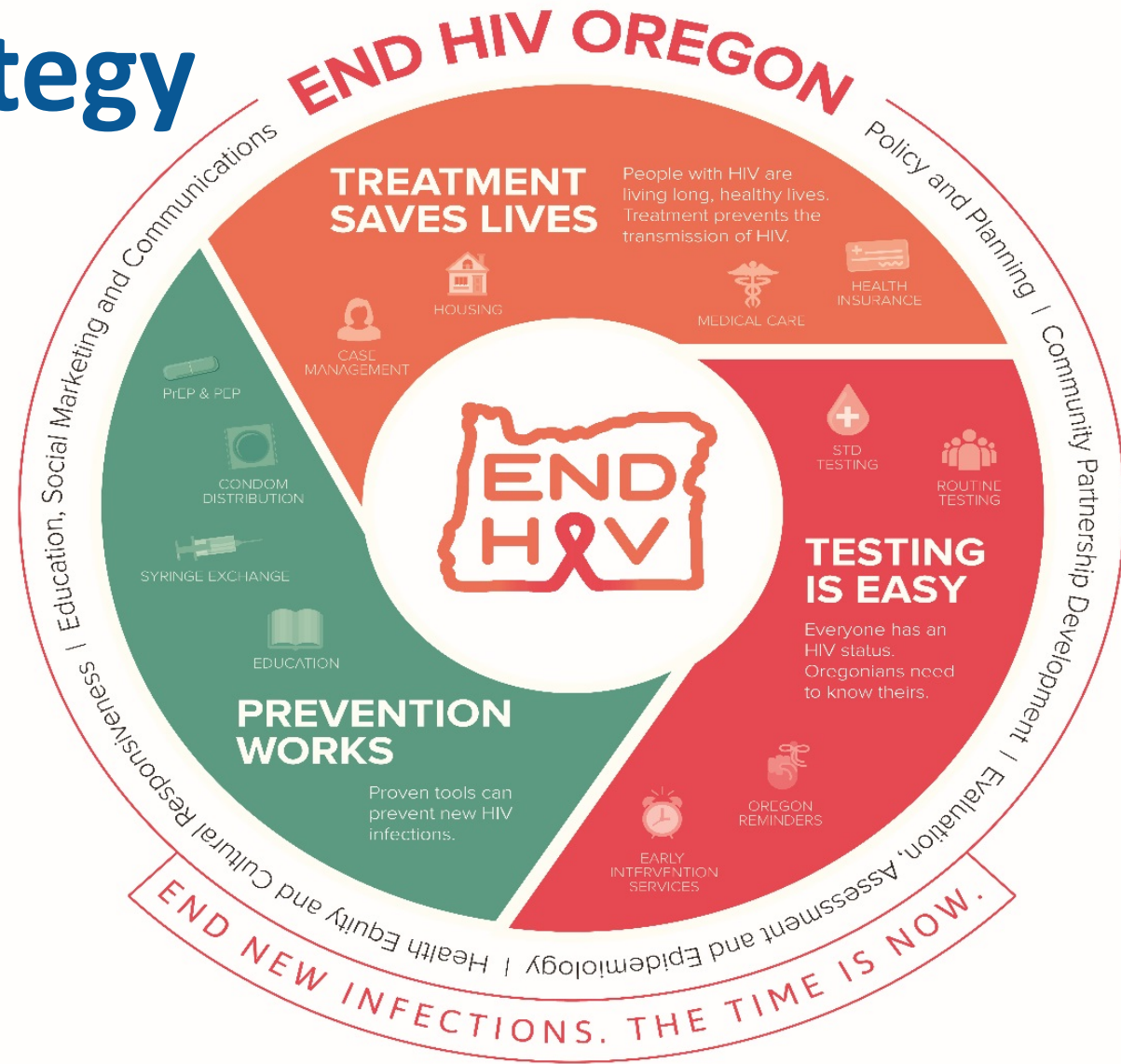
End HIV Oregon Strategy

3 Key Components:

Testing is Easy

Prevention Works

Treatment Saves Lives



Testing is Easy



- Oregonians need to know their HIV status—currently, only 37% of adult Oregonians have ever been tested for HIV.
- Studies show that when people know their HIV status, they reduce risk behaviors and get treated.
- All adults should be tested at least once. People at high risk for exposure should be tested regularly.
- We estimate that about 1,100 Oregonians are infected with HIV and don't know it. If most/all of these people were tested & started HIV meds, **we could prevent 150 new infections over just 3 years.**

