



Department of Health

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Dear Colleagues:

History books will likely remember 2020 as the year of the coronavirus, but long before we imagined a pandemic of this scale, New York held up 2020 as our target date for Ending the Epidemic of HIV/AIDS in our state. When I trained as a physician four decades ago, the new public health challenge facing the world was HIV/AIDS. I remember the great unknown of this new disease—along with the fear and stigma that needlessly slowed our response. But I also saw how the fight against HIV/AIDS involved all aspects of public health working together on a global scale—from research to palliative care—persistently and doggedly and without despair. The result was millions of lives saved.

This month, I would like to update you on where we are in this important effort in regard to HIV and Hepatitis C. I will also cover important protocols for ordering COVID-19 and flu tests.

Continual Progress on World AIDS Day. New York State's three-point Ending the Epidemic (ETE) plan is simple: get tested, treat early, stay safe. Since its launch by Governor Cuomo in 2014, the ETE plan has delivered tangible results, making New York State a national leader in HIV prevention and management. HIV incidence has declined each year since 2014, with an overall decrease of 38% since ETE was announced. On World AIDS Day, December 1, New York State [released new data](#) from 2019 showing that the estimated number of new infections—or HIV incidence that occurred statewide in 2019—fell to an all-time low of 1,700 cases. New confirmed HIV diagnoses in 2019 also reached an all-time low of 2,377—a 4% drop from 2018.

Thanks to the work of providers and other stakeholders to enhance access to pre-exposure prophylaxis (PrEP) medication to safely and effectively prevent transmission of HIV, the new data show that nearly 40,000 New Yorkers took PrEP—an increase of almost 25% from 2018.

December 1st marks an opportunity for people worldwide to unite in ending the HIV epidemic while showing support for people living with HIV and remembering those we have lost. This year, the Department hosted World AIDS Day and Ending the Epidemic Summit events virtually on December 1-3. With over 1,000 people registered, the virtual events featured a wide variety of presentations showcasing ETE efforts happening across New York State. COVID-19 has disrupted many things, but it did not stop the recognition of the tremendous statewide efforts to end the epidemics of HIV and Hepatitis C.

In other ETE action, the Department has approved two new Second-tier Syringe Exchange Programs, specifically those run by the Addiction Center of Broome County and Hudson Valley Community Services. These programs will complement the State's other two syringe access initiatives—traditional syringe exchange and the Expanded Syringe Access Program—by allowing approved nonprofits and government agencies to provide patients and clients with sterile injection equipment without a prescription.

Critical Point on HIV Testing. An important current clinical challenge is distinguishing between SARS CoV-2 infection and the flu, but providers should also consider acute HIV infection. In terms of differential diagnosis, the following are common in all three conditions: fever, sore throat, myalgias, and fatigue. The absence of upper-respiratory symptoms may point to acute HIV infection.

I urge all providers to follow Department regulations establishing HIV testing as a routine part of healthcare for all individuals 13 years old and older. Patients should have the option of declining HIV testing, but testing does not require written or oral consent and can be easily and efficiently incorporated into the patient's blood work. For information about acute HIV infection and how to integrate HIV testing into clinical practice, see [NYS Clinical Guidelines on HIV Testing and Acute HIV Infection](#). Patients diagnosed with HIV should be immediately started on anti-retroviral therapy. It is highly effective, has few or no side effects, and generally involves taking just one pill once a day.

Ordering COVID and Flu Tests. It is critical that anyone ordering or administering a molecular, antigen, or serological test for COVID-19 provide the full suite of required data for each person tested. This includes collecting data on the person's race and ethnicity.

According to the Governor's Executive Order (EO) 202.61 of September 9, 2020, providers who order or administer COVID-19 tests must collect and report whether a patient attends or works in a school, and if so, the name and location of the school. This includes elementary, secondary and post-secondary/higher education.

It is also critical to list the patient's local addresses if different from their permanent address. These requirements also apply to physician office laboratories (POLs) and to any point of care (POC) or rapid testing conducted by a healthcare provider. All providers using POL and POC must immediately report (within 24 hours of receiving results) the results of COVID-19 testing through Electronic Clinical Laboratory Reporting System (ECLRS), along with the required information. In addition, all clinical labs and POLs or healthcare providers conducting POC influenza testing must report influenza test results immediately (within 24 hours of receiving results) through ECLRS.

The Department is working with hospitals, labs, and EHR vendors to implement dedicated fields to capture this information. Until those changes are made, all healthcare providers are expected to use the "occupation" field to enter the school information. These requirements will be enforced to ensure compliance.

As we close out this tumultuous year, I want to thank all of you for your outstanding commitment and compassion—and for helping your patients maintain healthy behaviors to keep New York safe and strong. I wish you all the best as you safely celebrate the holidays and look forward to a happy, hopeful, and regenerative 2021.

Sincerely,



Howard A. Zucker, M.D., J.D.