Year 2 Testing Progress



- Implement Early Intervention Services & Outreach (EISO) across Oregon:
 - On Jan 1, 2018, 6 local public health jurisdictions signed contracts with OHA to provide EISO in 13 counties & within the nation of the Confederated Tribes of the Siletz. *EISO counties will begin reporting metrics on October 31st.
- OHA, the Oregon AIDS Education and Training Center (AETC), and several major health systems began working together to identify and implement policies, procedures, and tools to support routine HIV testing
- Implement innovation grants to encourage new strategies to promote culturally-competent testing in communities facing HIV related disparities:
- Completed Medicaid analysis—routine HIV screening of OHP clients not common.

T.E.S.T.

Four pillars of routine HIV screening*

Testing is integrated into the normal clinic flow

- Understanding staff roles and responsibilities
- Scrubbing charts to add HIV test results from other facilities

EMR Modification

- Health maintenance prompt following DHHS guidelines
- Standardized STI/HIV order menu

Systemic Policy Change

- Medicaid and private insurance companies cover the costs of routine HIV screening
- Ensure support for linking patient's diagnosed to care utilizing clinic and health systems based approaches

Training and Quality Improvement

- Identify missed opportunities for HIV/STI screening
- Address stigma through training and ongoing clinic support
- Providers have the tools and systems they need to promote patient care



Prevention Works



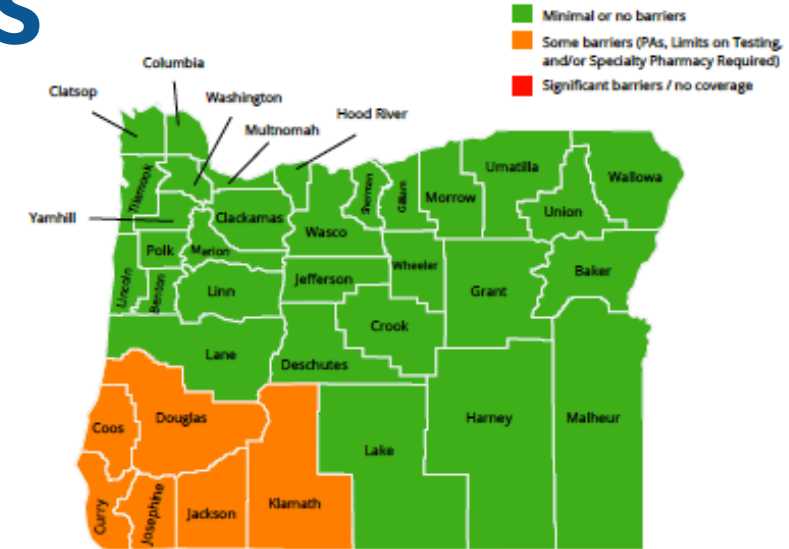
- Foundational prevention programs like syringe exchange, education, and condom distribution have helped Oregon maintain low levels of new infection for a decade.
 - These core programs need to be maintained (and expanded)!
- PrEP can reduce risk of HIV infection in people at high risk by >90%.
- Syphilis &/or gonorrhea infection may indicate that someone is at high risk for HIV infection. Indicates a need for prevention education & partner services among HIV+ people (previous positives).
- We estimate that if 1,000 Oregonians at highest risk for HIV infection start PrEP, **we could prevent ~8 new HIV infections/year.**

2016 PrEP Assessment Findings

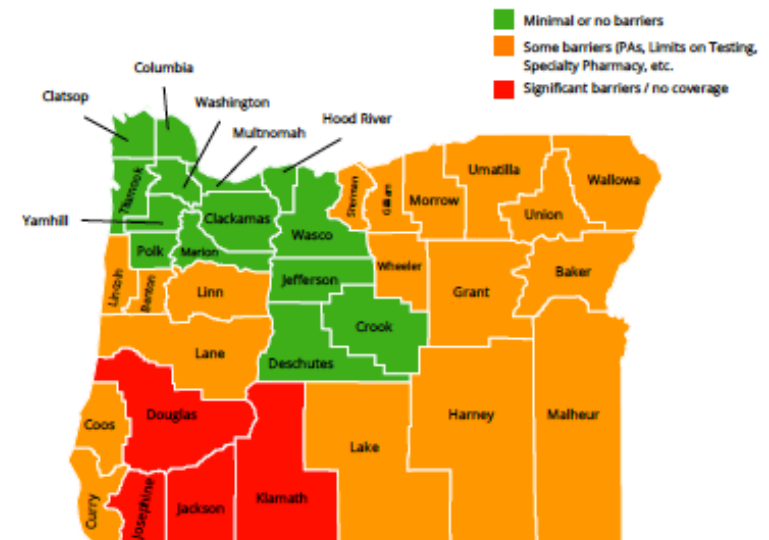
At the time of the assessment...

- **Oregon Medicaid plans** did not have consistent:
 - prescribing guidelines,
 - access to HIV/STI screening based on risk compared with annual testing,
- **Providers**
 - did not know about PrEP
 - did not have systems in place to support patient follow up, e.g. Smart sets in the EHR, clinic workflows
- **Patients**
 - were educating providers
 - were paying out of pocket for labs to maintain their prescription
 - facing stigma within their communities for being on PrEP

November 2017

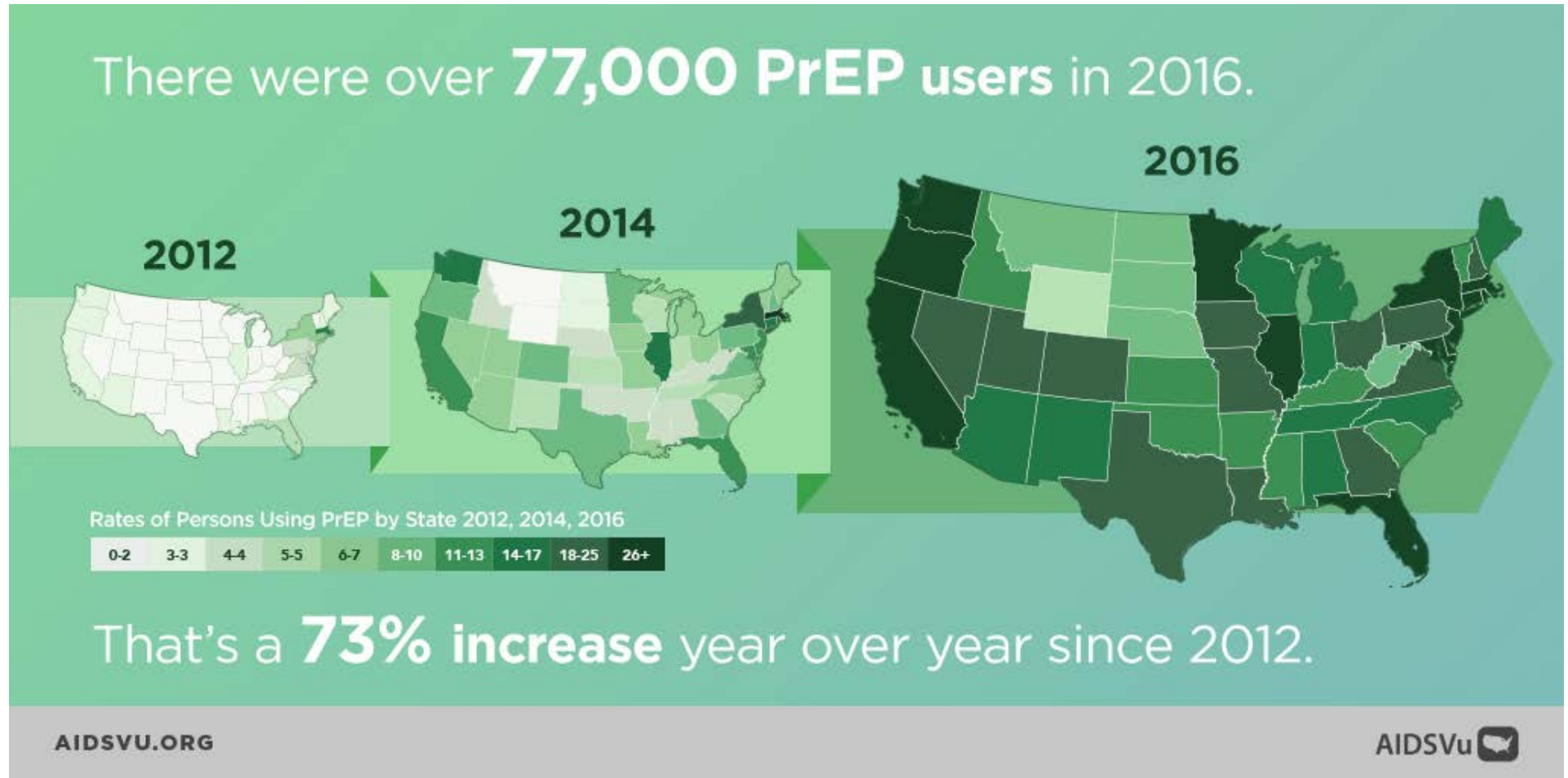


October 2016



PrEP Uptake Oregon vs Nationally

- In 2016, Oregon ranks among the states with the highest rate of PrEP users.
- However, only 77,000 of the 1.2 million people at highest risk of HIV had access to PrEP, about 800 of them Oregon residents.



Year 2 Prevention Progress



- PrEP:
 - Expanded insurance assistance
 - Expanding patient navigation for PrEP, so that all 36 counties will have access by the end of 2018
 - Expanded number of Oregon providers in PrEP Directory to 150; including over 50 providers outside of the Portland-Metro area
 - OHA and AETC began academic detailing program to increase provider knowledge related to taking a sexual history, HIV and STI screening, and prescribing PrEP.

According to 2017 Chime In data, 25% of HIV-negative MSM in the Portland area (who participated in the survey) had taken PrEP.

Year 2 Prevention Progress



- Harm Reduction & Syringe Exchange:
 - 11 Oregon counties now offer syringe exchange, including 2 programs started in 2018, with more on the horizon.
 - All 6 EISO programs focus on harm reduction services for people who inject drugs (PWID).
 - 2018 National HIV Behavioral Surveillance (NHBS) cycle collected data from Portland-area PWID – data collection just ended, results available Winter 2018/Spring 2019.

Treatment Saves Lives



- With early testing and treatment, people who are HIV infected are leading longer, healthier lives.
 - People living with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load have effectively no risk of transmitting HIV to their HIV-negative sexual partners.
- Oregon's care system does a good job, with 85% of people linked to care within 90 days of diagnosis, but we are aiming for better.
 - Requires maintenance of core programs like health insurance, housing, and other supportive services. Expedited access through EISO.
- We estimate that if all Oregonians who know they are HIV infected were virally suppressed, **we could prevent over two-thirds of new HIV infections.**

Year 2 Treatment Progress



- CAREAssist (ADAP) continues to serve a large & ever-increasing proportion of PLWH in Oregon
- Increased housing subsidies and support for PLWH who are homeless & increased case management capacity
- Funded 2 peer/social support programs to support healthy aging and long-term medication adherence – Let's Kick A*S*S and Nami Lane County
- MMP is in its 11th year of collecting data about PLWH's health, medical care, and social service needs: we are looking at factors related to viral nonsuppression, in order to make the case for programmatic & policy changes.

End HIV Oregon: Year 3



- Fully implement & support programs already started (EISO, academic detailing, expanding syringe exchange and harm reduction)
- Supportive housing—\$\$ for housing and behavioral health
- Expand funding to support PrEP medication assistance
- Expand services for Latino community along the continuum
- Scaling up data analysis to prioritize prevention & care initiatives

What's Different about End HIV Oregon?

- Working with a variety of community members, including the AETC, statewide to create and implement this shared vision.
- Support from high-level leadership. Visibility & accountability.
 - OHA & partners report on progress each year on World AIDS Day.
 - www.endhivoregon.org
- A focus on disparities, health equity, and stigma.
- Clear messaging around the connection between treatment and prevention.
- Expansion of supportive systems like EISO, patient navigation, and case management, as well as use of new tools like PrEP.

Expanding Oregon AETC Capacity

Expanding the Oregon AETC

The AETC Program, a national program of **leading HIV experts**, provides **locally based, tailored** education and technical assistance to healthcare teams and systems to integrate comprehensive care for those living with, at risk of, or affected by HIV. The AETC Program **transforms** HIV care by building the capacity to provide accessible, high-quality treatment and services throughout the United States and its territories.

By collaborating with the **Oregon Health Authority** and the **End HIV Oregon** initiative, the **Oregon AETC** has:

- Increased presence in rural areas
- Doubled the number of trainings offered in Oregon, training as many providers as higher prevalence states in the MW AETC region
- Identified clinical champions for End HIV Oregon in rural jurisdictions
- Provided technical assistance to support practice improvement across the state



Linking the AETC to End HIV Oregon



Testing is Easy

- Routine HIV Screening Prompts in EHR
- Working with FQHCs to improve workflow
- Identifying missed opportunities for testing in Oregon



Prevention Works

- nPEP/PrEP Stakeholder Group
- Statewide PrEP Assessment
- PrEP Statewide Provider List



Linking the AETC to End HIV Oregon



Treatment Saves Lives

- Continued support of high and low volume HIV providers through clinical consultation, on-site training and capacity building assistance
- Identify and train rural primary care providers in the management of HIV to support patients where they live



Linking the AETC to End HIV Oregon



All Three Strategies

- Training Primary and Urgent Care Providers
(75% outside of the Portland-metropolitan area)
- Academic Detailing
 - SOGI/Sexual History Taking through PrEP/Viral Suppression
- Identify Champions



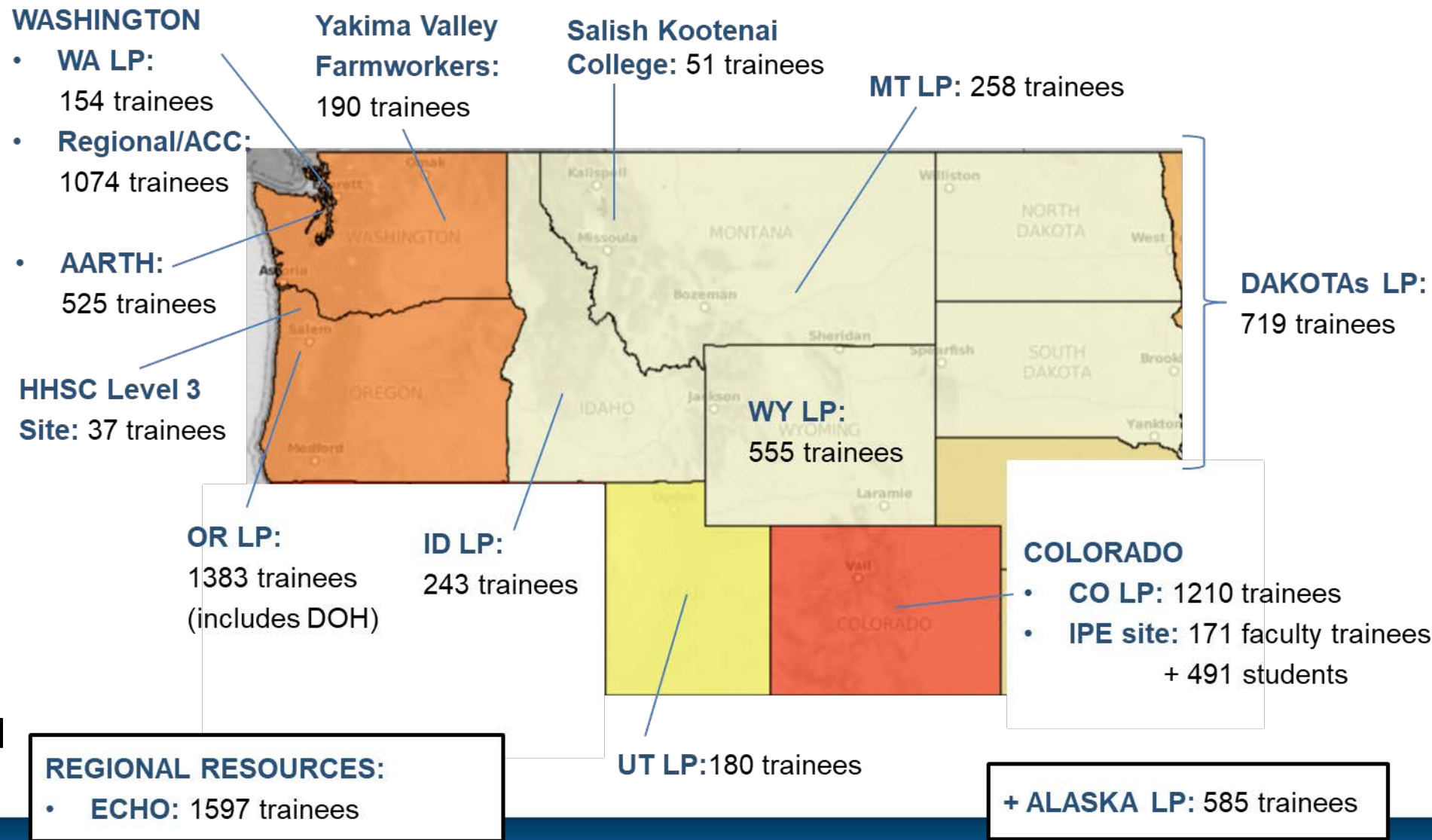
End HIV Oregon

Increasing Provider Education in Oregon

	2016 - 2017	2017 - 2018	2018 – 2019 DELIVERABLES
Oregon Counties receiving AETC training/technical assistance	6	10	24
Number of interactive training events	36	41	50 + 90 detailing sessions
Providers trained	499	1383	1500
Oregon providers listed on the PrEP provider list	50	150	250
Percent of providers working in a Ryan White funded setting	46%	38%	40%
Providers trained outside of the Portland-metropolitan region	35%	63%	75%

Mountain West AETC Trainees 2017-2018

- The Oregon AETC, despite not being one of the higher prevalence states, was able to match or exceed the number of trainees for high prevalence states within the region.
- 63% of Oregon trainees were from outside the Portland metropolitan area



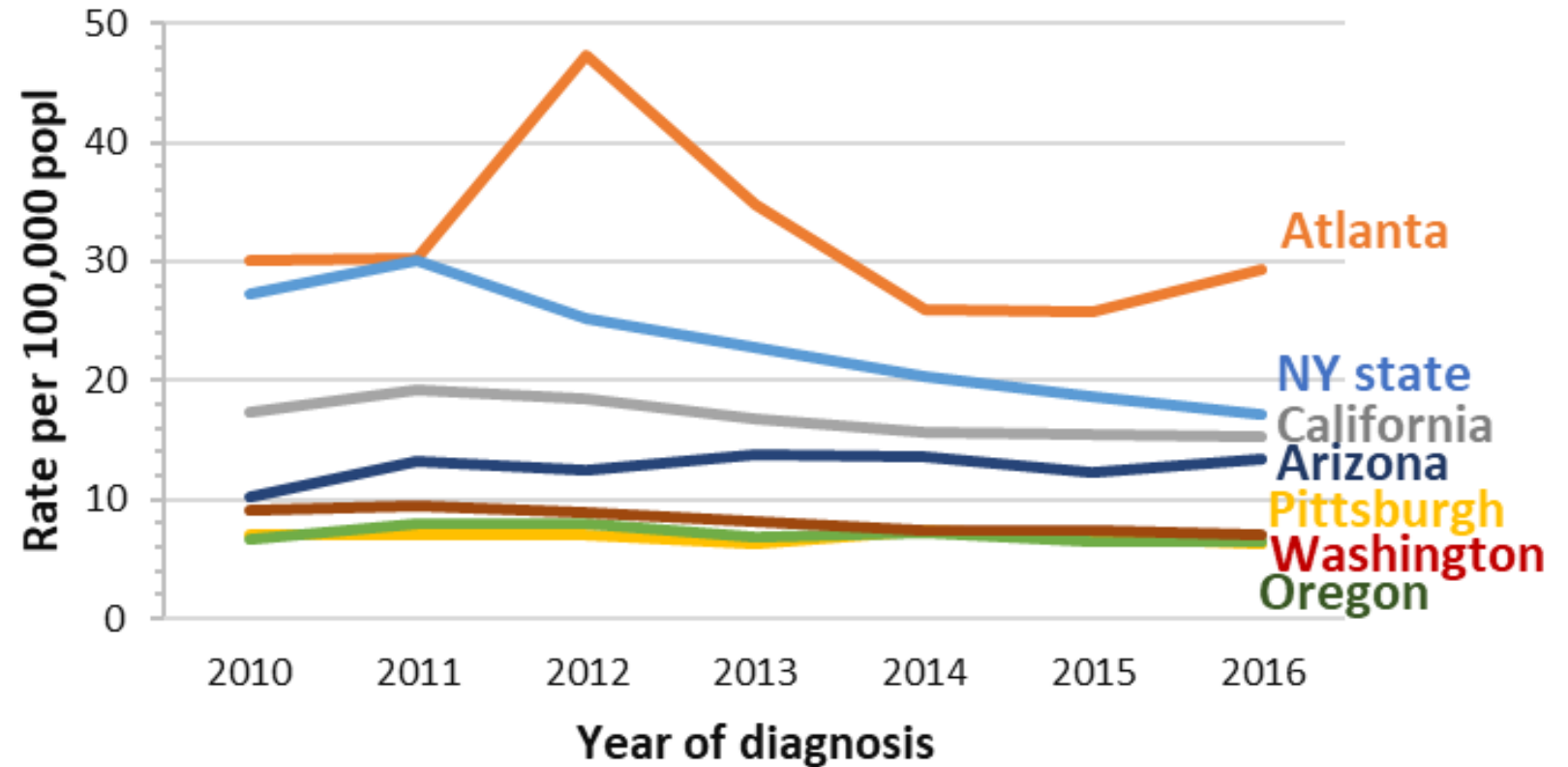
Next Steps

States and Cities with 'End HIV' Initiatives

HIV diagnosis rates per 100,000 popl, 2010 - 2016

- Oregon has its End HIV Initiative aimed at eliminating HIV transmission in Oregon.
- Other cities or states have announced similar efforts.
- Oregon's rates of new HIV infection are already lower than all of these areas save Pittsburgh PA.

States and cities with 'End HIV' initiatives, HIV diagnosis rates per 100,000 popl., 2010–2016



Adding up the impact

- Next 5 years...
 - 1,000 new diagnoses if no new measures
 - 500 deaths
- With full implementation over 700 infections averted
 - Complete suppression of virus to >90%: 500
 - Universal testing: 180
 - PrEP: 50
- Net impact
 - New infections < deaths
 - Number of people living with HIV in Oregon declining



Let's end HIV in Oregon.

We can make it happen.
The time is now.



Special Thanks

End HIV Oregon is a collective vision that lends its success to those who live and have lived the fight. Special thanks to the following in their support of this presentation and making sure we have data to tell our story:

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Thank You!

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Ending New HIV Infections in Oregon

If all 1,230 undiagnosed Oregonians living with HIV were diagnosed this year . . .

- Total of 180 expected new infections averted over 10 years, including
 - 18 from 31 with acute infection
 - 155 from 1,107 chronic stage infection
 - 7 from 92 people in late stage infection
- Most of the 180 infections prevented in first few years
- Assume:
 - all enter treatment and rapidly suppressed
 - If no universal testing, each person would have been diagnosed about midpoint of expected time remaining until AIDS (without treatment)
- “Secondary” cases averted are ignored